



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

July 31, 2015

ALL COUNTY LETTER NO. 15-62

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CALWORKS PROGRAM SPECIALISTS  
ALL WELFARE-TO-WORK COORDINATORS  
ALL COUNTY REFUGEE COORDINATORS  
ALL COUNTY CALFRESH SPECIALISTS  
ALL CONSORTIA REPRESENTATIVES  
ALL TRIBAL TANF ADMINISTRATORS

SUBJECT: **POST WELFARE-TO-WORK (WTW) 24-MONTH TIME CLOCK  
REMOVE FROM AID PROCESS AND FORM REVISIONS**

REFERENCE: SENATE BILL (SB) 1041 (CHAPTER 47, STATUTES OF 2012);  
WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS [11322.8](#),  
[11322.85](#), [11322.86](#), AND [11322.87](#); ALL COUNTY LETTER (ACL)  
[14-16](#) and [15-03](#); MANUAL OF POLICIES AND PROCEDURES (MPP)  
SECTIONS [42-711.7](#); [42.721](#); [42-708.7](#); [42-709](#); [42-711.7](#); and [42-713](#).

<u>REASON FOR THIS TRANSMITTAL</u>
<input checked="" type="checkbox"/> State Law Change
<input type="checkbox"/> Federal Law or Regulation Change
<input type="checkbox"/> Court Order
<input type="checkbox"/> Clarification Requested by One or More Counties
<input type="checkbox"/> Initiated by CDSS

This letter provides information to County Welfare Departments (CWDs) regarding the process for removing clients from aid who do not meet California Work Opportunity and Responsibility to Kids (CalWORKs) federal standards after exhausting the WTW 24-Month Time Clock, as described in ACL 15-03. This letter also transmits revised forms (WTW 26, WTW 29, and WTW 31) to be used in the post WTW 24-Month Time Clock process for removing clients from aid. Finally, this letter provides a new Welfare Data Tracking and Implementation Project (WDTIP) Tracking Recipients Across California (TRAC) Code for clients who have exhausted their WTW 24-Month Time Clock and have been removed from aid for failing to meet CalWORKs federal standards.

## **Background**

The CalWORKs program changed significantly after the passage of SB 1041. One major change enacted by SB 1041 was the establishment of the WTW 24-Month Time Clock. The WTW 24-Month Time Clock provides 24 cumulative months of flexibility in order to help clients address barriers to and prepare for employment. While using the WTW 24-Month Time Clock, adults may participate in any of the full array of CalWORKs activities, based on an assessment, without a core hourly requirement or activity time limits. During these 24 cumulative months, clients must meet WTW 24-Month Time Clock CalWORKs minimum standards of 20, 30, or 35 average hours per week, depending on their household and assistance unit (AU) compositions, as described in MPP Section 42-711. Clients may also receive more than 24 months of flexible services and activities if qualified for an extension to the WTW 24-Month Time Clock, as described in MPP Section 42-708.7.

According to MPP Section 42-711.71, clients who exhaust the WTW 24-Month Time Clock and any applicable extension to the clock must meet CalWORKs federal standards, unless an exemption is granted, in order to remain on aid. A detailed description of the process to transition clients from the WTW 24-Month Time Clock minimum standards to the Post WTW 24-Month Time Clock CalWORKs federal standards can be found in ACL 15-03. CalWORKs federal standards are the participation requirements that are based on (but not identical to) the Temporary Assistance for Needy Families (TANF) work participation requirements. A detailed description of CalWORKs federal standards is provided in ACL 14-16, Attachment A and MPP Section 42-709.

## **Post WTW 24-Month Time Clock Remove from Aid Process**

Clients who fail to meet CalWORKs federal standards after exhausting the WTW 24-Month Time Clock and any extensions must have their needs removed from the family grant calculation in accordance with MPP Section 42-711.7, unless a determination of good cause is made or an exemption is appropriate. The process for removing clients from aid after they have exhausted their WTW 24-Month Time Clock, referred to as the Post WTW 24-Month Time Clock Remove from Aid process, is identical to the existing CalWORKs sanction process, described in MPP Section 42-721, for clients who fail to meet CalWORKs minimum standards while using the WTW 24-Month Time Clock. Clients who are removed from aid for not meeting post WTW 24-Month Time Clock CalWORKs federal standards must not be referred to as a 'sanctioned' nor should the Post WTW 24-Month Time Clock Remove from Aid Process be referred to as a 'sanction process,' in county policies, letters and forms, per WIC Section 11322.85(f).

Like the sanction process, the Post WTW 24-Month Time Clock Remove from Aid Process provides 20 days from the issuance of the Notice of Action (NA) 840 for the client to discuss the participation problem with their worker and agree to a compliance

plan to correct the participation problem. In addition, the remove from aid process provides a total of at least 30 days from the determination of non-compliance before aid can be reduced. The process to have aid restored will be identical to the current sanction curing process, described in MPP Section 42-721. In order to have aid restored after being removed from aid for failing to meet post WTW 24-Month Time Clock requirements, clients must agree to a 'Plan to Meet Welfare to Work Rules and Get My Cash Aid Back' (WTW 29), with the plan designed to meet CalWORKs federal standards. Signing the WTW 29 to have aid restored will allow the client access to supportive services while he or she participates in accordance with the plan. Aid will be restored in the following month after the client complies with his/her plan to meet WTW rules. As with all participants, post WTW 24-Month Time Clock clients who have good cause, as provided in MPP Section 42-713, for failing to meet CalWORKs federal standards will not be removed from aid. Post WTW 24-Month Time Clock clients may also qualify for an exemption from WTW like other CalWORKs clients. A review for good cause determination utilizing the WTW 26 (which has been revised and is attached) and a possible exemption from WTW must be performed as part of the Post WTW 24-Month Time Clock Remove from Aid Process, just as in the sanction process.

### **Post WTW 24-Month Time Clock Remove from Aid Process Forms**

The Post WTW 24-Month Time Clock Remove from Aid process will use the same forms as the sanction process for clients who have time remaining on the WTW 24-Month Time Clock and fail to meet CalWORKs minimum standards. The following forms are to be used in the CalWORKs sanction and Post WTW 24-Month Time Clock Remove from Aid processes:

- NA 840: Welfare-to-Work Plan – This form is sent to the client when he or she fails to meet WTW 24-Month Time Clock CalWORKs minimum standards (initiating the sanction process) or Post WTW 24-Month Time Clock CalWORKs federal standards (initiating the Post WTW 24-Month Time Clock Remove from Aid process).
- NA 845: Sanction and Removal of the Other Parent's Needs – This form is sent to the second parent in a two-parent AU if the second parent did not comply with his/her WTW plan with increased hours (making up for the first parent's sanction).
- WTW 4: Notice to Other Parent – This form is sent to the second parent in a two-parent AU at the same time as the NA 840 is sent to the first parent, notifying the second parent that the first parent has failed to meet WTW requirements.
- WTW 27: Request for Good Cause Determination – This form is sent with the NA 840 (and/or with the NA 845 in a two-parent AU) when the client fails to meet CalWORKs minimum standards or Post WTW 24-Month Time Clock federal standards.
- WTW 26: Good Cause Determination Guidelines (this form was revised and is attached) – This form is used in conjunction with the WTW 27 as a reference for the county worker but is not given to the client.

- NA 840A: Determination of Good Cause/No Good Cause – This form is sent to the client upon determination of good cause. If the client is in compliance, no further forms are sent. If it is determined that the client does not have good cause, the county will work with the client to create a compliance plan. If the client does not agree to sign the compliance plan, he/she is sanctioned or removed from aid.
- WTW 32: Welfare to Work Compliance Plan – This form is sent after the client agrees to sign a compliance plan. If the client does not sign the WTW 32, the NA 840A is sent, and he/she is sanctioned or removed from aid. If the client followed his/her compliance plan, no further forms are sent.
- NA 817: Sanction or Removal of Participant from Aid after Failed Compliance Plan – This form is sent if the client did not follow his/her compliance plan, and the client is sanctioned or removed from aid.
- NA 816: Sanction or Removal of Other Parent from Aid After Failed Compliance Plan – This form is sent to the second parent in a two-parent AU if the client did not follow his/her compliance plan, and the second parent is sanctioned or removed from aid.
- WTW 31: Request to Meet Welfare to Work Rules and Get My Cash Aid Back (this form was revised and is attached) – This form is sent simultaneously with the NA 817 (and/or with the NA 816 in a two-parent AU). If the client does not agree to meet WTW rules, no further action is taken by the county; the client has been sanctioned or removed from aid.
- WTW 29: Plan to Meet Welfare to Work Rules and Get My Cash Aid Back (this form was revised and is attached) – This form is sent if the client agrees to follow WTW rules, and the client is then in compliance.

### **New WDTIP TRAC Code**

The TRAC system will now capture clients who have exhausted the WTW 24-Month Time Clock and have subsequently been removed from aid for failing to meet CalWORKs federal standards. A new WDTIP TRAC code is available for clients who have exhausted their WTW 24-Month Time Clock and have been removed from cash aid (please see Attachment A). The new WDTIP code must be used for clients who have been removed from aid beginning January 1, 2015. Counties will be able to assign a retroactive start date to the code.

### **Form Revisions**

The following attached forms have been revised to remove the word 'sanction' as this word must not be used in reference to the Post WTW 24-Month Time Clock Remove from Aid process, per WIC Section 11322.85(f) and should be used immediately. These forms are to be used in both the current sanction process for clients who fail to meet WTW 24-Month Time Clock CalWORKs minimum standards and Post WTW 24-Month Time Clock CalWORKs federal standards:

- WTW 26: Good Cause Determination Guidelines
- WTW 29: Plan to Meet Welfare to Work Rules and Get My Cash Aid Back
- WTW 31: Request to Meet Welfare to Work Rules to Get My Cash Aid Back

### **Camera Ready Copies and Translations**

For a camera-ready copy in English, contact the CDSS Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access, you may obtain these forms from the CDSS webpage at:

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

When all 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:

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm).

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

If you have any questions regarding this letter, please contact your CDSS Employment Bureau County Consultant at (916) 654-2137.

Sincerely,

### ***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare to Work Division

Attachments

**ATTACHMENT A**

**New WDTIP TRAC Code for Remove from Aid Population**

<b>PGMEXC CD</b>	<b>PGMEXC RSN CD</b>	<b>START DATE</b>	<b>END DATE</b>	<b>PROGRAM EXCEPTION REASON NAME</b>	<b>PROGRAM EXCEPTION REASON TEXT</b>	<b>PGM EXC TANF 60 FG</b>	<b>PGM EXC CW 48 FG</b>	<b>PGM EXC WtW 24 FG</b>
02	209	1/1/2015		Removed from Aid	CalWORKs WTW Removed from Aid - Clients who have been removed from CalWORKs aid for failing to meet CalWORKs federal standards after exhausting the WTW 24-Month Time Clock.	N	N	N

## GOOD CAUSE DETERMINATION GUIDELINES

The good cause determination is an important part of the noncompliance process. It provides an opportunity for you and the recipient to present information relevant to the issue of nonparticipation and can often lead to resumed participation and the avoidance of losing cash aid.

During the interview: 1) Explain the good cause and compliance processes; 2) Ask why the recipient did not comply with program requirements; 3) Refer to the examples of good cause below and determine if the participation problem was due to one of these examples or any other good reason. If yes, and that reason is verified, good cause exists; 4) Determine if the recipient is repeatedly experiencing barriers to participation. If yes, the recipient has an ongoing problem and should be evaluated to determine if he or she should be exempt or a referral to mental health, substance abuse, domestic abuse, or learning disability services is necessary.

### EXAMPLES OF GOOD CAUSE:

- Temporary illness (review for exemption if more than 30 days)
- Temporary illness of child or family member (review for exemption if more than 30 days)
- Breakdown of transportation arrangements
- Lack of child care
- Lack of appropriate special needs child care
- Breakdown in child care arrangement
- Lack of access to shelter, counseling, or other services
- Homelessness
- Death in the family
- Severe family crisis
- Physical access barriers for the disabled
- Earthquake or severe weather condition prevented travel/attendance
- Learning disabilities that are a factor in the failure to participate
- Legal difficulties
- Court appearances
- Temporary incarceration
- Remoteness from Welfare to Work activities
- Language barriers
- Discrimination based on age, sex, race, religion, national origin, sexual orientation, or physical or mental disability
- Employment or offer of employment exceeds the daily or weekly hours of work customary to the occupation
- Violation of health and safety standards
- No workers' compensation insurance
- Accepting employment or participating in a work activity would cause an interruption to an approved education activity or job training (except work experience or community service)
- Violation of union membership

### Substance Abuse Indicators:

(Review for exemption if substantially interferes with ability to participate in Welfare to Work)

- Recurring health issues
- Failing an employer drug test
- History of family/child substance abuse
- Irregular sobriety

### Mental Health Indicators:

- Chronic homelessness
- Irregular or sporadic work history
- Chronic family or relationship problems
- Anxiety
- Severe depression

### Domestic Abuse Indicators:

- Current or past violence or harassment (sexual, physical, or emotional)
- Fear of abuse or abuser
- Sabotage from abuser when the victim attempts to become independent
- Abuser interferes with work or Welfare to Work activity
- Concern for children's safety
- Lack of appropriate services
- Physical/Mental health/Substance abuse issues
- Severe depression and/or anxiety
- Issues related to living in temporary housing or a sheltered environment
- Legal problems such as restraining orders, divorce, court appearances, etc.
- Victim of a stalker
- Homelessness
- Lack of support system (isolation)
- Stockholm Syndrome (bonding with the captor)
- Economic control (abuser hides or controls money, checkbooks, savings, etc.)

**Other Good Reasons:** On a case-by-case basis, as determined by the county, any other reason that temporarily prevents or significantly impairs a recipient's ability to work regularly or go to Welfare to Work activities.

## PLAN TO MEET WELFARE TO WORK RULES AND GET MY CASH AID BACK

**INSTRUCTIONS TO THE COUNTY:** This form is only used to restore cash aid for an individual who did not meet Welfare to Work rules. It does not replace the WTW 2, Welfare to Work Plan - Activity Assignment, which must be modified to communicate any changes in the individual's Welfare to Work requirements and supportive services needs, once this plan is no longer in effect.

CLIENT'S NAME (PLEASE PRINT):	CASE #:	DATE:
CASEWORKER'S NAME (PLEASE PRINT):	WORKER #:	PHONE #: (     )

### MY PLAN TO MEET WELFARE TO WORK RULES AND GET MY CASH AID BACK

ACTIVITY #1:		ACTIVITY #2:	
BEGINS:	ENDS:	BEGINS:	ENDS:
LOCATION:		LOCATION:	
PHONE #: (     )		PHONE #: (     )	
SCHEDULE:		SCHEDULE:	
TOTAL HOURS/WEEK:		TOTAL HOURS/WEEK:	

COMMENTS/OTHER INSTRUCTIONS:

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**I understand that:**

- To get my cash aid back, I must do what this plan says for up to 30 calendar days from the date I sign this plan, or for the length of the activity, whichever is shorter.
- If the activity that the county asked me to do before is no longer available or right for me, I may have to do other activities to get my cash aid back.
- The county cannot ask me to do an activity for a longer time than the length of the activity that led to losing my cash aid.
- If I do not sign my plan, or do not do what my plan says without a good reason, I will not get my cash aid back.
- The county will pay for supportive services (transportation, child care, and work- or training-related expenses) that I need to do the activity in my plan. The county will give me more information about these services in other notices.
- Once I do what my plan says to get my cash aid back, my aid will be restored as of \_\_\_\_\_. I may then be required to continue in the same activity, or start a new activity. If I have a Welfare to Work plan, it will be updated to tell me of any changes in my Welfare to Work requirements and supportive services needs.
- Once I get my cash aid back, I can lose my cash aid again if I stop doing the activity I am assigned to without a good reason.
- I can file for a State hearing if I disagree with the county about any part of my plan.

***I understand that I will receive a copy of this "Plan To Meet Welfare to Work Rules and Get My Cash Aid Back" and, if I have any questions about the information in my plan, I can ask my worker.***

<p><b>If you are sending this plan to your worker by mail, it must be signed and postmarked by _____, or you will not get your cash aid back.</b></p>	CLIENT'S SIGNATURE:	DATE:
	CASEWORKER'S SIGNATURE:	DATE:



## REQUEST TO MEET WELFARE TO WORK RULES TO GET MY CASH AID BACK

**INSTRUCTIONS TO THE CLIENT:** Your family gets less cash aid because you did not meet Welfare to Work rules. If you want your cash aid back, you can fill out this form and return it to your Welfare to Work worker right away.

**Instead of filling out this form and mailing it to your Welfare to Work worker, you can also call your worker to tell him or her that you want your cash aid back. If you do not know your worker's address or telephone number, call the county at: \_\_\_\_\_ .**

### REQUEST TO MEET WELFARE TO WORK RULES TO GET MY CASH AID BACK

**To get my cash aid back, I must agree to do what the county says about meeting Welfare to Work rules.**

This means that I must do an activity assigned in a "Plan To Meet Welfare To Work Rules and Get My Cash Aid Back" for up to 30 calendar days from the date that I sign the plan or for the length of the activity, whichever is shorter.

To get my cash aid back, I understand that the county cannot ask me to do an activity for a time longer than the length of the activity that led to my removal from cash aid.

I also understand that if the activity that the county asked me to do before is no longer available or right for me, I must do other activities to get my cash aid back.

NAME (PLEASE PRINT):	SIGNATURE:	
CASE # OR SOCIAL SECURITY #:	PHONE #: (     )	DATE:
WELFARE TO WORK WORKER'S NAME (PLEASE PRINT):		

### DO YOU NEED FREE LEGAL HELP?

You can get free legal help with this matter from the following:

#### State Welfare Rights Organization

#### Local Legal Aid Office

Phone #: (     )	Phone #: (     )