

# CalWORKs Certification Form

I authorize the exchange of information between **College of the Sequoias Community College District, West Hills Community College District**, the local **Health and Human Services Offices**, and the **State of California's Employment Development Department**. I understand all information will be kept confidential and maintained as part of my records with the California Community College CalWORKs and CARE programs. Information exchanged will be used to determine eligibility for support services.

I authorize the exchange of information to include the following: Welfare-to-Work Plan, verification of TANF/cash aid status, class schedule, progress or grade report, student educational plan, financial aid award letters, status or services provided, employment information, name, address, telephone and Social Security number.

**Participant's Certification:** I declare under penalty of perjury under the laws of the State of California the information provided on this form is true and correct. Individuals who willfully misrepresent information in the attempt to obtain support services will be prosecuted.

STUDENT NAME (PLEASE PRINT)	DATE
STUDENT SIGNATURE	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER

## THIS SECTION TO BE COMPLETED BY A HEALTH & HUMAN SERVICES AGENCY REPRESENTATIVE

**Please verify the following information:**

Does the student receive TANF/cash aid for themselves and child(ren)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a child only case?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the student considered Single Head-of Household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the student currently sanctioned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many months does the student have left on TANF/cash aid?	_____	
As of today's date, does any of the following apply to this student:	SIP <input type="checkbox"/>	
	VTR <input type="checkbox"/>	
	Exempt <input type="checkbox"/>	

**\*\*\*PLEASE ATTACH WELFARE TO WORK PLAN IF APPLICABLE\*\*\***

AGENCY REPRESENTATIVE (PLEASE PRINT)	TITLE/POSITION
SIGNATURE	DATE
TELEPHONE NUMBER	E-MAIL ADDRESS

**Return Certification Form to either:**

**College of the Sequoias**  
**915 South Mooney Boulevard**  
**Visalia, CA 93277**  
**CalWORKs Tel: (559) 730-3864**  
**CARE Tel: (559) 730-3818**

**West Hills College**  
**555 College Avenue**  
**Lemoore, CA 93245**  
**CalWORKs Tel: (559) 925-3343**  
**CARE Tel: (559) 925-3337**