

CalWORKs and WELFARE TO WORK TIME LIMIT EXEMPTION DETERMINATION

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

Date _____

On _____, _____ requested an exemption, and the county made the following determination: (DATE) (NAME)

A. WELFARE TO WORK PARTICIPATION (WTW) EXEMPTIONS

1. The exemption is APPROVED.
He/she will not be required to participate in Welfare to Work. His/her exemption will end on _____. If (DATE)
his/her exemption should continue, he/she must provide information to show that it should continue, before the ending date above, or he/she will be expected to participate in Welfare to Work.
He/she can ask to volunteer to participate in Welfare to Work and will be told what activities and/or services are available.
Reason for exemption from Welfare to Work participation: _____

His/her condition may be looked at again to see if he/she continues to be exempt. If he/she is no longer exempt, he/she will be expected to participate in Welfare to Work.

2. The exemption is DENIED.
He/she is required to participate in Welfare to Work. He/she will get a notice from the county telling him/her when to attend the Welfare to Work activities and/or services.
Reason for Denial: _____

B. CalWORKs 48-MONTH TIME LIMIT EXEMPTIONS

1. The exemption is APPROVED.
Each month of aid for the period that his/her condition or circumstance lasts will not count toward the CalWORKs 48-month time limit. His/her exemption will end on _____. If his/her exemption should continue, he/she must (DATE)
provide information to show that it should continue, before the ending date above, or he/she will be expected to participate in Welfare to Work.
Reason for exemption: _____

His/her condition may be looked at again to see if he/she continues to be exempt. If he/she is no longer exempt, each month of aid will count toward the 48-month time limit.

2. The exemption is DENIED.
Each month of aid will continue to count toward the CalWORKs 48-month time limit.
Reason for Denial: _____

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.

Rules: These rules apply; you may review them at your welfare office: MPP 42-302.1, 42- 302.2, 42-302.21, 42-302.3 - .34, 42-710, 42-712, and Senate Bill 72 (Chapter 8, Statutes of 2011).