



Case# _____

**LANEY COLLEGE CALWORKS
STUDENT ELIGIBILITY UPDATE**Year 20 Fall _____ Winter _____ Spring _____ Summer _____ Intercession _____
Last 4 digits _____

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 _____**Verification of Student Eligibility from County**

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) Shanice Millican, CalWORKs Program Coordinator(Phone) (510) 986-6946 FAX (510) 986-6924