



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.)
SUMMER 2017 SEMESTER**
VOB VALID DATES:
JUNE 1st, 2017 (6/01/2017) to
AUGUST 19th, 2017 (8/19/2017)

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 original form 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.	
Eligibility Worker Information	GAIN Worker Information
Name _____	Name _____
Email _____	Email _____
Phone No. _____	Phone No. _____
Fax No. _____	Fax No. _____

LBCCD STAMP HERE	DPSS STAMP HERE
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Name/Signature of Long Beach City College Authorized Official	Name/Signature of DPSS Authorized Official
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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)
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Time left on 48 Month Clock	<div style="border: 2px solid black; width: 100%; height: 40px;"></div>	Months (e.g. 14 fourteen)
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Is the participant receiving cash aid?	
<input type="checkbox"/> Yes (Please answer Section A)	<input type="checkbox"/> No (Please answer Section B)

Section A.	Section B.
<input type="checkbox"/> BOTH Client & his/her child(ren) <input type="checkbox"/> Child(ren) ONLY	Time left on extension ***Post Time Limit (PTL) or Post Employment Services (PES) only <div style="border: 2px solid red; width: 100%; height: 30px;"></div> Months or End Date (e.g. 14 fourteen)