



**EOP&S/CARE Office**  
1111 E. Artesia Blvd ::: Room U-6  
Compton CA 90221  
(310) 900-1600, ext. 2912  
[www.compton.edu/student-services/eops](http://www.compton.edu/student-services/eops)

**OFFICE USE ONLY**  
Date received/Staff Initials

**ATTENTION APPLICANT:**

**THIS IS YOUR RECEIPT. SAVE FOR YOUR RECORDS. DO NOT LOSE. THIS IS PROOF OF SUBMITTING THIS EOP&S/CARE METRO U-PASS APPLICATION. YOU MUST BRING THIS RECEIPT AND YOUR COMPTON COLLEGE SCHOOL ID WHEN YOU COME INTO THE EOPS/CARE OFFICE AND CHECK FOR THE STATUS OF THIS APPLICATION. WITHOUT THIS RECEIPT AND WITHOUT YOUR SCHOOL ID, WE CANNOT ASSIST YOU IN A TIMELY MANNER.**

**EOPS/CARE METRO U-PASS APPLICATION CHECK-OFF LIST & STUDENT RECEIPT**

**DO NOT PRINT THIS DOCUMENT DOUBLE-SIDED**

ID# \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Summer 20 \_\_\_\_\_

All applicants MUST submit the following documents in order to be considered for transportation assistance:

- Completed EOPS/CARE Metro U-Pass Application
- Must complete the U-Pass Student Information Form online, you will need to show proof of completion before receiving Metro U-Pass: [https://lametro.formstack.com/forms/upass\\_compton](https://lametro.formstack.com/forms/upass_compton)

**PLEASE NOTE:** Funding for transportation is limited, and passes will be distributed on a first-come-first-serve basis only. Submitting this application neither guarantees nor does it imply that you are eligible for any type of transportation assistance or any other service. Also, submitting this application neither implies nor guarantees that you are eligible for the EOPS/CARE Program. This transportation assistance application needs to be evaluated, reviewed, and processed for eligibility. We may or may not send you an email, so you, **THE STUDENT**, must return and check for the status of your application. Submitting this application incomplete...

- delays your application from being processed and/or
- may cause this application to not be processed at all and/or
- may delay you from receiving transportation assistance and/or
- you may not receive transportation assistance at all
- NO EXCEPTIONS

PLEASE SUBMIT THIS APPLICATION TO:  
**COMPTON COLLEGE EOPS/CARE OFFICE**  
(310) 900-1600, EXT. 2912  
[www.compton.edu/student-services/eops](http://www.compton.edu/student-services/eops)



**COMPTON COLLEGE EOPS/CARE PROGRAM  
METRO U-PASS APPLICATION**

**PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, CA Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Message # \_\_\_\_\_

Please Check #1 and #2

#1.)-  New  Returning  Continuing

#2.)-  EOP&S  CARE

I certify if I receive transportation assistance in the form of a Metro U-Pass from the EOPS/CARE Program, it will be used for providing transportation to and from school and/or to my child care provider only. Also, I understand that I must be enrolled in at least 9 units (EOPS Regulation) in order to be eligible for the Metro U-Pass. I further understand that the Metro U-Pass is not meant to be given, sold, loaned, or transferred to others. I also understand that the Metro U-Pass will not be replaced if lost, stolen, damaged, or destroyed. Additionally, I understand that I will not be eligible to receive this assistance if I fail to stay in compliance with the EOPS/CARE Mutual Agreement (MRC). Moreover, I understand that if I begin the semester receiving the Metro U-Pass, I am not eligible to receive gas card s) during the same semester. I have read, understood, and agreed to all.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted by (Staff initial/signature) \_\_\_\_\_ Date \_\_\_\_\_

The Compton Community College District is committed to providing an educational and employment environment in which no person is subjected to discrimination on the basis of actual perceived race, color, ancestry, national origin, religion, creed, age (over 40), disability (mental or physical), sex, gender (including pregnancy and childbirth), sexual orientation, gender identity, gender expression, medical condition, genetic information, marital status, military and veteran, or retaliation; or on any other basis as required by state and federal law.