



**OHLONE COLLEGE CALWORKS
STUDENT ELIGIBILITY UPDATE**



Year 2012 Fall _____ Winter _____ Spring X Summer _____ Intersession _____

Participant's Name _____ SSN: _____ - _____ - _____

I authorize the Department of Social Services CalWORKs staff to provide information regarding my Welfare to Work plan to the school listed above for the remainder of time that I am attending classes.

Student Signature _____ Date _____

Agency Provider:

North County (Oakland) Eastmont Center South County (Hayward) Other _____

Verification of Student Eligibility from County	
Is the participant currently receiving CalWORKs cash aid benefits? <u> </u> Yes <u> </u> No	
If no, please explain _____	
Is the participant currently exempt? <u> </u> Yes <u> </u> No	
If yes, please explain _____	
Does participant have a current WTW plan? <u> </u> Yes <u> </u> No	
Is the participant currently a SIP? <u> </u> Yes <u> </u> No	
Case #: _____	Household: <input type="checkbox"/> 1-parent or <input type="checkbox"/> 2-parent
Number of VTR hours used: _____	
Person completing this form: _____	
Title: _____	Phone #: _____ Date: _____
Name of Employment Counselor _____	Worker # _____
Phone _____	FAX _____

County Stamp

Please return completed form to:

(School) Ohlone College CalWORKs Program

(Contact Person) Shawna Lujan, CalWORKs Program Coordinator

(Phone) (510) 979-7551 FAX (510) 659-6159