

NOTICE OF FORM CHANGE NO. 06-048

DATE

04-21-2006

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE **WTW 15 (12/05)**
Simplified Food Stamp Program Unpaid Work Experience

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 12/05	REPLACES 1/02	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

 Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effectiveDATE OF THIS NOTICE

USE FORM IN ACCORDANCE WITH

 All County Letter No. 06-09 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Form in English only.

Print: 8 1/2 x 11, one sided.

AS STATED IN ACL - DESTROY OLD STOCK

Check on the internet to see if forms are available at www.dss.cahwnet.govFor camera-ready copies of English, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

SIMPLIFIED FOOD STAMP PROGRAM UNPAID WORK EXPERIENCE (WEX) AND UNPAID COMMUNITY SERVICE HOURS WORKSHEET

Complete this form to determine the maximum number of hours a county may assign an individual to unpaid community service and/or unpaid WEX, up to 32- or 35-hours per week. (Note: A county need not assign an individual all of the hours determined by the formula below). If the assignment is less than 32- or 35-hours per week, the individual is required to participate in other activities to meet his or her work participation requirement.

	GRANT/CALCULATION MONTH (MONTH PRIOR TO THE ACTIVITY PARTICIPATION MONTH)
	ACTIVITY PARTICIPATION MONTH
PARTICIPANT'S NAME	CASE NO.

1. Actual Cash Grant Authorized for the Grant/Calculation Month, Including Underpayments and Supplemental Payments On or Before the 10th of the Month. <i>(After Penalties and Overpayments. Do Not Include Any Amount Used to Subsidize Grant-Based OJT Community Service.)</i>	\$
2. Actual Food Stamp Allotment Authorized for the Grant/Calculation Month, Including Underissuances Paid On or Before the 10th of the Month. <i>(After Overissuance Adjustments.)</i> To determine prorated amount for mixed food stamp households , use this formula: $\frac{\text{Total Household FS Allotment (\$ \underline{\hspace{2cm}})}}{\text{\# of FS Recipients in Household (\underline{\hspace{2cm}})}} = \frac{\text{(FS Amount/ Person)}}{\text{Person}} \times \frac{\text{(\# of CalWORKs Recipients)}}{\text{Recipients}}$	+ \$
3. Total Benefits Paid for the Grant/Calculation Month. <i>(Total of line 1 and line 2)</i>	= \$
4. Monthly Minimum Wage Calculation Amount for the Grant/Calculation Month. <i>(Divide line 3 by the appropriate minimum wage)</i> $\text{\$ } \underline{\hspace{2cm}} \div \text{\$ } \underline{\hspace{2cm}}$ <div style="display: flex; justify-content: space-around; font-size: small;"> <i>(line 3)</i> <i>(Minimum Wage)</i> </div>	=
5. Maximum Average Unpaid WEX/Community Service Hours for the Grant/Calculation Month. <i>(Divide line 4 by 4.33)</i> $\underline{\hspace{2cm}} \div 4.33$ <div style="display: flex; justify-content: space-around; font-size: small;"> <i>(Round Down)</i> <i>(line 4)</i> </div>	=

COMPLETED BY	AGENCY	DISTRICT NUMBER (IF APPLICABLE)	DATE
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