

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-2214

September 14, 1987



ALL COUNTY LETTER NO: 87-125

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REFUGEE CASH ASSISTANCE (RCA) AND REFUGEE DEMONSTRATION PROJECT
(RDP) CONCILIATION FORMS

REFERENCE: ALL-COUNTY LETTER NO. 87-92

The purpose of this letter is to transmit forms to be used in the implementation of conciliation into the RCA/RDP programs effective July 1, 1987 as required by the Dang et al. v. McMahon court order. County Welfare Departments (CWDs) are required to use these forms immediately upon receipt; any county substitutions must be submitted in advance to the Office of Refugee Services for waiver approval. A supply of these forms will be available in the Department of Social Services (DSS) warehouse by November 1, 1987. However, in the interim, a reproducible copy of each form is enclosed for your use. Translated versions of these forms will be available at a later date.

Following is a description of each of the enclosed forms:

Notice of Participation Problem and Proposed Plan to Resolve it (Conciliation Plan) - RS 39(SOLD FORM)

The CWDs begin conciliation on the date a determination is made that a recipient failed or refused without good cause to participate in employment and employment-directed education/training requirements. Prior to issuing a Notice of Action, the counties must use the RS 39 to notify a mandatory RCA/RDP recipient of the participation problem which may result in their aid being stopped or reduced. It identifies an appointed interview time to discuss the problem. If the CWD elects to hold a good cause interview, and good cause is not found, the proposed plan may be hand delivered to the client at that time if the CWD has all information from the Central Intake Unit (CIU) necessary for preparation of the plan.

In the sentence with boldface type on page 1 of the form (containing a blank space for the date by which a recipient must contact the CWD or be terminated from the RCA/RDP program), the assigned date must be the same as the appointed interview date identified above.

The CWD must prepare a proposed conciliation plan to correct the problem of nonparticipation. The conciliation plan must identify specifically the steps the recipient must take to comply with the plan. The plan is to be time-limited, and is to be completed no later than 30 days after the CWD is informed of the recipient's noncooperation/nonparticipation with employment and employment-directed education training. The plan can only be used to resolve the individual act of noncooperation or nonparticipation by the recipient.

An example of a conciliation plan for a recipient who failed to attend a training class at XYZ service provider is:

You are to attend the training class you have been assigned to by the CIU at XYZ service provider on October 5, 7, and 9, 1987.

It will be necessary for the CWD to contact the CIU for information regarding the specific training to which the recipient has been referred.

The terms of the conciliation plan must not exceed the 30-day time limitation for completion of good cause and conciliation.

On page 2 of the form, the addresses of the local Legal Aid Office and Welfare Rights Office, if any, must be identified. Legal assistance is often needed to remove a barrier to employment and/or training activities.

At the interview, CWD staff must work with the recipient, if necessary, to remove social, economic, physiological and psychological barriers to participation in the program whenever possible within program limitations and without compromising program standards and integrity. When a need for social services is identified as the reason for not participating, the CWD must work with the recipient to plan and initiate activities directed toward removing such barriers. They may include family counseling, medical services, or referral to other community services.

During the conciliation interview with the CWD staff, the recipient has the right to propose an alternate conciliation plan. The CWD is to give consideration to the viability of the client proposed plan and adopt the proposed plan if it is apparent it will accomplish the same objective as the CWD proposed plan. If the client proposed plan is acceptable to the CWD, cross out the CWD proposed plan on the form. If the client proposed plan is not acceptable, cross it out on the form. The recipient must be informed of the consequences of continued failure to participate as required.

The CWD must have the recipient sign and date the RS 39. If the recipient refuses to sign the form, the CWD must inform the recipient that he will be sanctioned if he does not sign the form or comply with the terms of the conciliation plan.

All efforts towards conciliation resolution must be exhausted before a Notice of Action is issued.

Conciliation Transmittal Form - RS 38(FREE FORM)

This form must be used by counties to notify the CIU regarding the terms agreed upon by the recipient and the CWD in the conciliation plan. The CIU will check the appropriate box as to whether the recipient complied with the terms of the plan, and return the form to the CWD on the day specified for return on the form. For example, if the conciliation plan requires that the recipient attend classes on September 5 through September 14, the CIU must return the RS 38 to the CWD on September 15, indicating whether or not the recipient has completed conciliation in accordance with the terms of the plan. If the recipient fails to comply with the terms of the plan, the CIU may notify the CWD earlier. When the form is sent to the CIU, one copy shall be kept by the CWD.

If the conciliation process is unsuccessful in resolving the conflict, see Section 69-208.7 (Penalties for Failure or Refusal to Comply with the Registration, Employment, Employment-Directed Education/Training Requirements, and Notice of Action requirements).

Conciliation Letter - RS 37(FREE FORM)

When the recipient complies with the terms of the conciliation plan, the CWD is required to notify the recipient of the completion of the conciliation plan on the RS 37. The RS 37 also informs the recipient that he/she will continue to receive benefits if he/she continues to participate in employment and employment-directed education training activities. One copy of the form must be kept by the CWD.

Reporting Requirements - Statistical Services

As a result of the implementation of conciliation into the RCA/RDP program, CWDs will be required to report additional statistical information. An ACL is being developed by the Statistical Services Section which will provide specific instructions for submitting the required data.

Any questions concerning these forms should be directed to Mr. Don Horel, Refugee Support Management Bureau, at (916) 445-6547 or ATSS 485-6547.


ROBERT A. HOREL
Deputy Director
Welfare Program Division

Enclosure

cc: Dr. Sharon Fujii
CWDA

NOTICE OF PARTICIPATION PROBLEM AND PROPOSED PLAN TO RESOLVE IT (CONCILIATION PLAN)

RCA

RDP

MAILING DATE
CASE NUMBER
CWD ADDRESS

DISTRIBUTION: ORIGINAL COPY: CLIENT
SECOND COPY: CWD CASE FILE

There is a problem with your taking part in the Refugee Cash Assistance Program (RCA)/Refugee Demonstration Project (RDP).

Here's why:

- You failed to go to training on _____.
- You failed to go to a job interview on _____.
- You did not take a job at _____ when referred on _____.
- You failed to go to the _____ worker when told to go.
- You did not accept referrals to employment interviews.
- Other _____.

In order to talk about this problem, you are to go for an interview on _____ at _____ at the CWD address shown above.

If you cannot go to this interview call _____ at _____ to set up another interview. If we can not talk with you, please leave a message and we will get back to you.

If you do not come in for the interview or call by _____, you will get a notice of action in the mail and your family's cash aid will be stopped or lowered. DATE

The reason for the interview is to agree on a plan to fix the problem by making a plan of action. This is called a Conciliation Plan.

You can fix the problem by agreeing to take part in this plan. Our proposed Conciliation Plan for you is:

If you agree with this proposed Plan, please sign below and bring this with you to the interview. You may also suggest a different Plan in the space below.

LEGAL ADVICE AVAILABLE

You can get free help about this problem and the Plan, including help with your own Plan, if you wish to give us one from your local welfare rights office or legal aid office at these addresses:

┌	┐	┌	┐
└	┘	└	┘

PLEASE ANSWER ONE OF THESE QUESTIONS — Thank You

- I agree with the Conciliation Plan.
- I do not agree with the Conciliation Plan and I have suggested my own Plan below.
- I do not want to take part in RCA/RDP or agree to a Conciliation Plan, even though I understand that this will result in the lowering or stopping of my welfare benefits.

YOUR PROPOSED CONCILIATION PLAN

If you do not agree with the Plan that we have given you, we will be glad to consider a Plan that you would like to suggest. Please tell us your Plan:

My Plan begins on _____ (DATE) and it will end on _____ (DATE) . My Plan is:

YOUR SIGNATURE	DATE:
CWD REPRESENTATIVE	MAILING DATE:

FINAL CONCILIATION PLAN

At the interview, the county will decide on a final Conciliation Plan.

WHAT HAPPENS IF YOU DO NOT CONTACT US BY THE INTERVIEW DATE

If we do not hear from you, the county will think that you did not want an interview and will think that you do not want to take part in conciliation. A Notice of Action will be sent to you and your family's cash aid will be stopped or lowered.

CONCILIATION TRANSMITTAL FORM

DISTRIBUTION: ORIGINAL COPY:

1. CIU
2. SERVICE PROVIDER
3. CIU
4. RETURN TO CWD WHEN COMPLETED

FIRST COPY: CIU
SECOND COPY: SERVICE PROVIDER
THIRD COPY: COUNTY WELFARE DEPARTMENT

RCA

RDP

CLIENT NAME	SOCIAL SECURITY NUMBER
CASE NUMBER	ALIEN NUMBER
EW NAME	DATE
EW NUMBER	TELEPHONE ()

• ADDRESS OF COUNTY WELFARE DEPARTMENT

The above-mentioned client's conciliation plan to correct his/her problem of nonparticipation in employment activities and/or employment-directed education/training programs was to:

Please check the appropriate box below and return this form to the CWD by _____ (DATE)

Client complied with terms specified in the conciliation plan.

Client did not comply with the terms specified in the conciliation plan.

COMMENTS:

SERVICE PROVIDER SIGNATURE	TELEPHONE NUMBER ()	DATE
CIU WORKER SIGNATURE	TELEPHONE NUMBER ()	DATE

CONCILIATION LETTER

DATE
CASE NUMBER
CASE NAME

• NAME AND ADDRESS •

•

•

You have finished Conciliation in the RCA/RDP program by following the terms of the Conciliation Plan dated _____ . You will get welfare benefits if you meet all of the rules.

If you have questions, please call your worker at (_____) _____ .

CWD WORKER

RS 37 (8/87)

CONCILIATION LETTER

DATE
CASE NUMBER
CASE NAME

• NAME AND ADDRESS •

•

•

You have finished Conciliation in the RCA/RDP program by following the terms of the Conciliation Plan dated _____ . You will get welfare benefits if you meet all of the rules.

If you have questions, please call your worker at (_____) _____ .

CWD WORKER

RS 37 (8/87)