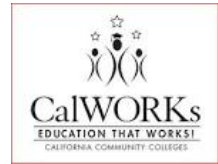




BERKELEY CITY COLLEGE CalWORKs STUDENT ELIGIBILITY UPDATE



Year _____ Fall _____ Winter _____ Spring _____ Summer _____ Intersession _____

Participant's Name _____ SSN: _____ - _____ - _____

I authorize the Department of Social Services CalWORKs staff to provide information regarding my Welfare to Work plan to the school listed above for the remainder of time that I am attending classes:

Student Signature _____ Date _____

Verification of Student Eligibility from County

Is the participant currently receiving CalWORKs cash aid benefits? Yes _____ No _____

If no, please explain _____

Is the participant currently exempt? Yes _____ No _____

If yes, please explain _____

Does participant have a current WTW plan? Yes _____ No _____

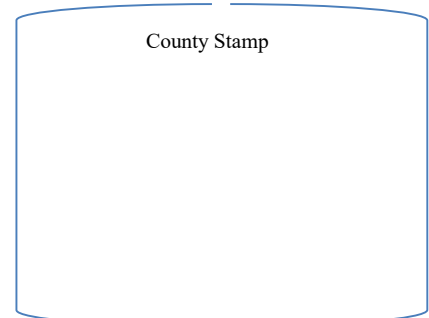
Person completing this form: _____

Signature of person completing this form: _____

Title: _____ Phone#: _____ Date: _____

Name of Employment Counselor: _____ Worker#: _____

Phone: _____ Fax: _____



Please return completed form to:

(School): Berkeley City College CalWORKs

(Contact Person): **Ramona F. Butler**

(Phone) : **510.981.2847**

(Fax): **510.981.2993**