

INSTRUCTIONS for NET Program Denial - NA 837 (1/96)

This NOA is used to notify NET applicants that their request for NET benefits is denied.

Under the "Here's Why" section, check the appropriate reason box.

Check the third box when the recipient can earn at least two times the poverty level and include the federal poverty level which has been provided to the county.

Check the fifth box when the education and training program do not coincide with the recipient's job goal and fill in the job goal.

Check the sixth box when the job goal is not in demand in the area and fill in the recipient's job goal.

Check the tenth box when the recipient needs to supply more information to the county in order to determine eligibility.

Check the twelfth box when the recipient did not provide the information previously requested. List what is still needed.

When checking the "Other" box, specify the reason for the action.

Complete all other applicable information.

MILLER/denial.NET

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)

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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.

As of _____:

Your Cal-Learn GAIN NET child care has been extended until _____.

Your approved child care services has not changed except the date your payment ends.

Because the extension is less than 30 days this is the only notice you will get telling you about the extension.

HERE'S WHY:

- Your approved activity/program _____ is continuing.
- We are paying for your child care space so that it will be there when your next activity or school semester starts.
- Other:

You can also call your worker/case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4.

State of California
Department of Social Services

Manual Msg. No: NA 838
Action: Extension
Reason: Child Care Extension
Title: Child Care Extension
Form No:
Effective Date: 09/01/95

Auto ID No:
Flow Chart No:
Source: MPP 42-750.1,
42-750.2,
42-750.3,
42-750.4.

Revision Date: 01/01/96

MESSAGE:

As of _____:

Your Cal-Learn GAIN NET child care has been extended until_____.

Your approved child care services has not changed except the date your payment ends.

Because the extension is less than 30 days this is the only notice you will get telling you about the extension.

Here's why:

- Your approved activity/program _____ is continuing.
- We are paying your child care space so that it will be there when your next activity or school semester starts.
- Other:

You can also call your worker/case manager if you think this notice is wrong.

NA 838 (1/96) Required - Subtittute Permitted.Child Care Extension

INSTRUCTIONS for Cal-Learn, GAIN, and NET Child Care Extension -
NA 838 (1/96)

Use this NOA to extend a previously approved child care payment when:

1. The participant's approved program is continuing and there are no changes to previous child care arrangements.
2. The participant's next semester will begin within 30 days after the previous semester, and the participant needs to reserve a child care slot so he/she can use the same provider when the new semester begins.

This notice should not be used if there are any changes such as the number of hours of care needed, new provider, etc. Use M42-750C for changes.

On the "As of ___" line, enter the effective date. Check the appropriate box and enter the date of the extension. If the extension is less than 30 days, check the third box.

Under the "Here's Why" section, check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action. This NOA must be timely.

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)

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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.

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As of _____ your Cal-Learn GAIN NET child care payment for _____ is \$_____. This amount is less than what you asked. Your payment limit has not changed.

HERE'S WHY:

You have to pay us back any money we advance to you that you do not use to pay for child care costs.

- The proof of costs shows that you did not use all of your advance.
- You did not give us proof of child care costs by the 10th of this month. You must give us proof.
- We subtracted that part of your advance payment that was not used to pay for child care costs.
- You still have a balance of \$_____ for your unused advance. An amount will be taken out of your child care payment every month until the balance of the unused advance is paid back.
- Other:

\$ _____ your actual advance payment for _____
 - _____ your actual costs for that month
 = _____ unused advance
 \$ _____ amount requested for _____
 - _____ unused advance
 = _____ adjusted payment

Your child care payment is figured on this notice.

Call your worker/case manager if this lower payment means you will not be able to stay in your activity/program or if it means you will have to change the child care provider you have now.

You can also call your case worker if you think this notice is wrong.

Rules: These rules appl.; You may review them at your welfare office: Miller v. Carlson, 42-750, 42-750.6, 42-751.

Auto ID No.:
Flow Chart No:
Source:
Regulation Cite: Miller v. Carlson, MPP
42-750, 42-750.6, 42-751.

MESSAGE:

As of _____ your Cal-Learn GAIN NET child care payment for _____ is \$ _____. This amount is less than what you asked. Your payment limit has not changed.

HERE'S WHY:

You have to pay us back any money we advance to you that you do not use to pay for child care expenses.

- The proof of costs shows that you did not use all of your advance.
- You did not give us proof of child care costs by the 10th of this month. You must give us proof.
- You have to pay us back any money we advance to you that you do not use to pay for child care costs. We subtracted that part of your advance payment that was not used to pay for child care costs.
- You still have a balance of \$_____ for your unused advance. An amount will be taken out of your child care payment every month until the balance of the unused advance is paid back.
- Other:

Your child care payment is figured on this notice.

Call your worker/case manager if this lower payment means you will not be able to stay in your activity/program or if it means you will have to change the child care provider you have now.

You can also call your case worker if you think this notice is wrong.

\$ _____ your actual advance payment for _____
- _____ your actual costs for that month
= _____ unused advance
\$ _____ amount request for _____
- _____ unused advance
= _____ adjusted payment

INSTRUCTIONS for Cal-Learn, GAIN and NET Child Care Payment
Adjustment from an Advance - NA 839 (1/96)

Use this NOA to recover an unused portion of an advance payment
by adjusting a current child care payment.

On the "As of ___" line, note the effective date. Enter the
month and adjusted payment.

Under the "Here's Why" section, check appropriate box(es). When
checking the "Other" box, specify the reason for the action.

Complete the computation as many times as needed.

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 Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

You are now in the GAIN program, but your GAIN contract must be stopped because the county has run short of money. All your GAIN program services, including child care and transportation payments, will stop on _____.

You may still be able to get your child care paid if, on your own, you stay in the education or training activity GAIN had approved for you. If you want to stay in your approved activity even through you are not in GAIN anymore, and you want to keep getting help with child care payments, call the NET county worker at _____ for more information.

Here's why:

The county does not have enough money at this time to serve everyone in the GAIN program and we have to cut back on the number of people in the program.

The groups in which all persons cannot be served are listed below:

- a. Persons who are not in any target population.
- b. Persons who are in a county target population.
- c. Persons who are in any target population who do not want to stay in GAIN.
- d. Persons who are in the target population who want to stay in GAIN.

You are in group _____.

- No persons in your group can be served now.
- The county has money to serve some, but not all persons in your group. The way the county chooses who is served is in the county's approved GAIN plan. You may ask for this information by calling your county worker.

The target populations are made up of the following persons:

- Persons who have gotten AFDC during at least 36 months in the past five years.
- Parents under age 24 who are not in school and do not have a high school diploma.
- Parents under age 24 who had no more than three continuous months of work experience or who were paid less than \$4.25 per hour for this work during the past year.
- Members of a family in which the youngest aided child is 16 years old or older.
- Persons in the county target population, as identified in the county's approved GAIN plan. You may ask for this information by calling your county worker.

THIS ACTION WILL NOT CHANGE YOUR CASH AID, FOOD STAMP OR MEDI-CAL BENEFITS.

Rules: These rules apply. You may review them at your welfare office:
MPP 42-720.63 Miller v Anderson

State of California
Department of Social Services

Manual Message Number: NA 842 1 of 2
Action : Discontinue
Reason : Cost Reductions
Title : Priority Groups
Form No. :
Effective Date : 01/01/96
Revision Date :
Regulation Cite : M42-720.63, Miller v. Anderson

MESSAGE:

You are now in the GAIN program, but your GAIN contract must be stopped because the county has run short of money. All your GAIN program services, including child care and transportation payments, will stop on _____.

You may still be able to get your child care paid if, on your own, you stay in the education or training activity GAIN had approved for you. If you want to stay in your approved activity even though you are not in GAIN anymore, and you want to keep getting help with child care payments, call your NET county worker at _____ for more information.

Here's why:

The county does not have enough money at this time to serve everyone in the GAIN program and we have to cut back on the number of people in the program.

The groups in which all persons cannot be served are listed below:

- a. Persons who are not in any target population.
- b. Persons who are in a county target population
- c. Persons who are in any target population who do not want to stay in GAIN.
- d. Persons who are in the target population who want to stay in GAIN.

You are in group ____.

- No persons in your group can be served now.
- The county has money to serve some, but not all persons in your group. The way the county chooses who is served is in the county's approved GAIN plan. You may ask for this information by calling your county worker.

The target population is made up of the following persons:

- Persons who have gotten AFDC during at least 36 months in the past five years.
- Parents under age 24 who are not in school and do not have a high school diploma.
- Parents under age 24 who had no more than three continuous months of work experience or who were paid less than \$4.25 per hour for this work during the past year.
- Members of a family in which the youngest aided child is 16 years old or older.
- Persons in the county target population, as indentified in the county's approved GAIN plan. You may ask for this information by calling your county worker.

THIS ACTION WILL NOT CHANGE YOUR CASH AID, FOOD STAMP OR MEDI-CAL BENEFITS.

State of California
Department of Social Services

Manual Message Number: NA 842 2 of 2
Action : Discontinue
Reason : Cost Reductions
Title : Priority Groups
Form No. :
Effective Date : 01/01/96
Revision Date :
Regulation Cite : M42-720.63, Miller v. Anderson

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite : M42-720.63, Miller v. Anderson

INSTRUCTIONS:

Use this NOA message when, in accordance with MPP 42-720.633, an AFDC applicant or recipient who is participating in GAIN must be removed from the program in accordance with an approved reduction plan because the county has insufficient funds to continue to serve all existing participants. Send this NOA once the county has determined the level of cost reductions needed, and which individual(s) will be discontinued from GAIN participation.

Mark the appropriate priority group a, b, c or d and write the letter in the blank, in order to identify the group in which all or some existing participants cannot be served. If everyone in the selected group is being removed from GAIN, check the appropriate box. If some members of the individual's group are not being removed from the program, check the next box.

This NOA must be timely. However, counties are encouraged to provide notice as far in advance as possible to individuals who are being removed from GAIN in order to provide them the opportunity to make other arrangements to continue in their approved education or training activity, if possible.

The EP 5, 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 you how.

As of January 1, 1994, State law changed rules for the Greater Avenues for Independence (GAIN) program. Your case has been picked by chance to be part of a group to test the new rules. This study will only take place in Alameda, Los Angeles, San Bernardino and San Joaquin.

Here's why:

The law says we must check to see how new rules work. You are one of the persons who is participating in GAIN using the new rules and who we are asking to help us test how the new rules are working.

In the future an interviewer may want to ask you some questions about how the new rules are working.

Rules: These rules apply. You may review them at your welfare office: MPP 42-711

State of California
Department of Social Services

Manual Reg. No.: M42-711E
Action :
Reason:
Title: Demo Notice -
Exemption Child Under 3
Form No. : NA 801
Effective Date : 02/01/94
Revision Date : 01/01/96

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-711

As of January 1, 1994, State law changed rules for Greater Avenues for the Independence (GAIN) program. Your case has been picked by chance to be part of a group to test the new rules. This study will only take place in Alameda, Los Angeles, San Bernardino and San Joaquin.

Here's why:

The law says we must check to see how new rules work. You are one of the persons who is participating in GAIN using the new rules and who we are asking to help us test the new rules are working.

In the future an interviewer may want to ask you some questions about how the new rules are working.

INSTRUCTIONS:

Use this NOA to inform individuals who have been selected to participate in the California Work Pays Demonstration Project (CWPPDP).

The EP 5, Your Hearing Rights, must be provided with this notice.

GAIN PARTICIPANT CONTRACTS

This attachment consists of the revised GAIN Participant Contract forms and detailed instructions for their use.

The CDSS/CWDA Forms Work Group was able to reduce the number of GAIN Participant Contract forms from the previous 21 forms to only three forms: the GAIN Contract - General Agreement (GAIN 1), GAIN Contract - Activity Agreement (GAIN 245), and the GAIN Contract - Activity Agreement Amendment (GAIN 10). In order to accomplish this reduction, the new GAIN 245 form was developed to be applicable for any GAIN activity, unlike the previous, activity-specific forms. The forms were made as concise as possible by eliminating all nonessential language from the previous forms. The revised forms focus on what is expected of the participant and county during the term of the contract and on the consequences of the participant's failure to meet GAIN participation requirements.

The GAIN Guidebook (PUB 168) is also part of the GAIN Participant Contract. The GAIN Guidebook has been revised, and an interim version is included in Attachment 6 of this ACL. Whenever a Participant Contract form is signed, the GAIN worker should emphasize to the participant that the GAIN Guidebook is part of the Participant Contract, and that it contains important information regarding the GAIN Program. In addition, when submitting evidence during a State Hearing, the CWD should include the GAIN Guidebook as part of the GAIN Participant Contract.

Counties should begin using the current contract forms and discontinue using the obsolete contract forms as soon as administratively possible.

CURRENT GAIN PARTICIPANT CONTRACT FORMS

GAIN 1 (9/95)	GAIN Contract General Agreement [replaces Temp GAIN 1 (10/90)]
GAIN 10 (9/95)	GAIN Contract Activity Agreement Amendment [replaces Temp GAIN 10 (10/90)]
GAIN 245 (9/95)	GAIN Contract Activity Agreement [replaces Temp GAIN 2 (10/90) through GAIN 9B (1/94) listed below]

OBSOLETE GAIN PARTICIPANT CONTRACT FORMS

TEMP GAIN 1 (10/90)	GAIN Contract General Agreement
TEMP GAIN 2 (10/90)	GAIN Contract Activity Agreement - Basic Education Services
GAIN 2A (4/94)	GAIN Contract Activity Agreement - Basic Education Services for 19-Year-Old Parents
GAIN 2B (4/94)	GAIN Contract Activity Agreement - Basic Education Services AFDC-U Parent
TEMP GAIN 3 (10/90)	GAIN Contract Activity Agreement - Job Club/Supervised Job Search
TEMP GAIN 3A (1/91)	GAIN Contract Activity Agreement - Job Club/Supervised Job Search

OBSOLETE GAIN PARTICIPANT CONTRACT FORMS (cont.)

GAIN 3B (4/94)	GAIN Contract Activity Agreement - Job Services AFDC-U
TEMP GAIN 4 (10/90)	GAIN Contract Activity Agreement - Self-Initiated Program
GAIN 4B (4/94)	GAIN Contract Activity Agreement - Self-Initiated Program AFDC-U
TEMP GAIN 5 (10/90)	GAIN Contract Activity Agreement - Assessment
GAIN 5B (4/94)	GAIN Contract Activity Agreement - Assessment AFDC-U
GAIN 6 (1/94)	GAIN Contract Activity Agreement - Training And/Or Education Services After Assessment
TEMP GAIN 6A (1/91)	GAIN Contract Activity Agreement - Training or Education Services After Assessment
GAIN 6B (4/94)	GAIN Contract Activity Agreement - Training And/Or Education Services After Assessment AFDC-U Parent
TEMP GAIN 7 (10/90)	GAIN Contract Activity Agreement - Job Services After Assessment
GAIN 7B (1/94)	GAIN Contract Activity Agreement - Job Services After Assessment AFDC-U
GAIN 8 (10/95)	GAIN Contract Activity Agreement - Preemployment Preparation (PREP) or Other Work Experience
GAIN 8B (1/94)	GAIN Contract Activity Agreement - Preemployment Preparation (PREP) AFDC-U
TEMP GAIN 9 (10/90)	GAIN Contract Activity Agreement - Miscellaneous
GAIN 9B (1/94)	GAIN Contract Activity Agreement - Miscellaneous AFDC-U
TEMP GAIN 10 (10/90)	GAIN Contract Activity Agreement - Amendment

Counties should also consider any other contract forms not listed under "Current GAIN Participant Contract Forms" to be obsolete at this time and should discontinue their use as soon as administratively possible. This includes any county-specific contract forms and any contract forms used for demonstration projects, including those listed below:

TEMP GAIN 68 (4/92), TEMP GAIN 69 (4/92), TEMP GAIN 69A (8/92), TEMP GAIN 70 (4/92), TEMP GAIN 71 (4/92), TEMP GAIN 72 (4/92), TEMP GAIN 72A (8/92), TEMP GAIN 73 (4/94), TEMP GAIN 74 (4/92), TEMP GAIN 75 (4/92)

INSTRUCTIONS FOR GAIN PARTICIPANT CONTRACT FORMS

GAIN 1 (9/95) GAIN Contract - General Agreement

Use this form in the same way that the TEMP GAIN 1 (10/90) has been used in the past. Inform the participant that this form is considered an important part of the GAIN Participant Contract.

GAIN 245 (9/95) GAIN Contract - Activity Agreement

Use this new contract form when a participant begins any GAIN activity, following orientation and appraisal. Use this form for both AFDC-FG and AFDC-U cases. The form also accommodates concurrent participation in more than one GAIN activity. Because this form replaces the former activity-specific agreements, CWDs would be well-advised to insure that staff are adequately trained in completion of the form, prior to its initial use.

Instructions for GAIN 245 (cont.)

Completing the form:

"ACTIVITY" - Check the box that corresponds to the activity(ies) in which the participant will be participating:

Item 1 is for mandatory registrants (either AFDC-FG or AFDC-U cases) who are required by the county to participate in an assigned activity. Check the corresponding box, describe the assigned activity in the first blank (for example, "attend cosmetology program at community college"), and indicate the GAIN activity type in the second blank (for example, "Self-Initiated Program"). The names of GAIN activity types are found in Section 4 of the GAIN Guidebook and include: Job Search Services, Job Club, Supervised Job Search, Unsupervised Job Search, Job Placement, Job Development, Employment Counseling, Assessment, PREP, AWEX, On-the-Job Training, Transitional Employment, Supported Work, Vocational Training, Self-Initiated Program, Adult Basic Education, and College and Community College Education. The participant should be told to refer to the GAIN Guidebook for further information regarding the activity to which he/she is assigned.

Concurrent Participation:

- If the county is **requiring** concurrent participation in a second GAIN activity, use Item 2 for the other assigned activity.
- If a mandatory **registrant chooses to participate** in a concurrent activity even though the county does not require the concurrent participation, use Item 1 for the assigned activity and Item 3 for the concurrent activity that the participant chooses to participate in. See the instructions for Item 3 for examples of this scenario.

Item 2 is for mandatory registrants who are required by the county to participate in more than one activity concurrently. Check the corresponding box, describe the concurrent activity in the first blank (for example, "attend job services at EDD"), and indicate the GAIN activity type in the second blank (for example, "Job Search Services"). Note that the other assigned activity should be addressed in Item 1. The participant should be told to refer to the GAIN Guidebook for further information regarding the activity to which he/she is assigned.

Item 3 is for mandatory registrants who choose to participate in a concurrent activity or up-front Job Search Services, even though the county does not require the registrant to do so. Check the corresponding box, describe the activity in the first blank (for example, "attend job services at EDD"), and indicate the GAIN activity type in the second blank (for example, "Job Search Services"). The participant should be told that failure to participate as required in this activity can result in a sanction, even though the participant chose to participate in it. The participant should be told to refer to the GAIN Guidebook for further information regarding the activity to

Instructions for GAIN 245 (cont.)

which he/she is assigned. Some scenarios for which this item should be used are:

- The participant's assigned activity is PREP or AWEX (addressed in Item 1), and the participant asks to receive Job Search Services (addressed in Item 3), even though concurrent participation in Job Search Services is not required by the county [42-730.326(a), 42-730.335(a)].
- The participant chooses to participate in up-front Job Search Services prior to participating in Assessment or, in some AFDC-U cases, another GAIN activity, even though the participant is not required to participate in up-front Job Search Services [42-772.12]. (Note: This does not apply to participants who are **required** to participate in up-front Job Search Services by the county. For **required** participation in up-front Job Search Services, use Item 1).

Item 4 is for volunteers only (AFDC recipients who are exempt from mandatory participation in GAIN but choose to voluntarily participate). Check the corresponding box, describe the assigned activity in the first blank (for example, "attend cosmetology program at community college"), and indicate the GAIN activity type in the second blank (for example, "Self-Initiated Program").

Following appraisal, if the county determines that a participant lacks the skills or education necessary to secure and maintain entry-level employment, the participant shall not be required to participate in job search services as the first program assignment. Job search services for such a participant shall occur when these participants and the county agree that the individual has acquired sufficient skills and education to benefit from job search services, unless the participant has chosen to complete job search services immediately after appraisal. Check the first box following Item 4 to indicate that the participant agrees that the necessary skills and education have been obtained.

To specify the participant's employment goal, check the box and write the goal in the blank.

If the activity has requirements for attendance or making satisfactory progress (i.e., Basic Education, SIP, or training or education services after Assessment), check the appropriate box and write the name of the activity in the blank.

If the participant is required to provide proof of attendance and performance, check the appropriate box, write the name of the activity in the blank, and indicate the date(s) by which the documentation must be submitted.

Check the box to indicate that the participant has up to 30 days to ask for a change in activity, and explain that the 30-day grace period may be used only once by each participant.

Instructions for GAIN 245 (cont.)

"LOCATION AND SCHEDULE" - If the location and schedule of the activity are known, put the information in the appropriate spaces. Note that the form accommodates the location and schedule for two concurrent activities.

If the location and schedule are not known, check the appropriate box to indicate how the information will be obtained by the participant and fill in the corresponding blanks.

"WORK REQUIREMENT" - Review this section with each participant to insure that the participant understands that he/she is agreeing to take a job if one is offered. Review the reasons, listed in the GAIN Guidebook, that comprise good cause for not taking a job if offered. If the participant is agreeing to participate in an activity that requires the participant to actively look for a job, check the first box and review the requirement with the participant. For participants assigned to PREP, check the second box and use the GAIN 246 (9/95) PREP Worksheet to compute the number of hours that the participant is required to work.

"SUPPORTIVE SERVICES" - Review this section with the participant and provide the necessary assistance in arranging for the participant's supportive services.

"ADDITIONAL INFORMATION" - Use this section to list any additional information or comments.

"CERTIFICATION" - Carefully review this section with the participant and have the participant sign where indicated. The GAIN worker should also sign where indicated. Put the date by which the participant must tell the GAIN Worker if the participant wants to change the terms of the Activity Agreement.

Note: If the participant indicates that he/she wants to change the terms of the activity agreement within three days of signing it, and a new contract is signed, write an explanation under "ADDITIONAL INFORMATION" that the new contract is considered final.

IMPORTANT: In the first sentence of the CERTIFICATION section, it is specified that the GAIN Participant Contract includes the GAIN 1, GAIN 245, and GAIN Guidebook. This should be emphasized to the participant prior to signing this form. During State Hearings, CWDs should be sure to include the GAIN Guidebook when submitting the GAIN 1, GAIN 245, and GAIN 10 forms as evidence.

Give a copy of the completed, signed form to the participant.

NOTE: After the GAIN 245 has been signed and the participant begins his/her activity, the GAIN 10 Activity Agreement Amendment form is to be used when there is a change within that activity. These changes could include a change in location, change in hours, etc. A new GAIN 245 form is to be completed each time the participant begins a new activity. A new GAIN 245 is also to be completed when a concurrent activity is added to an existing activity, and the new GAIN 245 should include both the existing and added concurrent activities.

GAIN 10 (9/95) Activity Agreement Amendment (Revised)

The GAIN 10 Activity Agreement Amendment form is to be used for changes within the participant's activity, such as changes in the activity's location, schedule, etc. When a GAIN 10 is signed, the unchanged portions of the GAIN Participant Contract, including the GAIN Guidebook, GAIN 1 and GAIN 245 remain in effect.

The GAIN 10 is **not** used to amend a previously enacted GAIN 10 form. Rather, for each new change in an activity, the GAIN worker must refer back to the GAIN 245 for that activity and **include all of the changes that are currently in effect and that were made since the GAIN 245 was signed.** These changes may include some of the changes that were initiated via a previous GAIN 10 form. (There should never be more than one GAIN 10 form that is in effect at one time.)

Indicate the date of the GAIN Contract-Activity Agreement (GAIN 245) in the appropriate blank. Also, place this date in the blank below to indicate that the unchanged portions of the GAIN 245 remain in effect. Then, write the change in the space provided.

"CERTIFICATION" - Carefully review this section with the participant. Indicate the date by which the participant must contact the GAIN worker to change the terms of the Activity Amendment. The GAIN worker and participant should sign and date where indicated.

Give a copy of the completed, signed form to the participant.

GAIN CONTRACT GENERAL AGREEMENT

PARTICIPANT NAME _____

CASE NAME _____

CASE NUMBER _____

I.D. NUMBER _____

This is an agreement between _____ (PARTICIPANT)
and _____ (COUNTY) to participate in

the Greater Avenues for Independence (GAIN) Program.

Your GAIN Participant Contract tells how you and the county will work together so that you can get and keep a job. Your contract includes this General Agreement, the Activity Agreement, and the GAIN Guidebook. The GAIN Guidebook tells you about GAIN activities, services, and requirements. The Activity Agreements tell you the GAIN activity that you will be participating in.

The county has certain responsibilities to help you while you are in GAIN. The county must explain GAIN to you and answer any questions.

The county must help you arrange and pay for child care, transportation, and work and training expenses. If necessary, the county can make advance payments to you for these supportive services.

This contract and any changes to it will apply to you and the county as long as you participate in GAIN. But, the county may have to change or stop all or part of this contract without asking you if: 1) the county runs short of money and has to take people out of GAIN; 2) there are changes in law or regulations; 3) the county cannot get or pay for services from the provider or 4) you stop receiving AFDC. The county will inform you of any changes in writing.

YOUR RIGHTS

As a GAIN participant, you have the following rights which will help you take part in GAIN.

You have the right to:

1. Receive direction and support from the county to help you improve your ability to get a job.
2. Receive payment for child care, transportation, and work or training-related expenses if you need it to participate or attend any GAIN appointment or activity. These are called supportive services. If you are already in a job training or education program, you may only receive payments for your child care and transportation to participate in that program.
3. Receive details of your supportive services arrangements in writing.
4. Receive advance payment, if you need it, for approved supportive services.
5. Receive a referral to places in the community that offer personal counseling if you need it to help you participate.
6. Postpone (defer) participation in GAIN if you have a good reason.
7. Change your mind about your activity agreement after you sign it. If you change your mind, you must tell your GAIN worker within 3 working days.
8. Refuse a job if you have a good reason.
9. Refuse to participate if the services you and the county agree you need are not provided.
10. Refuse to participate if you have any other good reason.
11. Explain the reason if you fail to do what GAIN requires.
12. Have a second chance to cooperate and participate in GAIN through the conciliation process.
13. Protest any county action you do not agree with.
14. Seek legal advice at any time regarding your participation in GAIN.

YOUR RESPONSIBILITIES

As a GAIN participant, you also have the following responsibilities to make sure GAIN works for you.

You must:

1. Accept a job if you get an offer unless you have a good reason not to.
2. If working, keep the job and not lower your earnings.
3. Sign activity agreements which tell how you and the county agree to work together while you participate.
4. Participate as you agreed in your contract unless you have a good reason.
5. Choose and arrange for supportive services. The county will help you.
6. Sign up for subsidized child care if you will need it. The county will tell you how.
7. Ask your GAIN worker if you have any questions about the GAIN Program.
8. Tell your GAIN worker of changes that may affect your participation.
9. Tell your GAIN worker right away of changes in your need for supportive services. This includes changes in child care providers. If you don't tell the county in advance, the county may not be able to pay for the services that change.
10. Pay GAIN back for any supportive services payments you got, but you did not need or you were not eligible for.
11. Respond to call-in notices the county sends to you.
12. Provide proof of satisfactory progress in your assigned activity if required by your county.
13. Read (or have read or explained to you) and understand the GAIN Guidebook.

QUESTIONS?

Your GAIN Guidebook gives you more information on your rights and responsibilities. If you have any questions, be sure to check your GAIN Guidebook or call your GAIN worker at the number shown below.

CERTIFICATION

I understand that the purpose of GAIN is to help me prepare for work and find a job. I have read (or had read or explained to me) and understand this General Agreement. I have received a copy of the GAIN Guidebook. I know that I have certain rights and responsibilities as a participant in the GAIN Program. I know that I must meet all my responsibilities as a GAIN participant. If I fail to meet my responsibilities without good reason, I know that there are certain penalties and that my cash aid may be affected.

PARTICIPANT'S SIGNATURE: _____

DATE: _____

GAIN WORKER'S SIGNATURE: _____

PHONE: _____

DATE: _____

**GAIN CONTRACT—
ACTIVITY AGREEMENT
AMENDMENT**

PARTICIPANT NAME:	
CASE NAME:	
CASE NUMBER:	IDENTIFICATION NUMBER:
GAIN WORKER NAME:	

The GAIN CONTRACT - ACTIVITY AGREEMENT that I signed on _____ (Date) has been changed as follows:

I have reviewed these changes and agree with them. I understand that everything else in my GAIN Contract - Activity Agreement that I signed on _____ (Date) still applies.

I have reviewed my need for GAIN supportive services (child care, transportation, and work and training related expenses) with my GAIN worker. I understand that I do not have to participate until specific arrangements for the supportive services I need have been made. I understand that I must tell my GAIN worker right away of changes in my need for GAIN supportive services, or if I no longer need them. If I do not report the changes in advance, GAIN may not be able to pay for them.

CERTIFICATION

I understand that my GAIN Participant Contract includes this Activity Agreement Amendment, the GAIN Contract - General Agreement, the GAIN Contract - Activity Agreement, and the GAIN Guidebook. I understand that the GAIN activities and services, and my rights and responsibilities as a GAIN participant, are explained to me on these forms. I understand that I can ask my GAIN worker if I have any questions.

I understand that I have three working days to think about the terms of this Activity Agreement Amendment. I understand that if I want to change the terms of this Activity Agreement Amendment, I must tell my GAIN worker by _____ (Date). If I don't tell my GAIN worker by then, this Activity Agreement Amendment is considered final. If GAIN agrees to change this Activity Agreement, and I sign a new one, I understand that the new Activity Agreement Amendment is considered final.

I have read (or had read to me) and understand this Activity Agreement Amendment, and have received a copy of it. If I fail to meet my responsibilities without good reason, I know that there are certain penalties and that my cash aid may be affected.

PARTICIPANT'S SIGNATURE:		DATE:
GAIN WORKER'S SIGNATURE:		DATE:
PHONE:		

GAIN CONTRACT - ACTIVITY AGREEMENT

PARTICIPANT NAME: _____	
CASE NAME: _____	
CASE NUMBER: _____	I.D. NUMBER: _____
GAIN WORKER NAME: _____	

ACTIVITY

1. My assigned activity is _____
_____. I agree to go to this _____ (type) activity and complete it.
I understand that if I do not participate as required in this activity without a good reason, my cash aid will be lowered.
 2. I understand that I must also participate in _____
_____ (activity). I agree to go to this _____ (type) activity and complete it.
I understand that if I do not participate as required in this activity without a good reason, my cash aid will be lowered.
 3. I understand that I do not have to participate in _____
(activity) at this time, but I agree to go to this _____ (type) activity and complete it anyway.
I understand that if I do not participate as required in this activity without a good reason, my cash aid will be lowered.
 4. I understand that I do not have to participate in _____
_____ (activity) at this time, but I agree to this _____ (type) activity and
complete anyway. My GAIN worker has described this activity to me. I understand that if I stop participating in this activity
without a good reason, my cash aid will not be lowered, and I may not be allowed to participate in GAIN for a period of time.
- I agree that I have gotten the skills and education I need to benefit from Job Search Services.
- My employment goal is _____.
- My GAIN activity(s) fits the goals of my employment plan. I have received a copy of my employment plan from my GAIN worker and understand that it is part of my GAIN Participant Contract.
- I understand that if I do not attend _____ / _____
[activity(s)] full-time (or attend as required by GAIN) or make satisfactory progress in my assigned activity, GAIN will determine why, and I may have to go to a different activity. I understand that I am required to give proof of satisfactory progress in my activity (s) to my GAIN worker by the date(s) listed below.

Activity: _____ Date Proof is Due: _____

Activity: _____ Date Proof is Due: _____

- I understand that I have up to 30 days to ask for a change in my activity once it starts. I understand that I can only change my activity once. If GAIN agrees to the change, I know I will have to sign a new Activity Agreement.

LOCATION AND SCHEDULE

Activity _____ Begins: _____ Expected to end: _____ Location and Schedule: _____	Activity _____ Begins: _____ Expected to end: _____ Location and Schedule: _____
--	--

- GAIN agrees to send me the location and schedule for my activity _____ by _____ (date).
- I agree to go to _____ (location) on/by _____
(date) to get my activity _____ location or schedule.
- I agree to give my GAIN worker a copy of my _____ (activity) schedule by _____
(date). I agree to tell my GAIN worker if any changes are made and give my GAIN worker a copy of the changes if required.

WORK REQUIREMENT

I agree to take a job if one is offered to me, unless I have a good reason not to. I understand that the good reasons for not taking a job are listed in the GAIN Guidebook.

I understand that the number of hours I am required to work in my PREP activity is figured on the PREP Worksheet.

SUPPORTIVE SERVICES

GAIN agrees to pay for supportive services (child care; transportation; and work, education, and training related expenses) if I need them to participate in GAIN and GAIN rules allow for them.

I have reviewed my need for GAIN supportive services with my GAIN worker. I understand that I do not have to participate until specific arrangements for the supportive services I need have been made. I understand that I must tell my GAIN worker right away of changes

GAIN FORMS

This attachment consists of a complete listing of current and obsolete GAIN forms, and includes copies of the new and revised GAIN forms. Counties should begin using the new and revised forms and discontinue using the obsolete forms as soon as administratively possible. **Note: Current and obsolete GAIN Participant Contract forms are listed separately in Attachment 4 of this ACL.**

CURRENT GAIN FORMSNew and Revised GAIN Forms

The following GAIN forms are new or revisions of previous forms:

GAIN 24 (1/96)	GAIN Registration [all pervious versions are obsolete]
GAIN 32 (1/96)	Request for GAIN Third-Party Assessment [replaces TEMP GAIN 32 (12/90)]
GAIN 36 (1/96)	GAIN Appraisal Appointment Letter [all previous versions are obsolete]
GAIN 43 (1/96)	GAIN Notice of a Participation Problem [all previous versions are obsolete]
GAIN 44 (1/96)	GAIN Notice of No Good Cause Determination and Conciliation Appointment [all previous versions are obsolete]
GAIN 45 (1/96)	GAIN Notice of Determination of No Good Cause Upheld [replaces TEMP GAIN 45 (10/90)]
GAIN 49 (12/95)	GAIN Notice of Reversal of No Good Cause [replaces TEMP GAIN 49 (10/90)]
GAIN 51 (1/96)	GAIN Priority Statement [all previous versions are obsolete]
GAIN 52 (1/96)	GAIN Exemption Request [all previous versions are obsolete]
GAIN 53 (1/96)	GAIN Program Notice [all previous versions are obsolete]
GAIN 56 (1/96)	GAIN Supportive Services Request [replaces TEMP GAIN 56 (1/91)]
GAIN 56A (1/96)	Student Financial Aid Statement GAIN Supportive Services [replaces TEMP GAIN 56A (8/93)]
GAIN 57 (1/96)	GAIN Supportive Service Repayment Agreement [replaces TEMP GAIN 57 (2/91)]
GAIN 58 (1/96)	GAIN Supportive Services Overpayment Notice [replaces TEMP GAIN 58 (9/92)]
GAIN 59 (1/96)	GAIN Supportive Services Overpayment Final Notice [replaces TEMP GAIN 59 (2/91)]
GAIN 63 (1/96)	GAIN Exemption Determination [all previous versions are obsolete]
GAIN 105 (10/95)	Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment [all previous versions are obsolete]
GAIN 106 (1/96)	Agreement to Balance Child Care/AFDC Overpayment with GAIN Supportive Services Corrective Underpayment [all previous versions are obsolete]
GAIN 246 (1/96)	PREP Worksheet [all previous versions are obsolete]
GAIN 247 (1/96)	Notice of GAIN Assignment Following Reappraisal [replaces NA 830 (10/95) and NA 831 (10/95)]
TEMP 2114 (1/96)	New Rules for GAIN Exemptions and Deferrals

CURRENT GAIN FORMS (cont.)Unchanged GAIN Forms

The following forms have not been changed or revised at this time. Counties should continue to use these forms until further notice. Note: CDSS has decided not to revise the data collection forms included below at this time due to the anticipated computer programming changes resulting from federal Block Grants.

GAIN 25 (7/88)	GAIN Monthly Activity Report
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 - GAIN Employment Follow-Up
GAIN 31 (7/89)	GAIN Quarterly Characteristics Report
GAIN 39 (1/94)	Notice to Other Parent
GAIN 40 (12/91)	Reminder to End Sanction
GAIN 48 (8/95)	GAIN Notice of Good Cause Determination
GAIN 54 (1/94)	Agreement to End GAIN Conciliation Sooner Than 20 Calendar Days
GAIN 55 (1/94)	Agreement to Extend Conciliation 10 Calendar Days
GAIN 61 (11/94)	GAIN Program Participant Data Collection Form
EP 5 (1/96)	Your Hearing Rights (Replaced GAIN 50 (1/95) via ACL #96-03)

OBSOLETE GAIN FORMS

The following GAIN forms are obsolete. Counties should discontinue using these forms as soon as administratively possible.

TEMP GAIN 32 (12/90)	Request for GAIN Third-Party Assessment
TEMP GAIN 45 (10/90)	GAIN Notice of Determination of No Good Cause Upheld
GAIN 46 (1/94)	GAIN Notice of Missed Conciliation Appointment; Failed Telephone Attempt
TEMP GAIN 49 (10/90)	GAIN Notice of Reversal of No Good Cause
TEMP GAIN 56 (1/91)	GAIN Supportive Services Request
TEMP GAIN 56A (8/93)	Student Financial Aid Statement GAIN Supportive Services
TEMP GAIN 57 (2/91)	GAIN Supportive Service Repayment Agreement
TEMP GAIN 58 (9/92)	GAIN Supportive Services Overpayment Notice
TEMP GAIN 59 (2/91)	GAIN Supportive Services Overpayment Final Notice
GAIN 100 (2/93)	Aid to Families with Dependent Children (AFDC) - Greater Avenues for Independence (GAIN) Statistical Report on GAIN Program Sanctions
GAIN Supplement A (Rev. date unknown)	Additional Job Search Activity
TEMP 2065 (1/94)	Notice - OJT/Grant Diversion Participants

NOTE: Counties that identify GAIN forms not covered in Attachments 4 and 5 of this ACL should contact their Operations Analyst for instructions on their use.

GAIN REGISTRATION

DATE:

CASE NAME:
CASE NUMBER:
REGISTRANT'S NAME:

The Greater Avenues for independence Program, known as GAIN, provides employment and supportive services to help people who receive AFDC find work and become self-supporting.

A. MANDATORY REGISTRANTS

You have been registered for GAIN. You must participate in GAIN because you are not exempt. Exemptions are listed in the next column.

Under GAIN, you and the county will be required to enter into a contract. The contract will show what your program activities and requirements are and what services the county must offer you. The contract will also give you a detailed explanation of your rights, duties, and responsibilities under GAIN. You will be sent a notice when you have been scheduled for an appointment to enter GAIN.

You must tell your GAIN worker if you move, get a job, change your child care or other supportive services, or have problems in meeting the program requirements.

Your aid may be lowered if you do not:

- Keep appointments made by your GAIN worker.
- Keep appointments for job interviews.
- Enter into a contract between you and the county's GAIN Program.
- Follow the requirements in the contract.
- Meet all the requirements of GAIN.
- Keep your job.
- Try to keep making at least as much money as you made when you started participating in GAIN.
- Provide proof of satisfactory progress in your assigned GAIN activity, if required by your county.

Before we lower your cash aid for not doing any of these things, you will be given a chance to say why you did not do them. If you have a good reason, your cash aid will not be lowered.

B. VOLUNTEERS

You are not required to participate in GAIN because you are exempt, but you have volunteered to participate.

You have the same rights and responsibilities as a mandatory registrant except that you may decide not to meet the requirements at any time without affecting your aid. However, if you do not have a good reason, you may not be allowed to voluntarily participate in the program for a period of time.

If you become a mandatory registrant (see Item A), your county worker will notify you of the change.

If you disagree with this registration, you can ask for a state hearing. See the back of this form for more information.

EXEMPTIONS

You have been registered for GAIN because you are not exempt. A person is exempt if he or she:

- Is under 16 years old.
- Is 16, 17, or 18 years old and goes to school full time (not college), unless the person is in school as part of his or her GAIN program.
- Is ill or has an injury that would keep him or her from working, or is recovering from having a baby.
- Is 60 years old or older.
- Is physically or mentally unable to work.
- Lives so far away from the GAIN activity that he or she cannot participate. (This means it takes more than two hours total travel time from the person's home to go to and from any GAIN activity, including orientation and appraisal. If the person takes public transportation, such as a bus, the travel time includes the time it takes to walk to the bus stop, the time to transfer from one bus to another, and the time to walk from the bus stop to the GAIN activity. The travel time does not include the time needed to take children to and from child care.)
- Must stay at home to take care of someone in the household who is unable to care for himself or herself, and nobody else in the home is available to care for the person.
- Is the parent or caretaker of a child under 3 years old and is personally responsible for providing care for the child, unless he or she is a 19-year-old parent without a high school diploma. The person may be exempt only one time during a period of continuous stay on AFDC in California. If the person received this exemption before and gives birth to another child or adopts a child under age three, the person may be exempt for not more than four months.
- Works or expects to work 30 hours or more per week in regular employment that pays at least the minimum wage and should last at least 30 days. The minimum wage requirement does not apply for the first six months if you are self-employed or paid on commission.
- Is pregnant and the baby is due within six months.
- Is a VISTA volunteer.

If you believe that you should be exempt from GAIN, ask your worker to give you a form (GAIN 52) to use to make your request to be exempt from GAIN. You will be told if you are exempt from GAIN.

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 the above exemptions may not apply to you. For more information, contact your eligibility worker or Cal-Learn case manager.

YOUR HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in Cal-Learn/GAIN/NET, your activity/program, or your supportive services/NET child care services.
- Asking for a hearing will not affect your AFDC cash aid.
- You have only 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your GAIN/NET status or your activity/program:

- You do not have to participate.
- You cannot come into the program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any GAIN supportive services/NET child care services or give you any other services.
- You can keep going or start going to an activity different from the one we referred you to, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to GAIN participants only.

If you disagree with the County's decision about your Cal-Learn status or your activity:

- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- Cal-Learn will pay only Cal-Learn supportive services for an approved Cal-Learn activity.

To get supportive services/NET child care services payments, you must go to the activity/program the County has asked you to go to.

If you disagree with the County's decision about your supportive services/NET child care services payments, and you attend your approved activity/program, the County will pay supportive services/NET child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity/program.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your activity/program.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

(Check appropriate program box)

- Cal-Learn GAIN NET Child Care

(Check appropriate action box)

- Status Activity Supportive Services

Other (list) _____

Here's why:

- Check here and add a page if you need more space.
- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

Name _____

Address _____

I need an interpreter at no cost to me. My language or dialect is: _____

- I want a copy of this page sent to me.

My Name: _____ (Print)

Address: _____

My Case Number: _____

My signature: _____

Phone: _____ Date: _____

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

GAIN APPRAISAL APPOINTMENT LETTER

NAME _____

DATE
 CASE NUMBER
 SSA NUMBER

- You are now required to participate in the GAIN Program.
- You have volunteered to participate in the GAIN Program.

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

The purpose of this appointment is to get information from you that will help to decide what kind of programs you should go to first. Then you and the County will enter into a contract. The contract will show what your GAIN Program activities are and what services the County may offer you. The GAIN Program activities and supportive services are described in your GAIN Guidebook, which you will receive from the County. The contract will also give you a detailed explanation of your rights, duties and responsibilities under the GAIN Program.

This appointment is **very** important.

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

**GAIN NOTICE OF A
PARTICIPATION PROBLEM**

TO: _____

ISSUE DATE: _____	
CASE NAME: _____	CASE NUMBER: _____
WORKER NAME: _____	WORKER NO.: _____

If you have any questions, please call your GAIN worker.

There is a problem with your participation in the GAIN Program. To discuss this problem, we have scheduled an interview with you on:
 _____ at _____ o'clock at _____.

HERE'S THE PROBLEM:

- You did not sign the GAIN contract on _____.
- You did not participate in _____ on _____.
- You did not go to a job interview with _____ when referred on _____.
- You did not accept a job with _____ when referred on _____.
- You quit your job on _____.
- You reduced your earnings on _____.

If you cannot keep this interview, please call your GAIN worker by _____ to schedule another interview.
 You may reschedule this interview only once.

**GAIN CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF YOU NEED
 THEM TO HELP YOU KEEP THIS INTERVIEW.**

If you need transportation or child care services to keep this interview, please call your GAIN worker.

WHAT IS THE PURPOSE OF THE INTERVIEW?

The purpose of the interview is to find out if you had a good reason for not doing what GAIN requires. If it is decided that you did not have a good reason, you can work with us to agree on a participation plan. If you had a good reason for not participating, we will work with you so that you are able to do what GAIN requires.

You can get free help with your participation plan and with this interview from:

Legal Aid
Office

Welfare Rights
Office

CCWRO

See back of this notice for more important information

WHAT HAPPENS AT THE INTERVIEW?

At the interview, you may give your reasons for not doing what GAIN requires. If you have a good reason, penalties will not be applied to you. Some good reasons for not participating are: you are required to appear in court, you are ill, you have a family crisis, you have a family illness, you do not have child care, or you do not have transportation. For other good reasons, see your GAIN Guidebook.

WHAT HAPPENS IF YOU DO NOT ATTEND THE INTERVIEW?

IF YOU DO NOT COME IN FOR THE INTERVIEW OR CALL TO RESCHEDULE THE INTERVIEW, THE COUNTY WILL DECIDE WHETHER YOU HAVE A GOOD REASON. THE COUNTY WILL USE INFORMATION THAT IS AVAILABLE.

WHAT HAPPENS IF YOU DO NOT HAVE A GOOD REASON?

If the County decides that you did not have a good reason for not doing what GAIN requires, you will have 20 calendar days to either provide the County with a good reason for not doing what GAIN required or agree on and sign a participation plan. Penalties will not be applied to you if you agree on and sign the participation plan and participate in the program.

WHAT HAPPENS IF YOU DO NOT AGREE TO A PARTICIPATION PLAN?

If you do not agree on a participation plan during the time allowed, your cash aid will be lowered if you are a mandatory participant. If you are a volunteer, you will not be able to participate in GAIN.

WHAT IF YOU DO NOT AGREE WITH THE COUNTY?

If you think this action is wrong, you may ask for a hearing. The Hearing Rights form attached tells you how. You can also call your GAIN worker if you think this notice is wrong.

These rules apply; you may review them at your welfare office:
MPP 42-781, MPP 42-787.

GAIN NOTICE OF NO GOOD CAUSE DETERMINATION AND CONCILIATION APPOINTMENT

ISSUE DATE:	
CASE NAME:	CASE NUMBER:
WORKER NAME:	WORKER NO.:

If you have any questions, please call your GAIN worker.

TO: _____

Starting _____, you have 20 calendar days to discuss your GAIN participation problems with your worker and to agree on a GAIN participation plan. If not:

- Your cash aid will be lowered since you are a mandatory participant.
- You will not be able to participate in GAIN since you are a volunteer.

HERE'S WHY:

On _____, we decided you did not have a good reason for:

- not signing the GAIN contract.
- not participating in _____.
- not going to a job interview.
- not accepting a job.
- quitting your job.
- reducing your earnings.

WHAT HAPPENS NEXT?

To help you with any problems that have kept you from doing what GAIN requires, we have scheduled an appointment with you on _____ at _____ o'clock at _____.

We will work with you on a plan for your participation in GAIN.

If you cannot keep this appointment, please call your GAIN worker by _____ to schedule another appointment. You may reschedule this appointment only once.

GAIN CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF YOU NEED THEM TO HELP YOU KEEP THIS APPOINTMENT.

If you need transportation or child care services to keep this appointment, call your GAIN worker.

PARTICIPATION PLAN

Our proposed plan for you to do what GAIN requires is:

INDIVIDUAL'S COUNTER PROPOSAL

If you do not agree with our plan, you may suggest your own below, and we will consider it.

See back of this notice for more important information

You can get free help with your participation plan and with this interview from:

Legal Aid
Office

Welfare Rights
Office

CCWRO

**RIGHT TO SUPERVISOR'S REVIEW
RIGHT TO GIVE MORE INFORMATION**

If you believe we are wrong in saying you did not have a good reason for not doing what GAIN requires, you can ask for a supervisor to review our decision. We will also consider any information you give us which you believe proves you did have a good reason. You must provide this information within 20 calendar days of the issue date of this notice, or we will not consider it.

WHAT IF YOU DO NOT AGREE WITH THE COUNTY?

If you think this action is wrong, you may ask for a hearing. The Hearing Rights form attached tells you how. You can also call your GAIN worker if you think this notice is wrong.

These rules apply; you may review them at your welfare office:
MPP 42-781, MPP 42-787.

GAIN NOTICE OF DETERMINATION OF NO GOOD CAUSE UPHeld

ISSUE DATE: _____

CASE NAME: _____

CASE NUMBER: _____

WORKER NAME: _____

WORKER NO.: _____

TO: _____

If you have any questions, please call your GAIN worker.

On _____, we sent you a notice saying you did not have a good reason for not doing what GAIN requires. You asked for a supervisor to review your case.

A supervisor has reviewed your case and decided that you did not have a good reason for _____

on _____.

You have until _____ to work with the County to agree on a participation plan. Otherwise:

- Your cash aid will be lowered since you are a mandatory participant.
- You will not be able to participate in the GAIN program since you are a volunteer.

PARTICIPATION PLAN

Our plan for you to participate is _____

INDIVIDUAL'S COUNTER PROPOSAL

If you do not agree with our plan, you may suggest your own below, and we will consider it.

You can get free help with your participation plan from:

Legal Aid
Office

Welfare Rights
Office

CCWRO

WHAT IF YOU DO NOT AGREE WITH THE COUNTY?

If you think this action is wrong, you may ask for a hearing. The Hearing Rights form attached tells you how. You can also call your GAIN worker if you think this notice is wrong.

These rules apply; you may review them at your welfare office.
MPP 42-781, MPP 42-787.

YOUR HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in Cal-Learn/GAIN/NET, your activity/program, or your supportive services/NET child care services.
- Asking for a hearing will not affect your AFDC cash aid.
- You have only 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your GAIN/NET status or your activity/program:

- You do not have to participate.
- You cannot come into the program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any GAIN supportive services/NET child care services or give you any other services.
- You can keep going or start going to an activity different from the one we referred you to, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to GAIN participants only.

If you disagree with the County's decision about your Cal-Learn status or your activity:

- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- Cal-Learn will pay only Cal-Learn supportive services for an approved Cal-Learn activity.

To get supportive services/NET child care services payments, you must go to the activity/program the County has asked you to go to.

If you disagree with the County's decision about your supportive services/NET child care services payments, and you attend your approved activity/program, the County will pay supportive services/NET child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity/program.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your activity/program.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

(Check appropriate program box)

- Cal-Learn GAIN NET Child Care

(Check appropriate action box)

- Status Activity Supportive Services
- Other (list) _____

Here's why:

- Check here and add a page if you need more space.
- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

Name _____

Address _____

I need an interpreter at no cost to me. My language or dialect is: _____

- I want a copy of this page sent to me.

My Name: _____

(Print)

Address: _____

My Case Number: _____

My signature: _____

Phone: _____ Date: _____

GAIN NOTICE OF REVERSAL OF NO GOOD CAUSE

ISSUE DATE:	
CASE NAME:	CASE NUMBER:
WORKER NAME:	WORKER NO.:

TO:

If you have any questions, please call your GAIN worker.

On _____, we decided you had a good reason for not _____

_____ on _____. Therefore, this period of conciliation is terminated.

WHAT HAPPENS NEXT?

If you are required to participate in GAIN, your GAIN worker will continue to tell you what specific program requirements you must meet. The County will take necessary steps to help you so that you are able to do what GAIN requires. If you are exempt but volunteered to participate in GAIN, your GAIN worker will help you begin participation or resume participation, if possible.

These rules apply; you may review them at your welfare office:
MPP 42-781, MPP 42-787.

COUNTY

CASE NAME

CASE NO.

OTHER ID NO.

WORKER NAME

GAIN PRIORITY STATEMENT

Questions? Ask your worker.

PART A

You must answer the following questions to help us decide if you must or may be in GAIN. If you answer "YES" to any of the questions in Part A, you do not need to answer any more questions in Part A, and can go on to Part B:

- 1) Have you gotten AFDC during at least 36 of the past 60 months? (60 months = 5 years) YES NO
- 2) Are you a parent under age 24 and your child is living with you? If "YES", please write your age and answer 2a, 2b, and 2c below: YES NO
AGE _____
- a) Have you worked for pay for three months in a row or less during the past year? YES NO
- b) Did you get paid less than \$4.25 per hour for your work? YES NO
- c) Mark "YES" if you are not in high school and do not have a high school diploma or General Educational Development (GED) certificate. YES NO
- 3) Are you a member of a family getting AFDC cash aid in which the youngest aided child is 16 years old or older? YES NO

PART B

- 1) DO YOU WANT TO PARTICIPATE IN GAIN?..... YES NO

- If you marked that you want to be in GAIN, you will be informed whether you can be in the program.
- If you cannot be in GAIN, you will be informed of the reason why you cannot be in the program, and you have the right to ask for a State Hearing if you do not agree.
- Even if you marked "NO" in Part B, you may still be required to participate if you do not have a good reason to be excused.
- If in the future you decide that you want to be in GAIN, you may ask to fill out this form so that the county can decide if you can be in the program.

PLEASE PRINT YOUR NAME HERE

SIGNATURE

DATE

COUNTY USE ONLY

Target Population Member

YES NO

Comments:

COUNTY _____

CASE NAME _____

CASE NO. _____

OTHER ID NO. _____

WORKER NAME _____

GAIN EXEMPTION REQUEST

Questions? Ask your worker.

If you have been told that you may be required to be in GAIN or you are already in GAIN, you may request to be exempt from GAIN 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 GAIN.

If you answer "Yes" to any of these questions, you may be exempt from GAIN. Please answer all of the questions. This form cannot be completed by county.

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 GAIN assignment.)
3. Are you ill or do you have an injury that would keep you from going to work or training or are you recovering from having a baby? Please describe your illness/injury and how long you think this will keep you from participating and provide any medical proof you have. _____

4. Are you living so far away from a GAIN activity that you can't take part? This means it takes more than two hours total travel time from your home to go to and from any GAIN activity, including orientation and appraisal. If you take public transportation, such as a bus, your travel time includes the time it takes you to walk to the bus stop, the time to transfer from one bus to another, and the time to walk from the bus stop to the GAIN activity. Your travel time does not include the time you need to take children to and from child care. Your GAIN orientation, appraisal, or other activity will be at: _____
5. Are you staying home on a regular basis to take care of someone in the household who can't take care of him/herself, and nobody else in the home is available to care for the person?
6. Are you the parent or caretaker of a child under three years old and are you personally responsible for providing care for the child? This may not apply if you have been excused before for having a child under three. (Does not apply if you are age 19 and do not have a high school diploma or General Educational Development (GED) Certificate.)
7. Are you working at least 30 hours per week on a job that should last at least 30 days and pays at least the minimum wage? The minimum wage requirement does not apply for the first six months if you are self-employed or paid on commission.
8. Are you physically or mentally unable to work? Please describe and provide any medical proof you have. _____

9. Are you 60 years old or older?
10. Are you pregnant and your baby is due within six months?
11. Are you a VISTA volunteer?

- You will be informed whether or not you are exempt from GAIN 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.

PLEASE PRINT YOUR NAME HERE

SIGNATURE

DATE

GAIN PROGRAM NOTICE

WHAT GAIN MEANS TO YOU

- GAIN stands for Greater Avenues for Independence. GAIN can teach, train and counsel you to help you find a job.
- Some of the things GAIN 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.
- GAIN 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.
- GAIN will tell you about the available kinds of child care and where to find child care.

WHEN YOU MUST BE IN GAIN

- You must be in GAIN if you apply for or get Aid to Families with Dependent Children (AFDC) and you are not excused (exempt) from participating.
- You don't have to be in GAIN 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 GAIN Program.
 - Ill or have any injury that would keep you from working, or are recovering from having a baby.
 - Living so far away from a GAIN activity that you can't take part. This means it takes more than two hours total travel time from your home to go to and from any GAIN activity, including orientation and appraisal. If you take public transportation, such as a bus, your travel time includes the time it takes you to walk to the bus stop, the time to transfer from one bus to another, and the time to walk from the bus stop to the GAIN activity location. Your travel time does not include the time you need to take children to and from child care. Your GAIN orientation/appraisal will be held at: _____
- Staying home on a regular basis to take care of someone in the household who can't take care of him/herself, and nobody else in the home is available to care for the person.
- A parent or caretaker of a child under three years old. This exemption is available only once during a continuous period of eligibility. BUT if you are age 19 and do not have a high school diploma or General Educational Development Certificate (GED), you must be in GAIN no matter how old your child is unless you have another reason to be exempt.

- Working at least 30 hours per week on a job that should last at least 30 days and pays at least the minimum wage.
- Physically or mentally unable to work.
- 60 years old or older.
- Pregnant and the baby is due within six months.
- A VISTA volunteer.
- If you are a person who has no legal right to work in the United States, you will be excused from GAIN.

If you do not meet any of the listed reasons for being exempt from GAIN, you may be required to go to GAIN. 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 (GAIN 52) to use to make your request to be exempt from GAIN. You will be told if you can be exempt from GAIN.
- Even if you don't have to be in GAIN, you can ask to participate and you will be told if you can.

IF YOU DO NOT DO WHAT GAIN REQUIRES

- If you are required to be in GAIN:
 - 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 GAIN requires to fix the problem, your cash aid will be lowered.
- If you are not required to be in GAIN, but you asked to be in GAIN (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 GAIN requires to fix the problem, your cash aid will not be lowered, but you may not be allowed back in GAIN for a period of time.

When you get a job and go off aid, the county may be able to help you with child care (Transitional Child Care) for up to 12 months and 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 the GAIN Program. 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 GAIN.

GAIN SUPPORTIVE SERVICES REQUEST

ADDRESSEE

NOTICE DATE:

CASE NAME:

CASE NUMBER:

PARTICIPANT'S NAME:

STARTING DATE OF ACTIVITY:

THIS FORM IS FOR YOU TO COMPLETE TO HELP THE COUNTY DECIDE WHAT SUPPORTIVE SERVICES YOU WILL GET WHILE YOU ARE IN GAIN.

Your County will help you arrange and/or pay for child care, transportation and other supportive services. If you need it and ask for it, your County will give you the money for your supportive services before the service is used. That way you will not be out any money for even a short time. (This is called an advanced payment). If the County determines that a supportive service or an advance payment is not necessary, the County will tell you why.

CHILD CARE

- I need help in finding child care.
- I need the cost of child care paid for my children who are under age 13 or disabled or under court supervision.
- I need an advance payment for child care expenses because: _____

TRANSPORTATION

- I need transportation expenses paid for me.
- I want to use:
- Bus service
- My own car
- I understand that I may choose to drive my own car, even though public transportation is available that would not require more than two hours round trip to get me to my GAIN activities. If I choose to drive my own car, I will be paid at the rate for public transportation or the mileage rate for county employees, whichever is lower.
- Other - specify: _____
- I need to pay for parking.
- I need an advance payment for transportation expenses because: _____

WORK AND TRAINING RELATED EXPENSES

- I need help to pay for training and/or work materials like books, tools or special clothing. Items needed are: _____
- I need an advance payment for work and training expenses because: _____

PERSONAL COUNSELING

- I need to be referred for personal counseling.

If GAIN pays more child care, transportation costs or work and training costs than you need to participate, you will have to pay GAIN back. If you get an advance payment that you do not use to pay for GAIN supportive services, we may collect the money you owe us by reducing a future payment. You have the right to ask for a State Hearing on any overpayment. You may not have to pay GAIN back while you are in GAIN, if paying GAIN back would make you unable to participate or to accept a job offer, or if it would make you change the child care you have while in GAIN activities.

PARTICIPANT SIGNATURE

DATE

COUNTY USE ONLY:

**STUDENT FINANCIAL AID STATEMENT
GAIN SUPPORTIVE SERVICES**

COUNTY
CASE NAME
PARTICIPANT'S NAME
WORKER NAME

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

GAIN can help you arrange and/or pay for the supportive services that you can get. Self-initiated education or training programs cannot get ancillary expenses paid.

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 GAIN.

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 GAIN.

I understand that if I agree to use some or all of my student financial aid for my GAIN 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 GAIN 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:	

**GAIN SUPPORTIVE SERVICE
REPAYMENT AGREEMENT**

ADDRESSEE

CASE NUMBER
CASE NAME
WORKER
DATE

I. REPAYMENT TERMS AND CONDITIONS

You must repay what you owe by using one or more of the methods listed in Section III. Your total overpayment is \$ _____ for child care, for transportation or work/training related expenses.

You do not have to begin to repay the overpayment while you are in GAIN if you would not be able to keep the child care you have now or you would not have enough money to pay for child care, transportation and/or work/training related expenses that you need to be in GAIN.

If you cannot repay or begin to repay now, tell your worker now or if this form was mailed to you, call your worker within ten days of the date the form was mailed. If the County agrees, you will still have to pay back what you owe, just not now. The County will then check to see if you can begin to repay when you change GAIN activities.

If you have any questions, please call us at _____.

If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy. Return all other copies to the County. Do not send cash with this agreement. If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

When approved by the County, a signed copy of this agreement will be sent to you.

If you are still in GAIN and do not return this agreement, completed and signed within ten days of the date this notice was mailed to you, the County will take action to collect the overpayment by reducing your next payment.

If you are no longer in GAIN and you do not return this form within ten days of the date this notice was mailed to you the County will demand payment and take other action to collect the overpayment.

II. I understand that:

1. Any changes in my ability to pay can change my monthly payments.
2. If anything changes, I can ask the County to enter into a new repayment agreement with me.
3. If I do not pay as agreed; no longer get AFDC; or for any reason this agreement no longer works, the County will require a new repayment agreement.
4. If I do not pay back the County as I have agreed, they can sue me to recover the amount owed even if it is beyond three-years. I may have to pay collection costs, attorney fees, court costs, and interest.
5. If I do not pay, the County may take my state income tax refund and/or ask for the court to attach my wages or any property I own.
6. The County may ask other family members to repay if I do not repay the overpayments.

Put your initials here _____ to show that you have read and understand items 1 through 6 above.

III. Check below the ways you want to repay. Fill in the amount(s) you will repay.

1. Cash Payment

You may repay all or part of what you owe with cash.

- I will repay by lump sum cash payment of \$ _____ by _____
- I will repay by monthly cash payment of \$ _____ by the first day of each month beginning _____.

2. Payment Reduction

If you get GAIN supportive services payments, you can repay by a percentage of your monthly payment or you can pay more if you want to. The highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was caused by you. If the overpayment was an error by the County, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month.

- I will repay the highest amount that applies in my case.
- Instead of the highest amount, I will repay by having my supportive services payment reduced by \$ _____ each month.

3. Grant Reduction

You may repay by having your AFDC payment reduced.

- I will repay by having my AFDC grant reduced by \$ _____ each month.

IV. CHECK THE BOX BELOW THAT APPLIES TO YOU

- I can begin repayment within 30 days from the date this notice was mailed to me.
- I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by _____.

Mail this form and payments to:

Bring this form and payments "in person" to:

Sign your name below and enter the date.

Signature _____ Date _____

V. To be completed by the County

The above signed Agreement has been accepted by _____ on _____

for _____ County.

Signature _____

GAIN SUPPORTIVE SERVICES OVERPAYMENT NOTICE

COUNTY OF: _____

ADDRESSEE: _____

NOTICE DATE:
CASE NAME:
CASE NUMBER:
WORKER'S NAME:

You were overpaid for the following Supportive Services(s) for the month(s) of _____ :
 Child Care Transportation expenses Work/training related expenses

HERE'S WHY:

- You did not have good reason for not participating in the following assigned activity _____ and were not eligible for supportive services.
- You were paid an advance payment for _____ that you did not use to pay for GAIN expenses.
- Other: _____

The following shows how much you were paid or what the County paid for you, the amount that should have been paid and the total amount you owe.

AMOUNT PAID.....	\$	\$	\$	\$
LESS AMOUNT YOU SHOULD HAVE BEEN PAID.....	-\$	-\$	-\$	-\$
OVERPAYMENT AMOUNT.....	=\$	=\$	=\$	=\$
TOTAL OVERPAYMENT (YOU OWE) FROM THIS NOTICE				=\$
PLUS TOTAL PREVIOUS UNCOLLECTED OVERPAYMENT				+\$
LESS UNDERPAYMENT				-\$
NEW TOTAL AMOUNT YOU OWE				=\$

ONLY THE BOXES THAT ARE CHECKED BELOW APPLY TO YOU:

You must pay back what you owe. You have 10 days from the date this notice was mailed to you to:
 pay in full what you owe, complete and return the enclosed repayment agreement or,
 call your county at _____ to discuss a repayment agreement with the County.

If you don't pay what you owe or contact your County within 10 days after the date this notice was mailed to you, the County will collect the overpayment by lowering your supportive services payment.

The amount collected will be 5% of your supportive services payment if the overpayment was caused by the County or 10% of your supportive services payment if the overpayment was caused by you.

The overpayment collection will continue for each month you request a payment until the amount you owe is paid back. This means that your next supportive services payment of up to \$_____ will be lowered by no more than \$_____.

You may not have to repay in any month while you are in GAIN if you would:

- not have enough money to pay for child care, transportation and or work/training related expenses to be in GAIN and/or
- have to change the child care arrangements you have now.

- Call your worker to have your repayment delayed, if either of the reasons above apply to you.
- You have told the County before that you cannot begin to repay the overpayment while you are in GAIN. The County will delay this repayment.

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.

If you go off aid before the overpayment is paid back and you do not continue to repay, the County may take what you owe out of your state income tax refund or take other action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order send or bring it to:

Address: _____

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County's name on it.

RULES: These rules apply: MPP 42-751. You may review them at your welfare office.

**GAIN SUPPORTIVE SERVICES
OVERPAYMENT FINAL NOTICE**COUNTY OF: _____
ADDRESSEE

NOTICE DATE:
CASE NAME:
CASE NUMBER:
WORKER'S NAME*

We told you on _____ that you were overpaid for the following supportive service(s):

- Child Care Transportation expenses Work/training related expenses

The amount of your overpayment that you still owe is \$ _____ and is due now.

HERE'S WHY:

- You did not agree to repay.
 You did not pay as agreed.
 You are no longer in GAIN, and your method of repayment no longer works.
 You are no longer getting AFDC, and your method of repayment no longer works.
 You did not have to repay while you were in GAIN. Now you need to repay.
 Other.

TOTAL OVERPAID AMOUNT	LESS AMOUNT YOU REPAID	TOTAL AMOUNT YOU OWE
\$ _____	- \$ _____	= \$ _____

You must pay the County what you owe or contact us to make a repayment plan within ten days from the date this notice was mailed to you.

If you do not repay the County or contact the County to enter into a repayment agreement, the County may take what you owe out of your state income tax refund or take other action to collect the amount you owe.

If you get AFDC you can ask to have your AFDC grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits to repay this overpayment.

If you pay by check or money order, send or bring it to:

Address:

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County name on it.

If you have any questions call _____.

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.**RULES:** These rules apply. MPP 42-751 You may review them at your welfare office.

YOUR HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in Cal-Learn/GAIN/NET, your activity/program, or your supportive services/NET child care services.
- Asking for a hearing will not affect your AFDC cash aid.
- You have only 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your GAIN/NET status or your activity/program:

- You do not have to participate.
- You cannot come into the program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any GAIN supportive services/NET child care services or give you any other services.
- You can keep going or start going to an activity different from the one we referred you to, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to GAIN participants only.

If you disagree with the County's decision about your Cal-Learn status or your activity:

- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- Cal-Learn will pay only Cal-Learn supportive services for an approved Cal-Learn activity.

To get supportive services/NET child care services payments, you must go to the activity/program the County has asked you to go to.

If you disagree with the County's decision about your supportive services/NET child care services payments, and you attend your approved activity/program, the County will pay supportive services/NET child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity/program.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your activity/program.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

(Check appropriate program box)

- Cal-Learn GAIN NET Child Care

(Check appropriate action box)

- Status Activity Supportive Services

Other (list) _____

Here's why:

- Check here and add a page if you need more space.
- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

Name _____

Address _____

I need an interpreter at no cost to me. My language or dialect is: _____

- I want a copy of this page sent to me.

My Name: _____

(Print)

Address: _____

My Case Number: _____

My signature: _____

Phone: _____ Date: _____

COUNTY

CASE NAME

CASE NO.

OTHER ID NO.

WORKER NAME

GAIN EXEMPTION DETERMINATION

Questions? Ask your worker.

Based on the information we have:

- 1. YOU ARE NOT REQUIRED TO PARTICIPATE IN GAIN BECAUSE YOU ARE EXEMPT. You can ask to volunteer to be in GAIN and you will be told if services are available.

Reason for Exemption: _____

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

Reason for Denial: _____

- 3. YOU MUST PARTICIPATE IN GAIN BECAUSE YOU DO NOT MEET ANY OF THE REASONS FOR BEING EXEMPT FROM GAIN. You will get a notice from GAIN telling you when you must attend your GAIN orientation/activity.

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

YOUR HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in Cal-Learn/GAIN/NET, your activity/program, or your supportive services/NET child care services.
- Asking for a hearing will not affect your AFDC cash aid.
- You have only 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your GAIN/NET status or your activity/program:

- You do not have to participate.
- You cannot come into the program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any GAIN supportive services/NET child care services or give you any other services.
- You can keep going or start going to an activity different from the one we referred you to, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to GAIN participants only.

If you disagree with the County's decision about your Cal-Learn status or your activity:

- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- Cal-Learn will pay only Cal-Learn supportive services for an approved Cal-Learn activity.

To get supportive services/NET child care services payments, you must go to the activity/program the County has asked you to go to.

If you disagree with the County's decision about your supportive services/NET child care services payments, and you attend your approved activity/program, the County will pay supportive services/NET child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity/program.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your activity/program.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

(Check appropriate program box)

- Cal-Learn GAIN NET Child Care

(Check appropriate action box)

- Status Activity Supportive Services
- Other (list) _____

Here's why:

- Check here and add a page if you need more space.
- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

Name _____

Address _____

I need an interpreter at no cost to me. My language or dialect is: _____

- I want a copy of this page sent to me.

My Name: _____

(Print)

Address: _____

My Case Number: _____

My signature: _____

Phone: _____ Date: _____

**AGREEMENT TO BALANCE GAIN SUPPORTIVE SERVICES
OVERPAYMENT WITH CHILD CARE/AFDC CORRECTIVE UNDERPAYMENT**

COUNTY OF: _____

ADDRESSEE

CASE NUMBER: _____

WORKER: _____

Date: _____

A. BALANCING OVERPAYMENT WITH BACK PAYMENT:

1. You have a back payment in child care cash aid \$_____ because of _____.
2. We told you on _____ that you must pay the extra money we gave you for transportation ancillary expenses or child care . You still owe us \$_____.
3. Your back payment in child care cash aid can be used to pay your overpayment in GAIN. Complete Part B of this form and get to us by _____ to tell us whether you want to repay what you owe with your back payment.

If you do not repay the overpayment, the County can sue you to recover the amount you owe. If the County sues you, you may have to pay collection costs, attorney fees, court costs and interest.

Mail this form to:

B. TO BE COMPLETED BY THE ADDRESSEE:

- I AGREE to use the money from my child care/cash aid back payment to repay what I owe GAIN in transportation ancillary or child care.

Signature _____ Date _____.

After we receive this form, we will send you any remaining amount of the back payment or we will send you a notice telling you the remaining balance that you owe us.

- I DO NOT AGREE to use the money from my child care/cash aid back payment to repay what I owe GAIN in transportation ancillary or child care.

Signature _____ Date _____.

After we receive this form, we will send you the back payment.

C. TO BE COMPLETED BY THE COUNTY.

The above signed agreement has been accepted by _____ on _____ for _____ County.

Signature _____ Date _____.

AGREEMENT TO BALANCE CHILD CARE/AFDC OVERPAYMENT WITH GAIN SUPPORTIVE SERVICES CORRECTIVE UNDERPAYMENT

COUNTY OF: _____

ADDRESSEE

CASE NUMBER:
WORKER:
DATE:

A. BALANCING OVERPAYMENT WITH BACK PAYMENT:

1. You have back payment in GAIN of \$ _____ because of _____.
2. We told you on _____ that you must repay the extra money we gave you in child care cash aid. You still owe us \$ _____.
3. Your back payment in GAIN can be used to pay your overpayment in child care cash aid. Complete Part B of this form and return it to us by _____ to tell us whether you want to repay what you owe with your back payment.

If you do not repay the overpayment, the County can sue you to recover the amount you owe. If the County sues you, you may have to pay collection costs, attorney fees, court costs and interest.

Mail this form to:

B. TO BE COMPLETED BY THE ADDRESSEE:

I AGREE to use the money from my GAIN back payment to repay what I owe in child care cash aid.

Signature _____ Date _____

After we receive this form, we will send you any remaining amount of the under payment or we will send you a notice telling you the balance of what you owe us.

I DO NOT AGREE to use the money from my GAIN back payment to repay what I owe in child care cash aid.

Signature _____ Date _____

After we receive this form, we will send you the back payment.

C. TO BE COMPLETED BY THE COUNTY.

The above signed agreement has been accepted by _____ on
for _____ County.

Signature _____ Date _____

PREP WORKSHEET

PARTICIPANT NAME:

A preemployment preparation (PREP) assignment gives you the work experience that will help you prepare for your next program activity or to increase your job skills.

The number of hours you are required to work each month depends on the amount of your cash aid and the child support paid to the county on your behalf, whether you have completed the activities in your post-Assessment Employment Plan, and the number of months you have received aid during the last 24 months.

You are not required to work more than 32 hours per week in your PREP assignment.

You will be required to continue to look for a job. You can ask for job services to help you look for a job. Ask your GAIN worker about this.

During the first through the ninth month the hours you will work per month and per week were figured as follows:

AFDC Cash Aid for _____ <small>(CURRENT MONTH)</small>	\$	
– Child Support Paid to the County for _____ <small>(SECOND PRIOR MONTH)</small>	-\$	
TOTAL	\$	
$\frac{\$ \text{ (TOTAL)}}{\text{(AVERAGE HOURLY WAGE AT EDD)}} = \text{(NUMBER OF HOURS PER MONTH)}$		
<input type="checkbox"/> You have completed all of the activities in your post-Assessment Employment Plan, and you are not exempt or deferred; you are unemployed or work less than 15 hours per week; and you have received aid at least 22 months of the last 24 months. Therefore, the number of hours you will be required to participate cannot be less than 100 hours per month.		
$\frac{\text{(NUMBER OF HOURS PER MONTH)}}{4.3} = \text{(NUMBER OF HOURS PER WEEK)}$		
$\frac{\text{(NUMBER OF HOURS PER WEEK)}}{\text{(NUMBER OF WEEKS IN THE FIRST MONTH IF LESS THAN A FULL MONTH)}} = \text{(NUMBER OF HOURS FOR FIRST MONTH IF LESS THAN A FULL MONTH)}$		

During the tenth month and any future months the hours you will work per month and per week were figured as follows:

AFDC Cash Aid for _____ <small>(CURRENT MONTH)</small>	\$	
– Child Support Paid to the County for _____ <small>(SECOND PRIOR MONTH)</small>	-\$	
TOTAL	\$	
$\frac{\$ \text{ (TOTAL)}}{\text{(THE HIGHER OF THE RATE OF PAY FOR PERSONS IN THE SAME JOB AT THE SAME SITE OR THE AVERAGE HOURLY WAGE AT EDD)}} = \text{(NUMBER OF HOURS PER MONTH)}$		
<input type="checkbox"/> You have completed all of the activities in your post-Assessment Employment Plan, and you are not exempt or deferred; you are unemployed or work less than 15 hours per week; and you have received aid at least 22 months of the last 24 months. Therefore, the number of hours you will be required to participate cannot be less than 100 hours per month.		
$\frac{\text{(NUMBER OF HOURS PER MONTH)}}{4.3} = \text{(NUMBER OF HOURS PER WEEK)}$		

You will work the same number of hours each week unless the GAIN office tells you there is a change.

GAIN WORKER'S SIGNATURE:	PHONE:	DATE:
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NOTICE OF GAIN ASSIGNMENT FOLLOWING REAPPRAISAL

ISSUE DATE:	
CASE NAME:	CASE NUMBER:
WORKER NAME:	WORKER NO.:

To: _____

You have completed all of the GAIN activities in your post-Assessment Employment Plan. Since you have not found a job, we have done a Reappraisal to decide what your next GAIN activity assignment should be. You will be required to sign a GAIN Contract - Activity Agreement for your new assigned activity(ies).

As of _____:

1. You may get more training and/or education services, because:
 - There were no jobs for the training or education you already got.
 - There was a change in your physical or mental condition or family circumstances that kept you from getting a job that you were trained for.
 - You moved from another county and no jobs that you trained for are available in this county.
 - You were not able to get the necessary licenses or approvals.
 - Other (specify) _____
2. You can only get Preemployment Preparation (PREP) or Alternative Work Experience (AWEX), and Job Search Services, because the county has decided that you do not have a good reason for not getting a job, now that you have completed the activities in your post-Assessment Employment Plan. (The good reasons for not getting a job at this time are listed in Item #1 above.)

The county will let you know the hours of your assignments in PREP or AWEX, and Job Search Services, and how long those assignments will last, when you sign your GAIN Contract - Activity Agreement. Your case will be reviewed in six months, and if you are still unemployed, the county will check again to see if there are good reasons that kept you from getting a job.

If you have any questions about this notice, ask your GAIN worker. If you think this notice is wrong, you can ask for a hearing. The back of this form tells you how.

Rules: These rules apply. You may review them at your welfare office: Welfare and Institutions Code 11326 and MPP 42-774.2.

YOUR HEARING RIGHTS

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- Asking for a hearing will not affect your AFDC cash aid.
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- The 90 days started the day after we gave or mailed you a notice.

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your GAIN/NET status or your activity/program:

- You do not have to participate.
- You cannot come into the program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any GAIN supportive services/NET child care services or give you any other services.
- You can keep going or start going to an activity different from the one we referred you to, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to GAIN participants only.

If you disagree with the County's decision about your Cal-Learn status or your activity:

- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- Cal-Learn will pay only Cal-Learn supportive services for an approved Cal-Learn activity.

To get supportive services/NET child care services payments, you must go to the activity/program the County has asked you to go to.

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(Check appropriate program box)

- Cal-Learn GAIN NET Child Care

(Check appropriate action box)

- Status Activity Supportive Services
- Other (list) _____

Here's why:

- Check here and add a page if you need more space.
- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

Name _____

Address _____

I need an interpreter at no cost to me. My language or dialect is: _____

- I want a copy of this page sent to me.

My Name: _____ (Print)

Address: _____

My Case Number: _____

My signature: _____

Phone: _____ Date: _____

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

NEW RULES FOR GAIN EXEMPTIONS AND DEFERRALS

If you are not in GAIN (Greater Avenues for Independence Program) now because you are exempt or deferred, there are new rules that may affect you:

- To be exempt or deferred because you are working, your job must pay at least the minimum wage. To be exempt, you must be working at least 30 hours a week. To be deferred, you must be working at least 15 hours and be in another activity -- like school, training, job search, or work experience -- that is approved by your GAIN worker. Your weekly hours of work and other activities must add up to 30.
- To be deferred because of an alcohol or drug problem, the county may require you to be in a treatment program, if one is available.

Ask your GAIN worker if you want to know more about these new rules.

GAIN GUIDEBOOK

This attachment includes a copy of the interim version of the GAIN Guidebook. Until the permanent, revised GAIN Guidebook becomes available, counties should distribute the interim GAIN Guidebook to each participant during the participant's next contact with GAIN Program staff. Counties should use the interim GAIN Guidebook according to the instructions for the permanent GAIN Guidebook listed below.

The permanent GAIN Guidebook will be distributed to the counties as soon as possible. Once it is available, counties should distribute the permanent GAIN Guidebook to each participant during the participant's next contact with GAIN Program staff. Counties should continue this dissemination process until all GAIN participants have been given a copy of the permanent GAIN Guidebook.

In addition to changes resulting from the implementation of AB 1371 requirements, changes have been made throughout the GAIN Guidebook to emphasize employment and clarify that the GAIN Guidebook is an integral part of the GAIN Participant Contract. Much of the explanatory, nonessential information that was removed from the activity agreements has been placed in the Guidebook to insure that it is presented to the participant. Whenever a contract form is signed, the GAIN worker should emphasize to the participant that the GAIN Guidebook is part of the Participant Contract, and that it contains important information regarding the GAIN Program. In addition, when submitting evidence during a State Hearing, the CWD should include the GAIN Guidebook as part of the GAIN Participant Contract.

GAIN GUIDEBOOK

**"HOW GAIN CAN
HELP YOU FIND A
JOB"**

WELCOME TO GAIN

You've probably already heard or read a lot about the GAIN program and the opportunities it offers to its participants. Now that you are ready to participate in the GAIN program, we'd like you to learn more about GAIN and what it can do for you.

As you read through this guidebook, you'll see why GAIN is truly a program that is going to work for you and your children.

THE PURPOSE OF GAIN IS TO HELP YOU PREPARE FOR WORK AND FIND A JOB.

This guidebook is your GAIN manual. You need to keep it because it is part of your GAIN Participant Contract, and because it covers most of the details you will need to know to participate in the program. To make it easy, we have broken the guidebook into ten sections.

Table of Contents

Section 1 - "What GAIN Is and What GAIN Can Do For You" explains how the program benefits everyone. See page 3.

Section 2 - "Who Must Participate" lists the kinds of people who must participate and who can volunteer. See page 3.

Section 3 - "Who Doesn't Have to Participate" lists the kinds of people who do not have to participate, and the reasons why a person who is required to participate can be excused from participation. See page 4.

Section 4 - "The GAIN Program" describes all the activities available through the program that can help you find a job. See page 7.

Section 5 - "Attendance/Satisfactory Progress" describes GAIN's rules for attending your GAIN activities and the progress you must make toward completing your activity. See page 13.

Section 6 - "Supportive Services" describes the child care and other services that the county will provide for you while you are in GAIN. See page 14.

Section 7 - "Your GAIN Participant Contract" explains how you and the county will work together on a plan that will help you find a job. See page 17.

Section 8 - "Good Reasons for Not Participating" lists the good reasons which may keep you from participating in a GAIN activity that you had agreed to in your contract. See page 18.

Section 9 - "What Happens if You Do Not Participate" explains your rights and how you can solve problems that have kept you from participating in GAIN. See page 21.

Section 10 - "What You Can Do if You Do Not Agree" tells what you may do if you don't agree with the county about your participation in the GAIN program. See page 23.

Section 1

What GAIN Is and What GAIN Can Do For You

GAIN stands for Greater Avenues for Independence.

The purpose of the GAIN program is to help you prepare for work and find a job. Finding a job will help you become self-supporting, and your family will enjoy a better way of life. After you get a job, you will have more money for your family, serve as a role model for your children, increase your self-confidence, and build a future. While you are in GAIN, we want you to know that "it always pays to work".

GAIN was designed with you in mind. It's not just another government program. It's much more than that.

- o GAIN staff are with you every step of the way, providing you with such important supportive services as child care, transportation, and work-or training-related expenses.
- o GAIN can help you get the skills that you need in today's work force. If needed, you'll learn skills that will help you get a job in your local labor market.
- o GAIN can help you improve your chances of getting a job with private industries, businesses, or public employers in your area.

Everyone wins. You gain a job and a future. Employers gain a skilled work force.

Section 2

Who Must Participate?

Mandatory Registrants. If you are an Aid to Families with Dependent Children (AFDC) applicant or recipient, and you are not exempt or deferred, you must register for and participate in GAIN. You are called a "mandatory registrant". If you are a mandatory registrant, you must:

- o keep appointments made by your GAIN worker;
- o keep appointments for job interviews;

Section 2 (cont.)

- o enter into a GAIN Participant Contract between you and your county's GAIN Program;
- o meet all GAIN Program requirements, including the requirements in your GAIN Participant Contract;
- o not quit your job or lower your earnings; and
- o provide proof of satisfactory progress in your assigned activity if required by your county.

NOTE: Some counties also require applicants and recipients in cash aid programs other than AFDC to participate in GAIN.

Your county will figure out if you must participate in GAIN when:

- o you apply for aid; or
- o your eligibility is redetermined; or
- o you have a change in your exemption or deferral status.

Your county will send or give you a GAIN registration notice to tell you that you are scheduled to attend GAIN orientation when there is room for you in the GAIN program.

Volunteers. Even if you are not required to participate in GAIN, you can volunteer to take part. You would be called a "voluntary participant." If you volunteer, your county will send or give you a GAIN registration notice. This tells you that you are now in GAIN.

DEMONSTRATION PROJECTS - Some counties are part of demonstration projects. These projects test different rules to see what works best. Your GAIN worker will explain to you if your county is part of a demonstration project and if any rules that are different from what is in this Guidebook apply to you.

Section 3

Who Doesn't Have to Participate

Section 3 (cont.)

Exemptions

You are exempt and do not have to participate in GAIN if you:

- o are under 16 years old or over 60 years old;
- o are 16, 17 or 18 years old and go to school (not college) full time, unless you are in school as part of your GAIN program;
- o are ill, have an injury that would keep you from working, or are recovering from having a baby;
- o are physically or mentally unable to work;
- o are pregnant and the baby is due within 6 months;
- o live so far away from the GAIN activity that you cannot participate. This means it takes more than two hours total travel time from your home to go to and from any GAIN activity, including orientation and appraisal. If you take public transportation, such as a bus, your travel time includes the time it takes you to walk to the bus stop, the time to transfer from one bus to another, and the time to walk from the bus stop to the GAIN activity. Your travel time does not include the time you need to take children to and from child care;
- o must stay at home to take care of someone in the household who is unable to care for himself or herself, and nobody else in the home is available to care for the person;
- o work or expect to work 30 hours or more per week in regular employment that pays at least the minimum wage and should last at least 30 days. The requirement for the minimum wage does not apply for the first six months if you are self-employed or paid by commission;
- o are a VISTA volunteer; or
- o are the parent or caretaker of a child under three years old, and are personally providing care for the child, with the following restrictions:
 - You may be exempt for this reason only one time during a period of continuous stay on AFDC in California.
 - If you received this exemption before and you give birth to or adopt another child under age three, you may be exempt for not more than four months.

Section 3 (cont.)

- If you graduated from high school or got your GED while you were in the Cal-Learn program, this exemption does not apply to you.
- If you are a parent under age 20, do not have a high school diploma or GED, and are not in the Cal-Learn Program, you must participate no matter how old your child is, unless you have another reason to be exempt.
- If you are in GAIN in Alameda, Los Angeles, San Bernardino or San Joaquin counties, and you are a control group member in the California Work Pays Demonstration Project, this exemption can apply more than once.

Deferrals

Deferral means that when a temporary situation keeps you from taking part in the program, you do not have to participate until the temporary situation changes. Deferral does not exempt you. Under certain circumstances, you may be deferred if you:

- o are working 15 or more hours per week and your combined hours of employment and participation in other approved activities equals at least 30 hours or more per week. You must also earn at least the minimum wage. The minimum wage requirement does not apply for the first six months if you are self-employed or paid by commission. Note: GAIN requires you to keep this job unless you have a good reason not to (See Section 8);
- o are in good standing in a union that controls referrals and hiring;
- o are temporarily laid off from a job but have a definite call-back date;
- o do not have the legal right to work in the United States;
- o are drug or alcohol dependent. To get this deferral, your county may require you to seek treatment and, if it is available, participate in treatment for your drug or alcohol problem;
- o have emotional or mental problems;
- o are having legal difficulties, such as required court appearances;
- o are having a severe family crisis;
- o have a temporary illness or have a family member who is temporarily ill;
- o are in the first three months of pregnancy;
- o at the time you enter GAIN are enrolled full-time in school to get a license, degree or certificate that will lead to employment ; or

Section 3 (cont.)

- o need child care or transportation in order to participate, but none is available.

Your county may ask for proof when you claim any of the above exemptions or deferrals. Your GAIN worker can review your situation at any time. Deferrals will be reviewed at least every 12 months.

Section 4

The GAIN Program

There are many paths open to GAIN participants. Your path may not involve every activity in the GAIN program. A lot depends on your education and job history. The activities that GAIN offers are described below. Remember: The purpose of GAIN is to **HELP YOU PREPARE FOR WORK AND FIND A JOB** so that you can support yourself and your family.

APPRAISAL - Shortly after you start participating in GAIN, you will go to Appraisal. During Appraisal, your GAIN worker will look over your work history and education, and you may have to take a test to help the county decide what your first GAIN activity will be. Using this information, you and your GAIN worker will develop your preliminary employment goal and sign a GAIN Contract-Activity Agreement (see Section 7).

JOB SEARCH SERVICES - Following Appraisal, most participants will be assigned to 3 weeks of Job Search Services. However, the Job Search Services may be longer or shorter than 3 weeks if the county and you agree in your GAIN Participant Contract that it would be beneficial to you. Your Job Search Services may include Job Club, Supervised Job Search, Unsupervised Job Search, Job Placement, Job Development, and Employment Counseling.

The following participants will not be required to participate in Job Search Services after Appraisal, but may ask to do so:

- o a custodial parent under age 20, without a high school diploma or GED, who is not in the Cal-Learn Program and not in a Self-Initiated Program;

Section 4 (cont.)

- o a person who the county decides does not have the skills or education needed to get a job in the local labor market;
- o a person who does not have a high school diploma or GED, who has had two or more jobs during the last two years, and who wants to participate in a basic education activity;
- o a person who is participating in an approved Self-Initiated Program;
- o a person who has participated in job search activities in an employment program within the past six months and the county decides that more job search services would not help the person get a job; or
- o a person who was in the county's GAIN program within the last two years, participated only in Appraisal and Job Search Services, and had two or more jobs during the last two years.

JOB CLUB - Job Club begins with job search workshops, in which you learn how to prepare job applications and resumes, how to interview, and how to find jobs. Then, you participate in Supervised Job Search. If you don't get a job by the end of Job Club, you will move on to your next activity.

SUPERVISED JOB SEARCH - Your search for a job is supervised by an experienced employment counselor. You will have access to telephones, job orders, and referrals to employers.

UNSUPERVISED JOB SEARCH - You independently search for a job and report your progress at least every two weeks as required by the county.

JOB PLACEMENT - You will receive referrals to jobs listed by employers with the Employment Development Department's (EDD's) State Job Service.

Section 4 (cont.)

JOB DEVELOPMENT - You will be provided help in finding a job, on a one-to-one basis, by an experienced employment counselor.

EMPLOYMENT COUNSELING - The counseling will help you decide what your employment goal should be, and is provided by an experienced employment counselor.

ASSESSMENT - The goal of this activity is for you and the county to put together an **EMPLOYMENT PLAN** to help you get a job. To do this, the assessor will look at your abilities, interests, results of achievement tests, work history and education. Then you will work closely with your GAIN worker or the assessor to set up your Employment Plan, including your employment goals and timetables, and to decide the help you'll need to meet your employment goals. If you are in a Self-Initiated Program, your Employment Plan may be set-up based on your Appraisal. If you and your GAIN worker can't agree on how you will reach your employment goals, a review will be made of your Assessment and Employment Plan. (See Section 10.)

PREP (Preemployment Preparation) - PREP is an assignment that will help you develop your job skills through work experience. PREP may last for three months up to one year. During that time, you will train and work with a public or private nonprofit organization, like the YMCA. You will not get wages, but you will keep getting your cash aid and other benefits while you build up your work history. You will not be asked to work more than 32 hours in your PREP activity. You will be expected to continue to look for a job while in your PREP assignment, and you may ask for other Job Search Services if you need them. You will not be asked to spend more than 40 combined hours in your PREP assignment and looking for a job.

AWEX (Alternative Work Experience) - AWEX is a work experience assignment that will help you gain work experience and develop your skills. You will not get paid for the work, but you will continue to get your cash aid and other benefits. You will not be asked to work more than 32 hours per week in your AWEX activity. You will be expected to continue to look for a job while in your AWEX assignment, and you may ask for other Job Search Services if you need them. You will not be asked to spend more than 40 combined hours in your AWEX assignment and looking for a job.

Section 4 (cont.)

ON-THE-JOB TRAINING will allow you to learn a job skill while working. You will get a paycheck. However, all or part of your cash aid could be used to help pay for your wages (grant diversion). You will continue to receive at least as much as your cash aid.

TRANSITIONAL EMPLOYMENT will train you for a certain type of job in an actual work setting. The job is set up for you and may involve some other training before you begin. You will get a paycheck, but all or part of your cash aid will be used to help pay for your wages (grant diversion). You will continue to receive at least as much as your cash aid.

SUPPORTED WORK will teach you basic skills while working. Along with other GAIN participants, you will receive intensive support services, training, supervision and counseling to help you handle job duties. You will get a paycheck but all or part of your cash aid will be used to help pay for your wages (grant diversion). You will continue to receive at least as much as your cash aid.

VOCATIONAL TRAINING will teach you to qualify for a specific job. This is generally provided in a classroom setting.

SELF-INITIATED PROGRAMS - If you are already in a job training or education program when you go to Appraisal, GAIN may allow you to continue your program if all of the following apply to you:

- o your education or training program is scheduled to be completed within two years;
- o you are attending your education or training program full-time, or agree to attend full-time as soon as possible;
- o the county decides that your education or training program will likely lead to a job in your county; and
- o you do not already have the skills you need to get a job in the county.

ADULT BASIC EDUCATION - This activity includes any of the following educational services that are necessary for you to achieve your employment goal:

Section 4 (cont.)

- o reading, writing, arithmetic, and high school proficiency or General Education Development (GED) certificate instruction; or
- o English-as-a-Second Language (ESL) instruction. You may receive vocational ESL, in which your instruction includes specific job training.

COLLEGE AND COMMUNITY COLLEGE EDUCATION - This activity will provide you with the employment skills training you need to get a job.

REAPPRAISAL - If you have not gotten a job after finishing all of the activities included in your Employment Plan and Job Search Services, and you have had an Assessment, you will go to Reappraisal. In Reappraisal the county will decide if you should get more education or training in order to be able to find employment. If the county decides that you do not need additional education or training, you will go to PREP or AWEX, and Job Search Services.

PARTICIPATING IN MORE THAN ONE ACTIVITY AT A TIME

Your county may require you to participate in more than one activity at the same time if it is consistent with your Employment Plan and the activities can be scheduled together. You will not be required to participate in your activities for more than 40 hours per week.

Note: There are special rules if you are the parent or caretaker of a child under six years of age, and you personally provide care for the child. You will not be required to participate more than 20 hours per week, except in the following circumstances:

- o The 20-hour limit applies to only one parent in an AFDC-U case. (See Section 4-"AFDC-U Case Rules".)
- o The 20-hour limit does not apply to Cal-Learn Program participants or to individuals who graduated from high school or got their GED while in the Cal-Learn Program.
- o If you are under age 20 and attending an educational activity to graduate from high school or obtain a GED, you are required to attend full-time according to your provider, and the 20-hour limit does not apply. However, if you do not make satisfactory progress in your educational activity, and you are required to go to a noneducational activity by your county, the 20-hour limit applies. Also, if you are

Section 4 (cont.)

participating in a Self-Initiated Program in place of an educational activity, the 20-hour limit applies to participation in your Self-Initiated Program.

- o The 20-hour limit does not apply if you are the parent or other relative of a child from three through five years of age, you are required to go to PREP or AWEX following Reappraisal, and:
 1. you do not meet the rules for exemption or deferral (see Section 3);
 2. you are unemployed or work less than 15 hours per week; and
 3. you got AFDC during 22 out of the last 24 months.

WHAT HAPPENS AFTER YOU COMPLETE YOUR EMPLOYMENT PLAN

If you have not found a job after you have completed the activities in your Employment Plan, you will be assigned to Job Search Services. Your county will require you to participate in a Job Search Services activity for up to 40 days in a 12-month period. Your GAIN worker will tell you when your 12-month period begins and ends.

After your 40 days of Job Search Services, if you have not found a job and you have not had an Assessment, you will be referred to Assessment to develop an Employment Plan.

If you have had an Assessment and have not found a job after your 40 days of Job Search Services, you will be referred to Reappraisal to find out why you have not found a job:

- o if the county decides that you have special reasons for not finding a job, the county and you will set up a new Employment Plan.
- o if the county decides that you do not have any special reasons for not finding a job, the county will require you to do both of the following:
 1. participate in PREP or AWEX for at least one year. Your GAIN worker will tell you how many hours per week you have to participate in PREP or AWEX; and
 2. participate in Job Search Services for 40 days within a 12-month period.

Section 4 (cont.)

AFDC-U CASE RULES

If your family is a two-parent family receiving AFDC because of unemployment, extra rules may apply. After completing Appraisal or Assessment, as appropriate, one parent must take part in at least one employment activity for an average of 16 hours per week. Employment activities include unsubsidized employment, AWEX, PREP, and on-the-job training or other activities funded by grant diversion. For parents under age 25 who do not have a high school diploma or GED, maintaining good progress in an education activity meets the 16 hours of employment activity per week requirement.

During Appraisal, the county will try to decide what employment activity is best for you. If the county can decide on your employment activity, it will be included as part of your Employment Plan. If the county cannot decide on your employment activity after Appraisal, you will go to Assessment to put together your Employment Plan. Once, you have an Employment Plan, the county can require you to go to Job Search Services and your employment activity at the same time.

Remember: The whole idea of GAIN is to help you find and keep a job so that you can support yourself and your family.

Section 5

Attendance and Satisfactory Progress

ATTENDANCE - When you sign your Activity Agreement, you agree to go to your activity and complete it. GAIN rules say that you cannot be absent or late for your activity more than the activity provider allows. If your provider doesn't have rules for attendance, you must not be absent or late more than ten percent of the monthly hours required for the activity without a good reason (See Section 8). It is important that you know that any unused absent/late hours cannot be applied to the next month.

Your GAIN worker will explain the attendance rules that apply to your activity.

SATISFACTORY PROGRESS - All GAIN participants are required to make satisfactory progress toward completing their assigned activities.

Section 5 (cont.)

Your GAIN worker may require that you give proof that you are attending your activity and making satisfactory progress. Your Activity Agreement will tell you what will happen if you do not provide the proof required by GAIN, or attend your activity, or make satisfactory progress.

If you are in Adult Basic Education, you will be tested every three or four months to determine if you are making satisfactory progress.

RULES FOR SELF-INITIATED PROGRAMS - If you are in a Self-Initiated Program, and you are going to your education or training program less than full-time when you sign your Activity Agreement, GAIN will allow you to continue your current schedule for up to six months if you agree to change to full-time attendance as soon as possible. You may also be allowed to attend less than full-time, but not less than half-time, if you have a good reason, or if you are not required to participate in GAIN for more than 20 hours per week due to caring for a child under age 6. (See Section 8 for the 20-hour participation limit rule).

You must make satisfactory progress toward completing your Self-Initiated Program. The rules for satisfactory progress are decided by your school or training provider.

Section 6

Supportive Services

GAIN understands that you may need more than just training and job counseling to take part successfully in the GAIN program. That is why your county will help you arrange and/or pay for child care, transportation and work- or training-related expenses. If other funding sources are not available to pay for all of your supportive services expenses, your county will pay for the supportive services described below.

Advance Payments. If you qualify for GAIN supportive services payments, and you need your supportive service payment before you begin your activity, your county will give you an advance payment. That way, you won't be out any money - even for a short time.

Section 6 (cont.)

Supportive services payments include the following:

- o child care costs, if the child care is necessary for you to participate in GAIN. You can get child care for each child who is in your AFDC case. Also, you can get child care for a child who lives with you but is not in your AFDC case, if the reason the child is not in your case is because you receive foster care payments or Supplemental Security Income (SSI) payments for the child. Child care will be paid for any child who is under age 13, disabled, or under court supervision. Your county will help you arrange for child care or you can make your own arrangements. You can choose the kind of child care you want, like child care centers, relatives, friends, or neighbors. GAIN cannot pay for child care if you choose somebody in your AFDC case, the child's legal guardian, the parent or somebody under 18 years of age as the caregiver. Payments can be made to licensed child care providers, and, in some cases, to persons who don't need to be licensed. If your provider is not licensed, she/he must apply for Trustline registration, unless your provider is your child's aunt, uncle, or grandparent. The most GAIN can pay is the rate that is normally charged in the area where you live.
- o transportation costs up to a certain amount for travel to and from your GAIN assignment, and for you and your children to travel to and from child care.
- o work- or training-related costs for books, tools and special clothing you need as part of your GAIN assignment, unless you are in an education or training program you started before coming to GAIN.

If you need personal counseling to help you participate in GAIN, and services are available in your community, the county will refer you to those places which may be able to help you.

Note: If you are in on-the-job training, supported work, or transitional employment, the county will apply the AFDC work expense disregard when figuring the amount of your AFDC cash grant. When the AFDC work expense disregard is applied, GAIN will lower your supportive services payment(s) for transportation and/or work or training-related costs by the amount of the disregard that you get.

Section 6 (cont.)

Note: If GAIN pays more child care, transportation costs, or work- or training-related costs than you need to participate, you will have to pay GAIN back. But, you may not have to pay GAIN back while you are in GAIN if doing so would keep you from participating.

SUPPORTIVE SERVICES AFTER YOU GET A JOB

Your county may decide to provide case management and supportive services for up to 90 days to GAIN participants who become exempt from participating in GAIN because they got jobs. (To be exempt due to employment, you have to work, or expect to be in regular employment that pays at least the minimum wage and should last at least 30 days. The minimum wage requirement does not apply for the first six months if you are self-employed or paid by commission.) You may ask your GAIN worker to find out if your county offers these services.

TRANSITIONAL CHILD CARE PROGRAM

The Transitional Child Care (TCC) Program may help you to pay your child care costs for 12 months after you are no longer eligible for federal AFDC due to earnings from a job, or because you married or got back with your spouse and one parent is no longer absent, or have more earnings or property, or both.

To get TCC, you must have been on AFDC for three out of the last six months before your AFDC was stopped, you must work, and you must pay child care costs for a child under 13 years of age, a disabled child, or a child under court supervision who needs care.

You may also get Transitional Medi-Cal after you get a job and are no longer eligible for AFDC.

See your GAIN worker for more information on TCC and Transitional Medi-Cal.

Section 7

Your GAIN Participant Contract

Your GAIN Participant Contract is an important agreement. It tells you how you and the county will work together so that you can compete for and find a job. The contract will make sure that you receive the agreed-upon services and training for as long as you are taking part in the GAIN program and receiving cash aid. Your contract tells you what you must do, and what the county must do, to make GAIN work for you.

Your GAIN worker will help you review each of the following parts of your GAIN Participant Contract:

1. The GAIN CONTRACT - GENERAL AGREEMENT tells you about the program, the county's responsibilities, and your rights and responsibilities as a GAIN participant. This agreement applies as long as you are in GAIN.
2. This GAIN GUIDEBOOK.
3. The GAIN CONTRACT - ACTIVITY AGREEMENT tells you about the GAIN activity in which you are participating. You will sign a new activity agreement each time you begin a new GAIN activity.

Read all of the parts of your GAIN Participant Contract, including this GAIN Guidebook, carefully. If you have any questions, be sure to ask your GAIN worker. Both you and your GAIN worker will sign each agreement.

You will also receive notices that tell you what supportive services you will get and when they change or stop.

You must continue to participate in the GAIN program, moving from one activity to another, until you reach your goal of getting a job and become self-supporting.

Section 8

Good Reasons for Not Participating

GAIN recognizes that you may have a good reason for not signing your GAIN Participant Contract, for not taking part in one of the GAIN activities that you agreed to in your activity agreement, for not accepting a job offer or job referral, for quitting a job, or for reducing your earnings. Some of these reasons are related to you personally, and some are related to the assignment.

Reasons related to you:

- o You are temporarily ill or physically or mentally unable to work.
- o You are required to appear in court or are in jail.
- o You are having a family crisis or there is a change in your family's circumstances. This could include the death of your spouse, parent or child, or any illness that needs your immediate attention.
- o Bad weather or other serious acts of nature prevent you from traveling to your work or training assignment.
- o Transportation arrangements fail and other transportation cannot be arranged.
- o You need a supportive service (see Section 6) to participate which has not been provided.
- o You refuse to accept major medical services even if your refusal means that you cannot participate in the program.
- o Licensed or exempt child care is not reasonably available during your training, employment or travel time; or you need child care for a child for whom we cannot pay child care. "Reasonably available" child care includes having two choices that do not require:
 - adding more than 30 minutes one-way to your travel time; or
 - moving your child to a different school.
- o There is a breakdown or interruption in child care arrangements.
- o Your child needs special care, and suitable child care is not reasonably available for a child with disabilities, chronic illnesses or other special needs.
- o You are currently employed or are in a training program that meets the goals of GAIN and you have notified and received prior approval from your GAIN worker.
- o You are the parent of a child under age six, and the assignment or employment

Section 8 (cont.)

would require you to participate more than 20 hours per week, except if you are age 19 and are getting a high school diploma or GED.

- o Any good reason not listed here if your GAIN worker agrees.

Reasons related to the activity assignment, job referral or job:

- o Discrimination because of age, sex, race, color, religion, national or ethnic origin, physical or mental disability, political affiliation or marital status.
- o Travel to work or training from your home is more than two hours round trip by car, bus or other transportation, or more than two miles round trip if you have to walk because other transportation is not available. The limit on travel and mileage does not include transportation time or mileage to take family members to and from school or to and from other care providers.
- o You would be required to stay away from home overnight without your agreement.
- o Conditions or responsibilities that could be harmful to you physically or mentally, or that you are not able to do on a regular basis.
- o Conditions that violate health and safety standards or that could cause you serious injury or death.
- o Your training or educational program or job does not fall within the goals of your Employment Plan.
- o Your job or training slot was created:
 - to have you take the place of a current employee; or
 - to work the overtime hours of such employees; or
 - to work some of the regular hours of a current employee; or
 - to lower wages or employment benefits of a current employee; or
 - to fill a position of a current employee before proper personnel procedures or collective bargaining procedures have been applied; or
 - to fill a position that would normally be a promotion for current employees;or
 - to fill a position created by an employer's attempt to reduce payroll or other costs by laying off current employees; or
 - to fill a position created by a strike, lockout or other labor disagreement; or

Section 8 (cont.)

- to fill a position that violates any existing collective bargaining agreements between employees and employers.
- o The job or work activity does not provide Worker's Compensation Insurance or similar medical and accident insurance.
- o Accepting a job or work activity would cause you to violate the terms of your union membership.
- o The job requires more daily or weekly hours than is normal or customary.
- o You are not receiving the supportive services agreed to in your contract.
- o Expenses such as clothes, books and tools are more than GAIN can pay for.
- o The job is at a pay level that would leave you with less income than you are now receiving.
- o Accepting a job or work activity would interrupt or interfere with an approved education or training assignment, or would keep you from returning to your regular job, which is expected to be available soon.

Note: There are three exceptions to this last reason. It would not apply to you if your training program is a PREP or AWEX assignment. It would not apply if the job offer provides employment or gives you enough income to lead to self-support and is within your employment plan. And it would not apply to you if the job is temporary while you are waiting to be rehired in your regular job.

Reasons related to quitting a job or reducing your earnings:

The same reasons that apply to you and the activity assignment, or job referral or job also apply to quitting a job or reducing earnings. There may be other reasons such as:

- o You have to retire.
- o Your employer lays you off.

Section 8 (cont.)

- o Your family moved, and it would take you more than two hours round trip by car, bus or other transportation, or more than two miles round trip if you have to walk because no other transportation is available, to get from your new home to your job.
- o You aren't given equal employment opportunities.
- o You are sexually harassed on the job.
- o Your employer did not
 - have the operating licenses required by law; or
 - withhold the unemployment or disability insurance required by law.
- o You accepted another job that did not come through.

Section 9

What Happens if You Do Not Participate

As you know, participation in GAIN is mandatory for all able-bodied AFDC applicants and recipients. Exemptions and deferrals are listed in Section 3.

If for any reason, you do not do what GAIN requires, the following steps will be taken:

Cause Determination - If you do not meet GAIN program requirements, you have the right to explain why. The county will decide if it is a good reason. (See Section 8.)

If you have a good reason for not doing what GAIN requires, your GAIN worker will try to help you so that you can meet GAIN program requirements. If changes can't be made so that you are able to meet the GAIN program requirements, you will not be required to participate in GAIN.

Conciliation - If you do not meet GAIN program requirements and your GAIN worker decides you did not have a good reason, you and your GAIN worker have 20 days in which to resolve any problems and agree on a plan for you to meet GAIN program requirements. If you meet the requirements of the plan, no penalties (sanctions) will be applied to you.

Section 9 (cont.)

Financial Sanctions - If you are a mandatory registrant (see Section 2), your family's cash aid will be lowered if you fail or refuse to meet program requirements without a good reason and do not resolve the problem during conciliation.

Your family's cash aid will be lowered if anybody who must participate does not meet GAIN program requirements. This financial sanction will happen only if the person does not have a good reason, and conciliation doesn't work. The person who gets a financial sanction will not receive cash aid for a period of time.

If your family is a two-parent family getting AFDC because of unemployment, there are special rules for financial sanctions. If a parent who must be in GAIN causes a financial sanction, both parents will lose their cash aid. But the parent who didn't cause the sanction can keep his or her cash aid if he or she participates in GAIN, or is exempt, deferred or has good cause for not participating.

The first time you are sanctioned, your family's aid will be lowered until you do what GAIN requires and apply again for AFDC. The second time, your family's aid will be lowered for at least three months. After three months, the sanction will stop if you apply again for AFDC and do what GAIN requires. The third or additional time, your family's aid will be lowered for at least six months. After six months, the sanction will stop if you apply again for AFDC and do what GAIN requires.

Penalties for Volunteers - Individuals who are exempt from GAIN participation (see Section 3) may choose to volunteer to participate in GAIN if the county has room to serve them. If you volunteer for the GAIN program, but fail to meet GAIN requirements without a good reason, you may not be allowed to participate in GAIN for a period of time.

See your GAIN worker if you have any questions regarding these requirements.

Section 10

What You Can Do if You Do Not Agree

There are three actions you can take if you don't agree with the county's decision.

1. State Hearing - If you disagree with any county decision regarding a GAIN penalty (see Section 8), your status (standing) in GAIN, your GAIN activity or your GAIN supportive services, you can ask for a state hearing. For GAIN financial sanctions, you can use the same process you use when you disagree with the action the county takes on your cash aid. Your GAIN worker will help you file for a state hearing if you want one. You can request a rehearing after the state hearing decision is reached.
 - o If you file for a state hearing before the penalties start, penalties will not be applied while the hearing is being decided.
 - o If you file for a state hearing for any other county action, different rules apply. The GAIN hearing rights form explains those rules. You can ask for copies of the form at any time.
2. Independent Assessment - If you don't agree with the results of your Assessment or Employment Plan, someone who is not a county representative will review your Assessment and do another one, if necessary. The results of this independent Assessment will be used to set up your Employment Plan.
 - o If you have an independent Assessment done, penalties will not be applied while you await the results of the review.
3. Formal Grievance set by the County Board of Supervisors - This is the process adopted by your county Board of Supervisors. Your GAIN worker will tell you how this grievance process works.
 - o If you use the formal grievance process, you must continue to meet program requirements and participate in GAIN. If you do, penalties will not be applied while the grievance is being decided.

A Final Word

We wrote this guidebook to tell you how GAIN works for you and how you can get the most out of the program.

This guidebook should answer most questions you may have about your rights and responsibilities as a GAIN participant, your GAIN Participant Contract, the available GAIN activities, and what you can do if you disagree with GAIN. If you still have questions, please be sure to ask your GAIN worker. Your county GAIN staff is here to help you and your family.

Remember, the goal of GAIN is to HELP YOU PREPARE FOR WORK AND FIND A JOB so you can support yourself and your family.

GAIN is working in California. By taking part in the GAIN program, you will go from being dependent on welfare to being INDEPENDENT THROUGH EMPLOYMENT.

GOOD LUCK!

PUB 168 (11/95) REQUIRED