

NEW STUDENT ORIENTATION

LB LONG BEACH
CITY COLLEGE

A background image of a campus scene. On the left, a modern building with large glass windows is visible. The foreground is a green lawn. In the background, there are trees and a clear blue sky. The word "WELCOME!" is superimposed in large, bold, red letters with a white outline.

WELCOME!

INTRODUCTIONS



LONG BEACH
CITY COLLEGE

What will be covered?

- Office
- Staff
- Services
- Eligibility
- County Forms



CalWORKs Office Hours

**Pacific Coast Campus
GG-217**

**Monday through Thursday
8:00 a.m. to 6:00 p.m.
Friday 8:00 am to 4:00 p.m.**



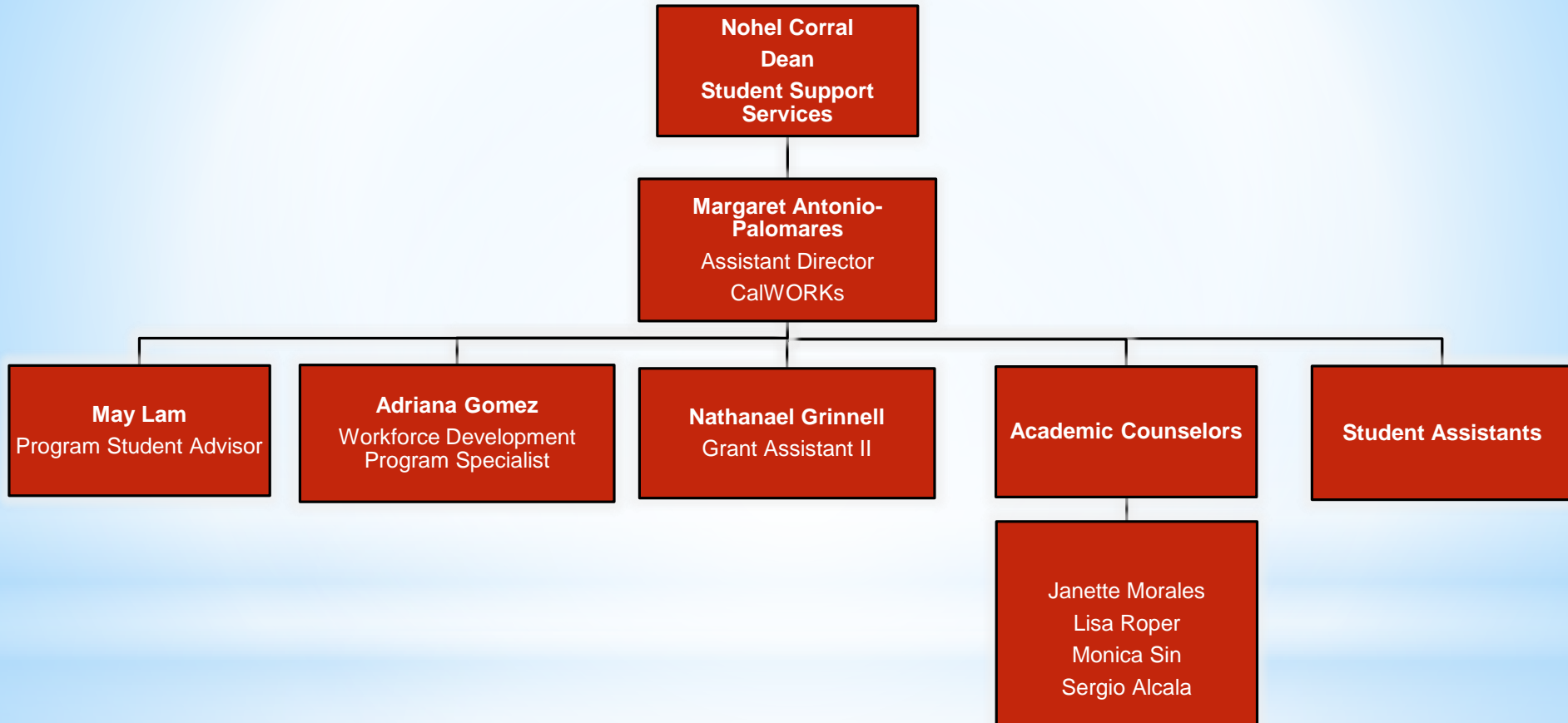
**LONG BEACH CITY COLLEGE ADMINISTRATIVE REGULATIONS ON
STUDENT CONDUCT**

5012.3 Campus Rules

Section F. Children are not allowed on campus during school hours.



CalWORKs Organizational Chart



CalWORKs Services

- Academic, Career & Personal Counseling
- Workshops
- Book Material Requests
- Childcare
- Work-Study
- Professional Development Workshops
- On Campus Referrals
- Community Referrals
- Limited assistance with County issues



My GAIN Requirements

- Welfare to Work Contract
 - ✓ Self Initiated Participant (SIP-GN 6005A)
 - OR
 - ✓ Vocational Training (VOC-GN 6006)
 - 20/30/35 **Weekly** Hour Plan
 - ✓ Unless exempt – documentation required
- (specialized supportive services)**



Self-Initiated Participant GN 6005A “SIP”

Bottom left of contract
will tell your status



GN 6005A - VERIFICATION OF WELFARE-TO-WORK PARTICIPATION HOURS

SECTION I – PARTICIPANT INFORMATION *(May be completed by participant and/or DPSS)*

DPSS OFFICE	ADDRESS	GSW NAME	FILE NUMBER
		TELEPHONE NO. ()	FAX NO. ()
PARTICIPANT NAME (last, first, middle)	DOB	CASE #	TELEPHONE NO. ()
STREET ADDRESS	CITY		ZIP CODE
CHECK WELFARE-TO-WORK ACTIVITY: <input type="checkbox"/> SCHOOL/TRAINING <input type="checkbox"/> MH/SA SERVICES <input type="checkbox"/> WORK EXPERIENCE <input type="checkbox"/> COMMUNITY SERVICES <input type="checkbox"/> OTHER:			

I, _____ (PARTICIPANT/STUDENT'S NAME) authorize my school/institution/MH/SA provider, etc. to release the following information to _____ and _____ (DPSS OFFICE) declare under penalty of perjury that the information contained on this page is true and correct to the best of my knowledge.

PARTICIPANT/STUDENT SIGNATURE: _____ DATE: _____

SECTION II – WELFARE-TO-WORK ACTIVITY INFORMATION *(Must be completed by school/agency/organization)*

NAME OF SCHOOL/PROVIDER/ORGANIZATION WHERE EDUCATION/TRAINING /WTW ACTIVITY IS BEING COMPLETED	TELEPHONE NO. ()
STREET ADDRESS	CITY
	ZIP CODE
WTW ACTIVITY ATTENDING	DATE WTW ACTIVITY BEGAN
	DATE WTW ACTIVITY ENDS

FOR SIP ELIGIBILITY DETERMINATION: (NOTE: SIP DETERMINATION BY GAIN ONLY)

DEGREE/CERTIFICATION PROGRAM (CURRENT INSTITUTION)	PROGRAM REGISTRATION DATE	PROGRAM/CLASS START DATE	EXPECTED COMPLETION/TRANSFER DATE
EXPECTED TO TRANSFER <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPECTED COMPLETION DATE OF PROGRAM (AFTER TRANSFER)		ULTIMATE DEGREE MAJOR
A. Is the participant enrolled in a Degree, Certificate, or Training program <u>or</u> a post-baccalaureate California teaching credential major at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B. Is the participant making satisfactory progress in the program? (MH/SA providers DO NOT answer) <input type="checkbox"/> Yes <input type="checkbox"/> No			

☐ Check here if participant is on a variable schedule. Please note that for families on a variable schedule, additional information may be required on a monthly basis.

If participant has a set schedule, please indicate the exact in and out hours of their class/activity. **Schools may attach a printout, if available. If no printout is available, please specify below.**

	DAY	START TIME	END TIME	COMPLETE THESE SECTIONS ONLY FOR SCHOOL/TRAINING	
				COURSE NAME / LAB / WORK STUDY / INTERNSHIP	UNITS/HOURS
1.					
2.					
3.					
4.					
5.					
					TOTAL HOURS:

SIGNATURE OR STAMP OF AUTHORIZED REPRESENTATIVE OF SCHOOL/AGENCY/ORGANIZATION _____ DATE _____
X

NAME _____ TITLE _____

PLEASE RETURN FORM TO THE DPSS OFFICE LISTED IN SECTION I EITHER BY MAIL, IN PERSON, OR VIA FAX

GN 6005A (WTW Verification)

Rev. (7/21/11)



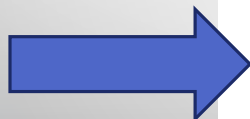
LONG BEACH
CITY COLLEGE

Vocational Training GN 6006 “VOC”

Bottom left of contract
will tell your status



LONG BEACH
CITY COLLEGE



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

SERVICE PROVIDER REFERRAL

GAIN REGIONAL OFFICE

PARTICIPANT NAME

CASE NUMBER/PID/AID

DATE:

DEAR

YOU HAVE AN APPOINTMENT ON _____ AT _____ TO:

- ☐ ENROLL IN _____
- ☐ BEGIN JOB SERVICES
- ☐ BEGIN YOUR VOCATIONAL ASSESSMENT
- ☐ CONTINUE YOUR PREVIOUS VOCATIONAL ASSESSMENT
- ☐ COMPLETE YOUR POST-EMPLOYMENT CAREER ASSESSMENT
- ☐ BEGIN YOUR THIRD PARTY ASSESSMENT
- ☐ BEGIN YOUR VOCATIONAL REASSESSMENT

YOUR APPOINTMENT IS WITH:

LOCATED AT:

TAKE THIS FORM WITH YOU TO INTRODUCE AND PROVIDE INFORMATION ABOUT YOURSELF. ALSO, IF YOU HAVE PROOF OF YOUR SELECTIVE SERVICE REGISTRATION NUMBER, PLEASE TAKE IT WITH YOU.

IT IS IMPORTANT FOR YOU TO KEEP THIS APPOINTMENT. IF, FOR ANY REASON YOU CAN'T KEEP THE APPOINTMENT, CONTACT ME IMMEDIATELY.

GAIN SERVICES WORKER:

FILE NO:

TELEPHONE NO:

INFORMATION FOR THE SERVICE PROVIDER

- **SECTION A**, ON THE SECOND PAGE OF THIS FORM, GIVES YOU INFORMATION ABOUT THIS GAIN PARTICIPANT.
- **SECTION B** OR **SECTION C**, ON THE SECOND PAGE OF THIS FORM, IS TO BE COMPLETED BY YOU AND RETURNED BY YOU OR THE PARTICIPANT TO THE GAIN OFFICE LISTED ABOVE WITHIN EIGHT WORKDAYS OF ENROLLING IN YOUR PROGRAM
- IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE GAIN SERVICES WORKER AT THE NUMBER LISTED ABOVE. THANK YOU FOR YOUR ASSISTANCE.

GN 6006 (12/2012)

Vocational Training GN 6006 “VOC” 2nd page of contract




SECTION A – COMPLETED BY GSW		GAIN REGIONAL OFFICE:		GSW:			
PARTICIPANT NAME:		CALWORKS CASE NUMBER: _____					
RESIDENCE ADDRESS:							
MAILING ADDRESS:							
TELEPHONE:		BIRTHDATE:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F			
PRIMARY LANGUAGE:							
LEGAL RIGHT TO WORK IN U.S.: <input type="checkbox"/> YES <input type="checkbox"/> NO		CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO					
CALWORKS MONTHS USED : _____ MONTHS		PARTICIPATION LIMITED TO 20 HOURS PER WEEK <input type="checkbox"/>					
HIGH SCHOLL DIPLOMA/GED: _____		POOR WORK HISTORY <input type="checkbox"/>					
REFERRED TO SPECIALIZED SUPPORTIVE SERVICES (Y/N): _____							
ADDITIONAL COMMENTS:							
I CERTIFY THAT THE ABOVE DATA HAS BEEN VERIFIED/DOCUMENTED BY AN EMPLOYEE OF THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES. THE DEPARTMENT CERTIFIES THAT THIS INDIVIDUAL HAS PROVIDED DOCUMENTATION THAT HE/SHE IS LEGALLY ENTITLED TO WORK IN THE U.S.							
GSW SIGNATURE:		DATE:		TELEPHONE:			
I AUTHORIZE THE EXCHANGE OF PERTINENT GAIN/CALWORKS INFORMATION BETWEEN DPSS, STATE, AND FEDERAL AGENCIES OR THEIR REPRESENTATIVES FOR MONITORING, HEARINGS AND/OR AUDITING PURPOSES.							
GAIN PARTICIPANT SIGNATURE _____							
SECTION B – COMPLETED BY EDUCATION/TRAINING PROVIDER							
NAME OF SCHOOL/FACILITY:			SCHOOL/FACILITY ADDRESS:				
<input type="checkbox"/> NOT ACCEPTED BECAUSE: _____							
NAME OF PROGRAM: _____			DATE ENROLLED/REGISTERED: _____				
START DATE: _____		EXPECTED COMPLETION DATE: _____		HRS. PER WEEK: _____			
SCHEDULE: CLASS HOURS (SHOW A.M. OR P.M.)							
SUBJECT	UNITS	MON	TUE	WED	THU	FRI	SAT
PLEASE SPECIFY IF ANY OF THE FOLLOWING RESOURCES ARE AVAILABLE FROM YOUR FACILITY:							
<input type="checkbox"/> CHILD CARE: SOURCE/AMT: _____							
<input type="checkbox"/> TRANSPORTATION: SOURCE/AMT: _____							
<input type="checkbox"/> ANCILLARY EXPENSES (BOOKS, TOOLS, FEES, ETC.): SOURCE/AMT: _____							
PERSON COMPLETING THIS FORM: _____				DATE: _____			
POSITION: _____				TELEPHONE: _____			
SECTION C – COMPLETED BY COE/JS OR VOCATIONAL ASSESSOR							
<input type="checkbox"/> COE/JS OFFICE: _____				OR VOCATIONAL ASSESSOR: _____			
START DATE: _____				EXPECTED COMPLETION DATE: _____			
PERSON COMPLETING THIS FORM: _____				DATE: _____			
POSITION: _____				TELEPHONE: _____			

Academic Counseling



- Completion and/or update Student Educational Plan (SEP)
- Information on approved educational & career goal (major)
 - ✓ Explain your major and/or certificate requirements
 - ✓ Review general education requirements
 - ✓ Graduation requirements (grad checks)
 - ✓ Discuss transfer options
- Academic and Progress Probation Counseling
- Letters of Recommendation (transfer, scholarships or internships)

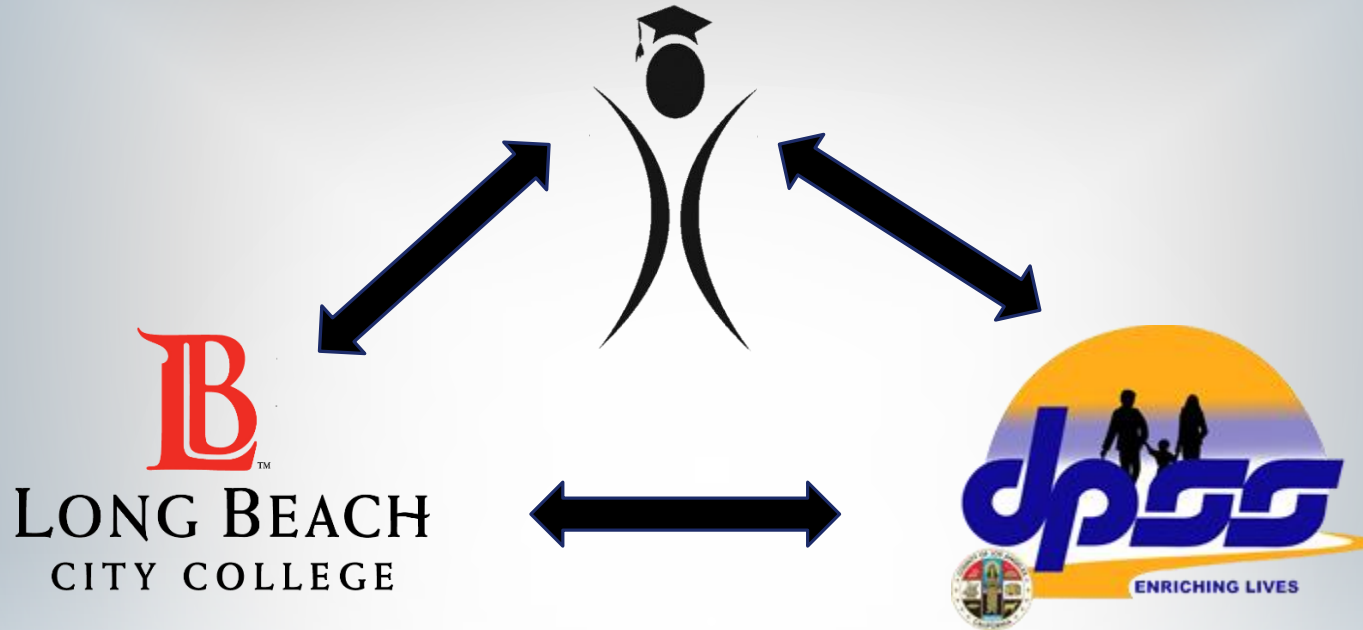




CalWORKs Semester Requirements



CONTRACT OBLIGATIONS



Like yourself, LBCC is under contract and has set expectations from DPSS.

Our contract mandates that we provide services so long as you are successfully completing your program of study.

Paperwork Submission

Submission of all **ORIGINAL** county forms/documents to your worker is **YOUR responsibility**.

As a *courtesy*, we will send an e-copy via email of documents we verified to your Eligibility or GAIN Service Worker. You may request a copy of completed paperwork for your own recordkeeping.

Our office policy: we will **NOT** fax nor accept faxed documents.





LONG BEACH COMMUNITY COLLEGE DISTRICT
 Pacific Coast Campus
 CalWORKs
 1305 E. PACIFIC COAST HWY GG-217
 LONG BEACH, CALIFORNIA 90806
 Phone (562) 938-3116
 Fax (562) 938-3220

**VERIFICATION OF
 D.P.S.S. BENEFITS (V.O.B.)**
SUMMER 2016 SESSION
VALID DATES:
JUNE 1ST, 2016 (06/01/2016) to
AUGUST 28th, 2016 (08/28/2016)

STUDENT SECTION	
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 completed, unaltered original form 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: _____

DPSS SECTION	
Instructions for DPSS Representative: Please complete the form and return to PT. Please do not use WHITE OUT, CROSS OUT, or any corrective method on this form. We will not accept the form via fax. If unable to verify benefits, please do not complete the form .	
Eligibility Worker Information	GAIN Worker Information
Name _____	Name _____
Email _____	Email _____
Phone No. _____	Phone No. _____
Fax No. _____	Fax No. _____
Contract Type <input type="checkbox"/> GN 6005 <input type="checkbox"/> GN 6006 <input type="checkbox"/> Post Time Limit (PTL) <input type="checkbox"/> Post Employment (PES)	Approved Program of Study _____ (e.g. Administrative Assistant, Biology)
Time left on 48 Month Clock	<div style="border: 1px solid black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 80px; height: 30px;"></div> <div style="margin-left: 10px;">Months (e.g. 14 fourteen)</div> </div>
Is the participant receiving cash aid?	
<input type="checkbox"/> Yes (Please answer Section A)	<input type="checkbox"/> No (Please answer Section B)
Section A. <input type="checkbox"/> BOTH Client & his/her child(ren) <input type="checkbox"/> Child(ren) ONLY	Section B. Time left on extension ***Post Time Limit (PTL) or Post Employment Services (PES) only <div style="border: 1px solid red; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid red; width: 80px; height: 20px;"></div> <div style="margin-left: 10px;">Months (e.g. 14 fourteen)</div> </div>

LBCCD STAMP BELOW

DPSS STAMP BELOW

Name/Signature of Authorized Official _____	Name/Signature of Authorized Official _____
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LONG BEACH
 CITY COLLEGE

VERIFICATION OF BENEFITS "VOB"

- Every semester you *must* provide a current Verification of Benefits that confirms YOU (not just your children) are receiving cash aid and have an active timeclock.
- We will no longer accept Notice of Action or DPSS YBN (Your Benefits Now!) printout in lieu of the VOB.

Monthly Attendance Report Form

Report for the Month of _____ 20____

Participant Address

GAIN/REP Office Address

Participant Name:

Case Number:

Date:

In order to make sure that we provide you with transportation and other services we need you to record your monthly attendance in each of your Welfare-to-Work Activities. In the boxes below, tell us about your Welfare-to-Work Activities listed below for the month of _____ Year _____. Please give this form to your service provider listed so they can verify your hours. Return this form to your GAIN/REP worker on or before _____. Failure to provide this form by the due date may affect your eligibility to receive transportation and other services. If you have any questions, please contact your GAIN Services Worker/REP Worker.

GSW/RCM Name:	File Number:	GSW/RCM Phone:	Fax:
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Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.

Activity:		Scheduled Hours															
Provider:																	
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Hours																	
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Hours																	0

* Colleges verify enrollment only

Provider Stamp:

Contact Name: _____ Title: _____

Phone: _____ Signature: _____ Date: _____

☐ I still need ☐ transportation ☐ child care and/or ☐ other services☐ I am requesting to begin receiving ☐ transportation ☐ child care and/or ☐ other services

Absence Reporting

Date(s)	Hours absent	Reason(s) you did not Attend	County use only: Number of hours GSW validates and lists source

Activity:		Scheduled Hours															
Provider:																	
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Hours																	
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Hours																	0

* Colleges verify enrollment only

Provider Stamp:

Contact Name: _____ Title: _____

Phone: _____ Signature: _____ Date: _____

☐ I still need ☐ transportation ☐ child care and/or ☐ other services☐ I am requesting to begin receiving ☐ transportation ☐ child care and/or ☐ other services

Absence Reporting

Date(s)	Hours absent	Reason(s) you did not Attend	County use only: Number of hours GSW validates and lists source

I hereby certify the information listed above is true and correct. In addition, I authorize the release of information to DPSS/State/Federal agencies for purposes of auditing, monitoring and verifying information.

Participant Signature: _____ Date: _____

GN 1565 (08/10) Revised



MONTHLY ATTENDANCE REPORT “MAR”

- Monthly Attendance Report is completed every month
- C.W. Staff verifies enrollment only
- Activity hours to be completed by student
- Drop In Ok.

**PROGRESS REPORT - EDUCATION/TRAINING/POST-EMPLOYMENT SERVICES/
WORK EXPERIENCE AND COMMUNITY SERVICES PROGRAM**

Participant Name/Address:	GAIN Regional Office Address:	
	Fax Number:	
	GSW Name:	Phone Number:
(Component Code & Session Type)	GSW Email:	
Agency/School Name:	Case Number:	Date:
Report Period From:	To:	Report Due:

This progress report is a required document that needs to be completed and turned in timely. Failure to provide this form by the due date may affect your cash aid. If you have any questions, please contact your GAIN Services Worker.

Please forward this form to your agency or school's CalWORKs office for completion. Email, mail, fax or walk-in this completed form to your GAIN Services Worker by the due date indicated above.

SECTION A: TO BE COMPLETED BY YOUR AGENCY or SCHOOL		
Making Satisfactory Progress in Overall Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Print Name of Agency/School Official Completing Form:
If no, explain:		Title of Agency/School Official Completing Form:
		Telephone Number:
		Email:
		Fax Number:
Meeting Attendance Standard:	Signature of Agency/School Official Completing Form:	Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B: TO BE COMPLETED BY THE PARTICIPANT		
<ul style="list-style-type: none"> If your school does not have a CalWORKs Office available, <u>attach your recent transcript or report card</u> to this progress report and submit to your GAIN Services Worker by the due date indicated above. If your service provider is unable to complete this form and you do not have your recent transcripts or report card, call your GAIN Services Worker to make an appointment to complete an affidavit of temporary declaration. 		
I understand that any deliberate misrepresentation of the above information may result in a penalty which can reduce the amount of my aid or cause me to become ineligible for cash aid. I also authorize the release of the above information to the County of Los Angeles, Department of Public Social Services by the service provider.		
Participant Signature:	Telephone Number:	Date:

PROGRESS REPORT GN 6070 "PGR"

■ The GAIN Progress Report is mailed out to students about every 3 months (dates are specified by GAIN)

■ Appointment Required



STI-20A- VERIFICATION OF WELFARE-TO-WORK PARTICIPATION HOURS

SECTION I - PARTICIPANT INFORMATION (May be completed by participant and/or R&R/APP Agency)

R & R/APP AGENCY		ADDRESS		R & R STAFF NAME	
				TELEPHONE NO.	FAX NO.
PARTICIPANT NAME (last, first, middle)		DOB		CASE #	TELEPHONE NO.
STREET ADDRESS			CITY	ZIP CODE	
CHECK WELFARE-TO-WORK ACTIVITY		<input type="checkbox"/> SCHOOL/TRAINING	<input type="checkbox"/> MH/SA SERVICES	<input type="checkbox"/> WORK EXPERIENCE	
		<input type="checkbox"/> COMMUNITY SERVICES	<input type="checkbox"/> OTHER:		

I, _____ authorize my school/institution/MH/SA provider, etc., to release the following information to _____ and
(PARTICIPANT/STUDENT'S NAME) (R&R/APP AGENCY NAME)
declare under penalty of perjury that the information contained on this page is true and correct to the best of my knowledge.

PARTICIPANT/STUDENT SIGNATURE: _____ DATE: _____

SECTION II - WELFARE-TO-WORK ACTIVITY INFORMATION (Must be completed by school/agency/organization)

NAME OF SCHOOL/PROVIDER/ORGANIZATION WHERE EDUCATION/TRAINING/WTW ACTIVITY IS BEING COMPLETED			TELEPHONE NO.
LONG BEACH CITY COLLEGE, CALWORKS OFFICE			(562) 938-3116
STREET ADDRESS	CITY	ZIP CODE	
1305 E PACIFIC COAST HIGHWAY	LONG BEACH	90806	
WTW ACTIVITY ATTENDING	DATE WTW ACTIVITY BEGAN	DATE WTW ACTIVITY ENDS	

FOR SIP ELIGIBILITY DETERMINATION: (NOTE: SIP DETERMINATION BY GAIN ONLY)

DEGREE/CERTIFICATION PROGRAM (CURRENT INSTITUTION)	PROGRAM REGISTRATION DATE	PROGRAM/CLASS START DATE	EXPECTED COMPLETION/TRANSFER DATE
EXPECTED TO TRANSFER <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPECTED COMPLETION DATE OF PROGRAM (AFTER TRANSFER)		ULTIMATE DEGREE MAJOR
A. Is the participant enrolled in a Degree, Certificate, or Training program or a post-baccalaureate California teaching credential major at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B. Is the participant making satisfactory progress in the program? (MH/SA providers DO NOT answer) <input type="checkbox"/> Yes <input type="checkbox"/> No			

☐ Check here if participant is on a variable schedule. Please note that for families on a variable schedule, additional information may be required on a monthly basis.

If participant has a set schedule, please indicate the exact in and out hours of their class/activity. Schools may attach a printout, if available. If no printout is available, please specify below.

	DAY	START TIME	END TIME	COMPLETE THESE SECTIONS ONLY FOR SCHOOL TRAINING	
				COURSE NAME/LAB/WORKSTUDY/INTERNSHIP	UNITS/HOURS
1.					
2.					
3.					
4.					
5.					
					TOTAL HOURS:

SIGNATURE OR STAMP OR AUTHORIZED REPRESENTATIVE OF SCHOOL/AGENCY/ORGANIZATION

DATE

X

NAME _____ TITLE _____

PLEASE RETURN FORM TO THE R&R/APP OFFICE LISTED IN SECTION I EITHER BY MAIL, IN PERSON, OR VIA FAX
STI-20A (WTW Verification)

Rev (7/21/11)

Training Verification STI-20A

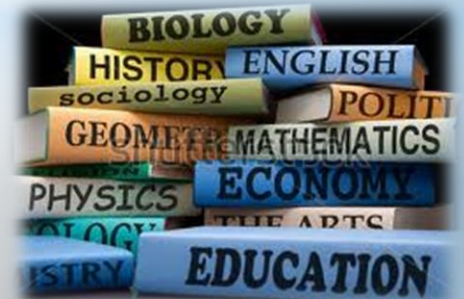
- Must be completed every semester
- Only for child care purposes
- Must have current eligibility
- Must be registered in classes
- Drop In OK

CLEAR FORM

**An updated SEP
and current
semester VOB is
REQUIRED for
your BMR to be
processed by our
office.
No exceptions.**

Book & Material Request

- Textbooks (county will only approve required textbooks)
- College Service Card, Health fee, Parking Permit & Material fee
- Required uniforms, tools or supply kits for approved majors
- School supplies
- Other items or fees your major may required



Be Prepared!

**Original
receipts** must
be submitted
to your
GSW/County
Worker



**Make copies
of your
receipts for
your own
records**

- A print out of your textbooks
- A copy of a current class schedule
- A copy of your Account Inquiry
 - ✓ **STUDENT FEES: COLLEGE SERVICE CARD, HEALTH , PARKING, MATERIAL**
- A copy of your syllabus for any additional required supplies or tools



School Supplies



Typical school supplies do not need supporting documentation or receipts for those in LA county (\$60.00 allowance). However if there is an item required for the class, then additional documentation (a copy of the syllabus) and receipts will be necessary.

Example: Math 60 (Calculus) requires a scientific calculator-a copy of your syllabus will need to be included



Remember
original receipts
must be
submitted to
your GSW



How Can I Get Childcare?

- Current Verification of Benefits or Notice of Action on file (every term)
- Currently registered in classes
- Copies of birth certificate for every child
- Have already selected your own provider (Lic. Center , Family Lic. Center or a family member or non-related member)
- Complete a Child Care application (available at the CalWORKs office)



CalWORKs
EDUCATION THAT WORKS!
CALIFORNIA COMMUNITY COLLEGES



CAREER EXPERIENCE PROGRAM



LB LONG BEACH
CITY COLLEGE

Career Experience Program

- CalWORKs CEP (Career Experience Program) assists students to find subsidized employment opportunities on and off-campus.
- What is CEP work-study?
 - Part-time work for students funded by the California Community Colleges Chancellor's Office.
 - Aligned to program of study

Work Study Contact:

Adriana Gomez

562-938-3214, agomez@lbcc.edu



On behalf of
CalWORKs
we are excited to
welcome you to
Long Beach City
College!

This is the
beginning of a
new journey!
Questions?



LONG BEACH
CITY COLLEGE

