



**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					
Last Name, First Name	OC Student ID:	Social Security Last 4 #:	Case Number:	Date of Request	Semester

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 THEMSELVES? Yes <input type="checkbox"/> If yes, provide date cash aid started: _____ No <input type="checkbox"/> If no, provide date cash aid ended: _____ Please provide W.T.W Worker Name: _____	
2. Is the student currently in sanction status? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 dependent children who have active TANF/CalWORKs case(s) which include the receipt of cash aid? Yes <input type="checkbox"/> Cash Aid Amount \$ _____ No <input type="checkbox"/>	
5. What is the total number of dependent children on the student's case who are currently receiving cash aid ? Please provide AGE(S) of children: _____	
6. Does the above listed student CURRENTLY receiving FOOD STAMPS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide monthly amount: \$ _____	
7. Do one or two parents reside in home? 1 Parent <input type="checkbox"/> 2 Parents <input type="checkbox"/>	8. Are one or two parents aided? 1 Parent <input type="checkbox"/> 2 Parents <input type="checkbox"/>
9. Student's current marital status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	
10. Are there any other adults on the case that are eligible for CalWORKs services (spouse, other parent, boyfriend, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Will the county cover textbook costs for (current semester)? Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Will the county cover college supply costs for (current semester)? Yes <input type="checkbox"/> No <input type="checkbox"/>
13. What is student's current eligibility status? (please see reverse side for standard definitions of these terms) County Referred <input type="checkbox"/> Self-Initiated (SIP) <input type="checkbox"/> Volunteer Exempt <input type="checkbox"/> Exempt (other) <input type="checkbox"/>	

SECTION 3 – TO BE COMPLETED BY VENTURA COUNTY DEPARTMENT OF HUMAN SERVICES	
Agency Representative (print name)	Agency Representative Signature
Agency Representative Telephone:	Date:

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 Pena
zpena@vccd.edu
805-678-5137 office

Please Return to:
Kathleen McVicker
kathleen_mcvicker1@vccd.edu
805-678-5286 office