



RETURN TO:

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FAX: (510) 464-3247

Laney College

CARE Certification Form Fall 2026, Spring 2027

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 2026-2027 CARE Agency Certification form allows the CARE Program to verify CalWORKs/TANF/Tribal TANF eligibility with the 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

☐ Age of youngest child receiving cash aid? _____

☐ 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 _____