

WELFARE-TO-WORK PLAN ACTIVITY ASSIGNMENT

Participant Name: Summer Rain	<input checked="" type="checkbox"/> Initial Activity Assignment	<input type="checkbox"/> Amendment # _____
Case Name: Summer Rain	I.D. Number:	
Case Number: 0123456	Welfare-To-Work Worker's Name: Sara Key	

- 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

- | | | | |
|---|---------------------|---|---------------|
| <input type="checkbox"/> Unsubsidized employment | for ___ hours | <input type="checkbox"/> Supported work and transitional employment | for ___ hours |
| <input type="checkbox"/> Self-employment | for ___ hours | <input type="checkbox"/> Job skills training directly related to to employment | for ___ hours |
| <input type="checkbox"/> Subsidized private or public sector employment | for ___ hours | <input type="checkbox"/> Satisfactory attendance in a secondary school or in a course leading to certificate of general educational development | for ___ hours |
| <input type="checkbox"/> Grant-based on-the-job training | for ___ hours | <input type="checkbox"/> Education directly related to employment | for ___ hours |
| <input type="checkbox"/> Work study | for ___ hours | <input type="checkbox"/> Adult basic education | for ___ hours |
| <input type="checkbox"/> Work experience | for ___ hours | <input type="checkbox"/> Participation required by school to ensure child's attendance | for ___ hours |
| <input type="checkbox"/> Community service | for ___ hours | <input type="checkbox"/> Other family stabilization activities | for ___ hours |
| <input type="checkbox"/> Vocational education | for ___ hours | <input type="checkbox"/> Other activities necessary to assist in obtaining employment | for ___ hours |
| <input type="checkbox"/> On-the-job training | for ___ hours | | |
| <input type="checkbox"/> Job search and job readiness | for ___ hours | | |
| <input checked="" type="checkbox"/> Mental health services | for <u>10</u> hours | | |
| <input checked="" type="checkbox"/> Substance abuse services | for <u>20</u> hours | | |
| <input type="checkbox"/> Domestic abuse services | for ___ hours | | |

Total Hourly Requirements

Each week I must complete:

- Full-time education
- At least 30 hours.
- At least 20 hours.
- At least 35 hours of my family's 35-hour requirement.

_____ (Initial and date)

ASSIGNMENT AND SERVICES

ACTIVITY, LOCATION, SCHEDULE, AND HOURS

ACTIVITY: AOD assessment		
1. BEGINS: 5/13/2022	EXPECTED TO END: 6/30/2022	SCHEDULE: conduct intake and assessment by 6/30/2022
HOURS PER WEEK: 2+	LOCATION: 720 Wood St, Eureka	
ACTIVITY: Healthy Moms		
2. BEGINS: 5/20/2022	EXPECTED TO END: 10/31/2022	SCHEDULE: as scheduled
HOURS PER WEEK: 20	LOCATION: 2910 H St, Eureka	
ACTIVITY: Batterer Intervention Services		
3. BEGINS: 5/20/2022	EXPECTED TO END: 5/20/2023	SCHEDULE: weekly at 6 on Wednesday
HOURS PER WEEK: 1.5	LOCATION: 1802 California St Eureka	
ACTIVITY:		
4. BEGINS:	EXPECTED TO END:	SCHEDULE:
HOURS PER WEEK:	LOCATION:	

The county will send me the location and schedule for my _____ activity by _____.

Activity Date

I will go to _____ on/by _____ to get my _____ location and/or schedule.

Location Date Activity

I will give my Welfare-to-Work worker a copy of my _____ schedule by _____. 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.

Activity Date

I understand that if I do not go to and/or make satisfactory progress in activities listed above / _____ 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: <u>AOD Assessment</u>	Date Proof is Due: <u>N/A</u>
Activity: <u>Healthy Moms</u>	Date Proof is Due: <u>5th of month</u>
Activity: <u>Batterer Intervention Services</u>	Date Proof is Due: <u>5th of month</u>
Activity: _____	Date Proof is Due: _____

Additional Comments:
Parent agrees to comply with CWS case plan.

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-Work activities, 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.): least expensive rate
 - 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.

- 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.
_____ (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. _____ | 2. _____ |
| 3. _____ | 4. _____ |

PARTICIPANT'S CERTIFICATION

- 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.
- I have received a Welfare-to-Work Handbook.
- 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.
- I understand that I can ask the county at any time for domestic abuse services, including a waiver of certain program requirements.
- I understand that I can ask the county at any time for mental health, substance abuse, or learning disability services.
- 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.
- 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 _____ Date .
If I do not tell my Welfare-to-Work worker by then, this Activity Assignment is final.
- 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.
- 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.
- 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.
- 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.
- I understand that I can get **free legal help** with Welfare-to-Work problems from the local legal or welfare rights office, by calling (707)445-0866 .

Participant's Signature		Date
		5/8/2022
Welfare-To-Work Worker's Signature	Phone	Date
	(707)268-3400	5/8/2022