MJC CalWORKs
Virtual Book Request

Semester: Summer **Year:** 2020

Step #1 Student Information

W#	Last	First
Home Phone	**Cell Phone**	**Major**
Student Email	***@my.yosemite.edu***	

Step #2 Print Class Schedule and Required Textbooks

Print Class Schedule

1. Log into: Pirates Net
2. Click on: Log In *(at top right-hand corner)*
3. Enter User ID: Your Student W#
4. Password: Type password you created
5. Click on: My Class Schedule
6. Select: MJC Semester Term
7. Print page
   (Hold down Ctrl and tap "P", *a pop-up window will appear)*
8. For printer → select option for "PDF"
9. Click on: Print
10. Save file

Print Required Textbooks

(April 27 –books go on sale-online)

1. Click → Order Textbooks
2. Select Term: Summer 20
3. Select: Department, Course, and Section Number
   (Select all classes before next step)
4. Click on: → View Your Materials
5. Click on: Print Book List *(a pop-up window will appear)*
6. For Printer → select option for "PDF"
7. Click on: Print
8. Save file

Step #3 Document Checklist

Step #3 Document Checklist	Attached to email?
WTW 8 - Student Financial Aid Statement-Signed	☐ **Yes**
WTW 6 – Request for Educational/ Training Materials	☐ **Yes**
Summer 2020 Class Schedule	☐ **Yes**
List of Required Textbooks	☐ **Yes**
2020 - 2021 Financial Aid by Term	☐ **Yes**
Transcripts	☐ **Yes**
Are all your Classes on your current Ed Plan?	☐ **Yes** ☐ **No If no, which ones are not:**

Are you currently working? ☐ **Yes** ☐ **No**

☐ **Off Campus Where?** _____ **Will your job continue during Summer semester?** ☐ **Yes** ☐ **No**

☐ **On Campus** ☐ **CalWORKs WS** ☐ **Federal WS** **What department are you working in?** _____

_____ _____

Student Signature ***Date***

Office Use Only

Date Received:	Initials:	Date Emailed:	Initials:
Case Manager:		Case Number:	
CalWORKs Borrowed Books Returned: ☐ Yes ☐ No ☐ N/A		Comments:	
WTW Plan: ☐ Summer 2020 ☐ Fall 2020 ☐ Spring 2021		Exempt: ☐ Yes ☐ No	
TANF for _____: ☐ Yes ☐ No	Comments:		

STUDENT FINANCIAL AID STATEMENT
WELFARE-TO-WORK SUPPORTIVE SERVICES

COUNTY	Stanislaus
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: _____

Clear Form

Stanislaus County
Striving to be the Best

W # _____

COMMUNITY SERVICES AGENCY

Kathryn M. Harwell
Director

251 E. Hackett Road, Modesto, CA
P.O. Box 42, Modesto, CA 95353-0042

Phone: 209.558.2500 Fax: 209.558.2558

Request for Educational/Training Materials

- ☐ Reimbursement Request
- ☐ Voucher Request
  - ☐ Pick up Voucher – CSA
  - ☐ Mail Voucher

Participant Name: _____

Case Number: _____

Case Manager: _____

Activity: _____

To Be Completed By Participant

Participant Name _____ Address _____

Telephone # _____ _____

Store Name	Item Needed	Quantity		Amount		Total
			x		=	
			x		=	
			x		=	
			x		=	
			x		=	0
		Tax		%	=	
				Total		0

I certify, under penalty of perjury, the above is true, correct and complete to the best of my knowledge. I authorize Community Services Agency to discuss my need for materials with the below named person. I agree to return my unauthorized items I may receive.

Participant Signature _____ Date _____

To Be Completed By Site Supervisor/Instructor

I certify that the above item(s) requested is required by the above named individual and by anyone to participate.

Teacher/Supervisor/Employer Signature _____ Date _____

Title _____ School/Worksite _____