



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 \_\_\_ 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) Chandra Johnson-Malone CalWORKs Program Coordinator

(Phone) (510) 986-6923 (Email) laneycalworks@peralta.edu