COUNTY OF LOS ANGELES

Date:
Case Name:
Case Number:
Worker Name:
Worker ID:
Worker Phone Number:

VERIFICATION OF BENEFITS

Physical Address:

Home Phone Number:

Monthly Benefits										
Month/Year	CalWORKs	GA/GR	RCA	CAPI	Cash Aid Assistance Unit Size	CalFresh	CF Household Size	MC	CMSP	MC Household Size

Current Household Details											
Name	**DOB**	**Aid Code**	**In the Home**	**CF**	**CW**	**GA /GR**	**CAPI**	**OHC**	**Medi-Cal**	**CMSP**	**MC/CMSP SOC**

Comments