

RIVERSIDE COUNTY OFFICE OF EDUCATION

C a P R O M I S E



April 4<sup>th</sup>, 2017

To Whom It May Concern:

This letter is to document that **(student name)** is a full-time student at Riverside City College. He is currently participating in the California Careers Innovation program, which includes a Work-Based Learning component. **(student name)** is currently participating in a part-time work experience opportunity working at **(business name and address)**, in which he is working about 7 hours per other week, at a wage of **\$13.00** per hour. This individual has an active Individual Career Action Plan with the C.C.I. program, which has already been submitted and on file with the local SSA field office. **(student name)** is also a client of the local **Department of Rehabilitation, and also has an active Individual Plan for Employment (IPE).**

This student is entitled to the **Student Earned Income Exclusion** as described on page 37 of the 2019 Red Book, A Guide To Employment Supports For Persons With Disabilities Under The Supplemental Security Income (SSI) Program. **(POMS: SI 00501.020 Student – SSI Citations: 20 CFR § 416.1861, §416.1872.)**

If you have any questions, please contact (staff name), (job title), (phone number).

Thank you,

*Thong Nguyen*

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