

RECERTIFICATION FORM

CALWORKS PROGRAM PASADENA CITY COLLEGE

Please print and **complete ALL** sections and **attach your Verification of Benefits.**

Mark the term for recertification: Fall Winter Spring Summer YEAR: _____

First Name _____		Last name: _____	
Lancer ID number: _____		Preferred method of contact: Phone Email	
Address: _____		Apartment: _____	
City: _____		Zip Code: _____ Birth date: _____	
Home phone: (____) _____		Cell/message phone: (____) _____	
Email Address: _____		What is your primary language? _____	
Educational Goal (Certificate./Degree/Transfer): _____			
Major/Program of Study: _____		Are you in PCC's EOPS ? YES NO	
		Are you in PCC's DSPS ? YES NO	

Child's name	Birth date	Age	Days & hours of child care (Ex: Mon-Wed 8-2:30)	Off campus child care	PCC Child Development Center	Paid by CCRC	No child care needed

Marital Status: Single Married **Household:** Single-Parent Two-Parent

Name of husband/wife or second parent in household: _____

Is your spouse: Working? Attending school? Other (describe) _____

Are you working? YES NO

Your employer: _____ Work Phone: _(____) _____

Job title: _____

Work type: Regular job Volunteer job Internship/class credit only Work-Study

Start date of employment: _____ Hours per week: _____ Salary per hour: _____

GAIN worker's name: _____ DPSS case number: _____

GAIN worker's office location: _____ GAIN worker's phone number: _____

FOR PCC CalWORKs STAFF ONLY (SIP) GN6005A _____ (VOC) GN6006 _____ VOB _____ Req'd Hours: _____

Exempt _____ Proof of Exemption _____ (end date) _____ PES or PTL _____ (end date) _____

The information I have provided on this form is accurate and complete.

Student's Signature

Date

Tracking: Banner Excel