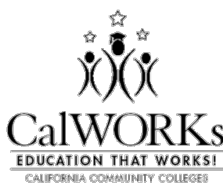




El Camino College CalWORKs
16007 Crenshaw Blvd.
Torrance, CA 90506
SSVC 205-B
(310) 660-6057



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

SPRING 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/studentservices/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.

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

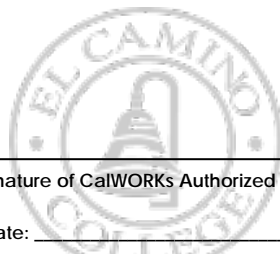
☐ No

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