

STUDENT SECTION	
Instructions for Student:	
Please bring this form to your worker and have him/her complete. Return this form back to our office. Please note that the LBCCD CalWORKs office needs to have the completed, unaltered original form prior to providing any services.	
Name _____	Case No. _____
Address _____	Student ID _____
	Phone No. _____
In signing below, I authorize DPSS/GAIN CALWORKs to share/release information regarding my DPSS benefits with Long Beach City College-CalWORKs office and its authorized agents.	
Participant's Signature: _____	Date: _____

DPSS SECTION	
Instructions for DPSS Representative:	
Please complete the form and return to PT. Please do not use WHITE OUT, CROSS OUT, or any corrective method on this form. We will not accept the form via fax. If unable to verify benefits, please do not complete the form .	
Child(ren) on case, gender/age	GAIN Worker Information
1. _____	Name _____
2. _____	Email _____
3. _____	Phone No. _____
4. _____	Fax No. _____
5. _____	
6. _____	
7. _____	
8. _____	

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> CalWORKs LONG BEACH CITY COLLEGE 4901 E. CARSON ST LONG BEACH, CA 90808 </div>	<h2 style="margin: 0;">DPSS STAMP HERE</h2>
Name/Signature of Long Beach City College Authorized Official	Name/Signature of DPSS Authorized Official
Contract Type <input type="checkbox"/> F063-41-05 (OC) <input type="checkbox"/> GN 6005 <input type="checkbox"/> GN 6006 <input type="checkbox"/> Post Time Limit (PTL) <input type="checkbox"/> Post Employment (PES) <input type="checkbox"/> Extender <small>Only LA/OC County</small>	Approved Program of Study _____ <small>(e.g. Administrative Assistant, Biology)</small>
Is this student designated single head of household by your agency? <input type="checkbox"/> Y or <input type="checkbox"/> N Is this student receiving GAIN? <input type="checkbox"/> Y or <input type="checkbox"/> N Is this student receiving support services? <input type="checkbox"/> Y or <input type="checkbox"/> N <small>If yes, Transportation? <input type="checkbox"/> Y or <input type="checkbox"/> N, Childcare? <input type="checkbox"/> Y or <input type="checkbox"/> N</small>	Time left on 60 Month Clock: _____ Months <small>(e.g. 14 fourteen)</small>
Is the participant receiving CalWORKs/TANF cash aid? <input type="checkbox"/> Yes (Please answer Section A) <input type="checkbox"/> No (Please answer Section B)	
Section A. <input type="checkbox"/> BOTH Client & his/her child(ren) <input type="checkbox"/> Child(ren) ONLY	Section B. Time left on extension ***Post Time Limit (PTL) or Post Employment Services (PES) only <div style="border: 2px solid red; width: 150px; height: 20px; margin: 5px auto;"></div> Months or End Date <small>(e.g. 14 fourteen)</small>