



LAS POSITAS 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 _____

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

Person completing this form: _____

Signature of person completing this form: _____

Title: _____ Phone #: _____ Date: _____

Name of Employment Counselor _____ Worker # _____

Phone _____ FAX _____

County Stamp

Please return completed form to:

(School) Las Positas College CalWORKs Program

(Contact Person) Vince Hamilton, CalWORKs Assistant

(Phone) (925) 424-1459 FAX (925) 606-8967