

VERIFICATION OF CalWORKs BENEFITS (V.O.B.)

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**.

Child(ren) on case, gender/age

- | | | | |
|----|-------|----|-------|
| 1. | _____ | 5. | _____ |
| 2. | _____ | 6. | _____ |
| 3. | _____ | 7. | _____ |
| 4. | _____ | 8. | _____ |

GAIN Worker Information

- | | |
|-----------|-------|
| Name | _____ |
| Email | _____ |
| Phone No. | _____ |
| Fax No. | _____ |

CalWORKs
LONG BEACH CITY COLLEGE
4901 E. CARSON ST
LONG BEACH, CA 90808

DPSS STAMP HERE

Name/Signature of Long Beach City College Authorized Official

Name/Signature of DPSS Authorized Official

Contract Type

- F063-41-05 (OC)
- GN 6005
- GN 6006
- Post Time Limit (PTL)**
- Post Employment (PES)**
- Extender**

Approved Program of Study

_____ (e.g. Administrative Assistant, Biology)

Time left on 60 Month Clock

Months
(e.g. 14 fourteen)

Is the participant receiving cash aid?

Yes
(Please answer Section A)

No
(Please answer **Section B**)

Section A.

- BOTH Client & his/her child(ren)
- Child(ren) **ONLY**

Section B.

Time left on extension

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

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