



CDSS

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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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EDMUND G. BROWN JR.
GOVERNOR

ATTACHMENT A

**IMMIGRATION BRANCH
IMMIGRATION SERVICE FUNDING
ASSURANCE FORM**

In order to receive funding and provide services under the Immigration Services Funding, I certify that my organization meets the following criteria:

- Contractor is accredited by the Board of Immigration Appeals under the United States Department of Justice’s Executive Office for Immigration Review (**Documentation Required**)

OR

- Contractor meets the requirements to receive funding from the Trust Fund Program administered by the State Bar of California (**Documentation Required if Available**)

*(see the State Bar’s website for information on the Trust Fund Program at the following link:
<http://www.calbar.ca.gov/Attorneys/MemberServices/IOLTA.aspx> .*

OR

- Both of the above

Authorized Official Signature

Date

Print Name

Title

Organization

Address

Phone Number

Email Address