036 Pomona
2040 W HOLT AVE
POMONA, CA 91768-3307

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES

Date:
Case Name:
Case Number:
Worker Name:
Worker ID:
Worker Phone Number:
Customer ID:

VERIFICATION OF BENEFITS

Department of Public Social Services
2040 West Holt Avenue
Pomona, California 91768

A. VERIFICATION

This will verify that the above participant is receiving:

CalWORKs (cash) in the amount of $		, per month for 0	people.
General Relief (cash) in the amount of $		, per month for 0	people.
Refugee Cash Assistance (cash) in the amount of $		, per month for 0	people.
CalFresh benefits in the amount of $		, per month for 0	people.
Medi-Cal - In Receipt of Medical Benefits		, per month for 1	people.

B. ASSISTANCE UNIT (AU) MEMBERS

1	Name	Applicant	7.	Name	Relation to #1
2.	Name	Relation to #1	8.	Name	Relation to #1
3.	Name	Relation to #1	9.	Name	Relation to #1
4.	Name	Relation to #1	10.	Name	Relation to #1
5.	Name	Relation to #1	11.	Name	Relation to #1
6.	Name	Relation to #1	12.	Name	Relation to #1

C. CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize DPSS to release the above information to: _____

_____ Participant Signature _____ Date

_____ Witness Signature, If Participant Not Able to Sign _____ Date

File: Miscellaneous Folder Retention: Three Years