



El Camino College CalWORKs
 16007 Crenshaw Blvd.
 Torrance, CA 90506
 Student Services Ctr. Rm 227
 (310) 660-6057



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

Summer 2020 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://bit.ly/ecccalworks> 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.

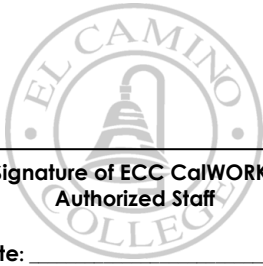
GAIN Worker Contact Information:

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

Participant Contract Type <input type="checkbox"/> GN 6005A <input type="checkbox"/> GN 6006 <input type="checkbox"/> GN 6390 (Attending Multiple Schools) <input type="checkbox"/> Post Time Limit (PTL)	Approved Program of Study _____ (e.g. Administrative Assistant, Biology)
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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 ECC CalWORKs Authorized Staff Date: _____	Please return form to: calworksinfo@elcamino.edu or by mail to: CalWORKs Student Services Center Room 227 El Camino College 16007 Crenshaw Blvd. Torrance, CA 90506 (310) 660-6057	Signature of DPSS Authorized Official & Stamp _____ Date _____
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