









☐ American River College
☐ Cosumnes River College
☐ Folsom Lake College
☐ Sacramento City College

CalWORKs Program Aid Verification Form

SECTION 1 – STUDENT INFORMATION (to be completed by the student)				
Last Name, First Name:		Student ID #:		Last 4 of Social Security #:
The information requested below is specifically for the current time period.				
SECTION 2 – STUDENT CASE ELIGIBILTIY (Must be completed by respective county representative.)				
1. Is the student a current recipient of <u>cash aid</u> via the county's 2. Is this school an approved Welfare-to-				
CalWORKs program? ☐Yes ☐No Date Services Started:// Work activity for this student? ☐Yes ☐No				
3. a) What are the total number of dependent children on the student's case who are currently receiving <u>cash aid</u> ?				
4. Is the student defined as single, head of ho ☐Yes ☐No	5. Student's current legal marital status: ☐ Married ☐ Single ☐ Divorced ☐ Separated			
6. a) What is the student's <u>current</u> CalWORKs eligibility status?				
□ Aided □ Sanctioned □ Timed Out (Date: / / _) □ Discontinued from Aid (Date: / / _) □ Other				
If the student is currently in sanction status is education approved to cure their sanction? \square Yes \square No				
b) If "Aided" or "Other," please select the most appropriate status below (please see reverse side for standard				
definitions of these terms):				
☐ County Referred ☐ Self-Initiated (SIP) ☐ Voluntary Exempt ☐ Exempt (other) ☐ Post-Employment				
7. Are there any other adults on the case that are eligible for CalWORKs services (spouse, partner, etc.)? \Box Yes \Box No				
8. If the student completes the process, is the student eligible to receive childcare through the county? \Box Yes \Box No				
9. Supportive Services: If the student submits proof of enrollment, i.e., class schedule for the current term will they receive the SB 1232 advance standard payment? \Box Yes \Box No				
Transportation/UTP: □Yes □No Other Supportive Services: : □Yes □No				
10. a) Please indicate how many months are remaining on the student's CalWORKs 60-Month Time Limit:				
Months Remaining:				
b) What is the student's/family's weekly CalWORKs hourly participation requirement?				
If the answer is NO to questions 1, 2, & 6 (not aided or sanctioned), no CalWORKs services can be rendered.				
Name of Agency:			Student County	Case Number:
Agency Representative/Worker Name:	from the cou	•	Telephone: (1
Agency representative, worker warne.	Valid	l.	Email:	<u> </u>
Agency Representative/Worker Signature			Date:	
Agency hepresentative/ worker signature	COUNTY STA	MP HERE	Date.	/ /
(Not valid without signature)			(Must not be date	d before the start of the semester.)

American River College Phone: 916-484-8059 Fax: 916-484-8573 Attn: ARC CalWORKs arccalworks@arc.losrios.edu Cosumnes River College
Phone: 916-691-7465
Fax: 916-691-7434
Attn: CRC CalWORKs
crc-calworks@crc.losrios.edu

Phone: 916-608-6560 Fax: 916-608-6637 Attn: FLC CalWORKs flc-calworks@flc.losrios.edu Sacramento City College
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Guidelines for CalWORKs Eligibility Verification Form Completion

- 1. CalWORKs services cannot be provided without a current CalWORKs Eligibility Verification form on file.
- 2. This form must be completed each semester by all CalWORKs students (one form per student).
- 3. This form must be signed and stamped in the same month for which services are sought services cannot be provided retroactively. This form must be received from the county to verify eligibility; emailing from a county email address is appropriate for evidence of verification.
- 4. Please make sure questions 1-10 are answered as complete as possible by county worker/representative before turning in this document **INCOMPLETE DOCUMENTS WILL NOT BE ACCEPTED.**
- 5. This document must be completed by a county representative. A hardcopy requires both a wet signature <u>and</u> county stamp/seal to be valid, or the form may be emailed from the county to the college CalWORKs programs.

Receipt of this document by the CalWORKs office does not guarantee that services or support will be provided, as all services and support are provided per funding and program discretion.

CalWORKs Student Eligibility Definitions

County Referred Participant:

This designation applies if the student is a CalWORKs/cash aid recipient, has at least one eligible child and was referred to the community college by the county welfare office and has an approved Welfare-to-Work (WTW) plan or is in the process of developing a WTW plan.

Self-Initiated Participant (SIP):

This designation applies if the student is a CalWORKs/cash aid recipient, has at least one eligible child and is attending the community college as a Self-Initiated Participant (SIP) and is or will be in the process of obtaining an approved WTW plan through their county welfare office. Refer to the California Department of Social Services All County Letter 99-32 for additional information on SIP criteria.

Voluntary Exempt:

This designation applies if the student is a CalWORKs/cash aid recipient, has at least one eligible child but has been exempted from participating in WTW activities by the county for a reason enumerated with an All County Letter or All County Information Notice.

Exempt Student (other):

This designation applies if the student is a CalWORKs/cash aid recipient, has at least one eligible child but has been exempted from participating in WTW activities. The college must have documentation in the student's file proving the student's exempt status and when the exemption will expire.

Post-Employment Participant:

This designation applies if the student is off cash assistance due to unsubsidized employment and is in compliance with their county welfare office. This would be a former CALWORKs/cash aid recipient who has completed their WTW plan or SIP and is employed but desires additional training. A student in this status cannot be one that is sanctioned by the county welfare office for not adhering to their WTW plan. The college must verify student employment at the beginning of each term.

If your student/customer does not fall into County Referred or SIP categories, please detail the student's situation per Question 6b on the reverse side of this document or contact the respective CalWORKs office at the numbers provided.