



# LACCD MULTIPLE SCHOOLS PROCESS

LOS ANGELES MISSION COLLEGE CALWORKS OFFICE

# LACCD SCHOOLS

- X Los Angeles Mission
- X Los Angeles Valley
- X Pierce
- X Los Angeles City
- X East Los Angeles
- X West Los Angeles
- X Los Angeles Southwest
- X Los Angeles Trade Tech
- X Los Angeles Harbor



# LAMC-LACCD PROCESS

- X CalWORKs students who enroll at multiple LACCD campuses must enroll in each campus CalWORKs office
- X You will need to reach out to the LACCD Campus CalWORKs office and submit required documents (just as you did for LAMC)
  - X Be prepared to submit:
    - Intake packet - the same intake for all LACCD campuses (request from LAMC CalWORKs staff)
    - LAMC's GN 6006 (request from LAMC CalWORKs staff)
    - GN 6390 (request from your GAIN worker - see sample on next slide)
  - X Each campus has its own process and required documentation



# SAMPLE GN 6390

Exhibit A, Technical Exhibit VII (J)  
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES

**ATTENDING MULTIPLE SCHOOLS FORM**

Participant Name/Address:	GAIN Regional Office Address:	
	GSW Name:	File #:
	Phone Number:	Fax Number:
	GSW Email:	
(Component Code & Session Type)		
Primary School/Institution Name:	Case Number:	Date:

Turn in this completed form to your GAIN Services Worker by \_\_\_\_\_

**SECTION A: TO BE COMPLETED BY THE PARTICIPANT**  
I authorize my school/institution to release the following information to the County of Los Angeles, Department of Public Social Services:

Participant Signature:	Telephone Number:	Date:
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**Please give this form to your additional school or institution for completion.**

**SECTION B: TO BE COMPLETED BY THE GSW**  
Attach a copy of the GN 6014, GAIN Vocational Assessment Summary and Employment Plan for all Post-Assessment activities.

**SECTION C: TO BE COMPLETED BY THE ADDITIONAL SCHOOL OR INSTITUTION**  
You have been identified, by the above student, as his/her additional school/institution. In addition to taking courses in the assigned or approved school, the student is also taking a course(s) in your school that may satisfy the student's welfare-to-work requirements. Your assistance is needed in completing this form.

(Name of Additional School/Institution): \_\_\_\_\_ Official School/Institution Stamp: \_\_\_\_\_

Program/Course(s) : \_\_\_\_\_

Start Date: \_\_\_\_\_ Month/Day/Year    Expected End Date: \_\_\_\_\_ Month/Day/Year    Scheduled Hours per Week: \_\_\_\_\_

**Please attach a copy of current class schedule**

Print Name of School/Institution Official Completing Form:	Site of School/Institution Official Completing Form:	
Telephone Number:	Email:	
Fax Number:	Signature of School/Institution Official Completing Form:	Date:

GH 6390 (04/13) File: GPEP Permanent  
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Request a GN 6390 from your  
GAIN worker



# LAMC-LACCD PROCESS

- ✕ You will need to submit the following separate GAIN forms to each campus you are enrolled at
  - ✕ Monthly Attendance Reports
  - ✕ Progress Reports
  - ✕ Childcare
  - ✕ Books/Supplies Requests
    - Example: You will submit a Monthly Attendance Report for LAMC's classes to an LAMC case manager and you will submit a separate Monthly Attendance Report for the other respective LACCD campuses where you are enrolled



# THANK YOU!

Any questions?

You can email us at:

- X [sirunim@laccd.edu](mailto:sirunim@laccd.edu)
- X [hernanvc@laccd.edu](mailto:hernanvc@laccd.edu)

