

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



November 1, 2002

ALL COUNTY LETTER NO. 02-88

TO: ALL COUNTY WELFARE DIRECTORS
ALL WELFARE-TO-WORK COORDINATORS
ALL CalWORKs PROGRAM SPECIALISTS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: FINALIZED FORMS AND NOTICES RELATED TO LEARNING DISABILITIES SCREENING AND EVALUATION IN THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) WELFARE-TO-WORK (WTW) PROGRAM

REFERENCE: ALL COUNTY LETTERS (ACL) 01-70 AND 02-64
ALL COUNTY INFORMATION NOTICE (ACIN) I-16-02

The purpose of this ACL is to transmit camera-ready masters of two forms and two temporary notices that are needed for the learning disabilities protocols specified in ACL 01-70 (Learning Disabilities Screening and Evaluation in the CalWORKs Program). The following forms and notices are enclosed:

- WTW 17 (8/02):** Waiver of CalWORKs Learning Disabilities Screening and/or Evaluation;
- WTW 20 (8/02):** Permission to Release Learning Disabilities Information;
- TEMP NA 1234 (9/02):** No Adjustment to Welfare-to-Work Time Limit Based on Learning Disabilities; and
- TEMP NA 1235 (9/02):** Adjustment to Welfare-to-Work Time Limit Based on Learning Disabilities.

Both of the temporary notices replace the WTW 21 form (Notice of Adjustment of the CalWORKs 18- or 24-Month Welfare-to-Work Time Clock) that was included as Exhibit G in ACL 01-70. A description of the changes to the WTW forms and instructions for use of the temporary notices are included in this letter. The instruction for use of the WTW 17 and WTW 20 forms are found in ACL 01-70.

DESIGNATION AND MODIFICATION

The form designation "Required Form – No Substitute Permitted" means that counties must not modify or restructure the form. In contrast, "Required Form – Substitute Permitted" means that counties may place the form on official county letterhead, but they must obtain prior approval from the California Department of Social Services (CDSS) before implementing a modification or substitution to the form. As a reminder, the procedure for submission of change requests, concerns, and suggestions relating to forms and notices is outlined in the Management and Office Procedures Regulations

23-400.2. Upon receipt of this letter, counties should destroy all prior versions of the WTW 17 form and drafts of the WTW 20 and WTW 21 forms that were included in ACL 01-70.

DESCRIPTION OF CHANGES

WTW 17 – Waiver of CalWORKs Learning Disabilities Screening and/or Evaluation (Required Form – No Substitute Permitted)

The WTW 17 form was developed to document a participant's decision to waive the right to a CalWORKs learning disabilities screening and/or evaluation. The original form has been revised to include a statement that a retrospective adjustment to the 18- or 24-month WTW time limit will not be provided if the participant waives the offer for a learning disabilities screening or evaluation. This change was made to ensure that existing WTW participants will understand the impact of waiving an offer for screening/evaluation.

Under no circumstances will a county sanction an individual for refusing to accept the offer for a screening or evaluation or refusing to sign the waiver form. Such actions are all voluntary for the participant. The instructions on use of this form are specified in ACL 01-70.

WTW 20 – Permission to Release Learning Disabilities Information (Required Form – Substitute Permitted)

The WTW 20 form is used by counties to document a participant's authorization for the county welfare department to receive and/or release specific learning disabilities information about the participant. Changes were made to conform with federal law which requires that a signed authorization form identify the specific individuals or organizations that will receive the information. Changes were also made to provide clarity and eliminate duplication of existing procedures governing inter-county transfers. The changes to the final WTW 20 form are as follows:

- An introductory statement that disclosure of a disability is voluntary for the participant and that accommodations for a disability will be provided only when they are requested by the participant;
- Checkboxes were added for the participant to specify whether the authorization is for the release of learning disabilities information to the county, release of learning disabilities information by the county to specified individuals, or both;
- Space to specify the name of the learning disabilities evaluator or college that will receive the information;
- A statement that the participant can get a copy of the release form when requested; and
- Deletion of the section that permits release of information to a new receiving county when a participant moves to another county since this is already addressed under existing regulations governing inter-county transfers.

The instructions on use of this form are specified in ACL 01-70.

Temporary Notices of Action 1234 and 1235

TEMP NA 1234 and 1235 replace the draft WTW 21 form that was included as Exhibit G in ACL 01-70. The notices are temporary because they will be in use only until counties complete the screenings and referrals for evaluation of potential learning disabilities on their existing CalWORKs participants, as specified in ACLs 01-70 and 02-64.

The procedures in ACL 01-70 require counties to provide a retrospective adjustment of the 18- or 24-month WTW time limit when a CalWORKs WTW participant meets all of the following criteria:

1. Has a verified learning disability;
2. Was not screened and evaluated for learning disabilities before signing the WTW plan or was screened by the county, evaluated, and found to have a learning disability;
3. Signed a WTW plan and participated in WTW activities without appropriate accommodations for the learning disability; and
4. Did not make satisfactory progress or benefit from the WTW activities because the individual's learning disability was not accommodated.

The county will use the enclosed notices of action to inform existing CalWORKs WTW participants, who have completed a learning disability evaluation, whether a retrospective adjustment to their 18- or 24-month WTW time limit was provided based on the above criteria. These notices will allow participants to file an appeal if they do not agree with the number of months credited back to their 18- or 24-month time clock or the determination that they are not eligible for a retrospective adjustment. The notices will be issued as follows:

TEMP NA 1234 – No Adjustment to Welfare-To-Work Time Limit Based on Learning Disabilities (Required Form – No Substitute Permitted)

The TEMP NA 1234 form is used to notify an existing CalWORKs WTW participant that he or she is not eligible for a retrospective adjustment of the 18- or 24-month WTW time limit because the individual did not meet all the necessary criteria, as described above.

TEMP NA 1235 – Adjustment to Welfare-To-Work Time Limit Based on Learning Disabilities (Required Form – No Substitute Permitted)

The TEMP NA 1235 form is used to notify an existing CalWORKs WTW participant that he or she is eligible for a retrospective adjustment of the 18- or 24-month WTW time limit because the individual meets all the necessary criteria. The county will credit back one full month to the individual's 18- or 24-month time limit for each month that the individual participated in WTW activities without appropriate accommodations for learning disabilities and did not make satisfactory progress or benefit from the WTW activity.

COPIES AND TRANSLATIONS

There will be no state-produced stock of the new forms and notices. Counties must use the camera-ready masters transmitted in this ACL to produce their own copies (the CDSS Warehouse will not have any stock available).

Language Translation Services (LTS) will mail camera-ready masters of the forms and notices in Spanish, Chinese, Vietnamese, and Russian as soon as they become available. Counties should allow six to eight weeks for the translated versions to be mailed to their CalWORKs Forms Coordinators. CalWORKs Forms Coordinators are responsible for distributing translated forms and notices to each program and location.

Under Manual of Policies and Procedures Section 21-115.2, because these translated versions are required for the provision of aid or services and are provided by CDSS, counties must (1) have the translated forms and notices available at all county welfare offices and (2) provide translated forms and notices to an applicant or recipient in his or her primary language upon request. Counties are also required to provide effective bilingual/interpretive services and translations to non-English and limited-English proficient populations as required by other provisions of Section 21-115 and the Dymally-Alatorre Bilingual Services Act (Government Code Section 7290 et seq.).

CAMERA-READY MASTERS

For additional camera-ready masters of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. To order additional camera-ready masters in Spanish, Chinese, Vietnamese, or Russian when they become available, fax your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov. If your office has Internet access, you may obtain some of the forms and notices managed and distributed by CDSS via the Department's web page at www.dss.cahwnet.gov. If the name, mailing address, or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail at FMU@dss.ca.gov.

If you have questions, please contact Yvonne Lee, Unit Manager in the Employment Bureau at (916) 657-5039 or Michelle Norris, Analyst in the Employment Bureau at (916) 654-1451.

Sincerely,

***Original Document Signed By
Bruce Wagstaff on 11/01/02***

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Enclosures

c: CSAC
CWDA

WAIVER OF CalWORKs LEARNING DISABILITIES SCREENING AND/OR EVALUATION

Read 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 be given a copy to keep.

Benefits of a Learning Disabilities Screening and Evaluation

It is very important to screen and evaluate you for possible learning disabilities. If we find you have a learning disability, we will be better able to help you decide what activity is best for you.

Getting a screening and evaluation for learning disabilities can help you find, keep, and advance in a job that is right for you. The screening and evaluation can also get you the kind of help and services you will need to meet the welfare-to-work rules. For example, you may be able to do fewer hours in a welfare-to-work activity because of your learning disability. Or, you may be excused from welfare-to-work rules if your condition is so severe that it keeps you from regularly working or participating in welfare-to-work activities.

If You Do Not Want to Be Screened or Evaluated for Learning Disabilities at This Time:

1. You will not get any special treatment because of a learning disability until we know that you have one.
2. You will have to meet the welfare-to-work rules like any other person on CalWORKs who does not have a learning disability. If you do not meet the welfare-to-work rules, your cash aid and food stamps will be stopped or lowered. You can get them back again if you meet the rules or are excused from them.
3. You may change your mind and ask for a learning disabilities screening and evaluation at any time. And if you are later found to have a learning disability, the county:
 - Will get you the help and services you need starting from the date you sign a revised welfare-to-work plan prepared by you and your worker.
 - Will not add back time to your 18- or 24-month welfare-to-work time limit for months when you did not make satisfactory progress or benefit from your welfare-to-work activities because your learning disability was not identified or accommodated.

I have read this form and had it read to me. I understand the information on this form. I do not want to be screened or evaluated for learning disabilities at this time.

PRINTED NAME OF PARTICIPANT	SOCIAL SECURITY NUMBER
SIGNED NAME OF PARTICIPANT	DATE

PERMISSION TO RELEASE LEARNING DISABILITIES INFORMATION

PARTICIPANT'S NAME

SOCIAL SECURITY NUMBER

I understand that I do not have to let others know about a disability that I may have, and I can volunteer this information whenever I want. I also understand that accommodations for a disability will not be provided to me unless I ask for them.

Check the boxes for which the participant voluntarily gives his/her permission:

**RELEASE OF INFORMATION TO COUNTY WELFARE DEPARTMENT**

(Place copy in the case file; send original to the Provider/Source)

I give permission for the _____ County Welfare Department to receive
NAME OF COUNTY
a copy of any evaluation report on me about possible learning disabilities. This information can only be used to develop or change my Welfare-to-Work plan and/or to see what accommodations and services I may need to participate in an education, job training, and/or work activity. The county will not tell any employer about my disability without my separate written permission.

**RELEASE OF INFORMATION FROM COUNTY WELFARE DEPARTMENT**

(Place original in the case file)

I give permission for the _____ County Welfare Department to
NAME OF COUNTY
release any evaluation report about learning disabilities I may have. This information can only be used to develop or change my Welfare-to-Work plan and/or determine helpful accommodations and services I may need in educational, job training, or work settings.

The County Welfare Department may release the information to *(check all that apply)*:

- ☐ _____, who will be testing me for possible learning disabilities
NAME OF LEARNING DISABILITIES EVALUATOR
- ☐ State and/or local employment training and/or job training agencies that are noted below
(check all that apply):
- | | |
|-----------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Employment Development Department | <input type="checkbox"/> Local One-Stop Center |
| <input type="checkbox"/> Local Workforce Investment Area Agency | <input type="checkbox"/> Department of Rehabilitation |
- ☐ Local, state, or private college *(specify)*: _____
- ☐ Other *(specify)*: _____

PARTICIPANT'S SIGNATURE

I understand that:

- This information is needed to comply with Title II of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Welfare and Institutions Code Section 11325.4.
- This information will be kept confidential in the case file and will not be disclosed without my signed consent for each disclosure unless the disclosure is specifically required or allowed by law.
- This permission form, except for action already taken, may be canceled by me at any time. If I do not cancel this form, it will end one year from the date of my signature.

I have read this form (or had it read to me) after it was completed and before I signed it. I know I can get a copy of this form if I ask for it.

PARTICIPANT'S SIGNATURE

TODAY'S DATE

NOTICE OF ACTION

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

ADDRESSEE

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

You were recently evaluated to find out if you have a learning disability. Sometimes months can be added back to your 18- or 24-month welfare-to-work time limit if you have a learning disability. Under CalWORKs rules, the county cannot add months back of your 18- or 24-month welfare-to-work time limit when one of the rules shown below applies to you.

HERE'S WHY:

Based on the results of your evaluation and information in your case file, your 18- or 24-month welfare-to-work time clock will stay the same because of the reasons checked below:

- ☐ You did not complete the CalWORKs learning disabilities screening and evaluation;
- ☐ You do not have a learning disability;
- ☐ Before you were evaluated for a learning disability, you signed a CalWORKs welfare-to-work plan. The plan contained all the things you needed to accommodate your learning disability; or
- ☐ You made satisfactory progress in your CalWORKs welfare-to-work activities.

Rule requiring this action: All County Letter 01-70. You may review it at your welfare office.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

- ☐ **If you need more space, check here and add a page.**
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

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

ADDRESSEE

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

The county has added _____
(NUMBER OF MONTHS)
months back to your 18- or 24-month
CalWORKs welfare-to-work time limit.

HERE'S WHY:

You were recently evaluated to find out if you have a learning disability. Under CalWORKs rules, the county must add months back to your 18- or 24-month welfare-to-work time limit when you meet **all** of the rules shown below:

1. You have a learning disability;
2. Before you were evaluated for a learning disability, you signed a CalWORKs welfare-to-work plan. But the plan did not contain the things you needed to accommodate your learning disability; and

3. You did not make satisfactory progress or benefit from your welfare-to-work activities because your learning disability was not accommodated.

Our records show that you meet all of the items listed above.

Note: This change will not add months back to your CalWORKs 60-month time limit for getting cash aid.

Rule requiring this action: All County Letter 01-70. You may review it at your welfare office.

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If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

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TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
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OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

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☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

☐ **If you need more space, check here and add a page.**

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My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

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PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE