



Cooperative Agencies Resources for Education (CARE) Mutual Responsibility Agreement (MRA)

I understand that if I am accepted into CARE, I must:

- Comply with all EOPS policies and procedures, including but not limited to:
 - Completing all three (3) EOPS contact appointments
 - Maintain a 2.0 GPA and passing a minimum of 6 units per semester
- Be enrolled in EOPS, apply for the CARE program and submit all required documentation.
- New and Continuing students must attend a CARE intake appointment once every academic year and all required meetings and trainings.
- Provide written verification from the County before any application can be completed and submit it each year thereafter. Verifications must state that I or my dependent child(ren) are currently receiving CalWORKs cash aid.
- Inform the CARE Program Specialist and/or CARE Coordinator of any changes that may affect my CARE eligibility.

To be eligible to receive aid, CARE Participants:

- Must be in compliance with EOPS and CARE in order to receive CARE grants and/or gift cards.
- Must have an updated EOPS Ed Plan on file in order to receive any CARE grants and /or gift cards.
- Must have an unmet need as determined by Financial Aid to receive any CARE grants and/or gift cards.
- All participants must attend required meetings and trainings in order to receive any CARE grants and/or gift cards.
- Must submit a workshop verification form for each CARE or CARE approved workshop in order to receive credit for that workshop. Workshop verification forms must be submitted within two (2) weeks of attending workshop.
- CARE services and grants are based on financial need, available funding and distributed on a first-come first-serve basis as funding permits.
- Please be aware that any grant disbursement can be affected if you owe any outstanding balance to Long Beach City College.

Certification and Acknowledgement

By signing this agreement, I certify I have read the above and I agree to abide by these requirements. I understand failure to fulfill my responsibilities as listed above can result in my dismissal from CARE, cancellation of further services or other appropriate action as determined by the EOPS Program. This agreement is valid until I officially withdraw, graduate, transfer, removed, or pass eligibility limitations. I hereby authorize the release of information to EOPS from the informational resources of the college to determine my eligibility for the program and for monitoring my student conduct, academic progress, and program evaluation.

_____	_____	_____	_____
Student Name (printed)	Student Signature	Student ID	Date
_____	_____	_____	_____
EOPS/CARE Staff Name (printed)	EOPS/CARE Staff Signature	Date	