

Verification of Benefits

Department of Public Social Services

<https://www.yourbenefits.laclrs.org/>



Select: Login to your account










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Los Angeles County
Department of Public Social Services

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| What is YourBenefitsNow! | What would you like to do? | Resources |
|--|--|--|
| <p>YourBenefitsNow! is a website for Los Angeles County Residents to apply for and to view their benefits online. Click any of the navigation links in the center panel to get started.</p> <p>Currently, YourBenefitsNow! supports CalWORKS, CalFresh, General Relief and Medi-Cal applications.</p> <p>If you need help in your language, call your local county office. You have the right to ask for help in your own language. There is no cost for this help.</p> | <p> Click Here to Apply for -General Relief -CalWORKS -Medi-Cal -CalFresh</p> <p> New User? Create a new account</p> <p> Login Login to your account</p> <p> Case Status Information View your existing case status information</p> <p> Annual Redetermination/Recertification Link to Annual Redetermination/Recertification</p> <p> Semi-Annual/Quarterly Reports View or Submit your Semi-Annual/Quarterly Reports online</p> <p> Make an Appointment Schedule an Appointment for a NEW Application</p> <p> EBT Account Balance View EBT Account Balance and Transactions</p> | <p>Resources</p> <p>CalFresh Fact Sheets California Department of Social Services CalWORKS Fact Sheets CBO/FBO listing Contact DPSS Covered California Customer Satisfaction Survey Department of Children and Family Services Department of Health Care Services DPSS Program Information EatFresh.org EBT ATM locator EBT Client Website eNotices Tutorial In-Home Supportive Services LA County Helos Our County Services Outreach Calendar Register To Vote Report Fraud WIC Mobile</p> <p>Do You Have DPSS Mobile App?</p> <p>Los Angeles County has a mobile phone application for Apple iOS and Google Android devices. You can get it from store by scanning the following QR codes, or searching DPSS Mobile App on Apple and Android marketplaces.</p> |
| <p>Americans with Disabilities Act </p> <p>Do you have a disability that makes it hard for you to apply for benefits or meet program requirements? We can give you extra help.</p> <p>The law protects people with physical, mental, and developmental disabilities as well as others with serious health problems.</p> <p>Click here to download the DPSS ADA Brochure.</p> <p>For more information about the law, DPSS can help you.</p> | <p>Announcements</p> <p>ATTENTION</p> | |

Select: Yes (if you have your Customer ID & Pin)
Customer ID: located at the top right of any of your Notice of Actions

Select: No (if not)

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YOUR BENEFITS
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dpss

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Do you remember your Customer ID/PIN or your Username/Password?
If not, click No

Yes No

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For Case Information, please contact your case worker.
If you need help in your language, call your local county office. You have the right to ask for help in your own language. There is no cost for this help.
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If you have a case with DPSS, you can login to YBN to check your case information by providing below requested information.

* 1. Please select one of the following:

* 2. Please enter your date of birth (MM/DD/YYYY):

* 3. Please select one of the following:

[Back](#)[Continue](#)

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Select: I Agree

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Disclaimer

- I am accessing this site to either apply for benefits or gain access to confidential information about my DPSS case record.
- By clicking the "Agree" button below, I certify that I am the individual for whom the information is being requested.
- I understand that if I deliberately request information under false pretenses or false identity, I may be guilty of a federal crime and could be fined or imprisoned or both.
- I also understand that any facts I gave, including benefits and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and unemployment agencies, school attendance, IEVS, etc. And for cash aid and CalFresh, records will be matched with law enforcement agencies for arrest warrants.
- I understand that the Los Angeles County Department of Public Social Services eligibility system (LRS) use an income and eligibility verification system (IEVS Income Eligibility Verification System 7 CFR 273.2(b)(2)). Any information available through IEVS will be requested, used and may be verified through collateral contact when discrepancies are found and may affect the household's eligibility and benefit level, for the appropriate programs.
- I also understand that the alien status of household members may be subject to verification by US Citizenship and Immigration Services (USCIS) (Formerly INS) to verify immigration status and the facts the county gets from USCIS may affect my eligibility for cash aid, CalFresh, and full Medi-Cal.
- But if I am applying for Medi-Cal Only, AND if I am not (a) a lawful permanent resident noncitizen (LPR), (b) an amnesty alien with a valid and current I-688, or (c) a noncitizen permanently residing in the United States under color of law (PRUCOL), the county will not send facts to the USCIS.

Please "log off" completely at the end of your session. Failure to do so may allow another user to access your personal information.

If you feel the security of your information has been compromised, [click here](#)

Select: Your Benefit Information

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| Status | Menu | Resources | | | | | | | | | | | | | | |
|--|---|---|--|--|---|---|--|--|---|--|---|---|--|---|--|---|
| <p>Current User: 1853421519 Click here to sign out Click here to change your password/PIN Click here to update your case profile or notification preference</p> | <p>What would you like to view?</p> <table border="1"><tbody><tr><td> Start/Continue My Application</td><td> Check Status on My Submitted Application</td></tr><tr><td> Your Benefit Information</td><td> Case Status Information</td></tr><tr><td> Case Worker Information</td><td> District Addresses and Hours of Operations</td></tr><tr><td> Update My Case Profile</td><td> Semi-Annual/Quarterly Reports</td></tr><tr><td> Electronic Notices</td><td> Schedule an Appointment for a NEW Application</td></tr><tr><td> Upload Verifications for Case</td><td> Annual Redetermination/Recertification</td></tr><tr><td> View EBT Account Balance and Transactions</td><td></td></tr></tbody></table> |  Start/Continue My Application |  Check Status on My Submitted Application |  Your Benefit Information |  Case Status Information |  Case Worker Information |  District Addresses and Hours of Operations |  Update My Case Profile |  Semi-Annual/Quarterly Reports |  Electronic Notices |  Schedule an Appointment for a NEW Application |  Upload Verifications for Case |  Annual Redetermination/Recertification |  View EBT Account Balance and Transactions | | <p>CalFresh Fact Sheets California Department of Social Services CalWORKS Fact Sheets CBO/FBO listing Contact DPSS Covered California Customer Satisfaction Survey Department of Children and Family Services Department of Health Care Services DPSS Program Information EatFresh.org EBT ATM locator EBT Client Website eNotices Tutorial In-Home Supportive Services LA County Helios Other County Services Outreach Calendar Register To Vote Report Fraud WIC Mobile</p> |
|  Start/Continue My Application |  Check Status on My Submitted Application | | | | | | | | | | | | | | | |
|  Your Benefit Information |  Case Status Information | | | | | | | | | | | | | | | |
|  Case Worker Information |  District Addresses and Hours of Operations | | | | | | | | | | | | | | | |
|  Update My Case Profile |  Semi-Annual/Quarterly Reports | | | | | | | | | | | | | | | |
|  Electronic Notices |  Schedule an Appointment for a NEW Application | | | | | | | | | | | | | | | |
|  Upload Verifications for Case |  Annual Redetermination/Recertification | | | | | | | | | | | | | | | |
|  View EBT Account Balance and Transactions | | | | | | | | | | | | | | | | |
| <p>YBN Tutorials</p> <p>How To Login Register An Account Submitting An Application Case Status Benefits Information Viewing Worker Information Schedule Appointment to Apply for Benefits Submit SAR7 or QR7 Online</p> | <p>Announcements</p> <p style="text-align: center;">ATTENTION</p> | | | | | | | | | | | | | | | |

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Current User [REDACTED]
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[Viewing Worker Information](#)
[Schedule Appointment to Apply for Benefits](#)
[Submit SAR7 or QR7 Online](#)

Cash or CalFresh Benefits

[REDACTED]

| Period | Issuance Method | Benefit Amount | Available | Warrant | Warrant Date |
|----------------------|-----------------|----------------|-----------|------------|--------------|
| Cash Benefits | | | | | |
| Jan 2020 | Regular Mail | \$550.00 | 01/03/20 | [REDACTED] | 01/01/20 |
| Dec 2019 | Regular Mail | \$550.00 | 12/03/19 | [REDACTED] | 12/01/19 |
| Nov 2019 | Regular Mail | \$550.00 | 11/03/19 | [REDACTED] | 11/01/19 |
| CalFresh | | | | | |
| Apr 2020 | Regular Mail | \$355.00 | 04/09/20 | [REDACTED] | 04/01/20 |
| Mar 2020 | Regular Mail | \$355.00 | 03/09/20 | [REDACTED] | 03/01/20 |
| Feb 2020 | Regular Mail | \$355.00 | 02/09/20 | [REDACTED] | 02/05/20 |

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Resources

[CalFresh Fact Sheets](#)
[California Department of Social Services](#)
[CalWORKS Fact Sheets](#)
[CBO/EBO Listing](#)
[Contact DPSS](#)
[Covered California](#)
[Customer Satisfaction Survey](#)
[Department of Children and Family Services](#)
[Department of Health Care Services](#)
[DPSS Program Information](#)
[EaIFresh.org](#)
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Technical issue using this website? Please contact the Webmaster.

Type: Los Angeles Mission College (agency or institution name) Select: Generate Notice

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Status

Current User: [REDACTED]
[Click here to sign out](#)
[Click here to change your password \(PIN\)](#)
[Click here to update your case profile or notification preference](#)

YBN Tutorials

- [How To Login](#)
- [Register An Account](#)
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- [Benefit Information](#)
- [Viewing Worker Information](#)
- [Schedule Appointment to Apply for Benefits](#)
- [Submit SAR7 or QR7 Online](#)

Cash or CalFresh Benefits

| Period | Issuance Method | Benefit Amount | Available | Warrant | Warrant Date |
|----------------------|-----------------|----------------|-----------|------------|--------------|
| Cash Benefits | | | | | |
| Jan 2020 | Regular Mail | \$550.00 | 01/03/20 | [REDACTED] | 01/01/20 |
| Dec 2019 | Regular Mail | \$550.00 | 12/03/19 | [REDACTED] | 12/01/19 |

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Department of Public Social Service to release my verification of benefits to:

Type agency or institution name here

[Generate Notice](#)

Resources

- [CalFresh Fact Sheets](#)
- [California Department of Social Services](#)
- [CalWORKS Fact Sheets](#)
- [CBO/FBO listing](#)
- [Contact DPSS](#)
- [Covered California](#)
- [Customer Satisfaction Survey](#)
- [Department of Children and Family Services](#)
- [Department of Health Care Services](#)
- [DPSS Program Information](#)
- [EatFresh.org](#)
- [EBT ATM locator](#)
- [EBT Client Website](#)
- [eNotices Tutorial](#)
- [In-Home Supportive Services](#)
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You can print or download the document

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A. VERIFICATION
This will verify that the above participant is receiving:
CalWORKS (cash) in the amount of \$ _____ per month for 0 people.
General Relief (cash) in the amount of \$ _____ per month for 0 people.
Refugee Cash Assistance (cash) in the amount of \$ _____ per month for 0 people.
CalFresh benefits in the amount of \$ 355.00 _____ per month for 2 people.
Medi-Cal - in Receipt of Medical Benefits _____ per month for 2 people.

B. ASSISTANCE UNIT (AU) MEMBERS

| | |
|------------------------------------|-------------------------------------|
| 1. _____ Name _____ | 7. _____ Name _____ Relation to P1 |
| 2. _____ Name _____ Relation to P1 | 8. _____ Name _____ Relation to P1 |
| 3. _____ Name _____ Relation to P1 | 9. _____ Name _____ Relation to P1 |
| 4. _____ Name _____ Relation to P1 | 10. _____ Name _____ Relation to P1 |
| 5. _____ Name _____ Relation to P1 | 11. _____ Name _____ Relation to P1 |
| 6. _____ Name _____ Relation to P1 | 12. _____ Name _____ Relation to P1 |

C. CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION
I authorize CPSS to release the above information to Los Angeles Mission College:

Participant Signature _____ Date _____
Witness Signature, if Participant Not Able to Sign _____ Date _____
File: Miscellaneous Folder Retention: Three Years

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If you need additional assistance please
reach out to us via Cranium Cafe!

Monday - Friday

8:00am - 4:30pm

<https://lamission.craniumcafe.com/calworkscounter>