

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

SECTION 1: College CalWORKs Personnel

The CalWORKs customer listed below is a	ttending:	San Bernardino Valley College	_ We need verification that
this student is receiving cash aid for himse	lf/herself for th	ne following quarter/semester:	Spring 2024
Please complete the following sections che questions, please contact our office at: Upon completion, please fax this form to:	909-384-		our office. If you have any
Student Name	Socia	al Security Number	
College Personnel Signature	Date		
SECTION 2: Customer Release			
I authorize San Bernardino County Welfare San Bernardino Valley Colle	,	ΓW) Program to release informa concerning my CalWORKs/WΤ\	
Customer Signature	Date		
[] SECTION 3: County Certification of	CalWORKs/\	Welfare-to-Work Status	
Does this CalWORKs customer currently r	eceive cash a	id 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 fo	r Cooperative	e Agencies Resources for Edu	ıcation (CARE) Program
What is the customer's marital status? []] Single [] N	Married [] Separated [] Div	orced [] Widowed
Is this customer considered head of a sing	le parent hous	sehold? [] Yes [] No	
How many dependents under 18 years old	does the cus	tomer receive cash aid benefits	for?
County Staff Signature Title	_	Official Cou	unty Stamp
Date			