

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 2021 SEMESTER VOB VALID DATES: JUNE 1<sup>st</sup>, 2021 (6/01/2021) to AUGUST 14<sup>th</sup>, 2021 (8/14/2021)

Name			Case No.		
Address		5	Student ID		
		F	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 Email	Name				
Phone No.	Email Email				
Fax No. Fax No.					
LBCCD STAMP HERE			DPSS STAMP HERE		
Name/Signature of Long Beach City College Authorized Offic		fficial	Name/Signature of DPSS Authorized Official		
Contract Type	<ul> <li>GN 6005</li> <li>GN 6006</li> <li>Post Time Limit (PTL)</li> <li>Post Employment (PES)</li> <li>Extender</li> </ul>	Progr	oved am of udy	(e.g. Administrative Ase	sistant, 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.		
<ul> <li>BOTH Client &amp; his/her child(ren)</li> <li>Child(ren) ONLY</li> </ul>		***	Time left on extension ***Post Time Limit (PTL) or Post Employment Services (PES) only Months or End Date		
					(e.g. 14 fourteen)