

# WELFARE-TO-WORK PLAN ACTIVITY ASSIGNMENT

PARTICIPANT NAME: _____		<input type="checkbox"/> Initial Activity Assignment
CASE NAME: _____		<input type="checkbox"/> Amendment # _____
CASE NUMBER: _____	I.D. NUMBER: _____	
WELFARE-TO-WORK WORKER'S NAME: _____		

- Mandatory participant.** I must do the activities listed below. I understand that if I do not participate as required in these activities, my cash aid may be lowered, unless the county decides I had a good reason to not do them.
- Volunteer.** I understand that I do not have to participate, but I agree to do and finish the 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 not be allowed to participate in Welfare-to-Work for a period of time, unless the county decides that I had a good reason not to do them. I understand that the 20-hour core activity and the 32- or 35- hour per week rules do not apply to me.
- SIP.** I understand that the 20-hour core activity rule does not apply to me.

## CORE HOURS

I must do at least 20 "core" hours per week. They are:

- |   |   |
|---|---|
| <input type="checkbox"/> Unsubsidized employment for ____ hours                             | <input type="checkbox"/> Subsidized public sector employment for ____ hours       |
| <input type="checkbox"/> Job search and job readiness assistance for ____ hours             | <input type="checkbox"/> On-the-job-training for ____ hours                       |
| <input type="checkbox"/> Work experience for ____ hours                                     | <input type="checkbox"/> Grant-based on-the-job-training for ____ hours           |
| <input type="checkbox"/> Vocational education and training (up to 12 months) for ____ hours | <input type="checkbox"/> Supported work or transitional employment for ____ hours |
| <input type="checkbox"/> Work study for ____ hours  | <input type="checkbox"/> Self-employment for ____ hours                           |
| <input type="checkbox"/> Subsidized private sector employment for ____ hours                | <input type="checkbox"/> Community service for ____ hours                         |

## NON-CORE HOURS THAT CAN COUNT TOWARD CORE HOURS

I must do these activities for the number of hours shown.

- Adult basic education
- Job skills training directly related to employment
- Education directly related to employment
- Satisfactory progress in a secondary school
- Mental health services
- Substance abuse services
- Domestic abuse services

Number of hours of non-core	Number of hours that count toward core
____ hours	____ hours

## NON-CORE HOURS THAT CANNOT COUNT TOWARD CORE HOURS

- \*Vocational education and training (after counting as core for 12 months) for \_\_\_\_ hours
- Other activities necessary to assist an individual in obtaining employment for \_\_\_\_ hours
- Participation required by the school to ensure the child's attendance for \_\_\_\_ hours

\*If there is any participation in this activity, then no hours in any non-core activity can count toward the core-hour rule.

## ASSIGNMENT AND SERVICES

### ACTIVITY, LOCATION, SCHEDULE, AND HOURS

- Activity: \_\_\_\_\_  
Begins: \_\_\_\_\_ Expected to end: \_\_\_\_\_  
Schedule: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Location: \_\_\_\_\_
- Activity: \_\_\_\_\_  
Begins: \_\_\_\_\_ Expected to end: \_\_\_\_\_  
Schedule: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Location: \_\_\_\_\_
- Activity: \_\_\_\_\_  
Begins: \_\_\_\_\_ Expected to end: \_\_\_\_\_  
Schedule: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Location: \_\_\_\_\_
- Activity: \_\_\_\_\_  
Begins: \_\_\_\_\_ Expected to end: \_\_\_\_\_  
Schedule: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Location: \_\_\_\_\_

### SUPPORTIVE SERVICES

The county will give me:

- Child Care
- Transportation
  - Bus Pass  Mileage  Parking
  - Other: \_\_\_\_\_

Ancillary (other) Costs for:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- The county will send me the location and schedule for my \_\_\_\_\_ activity by \_\_\_\_\_ (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 \_\_\_\_\_ / \_\_\_\_\_ as required by the county or make satisfactory progress in these activities, the county will decide why, and 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.  
ACTIVITIES

Activity: \_\_\_\_\_ Date Proof is Due: \_\_\_\_\_

Activity: \_\_\_\_\_ Date Proof is Due: \_\_\_\_\_

- Additional Comments:  
\_\_\_\_\_

### SUPPORTIVE SERVICES

- The county will pay for supportive services (child care; transportation; and work, education, and training related expenses) if I need them to participate in my Welfare-to-Work assignments and Welfare-to-Work rules allow for them.
- I have reviewed my need for Welfare-to-Work supportive services with my Welfare-to-Work worker. 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 of changes in my need for Welfare-to-Work supportive services, 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 if the county pays for supportive services that are more than what I needed to participate in Welfare-to-Work, I will have to pay the county back.

### 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 do not agree with my assessment or the county and I can not agree on a plan, and I tell my worker, the worker **must** refer me to a neutral third party for a new assessment of my employment or Welfare-to-Work activity needs.
- This is my first training or education assignment under a Welfare-to-Work plan. I understand that I have 30 calendar days from the beginning of my first training or education assignment under my initial Welfare-to-Work Plan to request a change or reassignment to another activity. This 30-day grace period is available only once during my time receiving California Work Opportunity and Responsibility to Kids (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 \_\_\_\_\_. If I do not tell my Welfare-to-Work worker by then, this Activity Assignment is final.  
DATE
- 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.
- 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 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 \_\_\_\_\_.  
PHONE NUMBER

PARTICIPANT'S SIGNATURE		DATE
WELFARE-TO-WORK WORKER'S SIGNATURE	PHONE	DATE