



Agency Certification of Cash Benefits



_____ *Case Name under which benefits are paid*

_____ *Case Number*

_____ *County or Region*

_____ *Date*

Please check the appropriate box and complete the information below:

	Yes	No	
Is student CURRENTLY receiving cash aid for oneself?	<input type="checkbox"/>	<input type="checkbox"/>	If NO longer receiving cash aid, please provide date cash aid ended. / /
Is student SANCTIONED?	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly current cash aid amount:	\$ _____		
How many children aided?	_____		
Is student CURRENTLY receiving FOOD STAMPS?	<input type="checkbox"/>	<input type="checkbox"/>	If receiving food stamps please provide monthly amount: \$ _____
<i>How many months remaining on 48 month clock?</i>	_____		

_____ *Agency Representative*
(Print name)

_____ *Title*

_____ *Phone Number*

_____ *Signature*

_____ *Date*

_____ *Fax #*

Please return form to:
Moorpark College
CalWORKs
7075 Campus Road
Moorpark, California 93021
Ph. (805) 553-4055
Fax (805) 378-1521

