Madera County DSS WTW Procedure

(CalWORKs Plan Addendum)

TO: All Staff

DATE: January 14, 2000

TITLE: Referrals for WTW Grant Program Services

Madera County Private Industry Council (PIC) offers a variety of services for CalWORKs Welfare-to-Work participants, including special funding for hard-to-serve participants. This procedure describes the process for referrals to PIC.

The PIC WTW Grant Program Eligibility Referral Form, MAD WTW 384, Passport to Services, Participant's Work History Form, and Assessment (if available) are to be sent to PIC when making a referral.

PIC can provide the following WTW services:

1. Job readiness and soft skills training (including hygiene, dress, presentation, punctuality, attendance, and attitude)
2. Interview/resume training
3. Assessment and Career Development seminars
4. Occupational skills training
5. On-the-job training
6. Community Work Experience (CWEX) - These cases must be referred by a Work Experience/Community Services ETW.
7. Community Services (CSERV) - These cases must be referred by a Work Experience/Community Services ETW.
8. Job placement
9. Job retention and supportive services

1. <u>PIC Orientation</u>

Clients will need to attend a PIC orientation prior to receiving PIC services. Currently PIC orientations are held Tuesday, Wednesday, and Thursday at 8:15 a.m. Indicate the orientation dates in the appointment section of the MAD WTW 384.

2. <u>Job Club or Assessment</u>

For clients referred for Job Club or Assessment, indicate the actual dates in the appointment section on the MAD WTW 384. The WTW Clerk will continue to forward these lists to PIC.

3. Community Services (CSERV)

For clients referred for Mandatory Community Service indicate "Attention Linda Clark" on the MAD-WTW 384. She will schedule an appointment for them. Send a copy of the MAD-WTW 384 to the client, one to Linda Clark, and place one in the case.

4. Review Your Cases

Effective immediately, cases meeting the following criteria are to be reviewed to determine if a PIC referral will assist the participant in meeting the goals of the WTW Plan:

1. Participants who are working the required number of participation hours but who are in danger of staying below the poverty level if they do not find a better job. If a participant is meeting the participation requirements, the referral will be voluntary.

2. Participants who are not meeting their participation requirements. Participants who are working or in education/training but do not have enough hours.

3. Participants who are in danger of being sanctioned because they are not participating as required in their WTW Plan:
   a. The WTW Plan goal needs to be changed because the participant has discovered they don't have the aptitude to meet the goal.
   b. Not attending school and can't re-enroll until next semester.
   c. Attending school but not progressing at a level that will insure success by the end of their 18-24 months.
   d. CWEX sponsor refuses to take them back.
   e. Not attending training and can't return.
   f. Other reasons on a case-by-case basis.

Department of Social Services CalWORKs Case Managers will continue to provide CalWORKs case management counseling and supportive services for all CalWORKs cases.

Supervisors are to review this memo with their staff. Consult your Manager if you have any questions.

cc: All Managers

Attachments: PIC WTW Referral Form
MAD WTW 384
MAD WTW 384 Purpose and Directions

WTW REFERRAL/INFORMATION FORM
MADERA COUNTY DEPARTMENT OF SOCIAL SERVICES
PO BOX 569
MADERA CA 93639

Participant Name: _____ SS# _____

Address: _____ Telephone: _____ Case No.:_____

City: _____ WTW Plan Signed _____
18 or 24 months

TO: **Educational Facility _____** **PIC _____** **CVOC _____** **Agency Staff _____** **Wrk Exp Spnsr____**

(Site _____) Attn: _____

FOR:	JOB CLUB	_____	VOC TRAINING	_____	WORK EXPERIENCE _____
	ASSESSMENT	_____	STUDENT ED. PLAN	_____	OTHER JOB SERVICES _____
	ESL	_____	JOB DEVELOPMENT	_____	MAND. COMM. SERV. _____
	GED	_____	ABE	_____	OTHER _____ _____

WORK GOAL: _____

Case Manager: _____ Telephone: _____ Date: _____

APPOINTMENT

DATE: _____

TIME: _____

PLACE: _____

REMARKS: _____

_____

_____

RESPONSE

TO: _____ FROM: _____ DATE: _____

INFORMATION: _____

_____

_____

PURPOSE AND DIRECTION

WTW Referral/Information form MAD-WTW 384

PURPOSE: The purpose of the form is to provide a written means of referring WTW participants to other agencies for particular services and for exchange of information to and from service providers, and Case Managers. It shall also serve as an appointment letter.

DIRECTIONS:

1. Write in participant's name, social security number, address, telephone number, case number, and date WTW Plan was signed. Circle 18 or 24 months.

2. Place a check mark in front of the agency you are referring to. If the agency referred to has more than 1 location write out site name (such as name of school). If referring to a particular person at the agency write out name after the word attention.

3. Check what services you are requesting from the agency.

4. Sign your name, telephone number, and date referred.

5. In the section named "Appointment", list the date, time, and place of the appointment. If there is no specific date indicate the range of time appropriate for the referral.

6. In remarks indicate anything important for the client or the agency.

7. The response section is to be completed by the agency receiving the referral.

8. The original form is sent to the provider with supporting documents. A copy is given to the client. A copy is filed in the case record.

MCPIC WELFARE TO WORK GRANT PROGRAM
ELIGIBILITY REFERRAL FORM

Client Name: _____ Case Number: _____

Social Security: _____

Address: _____

Date current AFDC/TANF case began: _____

Number of months on assistance: _____

PLEASE CHECK ALL THAT APPLY:

70% CATEGORY I

The individual is currently receiving TANF and has at least **two** (2) of the following employment barriers:

_____ The individual has neither completed high school nor obtained a certificate of general equivalency (GED) **and** has tested at or below the 8.9 grade level in reading or mathematics skills.

_____	_____	_____
Testing Date	Math Grade Level	Reading Grade Level

_____ The individual required a substance abuse treatment program for employment. (These cases must also be referred to the Madera Access Point case manager.)

_____ The individual requires mental health treatment program for employment. (These cases must also be referred to the Madera Access Point case manager.)

_____ The individual has worked no more than three (3) consecutive months in the past twelve (12) calendar months.

AND

_____ The individual has received AFDC/TANF assistance for at least 30 months (the months do not have to be consecutive), **or**

_____ The individual will become ineligible for TANF assistance within twelve (12) months due to imposed time limits (this includes those persons who have been exempted from the time limits due to hardship but would face termination within twelve (12) months without the exemption).

30% CATEGORY I

The individual has received TANF assistance **and** has one or more of the following characteristics associated with long term welfare dependency:

_____ School Drop Out
_____ Teen Pregnancy
_____ Poor work history (worked no more than three (3) consecutive months in the past twelve (12) month).

30% CATEGORY II

_____ The individual has exceeded the imposed durational time limits but would otherwise be eligible to receive TANF assistance.

AND

The individual has one or more of the following characteristics associated with long-term welfare dependency:

_____ School Drop Out
_____ Teen Pregnancy
_____ Poor work history (worked no more than three (3) consecutive months in the past twelve (12) month).

I hereby certify that the above information provided is true and correct as verified in the case records with the Madera County Department of Social Services.

MCDSS STAFF SIGNATURE	PHONE NUMBER	DATE