



# LANEY COLLEGE CALWORKS STUDENT ELIGIBILITY UPDATE



Year \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Intersession \_\_\_\_\_

Participant's Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I authorize the Department of Social Services CalWORKs staff to provide information regarding my Welfare to Work plan to the school listed above for the remainder of time that I am attending classes.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agency Provider:**

North County (Oakland)     Eastmont Center     South County (Hayward)     Other \_\_\_\_\_

<b>Verification of Student Eligibility from County</b>	
Is the participant currently receiving CalWORKs cash aid benefits?	___ Yes ___ No
If no, please explain _____	
Is the participant currently exempt?	___ Yes ___ No
If yes, please explain _____	
Does participant have a current WTW plan?	___ Yes ___ No
Is the participant currently a SIP?	___ Yes ___ No
Number of VTR months used: _____	
Person completing this form: _____	
Title: _____	Phone #: _____
Date: _____	
Name of Employment Counselor _____	Worker # _____
Phone _____	FAX _____

County Stamp

**Please return completed form to:**

(School) *Laney College Workforce Development/ CalWORKs Program*

(Contact Person) *Benita M. Baines, CalWORKs Program Coordinator*

(Phone) *(510) 986-6946*      FAX *(510) 986-6924*