



Glendale Community College CalWORKs Program
(818) 240-1000 • Verdugo Campus: X5508, Garfield Campus: X5681 • 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 a representative 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." The information provided below will be maintained confidentially by the GCC campus pursuant to Sections 76200-76246 of the California Education Code.

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 student listed above currently receives <u>CalWORKs cash benefits</u> for: (Please check one.)	
1. <input type="checkbox"/> <u>Both Student and Children</u>	<input type="checkbox"/> Children Only... *On what date did parents' portion of cash aid benefits end? <div style="text-align: right; margin-top: 5px;">_____ Month / Date / Year</div>
2. Date benefits began: _____	3. Total months used on 48-month clock: _____
4. Is the participant listed as "Student" in Section A classified as a single head of household?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. If the participant received food stamps (CalFRESH), please indicate the dates CalFRESH benefits were received: From: _____ / _____ To: _____ / _____ <div style="text-align: center; margin-top: 5px;">Month Year Month Year</div>	

DPSS DISTRICT OFFICE <u>STAMP REQUIRED</u>	
_____ Agency Representative (please print)	_____ Title
_____ Signature	_____ Date
_____ Agency Address	_____ Telephone