



Transitional Assistance

SAN BERNARDINO COUNTY WELFARE-TO-WORK PROGRAM CalWORKs/TANF VERIFICATION

SECTION 1: College CalWORKs Personnel

The CalWORKs customer listed below is attending: San Bernardino Valley College We need verification that this student is receiving cash aid for himself/herself for the following quarter/semester: Summer/FA 2025 Semester

Please complete the following sections checked below and return the WTW 227 form to our office. If you have any questions, please contact our office at: 909-384-4429

Upon completion, please fax this form to: 909-885-4758

Student Name

Social Security Number

College Personnel Signature

Date

SECTION 2: Customer Release

I authorize San Bernardino County Welfare-to-Work (WTW) Program to release information to

San Bernardino Valley College

Customer Signature

Date

☐ SECTION 3: County Certification of CalWORKs/Welfare-to-Work Status

Does this CalWORKs customer currently receive cash aid for him/herself? ☐ Yes ☐ No

When did benefits begin? Month: _____ Year: _____

If the customer is not receiving cash aid for him/herself, please indicate the reason and effective date.

Reason: _____

Effective Date: _____

☐ SECTION 4: County Certification for Cooperative Agencies Resources for Education (CARE) Program

What is the customer's marital status? ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Is this customer considered head of a single parent household? ☐ Yes ☐ No

How many dependents under 18 years old does the customer receive cash aid benefits for? _____

County Staff Signature

Title

Date

Official County Stamp