



Financial Aid/EOPS Office ♦ 2277 Napa-Vallejo Hwy ♦ Napa, CA 94558  
Main (707) 256-7300 ♦ Fax (707) 256-7309 ♦ Toll Free (800) 826-1077

## CALWORKS/CARE CASH AID VERIFICATION FORM

Student's Name (Last Name, First Name, M.I.)

Student ID Number

Mailing Address

Phone Number (include area code)

e-mail address

Federal and state regulations relative to CalWORKs and CARE eligibility mandate coordination and certification of all family financial resources. The information provided below will be used only to determine financial aid eligibility and will be kept confidential by the campus pursuant to Sections 76200-76246 of the California Education Code and the 1974 Family Education Rights and Privacy Act.

### Section A: Student Authorization

I/We authorize the appropriate office/agency to provide the information requested by the school listed above.

List Type of Income/Benefit Received: \_\_\_\_\_

Case Name Under Which Benefits Are Paid. *Please Print*

ACTIVE CASE Number

Student's Signature

Date

Spouse's Signature(if applicable)

Date

## AGENCY MUST COMPLETE CERTIFICATION ON REVERSE

### AGENCY INSTRUCTIONS

- 1) Federal and state regulations require that students verify income and benefits received during the current semester.
  - Please complete Section B on page 2. Include only income and/or benefits from the current calendar year.
  - Complete the Agency Certification. **An agency stamp and signature is required for the certification to be complete.**
- 2) If submitting a computer printout of benefits in lieu of completing the agency certification, the following must be listed clearly:
  - A complete listing of benefits received from January 1 through the current month. If unable to print a complete benefit listing, please complete Section B and the Agency Certification.
  - The **benefit type and student's marital/household status**, names of the family members (and DOB of children) receiving cash aid must be clearly stated on the computer printout.
  - **The agency stamp, signature of the representative, representative phone number and date signed.**

Attach the printout to the CalWORKs/Cash Aid Verification Form and submit to the Financial Aid/EOPS Office or mail it to the address listed above.

Questions? Contact Maricel Ignacio, EOPS/CARE/CalWORKs Counselor at 707-256-7312 or [mignacio@napavalley.edu](mailto:mignacio@napavalley.edu).

## SECTION B

### MUST BE COMPLETED BY THE AGENCY PROVIDING BENEFITS

The student (and/or family) received/receives no assistance from this agency.  
 No Record       Not eligible (*reason*) \_\_\_\_\_

The student is  Married  Single/Head of the Household.

Benefits received are listed below

	Total Received Jan. 1 – Current Month	Current Monthly Amount
<p>▪ Type of benefit(s): _____</p> <p>Total for entire family, including student      \$ _____      \$ _____</p>		

▪ Benefits began (mm/yy): \_\_\_\_\_ Benefit(s) received by:  student  spouse  child(ren)

Name of Child	Date of Birth	Name of Child	Date of Birth
1.		3.	
2.		4.	

(Children's DOB is required to determine eligibility for the CARE program)

Is change or termination of benefits anticipated?     Yes       No

If yes, explain change or give date of termination: \_\_\_\_\_

▪ Is the student eligible for supportive services?  Welfare to Work  Books and/or supplies  Transportation

Other: \_\_\_\_\_

*Note: : EOPS and CARE students who are already receiving book and/or supply vouchers from third party agency such as CalWORKs or Vocational Rehabilitation may not be eligible for EOPS and CARE book vouchers.*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AGENCY CERTIFICATION

\_\_\_\_\_  
 Agency Representative Name (print or type)      Title/Official Position

\_\_\_\_\_  
 Signature      Date      Telephone Number

**AGENCY STAMP**