

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



July 16, 2004

ALL COUNTY INFORMATION NOTICE I-50-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHILD CARE COORDINATORS
ALL COUNTY WELFARE TO WORK COORDINATORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: WELFARE TO WORK 8 (WTW 8), STUDENT FINANCIAL AID STATEMENT, WELFARE-TO- WORK SUPPORTIVE SERVICES FORM

REF: ALL COUNTY LETTER NO. 99-32, DATED APRIL 29, 1999; MANUAL OF POLICIES AND PROCEDURES (MPP) SECTION 42-750.3

The purpose of this letter is to transmit the attached WTW 8 (4/04), Student Financial Aid Statement, Welfare-To-Work Supportive Services form, which provides information regarding the use of student financial aid to pay for supportive services that are needed to participate in California Work Opportunity and Responsibility to Kids (CalWORKs) WTW program assignments. Counties are to begin using the new WTW 8 form immediately after the receipt of this letter.

The use of the WTW 8 is a result of the Yslas vs. Anderson lawsuit, in which the court ruled that counties cannot require CalWORKs WTW program participants to offset the costs for necessary supportive services with their student financial aid. The initial WTW 8 has been in use since the issuance of the Yslas vs. Anderson court order in 1994, but the form was revised by the CalWORKs Program Supportive Services Workgroup, as part of its efforts to further clarify California Department of Social Services (CDSS) policies regarding the provision of transportation and ancillary services under the CalWORKs WTW program. Workgroup members included representatives from CDSS and various counties and welfare rights advocacy organizations.

Revisions to the WTW 8 ensure that the WTW participant is adequately informed of his/her rights and responsibilities in regard to this matter by: 1) amending existing language so that it is clearer to the participant that the use of student financial aid to cover supportive services associated with participation in assigned WTW activities is voluntary; 2) adding language to inform the participant that he/she may remain eligible for CalWORKs-funded supportive services, even if he/she declines to use student financial aid to cover necessary supportive services; and 3) requiring the county worker to certify that he/she has informed the participant about the voluntary use of student financial aid to cover supportive services costs and that he/she is providing a copy of the completed form to the participant.

CAMERA-READY COPIES AND TRANSLATIONS

For a camera-ready copy of English and Spanish forms, please contact the Forms Management Unit (FMU) at (916) 657- 29088. If your office has internet access, you may obtain these forms from the CDSS webpage at: [http://www.dss.cahwnet.gov.cdssweb.OnlineFor 271.htm](http://www.dss.cahwnet.gov.cdssweb.OnlineFor271.htm). For counties with access to the CDSS restricted website for forms and NOAs, you can access NOAs at www.cdsscounties.ca.gov. If your county does not have a login and password, you can obtain them by calling Dan Bodie at (916) 654-1396.

As soon as translations are completed, they are posted at the Language Services website. Copies of the translated forms and publications can be obtained from the CDSS webpage at: <http://www.dss.cahwnet.gov/cdssweb/FormsandPu274.htm>. For any questions on translated materials or to request a copy of a translated form or message, please contact Language Services at (916) 445-6778.

Your County Forms Coordinator is to distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally-Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

If you have any questions regarding the form, please call Michael Lipkin, Program Analyst, Employment Bureau at (916) 653-5216, or email him at Michael.lipkin@dss.ca.gov.

Sincerely,

***Original Document Signed by
Charr Lee Metsker on 7/16/04***

CHARR LEE METSKER
Employment and Eligibility Branch

Attachment

c: CWDA
CSAC

STUDENT FINANCIAL AID STATEMENT WELFARE-TO-WORK SUPPORTIVE SERVICES

COUNTY _____

CASE NAME _____

PARTICIPANT'S NAME _____

WORKER'S NAME _____

Welfare-to-Work pays for items you need to do your assigned Welfare-to-Work activities or to work. These supportive services are child care, transportation, ancillary expenses (such as tools, uniforms, books or school supplies) and personal counseling. If necessary supportive services are not available, you will have good cause for not participating.

I understand that I do not have to use any part of my student financial aid (student grant, loan or work/study grants) to pay for the supportive services that I can get from Welfare-to-Work.

I understand that I may choose to use some or all of my student financial aid to pay for the supportive services that I can get from CalWORKs while I am in Welfare-to-Work.

I understand that if I agree to use some or all of my student financial aid for my supportive services:

- I can change my mind at any time and stop using these funds for my supportive services.
- If I change my mind, the county will again pay for my supportive services. I must complete Part B of this form.
- If I change my mind, the county will not pay for the expenses I agreed to pay for before I told the county I changed my mind.

PART A: VOLUNTARY USE OF FINANCIAL AID FUNDS FOR SUPPORTIVE SERVICES THAT CAN BE PAID FOR BY CalWORKs

NO. I do not want to use my financial aid to pay for supportive services.

YES. I voluntarily agree to use my financial aid to pay for supportive services, as follows:

Child Care \$ _____ per _____ beginning _____ and ending _____

Transportation \$ _____ per _____ beginning _____ and ending _____

Ancillary \$ _____ per _____ beginning _____ and ending _____

Personal Counseling \$ _____ per _____ beginning _____ and ending _____

I CERTIFY THAT I UNDERSTAND THIS FORM AND THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

Participant's Signature: _____ Date: _____

I CERTIFY THAT I INFORMED THE PARTICIPANT THAT USE OF FINANCIAL AID TO PAY FOR SUPPORTIVE SERVICES THAT CAN BE PAID FOR BY CalWORKs IS VOLUNTARY AND I HAVE PROVIDED A COPY OF THE COMPLETED FORM TO THE PARTICIPANT.

Signature of county worker receiving Part A: _____ Date: _____

PART B: ENDING VOLUNTARY USE OF FINANCIAL AID FOR SUPPORTIVE SERVICES

STOP. I no longer want to use my student financial aid to pay for supportive services.

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

Participant's Signature: _____ Date: _____

The county received Part B on _____. You will get a notice telling you what supportive services the county can pay for. You also will receive a copy of this form when it is completed.

Signature of county worker receiving Part B: _____ Date: _____