

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:
(Component Code & Session Type)	GSW Email:	
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:	Title of School/Institution Official Completing Form:	
Telephone Number:	Email:	
Fax Number:	Signature of School/Institution Official Completing Form:	Date:

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Request a GN 6390 from your
GAIN worker



