





Oxnard College – CalWORKs/CARE Program Agency Verification of Cash Benefits

DHS - Forms must be dated by county representatives in the month in which services are requested						
SECTION 1 – STUDENT INFORMATION – TO BE COMPLETED BY STUDENT						
Last Name, First Name	OC Student ID:	Social Security Last 4 #:	Case Number:	Date of Request	Semester	
I authorize the appropriate official agency to provide the information requested by the VCCCD community college.						
Print Name	ture	Date				
The information requested below is specifically for the time period:						
SECTION 2 – STUDENT CASE ELIGIBILITY – TO BE COMPLETED BY VENTURA COUNTY DEPT. OF HUMAN SERVICES						
1. Is client/student CURRENTLY RECEIVING CASH AID FOR <u>THEMSELVES</u> ?						
Yes □ If yes, provide date cash aid started: No □ If no, provide date cash aid ended: Please provide W.T.W Worker Name:						
2. Is the student <i>currently</i> in sanction status? Yes □ No □						
If YES, as of what date:						
Reason for Sanction:						
3. How many months remaining on 48 month clock?						
4. Does the above listed student have any <i>dependent children</i> who have active TANF/CalWORKs case(s) which include the receipt						
of cash aid? Yes 🗆 Cash Aid Amount \$ No 🗆						
5. What is the total number of dependent children on the student's case who are <i>currently receiving cash aid</i> ?						
Please provide AGE(S) of children:						
6. Does the above listed student CURRENTLY receiving FOOD STAMPS?						
Yes No If yes, please provide monthly amount: \$ 7. Do one or two parents reside in home? 8. Are one or two parents aided?						
 Do one or two parents resident 1 Parent □ 2 Parents I 						
1 Parent □ 2 Parents □ 9. Student's current marital status:						
Married Single Divorced Separated D						
10. Are there any other adults on the case that are eligible for CalWORKs services (spouse, other parent, boyfriend, etc.)?						
Yes No No						
11. Will the county cover textbook costs for (current semester)? 12. Will the county cover college supply costs for (current semester)						
Yes 🗆 🛛 No 🗆	· · · · · · · · · · · · · · · · · · ·	Yes□	No□		,	
13. What is student's current eligibility status? (please see reverse side for standard definitions of these terms)						
County Referred Self-Initiated (SIP) Volunteer Exempt Exempt (other)						
SECTION 3 – TO BE COMPLETED BY VENTURA COUNTY DEPARTMENT OF HUMAN SERVICES						
Agency Representative (print name)		Agency Repres	entative Signature			
Agency Representative Telephon	no:	Date:				
Agency Representative Telephon		Dale.				
Thank you for your consideration and time in completing this document for our common student.						
Please contact our office if you have any questions regarding this request.						
		Please Return to:				
Zenaida		Kathleen McVicker 🔀				
<u>zpena@vcc</u>			kathleen_mcvicker1@vcccd.edu			
805-678-513		805-678-5286 office				