STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

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

ERRATA

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

SUBJECT: FINANCIAL SANCTION NOTICES OF ACTION (NOA) MESSAGES FOR THE INDIAN TRIBAL JOB OPPORTUNITIES AND BASIC SKILLS (JOBS) PROGRAM (ITJP)

REFERENCE: ALL COUNTY LETTER (ACL) 92-55
ALL COUNTY LETTER (ACL) 92-56

ACL 92-55, dated June 10, 1992 regarding counting independent study activities for GAIN participation rates, was released with enclosures. There should be no enclosures with this ACL.

The enclosures which were included were the financial sanction NOAs for the ITJP and should have been enclosed with ACL 92-56, the California Indian Manpower Consortium, ITJP Update and Financial Sanction NOA Messages.

Please switch the enclosures to ACL 92-56 as noted above. We are sorry for any inconvenience this mix-up may have caused.

If you need additional enclosures or have any questions regarding this errata, please contact your Employment Programs Operations Consultant at (916) 654-1462.

MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

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

June 10, 1992

ALL-COUNTY LETTER NO. 92-55

Reason for this Transmittal
[ ] State Law Change
[ ] Federal Law Change
[ ] Court Order or Settlement Agreement
[X] Clarification Requested by One or More Counties
[ ] Initiated by SDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

SUBJECT: INDEPENDENT STUDY ACTIVITIES THAT ARE COUNTABLE FOR GAIN PARTICIPATION RATE PURPOSES

The purpose of this letter is to advise you of a policy decision of the Administration for Children and Families (ACF) regarding independent study activities that may be counted in the federal participation rate for the Greater Avenues for Independence (GAIN) Program (see attachment).

As you know, in order to receive enhanced federal funding, states must demonstrate that a specified percentage of non-exempt AFDC recipients are scheduled to participate for an average of 20 hours per week and attend 75 percent of the scheduled monthly hours. Since some school districts may offer Adult Basic Education (ABE) through independent study, the question has arisen as to which activities qualify for inclusion in the participation rate.

The ACF decision is to count only those hours which are scheduled and supervised by the school. For example, if a participant in an independent study program comes to an office or classroom on scheduled occasions to be tested, meets with an instructor or advisor, or takes scheduled course work at the institution, these sessions can be included in the participation rate calculation. Similarly, if an instructor on a scheduled basis goes to a participant's house or other locale away from the school site to teach or tutor the participant, these supervised hours are also countable as participation. Unsupervised independent study does not count as participation.

If you have any questions regarding this information, please call your GAIN Operations Consultant, at (916) 654-1462.

MICHAEL C. GENEST
Deputy Director
Welfare Program Division

State of California
Department of Social Services

Manual Msg. No.: M42-786D(ITJP)
Action : Change
Issue:
Title: Sanction of Mandatory Registrant, AFDC-U Both Parents

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-760.83, 42-786.1, 42-786.2, 42-786.3,

Form No. : NA 290
Effective Date : 04/01/92
Revision Date :

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

Here's why:

_____ did not have a good reason for not participating in the Indian Tribal JOBS Program (ITJP) assigned activity.

_____ is not participating in the ITJP Program.

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 _____.

The family's second parent, _____ may get cash aid again at any time if _____ signs an agreement to participate in the ITJP program, asks for cash aid again and is eligible for it.

We will not pay child care while you are both off cash aid.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to discontinue a mandatory registrant, who is a parent in an AFDC-U case, who fails or refuses to comply with ITJP program requirements without good cause and conciliation efforts have failed, and the family's second parent is not participating in ITJP.

Fill in the effective date of the change in the cash aid amount and the old and new amounts.

Identify the individual who is discontinued for ITJP non-cooperation. Identify the second parent who is not participating in ITJP and who is also discontinued from cash aid.

Identify the non-cooperating individual and the reason for the discontinuance from aid.

Identify the individual at the CWD who is to receive the payee information, including his or her address and phone number.

Identify the non-cooperating individual and indicate the sanction period. If this is the first sanction, check the first box. If this is the second or subsequent sanction, check the second box and fill in the appropriate date: after three months for the second sanction and after six months for the third or subsequent sanction.

Identify the individual at the CWD who is to be contacted, including his or her phone number.

Identify the second parent who is not participating in ITJP.

Show the budget computation in the right hand column.

The NA BACK 6, Your Hearing Rights, must be provided with this Notice.

grghuer/NOAMESSAGE/cimc786D

State of California
Department of Social Services

Manual Msg. No.: M42-786E(ITJP)
Action : Change
Issue:
Title: Sanction of Mandatory Registrant
Form No. : NA 290
Effective Date : 04/01/92
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-760.83, 42-786.1, 42-786.2, 42-786.3

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 participating in the Indian Tribal JOBS Program (ITJP) assigned activity.

If _____ is the family's parent, 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 _____.

We will not pay for _____'s child care while _____ is off cash aid.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to discontinue a mandatory registrant, other than an AFDC-U Both Parents case, who fails or refuses to comply with ITJP program requirements without good cause and conciliation efforts have failed.

Fill in the effective date of the change in the cash aid amount and the old and new amounts.

Identify the individual who is discontinued for non-cooperation. Indicate the reason for the discontinuance from aid.

If applicable, identify the non-cooperating parent and identify the individual who is to receive the payee information, including his or her address and phone number. If not applicable, counties that produce NOA messages manually can indicate "Does not apply" in the space for the County contact. If your county produces NOA messages by using Electronic Data Processing (EDP) equipment information that does not apply may be deleted from the NOA message.

Identify the non-cooperating individual and indicate the sanction period. If this is the first sanction, check the first box. If this is the second or subsequent sanction, check the second box and fill in the appropriate date: after three months for the second sanction and after six months for the third or subsequent sanction.

Identify the CWD contact person, including his or her phone number.

Identify the non-cooperating individual.

Show the budget computation in the right hand column.

The NA BACK 6, Your Hearing Rights, must be provided with this Notice.

grghuer/NOAMESSAGE/cimc786E

State of California
Department of Social Services

Manual Msg. No.: M42-786F(ITJP)
Action : Change
Issue:
Title: Sanction of Second Parent
Form No. : NA 290
Effective Date : 04/01/92
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-760.83, 42-786.1, 42-786.2, 42-786.3

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 participate in the Indian Tribal JOBS Program (ITJP) assigned activity.

Since both parents 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:

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 _____.

We will not pay for child care while you are both off cash aid.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to discontinue a second parent in an AFDC-U case who was participating in the ITJP, but who subsequently stops participating and the first parent is under a financial sanction.

Fill in the effective date of the change in the cash aid amount and the old and new amounts.

Identify the family's second parent who was participating to avoid the other parent's sanction and who is being discontinued for ITJP non-participation.

Indicate the reason for the discontinuance from aid.

Identify the individual at the CWD who is to receive the payee information, including his or her address and phone number.

Identify the first parent who has already been discontinued from aid due to non-cooperation and indicate the sanction period. If this is the first sanction, check the first box. If this is the second or subsequent sanction, check the second box and fill in the appropriate date: after three months for the second sanction and after six months for the third or subsequent sanction.

Identify the CWD contact, including his or her phone number.

Show the budget computation in the right hand column.

The NA BACK 6, Your Hearing Rights, must be provided with this Notice.

grghuer/NOAMESSAGE/cimc786F