

CalWORKs Employment Services

INTRODUCTION TO EMPLOYMENT SERVICES LETTER

Physical/Home Address

Date:

Case #:

Case Manager Name:

Case Manager Phone:

Agency Name:

Dear

Congratulations! You are on the right track to success.

As an Employment Services Welfare-to-Work participant, you choose the activity that interests you and benefits your family. Watch the orientation video here:

<https://www.sjchsa.org/Benefits-and-Assistance/Employment-Assistance> or the QR Code below.

You may be eligible for supportive services such as childcare, transportation, and help with other training or work-related expenses. You are also eligible to participate in school, employment, and other CalWORKs activities, such as obtaining your High School Diploma or G.E.D. (General Equivalency Diploma).

With the NEW Simplified CalWORKs program, you can now complete the attached orientation forms on your own instead of coming into the office. We are here to help! If you prefer a phone appointment, an office appointment, or just need some questions answered, please call your case manager at

 or send them a message through BenefitsCal.

The chart below shows the number of hours you must participate to meet CalWORKs Welfare-To-Work requirements:

Family Composition	Required Hours Per Week
Single-parent with child under six	20
Single-parent with no child under six	30
Two-parent	35

Complete and return the following forms by:

. You can upload the completed forms to BenefitsCal or mail them in the postage paid envelope provided.

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ ES 2, <i>Welfare-to-Work Activity Assignment</i> ➤ WTW 1, <i>Welfare-to-Work Rights and Responsibilities</i> ➤ WTW 17, <i>Waiver of CalWORKs LD Screening</i> ➤ CCP 7, <i>CalWORKs Childcare Request</i> | <ul style="list-style-type: none"> ➤ ES 24, <i>CalWORKs Participant Transportation Declaration</i> ➤ ES 24A, <i>Declaration of Transportation Needs</i> ➤ ES 10MP, <i>Authorization for Release of Information</i> ➤ ES 121, <i>Employment Verification (only if you're working)</i> |
|---|--|

Read and keep the following forms:

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ ES 2A, <i>Introduction to Employment Services Letter</i> ➤ ES 168, <i>Employment Services Participant Handbook</i> | <ul style="list-style-type: none"> ➤ ES 271, <i>SJC Family Stabilization Flyer</i> ➤ PKT 30R, <i>Employment Services Resource Packet</i> |
|---|--|

- ✓ **Note: The ES Bonus Flyer in the PKT 30R Employment Services Resource Packet tells you about the incentives you can earn for completing activities.**



**WELFARE-TO-WORK PLAN
ACTIVITY ASSIGNMENT**

PARTICIPANT NAME

CASE NUMBER

CASE MANAGER NAME:

CASE MANAGER PHONE #:

Instructions: Case Manager completes section A. Participant completes sections B, C & D.

Section A:

- ☐ **Mandatory participant:** I agree to do the checked activity or activities listed below. I understand that if I do not participate as required in these activities, my cash aid will be lowered, unless the county decides I had a good reason to not do them. I understand that if I am in a two-parent family, we can share the 35-hour participation requirement, and only **my** assigned hours are listed below. Each week I must complete:
- ☐ Full-time education ☐ At least 20 hours ☐ At least 30 hours
- ☐ At least _____ hours of my family's 35-hour requirement
- ☐ **Volunteer:** I understand that I do not have to participate, but I agree to do the checked activity or activities listed below. I understand that as a volunteer, my cash aid cannot be lowered for failing to do these activities. I understand if I stop doing these activities, I may have to wait to participate in Welfare-to-Work, unless the county decides that I had a good reason not to do them. I understand that the 20-,30- or 35-hour per week rules do not apply to me.
- ☐ **Self-Initiated Program (SIP):** My primary activity is an education or training program I was enrolled in before my appraisal. If I am a mandatory participant, the number of hours I am required to participate in each week is: ☐ 20 ☐ 30.

Section B:**CalWORKs Welfare-to-Work Activities****Are you working?**

- ☐ **Yes,** Complete the CalWORKs Employment Services Employment Information form (ES 121)
- ☐ **No,** Select the Welfare-to-Work Activity you are interested in attending below:

Are you attending school?

- ☐ **Yes,** Name of School; _____
How many units/hours? Units _____ Hours: _____
- ☐ **No,** Select the Welfare-to-Work Activity you are interested in attending below:

San Joaquin County CalWORKs Welfare-to-Work Activities: (See flyers for activities details)

- ☐ Employment
- ☐ Self-Employment
- ☐ Work Study
- ☐ Career Assessment
- ☐ Job Search – EWORKs
- ☐ Work Experience/Community Services
- ☐ Vocational Education
- ☐ Community/State/UC Schools
- ☐ SJCOE- Culinary Occupations or Business Office Management
- ☐ Other School _____

- ☐ Adult Schools
 - ☐ High School Diploma (HSD)
 - ☐ General Equivalency Diploma (GED)
 - ☐ English as Second Language (ESL)
 - ☐ Adult Basic Education (ABE)
 - ☐ Certificates
- ☐ Wellness WORKs
- ☐ Mental Health Services
- ☐ Substance Abuse Services
- ☐ Domestic Abuse Services
- ☐ Other Activity _____

Section C:**SUPPORTIVE SERVICES**

I need the following supportive services:

- ☐ Child Care (You have up to 30 days to secure child care. See form CCP7 Childcare Request)
 - ☐ Full-time (25-52.5 hours per week) ☐ Part-time (less than 25 hours per week)
- ☐ I do not need the county to pay for child care at this time, but I have the right to request child care later.
- ☐ Transportation:
 - ☐ Bus Pass ☐ Mileage ☐ Parking
 - ☐ Other (*toll fees, taxis, etc.*): _____
- ☐ I do not need the county to pay for transportation at this time, but I have the right to request transportation later.
- ☐ Ancillary Expenses (such as books, tools, uniforms, etc.) costs for:
 - 1. _____ 2. _____
 - 3. _____ 4. _____
- ☐ I do not need the county to pay for ancillary costs at this time, but I have the right to request ancillary costs later.
- ☐ Diaper Payments (I will receive monthly diaper payments for each child under 36 months of age unless I check the box below indicating I do not need diaper payments.)
- ☐ I do not need diaper payments at this time, but I have the right to request diaper payments later.
- ☐ In order to successfully participate in the assigned activities, I need the following accommodation (help): Please specify - for example: special services because of a disability (reading me notices, large print, special supplies, etc.).
 - 1. _____ 2. _____
 - 3. _____ 4. _____

Section D:**PARTICIPANT'S CERTIFICATION****Read and Sign below:**

I have received a Welfare-to-Work Handbook.

I know I can ask my Welfare-to-Work Worker if I have any questions.

I authorize the Human Services Agency, Case Manager, and the Provider of the activity I selected to release and exchange information. I understand that the exchange of information between these Agencies/Providers is important to my continuing success in the Employment Services program and is not to be used for any purpose other than my eligibility for and participation in Employment Services. I understand that my authorization is valid for a maximum of one (1) year from the date of my signature below, and that I may be asked to complete another authorization of release of information upon its expiration.

I have three (3) working days to think about the terms of this Activity Assignment after I sign it. I understand if I want to change the terms of this Welfare-to-Work Activity Assignment, I must tell my Welfare-to-Work worker by _____. If I do not tell my Welfare to Work worker by then, this Activity Assignment is final.

I have read (or had read to me) and understand this Activity Assignment and will receive a copy. If I do not meet my responsibilities without a good reason, I know that there are penalties that can include having my cash aid lowered and supportive services may be stopped.

I understand that I can ask for a different service provider if I object to the religious character of any provider to which I have been assigned

I understand that once I start my chosen activity I must turn in verification of my attendance hours by the 5th or every month for the prior month's attendance.

I understand if I do not agree with any county action regarding my Welfare-to-Work participation, I can file a formal grievance with the county or I can ask for a State hearing by calling, toll-free, 1-800-952-5253. If the county is proposing to lower or stop my aid, my aid will be lowered or stopped if I file a formal grievance.

I understand that I can get free legal help with Welfare-to-Work problem from the local legal or welfare rights office by calling (209) 946-0605.

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

I acknowledge that by providing my written signature or phone consent signature for this form, I agree my phone consent signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my written signature or phone consent signature represents my execution of authentication of this form, and my intent to be bound by it.

Participant's Signature	Phone	Date
Case Manager's Signature	Phone	Date

WELFARE-TO-WORK PLAN RIGHTS AND RESPONSIBILITIES

Participant Name

Case Name

Case Number

I.D. Number

This is an overview of the rights and responsibilities of participants in Welfare-to-Work activities under the California Work Opportunity and Responsibility to Kids (CalWORKs) Program. Your Welfare-to-Work Plan tells how you and the county will work together so that you can get and keep a job. Your plan includes this form, the Activity Assignment, and the Welfare-to-Work Handbook. The Welfare-to-Work Handbook tells you about Welfare-to-Work activities, services, and rules. The Activity Assignment tells you the Welfare-to-Work activity that you will be participating in.

The county must do certain things to help you while you are in Welfare-to-Work. The county must explain Welfare-to-Work to you and answer any questions.

The county must help you arrange and pay for child care, transportation, and work and training costs. If necessary, the county can make advance payments to you for these supportive services.

This plan and any changes to it will apply to you and the county as long as you participate in Welfare-to-Work. But, the county may have to change or stop all or part of this plan if: 1) there are changes in law or regulations; 2) the county cannot get or pay for services from the provider; or 3) you stop receiving cash aid under the CalWORKs program. The county will inform you of any changes in writing.

YOUR RIGHTS

As a Welfare-to-Work participant, you have the following rights which will help you take part in Welfare-to-Work. You have the right to the following:

Employment Services

- Receive direction and support from the county to help you improve your ability to get a job. This can possibly include on-the-job training and job skills training or education.
- Receive a referral to places that offer personal counseling, mental health, substance abuse, or domestic abuse services, at no cost to you, if you need them to help you participate.

Supportive Services

- Receive payment for child care, transportation, and work and training-related expenses if you need them to participate in or attend any Welfare-to-Work appointment or activity. These are called supportive services. If you need them, but do not get them, you may have good cause for not participating.
- Receive details of your supportive service arrangements in writing.
- Receive advance payment, if you need it to avoid using your own money, for approved supportive services.

Welfare-to-Work Plan

- Ask for a change or reassignment to another activity within 30 days from the beginning of your first training or education assignment under your initial Welfare-to-Work plan.
- Change your mind about the activities assigned in your Welfare-to-Work plan. If you change your mind, you must tell your Welfare-to-Work worker within three (3) working days after signing your Welfare-to-Work plan Activity Assignment form (WTW 2).

- Automatically get a neutral third party to assess your employment and or training needs if you disagree with the assessment or you and the county cannot agree on a plan to meet your assessed employment needs.
- Ask for a different provider if you object to the religious character of any provider to which you have been assigned.
- Not to participate in any religious activity offered by a service provider. Participation in such an activity is voluntary.

Resolve Problems with your Welfare-to-Work Plan

- Not participate if the services you and the county agree you need are not provided.
- Not participate if the county decides you have any other good reason.
- Explain the reason if you fail to do what Welfare-to-Work requires.
- Have a second chance to cooperate and participate in Welfare-to-Work through the compliance process.
- Ask for legal advice at anytime regarding your participation in Welfare-to-Work from your local legal aid or welfare rights office by calling (209) 946-0605.
Phone Number

Employment Problems

- Leave a job or not accept a job if the county decides you have a good reason, such as if your workplace rights were violated.
- Ask your case manager if you would like more information about your workplace rights.

Complaints

- Protest any county action you do not agree with by filing a formal grievance with the county or asking for a State hearing by calling 1-800-952-5253, or for the hearing or speech impaired who use TDD, call 1-800-952-8349.
- For complaints about a workplace rights violation, contact either the California Department of Civil rights by calling 800-884-1684, or 800-700-2320 for TTY, or the California Department of Industrial Relations at (844) 522-6734. Your case manager may be able to provide additional direction as well.

YOUR RESPONSIBILITIES

As a Welfare-to-Work participant, you also have the following responsibilities to make sure Welfare-to-Work works for you. You must:

- Accept a job if you get an offer, unless you have a good reason not to.
- If working, keep the job and not lower your earnings.
- Sign activity assignments which tell how you and the county will work together while you participate.
- Participate as described in your Welfare-to-Work plan unless you have a good reason.
- Choose and arrange for supportive services. The county will help you.
- Sign up for subsidized child care if you will need it. The county will tell you how.
- Ask your Welfare-to-Work worker if you have any questions about Welfare-to-Work.
- Tell your Welfare-to-Work worker of changes that may affect your participation.
- Tell your Welfare-to-Work worker right away of changes in your need for supportive services. This includes changes in child care providers. If you do not tell the county in advance, the county may not be able to pay for the services that change.
- Pay Welfare-to-Work back for any supportive services payments you got, but you did not need or you were not eligible to get.

- Call or go to the county when they ask you to.
- Give proof of satisfactory progress in your assigned activity, if required by your county.
- Read (or have read or explained to you) the Welfare-to-Work Handbook and ask questions about any part of the handbook you do not understand.

QUESTIONS?

The Welfare-to-Work Handbook gives you more information on your rights and responsibilities. If you have any questions, be sure to check the Welfare-to-Work Handbook or call your Welfare-to-Work worker at the number shown below.

CERTIFICATION

I understand that the purpose of Welfare-to-Work is to help me prepare for work and find a job.

I have read (or had read or explained to me) and understand this Rights and Responsibilities form. I have received a Welfare-to-Work Handbook. I know that I have certain rights and responsibilities as a participant in Welfare-to-Work. I know that I must meet all my responsibilities as a Welfare-to-Work participant. If I fail to meet my responsibilities without good reason, I know that there are certain penalties and that my cash aid may be affected.

ELECTRONIC SIGNATURE DECLARATION

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

I acknowledge that by providing my electronic signature for this form, I agree my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution of authentication of this form, and my intent to be bound by it.

Participant's Signature:		Date:
Welfare-To-Work Worker's Signature:	Phone:	Date:

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

CALWORKS CHILD CARE REQUEST FORM

NOTICE: You may be eligible for CalWORKs Stage One Child Care

The county pays for childcare for children under age 13, and for children up to age 21 with disabilities. You have up to 30 days from the date your cash aid is approved to confirm that childcare has been secured before participation in Welfare-to-Work activities become mandatory.

MY CHILD CARE RIGHTS

- I have a right to receive child care services to help meet my family's needs. For example: housing search, domestic violence or mental health counseling, court and medical appointments, or other similar activities.
- I have a right to child care so that I can go to any Welfare-to-Work (WTW) activity or work.
- My child care will be authorized for 24 months, so that my children get stable, reliable care.
- I have the right to have child care in place before I need to show up for required activities or appointments.
- I have a right to full-time child care, unless I choose part-time care.
- I have a right to child care as a WTW volunteer, if I choose to participate in activities but don't have to.
- If I don't want child care now, I can ask for it later.

WHO CAN BE MY CHILD CARE PROVIDER?

You can choose who will take care of your child(ren). You can choose a child care center, a licensed family child care provider, or a family member, friend or neighbor. If you choose a family member, friend or neighbor, they may need to get fingerprinted. Please see the **TrustLine** section on the back of this form.

HOW DO I ASK FOR CHILD CARE?

You can get child care by asking your county worker, at your On-line CalWORKs Appraisal Tool (OCAT) assessment, or by submitting this form or any request in writing. You should ask for child care as soon as you know you will need it. Child care will be approved when you get approved for cash aid.

HOW DO I FIND CHILD CARE?

The local Child Care Resource and Referral Agency (R&R) can help you find the best child care option(s) for your family. You can visit or contact them using the information below, or you can call the California Resource and Referral Network at: **1-800-KIDS-793**.

R&R Agency Name: Family Resource Center Telephone: (209) 948-1553

Address: 1776 W. March Lane, Suite 140, Stockton, CA 95207 Website: FRCSJ.ORG

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you want child care for any of your children now? | Yes | No
2. You are eligible for full-time child care (25 or more hours per week). Would you rather have part-time child care (fewer than 25 hours per week)? Yes ☐ No
3. Will you need child care if you start working, going to school, training, job search, counseling, housing search, or other activity? Yes ☐ No

If you answered **No** to **questions 1, 2, or 3** above:

4. Is somebody watching your children who does not want to get paid? ☐ Yes ☐ No
5. Are all of your children in Head Start, another free or low-cost child care program, or school?
☐ Yes ☐ No

Even if you don't need child care now, you can ask for child care at any time.

CHILD CARE RULES: TRUSTLINE

Your child care provider must be eligible before they can get paid. An eligible provider is a licensed child care provider, a provider who has cleared the TrustLine fingerprinting and background check process, or a provider who doesn't have to get TrustLine registered. If you choose a child care provider who is required to be TrustLine registered, the county will only pay your provider if they clear TrustLine. Once your child care provider is TrustLine registered, the county will pay for child care for up to 120 days from the date you asked for child care or when the child care began, whichever is later. A grandparent, aunt, or uncle of the child(ren) does not need to be TrustLine registered but must turn in a form called a Declaration of Exemption from TrustLine Registration and Health and Safety Self-Certification (CCP1).

TWO-PARENT FAMILIES

In two-parent families, if one parent is able and available to care for the child(ren), the county will not pay for child care. A parent is considered available to provide care unless they are working (or sleeping after working), doing a county-approved WTW activity, or have a condition verified by a doctor, that prevents them from caring for the child(ren). "Doctor" means a health care professional who is licensed by a state to diagnose/treat physical and mental impairments that can affect an individual's ability to work or participate in WTW activities. "Doctor" includes, but is not limited to, doctors of medicine, osteopathy, chiropractic, and licensed/certified psychologists."

CERTIFICATIONS Please initial the below certifications.

- _____ I understand that if I choose a child care provider who is required to be TrustLine registered, the provider is not eligible for any reimbursement if they do not get TrustLine registered.
- _____ I understand that I do not have to go to any Welfare-to-Work (WTW) appointment or activity unless I have found child care that will accept child care payment from the County.
- _____ I understand that I must tell my worker as soon as I need child care. I understand that I need to ask for child care within 30 calendar days from the first day I received child care services for my provider to get fully paid.
- _____ I have read this notice, or had it read to me in _____. If I have any questions or need additional information about this notice, I can ask my worker.

My worker can be reached at: _____.

Case Name	Case No.
Client Signature	Date
Case Worker Name	Phone

Participant Name: _____
Case Number: _____

CALWORKS PARTICIPANT TRANSPORTATION DECLARATION

In order to receive travel payments for mileage, I have provided proof of current driver's license, registration and insurance.

I agree that in order to receive travel payments for mileage to and from my work site, training site and/or activity site, I will not be considered an employee or agent of the County of San Joaquin, the Human Services Agency CalWORKs program, or the Training or Activity Site.

I further agree that I will:

1. Maintain a valid California driver's license;
2. Maintain vehicular casualty insurance in an amount at least equal to the minimum required by law, on the vehicle I choose to drive;
3. Comply with all other federal, state, and local traffic laws in operating the vehicle during my participation, including Vehicle Code 16028 that requires an owner/operator to be able to provide proof of insurance to a peace officer upon demand;
4. Notify my Case Manager immediately if I no longer have a current driver's license, registration and insurance, at which time I will no longer be eligible for receipt of travel payments. In that case, I may be eligible for travel payments for use of public transportation;
5. I agree to pay Employment Services back for any payments received as a result of inaccurate or unauthorized reporting. I understand that Employment Services will not pay for transportation supportive services not related to Employment Services activities. **If I do not voluntarily pay back the full overpayment at once or set up a payment plan with the San Joaquin Human Services Agency, I agree to let the agency recoup from my future cash grant monthly until the debt is paid off.**

This declaration and acknowledgement is true and is made under penalty of perjury at:

_____, California, this _____ day of _____ 20_____.

Print Name

Participant Signature

*Pursuant to the preceding California Vehicle Code, mileage reimbursement will commence the date that the California driver's license, current registration AND proof of insurance are received in the CalWORKs Employment Services Office.

DECLARATION OF TRANSPORTATION NEEDS

Participant Name: _____ Case Number: _____

Activity Name: _____

Additional Activity Name: _____

Activity Start Date: _____

Additional Activity Start Date: _____

Activity Address: _____

Additional Activity, Address: _____

Mode of Transportation. Check all that apply:

☐ Drive ☐ Ride the bus ☐ Get a ride ☐ Rideshare ☐ Commuter Train
☐ Parking/Tolls ☐ Other _____

Do you need to transport your child(ren) to and/or from daycare or school so you can attend your activity(ies)? ☐ YES ☐ NO

If yes complete the following: ☐ Daycare ☐ School

Child's Name and Age: _____

Name and Address: _____

Name and Address: _____

Child's Name and Age: _____

Name and Address: _____

Name and Address: _____

Child's Name and Age: _____

Name and Address: _____

Name and Address: _____

Child's Name and Age: _____

Name and Address: _____

Name and Address: _____

_____***Note: For additional children complete the back of this form**

I certify, under penalty of perjury, that the information listed on this form is true and correct. I authorize Employment Services to discuss my transportation needs, or attendance with the providers identified on this form. I agree to pay Employment Services back for any payments received as a result of inaccurate or unauthorized reporting. I understand that Employment Services will not pay for supportive services not related to Employment Services activities. **If I do not voluntarily pay back the full overpayment at once or set up a payment plan with the San Joaquin Human Services Agency, I agree to let the agency recoup from my future cash grant monthly until the debt is paid off.**

Participant Signature: _____ Date: _____

DECLARATION OF TRANSPORTATION NEEDS

Participant Name: _____ Case Number: _____

Additional child(ren) that need transportation to and from daycare and/or school so you can attend your activity(ies):

☐ Daycare☐ School

Child's Name and Age:

Name and Address:

Name and Address:

Child's Name and Age:

Name and Address:

Name and Address:

Child's Name and Age:

Name and Address:

Name and Address:

Child's Name and Age:

Name and Address:

Name and Address:

Child's Name and Age:

Name and Address:

Name and Address:

Child's Name and Age:

Name and Address:

Name and Address:

Child's Name and Age:

Name and Address:

Name and Address:

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize San Joaquin County Human Services Agency or designated Case Management Agency to release and exchange information regarding my Welfare-To-Work case to: **(Check all that apply)**

- | | |
|---|---|
| ☐ Family Resource and Referral | ☐ Wellness WORKs! |
| ☐ San Joaquin County Office of Education | ☐ WorkNet |
| ☐ San Joaquin Delta College | ☐ "The Work Number" Employment Verification
Employer: _____ |
| ☐ San Joaquin County Schools for Adults | |
| ☐ FamilyWORKs | ☐ Other _____ |

I also authorize the above Agency/program to release and exchange information with my Case Manager.

I understand that the exchange of information between these Agencies is important to my continuing success in the Employment Services program and is not to be used for any purpose other than my eligibility to and participation in Employment Services.

I understand that my authorization is valid for a maximum of one year from the date I signed, and that I may be asked to complete another authorization at the end of that time.

Signature of Participant

Date Signed

Participant Case Number

CalWORKS Employment Services

EMPLOYMENT INFORMATION

Date _____

Case # _____

Participant Name _____

Case Manager Name _____

Case Manager # _____ Phone # _____

Agency Name _____

You have reported that you are currently working. Your employment may satisfy all or part of your CalWORKs Welfare-To-Work program requirements. Please complete the information below about your job and return it to me with employment verification in the return envelope.

If you are no longer working, or working less than the required hours(20, 30, or 35 hours per week), you will be contacted to determine your next Welfare-To-Work activity.

Complete and return the following information by: _____. Keep copy for your records.

1. Name and address of business and/or employer:

2. Type of business:

3. Date you started working for this employer:

4. Job Title:

5. Average hours per week _____.
Weekly work schedule:

Day	Start Time	End Time
M		
T		
W		
TH		
F		
SA		
S		

6. Hourly Wage:

How often are you paid?

___ Every week (Weekly)

___ Every two weeks (Bi-Weekly)

___ Monthly

___ Other _____

Participant Signature _____

Date _____

San Joaquin County's Family Stabilization Program (FSP)

FSP is a short-term program designed to help you and your family work through crisis to achieve stability and success!

- Going through a family crisis?
- Having problems with drugs or alcohol?
- Kids not attending school regularly?
- Need to speak with a Behavioral Wellness counselor?
- Homeless or at risk of homelessness?

Qualifications

- You must be a current CalWORKs Welfare-to-Work Eligible Adult
- You must have a family crisis which cannot be addressed by your WTW case manager
- You must have a crisis which significantly impairs your day to day activities

Note: Further screening and evaluation will be needed to determine if the FSP can meet your family's needs.

Benefits

- Your plan is tailored to your specific needs
- More one-on-one contact with your FSP Case Manager & Support Staff
- Additional Supportive Services
- Assistance in stabilizing your family to help you reach success

❖ Contact Your Welfare-to-Work Case Manager for More Information ❖

