



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.)
WINTER 2021 SEMESTER**
VOB VALID DATES:
**DECEMBER 1st, 2020 (12/01/2020) to
FEBRUARY 6th, 2021 (2/06/2021)**

| 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 |
|-------------------------|------------------------|

| | |
|---|--|
| 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 _____ <small>(e.g. Administrative Assistant, Biology)</small> |
|--|---|

| | | |
|-----------------------------|--|---|
| Time left on 48 Month Clock | | Months <small>(e.g. 14 fourteen)</small> |
|-----------------------------|--|---|

| Is the participant receiving cash aid? | |
|--|--|
| <input type="checkbox"/> Yes <small>(Please answer Section A)</small> | <input type="checkbox"/> No <small>(Please answer Section B)</small> |

| | |
|---|--|
| 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: 5px auto;"></div> Months or End Date <small>(e.g. 14 fourteen)</small> |
|---|--|