

**NOTICE OF FORM CHANGE NO. 04-003**

DATE

01/07/2004

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE    **WTW 29 (9/03) English and Spanish  
Plan To Stop A Welfare to Work Sanction**

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 9/03	REPLACES	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse  
P.O. Box 980788  
West Sacramento, CA 95798-0788**

 Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective \_\_\_\_\_

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, one sided.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

# PLAN TO STOP A WELFARE TO WORK SANCTION

**INSTRUCTIONS TO THE COUNTY:** This form is only used to stop (“cure”) a Welfare to Work sanction. It does not replace the WTW 2, Welfare to Work Plan - Activity Assignment, or the WTW 3, Welfare to Work Plan Activity Assignment Change, 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any changes in the individual's Welfare to Work requirements and supportive services needs, once this plan is no longer in effect.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 STOP A WELFARE TO WORK SANCTION

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 stop my sanction, 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 stop my sanction.
- The county cannot ask me to do an activity for a longer time than the length of the activity that led to my sanction.
- If I do not sign my plan, or do not do what my plan says without a good reason, my sanction will continue.
- 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 stop my sanction, my sanction will end on \_\_\_\_\_, and 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 my sanction has ended, I can be sanctioned 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 Stop My Welfare To Work Sanction” 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 your sanction may continue.</b></p>	CLIENT'S SIGNATURE:	DATE:
	CASEWORKER'S SIGNATURE:	DATE:

**PLAN PARA DETENER UNA SANCION DE WELFARE TO WORK\*****SOLO PARA USO DEL CONDADO**

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CLIENT'S NAME (PLEASE PRINT) / NOMBRE DEL CLIENTE:	CASE # / NUMERO DEL CASO:	DATE / FECHA:
CASEWORKER'S NAME (PLEASE PRINT) / NOMBRE DEL TRABAJADOR ENCARGADO DEL CASO:	WORKER # / NUMERO DEL TRABAJADOR:	PHONE # / NUMERO DE TELEFONO: ( )

**MI PLAN PARA DETENER UNA SANCION DE WELFARE TO WORK**

ACTIVIDAD #1:		ACTIVIDAD #2:	
EMPIEZA:	TERMINA:	EMPIEZA:	TERMINA:
LUGAR:		LUGAR:	
NUMERO DE TELEFONO: ( )		NUMERO DE TELEFONO: ( )	
HORARIO:		HORARIO:	
NUMERO TOTAL DE HORAS POR SEMANA:		NUMERO TOTAL DE HORAS POR SEMANA:	
COMENTARIOS / OTRAS INSTRUCCIONES:			

**Entiendo que:**

- Para detener mi sanción, tengo que hacer lo que este plan dice hasta por 30 días consecutivos contados a partir de la fecha en que firme este plan, o por la duración de la actividad, el período que sea más corto.
- Si la actividad que el condado me pidió que llevara a cabo antes ya no está disponible, o no es la correcta para mí, es posible que yo tenga que llevar a cabo otras actividades para detener mi sanción.
- El condado no me puede pedir que lleve a cabo una actividad que dure más tiempo que la duración de la actividad que no llevé a cabo, lo cual ocasionó mi sanción.
- Si no firmo mi plan, o si no hago lo que el plan dice sin tener un motivo justificado, mi sanción va a continuar.
- El condado pagará por servicios de apoyo (transporte, cuidado de niños, y gastos relacionados con el trabajo o entrenamiento) que yo necesite para llevar a cabo la actividad en mi plan. El condado me dará más información acerca de estos servicios en otras notificaciones.
- Una vez que yo haga lo que el plan dice para detener mi sanción, mi sanción terminará en \_\_\_\_\_, y mi asistencia se restaurará a partir de \_\_\_\_\_. Es posible que entonces se requiera que continúe en la misma actividad o que empiece una nueva actividad. Si tengo un plan de *Welfare to Work*, se actualizará para informarme de cualquier cambio en mis requisitos de *Welfare to Work* y necesidades de servicios de apoyo.
- Una vez que se haya terminado mi sanción, se me puede sancionar otra vez si dejo de llevar a cabo la actividad que se me ha asignado y no tengo un motivo justificado.
- Puedo solicitar una audiencia con el Estado si no estoy de acuerdo con el condado en relación a alguna parte de mi plan.

**Entiendo que recibiré una copia de este "Plan para detener una sanción de Welfare to Work", y si tengo alguna pregunta en relación a la información en mi plan, puedo preguntarle a mi trabajador.**

Si va a enviar por correo este plan a su trabajador, la fecha en que lo firme y la fecha postal tienen que ser a más tardar _____, o es posible que su sanción continúe.	FIRMA DEL CLIENTE:	FECHA:
	FIRMA DEL TRABAJADOR ENCARGADO DEL CASO:	FECHA: