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.

1.	Actual Cash Grant Authorized for the Grant/Calculation Month, Including Underpayments and Supplemental Payments On or Before the 10th of the Month. *(After Penalties and Overpayments. Do Not Include Any Amount Used to Subsidize Grant-Based OJT Community Service.)*	$
2.	Actual CalFresh Allotment Authorized for the Grant/Calculation Month, Including Underissuances paid On or Before the 10th of the Month. *(After Overissuance Adjustments.)* To determine prorated amount for **mixed CalFresh households**, use this formula: $$\frac{\text{Total Household CF Allotment (\$_____)}}{\text{\# of CF Recipients in Household (_____)}} = \frac{_____}{\substack{(CF \\ Amount/ \\ Person)}} \times \frac{_____}{\substack{(\# \ of \\ CalWORKs \\ Recipients)}}$$	+ $
3.	Total Benefits Paid for the Grant/Calculation Month. *(Total of line 1 and line 2)*	= $
4.	Monthly Minimum Wage Calculation Amount for the Grant/Calculation Month. *(Divide line 3 by the appropriate minimum wage)* $ _____ ÷ $ _____ *(line 3)* *(Minimum Wage)*	=
5.	**Maximum Average Unpaid WEX/Community Service Hours for the Grant/Calculation Month.** *(Divide line 4 by 4.33)* _____ ÷ 4.33 *(Round Down)* *(line 4)*	=

COMPLETED BY	AGENCY	DISTRICT NUMBER *(IF APPLICABLE)*	DATE