

NOTICE OF FORM CHANGE NO. 06-036

DATE

03/23/2006

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 30 (3/06) - County TANF Work Participation Rates

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 3/06	REPLACES 12/05	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> 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 3/06

USE FORM IN ACCORDANCE WITH

All County Letter No. 06-06
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

ATTACHED IS A REPRODUCIBLE COPY. Print 8 1/2 x 11.

Check on the internet to see if forms are available at 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. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

COUNTY TANF WORK PARTICIPATION RATE MONTHLY REPORT

SEND ONE COPY TO:
 California Department of Social Services
 Data Systems and Survey Design Bureau, M.S. 9-081
 P.O. Box 944243
 Sacramento, CA 94244-2430
FAX: (916) 657-2074

COUNTY	REPORT MONTH AND YEAR
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COUNTY TANF WORK PARTICIPATION RATE

1. All Families meeting work participation requirements (numerator).....	1	
2. All Families not excluded from participation (denominator).....	2	
3. Monthly TANF work participation rate (Item 1 divided by Item 2).....	3	%

The above data is reported on (check one) All Cases A Sample of Cases

COMMENTS
 Provide a summary of cases dropped from the sample or caseload.

CONTACT PERSON (Print)	TELEPHONE	EXTENSION	DATE COMPLETED
TITLE/CLASSIFICATION	FAX	EMAIL	

**COUNTY TANF WORK PARTICIPATION RATE
MONTHLY REPORT
WTW 30 (3/06)****INSTRUCTIONS****COMPLETION AND SUBMISSION**

The report form and instructions can be viewed or printed from the California Department of Social Services, Research and Data Reports (RADR) website at <http://www.cdss.ca.gov/research/>.

This report is due 75 days from the last day of the reporting month. Fax or mail reports to:

California Department of Social Services
Data Systems and Survey Design Bureau, MS 9-081
P. O. Box 944243
Sacramento, CA 94244-2430
FAX: (916) 657-2074

If you have questions regarding this report, contact the Data Systems and Survey Design Bureau at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter in the boxes provided near the top of the form the county name and the report month and year.

Enter in the boxes at the end of the form the contact person's name, job title or classification, telephone number, fax number and email address in case there are questions about the report. The contact person may or may not be the person who completed the report. Enter the date the report was completed.

ITEM INSTRUCTIONS

1. All Families meeting work participation requirements (numerator) for each case in Sample or Universe:
[Cell 1] These are the data elements used to determine if individuals will be counted. Enter the number of All Families cases (excluding Two-Parent SSP cases) that meet Federal work requirements. The number in Item 1 (Cell 1) will be the numerator in the work participation rate calculation. For a case to be included, it must meet the following conditions:

- a) The family must be included in the work participation rate calculation denominator (see Item 2 below).
- b) One aided adult or minor head of household must participate an average of 30 hours per week.
 - o For a single parent with a child under the age of 6 years, the requirement is 20 hours per week.
 - o A married or single head of household under 20 years old, without a high school diploma or its equivalent, counts as engaged in work in a month if he or she maintains satisfactory attendance at a secondary school or the equivalent or participates in education directly related to employment for an average of at least 20 hours per week.

ITEM INSTRUCTIONS (Continued)

The work activities described in (i) through (ix) below may be used to meet these participation requirements.

- i) Unsubsidized employment.
 - ii) Subsidized private-sector employment.
 - iii) Subsidized public-sector employment.
 - iv) Work experience.
 - v) On the job training.
 - vi) Job search and job readiness assistance.
 - (1) Maximum of six weeks may be counted in any Federal Fiscal Year (FFY) per individual.
 - (2) Maximum of four consecutive weeks in any FFY per individual.
 - (3) Not more than once during a FFY, a county may count three or four days of job search and job readiness assistance during a week as a full week of participation.
 - vii) Community service programs.
 - viii) Vocational education training.
 - o Vocational education training may only count for a lifetime total of twelve months for any individual.
 - ix) Providing childcare services to an individual who is participating in a Community Service Program.
- c) After at least 20 hours a week in one or more of the activities in b), the following Federal categories may also count as participation:
- i) Job skills training directly related to employment.
 - ii) Education directly related to employment for individuals with no high school diploma or Certificate of High School Equivalency.
 - iii) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence.
- d) Not more than 30 percent of all the cases included in the numerator may be deemed as meeting the Federal requirement through:
- o Participation in vocational education training, or
 - o Maintaining satisfactory attendance at a secondary school or the equivalent or participating in education directly related to employment for an average of at least 20 hours per week.
- e) Calculation of work participation hours
- Average number of hours per week: To calculate the average number of hours per week of work activity participation, add the number of hours of participation in the month and divide by the number of weeks (4.33) in a month. Round off to the nearest whole number.

ITEM INSTRUCTIONS (Continued)

- 2. All Families not excluded from participation (denominator): [Cell 2]** Enter the number of All Families who must meet the work participation requirement consistent with Federal criteria. The number in Item 2 (Cell 2) will be the denominator in the work participation rate calculation. For a case to be included, it must meet conditions a) and b) below:
- a) Receives a CalWORKs grant for the month.
 - b) Includes at least one aided adult or minor head-of-household.
 - c) All single custodial parent cases with a child under one year of age that meet the conditions in a) may be disregarded from the denominator (for a lifetime limit per adult of 12 months).
 - o Families that meet the work participation requirements, but would normally be disregarded because of a child under one year of age, may be included in both the numerator and denominator.
- 3. Monthly TANF work participation rate (Item 1 divided by Item 2): [Cell 3]** The monthly work participation percentage rate. The work participation percentage rate is equal to the number in Item 1 (Cell 1) of this report (the numerator), divided by the number in Item 2 (Cell 2) of this report (the denominator).

COMMENTS

The county should use this space to provide a summary of all cases dropped from the caseload or the sample for the review month.