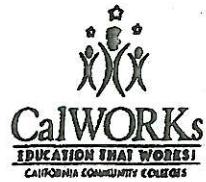




Case# _____

**LANEY COLLEGE CALWORKS
STUDENT ELIGIBILITY UPDATE**Year 20 Fall _____ Winter _____ Spring _____ Summer _____ Intersession _____
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 NoIs 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) Shanire Milligan, CalWORKs Program Coordinator(Phone) (510) 986-6946 FAX (510) 986 - 6924