DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

January 27, 1998

ALL COUNTY INFORMATION NOTICE NO. I-06-98

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE-TO-WORK COORDINATORS

SUBJECT: ADDITIONAL FORMS AND NOTICES OF ACTION (NOAs) FOR IMPLEMENTATION OF WELFARE-TO-WORK PROVISIONS OF THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM

REFERENCE: ASSEMBLY BILL (AB) 1542, CHAPTER 270, STATUTES OF 1997
ALL COUNTY LETTER (ACL) NO. 97-72, ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-79-97

The purpose of this notice is to transmit additional forms and NOAs required or requested by counties to assist with welfare-to-work program implementation. The attached forms and NOAs supplement those that were transmitted via ACL No. 97-72 and ACIN No. I-79-97. Attachment 1 contains reproducible copies of Welfare to Work forms, instructions, and lists of current and obsolete forms. Attachment 2 contains reproducible copies of NOAs, NOA messages, instructions, and lists of current and obsolete NOAs. Counties should begin using the new forms and NOAs as soon as they implement the welfare-to-work component of their CalWORKs program.

Counties may obtain camera-ready copies of the English, Spanish, or the three standard Asian language versions of the attached forms and NOAs by calling or writing:

CDSS Forms Management Unit
744 P Street, MS 7-182
Sacramento, CA 95814
(916) 657-1907/ATSS 437-1907

If you have any questions regarding this notice, the forms, or need additional information, please contact Eric Norris at (916) 654-0946.

Sincerely,

CURTIS HOWARD
Assistant Deputy Director
Welfare to Work Division

Attachments

WELFARE TO WORK FORMS

This attachment consists of additional Welfare to Work forms and instructions created or revised either to implement the requirements of AB 1542, at the request of the counties, or required as a result of previous lawsuits.

If a county wants to modify any required form, it must submit the proposed changes to CDSS for approval before issuing the modified form.*

NEW FORMS:

WTW 5 (1/98)	Welfare to Work Program Notice (required - substitutes permitted) [replaces the GAIN 53 (7/96)]
WTW 6 (1/98)	Welfare to Work Exemption Request (recommended) [replaces the GAIN 53 (7/96)]
WTW 7 (1/98)	Welfare to Work Exemption Determination (recommended) [replaces the GAIN 63 (1/96)]
WTW 8 (1/98)	Student Financial Aid Statement - Welfare to Work Supportive Services (required - substitutes permitted) [replaces the GAIN 56A (1/96)]
WTW 9 (1/98)	Welfare to Work Appraisal Appointment Letter (recommended) [replaces the GAIN 36 (1/96)]
WTW 10 (1/98)	Request for Welfare to Work Third Party Assessment (recommended) [replaces the GAIN 32 (1/96)]
TEMP 2120 (1/98)	Welfare to Work Referral (recommended) [replaces the TEMP 2120 (4/96)]

* Counties may modify language regarding references to the phrases "Welfare to Work" or Welfare to Work worker", without obtaining CDSS approval, if they decide to name their employment activities component of the CalWORKs program something other than Welfare to Work.

CURRENT FORMS:

The following is a complete list of the current Welfare to Work forms.

EP 5 (1/98)	Your Hearing Rights
WTW 1 (1/98)	Welfare to Work Plan - Rights and Responsibilities
WTW 2 (1/98)	Welfare to Work Plan - Activity Assignment
WTW 3 (1/98)	Welfare to Work Plan - Activity Assignment Change
WTW 4 (1/98)	Notice to Other Parent
WTW 5 (1/98)	Welfare to Work Program Notice
WTW 6 (1/98)	Welfare to Work Exemption Request
WTW 7 (1/98)	Welfare to Work Exemption Determination
WTW 8 (1/98)	Student Financial Aid Statement - Welfare to Work Supportive Services
WTW 9 (1/98)	Welfare to Work Appraisal Appointment Letter
WTW 10 (1/98)	Request for Welfare to Work Third Party Assessment
WTW 11 (1/98)	Welfare to Work Supportive Services Overpayment Notice
WTW 12 (1/98)	Welfare to Work Supportive Services Repayment Agreement
WTW 13 (1/98)	Welfare to Work Supportive Services Overpayment Final Notice
TEMP 2120 (1/98)	Welfare to Work Referral
TEMP 2146 (12/97)	Welfare to Work Informing Notice and GAIN Contract Amendment
TEMP 2147 (12/97)	New GAIN Cause Determination/Compliance and Cal-Learn Requirements

OBSOLETE FORMS:

The following GAIN forms are obsolete. Counties should discontinue using these forms after implementing the welfare-to-work component of their CalWORKs program and after all of their GAIN participants have signed a Welfare to Work plan.

GAIN 1 (9/95)	GAIN Contract - General Agreement
GAIN 10 (9/95)	GAIN Contract - Activity Agreement Amendment
GAIN 24 (6/96)	GAIN Registration
GAIN 26 (7/89)	GAIN Appraisal
GAIN 27 (4/93)	GAIN Program Status
GAIN 28 (3/90)	GAIN Program Activity
GAIN 29 (10/88)	GAIN Employment Follow-up
GAIN 31 (7/89)	GAIN Quarterly Characteristics Report
GAIN 32 (1/96)	Request for GAIN Third Party Assessment
GAIN 36 (1/96)	GAIN Appraisal Appointment Letter
GAIN 39 (1/94)	Notice to Other Parent
GAIN 40 (12/91)	Reminder to End Sanction
GAIN 43 (1/96)	GAIN Notice of a Participation Problem
GAIN 44 (1/96)	GAIN Notice - No Good Cause and Conciliation Appointment
GAIN 45 (1/96)	GAIN Notice - No Good Cause Upheld
GAIN 48 (8/95)	GAIN Notice of Good Cause Determination
GAIN 49 (12/95)	GAIN Notice - Reversal of No Good Cause
GAIN 51 (1/96)	GAIN Priority Statement
GAIN 53 (7/96)	GAIN Program Notice and Exemption Request
GAIN 54 (1/94)	Agreement to End Conciliation Sooner Than 20 Calendar Days
GAIN 55 (1/94)	Agreement to Extend Conciliation 10 Calendar Days
GAIN 56 (1/96)	GAIN Supportive Services Request
GAIN 56A (1/96)	Student Financial Aid Statement GAIN Supportive Services
GAIN 57 (1/96)	GAIN Supportive Services Repayment Agreement
GAIN 58 (1/96)	GAIN Supportive Services Overpayment Notice
GAIN 59 (1/96)	GAIN Supportive Services Overpayment Final Notice
GAIN 61 (11/93)	GAIN - Participant Data Collection
GAIN 63 (1/96)	GAIN Exemption Determination
GAIN 105 (10/95)	Agreement to Balance GAIN Supportive Services Overpayment
GAIN 106 (1/96)	Agreement to Balance Child Care/AFDC Overpayment
GAIN 107 (7/96)	GAIN Performance Outcomes Report
GAIN 245 (1/97)	GAIN Contract - Activity Agreement
GAIN 246 (7/96)	PREP Worksheet
GAIN 247 (4/96)	Notice of GAIN Assignment Following Reappraisal
PUB 168 (7/96)	GAIN Guidebook
TEMP 2114 (1/96)	New Rules for GAIN Exemptions and Deferrals
TEMP 2126 (7/96)	Translated Informational Update to GAIN Guidebook

INSTRUCTIONS

WTW 5 (1/98) Welfare to Work Program Notice

This notice contains a brief description of Welfare to Work, lists exemption criteria, information regarding failure to comply with Welfare to Work requirements, and hearing rights. This notice should be provided to CalWORKs applicants at application or upon request to inform them about Welfare to Work. (Use this form ONLY after the county has implemented the Welfare to Work component of the CalWORKs program, until then use the TEMP 2146.) For recipients, including existing GAIN participants, use the TEMP 2146.

WTW 6 (1/98) Welfare to Work Exemption Request

This form provides an individual who have been identified as a mandatory Welfare to Work participant with the opportunity to request to be exempt from participation. Give this form to Welfare to Work participants or CalWORKs applicants who ask to be exempted.

WTW 7 (1/98) Welfare to Work Exemption Determination

Use this form to notify an applicant or a recipient of his or her exemption status if he or she requests, either verbally or by completing and submitting the WTW 6, to be exempted from participating in Welfare to Work. Check the box for the appropriate determination and enter the reason.

WTW 8 (1/98) Student Financial Aid Statement - Welfare to Work Supportive Services

Use this form in the same way that the GAIN 56A has been used in the past.

WTW 9 (1/98) Welfare to Work Appraisal Appointment Letter

Use this form in the same way that the GAIN 36 has been used in the past.

WTW 10 (1/98) Request for Welfare to Work Third-Party Assessment

Use this form in the same way that the GAIN 32 has been used in the past.

TEMP 2120 (1/98) Welfare to Work Referral

Use this form to document a Welfare to Work participant's eligibility for JTPA services, as well as the participant's authorization for the exchange of pertinent information. (Refer to ACIN No. I-22-96.)

WELFARE TO WORK PROGRAM NOTICE

WHAT WELFARE TO WORK MEANS TO YOU

- Welfare to Work can teach, train and counsel you to help you find a job.
- Some of the things Welfare to Work can do for you are:
  - Show you how to look for a job.
  - Help you with educational or vocational/on-the-job training and teach you basic reading, math and English.
  - Help you get work experience.
- Welfare to Work will help you arrange and pay for supportive services like child care, transportation, and other costs such as special tools or clothing you need to take a job. You may get advance payments if you need them. You won't have to use your cash aid to pay for supportive services.
- Welfare to Work will tell you about the available kinds of child care and where to find child care.

WHEN YOU MUST BE IN WELFARE TO WORK

- You must be in Welfare to Work if you get cash aid under the California Work Opportunity and Responsibility to Kids (CalWORKs) program and you are not excused (exempt) from participating.
- You don't have to be in Welfare to Work if you are exempt. If you are eligible for the Cal-Learn Program, or if you got a high school diploma or its equivalent while you were in the Cal-Learn Program, some of these exemptions may not apply to you. For more information, contact your eligibility worker or Cal-Learn case manager. You are exempt if you are:
  - Under 16 years old.
  - 16, 17 or 18 years old and in high school or adult school full time unless you go to school as part of your Welfare to Work plan.
  - The nonparent relative caretaker of a child who is a dependent or ward of the court, or a child at risk of being placed in foster care.
  - Staying home to take care of someone in the household who can't take care of him/herself if that keeps you from working or participating in a Welfare to Work activity on a regular basis.
  - A parent or caretaker relative of a child six months old or under (or, depending on the county, for a child 12 weeks old or under or for a child 12 months old or under). Ask your worker how young your child has to be for you to be exempt. This exemption is available only once. BUT if you are a teen parent who is required to participate in the Cal-Learn Program, you must participate no matter how old your child is, unless you have another reason to be exempt.
  - Physically or mentally unable to work or participate in a Welfare to Work activity on a regular basis for at least 30 calendar days.
  - 60 years old or older.
  - Pregnant and a doctor states that you cannot work or participate in Welfare to Work activities.
- If you are a person who has no legal right to work in the United States, you will be excused from Welfare to Work.

  If you do not meet any of the listed reasons for being exempt from Welfare to Work, you may be required to go to Welfare to Work. If you are required to go, you will get a notice that tells you when your first appointment will be.
- If you believe that you have a good reason for not participating, you should ask your worker to give you a form (WTW 6) to use to make your request to be exempt from Welfare to Work. You will be told by the county whether you can be exempt from Welfare to Work or are required to participate.
- Even if you don't have to be in Welfare to Work, you can ask to participate and you will be told if you can.

IF YOU DO NOT DO WHAT WELFARE TO WORK REQUIRES

- If you are required to be in Welfare to Work:
  - You will have a chance to say why you did not do what you were required to do.
  - If you do not have a good reason, and you will not do what Welfare to Work requires to fix the problem, your cash aid will be lowered.
- If you are not required to be in Welfare to Work, but you asked to be in Welfare to Work (volunteer):
  - You will have a chance to say why you did not do what was asked.
  - If you do not have a good reason and you are not willing to do what Welfare to Work requires to fix the problem, your cash aid will not be lowered, but you may not be allowed back in Welfare to Work for a period of time.

When you get a job and go off aid, the county may be able to continue to pay for supportive services for up to the first 12 months after you have started a job if you need the services to keep your job and you cannot get the supportive services costs from somewhere else. You may also be able to get transitional Medi-Cal for 12 months.

You have the right to ask for services like child care, transportation, or other service provided by Welfare to Work. You may ask your worker by phone or in person, or you may ask in writing.

You have the right to ask for a state hearing if you disagree with any of the decisions made by the county about participating in Welfare to Work.

WELFARE TO WORK EXEMPTION REQUEST

PLEASE PRINT		COUNTY USE ONLY	
YOUR NAME:			
ADDRESS: STREET		COUNTY	
CITY	ZIP	CASE NAME	
PHONE NUMBER ( )		CASE NO.	OTHER ID NO.
QUESTIONS? ASK YOUR WORKER.		WORKER NAME	

If you have been told that you may be required to be in Welfare to Work or you are already in Welfare to Work, you may request to be exempt from Welfare to Work because of one of the reasons listed below. If you are eligible for the Cal-Learn Program, or if you got a high school degree or its equivalent while you were in the Cal-Learn Program, some of these exemptions may not apply to you. For more information, contact your eligibility worker or Cal-Learn case manager. Please also send any information that will help the county decide if you should be exempt from Welfare to Work.

If you answer "Yes" to any of these questions, you may be exempt from Welfare to Work. Please answer all of the questions. This form cannot be completed by the county. Please be sure to sign and date the bottom of this form.

YES	NO	
☐	☐	1. Are you under 16 years old?
☐	☐	2. Are you 16, 17 or 18 years old and in high school or adult school? (Does not apply if you are in high school or adult school as a Welfare to Work assignment.)
☐	☐	3. Are you the nonparent relative caretaker of a child who is a dependent or ward of the court, or a child at risk of being placed in foster care?
☐	☐	4. Are you staying home to take care of someone in the household who can't take care of him/herself on basis that keeps you from regularly working or participating in a Welfare to Work activity?
☐	☐	5. Are you the parent or caretaker of a child six months old or under (or, depending on the County, for a child 12 weeks old or under or for a child 12 month old or under)? Ask your worker how old your child has to be for you to be exempt. This exemption is available only once. (Does not apply if you are a teen parent who is required to participate in the Cal-Learn Program.)
☐	☐	6. Are you physically or mentally unable to work or to participate in a Welfare to Work activity on a regular basis for at least 30 calendar days? Please describe and provide any medical proof you have. _____
☐	☐	7. Are you 60 years old or older?
☐	☐	8. Are you pregnant and a doctor states that you cannot work or participate in Welfare to Work activities?

- You will be informed whether or not you are exempt from Welfare to Work and the reason why.
- You may be asked to give the county proof of your reason.
- If you do not agree with the county, you may ask for a State Hearing.

YOUR SIGNATURE	DATE

WELFARE TO WORK EXEMPTION DETERMINATION

COUNTY

CASE NAME

CASE NO. | OTHER ID NO.

WORKER NAME

Questions? Ask your worker.

Based on the information we have:

1. ☐ YOU ARE NOT REQUIRED TO PARTICIPATE IN WELFARE TO WORK BECAUSE YOU ARE EXEMPT. You can ask to volunteer to be in Welfare to Work and you will be told if services are available.

   Reason for Exemption: _____

2. ☐ YOUR REQUEST TO BE EXEMPT FROM PARTICIPATING IN THE WELFARE TO WORK PROGRAM IS DENIED. THIS MEANS YOU MUST PARTICIPATE IN WELFARE TO WORK. You will get a notice from Welfare to Work telling you when you must attend your Welfare to Work orientation/activity.

   Reason for Denial: _____

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.

SIGNATURE OF WORKER	PHONE NUMBER	DATE

STUDENT FINANCIAL AID STATEMENT
WELFARE TO WORK SUPPORTIVE SERVICES

COUNTY
CASE NAME
PARTICIPANT'S NAME
WORKER NAME

Welfare to Work supportive services are child care, transportation, ancillary expenses (such as books or school supplies) and personal counseling.

Welfare to Work can help you arrange and/or pay for the supportive services that you can get.

I understand that I do not have to use any part of my student financial aid (student grant, loan or work/study grants) to pay for the supportive services that I can get from Welfare to Work.

I also understand that I may choose to use some or all of my student financial aid to pay for the supportive services I can get while I am in Welfare to Work.

I understand that if I agree to use some or all of my student financial aid for my Welfare to Work supportive services:

- I can change my mind at any time and stop using these funds for my supportive services.
- If I change my mind, the county will stop considering these funds available on the day I give the county a filled in Part B of this form.
- If I change my mind, the county will not pay for the expenses I agreed to pay for before I gave the county a filled in Part B of this form.

PART A

☐ Yes, I want to use my student financial aid to pay the following expenses:

☐ Child Care

$ _____ per _____ beginning _____ and ending _____

☐ Transportation

$ _____ per _____ beginning _____ and ending _____

☐ Ancillary

$ _____ per _____ beginning _____ and ending _____

☐ No, I do not want to use my financial aid to pay for my ☐ child care ☐ transportation ☐ ancillary expenses.

I HEREBY CERTIFY THAT I UNDERSTAND THIS FORM AND THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

Participant's Signature:	Date:
Signature of county worker receiving Part A:	Date:

PART B

☐ I want to stop using my student financial aid to pay for my Welfare to Work supportive services.

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT

Participant's Signature:	Date:

The county received Part B on _____ . You will get a notice telling you what supportive services the county can pay for.

Signature of county worker receiving Part B:

WELFARE TO WORK APPRAISAL APPOINTMENT LETTER

NAME _____ DATE

_____ CASE NUMBER

_____ SSA NUMBER

☐ You are now required to participate in Welfare to Work.

☐ You have volunteered to participate in Welfare to Work.

You are scheduled for an _____ (orientation/appraisal) on _____ (date) at _____ o'clock at

_____ (address)

The purpose of this appointment is to get information from you that will help to decide what kind of activities you should go to first. Then you will sign a Welfare to Work plan. The Welfare to Work plan will show what your Welfare to Work activities are and what services the County may offer you. The Welfare to Work activities and supportive services are described in the Welfare to Work Handbook, which you will receive from the County. The Welfare to Work plan will also give you a detailed explanation of your rights, duties and responsibilities under Welfare to Work.

This appointment is **very** important.

If you cannot keep this appointment, call _____ (Welfare to Work worker) at _____ (phone) to schedule another date. If we are not available, please leave a message and we will get back to you.

REQUEST FOR WELFARE TO WORK THIRD-PARTY ASSESSMENT

INSTRUCTIONS: CWD completes all information. The Welfare to Work worker and Welfare to Work participant must sign form before CWD submits original to the Welfare to Work Third Party Assessor. A copy is given to the Welfare to Work participant, the original assessor and a copy is retained by the CWD.

THIRD PARTY ASSESSOR:		COUNTY WELFARE DEPARTMENT:	
ADDRESS		ADDRESS	
CITY	ZIP CODE	CITY	ZIP CODE
PHONE NUMBER			

WELFARE TO WORK WORKER (CONTACT PERSON)		PHONE NUMBER
ORIGINAL ASSESSOR		PHONE NUMBER
ADDRESS	CITY	ZIP CODE
WELFARE TO WORK PARTICIPANT	CASE NUMBER	PHONE NUMBER
ADDRESS	CITY	ZIP CODE

A Third Party assessment is being asked for because:

The Third Party Assessment must be followed by the CWD and the Welfare to Work participant to figure the best Welfare to Work Plan. You can ask for a state hearing after the Welfare to Work Plan is done, if you do not agree. While this is going on, you can get free legal help at your local legal aid office, welfare rights group or from the CCWRO at the address below.

CASE WORKER SIGNATURE	DATE
WELFARE TO WORK PARTICIPANT SIGNATURE	DATE

WELFARE TO WORK REFERRAL

ATTACHMENT

Completed by Welfare to Work Case Manager (WTWCM)	Welfare to Work Office No:	WTWCM No:

Participant Name:	Social Security Number:	CalWORKs Case #:

Address: (Street, City, Zip)	Mailing Address, if different:

Telephone number:	Sex: M ( ) F ( )	Birthdate:	Citizen: Yes ( ) No ( ) IF NO, Legal right to work in U.S.: Yes ( ) No ( )

Additional Comments:

I CERTIFY THAT THE ABOVE DATA HAS BEEN VERIFIED/DOCUMENTED BY AN EMPLOYEE OF THE COUNTY WELFARE DEPARTMENT. THE DEPARTMENT CERTIFIES THAT THIS INDIVIDUAL HAS PROVIDED DOCUMENTATION THAT HE/SHE IS LEGALLY ENTITLED TO WORK IN THE U.S.

Welfare to Work Case Manager Signature: _____

Telephone Number: _____ Date: _____

I AUTHORIZE THE EXCHANGE OF PERTINENT Welfare to Work/CalWORKs INFORMATION BETWEEN (WELFARE DEPARTMENT), STATE OR FEDERAL AGENCIES OR THEIR REPRESENTATIVES FOR MONITORING, HEARINGS AND/OR AUDITING PURPOSES.

_____ _____

Welfare to Work Participant Signature Date

WELFARE TO WORK NOTICES OF ACTION (NOAS)

This attachment consists of additional Welfare to Work NOAs, NOA messages, and instructions revised to implement the requirements of AB 1542.

All of these NOAs are required - substitutes permitted with prior CDSS approval (except for the NA 818, which is a recommended NOA). If a county wants to modify any required NOA, it must submit the proposed changes to CDSS for approval before issuing the modified NOA.*

REVISED NOAS:

NA 816 (1/98)	Removal of Second Parent's Needs, Two-Parent Family [replaces the NA 816 (1/96)]
NA 817 (1/98)	Sanction of One-Parent Family or Two-Parent Family Mandatory Participant [replaces the NA 817 (1/96)]
NA 818 (1/98)	Suspension of Volunteer [replaces the NA 818 (1/96)]

* Counties may modify language regarding references to the phrases "Welfare to Work" or Welfare to Work worker", without obtaining CDSS approval, if they decide to name their employment activities component of the CalWORKs program something other than Welfare to Work.

CURRENT NOAS:

The following is a complete list of the current Welfare to Work NOAs.

NA 816 (1/98)	Removal of Second Parent's Needs, Two-Parent Family
NA 817 (1/98)	Sanction of One-Parent Family or Two-Parent Family Mandatory Participant
NA 818 (1/98)	Suspension of Volunteer
NA 820 (1/98)	Transportation Approval
NA 821 (1/98)	Transportation Denial/Discontinuance
NA 822 (1/98)	Transportation Change
NA 823 (1/98)	Ancillary Expenses
NA 824 (1/98)	Extension of Transportation
NA 825 (1/98)	Payment Adjustment - Transportation
NA 827 (1/98)	Recoupment of Unused Portion of Advance Payment
NA 828 (1/98)	Transportation/Ancillary Expenses Overpayment - Payment Within Maximum
NA 840 (1/98)	Sanction of a Mandatory Participant/Compliance Notice
NA 841 (1/98)	Suspension of a Volunteer/Compliance Notice
NA 845 (1/98)	Removal of the Second Parent's Needs/Compliance Notice

OBSOLETE NOAS:

The following NOAs are obsolete. Counties should discontinue using the NA 815 and NA 818 after either implementing the welfare-to-work component of their CalWORKs program or the new cause determination/compliance requirement of AB 1542, whichever occurs first. Counties should discontinue using the other NOAs after implementing their CalWORKs program.

NA 815 (1/96)	Sanction of Both Parent - AFDC-U Case
NA 819 (1/96)	Suspension of Volunteer - Non-Target Group Member
NA 826 (1/96)	Payment Adjustment - Work Expense Disregard
NA 842 (1/96)	Discontinue Cost Reduction Priority Groups
M42-711E (1/96)	Demo Notice - Exemption Child Under 3

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case
Name : _____
Number : _____
Worker
Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing your cash aid from $_____ to $_____. Cash aid will stop for _____, the family's second parent.

Here's why:

_____ did not have a good reason for not doing what this person agreed to do in the compliance plan that he/she signed. He/she agreed to do: _____

Since you are both off cash aid we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

COUNTY WORKER: _____

STREET, CITY, ZIP: _____

PHONE: ( ) _____

You may get more cash aid again if you are eligible for it and:

☐ if _____ cooperates.

☐ after _____ if _____ cooperates.

To ask for your cash aid again, contact _____ at _____-_____.

The family's second parent, _____, may get cash aid again if he/she is eligible for it and:

☐ cooperates.

☐ after _____ if he/she cooperates.

We will not pay child care, transportation, or work or training related expenses while you are both off cash aid.

Your new cash aid amount is figured on this notice.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Business Income	$	_____
Business Expenses:		
a. 40% Standard	-	_____
OR		
b. Actual	-	_____
Net Earnings from Self-Employment	=	_____
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	$	_____
$225 Disregard	-	_____
Nonexempt Unearned Disability-Based Income	=	_____
OR		
Unused Amount of $225 Disregard	=	_____
Total Earned Income	$	_____
Net Earnings from Self-Employment (from above)	+	_____
Subtotal	=	_____
Unused Amount of $225 Disregard (from above)	-	_____
Subtotal	=	_____
Earned Income Disregard 50%	-	_____
Subtotal	=	_____
Nonexempt Unearned Disability-Based Income (from above)	+	_____
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members) _____	+	_____
_____	+	_____
Net Countable Income	=	_____

Section B. Your Cash Aid, Month of _____

1.	Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	$	_____
2.	Special Needs (Assistance Unit only)	+	_____
3.	Net Countable Income from Section A	-	
4.	Subtotal	=	☐
5.	Maximum Aid _____ Persons (Assistance Unit only) (Excluding Sanctioned Persons)	$	_____
6.	Special Needs (Assistance Unit only)	+	
7.	Maximum Aid Subtotal	=	☐
8.	**Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7	=	_____
9.	Line 8 Prorated for Part of Month	=	_____
10.	Adjustments: 25% Child Support Sanction	-	_____
	Overpayment	-	_____
	Other Sanctions	-	_____
	Bonus	+	_____
11.	**Monthly Cash Aid Amount** (Line 8 or 9 Adjusted)	=	_____

State of California
Department of Social Services

Manual Msg. No.: NA 816
Action : Change
Reason:
Title: Removal of Second Parent's Needs, Two-Parent Family
Form No. : NA 200
Effective Date : 01/01/96
Revision Date : 01/01/98

Auto ID No. :
Flow Chart No. :
Source : Welfare to Work
Regulation Cite: CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5

MESSAGE: As of _____, the County is changing your cash aid from $_____ to $_____.
Cash aid will stop for _____, the family's second parent.

Here's why:

_____ did not have a good reason for not doing what this person agreed to do in the compliance plan that he/she signed. He/she agreed to do:_____

Since you are both off cash aid, we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to: _____
_____

You may get more cash aid again if you are eligible for it and:
[] if _____ cooperates.
[] after _____ if _____ cooperates.

To ask for your cash aid again, contact _____ at
____-_____.

The family's second parent, _____, may get cash aid again if he/she is eligible for it and:
[] cooperates.
[] after _____ if he/she cooperates.

We will not pay for child care, transportation, or work or training related expenses while you are both off cash aid.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to remove the second parent's needs from the grant in a two-parent family when the second parent was previously sent the NA 845 for failing or refusing to participate or stopping participation in a Welfare to Work activity without good cause or being exempt, and he or she agreed to sign a compliance plan but did not fulfill the terms of the plan.

At the top of the notice, put the effective date of the removal of the second parent's needs from the grant and indicate the old and new cash aid amounts. Next, identify the second parent.

Under "Here's why:", enter the name of the second parent in the first blank and the enter the activity that he or she agreed to in his or her compliance plan.

Identify the CWD staff person who is to receive the payee information from the second parent. Include the CWD staff person's address and phone number.

NA 816 - Removal of Second Parent's Needs, Two-Parent Family

Under "You may get more cash aid again...":

1. If this is the first sanction, check the first box and indicate the name of the sanctioned parent.

2 If this is the second or subsequent sanction, check the second box, fill in the appropriate date, and indicate the name of the sanctioned parent. (Reminder: Second sanctions last at least 3 months, and third and subsequent sanctions last at least 6 months.)

Identify the CWD staff person who the second parent is to contact to ask for cash aid again and include the phone number.

Following "The family's second parent...", identify the family's second parent in the blank.

1. If this is the first instance of noncompliance, check the first box.

2. If this is the second or subsequent instance of noncompliance, check the second box and fill in the appropriate date. (Reminder: Second instances of noncompliance last at least 3 months, and third and subsequent instances of noncompliance last at least 6 months.)

In the right hand column, show the budget computation.

The NA BACK 8, Your Hearing Rights, must be provided with this notice.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing your cash aid from $_____ to $_____. Cash aid will stop for _____.

Here's why:

_____ did not have a good reason for not doing what this person agreed to do in the compliance plan that he/she signed. He/she agreed to do: _____

☐ Since you are off cash aid, we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

COUNTY WORKER: _____

STREET, CITY, ZIP: _____

PHONE: ( ) _____

We will not pay child care, transportation, or work or training related expenses while you are off cash aid.

Your cash aid may go up again if you are eligible for it and:

☐ if_____ cooperates.

☐ after_____if_____ cooperates.

To ask for your cash aid again, contact_____ at_____ - _____.

Your new cash aid amount is figured on this notice.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office. CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Business Income	$	_____
Business Expenses:		
a. 40% Standard	-	_____
OR		
b. Actual	-	_____
Net Earnings from Self-Employment	=	_____
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	$	_____
$225 Disregard	-	_____
Nonexempt Unearned Disability-Based Income	=	_____
OR		
Unused Amount of $225 Disregard	=	_____
Total Earned Income	$	_____
Net Earnings from Self-Employment (from above)	+	_____
Subtotal	=	_____
Unused Amount of $225 Disregard (from above)	-	_____
Subtotal	=	_____
Earned Income Disregard 50%	-	_____
Subtotal	=	_____
Nonexempt Unearned Disability-Based Income (from above)	+	_____
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members)_____	+	_____
_____	+	_____
Net Countable Income	=	_____

Section B. Your Cash Aid, Month of _____

1.	Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	$	_____
2.	Special Needs (Assistance Unit only)	+	_____
3.	Net Countable Income from Section A	-	
4.	Subtotal	=	☐
5.	Maximum Aid _____ Persons (Assistance Unit only) (Excluding Sanctioned Persons)	$	_____
6.	Special Needs (Assistance Unit only)	+	
7.	Maximum Aid Subtotal	=	☐
8.	**Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7	=	_____
9.	Line 8 Prorated for Part of Month	=	_____
10.	Adjustments: 25% Child Support Sanction	-	_____
	Overpayment	-	_____
	Other Sanctions	-	_____
	Bonus	+	_____
11.	**Monthly Cash Aid Amount** (Line 8 or 9 Adjusted)	=	_____

State of California
Department of Social Services

Manual Msg. No.: NA 817
Action : Change
Reason:
Title: Sanction of One-Parent Family or Two-Parent Family Mandatory Participant
Form No.: NA 200
Effective Date : 01/01/96
Revision Date : 01/01/98

Auto ID No. :
Flow Chart No. :
Source : Welfare to Work
Regulation Cite: CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5

MESSAGE: As of _____, the County is changing your cash aid from $_____ to $_____.
Cash aid will stop for _____.

Here's why:

_____ did not have a good reason for not doing what this person agreed to do in the compliance plan that he/she signed. He/she agreed to do:_____

[] Since you are off cash aid, we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:_____
_____.

We will not pay child care, transportation, or work or training related expenses while you are off cash aid.

Your cash aid may go up again if you are eligible for it and:
[] if _____ cooperates
[] after _____ if _____ cooperates.

To ask for your cash aid again, contact _____ at
_____-_____.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to sanction the mandatory participant in either a one-parent or two-parent family when he or she was previously sent the NA 840 for failing or refusing to participate or stopping participation in a Welfare to Work activity without good cause or being exempt, and he or she agreed to sign a compliance plan but did not fulfill the terms of the plan.

At the top of the notice, put the effective date of the sanction, indicate the old and new cash aid amounts. Next, identify the sanctioned individual.

Under "Here's why:", enter the name of the sanctioned individual in the first blank and enter the activity that he or she agreed to in his or her compliance plan.

If the case is an a one-parent family, check the box to indicate the need for a payee and identify the CWD staff person who is to receive the payee information from the sanctioned individual. Include the CWD staff person's address and phone number.

NA 817 - Sanction of One-Parent Family or Two-Parent Family Mandatory Participant

If this is the first sanction, check the first box and indicate the name of the sanctioned individual. If this is the second or subsequent sanction, check the second box, fill in the appropriate date, and indicate the name of the sanctioned individual. (Reminder: Second sanctions last at least 3 months, and third and subsequent sanctions last at least 6 months.)

Identify the CWD staff person who the sanctioned individual is to contact to ask for cash aid again and include the phone number.

In the right hand column, show the budget computation.

The NA BACK 8, Your Hearing Rights, must be provided with this notice.

State of California
Department of Social Services

Manual Msg. No.: NA 818
Action : Change
Reason:
Title: Suspension of Volunteer
Form No. : NA 290
Effective Date : 01/01/96
Revision Date : 01/01/98

Auto ID No. :
Flow Chart No. :
Source : Welfare to Work
Regulation Cite: CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5

MESSAGE: As of _____, the County is taking _____ out of Welfare to Work.

Here's why:

_____ did not have a good reason for not doing what this person agreed to do in the compliance plan that he/she signed. He/she agreed to do:_____

We will not pay for child care, transportation, or work or training related expenses while you are not in Welfare to Work. We will not change your cash aid amount.

You may be able to get in Welfare to Work again at a later date. To find out when you may be able to participate again and what must be done, contact _____ at _____-_____.

INSTRUCTIONS: Use to preclude from participation a volunteer who was previously sent the NA 841 for failing or refusing to participate or stopping participation in a Welfare to Work activity without good cause, and he or she agreed to sign a compliance plan but did not fulfill the terms of the plan.

At the top of the notice, put the date that the volunteer is suspended and indicate the name of the volunteer.

Under "Here's why:", enter the name of the volunteer in the first blank and enter the activity that he or she agreed to in his or her compliance plan.

Identify the CWD staff person who the volunteer is to contact to ask when he or she may be able to participate again and the process for doing so.

The NA BACK 8, Your Hearing Rights, must be provided with this notice.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case
Name : _____
Number : _____
Worker
Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of_____, the County is taking_____out of Welfare to Work.

Here's why:

_____did not have a good reason for not doing what this person agreed to do in the compliance plan that he/she signed. He/she agreed to do: _____

_____

We will not pay for child care, transportation, or work or training related expenses while you are not in Welfare to Work. We will not change your cash aid amount.

You may be able to get in Welfare to Work again at a later date. To find out when you may be able to participate again and what must be done, contact_____at _____-_____.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5