



RETURN TO:

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FAX: Attn: Lynne Williams (510) 464-3247

**Laney College
CARE Certification Form 2025-2026**

The student listed below has applied for Laney College CARE Program. The following information is needed to verify this student's eligibility for the CARE Program. The CARE Program provides additional support to Single Parents/CalWORKs Recipients.

The 2024-2025 CARE Agency Certification form allows the CARE Program to verify CalWORKs/TANF/Tribal TANF eligibility with Department of Public Social Services on your behalf.

*Please complete this form as well as provide proof of county cash aid assistance
(Verification of Benefits) IS Required*

To Be Completed by Student Before Submitting To Agency:

I authorize the appropriate office/agency to provide the information requested by the school listed above:

Name Under Which Benefits Are Paid _____

Laney Student ID# _____

Student Applicant's Signature _____ Date _____

To Be Completed by the Agency Providing Benefits:

Is above student Single Head of Household Yes___ No___ Number of Children _____
**Single Head of Household as according to Department of Public Social Services*

Is the applicant listed above a current CalWORKs/TANF recipient receiving cash aid?
Yes ___ or No ___

Is the child/ren a current CalWORKs/TANF recipient receiving cash aid? Yes ___ or No ___

How long has this student/child been receiving AFDC/CalWORKs/TANF _____

Case Number (under which benefits are Paid) _____

Date TANF/CalWORKs benefit began _____

Employment Counselor's Name _____

Here

Title/Official Position: _____

County Agency Stamp Required

Signature _____

Phone# _____ Date _____