



Mutual Responsibility Agreement

CARE Program Responsibilities

The mission of CARE (Cooperative Agencies Resources for Education) at Moorpark College is to support the unique needs of EOPS students who are single parents by promoting self-sufficiency and academic success through tailored workshops, additional counseling, educational materials and financial assistance for childcare related expenses. Financial assistance will be based on workshop attendance, available resources, number of approved units completed and a term GPA (2.00 or higher).

CARE Student Responsibilities

As a CARE student,

_____ Initial	1. I understand that eligibility for CARE services is based on the receipt of County cash aid for me and/or my child(ren), and that at the time of admission into the CARE Program, I must be "single head of household" according to my CalWORKs verification form.
_____ Initial	2. I must complete three (3) contacts with an EOPS/CARE counselor every Fall and Spring Semester, (1) contact during the Summer (Mandatory).
_____ Initial	3. I will submit a current Verification of Benefits or Notice of Action by the beginning of every semester.
_____ Initial	4. I will notify the CARE Counselor of any break or change in my CalWORKs service or addition of dependents.
_____ Initial	5. I will consult with CARE counselor before adding and dropping courses.
_____ Initial	6. I will maintain full-time enrollment (Access Students can be less than full-time) and 2.00 GPA or higher for each term attending Moorpark College. I will need the counselor's approval if I have extenuating circumstances not allowing me to maintain full-time enrollment.
_____ Initial	7. I understand I must attend 2 Mandatory Workshops offered by EOPS/CARE or CalWORKs per semester (Fall and Spring) in order to receive the full CARE Grant.
_____ Initial	8. I understand that it is my responsibility to check MyVCCCD-email regularly.
_____ Initial	9. I understand that it is my responsibility to check MyVCCCD-Financial Aid portal to make sure I have received my CARE grant within 3 weeks of disbursement of the grant. If I do not receive the CARE Grant within 3 weeks of disbursement and do not notify the CARE counselor, I forfeit my CARE grant. I must notify the CARE counselor or coordinator if the CARE grant is not disbursed by the end the term.

I understand that failure to comply with any of the above responsibilities may result in my being dismissed from the CARE Program and will no longer be eligible for the CARE Grant. Once dismissed, I understand that I will need to re-apply and meet all eligibility requirements at the time of re-application.

I authorize the CARE Counselor to verify any of the information I have provided to the CARE Program to validate my eligibility.

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Student Name	Signature	Date	SID
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CARE Counselor/Designee Name	Signature	Date	Director's Approval
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