

WELFARE TO WORK REFERRAL

ATTACHMENT

Completed by Welfare to Work Case Manager (WTWCM)	Welfare to Work Office No:	WTWCM No:
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Participant Name:	Social Security Number:	CalWORKs Case #:
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Address: (Street, City, Zip)	Mailing Address, if different:
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Telephone number:	Sex: M (F	Birthdate:	Citizen: Yes No (IF NO, Legal right to work in U.S.: Yes No
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Additional Comments:

I CERTIFY THAT THE ABOVE DATA HAS BEEN VERIFIED/DOCUMENTED BY AN EMPLOYEE OF THE COUNTY WELFARE DEPARTMENT. THE DEPARTMENT CERTIFIES THAT THIS INDIVIDUAL HAS PROVIDED DOCUMENTATION THAT HE/SHE IS LEGALLY ENTITLED TO WORK IN THE U.S.

Welfare to Work Case Manager Signature:

Telephone Number:

Date:

I AUTHORIZE THE EXCHANGE OF PERTINENT Welfare to Work/CalWORKs INFORMATION BETWEEN (WELFARE DEPARTMENT), STATE OR FEDERAL AGENCIES OR THEIR REPRESENTATIVES FOR MONITORING, HEARINGS AND/OR AUDITING PURPOSES.

Welfare to Work Participant Signature

Date