

WAIVER OF CalWORKs LEARNING DISABILITIES SCREENING AND/OR EVALUATION

Tell your worker if you need help reading or understanding this form. Go over this form very carefully with your county worker. Be sure to ask questions about anything you do not understand. If you do not want to be screened or evaluated for learning disabilities at this time, you will be asked to sign this form and you will get a copy of this form.

Benefits of a Learning Disabilities Screening and Evaluation

It is very important to screen and evaluate you for possible learning disabilities. Please keep in mind that most people with learning disabilities are intelligent and many are gifted. If the county finds you have a learning disability, the county will be able to better help you decide what activity is best for you. Individuals with a learning disability can be taught to use their strengths and find ways to make it easier to learn and be more successful at school and on the job.

Getting a screening and evaluation for learning disabilities can help you find, keep, and advance in a job that is right for you. It can also help you do well in an education or training program. The screening and evaluation can also get you the kind of help and services you will need to meet the welfare-to-work requirements. You may also be excused from welfare-to-work requirements if your condition is so severe that it keeps you from regularly working or participating in welfare-to-work activities: 20 hours per week for a single-parent with a child under six-years-old, 30 hours per week for a single-parent with no child under six-years-old, or 35 hours for two-parent families.

If you have a previous evaluation that states you have a learning disability, please provide the evaluation to your county worker. The county may accept all or part of the evaluation and provide you with reasonable accommodations or not accept the evaluation and refer you for another evaluation. Your county worker will include information in your case file that the county has accepted your learning disabilities evaluation. You do not have to sign this waiver if the county accepts your previous evaluation.

If you do not want to be screened or evaluated for learning disabilities at this time and do not give us other proof of a learning disability:

1. You will not get accommodations for a learning disability.
2. You will have to meet the welfare-to-work requirements like any other person on CalWORKs who does not have a learning disability. If you do not meet the welfare-to-work requirements, your cash aid may be lowered or stopped.
3. You may change your mind **at any time** and ask for a learning disabilities screening and/or a learning disabilities evaluation.

If you are later found to have a learning disability, the county will get you the help and services you need following the date your worker discusses the evaluation findings with you and when you sign a new welfare-to-work plan, if necessary.

Go to the next page to complete this form.

WAIVER OF CalWORKs LEARNING DISABILITIES SCREENING AND/OR EVALUATION (continued)

At this time, I want to waive (reject) a learning disabilities screening and/or a learning disabilities evaluation. My welfare-to-work plan will not include accommodations for learning disabilities unless I provide a previous learning disabilities evaluation, and the county accepts that evaluation.

**I have read this form and/or had it read to me. I understand the information on this form.
I do not want the following at this time:**

Learning Disabilities Screening

Learning Disabilities Evaluation

I have the right to refuse to sign this form. If I refuse to sign this form, it is the same as if I signed this form to waive a learning disabilities screening and/or a learning disabilities evaluation. Information will be included in my case file that I waived a learning disabilities screening and/or a learning disabilities evaluation.

PRINTED NAME OF PARTICIPANT	CASE FILE NUMBER
SIGNED NAME OF PARTICIPANT	DATE

County Use Only Section:

I have discussed this form and offered a learning disabilities screening/evaluation to the participant named above:

Participant signed this form to waive the learning disabilities screening/evaluation.

Participant refused to sign this form after waiving the learning disabilities screening/evaluation.

PRINTED NAME OF INTERVIEWER	JOB TITLE OF INTERVIEWER
SIGNED NAME OF INTERVIEWER	DATE