



County of San Diego
Health and Human Services Agency

REQUEST FOR BENEFIT VERIFICATION

Case Name: _____

Case Number: _____ Date: _____

The following is provided in response to your request for verification of the benefits which you are receiving.

	Month of _____	Month of _____	Month of _____
CalWORKs	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Select One:

- There is no current decrease in the CalWORKs grant.

- The current decrease in the CalWORKs grant is due to a Welfare-to-Work sanction being served by _____ (client). The sanction is effective _____ (date) and will remain in effect until _____ (client) meets the requirements to cure the sanction. The CalWORKs grant was reduced from \$ _____ to \$ _____ due to the Welfare to Work sanction.

- The current decrease in the CalWORKs grant is not due to a Welfare-to-Work sanction.

Other :

Current Household Composition:

Number of aided adults: _____ Number of aided children: _____

Human Services Specialist (HSS) HSS # 1-866-262-9881
Telephone Number