



Trinity County Health and Human Services Department

Linda Wright, Director
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January 17, 2007

Christine Webb-Curtis, Chief
Employment Bureau
California Department of Social Services
744 P Street, M.S. 16-33
Sacramento, Ca 95814

Dear Ms. ^{*Chris*} Webb-Curtis:

Attached please find our CalWorks Addendum to the plan. We apologize for our tardiness, but we wanted to ensure that the addendum accurately represents the intent of Trinity County.

This process has brought to the forefront all the work that lies ahead. I look forward to hearing from you.

Sincerely,

Linda Wright
Director

Adult Services & VSO PO Box 1470 Weaverville, CA 96093 (530) 623-1265 Fax (530) 623-1250 <input type="checkbox"/>	Child Protective Services PO Box 1470 Weaverville, CA 96093 (530) 623-1314 Fax (530) 623-1488 <input type="checkbox"/>	Employment Services PO Box 1470 Weaverville, CA 96093 (530) 623-1499 Fax (530) 623-2149 <input type="checkbox"/>	Fraud/Collections PO Box 1470 Weaverville, CA 96093 (530) 623-1265 Fax: (530) 623-1250 <input type="checkbox"/>	Health Services PO Box 1470 Weaverville, CA 96093 (530) 623-8200 Fax: (530) 623-1297 <input type="checkbox"/>	Public Guardian PO Box 1470 Weaverville, CA 96093 (530) 623-1265 Fax (530) 623-1250 <input type="checkbox"/>	Tobacco Education PO Box 1257 weaverville, CA 96093 (530) 623-1450 Fax (530) 623-3480 <input type="checkbox"/>	WIC PO Box 1261 Weaverville, CA 96093 (530) 623-3238 Fax: (530) 623-3240 <input type="checkbox"/>
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COUNTY NAME: Trinity

CalWORKs County Plan Addendum

Date Submitted to California Department of Social Services: _____

Prepared By: Linda Wright, Director

Contact Phone Number: (530) 623-1265

Contact Email Address: lwright@trinitycounty.org

I hereby certify that County Board of Supervisors was briefed regarding the contents of this Plan addendum prior to submittal.

Linda Wright

County Welfare Director's Printed Name

_____1/2/07_____
Briefing Date

Signature: 

This plan addendum is submitted pursuant to Welfare and Institutions Code Section 10534.