



CalWORKs Program

1111 E. Artesia Boulevard, Compton, California 90221
Telephone (310) 900-1600, Ext. 2072 | www.compton.edu

Verification of DPSS Benefits

Academic Year: _____ - _____ Term: _____ Date: _____/_____/_____

Part A: Student (Participant) Completes this Section

Student Name: _____ Case Number: _____

Case Name (if different than student name): _____

Address: _____

Phone #: _____ Student ID #: _____

Eligibility Worker Name: _____ Phone #: _____

GAIN Services Worker Name: _____ Phone #: _____

Client Authorization for Release of Information

I authorize DPSS/GAIN to release the information below to **Compton College**

Authorized Signature

Date

Part B: DPSS/GAIN Completes this Required Section on Student (Participant) Eligibility

Please verify that the above client is receiving Cash Aid for:

Both Participant & Child/ren Child/ren Only Participant Only

Monthly Amount: \$ _____ Time Left on 60-month Clock: _____

Assistance Unit (AU) Members:

1. _____ Name	_____ Relation to #1	6. _____ Name	_____ Relation to #1
2. _____ Name	_____ Relation to #1	7. _____ Name	_____ Relation to #1
3. _____ Name	_____ Relation to #1	8. _____ Name	_____ Relation to #1
4. _____ Name	_____ Relation to #1	9. _____ Name	_____ Relation to #1
5. _____ Name	_____ Relation to #1	10. _____ Name	_____ Relation to #1

Authorized Signature

Date

Agency Stamp