



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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GOVERNOR

December 18, 2015

ALL COUNTY LETTER NO. 15-101

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by the CDSS

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CALWORKS PROGRAM SPECIALISTS
 ALL COUNTY WELFARE-TO-WORK COORDINATORS
 ALL CONSORTIA PROJECT MANAGERS
 ALL COUNTY REFUGEE COORDINATORS
 ALL CALFRESH COORDINATORS
 ALL CHILD CARE COORDINATORS
 ALL TRIBAL TANF ADMINISTRATORS

SUBJECT: REVISIONS TO CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS) LEARNING DISABILITIES (LD) FORMS: WELFARE-TO-WORK (WTW) 17, 18, AND 19

REFERENCES: MANUAL OF POLICIES AND PROCEDURES (MPP) [42-722.1](#), [.2](#), [.4](#), [AND .6](#); WELFARE AND INSTITUTIONS CODE [11325.2](#) AND [.25](#).

The purpose of this letter is to inform County Welfare Departments (CWDs) of revisions to three California Department of Social Services (CDSS) CalWORKs WTW program forms for LD: Waiver of CalWORKs Learning Disabilities Screening and/or Evaluation (WTW 17), Learning Needs Screening (WTW 18), and Learning Needs Screening – Client Copy (WTW 19). These forms have been revised to match LD information in the Online CalWORKs Appraisal Tool (OCAT) and to enhance the process for WTW participants who waive the LD screening. The revised WTW 17, WTW 18, and WTW 19 replace the previous versions of these forms and must be used immediately.

Background

The Learning Disabilities Association of America (LDA) describes LD on its website (<http://ldaamerica.org/types-of-learning-disabilities/>) as neurologically based processing problems that can interfere with learning skills such as reading, writing and/or math. The LDA also explains that LD can interfere with other skills such as organization, time planning,

abstract reasoning, long- or short-term memory and attention. While some individuals may be diagnosed while in school, some individuals do not receive an evaluation until they are in post-secondary education or until they are adults.

The CWDs are reminded that the United States Department of Health and Human Services (HHS) designates LD as a category covered by the Americans with Disabilities Act (ADA) in the fact sheet, "[Your Rights Under the Americans with Disabilities Act](#)." The ADA protects individuals with disabilities similar to protections provided on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees equal opportunity for participants with disabilities—including LD—in public accommodations, government services, **employment**, telecommunications, and transportation. According to the HHS, as many as 40 percent of adults receiving public assistance have LD.

Regulations

The CWDs must offer CalWORKs WTW participants a screening for learning disabilities at the first WTW contact (i.e., orientation or appraisal) but no later than the assessment. If the participant initially waives the screening and requests a screening at a later date, the CWD shall perform a screening as soon as possible. A referral to an evaluation may be required based on the screening or if a screening is unavailable in the participant's primary language. The offer of the screening and evaluation must be **both verbal and in writing**. The information that the CWDs must provide to WTW participants must include, but is not limited to, all of the information from MPP Section [42-722.121](#), which is in the preamble on the first page of the modified Learning Needs Screening (WTW 18), the Learning Needs Screening – Client Copy (WTW 19), and the Learning Needs section of OCAT.

The CWDs must **first** provide all of the information in the preamble to WTW participants **before** a waiver for the LD screening or evaluation is provided. The CWDs **must not offer** or require WTW participants to sign the LD screening waiver in lieu of offering the LD screening or referral to the LD evaluation. The waiver (WTW 17) is provided **only** if participants decide to not be screened or evaluated for LD.

The CWDs must provide the LD screening to all WTW participants who request it, if the screening is available in the participant's primary language. Limited-English proficient WTW participants **may request** a referral to a LD evaluation if no screening tool exists in their primary language, and the CWD shall perform an evaluation as soon as possible.

As explained in MPP Section [42-722.25](#), the participant shall not be required to sign the Waiver of CalWORKs Learning Disabilities Screening and/or Evaluation (WTW 17) if the participant has a previous evaluation and it is determined acceptable by the CWD. The CWD will need time to receive and review the previous evaluation before determining whether or not to accept it. The CWD will make the determination based on the same criteria used for an evaluation ordered by the CWD, which is described in MPP Section [42-722.51](#). Until the CWD makes that determination, the CWD may postpone the requirement for the participant to sign the WTW 17. If the CWD **does not accept** the previous evaluation, the CWD **will need** to offer the LD screening to the participant again.

The participant may then accept or waive the LD screening or file for a fair hearing pursuant to MPP Section [42-722.5](#) if the participant disagrees with the CWD's decision to not accept the previous evaluation.

WTW LD Forms

The following LD forms have been revised and are attached:

WTW 17 (9/13): WAIVER OF CalWORKs LEARNING DISABILITIES SCREENING AND/OR EVALUATION – Required Form – No Substitutes Permitted

This form is to be used when WTW participants decide not to be screened or evaluated for LD. This form is not to be offered or required in lieu of offering the Learning Disabilities Screening (WTW 18) or referring to a LD evaluation. This form has been modified to provide information from the OCAT and the revised version of the WTW 18 to WTW participants about the advantages of the LD screening. The revision also includes additional verification by the CWD regarding the WTW participant's waiver.

WTW 18 (10/02): LEARNING NEEDS SCREENING – Required Form – No Substitutes Permitted

The purpose of this form is to help the CWD determine if the WTW participant needs to be referred to a LD evaluation. This form **does not determine** whether or not WTW participants have LD. This form has been modified to include the Learning Needs Screening preamble in the OCAT, which includes information from MPP Section [42-722.121](#) instructing the CWD to provide WTW participants certain information prior to administering the screening. Additionally, corrections have been made to the scoring sections of questions 1 through 13, and a reference to "contact lenses" has been added to question 17.

WTW 19 (10/02): LEARNING NEEDS SCREENING – Required Form – No Substitutes Permitted

The purpose of this form is for WTW participants to follow along during the LD screening. The information in this form duplicates the preamble and questions in the WTW 18. This form has been modified to include the Learning Needs Screening preamble in the OCAT and the modified WTW 18, which include information from MPP Section [42-722.121](#) instructing the CWD to provide WTW participants certain information prior to administering the screening. Additionally, the name of this form is being changed to include "Client Copy," and a reference to "contact lenses" has been added to question 17.

Required Form – No Substitutes Permitted: Forms in this category **may not be modified or restructured** by the CWD or consortium. However, overprinting or reformatting and Electronic Data Processing (EDP) modifications are permitted. Overprinting is defined as a process in which the CWD prints additional information over a current required form without modifying the format, structure, or legal content of the form.

The following have been identified as acceptable overprinting purposes and do not require state approval: (a) to identify the CWD, (b) to add information to the "County Use Only" section, or (c) to add Eligibility Worker instructions. Overprinting or EDP modifications for

purposes other than those specified must be pre-approved by the CDSS before use of the form by the CWD.

More information regarding the form types and [CWD modification procedures](#) can be found in MPP Section 23-400 located on the CDSS website at cdss.ca.gov/ord/entres/getinfo/pdf/opsman3.pdf.

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. You may also [obtain these forms from the CDSS webpage](#): dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When translations are completed per [MPP Section 21-115.2](#), including Spanish forms, they are posted on an on-going basis on the CDSS webpage. [Copies of the translated forms](#) can be obtained at dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

Please Note: The WTW 18 and WTW 19 cannot be translated, but validated Spanish-language versions of these forms will be issued with guidance in an upcoming ACL.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. It is the CWD's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in [MPP Section 21-115](#).

If you have questions or need additional information regarding this ACL and the modified forms, contact your CalWORKs Employment Bureau county consultant at (916) 654-2137.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachments

C: CWDA

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

LEARNING NEEDS SCREENING

Directions for County Worker:

1. Before asking the questions on this form, give the client form WTW 19 (Learning Needs Screening - Client Copy) so he or she can follow along and read the questions silently as you read them aloud.
2. Before proceeding to the Learning Needs Screening questions on the following pages, read the following preamble aloud to the client:

PREAMBLE:

I am going to ask you questions about your school experiences and your health. Your answers will help me figure out what, if anything, is getting in your way of training and working. Your answers will also help me develop your welfare-to-work plan and help me figure out what services you may need to be successfully employed. It is very important that you answer these questions so that I can determine the right kind of welfare-to-work activities for you, and to get you the help and services you may need to succeed. These questions are not intended to determine the existence of a learning disability. They are only the first step in the evaluation process.

Please keep in mind that most people with learning disabilities are intelligent and many are gifted. Individuals with a learning disability may have difficulty with the following:

- Reading
- Listening
- Understanding directions
- Writing
- Spelling
- Math
- Organizing things
- Getting along with others
- Expressing ideas out loud
- Paying attention

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. I can help individuals get the appropriate welfare-to-work activities, including accommodations once a learning disability is identified.

Please keep in mind this screening is a very simple and short test. It will help you decide if you would like a referral to a learning disability specialist for an evaluation to find out if a learning disability exists. The areas that will be tested at evaluation are the following:

- Natural talents and abilities
- Ability to follow verbal and written information
- Achievement
- Job and Career interests

The specialist can help identify strengths and weaknesses so that we can make referrals to the appropriate services and accommodations for you. Please remember that you have the right to file for a fair hearing if you disagree with a county action including actions related to learning disabilities.

If you are Limited-English proficient and a Learning Needs Screening is not available in your primary language, you have the right to request a referral directly for a learning disabilities evaluation.

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3. **REFUSAL TO BE SCREENED OR EVALUATED:** If the client makes the decision to not be screened, read the WTW 17 form (Waiver of CalWORKs Learning Disabilities Screening and/or Evaluation) to the client and explain the importance and benefits of a learning disabilities screening and/or a learning disabilities evaluation. Do not offer the waiver in lieu of offering the screening or evaluation. If the client still does not want to be screened or evaluated, have the client sign the WTW 17 form. Give a copy of the form to the client and retain the original in the case file.

LEARNING NEEDS SCREENING

Directions for County Worker (Continued):

4. Ask the client each question in sections I, II, III, and IV on page 3.
 - Record the client's responses by checking "YES" or "NO."
 - Count the number of "YES" responses in each section, then multiply by the number indicated in the section. For example, multiply the number of "YES" responses obtained in Section III by 3. Then enter the result after the equal sign as the subtotal.
 - To obtain a total, add the subtotals from sections I, II, III and IV.
 - If the total from sections I, II, III and IV is 12 or more, refer the client for a learning disabilities evaluation and document the referral in the case file.

5. Ask the client each of the supplemental questions on page 4 regardless of the score.
 - Record the client's responses by checking "YES" or "NO" and filling in the blanks, where appropriate.
 - Ask the client to provide any record of a previous learning disabilities evaluation, attendance in special education, or medical conditions. If the client appears to have problems obtaining the information, the county will assist the client. The client will sign the appropriate document to grant permission to obtain the information.
 - With the client's written consent (WTW 20: Permission to Release Learning Disabilities Information), forward the records to the learning disabilities evaluator for consideration.
 - Refer the client, as appropriate, to a medical or service provider(s) to address any potential health concerns identified on page 4.

Note: The Learning Needs Screening tool is not intended to determine the existence of a learning disability. It is only the first step in the evaluation process.

LEARNING NEEDS SCREENING

CLIENT NAME		COUNTY CASE NUMBER
INTERVIEWER NAME	INTERVIEWER TITLE	INTERVIEWER DATE

SECTION I **YES** **NO**

1. Have you had any problems learning in middle school or junior high?
2. Do you have difficulty working from a test booklet to an answer sheet?
3. Do you have difficulty or experience problems working with numbers in a column?
4. Do you have trouble judging distances?
5. Do any family members have learning problems?

Count the number of "YES" answers for Section I _____ X 1 = _____ Subtotal for Section I

SECTION II **YES** **NO**

6. Have you had any problems learning in elementary school?
7. Do you have difficulty or experience problems mixing mathematical signs (+/x)?

Count the number of "YES" answers for Section II _____ X 2 = _____ Subtotal for Section II

SECTION III **YES** **NO**

8. Do you have difficulty or experience problems filling out forms?
9. Do you experience difficulty memorizing numbers?
10. Do you have difficulty remembering how to spell simple words you know?

Count the number of "YES" answers for Section III _____ X 3 = _____ Subtotal for Section III

SECTION IV **YES** **NO**

11. Do you have difficulty or experience problems taking notes?
12. Do you have trouble adding or subtracting small numbers in your head?
13. Were you ever in a special program or given extra help in school?

Count the number of "YES" answers for Section IV _____ X 4 = _____ Subtotal for Section IV

TOTAL of Sections I through IV: 0

If total is 12 or more, refer for further evaluation. Complete the next page regardless of the score.

LEARNING NEEDS SCREENING (Continued)

EDUCATION:

- 14. Were you ever in special education classes in school? YES NO
- 15. Have you ever been diagnosed or told you have Learning Disabilities? YES NO
 If YES, by whom? _____ When? _____
 Type(s) of Learning Disabilities (if known): _____
- 16. Have you ever been diagnosed or told that you have Attention Deficit Disorder
 with or without hyperactivity? YES NO
 If YES, by whom? _____ When? _____

GLASSES:

- 17. Do you need or wear glasses or contact lenses? YES NO
- 18. Was your last vision test within the last two years? YES NO

HEARING:

- 19. Do you need or wear a hearing aid? YES NO
- 20. Have you had your hearing tested in the last 12 months? YES NO

SPEECH:

- 21. Have you ever seen a speech or language therapist? YES NO

MEDICAL/PHYSICAL:

- 22. Have you ever had any of the following:
 - a lot of ear infections? YES NO
 - a lot of sinus problems? YES NO
 - high fevers that lasted a long time? YES NO
 - diabetes (high blood sugar)? YES NO
 - severe allergies? YES NO
 - a lot of headaches or migraines? YES NO
 - a head injury? YES NO
 - convulsions or seizures? YES NO
 - serious health problems? YES NO
- 23. Are you taking any medications that affect the way you think, act, or feel? YES NO
 If YES, what are you taking? _____
 How often? _____
- 24. Do you need medical or follow-up services? YES NO
 County referrals needed/made: _____

LEARNING NEEDS SCREENING

CLIENT COPY

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- Understanding directions
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- Spelling
- Math
- Organizing things
- Getting along with others
- Expressing ideas out loud
- Paying attention

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Please keep in mind this screening is a very simple and short test. It will help you decide if you would like a referral to a learning disability specialist for an evaluation to find out if a learning disability exists. The areas that will be tested at evaluation are the following:

- Natural talents and abilities
- Ability to follow verbal and written information
- Achievement
- Job and Career interests

The specialist can help identify strengths and weaknesses so that we can make referrals to the appropriate services and accommodations for you. Please remember that you have the right to file for a fair hearing if you disagree with a county action including actions related to learning disabilities.

If you are Limited-English proficient and a Learning Needs Screening is not available in your primary language, you have the right to request a referral directly for a learning disabilities evaluation.

LEARNING NEEDS SCREENING

CLIENT COPY (Continued)

1. Have you had any problems learning in middle school or junior high?
2. Do you have difficulty working from a test booklet to an answer sheet?
3. Do you have difficulty or experience problems working with numbers in a column?
4. Do you have trouble judging distances?
5. Do any family members have learning problems?
6. Have you had any problems learning in elementary school?
7. Do you have difficulty or experience problems mixing mathematical signs (+/x)?
8. Do you have difficulty or experience problems filling out forms?
9. Do you experience difficulty memorizing numbers?
10. Do you have difficulty remembering how to spell simple words you know?
11. Do you have difficulty or experience problems taking notes?
12. Do you have trouble adding or subtracting small numbers in your head?
13. Were you ever in a special program or given extra help in school?
14. Were you ever in special education classes in school?
15. Have you ever been diagnosed or told you have Learning Disabilities? If YES,
by whom? When?

Type(s) of Learning Disabilities (if known):

LEARNING NEEDS SCREENING

CLIENT COPY (Continued)

16. Have you ever been diagnosed or told that you have Attention Deficit Disorder with or without hyperactivity?
17. If YES, by whom? When?
18. Do you need or wear glasses or contact lenses?
19. Was your last vision test within the last two years?
20. Do you need or wear a hearing aid?
21. Have you had your hearing tested in the last 12 months?
22. Have you ever seen a speech or language therapist?
23. Have you ever had any of the following:
 - a lot of ear infections
 - a lot of sinus problems
 - high fevers that lasted a long time
 - diabetes (high blood sugar)
 - severe allergies
 - a lot of headaches or migraines
 - a head injury
 - convulsions or seizures
 - serious health problems
24. Are you taking any medications that affect the way you think, act, or feel? If YES, what are you taking? How often?
25. Do you need medical or follow-up services?