



# COSUMNES RIVER COLLEGE

Extended Opportunity Program and Services (EOPS)  
Cooperative Agencies Resources for Education (CARE)

## CalWORKs/TANF Verification Form Fall Spring Year: \_\_\_\_\_

This section to be completed by the student (Please use pen and print clearly)

Student ID: \_\_\_\_\_ Full Name: \_\_\_\_\_

Marital Status:  Single/Not Married  Divorced  Widowed  
 Separated  Married Spouse Incarcerated

Number of dependents living with you: \_\_\_\_\_

Names of everyone in your household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently receiving TANF/CalWORKs?  Yes  No **Student County Case Number**  
At least one child is receiving cash aid?  Yes  No \_\_\_\_\_

### Release of Information Declaration

I authorize the Department of Human Assistance to provide the information requested on this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AGENCY USE ONLY

To be completed by the agency

Is the student named above receiving CalWORKs/TANF benefits for themselves and /or child(ren)?  Yes

Is the student a "Single Head of Household?"  Yes  No

Is student timed out?  Yes  No  
 Other \_\_\_\_\_

Is one or more children receiving cash aid?  Yes  No

Number receiving benefits: # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_

TANF/CalWORKs start date: \_\_\_\_\_

How long has the student been enrolled in CalWORKs?  1-2 years  3 + years  
 2-3 years  Less than one year

\_\_\_\_\_  
**Representative's Name (Type or Print)** Agency Stamp

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