

**Merced College-EOPS/CARE Program  
CalWORKs Status Verification**

The individual below has applied for services through Merced College – EOPS/CARE Program. In order to determine eligibility for services the Program needs to have specific information on the client/student.

**Release of Confidentiality**

\_\_\_\_\_  
**Client/Student Name (Type or Print)**

\_\_\_\_\_  
**Student ID #**

\_\_\_\_\_  
**Cal WORKs Case #**

I authorize the Department of Social Services to release the information requested on this form to Merced College-EOPS/CARE Program. I also give permission to discuss necessary details relative to my case.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS**

**Certification of CalWORKs**

**Benefits Began (Month/Year)** \_\_\_\_\_ **Aid Code** \_\_\_\_\_

- Does the client have an active CalWORKs case number for the family?     Yes     No
- Does the client receive cash aid benefits from CalWORKs or Tribal TANF?     Yes     No
- If not, specify reason: (Sanctioned, Timed-Out, Incomplete Paperwork, \_\_\_\_\_)
- If client doesn't receive cash aid, do the dependents receive cash aid?     Yes     No
- Does the client have a current Welfare to Work Plan (WTW 2 Form) on file with the local HHS County Office?     Yes     No

**Certification as Head-of-Household**

- Is the client currently classified as Single Head-Of –Household (one parent assistance unit) by the Department of Social Services?     Yes     No

\_\_\_\_\_  
**Agency Representative (type or print)**

\_\_\_\_\_  
**Title/Official Position**

**AGENCY STAMP  
REQUIRED**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

(    ) \_\_\_\_\_  
**Telephone Number**

**• NOTE: FORM WILL NOT BE ACCEPTED WITHOUT REPRESENTATIVE'S SIGNATURE AND AGENCY STAMP.**

**EOPS/CARE Program Stop 10  
In collaboration with CalWORKs Program**

Merced College, 3600 M St., Merced, CA 95348  
Telephone Number (209) 381-6596; Fax (209) 384-6079;  
Los Banos Campus Stop 53, 22240 Hwy. 152; Los Banos, CA 93635  
Telephone Number (209) 381-6435; Fax (209) 381-6583