

Date: 11/22/2020
Case Name: ASHLEY L BROWN
Case Number: B21A270
Worker Name: Donald A Miranda
Worker ID: 19DP314O0M
Worker Phone Number: (866) 613-3777
Customer ID: 185-334-0879

VERIFICATION OF BENEFITS

ASHLEY L BROWN
9227 S WESTERN AVE
LOS ANGELES, CA 90047-3850

A. VERIFICATION

This will verify that the above participant is receiving:

CalWORKs (cash) in the amount of \$ 550.00 , per month for 1 people.
General Relief (cash) in the amount of \$ _____ , per month for 0 people.
Refugee Cash Assistance (cash) in the amount of \$ _____ , per month for 0 people.
CalFresh benefits in the amount of \$ 103.00 , per month for 3 people.
Medi-Cal - In Receipt of Medical Benefits , per month for 0 people.

B. ASSISTANCE UNIT (AU) MEMBERS

1. ASHLEY L BROWN	Applicant	7.	_____	_____
_____	_____	_____	Name	Relation to #1
2. KI'SHAUN A MCCORMICK	Son	8.	_____	_____
_____	Relation to #1	_____	Name	Relation to #1
3. ASHTON K MCCORMICK	Son	9.	_____	_____
_____	Relation to #1	_____	Name	Relation to #1
4.	_____	10.	_____	_____
_____	Relation to #1	_____	Name	Relation to #1
5.	_____	11.	_____	_____
_____	Relation to #1	_____	Name	Relation to #1
6.	_____	12.	_____	_____
_____	Relation to #1	_____	Name	Relation to #1

C. CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize DPSS to release the above information to: proof of income

Participant Signature

Witness Signature, If Participant Not Able to Sign

Date

Date