





## 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?  *If yes, when? until	Yes* No
2. Does the student currently have a child less than 18 years of Has the student been sanctioned?	YesNo YesNo
*If yes, date of sanction;	
3. Is this student classified as a single head-of-household parent?	YesNo
4. Is this a two (2) Parent Household?	YesNo
5. 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 Pla	n Self Referred County Referred Exempt
Explanation:	
	Agency Stamp Required
Print Agency Representative's Name	
Title/Official Position	
Phone Number	
Signature	Date