How to create an account to access your DPSS benefits online

Go to: https://www.dpssbenefits.lacounty.gov/ybn/Index.html



Register Now

he

Cu

<u>Cal</u> EB



b. If you have your ID/PIN or Username/Password, click "Yes" as shown below:

Login	
	Do you have your Customer ID/PIN or your Username/Password?

c. Then you will get the following page:



d. If you don't have your Username/Password, click "No" as shown below:



e. Fill out this screen

If you have a case with DPSS, you can le below requested information.	ogin to YBN to check your case information by providing
* 1. Please select one of the following:	
Case Number (e.g A1B2345)	▼.
Please enter your DP\$\$ Case Number:	
Exxxxxx	
* 2. Please enter your date of birth (MM/	DD/YYYY):
VVVVV	
3. Please select one of the following:	
Zip Code (e.g 12345)	
Please enter your zip code:	
YYYYY	

f. Then you will login as shown next (You will get your ID here, keep it !!)



*** Your ID should be a number

g. To change your PIN or Password click on "Click here to change your password/PIN" as shown below:



I. Enter your ID (username issued to you), then hit "Continue"



II. If you don't have your PIN hit "Don't have your current PIN? Click Here..." as shown next

Account Management	
To change your password/PIN for new PIN should be six numerical o (!@-\$#). It must be all numbers. It consecutive numbers.	your account, please fill out all the following fields. Your characters. There can be no letters or special characters cannot be all the same number. It cannot be six
* Denotes Mandatory Fields * Enter Your Customer ID: Enter Your PIN:	
* New PIN (Must be 6 numeric characters) :	
* Please confirm your new PIN :	
	Don't have your current PIN? Click Here
	Submit

III. Add your New PIN here.

To change your password/PIN for your account, please fill out all the following fields. Your new PIN should be six numerical characters. There can be no letters or special characters (!@-\$#). It must be all numbers. It cannot be all the same number. It cannot be six consecutive numbers.

* Denotes Mandatory Field	ls			
* Enter Your Customer ID:				
* New PIN (Must be 6 nume characters) :	eric			
* Please confirm your new	PIN :	Č		
		Don't have your cu	urrent PIN?	Click Here
Please select any three field	lds to res	et your PIN:		
Case Number		EBT/BIC		SSN
DOB		Zip Code		
		Submit		

IV. Once you hit submit you will be logged in. When logged in you can generate a current Verification of Benefits UNLESS your case is flagged as receiving Specialized Supportive Services with your Eligibility Worker.

V. Click on "Cash or CalFresh Benefit Information" which will bring you to the screen below.



VI. Click on "Generate Verification of Benefits Notice"

Status	Cash or CalFree	h Benefits				
Current User: 0000000001	• 0000000	01 – H123450	5			
Click here to change your	Period	Issuance Method	Benefit Amount	Available	Warrant	Warrant Date
passworu/Fin	CalFresh					
Click here to update your case	Jun 2016	Regular Mail	\$184.00	06/07/16	191721139	06/01/16
profile or notification	May 2016	Regular Mail	5184.00	05/07/16	19970855	05/01/16
preterence	Apr 2016	Regular Mail	\$184.00	04/07/16	19651179	04/01/16
YBN Tutorials		Gen	erate Verificat	ion of Benefits N	otice	
How To Login	• 00000000	02 – H123457				
Register An Account	• 0000000	03 - H123458				
Submitting An Application						

VI. Type in College of the Canyons in the box that pops up.

Status	Cash or CalFresh Benefits
Current User: 000000001 Click here to sign out Click here to change your password/PIN	000000001 - H123456 AUTHORIZATION FOR RELEASE OF INFORMATION
Click here to update your case profile or notification preference 3.	I authorize the Department of Public Social Service to release my verification of benefits to: Type agency or Institution name here
YBN Tutorials	Generate Notice
How To Login	
Register An Account	000000003 – H123458
Submitting An Application	

VII. Print and bring into our office EACH semester to be eligible for services.

011 East Valley 7555 VAN NUYS BLVD	COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SE	ERVICES
VAN NUYS, CA 91405-1949	Date: :06/27/2016 Case Name: Case Number: Worker Name:	
VERIFICATION OF BENEFITS	Worker ID: B Worker Phone Number: Customer ID:	
	Sergio Andrade 12345 Apple Ave.	
A. VERIFICATION		
A. VERIFICATION This will verify that the above participant is receiving: CalWORKs (cash) in the amount of \$	Los Angeles CA	people
A. VERIFICATION This will verify that the above participant is receiving: CalWORKs (cash) in the amount of \$ General Relief (cash) in the amount of \$, per month for 0	people people
A. VERIFICATION This will verify that the above participant is receiving: CalWORKs (cash) in the amount of \$ General Relief (cash) in the amount of \$ Refugee Cash Assistance (cash) in the amount of \$, per month for 0 , per month for 0 , per month for 0	people people people
A. VERIFICATION This will verify that the above participant is receiving: CalWORKs (cash) in the amount of \$ General Relief (cash) in the amount of \$ Refugee Cash Assistance (cash) in the amount of \$ CalFresh benefits in the amount of \$ 184.00	, per month for 0 , per month for 0 , per month for 0 , per month for 0 , per month for 0	people people people people
A. VERIFICATION This will verify that the above participant is receiving: CalWORKs (cash) in the amount of \$ General Relief (cash) in the amount of \$ Refugee Cash Assistance (cash) in the amount of \$ CalFresh benefits in the amount of \$ 184.00 Medi-Cal - In Receipt of Medical Benefits	, per month for 0 , per month for 0 , per month for 0 , per month for 0 , per month for 1 , per month for 1	people people people people people