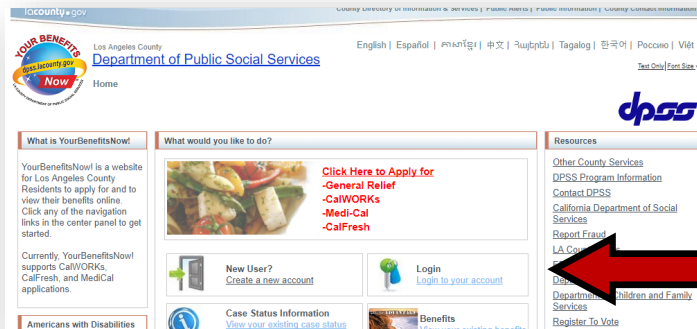


Need CalWORKs Eligibility!?

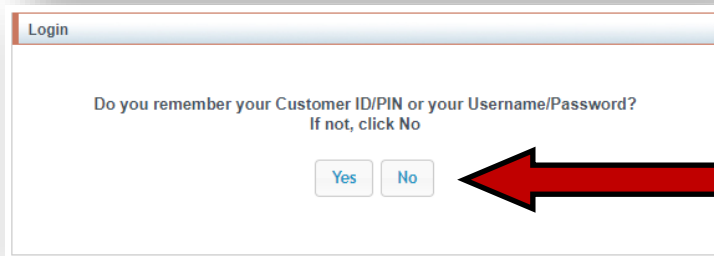
Log in to the DPSS Website:
www.dpssbenefits.lacounty.gov/ybn

STEP 1:



Click on Login

STEP 2:



If you DO NOT have a username, or DO NOT remember your user name. Click NO

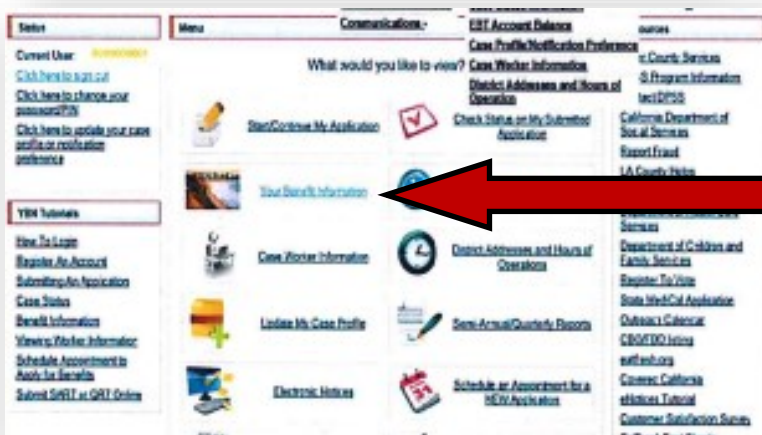
STEP 3:

Please select from the options in the scroll down menu and press Continue

**Please note: Birthday is 2 digits for month, day and 4 digits for year*

***Please note: Phone numbers include area code.*

STEP 4:



When you log in, click on:
"Your Benefit Information"

STEP 5:

Current User: 0000000001
[Click here to sign out](#)
[Click here to change your password/PTN](#)
[Click here to update your case profile or notification preference](#)

YBM Tutorials
[How To Login](#)
[Register An Account](#)
[Submitting An Application](#)

Cash or CalFresh Benefits
 * 0000000001 - H123456

Period	Insurance Method	Benefit Amount	Available	Warrant	Warrant Date
Jun 2016	Regular Mail	\$184.00	06/07/16	770721179	06/07/16
May 2016	Regular Mail	\$184.00	05/07/16	770721179	05/07/16
Apr 2016	Regular Mail	\$184.00	04/07/16	770721179	04/07/16

[Generate Verification of Benefits Notice](#)

0000000002 - H123457
 0000000003 - H123458

Look for your CASE Number
 (depending on your case you might have subcategories, look you're the correct case number)

Click on "Generate a Verification of Benefits Notice"

STEP 6:

Cash or CalFresh Benefits
 * 0000000001 - H123456

[Click here to sign out](#)

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Department of Public Social Service to release my verification of benefits to:

Type agency or institution name here

[Generate Notice](#)

0000000003 - H123458

Type in: Cerritos College

Click on "Generate Notice"

STEP 7:

CITY OF LOS ANGELES
 100 SOUTH MAIN ST
 LOS ANGELES, CA 90012-1000

COUNTY OF LOS ANGELES
 DEPARTMENT OF PUBLIC SOCIAL SERVICES

Date: 06/13/2016
 Case Name: Sergio Andrade
 Case Number: H123456
 Worker Name: MARIA LUISA
 Worker ID: 100110002
 Worker Phone Number: (818) 751-4300
 Customer ID: 123-047-0007

VERIFICATION OF BENEFITS

TEST USE ONLY

A. VERIFICATION
 This will verify that the above participant is receiving:
 CalWORKs (cash) in the amount of \$ _____, per month for _____ people.
 General Relief (cash) in the amount of \$ _____, per month for _____ people.
 Refugee Cash Assistance (cash) in the amount of \$ _____, per month for _____ people.
 CalFresh benefits in the amount of \$184.00, per month for 1 people.
 Medi-Cal - In Receipt of Medical Benefits, per month for 1 people.

\$50K \$10.00 in CREDIT UNIT MEMBERS

[Close](#)

A Verification of Benefits form will pop-up in a new window. Verify that the information is correct and that your Cash-Aid is displayed on the first line.

If all is correct, press PRINT.
 (if no print button: Right click print)

STEP 8:

VERIFICATION OF BENEFITS

DISTRICT NAME AND ADDRESS:
 031 SOUTH FAMILY
 17600A SANTA FE AVE
 RANCHO DOMINGUEZ CA 90221

DATE: 01/13/2015
 CASE NAME: John Doe
 CASE / FILE NUMBER: 11110 Alexandra Blvd.
 WORKER NAME: Sophia Gonzalez
 WORKER PHONE: (866) 615-3777
 CUSTOMER ID: 185-316-8372

MAIL BACK TO ADDRESS:
 031 SOUTH FAMILY
 17600A SANTA FE AVE
 RANCHO DOMINGUEZ CA 90221

A. VERIFICATION
 This will verify that the above participant is receiving:
 CalWORKs (cash) in the amount of \$ 542.00, per month for 2 people.
 General Relief (cash) in the amount of \$ _____, per month for _____ people.
 Refugee Cash Assistance (cash) in the amount of \$ _____, per month for _____ people.
 CalFresh benefits in the amount of \$ 387.00, per month for 2 people.
 Medi-Cal - In Receipt of Medical Benefits, per month for _____ people.

B. ASSISTANCE UNIT MEMBERS

Name	Relation to 1
1. John Doe	Self
2. Jane Doe	Daughter
3. _____	Relation to 1
4. _____	Relation to 1
5. _____	Relation to 1
6. _____	Relation to 1
7. _____	Relation to 1
8. _____	Relation to 1
9. _____	Relation to 1
10. _____	Relation to 1
11. _____	Relation to 1
12. _____	Relation to 1

C. AUTHORIZATION FOR RELEASE OF INFORMATION
 I authorize DPSS to release the above information to:

Applicant/Participant Signature _____ Date _____
 Witness Signature, If Applicant/Participant Not Able To Sign _____ Date _____

Your name
 Your children

Sign your name and
 add your student ID

Please remember to attach the
 Continuing Student Form to your
 Verification of Benefits Form.

Continuing Student Form

I authorize the officials of Cerritos College to transmit information to any agency, company or person regarding my academic progress and any other pertinent educational data.

I agree to notify the Cerritos CalWORKS Office of any changes made during the semester after completing this Continuing Student Form.

I agree to attend a CalWORKS Student Success EAP Orientation, if I have not done so my first semester at CalWORKS.

I understand that to be compliant with the CalWORKS program I must meet with a CalWORKS Counselor to update my Educational Plan, submit a Work-In Progress (WIP) Form and Cash-Aid eligibility (Notice of Action/Verification of Benefits) EVERY Semester.

I have submitted or attached proof of Eligibility for this Semester.

Student Signature: _____ Date: _____

Personal Information: (page 2)

Name: _____
 Student #: _____ Phone Number: _____
 Email: _____
 Current Home Address: _____
 City: _____ Zip Code: _____
 Proof to Work in U.S.: Yes No
 Primary Language: _____
 Marital Status: Single Married Separated Widowed (or)
 Unmarried, but living together
 If marked "Unmarried, but living together" are you and your partner on the same case? Yes No

Employment: (page 2)

Are you currently employed? Yes No
 If yes, Name of Company or Employer: _____
 Title or Job Description: _____
 Start Date: _____ Hours worked per-week: _____
 Highest hourly wage \$ _____
 Is this position Volunteer? Yes No
 Are you receiving college credit for this position? Yes No
 Are you currently part of the CalWORKS Work-Study Program? Yes No