

## 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•calworksprogram@glendale.edu

## **VERIFICATION OF CALWORKS CASH AID BENEFITS**

INSTRUCTIONS: 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 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.

I authorize the Department of Public Social			Y THE STUDEN tion requested by Gi	主义 在基本保护部分 计多元 在原则 医皮膜中的 计多数管	llege
Student Name (please print)  Relationship of Student to Recipient		Student Signature			
		Case Number			
SECTION B: TO	BE COMPLET	ED BY DP	SS DISTRICT OF	FICE	
The information provided below will be ke California Education Code.	pt confidential by th	ne GCC cam	ous pursuant to Sect	tions 76200-76246 of t	he
The student listed above curren	tly receives Cal	WORKs c	ash benefits for	1) 7	
☐ CalWORKs Cash Aid	Both Student and	Children	Children Only	No Record	
Refugee Cash Assistance					
Date benefits began:/			used on 48-month / / Month Day	Year	
3. Is the participant listed as "Student" in	Section A above	classified as	a single head of h	ousehold?:Yes _	_No
<ol> <li>If the participant received food star dates CalFRESH benefits wer</li> </ol>			/ To	D:/ Month Year	
DPSS DI	STRICT OFFICE	STAMP	REQUIRED		
Agency Representative (please p	rint)	Title/Of	ficial Position		-
Signature		Date			
Agency Address		Teleph	one		