STUDENT FINANCIAL AID STATEMENT
WELFARE-TO-WORK SUPPORTIVE SERVICES

COUNTY
CASE NAME
PARTICIPANT'S NAME
WORKER'S NAME

Welfare-to-Work pays for items you need to do your assigned Welfare-to-Work activities or to work. These supportive services are child care, transportation, ancillary expenses (such as tools, uniforms, books or school supplies) and personal counseling. If necessary supportive services are not available, you will have good cause for not participating.

I understand that I do not have to use any part of my student financial aid (student grant, loan or work/study grants) to pay for the supportive services that I can get from Welfare-to-Work.

I understand that I may choose to use some or all of my student financial aid to pay for the supportive services that I can get from CalWORKs while I am in Welfare-to-Work.

I understand that if I agree to use some or all of my student financial aid for my supportive services:

- I can change my mind at any time and stop using these funds for my supportive services.
- If I change my mind, the county will again pay for my supportive services. I must complete Part B of this form.
- If I change my mind, the county will not pay for the expenses I agreed to pay for before I told the county I changed my mind.

PART A: VOLUNTARY USE OF FINANCIAL AID FUNDS FOR SUPPORTIVE SERVICES THAT CAN BE PAID FOR BY CalWORKs

☐ **NO.** I do not want to use my financial aid to pay for supportive services.

☐ **YES.** I voluntarily agree to use my financial aid to pay for supportive services, as follows:

- ☐ Child Care $ _____ per _____ beginning _____ and ending_____
- ☐ Transportation $ _____ per _____ beginning _____ and ending _____
- ☐ Ancillary $ _____ per _____ beginning _____ and ending _____
- ☐ Personal Counseling $ _____ per _____ beginning _____ and ending _____

I CERTIFY THAT I UNDERSTAND THIS FORM AND THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

Participant's Signature: _____ Date: _____

I CERTIFY THAT I INFORMED THE PARTICIPANT THAT USE OF FINANCIAL AID TO PAY FOR SUPPORTIVE SERVICES THAT CAN BE PAID FOR BY CalWORKs IS VOLUNTARY AND I HAVE PROVIDED A COPY OF THE COMPLETED FORM TO THE PARTICIPANT.

Signature of county worker receiving Part A: _____ Date: _____

PART B: ENDING VOLUNTARY USE OF FINANCIAL AID FOR SUPPORTIVE SERVICES

☐ **STOP.** I no longer want to use my student financial aid to pay for supportive services.

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

Participant's Signature: _____ Date: _____

The county received Part B on _____. You will get a notice telling you what supportive services the county can pay for. You also will receive a copy of this form when it is completed.

Signature of county worker receiving Part B: _____ Date: _____