

COUNTY OF KERN

VERIFICATION OF BENEFITS

Date: 05/10/2024  
Case Name: DILJOT SINGH  
Case Number: 2487988  
Worker Name: AS Intake MC Only Finishing  
Worker ID: 15LS01180R  
Worker Phone Number: (661) 631-6000

DILJOT SINGH  
3535 S H ST  
Apt 80  
BAKERSFIELD, CA 93304-6500

Physical Address:

Home Phone Number: (661) 334-0481

| Monthly Benefits |          |       |     |      |                               |          |                   |    |      |                   |
|------------------|----------|-------|-----|------|-------------------------------|----------|-------------------|----|------|-------------------|
| Month/Year       | CalWORKs | GA/GR | RCA | CAPI | Cash Aid Assistance Unit Size | CalFresh | CF Household Size | MC | CMSP | MC Household Size |
| 05/2023          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 06/2023          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 07/2023          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 08/2023          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 09/2023          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 10/2023          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 11/2023          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 12/2023          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 01/2024          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 02/2024          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 03/2024          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 04/2024          |          |       |     |      |                               |          |                   | N  | N    |                   |
| 05/2024          |          |       |     |      |                               |          |                   | N  | N    |                   |

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

| Comments |
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