Assembly Bill (AB) X4 4 Short-Term Exemption County Reengagement Sequencing

Date: 01-31-13		
County: Ventu	ra	
	County Contact Information	
Name:	That of the age	
Address:	Joo I districted Direct, Vollidia, OA 30000	
Phone Number	(805) 477-5348	
Please indicate 4 Short-Term E	the date your county will begin reengaging individuals e xemption below: 02-4-2013	xempt under the AB X4
	e your county's reengagement sequencing including, but unty will divide individuals into and in what order these g	
Sequencing Group Description		Reengagement Begins
Group 1	All Volunteers	04/04/2013
Group 2	Initiating client reengagement based on renewal date.	04/04/2013
Group 3		
Group 4		
Other:		tertementere interesse de la companya de la company
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Please submit this County Reengagement Sequencing Plan to the following address:

California Department of Social Services RE: County Reengagement Sequencing Plan 744 P Street, M.S. 8-8-33 Sacramento, CA 95814

Note: Counties are required to submit the County Reengagement Sequencing Plan prior to the beginning the county's reengagement process.