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
Name
Email
Phone No.
Fax No.

GAIN Worker Information
Name
Email
Phone No.
Fax No.

☐ 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
☐ No

(Please answer Section A)

(Please answer Section B)

Section A.
☐ BOTH Client & his/her child(ren)
☐ Child(ren) ONLY

Section B.

Three Time left on extension

***Post Time Limit (PTL) or Post Employment Services (PES) only

Months or End Date
(e.g. 14 fourteen)