



Agency Verification of Cash Benefits



SECTION 1 – STUDENT INFORMATION / CONSENT

TO BE COMPLETED BY STUDENT

LAST NAME	FIRST NAME	LAST 4 SSN#	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 _____

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

Date cash aid began: _____ Case #: _____

NO

Date cash aid ended: _____

1B. Is the client / student 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: _____

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

YES

Cash Aid Amount: \$ _____ Case #: _____

NO

5B. Are any of the children under the age of 14? YES 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 the current eligibility status of the client /student?

County Referred (Mandated) Self-Initiated (SIP) Volunteer/Exempt Not Applicable

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/staff below within 7 working days:

Moorpark College: _____

Oxnard College: _____

Ventura College: _____

Ventura County HSA Stamp