October 7, 1999

Ms. Jan King, Assistant Regional Advisor
Regional Advisor Office Central Region
Department of Social Services
744 P Street, MS 14-44
Sacramento, CA 95814

Dear Ms. King:

We are providing you with an addenda to the Sacramento County CalWORKs Plan, approved by CDSS on December 29, 1997. This addenda is referenced on page 1 of our plan, and incorporates our coordination of the Welfare-to-Work (WtW) Grant program with our partners.

Please contact Rosalinda Stoffel, DHA Program Planner, at (916) 875-3732, if you have any questions about the enclosed items.

Sincerely,

Cheryl S. Davis

CSD: RDS
Enclosures

cc: Lynn Frank, Deputy Director
    Jane Rasmussen, Acting Deputy Director
    Jerry Plummer, Division Manager, Program Planning and Development
Sacramento County CalWORKs Plan

County Plan Addendum for the Welfare-To-Work (WtW) Grant Program

(a) COLLABORATION WITH PUBLIC AND PRIVATE AGENCIES TO PROVIDE TRAINING AND SUPPORTIVE SERVICES

<table>
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<th>Response</th>
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1. The name(s) of the WtW Grant partners CWDs are working with (e.g., 85 percent, 15 percent and 25 percent WtW Grant projects):


   - (25 Percent) Center for Employment and Training.

2. A recount of each CWD’s efforts to coordinate welfare-to-work activities with the local WtW Grant partners:

   - (85 Percent) Our original plan coordination referenced several of these activities. We are entering the second year of Welfare-To-Work services. As of July 31, 1999, SETA has served over 900 Welfare-To-Work participants. Welfare-To-Work activities include WEX, Job Retention, OJT, and One-Stop Centers. The One-Stop Centers provide enhanced employment services; currently SETA operates 13 One-Stop Centers in Sacramento County.

   - SETA staff conducted workshops for DHA staff outlining the requirements and the referral process for WtW participants. Seta staff also developed a workbook to use by DHA staff as an easy reference for referring participants.

   - (15 Percent) Recognizing that a variety of transportation gaps in Sacramento County hinder CalWORKs recipient’s employment services plans, our department submitted a proposal to EDD for funding from the Governor’s Welfare-to-Work 15% Special Project fund. Our proposal was approved, and in September 1998 we were awarded $808,917 to fund the five transportation projects outlined in our proposal including:

     - South County Transit Expansion Project to expand the current public transportation services and service hours in the southern part of Sacramento County. Under the operation of the Sacramento County Department of Public Works and the Galt Community Concilio, the system provides fixed route service from Galt, Lodi, Isleton, and other Delta communities to Elk Grove where passengers can transfer to Regional Transit buses; and

     - Guaranteed Automobile Loan Pilot Project to assist the employed CalWORKs
recipient’s purchase used vehicles by contracting with the Sacramento Credit Union to provide credit services. The project allows for ten loans of $3,000 each initially. The loan will cover the cost of the used vehicle, smog check, and auto insurance for the first six months; and

- Mather Shuttle Program to provide fixed route bus service through Mather Campus and expand the frequency between the Mather/Mills Light Rail Station, the Folsom Boulevard DHA office, and DHA office on the Mather Field Campus including the Regional Occupation Program (ROP), Job training and housing; and

- Mather Bicycle Link Pilot to purchase and place twelve bicycles in lockers at the Mather Campus for use by program participants who work hours that do not allow for use of other public transportation services; and

- Trip Planning Services Project to provide on-site resources for department staff to allow them to provide information about transportation alternatives such as car or van pooling, public transportation schedules, and route planning services.

- (25 Percent) Center for Employment and Training Agency provides the CalWORKs participants in WtW activities with part-time employment opportunities and post-employment services.

3. A narrative of CWDs’ coordination of the State WtW Grant matching fund expenditures with the local WtW Grant partners for welfare-to-work activities; and

- No matching funds to SETA.

4. A description of established mechanism for determining eligibility and referring CalWORKs recipients to the WtW Program.

- We allowed the providers to have more autonomy to enroll participants in order to expedite services to participants. In collaboration between DHA and SETA staff, a program document and a Self-Appraisal form (SC246.105) were developed for use in determining eligibility and referring CalWORKs recipients to the WtW Program. SETA staff has developed a Certification Unit to review the Self-Appraisal form to determine who will likely be eligible for the program. (Refer to Attachment II, Sacramento Employment and Training Agency (SETA) Welfare-to-Work Services and Attachment III, Self-Appraisal).
Department of Human Assistance Program Document

OVERVIEW

Background
The Sacramento Employment and Training Agency (SETA) has received a federal grant from the Department of Labor (DOL) to provide welfare-to-work (WtW) services to targeted hard to employ welfare recipients residing in high poverty areas. There are funds for approximately 700 slots.

The DOL WtW funds are intended to augment or supplement welfare-to-work services provided by the TANF program.

DHA Policy

It is Department of Human Assistance (DHA) policy to refer CalWORKs participants who meet the DOL eligibility criteria to SETA for a WtW evaluation whenever SETA has slots available. Staff will be notified by a separate memo regarding when slots are or are not available.

C Potentially eligible participants may be referred at any time following completion of the up-front job search and may be referred regardless of the current DHA W2W plan.

C Referral of an eligible participant is mandatory if the participant is not already meeting W2W participation requirements. Refer to the AWho to Refer section on page 9.

C Referral to SETA for a WtW evaluation is voluntary if the participant is already meeting W2W participation requirements. Refer to the AWho to Refer section on page 9.

C If accepted by SETA for WtW services, the DHA W2W plan may be amended to include the recommended activities.

A CalWORKs participant who is not already enrolled by DHA in the W2W program may be enrolled in the SETA WtW program and then referred to DHA as a self-initiated plan (SIP).

OVERVIEW (Continued)
Because CalWORKs cash assistance is only paid for a limited time, it is very important that you find a job. Filling out this form will help us do a better job helping you find work or getting you the help you need before looking for work. Completing this form should also help you to focus on your strengths and weaknesses regarding employment. The answers you give us are private.

Do you need help filling out this form or other printed material?  

Yes  No  
(If Yes, please tell your worker.)

Date:

Personal Information:

Name:

Date of Birth:  Male  Female  SSN:

Street Address:  City:  State:  Zip:

Mailing Address (if different):  Home Phone:

Message Phone:

Which language do you speak (if not English)?

If you do not usually speak English, could you learn in a class taught in English?  

Yes  No

Are you a refugee?  

Yes  No

If Yes, have you been in the US less than 5 years  

Yes  No

Have you received AFDC and/or CalWORKs for a total of at least 30 months even if not 30 months in a row?  

Yes  No

Will your CalWORKs time limit expire within the next 12 months?  

Yes  No  Unknown

Were you under age 20 when your first child was born?  

Yes  No

How many years have you been on cash aid (AFDC/CalWORKs)?

If there have been times on and off aid, how long have you continuously been on aid?  

Are you a veteran?  

Yes  No

List any children in your home under age 13 and their school hours:

<table>
<thead>
<tr>
<th>Name Of Child</th>
<th>Age</th>
<th>Hours In School</th>
<th>Name Of Child</th>
<th>Age</th>
<th>Hours In School</th>
</tr>
</thead>
</table>
List positive personal habits such as being on time, working well with others, etc. which can be used on a job:

List hobbies or interests that may be used on a job:

**Education/Training:**

" Do you have a high school diploma?  Ė Yes Ė No  If Ėes@date obtained:

" Do you have a GED certificate?  Ė Yes Ė No  If Ėes@date obtained:

‘ If both “ ” and “ ” are ĖNo@how far did you go in school?

Did you ever have problems in school with any of the following subjects?  (Please check)

<table>
<thead>
<tr>
<th>Reading: Ė Yes Ė No</th>
<th>Math: Ė Yes Ė No</th>
<th>Spelling: Ė Yes Ė No</th>
</tr>
</thead>
</table>

Have you ever been in Special Education classes?  Ė Yes Ė No  If Ėes@what grade(s)?

Please list below any college, job training, or adult education you have taken

<table>
<thead>
<tr>
<th>Dates</th>
<th>Name of School/College</th>
<th>Subjects/Courses</th>
<th>Reason For Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: To:</td>
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<tr>
<td>From: To:</td>
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</tbody>
</table>

Please list any degrees or certificates earned:

Are you enrolled in school now?  Ė Yes Ė No  If Ėes@when will you finish?

What classes are you taking?

**Employment Goal:**

What types of jobs would you like to do?

What type of work have you done in the past?  (Check all that apply)

<table>
<thead>
<tr>
<th>Clerical/Office work</th>
<th>Cash Register/cash handling</th>
<th>Auto repair</th>
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</thead>
<tbody>
<tr>
<td>Typing _____ WPM</td>
<td>Food services/cooking</td>
<td>Laborer</td>
</tr>
<tr>
<td>Computers</td>
<td>Medical/health services</td>
<td>Landscaping</td>
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<tr>
<td>Multi-line phones</td>
<td>Child care/day care</td>
<td>Driving</td>
</tr>
<tr>
<td>Customer service</td>
<td>Dishwashing/bussing</td>
<td>Stocking</td>
</tr>
<tr>
<td>Copying, filing, faxing</td>
<td>Retail/sales clerk</td>
<td>Janitorial</td>
</tr>
</tbody>
</table>
### Work History:

Describe your work history. Start with your most recent job. Include volunteer work and military service.

<table>
<thead>
<tr>
<th>Begin/End Dates</th>
<th>Job Title</th>
<th>Job Duties (Include tools/equipment used)</th>
<th>Hourly Wage</th>
<th>Reason For Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
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<td>To:</td>
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<td>To:</td>
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</tr>
</tbody>
</table>

Which jobs did you like best and why? ____

Do you have a resume?  ᵈ Yes  ᵈ No  

Do you have a master application?  ᵈ Yes  ᵈ No

Would former employers provide good references?  ᵈ Yes  ᵈ No  ᵈ Not sure

Have you ever been fired?  ᵈ Yes  ᵈ No

If yes, why?

How many months have you been employed within the last 24 months?

- None
- 1 to 6
- 7 to 12
- 13 to 18
- 19-24

Have you lost 2 or more jobs in the past 2 years?  ᵈ Yes  ᵈ No

Have you worked at least 3 months in a row during the past 12 months?  ᵈ Yes  ᵈ No

Are you currently working?  ᵈ Yes  ᵈ No

If yes: How many hours do you work in one week ____  Hourly wages: $ ____ per hour

Name of employer/company: ______________________________________________________

What do you do?

If not employed, how long have you been unemployed?

What are some of the reasons you are not working now?  (Please check below)

- Legal problems
- Lack of skills
- Poor work history
- Family/personal problems
- Child care problems
- Emotional problems
- Transportation
- Difficulties with learning
- Health/physical problems
- Other, please list:

Are you looking for work now?  ᵈ Yes  ᵈ No

If no, why not?

What type of job do you think you can do right now?
## Transportation:

How do you travel around the Sacramento area? (Please check below)

- Regional Transit (RT)
- Own car
- Borrowed car
- Family/friend/neighbor
- Paratransit
- Walk/Bike
- Other (please list)

Do you have a valid California driver’s license?  
- Yes  
- No

If yes, class of license:

If no, why not?

Do you have a clean driving record (no tickets)?  
- Yes  
- No  
- N/A

Does the car you are driving have insurance?  
- Yes  
- No  
- N/A

Does the car you are driving run well?  
- Yes  
- No  
- N/A

Do you have a car available at any time for finding or going to work?  
- Yes  
- No  
- N/A

If you use bus/light rail, do you know how to get from one place to another?  
- Yes  
- No  
- N/A

(RT schedule information is available by calling 321-BUSS)

## Child Care: (If you have a child(ren) under age 13)

Do you have someone who will take care of your children when you go to work?  
- Yes  
- No

If you were offered a job today, would you have child care tomorrow?  
- Yes  
- No

If no, how much time would be needed to find child care?

**Referrals to licensed child care providers can be obtained by phoning Child Action, Inc. at 369-0191.**

## Clothing:

Do you have clothes that are nice enough to wear to a job interview?  
- Yes  
- No
<table>
<thead>
<tr>
<th>Social or Health Issues</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Do you currently have a physical or emotional condition for which you would need</td>
<td></td>
</tr>
<tr>
<td>accommodation while working?</td>
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<tr>
<td>If yes, what is the expected duration of the condition?</td>
<td></td>
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<tr>
<td>Have you lost interest in things you used to enjoy?</td>
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<tr>
<td>Do you have problems falling asleep or staying asleep?</td>
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<tr>
<td>In the past year, have you had a change in your appetite or gained or lost weight</td>
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<tr>
<td>without trying?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had any of the following:</td>
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<tr>
<td>- C Unexplained sadness/depression</td>
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<tr>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>- C Nervousness</td>
<td></td>
</tr>
<tr>
<td>Yes  No</td>
<td></td>
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<tr>
<td>- C Unexpected mood changes</td>
<td></td>
</tr>
<tr>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>- C Nervous breakdown</td>
<td></td>
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<tr>
<td>Yes  No</td>
<td></td>
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<tr>
<td>Have you ever seen a counselor, psychologist or psychiatrist?</td>
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<tr>
<td>Do you currently or have you ever taken medication for your nerves?</td>
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<tr>
<td>Have you ever been hospitalized for an emotional condition?</td>
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<tr>
<td>Have you ever felt you should cut down on your drinking or drug use?</td>
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<tr>
<td>Have people annoyed you by criticizing or complaining about your drinking or drug</td>
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<tr>
<td>use?</td>
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<tr>
<td>Have you ever felt guilty about your drinking or drug use?</td>
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<tr>
<td>Have you ever had a drink or used drugs in the morning (eye opener) to steady your</td>
<td></td>
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<tr>
<td>nerves or to get rid of a hangover?</td>
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<tr>
<td>Do you use any drugs other than those prescribed by a physician?</td>
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<tr>
<td>Has anyone ever told you to cut down or quit using alcohol or drugs?</td>
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</tr>
<tr>
<td>Has your drinking or drug use caused family, job or legal problems?</td>
<td></td>
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<tr>
<td>When drinking/using drugs have you ever had a memory loss or blackout?</td>
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<tr>
<td>Are you in recovery?</td>
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<tr>
<td>Have you ever been involved in an abusive (verbal, physical, emotional) relationship?</td>
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<tr>
<td>Are you currently having problems with your partner?</td>
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<tr>
<td>Do your fights with your current partner ever become physical?</td>
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<tr>
<td>Have you ever been hit?</td>
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</table>
Employability Self-Appraisal Form

Name: _____________________________

Are you involved in an abusive (verbal, physical, emotional) relationship?

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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Legal History

Have you ever been convicted of a felony or for driving under the influence (DUI)?

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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If yes, please provide specifics below.

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<thead>
<tr>
<th>Date of Conviction</th>
<th>Description of the offense</th>
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</table>

Other Challenges

Are there other problems going on in your life which you think keep you from getting and/or keeping a job?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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If yes, specify: ____________________________

Certification

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<tr>
<th></th>
<th>I completed this form on my own.</th>
<th>I had someone help me complete this form.</th>
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</table>

I certify under penalty of perjury that the information indicated on this form is true and correct to the best of my knowledge.

Participant Signature: __________________ Date: __________

For DHA use only:

Have you reviewed Right To Work documentation? 9 Yes 9 No If so, which:

Reviewed By:

Worker Signature: __________________ Worker Code: __________

Items numbered G through ’ indicate possible eligibility for welfare-to-work services from Sacramento Employment and Training Agency (SETA). Eligibility criteria should be fully explored and a referral to SETA made if eligibility criteria are met. Refer to program documents:

- "EMP/Refugee Welfare-To-Work"
- "EMP/SETA Welfare-To-Work Services"
Likely eligibility for SETA refugee funded services exists if ☐ is ☐ Yes☐.  
Likely eligibility for SETA WtW funded services exists if:  
☐ ☐ ☐ ☐  is ☐ Yes☐ (or disability or substance abuse problems exist) and  
☐ ☐ ☐ ☐  is ☐ No☐ and  
☐ ☐ ☐ ☐  is below the 9th grade.
SETA WtW services are based upon a work first philosophy which stresses work as the priority and encourages the use of training interventions only after employment begins in order to help participants retain employment and move towards economic self-sufficiency.

Services include the following:

C Job development and job placement.

C Paid work experience (WEX).

NOTE: WEX in this context is paid work experience. This is different from the unpaid work experience in CWEP. Paid work experience under this program is considered to be subsidized employment. Such participants should be referred to the EMP component on GIS rather than to the WEX component.

C Job creation through wage subsidies such as:

< On-the-job training (OJT): Paid job training at a work site where up to 50% of the wages are subsidized for a specific period of time. The expectation if that the participant will be hired at the end of the OJT contract.

< Limited internships: Paid work assignments of 32-35 hours per week (up to 420 hours) designed to enhance the long term employability of hard-to-employ welfare recipients and to provide work exposure to work and the requirements for job retention. Wages are 100% subsidized.

NOTE: Limited internship placements are subsidized employment and such participants should be referred to the EMP component on GIS.

C Job retention services.

C Post employment education/training (including post WEX, OJT or limited internships).

NOTE: After the 18/24 month time limit, the only allowable CalWORKs W2W activities are unsubsidized employment and community service.

OVERVIEW (Continued)

Supportive Services

Transportation and ancillary for SETA WtW activities are paid by DHA if the participant is enrolled in a CalWORKs W2W activity.

Child care is paid by DHA (or Child Action) if:
The participant is receiving CalWORKs and the activity is part of the DHA W2W plan.

Child care is needed for employment and the CalWORKs case has been discontinued within the past 24 months.

If a participant is no longer on CalWORKs (such as having the time limits expire), or the activity is not part of the DHA W2W plan, there is no supportive service eligibility except for child care for employment (for up to 24 months from the discontinuance date).

SETA EVALUATION

General

DHA maintains responsibility for:

Case management.

Assessment (Tier I and Tier II).

Completion of the WTW2 activity agreement forms.

However, as part of the DHA assessment process (either Tier I or Tier II), the W2W worker may request an evaluation of the participant’s education, training, and employment needs by a SETA One Stop location. The recommendations may then be incorporated into the W2W plan.

An eligible participant may also be referred to SETA for an evaluation after the DHA assessment. The recommendations may be used to amend the DHA W2W plan.

NOTE: DHA policy is to accept the recommendations of SETA unless there are reasons to question the recommendations. If there are questions regarding the appropriateness of the recommendations, a Vocational Assessment Counselor should be consulted.

SETA EVALUATION (Continued)

SETA Recommendation

The SETA staff, with input from program operators, conducts an evaluation of the education, training, and employment needs of the participant. Based on the evaluation it may be recommend that specific W2W activities be included in the W2W plan. These recommendations must be communicated in writing (by mail or fax) to the DHA W2W worker. The communication must specify the:

Reasons for the recommendation (ie: client needs the activity(ies) to be employable). Copies of the SETA evaluation/assessment may meet this requirement.
C Specific recommended activity(ies).

C Location/provider.

C Anticipated start date, end date, and hours.

NOTE: The SETA evaluation is a recommendation only. The recommendations must be approved by the DHA W2W worker and incorporated into the assessment/W2W plan prior to program enrollment.

SETA EVALUATION (Continued)

DHA Assessment
If referred prior to assessment, the SETA recommendations may be incorporated into the DHA W2W plan. If referred after assessment, the SETA recommendations may be used to amend the DHA W2W plan (a Tier I assessment may be used to amend a W2W plan based on SETA recommendations).

DHA policy is to accept the recommendations unless there are reasons to question the recommendations. If there are questions regarding the appropriateness of the recommendations, a Vocational Assessment Counselor should be consulted.

Once the assessment/W2W plan is completed or amended, the DHA W2W worker:

C Notifies the SETA One Stop location by telephone of whether or not the recommendations were approved and if so, that a referral is being made to the recommended activities.

C Refers the participant to the appropriate activity(ies) following established procedures (refer to the DHA Referral Responsibility section of this procedure).

Non-compliance
Referral for a pre assessment evaluation by a SETA One Stop location is a part of the assessment process and non-compliance procedures apply if the participant fails to comply.

A WTW2 form should be completed regarding the referral for the pre assessment evaluation prior to the referral. The activity indicated on the WTW2 form is Assessment as the pre assessment evaluation is part of the assessment process.

If the participant is already meeting W2W participation requirements, referral to SETA for WtW evaluation is voluntary and non-compliance procedures would not apply.

ELIGIBILITY CRITERIA

General
At least seventy percent of the SETA WtW funds must be spent on
clients who meet specified criteria. The other 30 percent of the funds must be spent on client who meet different criteria. Each set of criteria have various sub categories.

NOTE: It is expected that most DHA referrals will come from category one of each group.

70% Group Category One

To be eligible under category one, the individual must:

C  Be a current recipient of CalWORKs; and

C  Have two of three of the following barriers:

  < Have not completed a high school diploma or the equivalent (GED) and have reading or math skills at or below grade level 8.9.
  < Require substance abuse treatment for employment.
  < Have worked no more than three consecutive months in the last twelve calendar months.

C  And have either:

  < Received aid under AFDC or TANF/CalWORKs for at least 30 months, whether consecutive or not; or
  < Will become ineligible for aid within 12 months due to TANF or CalWORKs time limits.

70% Group Category Two

To be eligible under category two, the individual must be a non custodial parent (a parent absent from the child’s household) of a minor whose custodial parent meets the criteria for category one eligibility and the non custodial parent must also meet the criteria for category one eligibility.

70% Group Category Three

To be eligible under category three, the individual must:

C  No longer be receiving assistance due to either the TANF or CalWORKs time limits; and

C  Have two of three of the barriers described under category one (above).

ELIGIBILITY CRITERIA (Continued)

30% Group Category One

To be eligible under category one, the individual must be a CalWORKs recipient and have characteristics associated with, or predictive of, long-term welfare dependency. Such characteristics include the following:

C  Not having completed high school or obtained a GED.

C  Having given birth to a child prior to age 20.

C  Not having worked more than three consecutive months in the last twelve calendar months.

C  Having a disability which substantially limits
employment.

30% Group Category Two
To be eligible under category two, the individual must be a non custodial parent (a parent absent from the child’s household) of a minor whose custodial parent is receiving CalWORKs assistance and meets the criteria of category one.

30% Group Category Three
To be eligible under category three, the individual must:
C No longer be receiving assistance due to either the TANF or CalWORKs time limits; and
C Have characteristics associated with, or predictive of, long-term welfare dependency as described under category one.

REFERRAL PROCESS

Who To Refer
Except as specified below, all mandatory participants who meet the eligibility criteria should be referred for a SETAW evaluation/assessment when slots are available. Staff will be notified by separate memo regarding when slots are or are not available.

Voluntary participants who meet the referral criteria may be referred to SETA for a WtW evaluation/assessment if:
C The participant desires further assistance in locating employment.
C The SETA service provider offers the specific training indicated in the DHA assessment.
C The participant desires post employment job retention and follow-up services including additional education/training.
C The participant desires education/training other than what the DHA assessment indicates.

Who Not To Refer
Do not refer a participant who is:
C Enrolled in a self-initiated program with a non SETA provider.
C Meeting the W2W participation requirements and does
REFERRAL PROCESS (Continued)

When To Refer
Eligible CalWORKs participants may be referred:

C After the initial job search and prior to the completion of assessment (either Tier I or Tier II); or

C At any time following the DHA assessment.

NOTE: The existing DHA assessment/W2W plan may be amended through a Tier I assessment based upon the recommendations of SETA.

C When slots are currently available. Staff will be notified by separate memo regarding when slots are or are not available.

NOTE: There will also be instances where SETA staff refer a participant who has self enrolled in SETA WtW activities to DHA for approval of a self-initiated plan (SIP).

REFERRAL PROCESS (Continued)

DHA Referral Responsibility (Referral For Evaluation)

DHA staff:

C Refers the participant directly to a one-stop location based on a zip code listing (attached) by phoning the appropriate one-stop location and obtaining an appointment day and time.

C Completes three copies of a Training/Education/Welfare-To-Work Service Referral form (SC 246.39) checking the referral to SETA WtW box. Note WtW evaluation on the Other line.

C Has the participant sign a WTW2 form regarding the referral for evaluation.

C Gives two copies of the SC 246.39 form to the participant to take to the appointment and keeps one copy as a suspense.

C Attaches a copy of the CalWORKs Self Appraisal (SC 246.105) to the SC 246.39 forms given the participant
and reminds the participant to give both forms to SETA staff.

C Creates a free form tickler on the GIS computer system regarding the referral appointment date.

NOTE: Bureaus may devise other methods, such as using clerical staff, to track follow-up by participants.

C If no confirmation of the referral is received within 10 working days of the appointment, contacts SETA by telephone to determine the outcome of the referral and takes appropriate follow-up action.

NOTE: Referral to SETA for WtW evaluation is mandatory if it is part of the DHA assessment process and non-compliance procedures would apply. If the participant is already meeting W2W participation requirements, the referral is voluntary and non-compliance procedures would not apply.

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REFERRAL PROCESS (Continued)

<table>
<thead>
<tr>
<th>DHA Referral Responsibility (Referral to W2W Activity)</th>
<th>DHA staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>Notifies the SETA One Stop of whether or not the recommendations were accepted and that a referral is being made to the recommended activities.</td>
</tr>
</tbody>
</table>

C Telephones the appropriate activity provider and obtains an appointment day/time/location for the participant.

C Completes three copies of a Training/ Education/ Welfare-To-Work Service Referral form (SC 246.39) and indicates the activities for which the participant is being referred in the Services Needed section. Use the line for Other if needed.

C Has the participant sign a WTW2 form regarding the assigned activity(ies).

C Gives two copies of the SC 246.39 form to the participant to take to the appointment and keeps one copy as a suspense.

C Refers the participant to the appropriate component(s) on the GIS SCHD screen.

C If no confirmation of enrollment is received within 10 working days of the appointment, contacts the service provider by telephone to determine the outcome of the referral and takes appropriate follow-up action.
### REFERRAL PROCESS (Continued)

<table>
<thead>
<tr>
<th>SETA Responsibility</th>
<th>SETA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Conducts an evaluation of the participant’s education, training, and employment needs.</td>
</tr>
<tr>
<td>C</td>
<td>Mails or faxes recommendations to the DHA W2W worker regarding the participant’s education, training, and employment needs.</td>
</tr>
<tr>
<td>C</td>
<td>Reserves a tentative slot with an appropriate service provider pending acceptance of the recommendations by DHA.</td>
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<tr>
<td>C</td>
<td>Maintains a current listing of WtW program slots with SETA service providers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SETA Service Provider Responsibility</th>
<th>The SETA WtW Service Provider staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Mails a copy of the SC 246.39 referral form to DHA when the participant has been enrolled in a education, training, or employment activity.</td>
</tr>
<tr>
<td>C</td>
<td>Responds to telephone inquiries from DHA regarding the result of a referral.</td>
</tr>
<tr>
<td>C</td>
<td>Notifies the DHA W2W worker of changes regarding the participation status such as:</td>
</tr>
<tr>
<td>&lt;</td>
<td>Change in activities or days/hours.</td>
</tr>
<tr>
<td>&lt;</td>
<td>Completion of the program.</td>
</tr>
<tr>
<td>&lt;</td>
<td>Obtaining employment.</td>
</tr>
<tr>
<td>&lt;</td>
<td>Non-compliance.</td>
</tr>
</tbody>
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