STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

Employment Services
1879 SENTER RD
SAN JOSE, CA 95112-2527

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COUNTY OF SANTA CLARA

Voluntary FM

WELFARE-TO-WORK PLAN ACTIVITY ASSIGNMENT

Date: 02/09/2024
Case Name: [redacted]
Case Number: [redacted]
Worker Name: [redacted]
Worker ID: [redacted]
Worker Phone Number: (408) [redacted]

[redacted]

On the back of this sheet is the address for returning your form.

0000000464606973

COUNTY OF SANTA CLARA

Date: 02/09/2024
Case Name: [redacted]
Case Number: [redacted]
Worker Name: [redacted]
Worker ID: [redacted]
Worker Phone Number: (408) [redacted]

FIRST-CLASS MAIL PERMIT NO. 2120 SAN JOSE CA
POSTAGE WILL BE PAID BY ADDRESSEE

SANTA CLARA COUNTY SOCIAL SERVICES AGENCY
PO BOX 11013
SAN JOSE, CA 95103-9983

Please fold and ensure the County address information displays in the envelope window.

WELFARE-TO-WORK PLAN ACTIVITY ASSIGNMENT

Participant Name: [redacted]	☒ Initial Activity Assignment	☐ Amendment # _____
Case Name: [redacted]	I.D. Number: [redacted]	
Case Number: [redacted]	Wefare-To-Work Worker's Name: [redacted]	

☑ **Mandatory participant:** I agree to do the checked activity or activities listed below. I understand that if I do not participate as required in these activities, my cash aid will be lowered, unless the county decides I had a good reason to not do them. I understand that if I am in a two-parent family, we can share the 35-hour participation requirement, and only my assigned hours are listed below.

☐ **Volunteer:** I understand that I do not have to participate, but I agree to do the checked activity or activities listed below. I understand that as a volunteer, my cash aid cannot be lowered for failing to do these activities. I understand if I stop doing these activities, I may have to wait to participate in Welfare-to-Work, unless the county decides that I had a good reason not to do them. I understand that the 20-,30- or 35-hour per week rules do not apply to me.

☐ **Self-Initiated Program (SIP):** My primary activity is an education or training program I was enrolled in before my appraisal. If I am a mandatory participant, the number of hours I am required to participate in each week is: ☐ 20 ☐ 30.

CalWORKs Hourly Participation Requirements:

CalWORKs Welfare-to-Work Activities

☐ Unsubsidized employment	for ____ hours	☐ Supported work and transitional employment	for ____ hours
☐ Self-employment	for ____ hours	☐ Job skills training directly related to to employment	for ____ hours
☐ Subsidized private or public sector employment	for ____ hours	☐ Satisfactory attendance in a secondary school or in a course leading to certificate of general educational development	for ____ hours
☐ Grant-based on-the-job training	for ____ hours		
☐ Work study	for ____ hours		
☐ Work experience	for ____ hours	☐ Education directly related to employment	for ____ hours
☐ Community service	for ____ hours		
☐ Vocational education	for ____ hours	☐ Adult basic education	for ____ hours
☐ On-the-job training	for ____ hours	☐ Participation required by school to ensure child's attendance	for ____ hours
☐ Job search and job readiness	for ____ hours		
☑ Mental health services	for 1 hours	☑ Other family stabilization activities	for 3 hours
☐ Substance abuse services	for ____ hours	☐ Other activities necessary to assist in obtaining employment	for ____ hours
☑ Domestic abuse services	for 1 hours		

Total Hourly Requirements

Each week I must complete:

☐ Full-time education

☑ At least 20 hours.

☐ At least 30 hours.

☐ At least ____ hours of my family's 35-hour requirement.

[redacted] 2/9/2024 **(Initial and date)**

ASSIGNMENT AND SERVICES

ACTIVITY, LOCATION, SCHEDULE, AND HOURS

1.	ACTIVITY: Other Welfare-To-Work - Meet w/ SW, Parent Edu Classes		
	BEGINS: 01/29/2024	EXPECTED TO END: 06/27/2024	SCHEDULE: Varies
	HOURS PER WEEK: 3	LOCATION: DFCS Location	
2.	ACTIVITY: Domestic Violence - 43 YWCA/Next Door Solutions/Community solutions		
	BEGINS: 01/29/2024	EXPECTED TO END: 06/01/2024	SCHEDULE: Varies
	HOURS PER WEEK: 1	LOCATION: 375 S 3RD ST SAN JOSE CA 95112	
3.	ACTIVITY: Mental Health - DFCS		
	BEGINS: 01/29/2024	EXPECTED TO END: 06/01/2024	SCHEDULE: Varies
	HOURS PER WEEK: 1	LOCATION: DFCS Location	
4.	ACTIVITY:		
	BEGINS:	EXPECTED TO END:	SCHEDULE:
	HOURS PER WEEK:	LOCATION:	

☐ The county will send me the location and schedule for my _____ (Activity) activity by _____ (Date).

☐ I will go to _____ (Location) on/by _____ (Date) to get my _____ (Activity) location and/or schedule.

☐ I will give my Welfare-to-Work worker a copy of my _____ (Activity) schedule by _____ (Date). I will tell my Welfare-to-Work worker if any changes are made and give my Welfare-to-Work worker a copy of the changes if required.

☑ I understand that if I do not go to and/or make satisfactory progress in Meet w/ SW, Parent Edu Classes, Domestic Violence / Program, Mental Health Services (Activity), as required, I may have to go to different activities. I understand that I must give proof of satisfactory progress in these activities to my Welfare-to-Work worker by the date(s) listed below.

Activity: Other Welfare-To-Work - Meet w/ SW, Parent Edu Classes	Date Proof is Due: 5th of each month
Activity: Domestic Violence - 43 YWCA/Next Door Solutions, Comm Solu	Date Proof is Due: 5th of each month
Activity: Mental Health - Therapy through DFCS	Date Proof is Due: 5th of each month
Activity:	Date Proof is Due:

☑ Additional Comments:

Proof of satisfactory progress is due by the 5th of each month.

SUPPORTIVE SERVICES

The county must give me supportive services (child care; transportation; and work, education and training related expenses) if I need them to participate in my mandatory or voluntary Welfare-to-Work assignments and Welfare-to-Work rules allow for them.

☑ My county worker has reviewed my need for Welfare-to-Work supportive services for each activity listed in my plan. I understand that I do not have to do my assignment until the supportive services I need have been arranged.

☑ I understand that I must tell my Welfare-to-Work worker right away if my need for Welfare-to-Work supportive services changes, or if I no longer need them. **If I do not report the changes in advance, the county may not be able to pay for them.** I understand that if I stop participating in my Welfare-to-Workactivities, I will continue to receive child care for the remainder of my child care authorization period or until my child care authorization is discontinued.

☑ I understand that if the county pays for supportive services that are more than what I needed to participate in Welfare-to-Work, with the exception of child care and advance student payments, I will have to pay the county back.

I need the following supportive services:

☑ Child Care

☑ Full-time (30-52.5 hours per week) ☐ Part-time (less than 30 hours per week)

☐ I do not need the county to pay for child care at this time, but I have the right to request child care later.

_____ *(Initial and date)*

☑ Transportation:

☑ Bus Pass ☐ Mileage ☐ Parking

☐ Other *(toll fees, taxis, etc.)*: _____

☑ I need advanced payment for transportation.

☐ I do not need the county to pay for transportation at this time, but I have the right to request transportation later.

_____ *(Initial and date)*

☑ Advance Student Payments (Required books and supplies)

☑ I do not need Advance Student Payments at this time, but I have the right to request Advance Student Payments later. [redacted] 2/9/2024

☑ Other ancillary (such as ~~books~~, tools, uniforms, etc.) costs for:

1. _____ 2. _____

3. _____ 4. _____

☐ I need advanced payment for ancillary costs.

☑ I do not need the county to pay for ancillary costs at this time, but I have the right to request ancillary costs later.

DS [redacted] 2/9/2024 *(Initial and date)*

☑ Diaper Payments (I will receive monthly diaper payments for each child under 36 months of age unless I check the box below indicating I do not need diaper payments.)

☐ I do not need diaper payments at this time, but I have the right to request diaper payments later.

☑ In order to successfully participate in the assigned activities I need the following accommodations (help): Please specify - for example: special services because of a disability (reading me notices, large print, special supplies, etc.).

1. none at this time 2. _____

3. _____ 4. _____

PARTICIPANT'S CERTIFICATION

- [x] I understand that my Welfare-to-Work Plan includes this form, the Welfare-to-Work Plan - Rights and Responsibilities, and the Welfare-to-Work Handbook. I understand that Welfare-to-Work activities and services, and my rights and responsibilities as a Welfare-to-Work participant, are explained to me on these forms.

- [x] I have received a Welfare-to-Work Handbook.

- [x] I know I can ask my Welfare-to-Work worker if I have any questions.

- [ ] I understand that if I tell my county worker that I do not agree with my assessment or the county and I cannot agree on a plan, the worker must refer me to a neutral third party for a new assessment of my employment or Welfare-to-Work activity needs.

- [x] I understand that I can ask the county at any time for domestic abuse services, including a waiver of certain program requirements.

- [x] I understand that I can ask the county at any time for mental health, substance abuse, or learning disability services.

- [x] If this is my first assignment under a Welfare-to-Work plan, I understand that I have 30 calendar days from the date of my initial Welfare-to-Work Plan to ask for a change or reassignment to another activity. This 30-day grace period is available only once during my time getting CalWORKs cash aid. If the county agrees to the change, I know I will have to sign a new Activity Assignment.

- [x] I have three (3) working days to think about the terms of this Activity Assignment after I sign it. I understand if I want to change the terms of this Welfare-to-Work Plan, I must tell my Welfare-to-Work worker by 2/14/2024 (Date). If I do not tell my Welfare-to-Work worker by then, this Activity Assignment is final.

- [x] I have read (or had read to me) and understand this Activity Assignment, and have received a copy. If I do not meet my responsibilities without a good reason, I know that there are penalties that can include having my cash aid lowered and supportive services may be stopped.

- [x] I understand that I can ask for a different service provider if I object to the religious character of any provider to which I have been assigned.

- [x] I understand that I can say no to any religious activity offered by a service provider, and that any participation in any religious activity offered by a service provider is voluntary.

- [x] I understand if I do not agree with any county action regarding my Welfare-to-Work participation, I can file a formal grievance with the county or I can ask for a State hearing by calling, toll-free, 1-800-952-5253. If the county is proposing to lower or stop my aid, my aid will not be lowered or stopped if I file a formal grievance.

- [x] I understand that I can get **free legal help** with Welfare-to-Work problems from the local legal or welfare rights office, by calling 4082833700.

Participant's Signature DocuSigned by: [redacted]			Date 2/9/2024
Welfare-To-Work Worker [redacted]		Phone (408) [redacted]	Date 2/9/2024

CalWORKs/DFCS Common Case Communication and Coordination Form

Staff initiating communication: [redacted] Date: 02/09/2024

Telephone Number: 408-[redacted] Completed by: ☐ DFCS ☒ CWES

Pls. send this form to Common.Case@ssa.sccgov.org

Part A. Client's Identifying Information

Client Name(Parent): [redacted]	Primary Language: English	Telephone Number: [redacted]
DOB: [redacted]	Social Security Number: [redacted]	DFCS Case Start Date:
Social Worker: [redacted]	Phone: [redacted]	DFCS Case Number:
Employment Counselor : [redacted]	Phone: 408-[redacted]	CalWIN Case Number: [redacted]
Eligibility Worker: [redacted]	Phone : 408-[redacted]	

Part B. DFCS Case Type

Type of DFCS Case: ☐ **DI** ☒ **Voluntary FM** ☐ **IS** ☐ **Court FM** ☐ **Family Reunification (FR)**

Note: AB429- Families who are receiving Family Reunification Services may be eligible for CalWORKs Employment Services (CWES) under AB 429 for 6 months, and maybe granted an extension when there is a good cause determination.

Part C. CalWORKs Information

Case Status	☐ AB429 ☒ Registered ☐ Sanctioned ☐ Exempt Volunteer ☐ AB 429 Extension ☐ WTW Exempt ☐ PAS ☐ Deferred Good Cause Time on Aid: 5 (60 mo) (VTR) Notes:
Sanction Outreach	☐ N/A ☐ Non Compliance to WTW Activities Sanction Date: Reason: 45th Day:
Reasons for Exemption	☐ N/A ☐ Pregnancy ☐ 0-6 months ☐ 0-23 months ☐ Domestic Violence ☐ Medical ☐ Caring for ill/Incap
Supportive Services	☐ Ancillary ☒ Diapers ☒ Transportation ☒ Child Care Notes:
CW Eligibility Status	**Last SAR 7 received:** **RRR month:** ☒ WTW Cash Aid ☒ CalFresh ☒ Medi-Cal ☐ General Assistance ☐ SSI Application/ Advocacy ☐ Homeless Assistance Notes:
Referrals to Services	☐ DV/ SW Unit ☐ MHS ☐ FSP ☐ BFH
CWES Activities **Total Hours:**	☐ Subsidized employment ☐ PT employment ☐ FT employment ☐ Community Service/ Vol. ☐ School/GED ☐ Vocational Training ☐ DV ☐ MHS ☐ Other

Part D. DFCS-CalWORKs Integrated Plan

Services	Client's Participation					Responsible Department	
	Day	Time	Wkly Hours	*Expected Start Date*	*Expected End Date*	*DFCS*	*DEBS*
AA/NA Meetings							
Domestic Violence services (assessment, referral, advocacy, etc.)			1			X	
Drug testing							
Drug treatment							
Ind./ Couples/ Family Counseling							
Mental Health Therapy			1			X	
Parenting classes			2			X	
Visitation							
Other: Meet w/ SW + CFT			1			X	
Welfare to Work Activities							
Others:							
					Total Hours:	5	

Client Signature: DocuSigned by: [redacted] Date: 3/5/2024

SW Signature: DocuSigned by: Date:

EC Signature: [redacted] Date: 2/9/2024

Instructions:

Part A. Section to be filled-out by staff who initiated the communication, inquiry or coordination.

Part B. Section to be filled-out by DFCS social worker, EW Liaison, ECs, or SW Coordinator for Linkages.

Part C. Section to be filled out by Linkages EC, EC Supervisor or EW Liaison.

Part D. Section to be filled out by SW and EC in collaboration with client.