

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



March 6, 2002

ALL-COUNTY INFORMATION NOTICE I-16-02

TO: ALL COUNTY WELFARE DIRECTORS
ALL WELFARE-TO-WORK COORDINATORS
ALL CalWORKs PROGRAM SPECIALISTS

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation Change
 Court Order
 Clarification Requested by One or More Counties
 Initiated by CDSS

SUBJECT: TRANSMITTAL OF NEW FORMS FOR LEARNING DISABILITIES
SCREENING AND EVALUATION IN THE CALIFORNIA WORK
OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
WELFARE-TO-WORK (WTW) PROGRAM

REFERENCE: ALL-COUNTY LETTER (ACL) 01-70 and 02-13

This All County Information Notice (ACIN) transmits camera-ready masters of three new WTW forms that are to be used by counties to implement ACL 01-70 (Learning Disabilities Screening and Evaluation in the CalWORKs Program). ACL 01-70 included drafts of the forms and instructions on when and how to use them. Three of the five new WTW forms discussed in ACL 01-70 are now finalized and attached as follows:

- WTW 17 (1/02): Waiver of CalWORKs Learning Disabilities Screening and/or Evaluation;
- WTW 18 (1/02): Learning Needs Screening (County Copy); and
- WTW 19 (1/02): Learning Needs Screening (Client Copy).

Not yet available are forms WTW 20, Permission to Release Learning Disabilities Information and WTW 21, Notice of Adjustment of the CalWORKs 18- or 24-Month Welfare-to-Work Time Clock. These forms are undergoing additional revisions and will be released at a later date.

Implementation

Counties are required to implement ACL 01-70 no later than May 15, 2002 (refer to ACL 02-13 dated January 30, 2002). Counties should begin using the new WTW forms as they begin to implement the new learning disabilities protocols.

Forms Designation and Modification of Forms

All of the forms transmitted with this ACIN are designated as “Required Form – No Substitute Permitted.” Therefore, counties may not modify or restructure the forms because they are legally mandated and federally required. However, counties may print supplies of any of these forms. Counties are reminded that the procedures for submission of change requests, concerns, and suggestions relating to forms are outlined in the Management and Office Procedures Regulations 23-400.2.

Printed Stock and Translations

An initial stock of state-produced forms WTW 18 and WTW 19 will be made available thirty (30) days after the release of this ACIN through the CDSS Warehouse. Keep in mind that there will be a limited number of copies available to each county from the state-produced stock. After the initial stock of the WTW 18 and WTW 19 forms is exhausted, counties must produce their own copies from the enclosed camera-ready masters. The counties must also produce their own copies of the WTW 17 (the CDSS Warehouse will not have any stock of this form).

The Language Translation Services (LTS) will mail camera-ready masters of the WTW 17 in Spanish, Chinese, Vietnamese, and Russian as soon as they become available. Counties should allow six to eight weeks for these translated forms to be mailed to their CalWORKs Forms Coordinators. CalWORKs Forms Coordinators are responsible for distributing translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited-English proficient populations as required by the Dymally-Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures Section 21-115.

The WTW 18 and WTW 19 will not be translated into other languages since this screening tool is validated for use only in English. As screening tools for learning disabilities are validated in other languages, CDSS will make those screening tools available to counties.

Page Three

Camera-Ready Masters

For additional camera-ready masters of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. To order additional camera-ready masters in Spanish, Chinese, Vietnamese or Russian, fax your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov. If your office has Internet access, you may obtain some of the forms managed and distributed by CDSS (not including Notice of Action messages) via

the Department's web page at www.dss.cahwnet.gov. If the name, mailing address or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to FMU@dss.ca.gov.

If you have any questions or need further information, please contact Yvonne Lee, Unit Manager at (916) 657-5039 or Michelle Norris, Analyst at (916) 654-1451.

Sincerely,

*Original signed by
Charr Lee Metsker
On 3/6/2002*

CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CSAC
CWDA

WAIVER OF CalWORKs LEARNING DISABILITIES SCREENING AND/OR EVALUATION

Read this form very carefully with your county worker. Be sure to ask questions about anything you do not understand. If you decide to not be screened or evaluated for learning disabilities at this time, you will be asked to sign this form and be given a copy to keep.

Benefits of a Learning Disabilities Screening and Evaluation

It is very important to screen and evaluate you for possible learning disabilities to help you succeed in finding, keeping, and moving up in a job.

Getting a screening and evaluation for learning disabilities will help you and your worker decide which activities are best for you and if you will need extra help or services.

Getting screened and evaluated for learning disabilities may get you the kind of help and services you will need to meet the welfare-to-work rules.

If you do not meet the welfare-to-work rules, your cash aid and food stamps will be stopped or lowered. You can get them back again if you meet the rules or are excused from them.

If You Decide to Not Be Screened or Evaluated for Learning Disabilities...

- You will have to meet the welfare-to-work rules like any other person on CalWORKs who does not have a learning disability.
- You may change your mind and ask for a learning disabilities screening and evaluation at any time.
- If you are later found to have a learning disability, the county will get you the help and services you need starting with the date you sign a new welfare-to-work plan prepared by you and your worker.

I have read this form and had it read to me. I understand the information on this form. I do not want to be screened or evaluated for learning disabilities at this time.

PRINTED NAME OF PARTICIPANT	SOCIAL SECURITY NUMBER
SIGNED NAME OF PARTICIPANT	DATE

LEARNING NEEDS SCREENING

Directions for County Worker

1. Before asking the questions on this form, give the client Form WTW 19 (*Learning Needs Screening - Client Copy*) so he or she can read the questions silently as you read them aloud.
2. Before proceeding to the Learning Needs Screening questions on the following pages, read this statement aloud to the client:

“We are going to ask you questions about your school experiences and your health. Your answers will help us figure out if anything is getting in your way with training and working. Your answers will also help you and your worker develop your Welfare-to-Work plan and decide what services you will need to be successfully employed. It is very important that you answer these questions so that you can be placed in the right kind of Welfare-to-Work activities and get the help and services you may need to succeed.”

3. REFUSAL TO BE SCREENED OR EVALUATED: If the client does not want to be screened, read Form WTW 17 (Waiver of CalWORKs Learning Disabilities Screening and/or Evaluation) to the client and explain the importance of a learning disabilities screening and evaluation. Explain to the client the benefits of a screening and evaluation for learning disabilities. If the client still does not want to be screened or evaluated, have the client sign the form. Give a copy of the form to the client and retain the original in the case file.
4. Ask each of the background questions on page 2.
5. Ask the client each question in sections I, II, III, and IV on page 3.
 - a. Record the client’s responses by checking “YES” or “NO.”
 - b. Count the number of “YES” responses in each section, then multiply by the number indicted in the section. For example, multiply the number of “YES” responses obtained in Section III by 3. Then enter the result after the equal sign as the subtotal.
 - c. To obtain a total, add the subtotals from sections I, II, III and IV.
 - d. If the total from sections I, II, III, and IV is 12 or more, refer the client for learning disabilities evaluation as soon as administratively feasible.
6. Ask the client each of the supplemental questions on page 4.
 - a. Record the client’s responses by checking “YES” or “NO” and filling in the blanks, where appropriate.
 - b. Ask the client to provide any record of previous learning disabilities evaluation, attendance in special education, or medical conditions. If the client appears to have problems obtaining the information, the county will assist the client.
 - c. With the client’s written consent (WTW 20), forward the records to the learning disabilities evaluator for consideration.
 - d. Refer the client, as appropriate, to a medical or service provider(s) to address any potential health concerns identified on this page.

Note: The Learning Needs Screening tool is not intended to determine the existence of a learning disability. It is only the first step in the evaluation process.

LEARNING NEEDS SCREENING

INTERVIEWER NAME
INTERVIEW DATE

BACKGROUND INFORMATION

CLIENT NAME	BIRTH DATE
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SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	COUNTY
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SOCIAL SECURITY NUMBER	COUNTY CASE NUMBER
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HIGHEST GRADE COMPLETED (K THROUGH 18)

HIGHEST LEVEL OF SCHOOLING, INCLUDING CERTIFICATED PROGRAMS, TRAINING APPRENTICESHIPS, ETC. *(Check all that apply):*

- HIGH SCHOOL DIPLOMA
 GED
 TECHNICAL/VOCATIONAL
 AA DEGREE
 OTHER (SPECIFY): _____

WHAT KIND OF JOB WOULD YOU LIKE TO GET?

HAVE YOU WORKED IN THIS FIELD OR A RELATED FIELD?

WHAT MAKES IT HARD FOR YOU TO GET OR KEEP THIS KIND OF JOB (OR ANY JOB)?

WHAT WOULD HELP YOU FIND OR KEEP A JOB?

LEARNING NEEDS SCREENING

SECTION I**YES****NO**

1. Have you had any problems learning in middle school or junior high?
2. Do you have difficulty working from a test booklet to an answer sheet?
3. Do you have difficulty or experience problems working with numbers in a column?
4. Do you have trouble judging distances?
5. Do any family members have learning problems?

Count the number of "YES" answers for Section I _____ X 1 = _____ Subtotal for Section I

SECTION II**YES****NO**

6. Have you had any problems learning in elementary school?
7. Do you have difficulty or experience problems mixing mathematical signs (+/x)?

Count the number of "YES" answers for Section II _____ X 2 = _____ Subtotal for Section II

SECTION III**YES****NO**

8. Do you have difficulty or experience problems filling out forms?
9. Did you experience difficulty memorizing numbers?
10. Do you have difficulty remembering how to spell simple words you know?

Count the number of "YES" answers for Section III _____ X 3 = _____ Subtotal for Section III

SECTION IV**YES****NO**

11. Do you have difficulty or experience problems taking notes?
12. Do you have trouble adding or subtracting small numbers in your head?
13. Were you ever in a special program or given extra help in school?

Count the number of "YES" answers for Section IV _____ X 4 = _____ Subtotal for Section IV

If total is 12 or more, refer for further evaluation. _____ TOTAL

LEARNING DISABILITIES SCREENING

EDUCATION:

Were you ever in special education classes in school? YES NO

Have you ever been diagnosed or told you have Learning Disabilities? YES NO

If YES, by whom? _____ When? _____

Have you ever been diagnosed or told that you have Attention Deficit Disorder with or without hyperactivity? YES NO

If YES, by whom? _____ When? _____

GLASSES:

Do you need or wear glasses? YES NO

Was your last vision test within the last two years? YES NO

HEARING:

Do you need or wear a hearing aid? YES NO

Have you had your hearing tested in the last 12 months? YES NO

SPEECH:

Have you ever seen a speech or language therapist? YES NO

MEDICAL/PHYSICAL:

Have you ever had any of the following:

- a lot of ear infections YES NO
- a lot of sinus problems YES NO
- high fevers that lasted a long time YES NO
- diabetes (high blood sugar) YES NO
- severe allergies YES NO
- a lot of headaches or migraines YES NO
- a head injury YES NO
- convulsions or seizures YES NO
- serious health problems YES NO

Are you taking any medications that affect the way you think, act or feel? YES NO

If YES, what are you taking? _____

How often? _____

Do you need medical or follow-up services? YES NO

County referrals needed/made: _____

LEARNING NEEDS SCREENING

CLIENT COPY

Highest grade completed (*K through 18*).

Highest level of schooling, including certificated programs, training apprenticeships, etc.

High school diploma
AA degree

GED
Other (*specify*)

Technical/Vocational

What kind of job would you like to get?

Have you worked in this field or a related field?

What makes it hard for you to get or keep this kind of job (*or any job*)?

What would help you find or keep a job?

We are going to ask you questions about your school experiences and your health. Your answers will help us figure out if anything is getting in your way with training and working. Your answers will also help you and your worker develop your Welfare-to-Work plan and decide what services you will need to be successfully employed. It is very important that you answer these questions so that you can be placed in the right kind of Welfare-to-Work activities and get the help and services you may need to succeed.

1. Have you had any problems learning in middle school or junior high?
2. Do you have difficulty working from a test booklet to an answer sheet?
3. Do you have difficulty or experience problems working with numbers in a column?
4. Do you have trouble judging distances?
5. Do any family members have learning problems?

LEARNING NEEDS SCREENING - Continued

CLIENT COPY

22. Have you ever had any of the following:

- a lot of ear infections
- a lot of sinus problems
- high fevers that lasted a long time
- diabetes (high blood sugar)
- severe allergies
- a lot of headaches or migraines
- a head injury
- convulsions or seizures
- serious health problems

23. Are you taking any medications that affect the way you think, act or feel?

If YES, what are you taking?

How often?

24. Do you need medical or follow-up services?