



Agency Verification of Cash Benefits



SECTION 1 – STUDENT INFORMATION / CONSENT TO BE COMPLETED BY STUDENT

LAST NAME	FIRST NAME	CASE NUMBER	VCCCD STUDENT ID#	SEMESTER/ YEAR	DATE OF BIRTH
			900_____		

I authorize the appropriate official agency to provide the information requested by the VCCCD community college

_____ Print Name (under which benefits are paid)

_____ Signature

_____ Date

SECTION 2 –STUDENT CASE ELIGIBILITY TO BE COMPLETED BY VENTURA COUNTY HUMAN SERVICES AGENCY

1A. Is the client / student **currently receiving cash aid for themselves?**

YES

NO

Date cash aid began: _____

Date cash aid ended: _____

1B. Is the client / student **CURRENTLY** receiving CalFresh benefits?

YES

Monthly Amount: \$_____

NO

2. Welfare-to-Work (WTW) Worker Name: _____

3. Is the client/student **currently** on sanction status?

YES

As of what date: _____

Reason for Sanction: _____

NO

4. Number of months remaining on 48 month clock: _____

5. Does the client / student have any **dependent children** with an active TANF/CalWORKs case who receive cash aid?

YES

Cash Aid Amount: \$_____

Are any of the children under the age of 14? YES NO

NO

6. How is the client / student household defined?

1 Parent 2 Parent Other: _____

7. What is the current marital status of client / student?

Married Single Divorced Separated

8. Is the client /student eligible for supportive services for the current semester / term?

YES

NO

9. What is current eligibility status of client /student?

W-T-W Registered

Self-Initiated (SIP)

Exempt: _____

SECTION 3 – AGENCY REPRESENTATIVE INFORMATION / VERIFICATION SIGNATURE TO BE COMPLETED BY VENTURA COUNTY HUMAN SERVICES AGENCY REPRESENTATIVE

Agency Representative (print name)	Agency Representative Signature
Phone Number:	Date:

Please return form to the designated campus and staff below within 7 working days:

- Moorpark College: _____
- Oxnard College: _____
- Ventura College: _____

