



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

A Federal and State regulation relative to CARE/CalWORKs mandates 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 _____ **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.

1. 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 _____
2. Does the student currently have a child less than 14 years of age? Yes No
3. Has the student been sanctioned? Yes No
 *If yes, date of sanction; _____
4. Is this student classified as a single head-of-household parent? Yes No
5. Is this a two (2) Parent Household? Yes No
6. Did the student transfer TANF/CalWORKs benefits from another county? Yes* No
 *If yes, which county? _____
7. What type of plan does the student have? SIP with Plan Self Referred County Referred Exempt

Explanation: _____

 Print Agency Representative's Name

 Title/Official Position

 Phone Number

 Signature

 Date

Agency Stamp Required