



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

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

Agency Stamp

Representative's Name (Type or Print)

Signature **Date**