

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.)

SPRING 2021 SEMESTER

VOB VALID DATES: FEBRUARY 8th , 2021 (2/08/2021) to JUNE 10th , 2021 (6/10/2021)

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		Name	GAIN Worker Info	ormation
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		
☐ GN 6005 ☐ GN 6006 ☐ Post Time Limit (PTL) ☐ Post Employment (PES) ☐ Extender	Pro	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 <mark>Section B</mark>)		
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)		