Glendale Community College CalWORKs Program

Main Campus: 1500 N. Verdugo Road • SF 114 • Glendale, CA 91208 • (818) 240-1000, X5508
Garfield Campus: 1122 East Garfield Ave., Glendale, CA 91205 • (818) 240-1000, X 5681
www.glendale.edu/calworks

VERIFICATION OF CALWORKS CASH AID BENEFITS

INSTRUCTIONS: Section A must be completed by the student before the form is submitted to the Department of Public Social Services. Section B must be completed by the eligibility caseworker of the agency providing benefits. This form will not be accepted if any part is left blank. Please do not complete in pencil. Please do not use "White Out."

SECTION A: TO BE COMPLETED BY THE STUDENT

I authorize the Department of Public Social Services to provide the information requested by Glendale Community College.

_____ Student Name (please print)

_____ Student Signature

_____ Relationship of Student to Recipient

_____ Case Number

SECTION B: TO BE COMPLETED BY DPSS DISTRICT OFFICE

The information provided below will kept confidential by the GCC campus pursuant to Sections 76200-76246 of the California Education Code.

The student listed above currently receives CalWORKs cash benefits for:

	Both Student and Children	Children Only	No Record
☐ CalWORKs Cash Aid	☐	☐	☐
☐ Refugee Cash Assistance	☐	☐	☐

1. Date benefits began: _____ Total months used on 48-month clock: _____

2. Date parents' portion of cash aid benefits ended (if applicable): _____

3. Is the participant listed as "Student" in Section A above classified as a single head of household?: ☐Yes ☐No

4. If the participant received food stamps (CalFRESH), please indicates the

dates CalFRESH benefits were received: From: _____/_____ (Month / Year) To: _____/_____ (Month / Year)

DPSS DISTRICT OFFICE STAMP REQUIRED

_____ Agency Representative (please print)

_____ Title/Official Position

_____ Signature

_____ Date

_____ Agency Address

_____ Telephone

Form Updated September, 2012