



- American River College
- Sacramento City College
- Folsom Lake College
- Sacramento City College

CalWORKs Program Aid Verification Form

SECTION 1 – STUDENT INFORMATION (to be completed by the student)

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|------------------------|---------------|--|
| Last Name, First Name: | Student ID #: | Last 4 of Social Security #: XXX-XX-_____ |
|------------------------|---------------|--|

The information requested below is specifically for the current time period.

SECTION 2 – STUDENT CASE ELIGIBILITY (Must be completed by respective county representative.)

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|---|--|
| 1. Is the student a current recipient of cash aid via the county's CalWORKs program? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Services Started: ___/___/___ | 2. Is this school an approved Welfare-to-Work activity for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. a) What are the total number of dependent children on the student's case who are currently receiving cash aid ? _____ | |
| b) Does the student have at least one dependent child who is 13 years old or younger ? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Is the student defined as single, head of household? <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Student's current legal marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated |
| 6. a) What is the student's current CalWORKs eligibility status? <input type="checkbox"/> Aided <input type="checkbox"/> Sanctioned <input type="checkbox"/> Timed Out (Date: ___/___/___) <input type="checkbox"/> Discontinued from Aid (Date: ___/___/___) <input type="checkbox"/> Other If the student is currently in sanction status is education approved to cure their sanction? <input type="checkbox"/> Yes <input type="checkbox"/> No b) If "Aided" or "Other," please select the most appropriate status below (please see reverse side for standard definitions of these terms): <input type="checkbox"/> County Referred <input type="checkbox"/> Self-Initiated (SIP) <input type="checkbox"/> Voluntary Exempt <input type="checkbox"/> Exempt (other) <input type="checkbox"/> Post-Employment | |
| 7. Are there any other adults on the case that are eligible for CalWORKs services (spouse, partner, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. If the student completes the process, is the student eligible to receive childcare through the county? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. If the student submits all school verification for the current semester, will the county cover costs for the following: Text books: <input type="checkbox"/> Yes <input type="checkbox"/> No Supplies: <input type="checkbox"/> Yes <input type="checkbox"/> No Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. a) Please indicate if the student is utilizing the CalWORKs Minimum Standards or CalWORKs Federal Standards, and how many month(s) are remaining on the CalWORKs 48-Month Time Clock. <input type="checkbox"/> CW Minimum Standards <input type="checkbox"/> CW Federal Standards Months Remaining: _____ | |
| b) What is the student's/family's WTW participation hours requirement? _____ | |

If the answer is NO to questions 1, 2, & 6 (not aided or sanctioned), no CalWORKs services can be rendered.

| | | |
|--|--|--|
| Name of Agency: | Must be stamped by county to be valid. Spring 2019 COUNTY STAMP HERE | Student County Case Number: |
| Agency Representative/Worker Name: | | Agency Representative Telephone: |
| Agency Representative/Worker Signature | | Date: _____/_____/_____ |
| (Not valid without signature and county stamp.) | | Not valid for Fall semester if dated before August 1st. |

American River College
Ph: 916-484-8059
Fax: 916-484-8573 Attn: ARC CalWORKs

Sacramento City College
Ph: 916-558-2331
Fax: 916-558-2169 Attn: SCC CalWORKs

Cosumnes River College
Ph: 916-691-7465
Fax: 916-691-7434 Attn: CRC CalWORKs

Folsom Lake College

El Dorado Center
Ph: 530-642-5620
Fax: 916-608-6637 Attn: CalWORKs

Folsom Main Campus
Ph: 916-608-6560
Fax: 916-608-6637 Attn: CalWORKs

Rancho Cordova Center
Ph: 916-361-6305
Fax: 916-608-6637 Attn: CalWORKs

*Thank you for your consideration and time in completing this document for our common student.
Please contact the respective CalWORKs office if you have any questions regarding this request.*



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Guidelines for CalWORKs Eligibility Verification Form Completion

1. No CalWORKs services can 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.
4. Please make sure questions 1-10 are answered as complete as possible by your county worker/representative before turning in this document – **NO INCOMPLETE DOCUMENTS WILL BE ACCEPTED.**
5. All documents require both a county worker/representative signature and county stamp/seal to be valid.

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 the director's 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.