Attachment VII

_____

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

## 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 $ | , per month for | people. |
| Medi-Cal - In Receipt of Medical Benefits | , per month for | people. |

## B. ASSISTANCE UNIT (AU) MEMBERS

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

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