



Transitional Assistance

## SAN BERNARDINO COUNTY WELFARE-TO-WORK PROGRAM CalWORKs/TANF VERIFICATION

### SECTION 1: College CalWORKs Personnel

The CalWORKs customer listed below is attending: San Bernardino Valley College We need verification that this student is receiving cash aid for himself/herself for the following quarter/semester SP/SM 2022 Semester

Please complete the following sections checked below and return the WTW 227 form to our office. If you have any questions, please contact our office at: 909-384-4465

Upon completion, please fax this form to: 909-885-4758

**Student Name** \_\_\_\_\_ **Social Security Number or Case#:** \_\_\_\_\_

**College Personnel Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### SECTION 2: Customer Release

I authorize San Bernardino County Welfare-to-Work (WTW) Program to release information to  
San Bernardino Valley College concerning my CalWORKs/WTW case.

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### [ ] SECTION 3: County Certification of CalWORKs/Welfare-to-Work Status

Does this CalWORKs customer currently receive cash aid for him/herself? [ ] Yes [ ] No

When did benefits begin? Month: \_\_\_\_\_ Year: \_\_\_\_\_

If the customer is not receiving cash aid for him/herself, please indicate the reason and effective date.

Reason: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### [ ] SECTION 4: County Certification for Cooperative Agencies Resources for Education (CARE) Program

What is the customer's marital status? [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed

Is this customer considered head of a single parent household? [ ] Yes [ ] No

How many dependents under 18 years old does the customer receive cash aid benefits for? \_\_\_\_\_

County Staff Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Official County Stamp