



# Welcome to the EOPS/CARE Program

## What is EOPS?

Extended Opportunity Programs and Services (EOPS) is a state-funded, academic support program. It is designed to encourage educational success and to promote student retention, persistence, and success.

### EOPS Eligibility Requirements

- ◆ California Resident as defined by the Compton Center A&R Office **OR** qualify under AB540 & the California Dream Act
- ◆ Enrollment at the Compton Center or ECC: 12 units\* for Fall and Spring; 4 units for Summer
- ◆ Tagged as a COM student (COM Student = receiving Federal Financial Aid at the Compton Center)
- ◆ Have less than 70 cumulative degree-applicable units
- ◆ Completed the current FAFSA and qualify for a Board of Governor's Fee Waiver A, B, or C with a zero EFC code **OR** SBGA1 or SBGMB or SBGMC with a zero EFC code on the California Dream Application Confirmation Page -See below for income standards
- ◆ Be educationally disadvantaged as determined by Title V

\*Only active and current Special Resource Center (SRC) Participants may be exempt

### EOPS Program Services

Individualized Counseling ☐ Priority Registration ☐ Book Voucher ☐ Transportation Assistance ☐ Direct Grants & more

**All services are subject to availability of funding**

## What is CARE?

Cooperative Agencies Resources for Education (CARE) is a state-funded program for eligible EOPS students that are single parents receiving cash aid (TANF/CalWORKs) with child(ren) 13 years of age or younger.

### CARE Eligibility Requirements

- ◆ All EOPS eligibility requirements (as stated above)
- ◆ You and/or child recipient(s) of TANF/CalWORKs
- ◆ You are at least 18 years of age
- ◆ You are single
- ◆ You are head of household
- ◆ You have at least one child 13 years old or younger

### CARE Program Services

All EOPS services ☐ Direct Grant ☐ Meal Vouchers ☐ Transportation Assistance ☐ Mini Conference & more

**All services are subject to availability of funding**

### Things to do before applying for EOPS/CARE:

- ◆ Apply for admissions for the ECC Compton Center via website-www.compton.edu
- ◆ Enroll in classes for the semester/session you are applying for EOPS/CARE
- ◆ Apply for state aid, federal financial aid, or California Dream Application
- ◆ Take assessment test
- ◆ Obtain unofficial copies of transcripts from all institutions previously attended/registered (for more information on transcripts see page 3 of this packet).

**NOTE: EOPS/CARE reserves the right to reverse the admission decision if at a later time new information becomes available rendering the student ineligible. NO EXCEPTIONS.**

### BOG Fee Waiver Income Standards for 2016/2017

Family Size	Total 2015 Income
1	\$17,655
2	\$23,895
3	\$30,135
4	\$36,375
5	\$42,615
6	\$48,855
7	\$55,095
8	\$61,335
Each additional family member add \$6,240	

For general information contact:

EOPS/CARE Office

Room U-6

1-310-900-1600, ext. 2912

[www.compton.edu/student-services/eops](http://www.compton.edu/student-services/eops)

## ALL APPLICANTS PLEASE NOTE THE FOLLOWING

First name(s) and/or last name(s) on all paperwork/documents must be the same-**NO EXCEPTIONS.**

All paperwork/documents submitted must all match with both of the following:

- name on application-**NO EXCEPTIONS**
- school records-**NO EXCEPTIONS.**

If your first name(s) and/or last name(s) are different on paperwork/documents you submit compared to school records and what you placed on the application then you must:

- provide valid proof as to why your first name(s) and/or last name(s) are different-**NO EXCEPTONS.**

Submitting paperwork/documents separately either before or after you have submitted your application will either:

- cause a delay in your application from being processed-**NO EXCEPTIONS OR**
- your application will not be processed at all-**NO EXCEPTIONS.**

Please note that funding and space for the EOPS/CARE Program is limited. Openings will be filled on a first come, first served basis and by date submitted. Also all applications are subject to availability of funds.

Submitting this application does not guarantee nor does it imply that you are eligible for the EOPS/CARE Program. This application still needs to be evaluated, reviewed, and processed for eligibility. We may or may not send you an email, so you, **THE STUDENT**, need to return and check for the status of your application. Submitting this application incomplete, not submitting all documents at the same time, or submitting documents either before or after you submitted this application delays this application from being processed or may cause this application to not be processed at all. Please submit this application and all applicable documents at the same time to:

**El Camino College Compton Center  
EOPS/CARE Office**

Room U-6

1-310-900-1600, ext. 2912

[www.compton.edu/studentervices/eops](http://www.compton.edu/studentervices/eops)

**NOTE: This application & all paperwork/document(s) once submitted become state property & they cannot be returned or photocopied for you.  
NO EXCEPTIONS.**



**ATTENTION APPLICANT:**  
**THIS IS YOUR RECEIPT. SAVE FOR YOUR RECORDS. DO NOT LOSE. THIS IS THE ONLY PROOF YOU HAVE OF SUBMITTING THIS COMPTON CENTER EOPS/CARE PROGRAM NEW/RETURNING STUDENT APPLICATION. YOU MUST BRING THIS RECEIPT AND YOUR ECC COMPTON CENTER SCHOOL ID WHEN YOU COME INTO THE EOPS/CARE OFFICE AND CHECK FOR THE STATUS OF YOUR APPLICATION. WITHOUT THIS RECEIPT AND WITHOUT YOUR SCHOOL ID, WE CANNOT ASSIST YOU IN A TIMELY MANNER. NO EXCEPTIONS.**

Student ID# \_\_\_\_\_ Last name \_\_\_\_\_ First Name \_\_\_\_\_

[ ] Fall 20 \_\_\_\_\_ [ ] Spring 20 \_\_\_\_\_ [ ] Winter 20 \_\_\_\_\_ [ ] Summer 20 \_\_\_\_\_

# COMPTON CENTER EOPS/CARE PROGRAM NEW/ RETURNING STUDENT APPLICATION CHECKLIST & RECEIPT

**PLEASE READ BOTH SIDES OF THIS PAGE**

**EOPS Program-All applicants MUST submit the following applicable documents in order for this application to be considered for services:**

[ ] Completed **Compton Center EOPS/CARE New/Returning Student Application**

[ ] Copy, not original, of **SRC Inter-Program Referral Form—FOR SRC PARTICIPANTS ONLY**  
• This form must be for the semester you are applying for-NO EXCEPTIONS

Your application may be delayed from being processed or not processed at all without this form-NO EXCEPTIONS

[ ] Copy, not original, of valid **unofficial transcripts** from **ALL** colleges and/or universities previously attended/registered other than El Camino College, ECC Compton Center, or Compton Community College  
**NOTE: if you are accepted into the EOPS/CARE Program & you initially submitted unofficial transcripts, per state law, you must then mail OFFICIAL TRANSCRIPTS dated within 30 days to the Compton Center Admissions & Records Office. This must be done before you can receive any services-NO EXCEPTIONS**

The following are what we **CAN ACCEPT:**

- Unofficial transcripts dated within 30 days of submitting this application-NO EXCEPTIONS
- Unofficial transcripts must be printed directly from the school's website using the Print Option only-NO EXCEPTIONS

**NOTE: Unofficial transcripts must display:**

- ~school's web address-NO EXCEPTIONS
- ~print date-NO EXCEPTIONS
- ~number of pages-NO EXCEPTIONS
- ~must submit ALL of the pages of the transcript even the blank pages-NO EXCEPTIONS

**NOTE: any pages missing is an incomplete transcript, and, therefore, invalid & your application will not be processed until completed transcripts are submitted-NO EXCEPTIONS**

The following are what we **CANNOT ACCEPT:**

- Transcripts that are copied and pasted or screenshot(s) of transcripts-NO EXCEPTIONS
- Transcripts dated more than 30 days-NO EXCEPTIONS

**NOTE: copied & pasted/screenshots of transcripts & transcripts dated more than 30 days old are not valid and, therefore, your application will not be processed until valid transcripts are submitted-NO EXCEPTIONS**

Your application will not be processed at all without any valid, completed transcripts-NO EXCEPTIONS

[ ] Copy, not original, of the current **Dream Application Confirmation Page—FOR QUALIFYING NON-CALIFORNIA RESIDENTS ONLY**

- Confirmation Page must be printed from the website using the Print Option only-NO EXCEPTIONS

**NOTE: confirmation page that is copied & pasted/screenshot(s) is invalid and, therefore, not accepted-NO EXCEPTIONS**

Your application will not be processed without this confirmation page-NO EXCEPTIONS

## **CARE Program-All applicants MUST submit the following documents in order for this application to be considered for services:**

- [ ] All of the **mentioned documentation** (under EOPS-please refer to page 3)
- [ ] **Verification of TANF/CalWORKs** cash aid, food stamps, MediCal, and marital status

The following are what we **CAN ACCEPT**:

- Copy of **Verification of Benefits** only-NO EXCEPTIONS
- Verification of Benefits dated within 30 days-NO EXCEPTIONS
- Verification of Benefits must be from the DPSS Office only-NO EXCEPTONS
- Verification of Benefits must have all of your Assistance Unit Members and their relation to you-NO EXCEPTIONS (please refer to your Verification of Benefits)
- Verification of Benefits must have all of the aid you receive-NO EXCEPTIONS

The following are what we **CANNOT ACCEPT**:

- Written-in/handwritten Verification of Benefits-NO EXCEPTIONS
- Print outs from the web-NO EXCEPTONS
- Any paperwork/document(s) that is not a Verification of Benefits-NO EXCEPTIONS

Your application will not be processed for CARE without the Verification of Benefits & until a valid, current Verification of Benefits is submitted-NO EXCEPTIONS

- [ ] Verification of dependent & dependent's age

The following is what we **CAN ACCEPT**:

- Dependent's valid, official state/county birth certificate

The following are what we **CANNOT ACCEPT**:

- Birth souvenirs/hospital birth souvenirs
- Hospital certificates

Your application will not be processed for CARE without the dependent's birth certificate & until a valid copy is submitted-NO EXCEPTIONS.

### **ALL APPLICANTS MUST ADHERE TO THE FOLLOWING**

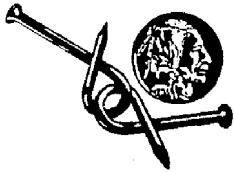
**First name(s) and/or last name(s) on all paperwork must be the same and must all match with school records. If your first name(s) and/or last name(s) are different and do not match with school records, then you must provide valid proof as to why your first name(s) and/or last name(s) are different and do not match with school records-NO EXCEPTIONS. Also not submitting documents/paperwork all together will cause a delay in processing this application or this application may not be processed at all-NO EXCEPTIONS. Any omission of information will cause a delay in evaluating and processing this application or this application may not be evaluated and processed at all-NO EXCEPTIONS. Also any false information provided may cause this application from not being evaluated and processed at all-NO EXCEPTIONS. Not completing this application, including not signing it, is considered incomplete. Incomplete applications cannot be evaluated and processed until completed-NO EXCEPTIONS. Furthermore EOPS/CARE reserves the right to reverse the admission decision if at a later time new information becomes available rendering the student ineligible-NO EXCEPTIONS.**

STUDENT ID# \_\_\_\_\_

LAST NAME, FIRST NAME M.I. \_\_\_\_\_

[ ] FALL 20 \_\_\_\_ [ ] SPRING 20 \_\_\_\_ [ ] WINTER 20 \_\_\_\_ [ ] SUMMER 20 \_\_\_\_

**OFFICE USE ONLY**-DATE RECEIVED & STAFF INITIALS \_\_\_\_\_



El Camino College  
Compton Center



# COMPTON CENTER EOPS/CARE PROGRAM NEW/RETURNING STUDENT APPLICATION

ECC Compton Center  
EOPS/CARE Program  
1111 East Artesia Boulevard  
Compton, California 90221  
Room U-6

1-310-900-1600, extension 2912

<http://www.compton.edu/student-services/eops/index.aspx>

# STUDENT PROFILE

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Female  Male

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Phone # \_\_\_\_\_ MyECC Email Address \_\_\_\_\_

Ethnic background-**please check only one:**

- American Indian or Alaskan  Asian  African American/Black  Caucasian/White  Filipino  
 Hispanic/Latino  Pacific Islander  Other (please specify): \_\_\_\_\_

- 1)- Are you a California resident?  Yes  No  AB540 Dreamer  
2)- Are you a Foster Youth registered with the Compton Center?  Yes  No  
3)- Did your parents complete a BA/BS Degree or higher?  Yes  No  
4)- Your parent's/parents' native language is  English  Other-**please specify** \_\_\_\_\_

## EDUCATIONAL HISTORY

5)- Name of high school last attended \_\_\_\_\_

6)- High school grade point average (GPA)-**please check only one:**

- 4.00-3.50  3.49-2.50  2.49-1.50  1.49 and below  Unknown/Do not remember

7)- High school history-**please check only one:**

- High school graduate-**Year of graduation** \_\_\_\_\_  CA High School Proficiency Exam  
 GED Certificate  Non-graduate

8)- Have you attended/registered at another college or university?  Yes  No - - - If yes, please list below \*

- \_\_\_\_\_  In California  Out of state  Another country  
\_\_\_\_\_  In California  Out of state  Another country  
\_\_\_\_\_  In California  Out of state  Another country  
\_\_\_\_\_  In California  Out of state  Another country  
\_\_\_\_\_  In California  Out of state  Another country  
\_\_\_\_\_  In California  Out of state  Another country  
\_\_\_\_\_  In California  Out of state  Another country

**\*You must provide a copy, not original, of valid unofficial transcripts from ALL colleges and/or universities previously attended/registered other than El Camino College, ECC Compton Center, or Compton Community College dated within 30 days of submitting this application and together with this application in order for it to be evaluated-NO EXCEPTIONS. If you are accepted into the EOPS/CARE Program & you initially submitted unofficial transcripts, per state law, you must then mail OFFICIAL TRANSCRIPTS dated within 30 days to the Compton Center Admissions & Records Office. This must be done before you can receive any services-NO EXCEPTIONS.**

**For more information please see page 3 of this packet.**

9)- Did you earn a degree?  Yes  No

10)- Have you completed 70 degree-applicable units or more?  Yes  No

## EDUCATIONAL/CAREER GOAL

- 11)- Planned Major \_\_\_\_\_ **AND/OR** Planned Certificate \_\_\_\_\_
- [ ] A)- Transfer with an AA/AS    [ ] B)- Transfer without an AA/AS    [ ] C)- Certificate & AA/AS
- [ ] D)- Certificate    [ ] E)- AA/AS    [ ] F)- Improve Basic Skills    [ ] G)- Undecided
- [ ] H)- Other \_\_\_\_\_

### ENROLLMENT STATUS AT THE COMPTON CENTER

- 12)- What is your enrollment status at the Compton Center?
- [ ] A)- First-semester student (never before attended the Compton Center)
- [ ] B)- Continuing student (enrolled at the Compton Center during the previous semester)
- [ ] C)- Returning student (having skipped one or more semesters)

### EOPS/CARE ENROLLMENT STATUS

- 13)- What is your EOPS/CARE enrollment status?
- [ ] A)- First-time in EOPS/CARE; first time applying for EOPS/CARE
- [ ] B)- First time in EOPS at the Compton Center but participated in EOPS at:
- 1.- School name \_\_\_\_\_
- 2.- School name \_\_\_\_\_
- [ ] C)- Returning EOPS student having skipped one or more semester at the Compton Center— Returning from:
- Semester \_\_\_\_\_ Year \_\_\_\_\_

### CARE ELIGIBILITY

**To be considered for CARE services please fill out the following:**

- 14)- Marital status: [ ] Single, never married    [ ] Divorced    [ ] Married    [ ] Separated    [ ] Widowed

- 15)- Are you and/or your child(ren) a recipient of TANF/CalWORKs? [ ] Yes-**Date started:** \_\_\_\_\_ [ ] No

**If you marked yes then you must submit a copy, not original, of your Verification of Benefits dated within 30 days. Only the Verification of Benefits will be accepted-NO EXCEPTIONS. For more information please see page 4 of this packet.**

- 16)- Are you head of household? [ ] Yes [ ] No

**Head of household=the principal member of a one-parent family unit & the main person on the TANF/CalWORKs case.**

- 17)- Do you have one child 13 years of age or younger? [ ] Yes [ ] No

**If you marked yes then you must submit a copy, not original, of one of your dependent's birth certificate.**

**We can only accept a copy of a valid, official state/county birth certificate. Birth souvenirs or hospital certificates will not be accepted-NO EXCEPTIONS. For more information please see page 4 of this packet.**

- 18) List the Assistance Unit Members and their relation to you. You must list everyone that is on your case-please refer to your Verification of Benefits.

List the Name(s) & Relationship of Everyone That Is on Your Case	Date of Birth	Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

## **CARE ELIGIBILITY (CONTINUED)**

### **Certification of Marital Status**

The CARE Program is for single parents only. By signing below you are agreeing and certifying under penalty of perjury:

- that you are either: single-never married, separated, divorced, or widowed
- that you are **NOT MARRIED**
- that if you become married while on the CARE Program, you must notify the program as soon as possible-**NO EXCEPTIONS**

**NOTE: If you disclose that you are married at any time to an EOPS/CARE Staff, you are not eligible and, if already on CARE, you will be removed from the CARE Program-NO EXCEPTIONS. Anyone found in violation of this at any time while on the CARE Program will be removed from both the EOPS & CARE Program-NO EXCEPTIONS.**

I have read, understand, and agree.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## **RELEASE OF INFORMATION AND CERTIFICATION**

I authorize the ECC Compton Center EOPS/CARE Staff to release my information and image to transfer institutions for the purpose of providing transfer and/or scholarship information. EOPS/CARE Staff may release my information and image to other on-campus and off-campus programs/agencies, and I authorized the ECC Compton Center EOPS/CARE Staff to use my information and image in program or college publications. I further authorize the ECC Compton Center EOPS/CARE Staff to access my academic and informational records at ECC, ECC Compton Center, and other educational and non-educational institutions. Moreover, I authorize the ECC Compton Center EOPS/CARE Staff to use my name and image. Also I will follow the EOPS/CARE Programs Rules and Regulations at all times even if I am not yet an EOPS/CARE Student, the college's Rules of Student Conduct, and Campus Rules. Failure to do so could stop this application from being evaluated and processed, and I may be terminated from the program (if already approved) and possibly the college. Furthermore under penalty of perjury, I affirm that the information given on this application and supporting documentation are true, valid, and accurate to the best of my knowledge. Falsified, fraudulent, or misrepresentation of any information in connection with applying for the EOPS/CARE Program or receiving EOPS/CARE services (if approved) will result in my immediate termination from the EOPS/CARE Program and possibly the college. Any misrepresentation or misuse of funds (if approved) will result in my immediate termination from the EOPS/CARE Program and possibly the college. Moreover, I understand that this application and all paperwork/documents, once submitted to the ECC Compton Center EOPS/CARE Office, become property of the state. Also once this application and all documents submitted before and after, if I am approved, is paperwork I cannot get back or get copies of from my file. Furthermore, I agree to submit another application and/or further paperwork/documents when requested by the Compton Center EOPS/CARE Staff at any time before, during, and after having submitted this application. In addition I must adhere to all of the following: First name(s) and/or last name(s) on all paperwork must be the same and must all match with school records. If my first name(s) and/or last name(s) are different and do not match with school records, then I must provide valid proof as to why my first name(s) and/or last name(s) are different and do not match with school records-**NO EXCEPTIONS**. Not submitting documents/paperwork at the same time with this application or submitting before or after will cause a delay in processing this application or this application may not be processed at all-**NO EXCEPTIONS**. Any omission of information will cause a delay in evaluating and processing this application or this application may not be evaluated and processed at all. Also any false information I provide may cause this application from not being evaluated and processed at all-**NO EXCEPTIONS**. Not completing this application, including not signing it, is considered incomplete. Incomplete applications cannot be evaluated and processed until completed-**NO EXCEPTIONS**. I have read, understand, and agree.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**The El Camino Community College District is committed to providing equal opportunity in which no person is subjected to discrimination on the basis of ethnic group identification, national origin, religion, age, sex, race, color, ancestry, sexual orientation, physical or mental disability or retaliation.**