

**Assembly bill (AB) X4 4 Short-Term Exemption  
County Reengagement Sequencing**

---

**Date:** 3/14/13

**County:** San Francisco

**County Contact Information**

**Name:** Florence Hays

**Address :** Human Services Agency P.O. BOX 7988 San Francisco, CA 94120-7988

**Phone Number:** (415) 557-5321

**Please indicate the date your county will begin reengaging individuals exempt under the AB X4 4 Short-Term Exemption 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.**

	<b>Sequencing Group Description</b>	<b>Date Reengagement Begins</b>
Group 1	Current Activity Ended/Not-Engaged	4/1/2013
Group 2	Partially Engaged	9/1/2013
Group 3	Fully Engaged	2/1/2014
Group 4	2 Parents, One fully Engaged	7/1/2014

Other:

---