

<b>STUDENT SECTION</b>	
Instructions for Student:	
Please bring this form to your worker and have him/her complete. Return this form back to our office. Please note that the LBCCD CalWORKs office needs to have the <b>completed, unaltered original form</b> prior to providing any services.	
Name _____	Case No. _____
Address _____	Student ID _____
	Phone No. _____
In signing below, I authorize DPSS/GAIN CALWORKs to share/release information regarding my DPSS benefits with Long Beach City College-CalWORKs office and its authorized agents.	
Participant's Signature: _____	Date: _____

<b>DPSS SECTION</b>	
Instructions for DPSS Representative:	
Please complete the form and return to PT. Please <b>do not use WHITE OUT, CROSS OUT, or any corrective method</b> on this form. We will not accept the form via fax. If unable to verify benefits, please <b>do not complete the form</b> .	
Child(ren) on case, gender/age	GAIN Worker Information
1. _____	Name _____
2. _____	Email _____
3. _____	Phone No. _____
4. _____	Fax No. _____
5. _____	
6. _____	
7. _____	
8. _____	

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">         CalWORKs LONG BEACH CITY COLLEGE 4901 E. CARSON ST LONG BEACH, CA 90808       </div>	<div style="border: 1px solid gray; padding: 10px; font-size: 1.2em; color: gray;">         DPSS STAMP HERE       </div>
Name/Signature of Long Beach City College Authorized Official	Name/Signature of DPSS Authorized Official
<b>Contract Type</b> <input type="checkbox"/> F063-41-05 (OC) <input type="checkbox"/> GN 6005 <input type="checkbox"/> GN 6006 <input type="checkbox"/> <b>Post Time Limit (PTL)</b> <input type="checkbox"/> <b>Post Employment (PES)</b> <input type="checkbox"/> <b>Extender</b> <small>Only LA/OC County</small>	<b>Approved Program of Study</b> _____ <small>(e.g. Administrative Assistant, Biology)</small>
<b>Is this student designated single head of household by your agency?</b> <input type="checkbox"/> Y or <input type="checkbox"/> N <b>Is this student receiving GAIN?</b> <input type="checkbox"/> Y or <input type="checkbox"/> N <b>Is this student receiving support services?</b> <input type="checkbox"/> Y or <input type="checkbox"/> N If yes, Transportation? <input type="checkbox"/> Y or <input type="checkbox"/> N, Childcare? <input type="checkbox"/> Y or <input type="checkbox"/> N	Time left on 60 Month Clock:  _____ Months <small>(e.g. 14 fourteen)</small>
<b>Is the participant receiving CalWORKs/TANF cash aid?</b> <input type="checkbox"/> Yes (Please answer Section A) <input type="checkbox"/> No (Please answer <b>Section B</b> )	
<b>Section A.</b> <input type="checkbox"/> BOTH Client & his/her child(ren) <input type="checkbox"/> Child(ren) <b>ONLY</b>	<b>Section B.</b> Time left on extension <b>***Post Time Limit (PTL) or Post Employment Services (PES) only</b> <div style="border: 2px solid red; width: 150px; height: 20px; margin: 5px auto;"></div> Months <b>or</b> End Date <small>(e.g. 14 fourteen)</small>