WELCOME!

INTRODUCTIONS
What will be covered?

- Office
- Staff
- Services
- Eligibility
- County Forms
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 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
Vocational Training
GN 6006 “VOC”

Bottom left of contract will tell your status.
Vocational Training
GN 6006
“VOC”
2nd page of contract

SECTION A – COMPLETED BY GSW

<table>
<thead>
<tr>
<th>PARTICIPANT NAME:</th>
<th>GAIN REGIONAL OFFICE:</th>
<th>GSW:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALWORKS CASE NUMBER:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESIDENCE ADDRESS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAILING ADDRESS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TELEPHONE:</td>
<td>BIRTHDATE:</td>
<td>SEX:</td>
</tr>
<tr>
<td>PRIMARY LANGUAGE:</td>
<td>LEGAL RIGHT TO WORK IN U.S.:</td>
<td>YES</td>
</tr>
<tr>
<td>CALWORKS MONTHS USED:</td>
<td>HIGH SCHOOL DIPLOMATED:</td>
<td></td>
</tr>
<tr>
<td>REferred TO SPECIALIZED SUPPORTIVE SERVICES (Y/N):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTICIPATION LIMITED TO 20 HOURS PER WEEK (Y/N):</td>
<td>POOR WORK HISTORY (Y/N):</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>GSW SIGNATURE:</th>
<th>DATE:</th>
<th>TELEPHONE:</th>
</tr>
</thead>
</table>

I AUTHORIZE THE EXCHANGE OF PERTINENT GAINCALWORKS 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

<table>
<thead>
<tr>
<th>NAME OF SCHOOL/FACILITY:</th>
<th>SCHOOL/FACILITY ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) NOT ACCEPTED BECAUSE:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF PROGRAM:</th>
<th>DATE ENROLLED/REGISTERED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>START DATE:</td>
<td>EXPECTED COMPLETION DATE:</td>
</tr>
<tr>
<td>HRS. PER WEEK:</td>
<td></td>
</tr>
</tbody>
</table>

SCHEDULE: CLASS HOURS (SHOW A.M. OR P.M.)

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>UNITS</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
</tr>
</thead>
</table>

PLEASE SPECIFY IF ANY OF THE FOLLOWING RESOURCES ARE AVAILABLE FROM YOUR FACILITY:

( ) CHILD CARE: SOURCE/AMT:

( ) TRANSPORTATION: SOURCE/AMT:

( ) ANCILLARY EXPENSES (BOOKS, TOOLS, FEES, ETC.): SOURCE/AMT:

PERSON COMPLETING THIS FORM: DATE: POSITION: TELEPHONE:

SECTION C – COMPLETED BY COEJS OR VOCATIONAL ASSESSOR

<table>
<thead>
<tr>
<th>COEJS OFFICE:</th>
<th>OR VOCATIONAL ASSESSOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>START DATE:</td>
<td>EXPECTED COMPLETION DATE:</td>
</tr>
</tbody>
</table>

PERSON COMPLETING THIS FORM: DATE: POSITION: TELEPHONE:

GN 60061 (12/2012)
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
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.
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.
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 “MAR”

- Monthly Attendance Report is completed every month
- C.W. Staff verifies enrollment only
- Activity hours to be completed by student
- Drop In Ok.
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 (first, middle, last)
DOB
CASE #

TELEPHONE NO.

STREET ADDRESS
CITY
ZIP CODE

CHECK WELFARE-TO-WORK ACTIVITY
☐ SCHOOL/TRAINING  ☐ MHS&A SERVICES  ☐ WORK EXPERIENCE
☐ COMMUNITY SERVICES  ☐ OTHER:

I, (PARTICIPANT/STUDENT’S NAME) declare under penalty of perjury that the information contained on this page is true and correct to the best of my knowledge.

R&R/APP AGENCY NAME

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
LONG BEACH CITY COLLEGE, CALWORKS OFFICE

TELEPHONE NO.
(562) 938-3116

STREET ADDRESS
1305 E PACIFIC COAST HIGHWAY
CITY
LONG BEACH
ZIP CODE
90806

WTW ACTIVITY ATTENDING
DATE WTW ACTIVITY BEGAN
DATE WTW ACTIVITY ENDS

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

DEGREE/CERTIFICATION PROGRAM (CURRENT INSTITUTION)
PROGRAM REGISTRATION DATE
PROGRAM/CLASS START DATE
EXPECTED COMPLETION/TRANSFER DATE

EXPECTED TO TRANSFER
☐ Yes  ☐ 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?
☐ Yes  ☐ No

B. Is the participant making satisfactory progress in the program? (MHS&A providers DO NOT answer)
☐ Yes  ☐ 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.

<table>
<thead>
<tr>
<th>DAY</th>
<th>START TIME</th>
<th>END TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

NAME:

TITLE:

PLEASE RETURN FORM TO THE R&R/APP OFFICE LISTED IN SECTION I EITHER BY MAIL, IN PERSON, OR VIA FAX

REV. 7/21/11

CLEAR FORM
An updated SEP and current semester VOB is REQUIRED for your BMR to be processed by our office. No exceptions.
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 require
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
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)
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?