



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 2022 SEMESTER
VOB VALID DATES:
January 3rd, 2022 (1/3/2022) to
June 8th, 2022 (6/8/2022)

STUDENT SECTION Instructions for Student:	
Please bring this form to your worker and have him/her complete. Return this form back to our office. Please note that the LBCCD CalWORKs office needs to have the completed, unaltered <u>original form</u> prior to providing any services.	
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 .	
Child(ren) on case gender/age 1. _____ 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____	GAIN Worker Information Name _____ Email _____ Phone 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 <input type="checkbox"/> GN 6005 <input type="checkbox"/> GN 6006 <input type="checkbox"/> Post Time Limit (PTL) <input type="checkbox"/> Post Employment (PES) <input type="checkbox"/> Extender	Approved Program of Study _____ (e.g. Administrative Assistant, Biology)
Time left on 48 Month Clock	<div style="border: 2px solid black; width: 150px; height: 40px; margin: 0 auto;"></div> Months (e.g. 14 fourteen)
Is the participant receiving cash aid? <input type="checkbox"/> Yes (Please answer Section A) <input type="checkbox"/> No (Please answer Section B)	
Section A. <input type="checkbox"/> BOTH Client & his/her child(ren) <input type="checkbox"/> Child(ren) ONLY	Section B. Time left on extension ***Post Time Limit (PTL) or Post Employment Services (PES) only <div style="border: 2px solid red; width: 150px; height: 20px; margin: 0 auto;"></div> Months or End Date (e.g. 14 fourteen)