



\* **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.

<b>SECTION A: TO BE COMPLETED BY THE STUDENT</b>	
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 _____

<b>* SECTION B: TO BE COMPLETED BY DPSS DISTRICT OFFICE *</b>	
<b>The student listed above currently receives <u>CalWORKs cash benefits</u> for:</b> (Please check one.)	
<input checked="" type="checkbox"/> <b><u>Both Student and Children</u></b>	<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>
<input type="checkbox"/> No Record	
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 indicates the dates CalFRESH benefits were received: From: _____ / _____ To: _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month      Year</span> <span>Month      Year</span> </div>	

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