

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.)

FALL 2021 SEMESTER VOB VALID DATES: AUGUST 1st, 2021 (8/01/2021) to DECEMBER 20th, 2021 (12/20/2021)

Name		Case No.			
Address	s	Student ID			
	F	hone 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			GAIN Worker In	nformation	
Email		vame Email			
Phone No.	Phone No.				
Fax No. Fax No.					
LBCCD STAMP HERE		DPSS STAMP HERE			
Name/Signature of Long Beach City College Authorized C	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	Progr	Approved rogram 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 <mark>Section B</mark>)			
Section A.		Section B.			
BOTH Client & his/her child(ren) Child(ren)	***	Time left on extension ***Post Time Limit (PTL) or Post Employment Services (PES) only			
□ Child(ren) ONLY				Months or End Date (e.g. 14 fourteen)	