



San Diego College of Continuing Education CalWORKs Intake Application

Habari ya Mwanafunzi:

Name (**Jina la familia**) _____ (**Jina la pili**) _____ Student ID(# ya kitambulisho cha mwanwfunzi) _____

Address (**Anuani**) _____ Date (**Talehe**) _____

Email (**Barua pepe**) _____ Contact Phone (**Simu ya mawasiliano**) _____

Case #(Nambari ya kesi) _____ Gender (**Jinsia**): Female (**Kike**) Male (**Kiume**) Transgender (**Transgender**)

Marital Status (**Hali ya ndoa**): Single (**Moja**) Married (**Ndoa**) Separated (**Kujitenga**) Divorced (**Talaka**)

Who is receiving Cash Aid? (**Ambaye anapokea misaada ya pesa?**) You (**Wewe?**) Children (**Watoto**) How many children on Cash Aid? (**Watoto wangapi kwenye misaada ya pesa?**) _____

Child's Gender (Jinsia ya mtoto)	M (Kiume) / F (Kike)							
Child's Age (Umri wa mtoto)								

What is your educational goal? (**Lengo lako la elimu ni nini?**) _____

Are you a previous CalWORKs Participant? (**Wewe ni mushliki wa zamani wa hesabu?**) Yes (**Ndiyo**) No (**Apana**)

If Yes, where? (**Ikiwa ndiyo, wapi?**) _____

I have attended other colleges? (**Nimehudhuliwa chuo kingine**) Yes (**Ndiyo**) No (**Apana**) Where (**Wapi?**) _____

I graduated high school/ Earned my GED(**Nilihitemu katika shule ya upili/Nimepata GED**) Yes (**Ndiyo**) No (**Apana**)

Have you taken the ESL assessment test? (**Umechukuwa mtihani wa ukaguzi wa ESL?**) Yes (**Ndiyo**) No (**Apana**)

Have you attended the SDCCE Orientation? (**Umehudhuliwa mwelekezo wa SDCCE?**) Yes (**Ndiyo**) No (**Apana**)

Have you completed an Educational Plan with a Counselor? (**Je! Umekamilisha mpango wa kielimu na mshauri?**) Yes (**Ndiyo**) No (**Apana**)

Are you enrolled in SDCCE classes?(**Umejiandikisha katika madalasa ya SDCCE?**) Yes (**Ndiyo**) No (**Apana**)

What class/program (**Dalasa gani/ mpango?**) _____

English is my first language (**Kiingeleza ndio lugha yangu ya kwanza**). Yes (**Ndiyo**) If not (**Ikiwa sivyo**), my first language is (**Luga yangu la kwanza ni**) _____

Are you receiving DSPS services? (**Unapata huduma za DSPS?**) Yes (**Ndiyo**) No (**Apana**) Or Other Program Services (**Au huduma zingine za programu?**) _____

Welfare-To-Work Information: (Usitawi wa habari ya kazi)

PCG Office Location (**Eneo la office ya PCG**): _____

Employment Case Manager/ETA Name (**Meneja wa kesi ya ajila/Jina la ETA**): _____

Email (**Balua pepe**): _____

I have a Welfare-To-Work Plan with the County? (**Nina ustawi ya kufanya kazi na kata?**) Yes (**Ndiyo**) No (**Apana**)

Are you Exempt from WTW activities? (**Una mwelekeo kutoka kwa shughuli za WTW**) Yes (**Ndiyo**) No (**Apana**)

*Which of the following applies to you? (Ambao ni yafuatao kwako?) Please mark one (Tafadhali weka alama moja).
Ask the Front desk staff if you are not sure (Muulize wafanyikazi wa mbele kama hauna uhakika).*

Self-Initiated Participant (SIP) (**Binafsi alianzisha mshiliki**)

Self- Referral (**Kujielekeza**)

County Referral (**Rufaa ya kaunti**)

Volunteer Exempt Participant (**Kujitolea msamaha mshiliki**)

Employment Information: (Habari ya Ajila):

Are you employed? (**Umeajiriwa?**) Yes (**Ndiyo**) No (**Apana**)

If not, would you like a CalWORKs work-study application? (**Ikiwa siyoy ungependa maombi ya somo la kazi ya CalWORKs?**) Yes (**Ndiyo**) No (**Apana**)

Employer Name (Jina la mwajili): _____

Employee Address (**Anuani ya mfanyakazi**): _____ Job Title (**Jina la kazi**): _____

Hourly Wage (**Mshahala wa saa**): \$ _____

Phone (**Simu**): _____

Hours per Week (**Masaa kwa wiki**): _____



Programu ya CalWORKs
San Diego College of
Continuing Education

UTAFITI WA KUFUNGUA HABARI ZA MTU

Jina (Tafadhali Magazeti)

Tarehe ya kuzaliwa

Idadi ya kesi ya CalWORKs

Kwa hivyo ninaidhinisha elimu ya Kuendelea ya San Diego kutoa habari kwa vyombo vifuatavyo juu ya hitaji la kujua msingi:

Msimamizi wa Kesi ya Ajira (ECM au ETA AGENCY) Chuo cha Jiji la San Diego

Wakala wa Huduma za Afya na Binadamu (Mfanyikazi wa Jamii, mfanyakazi wa Ustawi)

Pia ninadhihirisha wakala wa Huduma za Afya na Binadamu na mashirika yake ya kandarasi kujaza fomu zifuatazo na kutolewa nakala kwa mpango wa San Diego College of Continuing Education CalWORKs.

HHS 27-114 Fomu ya Uelekezaji / Nakala ya Ustawi wa Mpango wa Kazi

Udhibitishaji wa wakala / fomu ya mapato isiyo na kipimo / Ilani ya sasa ya Kitendo au CalWin

Nyingine

Saini ya Wanafunzi

Tarehe