



CONFIDENTIAL VERIFICATION SHEET

County of Los Angeles Youth@Work Program
CalWORKS Youth

Date: _____

CONTRACTOR INFORMATION:

Agency Name	Contact Name
Phone Number	

YOUTH INFORMATION (*please complete all known information*):

Youth Name	Last four digits of SSN	Birth Date
Case Number	Case Name	Address

Signature _____ Date _____
(Parent on CalWORKS case, if applicable)

TO BE COMPLETED BY DPSS STAFF ONLY (check applicable box for current CalWORKs eligibility status)

- This youth is **CalWORKS eligible (includes MFG children)**
- This youth is not CalWORKs eligible

Verified by: _____ Signature: _____
(DPSS staff printed name)

District Office Name/No. (include stamp): _____ Date: _____