



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

September 26, 2013

ALL COUNTY LETTER NO. 13-72

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CALWORKs PROGRAM SPECIALISTS  
ALL COUNTY WELFARE-TO-WORK COORDINATORS  
ALL CONSORTIUM PROJECT MANAGERS  
ALL COUNTY REFUGEE COORDINATORS  
ALL CALFRESH COORDINATORS  
ALL CHILD CARE COORDINATORS  
ALL TRIBAL TANF ADMINISTRATORS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO  
KIDS (CALWORKS) FORM REVISIONS IN REGARDS TO CHANGES  
DUE TO SENATE BILL (SB) 1041

REFERENCE: ASSEMBLY BILL (AB) X4 4 (CHAPTER 4, STATUTES OF THE  
FOURTH EXTRAORDINARY SESSION OF 2009), SB 1041  
(CHAPTER 47, STATUTES OF 2012), SB 72 (CHAPTER 8,  
STATUTES OF 2011), ALL COUNTY INFORMATION NOTICES  
(ACIN) I-49-09, I-60-10, I-13-12, ALL COUNTY LETTERS (ACLs) 12-  
49, 12-53, ERRATA 12-53E, 12-67, 12-69, 12-72, 13-01, 13-02, 13-12,  
13-15, 13-19, 13-37 and 13-49.

The purpose of this letter is to inform County Welfare Departments (CWDs) of revisions to several California Department of Social Services (CDSS) CalWORKs Welfare-to-Work (WTW) program forms. These forms have been updated to reflect changes made pursuant to SB 1041. The forms include the following:

- **WTW 5 (5/99): WELFARE-TO-WORK PROGRAM NOTICE – Required Form – Substitutes Permitted**

This form has been modified to include information regarding the WTW 24-Month Time Clock and new young child exemption. The reference to the WTW 6 form has also been removed as this form is obsolete and the corrected form CW 2186A has been inserted.

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

**Required Form-Substitute Permitted:** Forms in this category are required forms for which modifications or substitutions with prior CDSS approval are permitted. CWDs may modify these forms to add or obtain information that does not (a) conflict with program policy/regulations, or (b) change the legal content of the form. Under most circumstances, merely rewording the content of a form in this category will not be approved. However, such suggestions for language improvement will be considered in future revisions.

- **WTW 15 (9/11): SIMPLIFIED CALFRESH PROGRAM UNPAID WORK EXPERIENCE (WEX) AND UNPAID COMMUNITY SERVICE HOURS WORKSHEET – Recommended Form**

This form has been modified to correct the hours per week a participant is required to participate to meet his or her work participation requirement. The form now identifies 20 hours for a single-parent with a child(ren) under six, 30 hours for a single-parent with no children under six and 35 hours for two-parent families.

**Recommended Form:** Forms in this category may be modified without prior approval from CDSS. CWDs may also choose not to use the form.

- **WTW 17 (12/05): WAIVER OF CalWORKs LEARNING DISABILITIES SCREENING AND/OR EVALUATION – Required Form – No Substitutes Permitted**

This form has been modified to correctly reflect the WTW activity hours per week required to participate by an assistance unit. The form now identifies the corrected hours (20 hours for a single-parent with a child(ren) under six, 30 hours for a single-parent with no children under six and 35 hours for two-parent families) relating to potentially being excused from WTW rules due to a learning disability(ies).

**Required Form-No Substitute Permitted:** Forms in this category may not be modified or restructured by the CWD or consortium. However, overprinting or reformatting and Electronic Data Processing (EDP) modifications are permitted. Overprinting is defined as a process in which the CWD prints additional information over a current required form without modifying the format, structure, or legal content of the form. The following have been identified as acceptable overprinting purposes and do not require state approval: (a) to identify the CWD, (b) to add information to the “County Use Only” section, or (c) to add Eligibility Worker instructions. Overprinting or EDP modifications for purposes other than those specified must be pre-approved by CDSS before use of the form by the CWD.

More information regarding the form types and modification procedures can be found in the 23-400 Section of the Manual of Policies and Procedures (MPP), Operations Manual located on the CDSS website at <https://www.cdss.ca.gov/ord/entres/getinfo/pdf/opsman3.pdf>.

## **CAMERA READY COPIES AND TRANSLATIONS**

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain these forms from the CDSS webpage at <https://www.dss.ca.gov/inforesources/translated-forms-and-publications>.

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at <http://www.dss.ca.gov/inforesources/forms-brochures>.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive Spanish, Russian, or Chinese materials should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

If you have questions or need additional information regarding this ACL, contact your CalWORKs Employment Bureau county consultant at (916) 654-2137 or your CalWORKs Eligibility consultant at (916) 654-1322.

Sincerely,

### ***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare to Work Division

CSAC  
Attachments

CWDA

## WELFARE-TO-WORK PROGRAM NOTICE

### Tell the county if you need help reading or understanding this notice.

#### WHAT WELFARE-TO-WORK MEANS TO YOU

- The Welfare-to-Work program can teach, train and counsel you to help you find a job.
- Some of the things Welfare-to-Work can do for you are:
  - Help you 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.
  - Counseling for you or your family if needed.
- There is a Welfare-to-Work 24-Month Time Clock (within the 48-month time limit).
- You have many choices of activities you can participate in during the Welfare-to-Work 24-Month Time Clock period.
- At the end of the Welfare-to-Work 24-Month Time Clock period, you will have fewer choices of activities to participate in to keep getting the same amount of cash aid.
- Welfare-to-Work will help you arrange and pay for necessary supportive services you need to participate in your activities. This includes child care, transportation, and other costs such as special tools or clothing you need to get a job. You can get advance payments if you ask for them, so you won't have to use your cash aid to pay for necessary supportive services.
- Welfare-to-Work will tell you about the available kinds of child care and where to find child care.

#### WHEN YOU MUST BE IN WELFARE-TO-WORK

- You must be in Welfare-to-Work if you get cash aid under the California Work Opportunity and Responsibility to Kids (CalWORKs) program and you are not excused (exempt) from participating.
- You don't have to be in Welfare-to-Work if you are exempt. You are exempt if you are:
  - Under 16 years old or 60 years old or older.
  - 16, 17 or 18 years old and in high school or adult school full time unless you go to school as part of your Welfare-to-Work plan.
  - The nonparent relative caretaker of a child who is a dependent or ward of the court, or a child at risk of being placed in foster care.
  - Physically or mentally unable to work or participate in a Welfare-to-Work activity on a regular basis for at least 30 calendar days.
  - A parent or caretaker of one child from birth to 23 months, inclusive. **This exemption is available only once.**
  - A parent or caretaker relative of a child 6 months old or under (depending on the county this may go up to 12 months). **This exemption is available only once.**

#### WHEN YOU MUST BE IN WELFARE-TO-WORK (CONTINUED)

- A parent or caretaker relative of a child 12 weeks old or under (depending on the county this may go up to 6 months). Ask your worker how young your child has to be for you to be exempt.
- Pregnant and a doctor states that you cannot work or participate in Welfare-to-Work activities or the county determines that participation will not readily lead to employment or that a training activity is not appropriate.
- Staying home to take care of someone in the household who cannot take care of him/herself. (The person is ill, disabled, etc.) and this keeps you from working or participating in Welfare-to-Work.
- If you are a pregnant or parenting teen in the Cal-Learn program, or if you got a high school diploma or its equivalent while in the Cal-Learn program, some exemptions above may not apply to you. Contact your eligibility worker or Cal-Learn case manager.
- If two parents are aided, and one parent does all required hours, the second parent is excused from participating.
- If you believe that you should be exempt from participating, you should ask your worker to give you a form (CW 2186A) to use to make your request to be exempt from Welfare-to-Work. You will be told by the county whether you can be exempt from Welfare-to-Work or are required to participate. Even if you don't have to be in Welfare-to-Work, you can ask to participate and you will be told if you can.
- If you are not exempt from Welfare-to-Work, you may be required to go to Welfare-to-Work. If you are required to go, you will get a notice that tells you when your first appointment will be.

#### IF YOU DO NOT DO WHAT WELFARE-TO-WORK REQUIRES

- If you are required to be in Welfare-to-Work:
  - You will have a chance to say why you did not do what you were required to do.
  - If you do not have a good reason, and you will not do what Welfare-to-Work requires to fix the problem, your cash aid will be lowered.
- If you are not required to be in Welfare-to-Work, but you volunteer to do Welfare-to-Work activities:
  - You will have a chance to say why you did not do what was asked.
  - If you volunteer to do Welfare-to-Work activities but do not participate, without good cause, and you are not willing to do what Welfare-to-Work requires to fix the problem, your cash aid will not be lowered, but you may not be allowed back as a volunteer in Welfare-to-Work right away.

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

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

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

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# SIMPLIFIED CALFRESH 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 20 hours per week for a single-parent with a child under 6, 30 hours per week for a single-parent with no children under 6 or 35 hours per week for two-parent families. *(Note: A county need not assign an individual all of the hours determined by the formula below).* If the assignment is less than 20 hours per week for a single-parent with a child under 6, 30 hours per week for a single-parent with no children under 6 or 35 hours per week for two-parent families 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.
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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 CalFresh 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 <b>mixed CalFresh households</b> , use this formula:  $\frac{\text{Total Household CF Allotment (\$ \underline{\hspace{2cm}})}}{\text{\# of CF Recipients in Household (\underline{\hspace{2cm}})}} = \frac{\text{(CF Amount/ Person)}}{\text{Person}} \times \frac{\text{(\# of CalWORKs Recipients)}}{\text{Recipients}}$	+ \$
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>  $\frac{\$ \underline{\hspace{2cm}}}{\text{(line 3)}} \div \frac{\$ \underline{\hspace{2cm}}}{\text{(Minimum Wage)}}$	=
5. <b>Maximum Average Unpaid WEX/Community Service Hours for the Grant/Calculation Month.</b> <i>(Divide line 4 by 4.33)</i> $\frac{\text{(Round Down) } \underline{\hspace{2cm}}}{\text{(line 4)}} \div 4.33$	=

COMPLETED BY	AGENCY	DISTRICT NUMBER (IF APPLICABLE)	DATE
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## WAIVER OF CalWORKs LEARNING DISABILITIES SCREENING AND/OR EVALUATION

**Go over this form very carefully with your county worker. Be sure to ask questions about anything you do not understand. If you do not want to be screened or evaluated for learning disabilities at this time, you will be asked to sign this form and be given a copy to keep.**

### Benefits of a Learning Disabilities Screening and Evaluation

It is very important to screen and evaluate you for possible learning disabilities. If we find you have a learning disability, we will be better able to help you decide what activity is best for you.

Getting a screening and evaluation for learning disabilities can help you find, keep, and advance in a job that is right for you. It can also help you do well in an education or training program. The screening and evaluation can also get you the kind of help and services you will need to meet the Welfare-to-Work rules. You may also be excused from Welfare-to-Work rules because your condition is so severe that it keeps you from regularly working or participating in Welfare-to-Work activities for 20 hours per week for a single-parent with a child under 6, 30 hours per week for a single-parent with no child under 6 or 35 hours for two-parent families.

### If You Do Not Want to be Screened or Evaluated for Learning Disabilities at this Time:

1. You will not get any special treatment because of a learning disability until we know that you have one.
2. You will have to meet the Welfare-to-Work rules like any other person on CalWORKs who does not have a learning disability. If you do not meet the Welfare-to-Work rules, your cash aid and food stamps will be stopped or lowered. You can get them back again if you meet the rules or are excused from them.
3. You may change your mind and ask for a learning disabilities screening and evaluation **at any time**. If you are later found to have a learning disability, the county will get you the help and services you need starting from the date your worker discusses the evaluation findings with you and when you sign a new Welfare-to-Work Plan, if necessary.

**I have the right to refuse to sign this form. If I refuse to sign this form, it is the same as having a signed form waiving a learning disability screening and/or evaluation on file. My Welfare-to-Work Plan will not include accommodations for a learning disability.**

**I have read this form and had it read to me. I understand the information on this form. At this time, I do not want the following (check as appropriate).**

**Learning Disabilities Screening**       **Learning Disabilities Evaluation**

PRINTED NAME OF PARTICIPANT	SOCIAL SECURITY NUMBER
SIGNED NAME OF PARTICIPANT	DATE