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

http://www.lbcc.edu

VERIFICATION OF
D.P.S.S. BENEFITS (V.O.B.)

FALL 2020 SEMESTER
VOB VALID DATES:
AUGUST 1st , 2020 (8/01/2020) to
DECEMBER 19th, 2020 (12/19/2020)

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.** _____

LBCCD STAMP HERE	DPSS STAMP HERE
Name/Signature of Long Beach City College Authorized Official	**Name/Signature of DPSS Authorized Official**

Contract Type	☐ **GN 6005** ☐ **GN 6006** ☐ **Post Time Limit (PTL)** ☐ **Post Employment (PES)** ☐ **Extender**	**Approved Program of Study**	**(e.g. Administrative Assistant, Biology)**

Time left on 48 Month Clock		Months (e.g. 14 fourteen)

Is the participant receiving cash aid?

☐ Yes
(Please answer Section A)

☐ No
(Please answer Section B)

Section A.	**Section B.**
☐ BOTH Client & his/her child(ren) ☐ Child(ren) **ONLY**	Time left on extension ***Post Time Limit (PTL) or Post Employment Services (PES) only Months **or** End Date (e.g. 14 fourteen)