

**CRAFTON HILLS COLLEGE
CARE MUTUAL STUDENT RESPONSIBILITY CONTRACT**

As an EOPS/CARE student, I agree to the following:

1. I must maintain my eligibility as an EOPS student and meet all the requirements stated in the EOPS Mutual Student Responsibility Contract.
2. Apply for and complete a Financial Aid Package each year.
3. Notify the CARE/CalWORKs Counselor prior to making changes to my class schedule or before dropping/withdrawing from my classes.
4. Return any books purchased by the CARE Program for any classes that have been dropped.
5. Attend one of the following CARE workshop requirements: attend a minimum of three approved CARE workshops each semester, attend the one day CHC CARE/CalWORKs Mini Conference, or attend the Region 9 CARE Conference.
6. Meet with the CARE/CalWORKs Counselor three times a semester. If I am placed on the EOPS Academic Support Contract, I must meet with the CARE/CalWORKs Counselor at least five (5) times with the appointments being three (3) weeks apart.
7. **I MUST notify the CARE/CalWORKs Counselor of any break or change in my TANF/CalWorks service.**
8. I understand that I am only eligible for CARE as long as I **continue to be receiving TANF/CalWorks.**
9. I understand that I will be required to provide **annual verification of continued CARE/CalWORKs eligibility.**
10. I understand that to receive the full amount of the CARE grant, I must meet both the EOPS and CARE Program requirements (3 counseling appointments thirty days apart; submit the EOPS mid semester Academic Progress Report before the deadline date; complete 9 units or more and attend one of the CARE workshop requirements).
11. I will complete an exit interview with a CARE/CalWORKs counselor prior to leaving EOPS/CARE.
12. I understand that failure to fulfill the provisions listed above may result in my being dropped from the CARE Program.

I understand that the following CARE services I receive may vary each semester based upon funding.

- **Academic grant at the end of each semester**
- **Additional academic supplies (upon request only)**
- **CARE/CALWORKs Mini Conference each semester**
- **Additional funds on the CARE book vouchers**

I authorize the CARE/CalWORKs Coordinator and/or Counselor to verify any of the information I have provided.

PRINT NAME:

NAME

Social Security #

Signature of CARE Participant

Date

CARE Staff Signature

Date

6/14/04