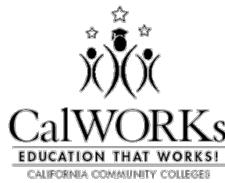




El Camino College CalWORKs
 16007 Crenshaw Blvd.
 Torrance, CA 90506
 SSVc 205-B
 (310) 660-6057



VERIFICATION OF D.P.S.S. BENEFITS (V.O.B.)

WINTER 2018 SESSION

STUDENT SECTION

Instructions for Student:

Please bring this form to your Eligibility or GAIN worker and have them complete this form. Return this form back to our office. Please note that the ECC CalWORKs office needs to have the **completed, unaltered original form** prior to providing any services.

Name: _____ Case No. _____
 Phone: (____) _____ Student ID: _____
 Address: _____

Student/Participant Authorization for Release of Information

I authorized DPSS/GAIN CalWORKs to release the _____ information below to: **El Camino College CalWORKs.** _____ Participant Signature _____ Date

DPSS SECTION

Instructions for DPSS Representative:

Please complete the entire form and return to the participant. Do not make corrections on this form using white out or by crossing out any information. If you need a new copy please visit our web page at <http://www.elcamino.edu/student/student-services/calworks/forms.aspx> we will not accept this form via fax. If you're unable to verify any of the information requested, please do not complete the form.

Eligibility Worker or GAIN Worker Contact Information:

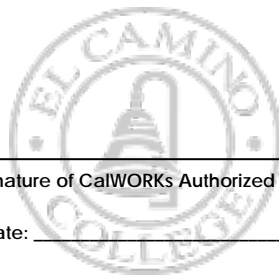
Name: _____ Select One:
 Phone: (____) _____ Eligibility Worker GAIN Worker

Participant Contract Type
 GN 6005A
 GN 6006
 GN 6390 (Attending Multiple Schools)
 Post Time Limit (PTL)

Approved Program of Study _____
 (e.g. Administrative Assistant, Biology)

Is the participant receiving the adult portion of cash aid?
 Yes No Time LEFT on 48-month clock
 REQUIRED TO PROVE ELIGIBILITY

Post Time Limit (PTL) Months or End Date


 Signature of CalWORKs Authorized Staff _____
 Date: _____

Please return form to:
calworksinfo@elcamino.edu
 or by mail to:
 CalWORKs
 Student Services Center Bldg.
 Room 205-B
 El Camino College
 16007 Crenshaw Blvd.
 Torrance, CA 90506
 (310) 660-6057

Signature of DPSS Authorized Official & Stamp _____ Date _____