



PLEASE RETURN THIS FORM TO:
 Saddleback College – CARE/CalWORKs Program
 28000 Marguerite Pkwy, SSC - 126
 Mission Viejo, CA 92692
Fax: (949) 364-6949

AGENCY CERTIFICATION - UNTAXED INCOME

Federal and State regulations relative to CARE/CalWORKs mandate coordination and verification of TANF/CalWORKs status. The information provided below will be used only to determine CARE/CalWORKs eligibility and will be kept confidential by the Saddleback College CARE/CalWORKs Program.

TO BE COMPLETED BY STUDENT:

I authorize the appropriate office/agency to provide the information requested by the school listed above. I also give permission to discuss necessary details relative to my case.

Case Name (Student) _____
 Last Name First Name M. I.

TANF/CalWORKs Case Number _____

Social Security # _____ - _____ - _____ Student I. D. # _____

Applicant/Student Signature _____

-----**For Agency Use Only**-----

CERTIFICATION OF TANF/CalWORKs STATUS

All items below MUST be completed IN FULL, by the Agency providing services.

- Does the student currently receive TANF/CalWORKs benefits for themselves and their child(ren)? Yes* No**
 *If yes, please indicate current cash aid amount: \$ _____ Date benefits began: _____
 **If NO, Are the children currently receiving TANF/CalWORKs benefits? Yes No
 Has there been a break in benefits? Yes* No
 *If yes, when? _____ until _____
- Has the student been sanctioned? Yes No
 *If yes, date of sanction; _____
- Is this student classified as a single head-of-household parent? Yes No
- Is this a two (2) Parent Household?** Yes No
- Did the student transfer TANF/CalWORKs benefits from another county? Yes* No
 *If yes, which county? _____
- What type of plan does the student have?** SIP with Plan W2W Plan Exempt

Explanation _____

Agency Stamp Required

 Print Agency Representative's Name

 Title/Official Position

 Phone Number

 Signature

 Date