



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**IF YOU HAVE NOT COMPLETED ALL PROGRAM REQUIREMENTS
YOU MAY STILL QUALIFY**

If you have **not** met the AB212 CARES program requirements, it is very important that you complete the following questions. Please select the statement(s) below that best describes your situation.

I still wish to participate in the AB212 CARES program, but have **not** completed the:
Required college. I will have completed my units by _____.
Date

I still wish to participate in the AB212 CARES program, but have changed my place of employment as
of _____. *

Date

**You may re-enter the A CARES program by contacting 1.866.CARES SD. Your application will be reviewed and if approved a new eligible for payment date will be issued. If transferred to a new site but still employed with the same agency your status will not change if you have participated in the program for at least 2 years.*

I am no longer interested in participating in the AB212 CARES program. Please exit me from the program because:

I have questions about how to satisfy the Program Requirements of the AB212 CARES program and would like someone to call me. The best date and time to call me is _____.

Please sign and mail this form to the above address, ATTN: SD CARES.

_____	_____
Print name	Signature
_____	_____
Date	Social Security Number
(____)_____	_____
Home phone	