



Semester: **FALL/SPRING 20**__ __

CalWORKs Program

TEXTBOOK/MATERIALS REQUEST FORM*

(Visit the campus bookstore or go online <http://eagleslanding.lamission.edu> for prices.)

INCOMPLETE FORMS WILL NOT BE PROCESSED.

PLEASE PRINT CLEARLY AND LEGIBLY

This form must be submitted with an updated **EDUCATIONAL PLAN** and a current **VERIFICATION OF BENEFITS/ NOTICE OF ACTION** (dated within 1 month of the start of the current semester) indicating your eligibility for CalWORKs benefits. *Please allow 3-5 business days for processing before contacting your GAIN Services Worker for the status of this request.*

Name: Last	First	MI.	Major at LAMC:
Student ID #:			DPSS Case #:
Email address:			
Address:			Contact Phone #:
Are you currently working? ___ No ___ Yes If yes, complete the following:			
Start Date: _____		Position/Title _____	
Hours per week: ___		Hourly rate: ___ Employer _____	
GAIN Services Worker Information			
Gain Service Worker's Name: _____			
GAIN Office Location: _____			
<ul style="list-style-type: none"> ➤ Have you completed LAMC assessment Math and English/ESL test? ___ Yes ___ NO ➤ Have you completed LAMC orientation? ___ Yes ___ No ➤ Do you have a comprehensive Educational Plan? ___ Yes ___ No ➤ Are you receiving text book/supply voucher/grant from EOP&S/CARE, CAFYES or any other program on campus for this semester? ___ Yes ___ No <li style="padding-left: 20px;">If yes, from what program? _____ Amount of Voucher/Grant: _____ ➤ I hereby certify that the information on this form is true and correct. ➤ I understand I must submit my original paid receipts to my GAIN worker within <u>10 business days.</u> 			
_____		_____	
STUDENT SIGNATURE		DATE	

***THIS FORM IS NOT TO BE SUBMITTED TO THE GAIN SERVICE WORKER. LAMC CalWORKs OFFICE USE ONLY.**

Advanced Request

Reimbursement

*The limit for basic school supplies is \$60.00****ADDITIONAL MATERIALS REQUIRED BY THE INSTRUCTOR
MUST BE LISTED ON A CLASS SYLLABUS.***

COURSE NAME	NAMES OF BOOKS OR SUPPLIES	BOOKS (\$)	SUPPLIES (\$)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
ASO Fee (\$10.00)			YES <input type="checkbox"/> NO <input type="checkbox"/>
Rep Fee (\$2.00)			YES <input type="checkbox"/> NO <input type="checkbox"/>
Health Fee (\$11.00)			YES <input type="checkbox"/> NO <input type="checkbox"/>
Parking Permit (\$20.00)			YES <input type="checkbox"/> NO <input type="checkbox"/>
EOP&S, CARE or other program Voucher/Grant			.

Authorized by LAMC GAIN/CalWORKs Staff:***THIS FORM IS NOT TO BE SUBMITTED TO THE GAIN SERVICE WORKER. LAMC CalWORKs OFFICE USE ONLY.**