## Assembly Bill (AB) X4 4 Short-Term Exemption County Reengagement Sequencing

Date: _1-14-13	
County: Plumas	
	County Contact Information
Name:	Neal Caiazzo
Address:	270 County Hospital Rd. #207, Quincy, CA 95971
Phone Number:	(530) 283-6276
Please indicate the 4 Short-Term Exe	e date your county will begin reengaging individuals exempt under the AB X4 mption below:  4/01/13

Please describe your county's reengagement sequencing including, but not limited to, what groups your county will divide individuals into and in what order these groups will be reengaged.

Sequencing Group Description		Date Reengagement Begins
Group 1	*All required WTW participants	4/01/13
Group 2		
Group 3		ERG MELAY III. WELL
Group 4		

Other:	
*Due to the small number of participants in our county, we will only need one sequencing	g group.

Please submit this County Reengagement Sequencing Plan to the following address:

California Department of Social Services RE: County Reengagement Sequencing Plan 744 P Street, M.S. 8-8-33 Sacramento, CA 95814

Note: Counties are required to submit the County Reengagement Sequencing Plan prior to the beginning the county's reengagement process.