## ASSEMBLY BILL (AB) 74 COUNTY WELFARE DEPARTMENT FAMILY STABILIZATION (FS) PLAN

COUNTY WELFARE DEPARTMENT (CWD):			DATE:
	CWD CONTA	CT INFORMATION	
NAME/POSITION:	CWD CONTA	CT INFORMATION	
ADDRESS:			
PHONE NUMBER:	EMAIL ADDRESS:		
nine categories. There is an addi will accept up to 1,000 character	tional text box to enter oth s of text. If more space is also attach any materials	ner information about needed you may als s that address each	ram and include responses to the following your FS program if needed. The text boxes to submit attachments to accommodate the of the areas below if the materials can be ies).
Please indicate the date your CV	/D will begin offering an F	S program:	
What types of services will be pro	ovided under the FS prog	ram?	
☐ Homelessness			
☐ Mental Health			
Substance Abuse			
☐ Domestic Violence			
Other, please list			
How will clients be informed of th	e FS program?		
How will clients be able to reques	st participation in the FS r	orogram?	
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How will the county determine when we will the county determine when we will be a second or with the county determine when we will be a second or	iich chents will de seiecte	ed for the FS program	<i>(</i>

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How will the county notify the clients that are participating in the FS program?
How often will county staff contact FS families?
How will FS Intensive Case Management differ from general Case Management?
What types of partnerships will you develop for your FS Program? (i.e. Community based organizations, non-profits, etc.)
What strategies will you use to link clients with these providers?
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What strategies does your CWD have to transition clients to WTW?
How does the FS program compliment or enhance your current services?

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Please include any other components of your FS program not covered above:	
Please fill out this form electronically and submit to FSProgram@dss.ca.gov	

Note: CWDs must submit their plans no later than 30 days after implementation of their FS Programs. CDSS may request subsequent submittals of AB 74 FS Plans from CWDs depending on the needs of the program.

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