CARE
Fullerton College

CalWORKs Verification Form

⇒   Instructions: The student listed below has applied to the Fullerton College CARE Program. The CARE Program assists eligible students with educational services and resources. Upon completion of the certification, please file a copy in the case records and return original to:

CARE Program Coordinator
321 E. Chapman Ave. Room 2001, Fullerton, CA 92832
Phone: (714) 992-7745 or (714) 732-5376
Email: CARE@fullcoll.edu

STUDENT INFORMATION

Last Name: _____   First Name: _____   Date of Birth _____

Case Number: _____   Student ID #: @_____

I authorize Social Services to release the information requested in this form to Fullerton College, CARE Program. I also authorize the discussion and release of any details relative to my case.

_____   _____
Student Signature   Date

Certification of CalWORKs Status

1. Is this student currently receive Cash Aid for the themselves ? (Check One)   Yes ❑   No ❑

2. Is this student currently receive Cash Aid for their dependent(s) (Check One)   Yes ❑   No ❑

3. What date did the benefits begin?_____

4. Amount of Current Benefits:_____

5. Has there been any breaks in benefits ? (Check One)   Yes ❑   No ❑

6. If yes, what date did the break in benefits begin?_____

7. Does this student have a signed CalWORKs Contract ? (Check One)   Yes ❑   No ❑

8. If NO, why? (Check One) Self-Sanctioned ❑   Agency-Sanctioned ❑   Exempt ❑   Timed Out ❑
Please explain:_____

_____

9. Is this student classified as Single Head of Household (Check One)   Yes ❑   No ❑

10. If no, what is students status? _____

Signature of Agency Representative:_____   Date: _____

Print Name & Title:_____   Phone: _____

OFFICAL STAMP REQUIRED