

WELFARE-TO-WORK PLAN ACTIVITY ASSIGNMENT

PARTICIPANT NAME:		<input type="checkbox"/> Initial Activity Assignment
CASE NAME:		<input type="checkbox"/> Amendment # _____
CASE NUMBER:	I.D. NUMBER:	
WELFARE-TO-WORK WORKER'S NAME:		

- Mandatory participant:** I must do the activities listed below. I understand that if I do not participate as required in these activities, my cash aid will be lowered, unless the county decides I had a good reason to not do them. I understand that if I am in a two-parent family, we can share the 35-hour participation requirement, and only my assigned hours are listed below.
- Volunteer:** I understand that I do not have to participate, but I agree to do and finish the activities listed below. I understand that as a volunteer, my cash aid cannot be lowered for failing to do these activities. I understand if I stop doing these activities, I may have to wait to participate in Welfare-to-Work, unless the county decides that I had a good reason not to do them. I understand that the 20-, 30- or 35-hour per week rules do not apply to me. The time I am volunteering will not count towards my Welfare-to-Work 24-Month Time Clock.
- Self-Initiated Program (SIP):** My primary activity is an education or training program I was enrolled in before my appraisal. If I am a mandatory participant, the number of hours I am required to participate in each week is: 20 30.

ACTIVITIES: Fill out **ONE** side only. Fill out the **left side** for plans meeting CalWORKs Welfare-to-Work 24-Month Time Clock activities. Fill out the **right side** for plans meeting federal work activities.

CalWORKs Welfare-to-Work 24-Month Time Clock (No core activity requirements)	Federal Work Activities
<input type="checkbox"/> Unsubsidized employment for ____ hours <input type="checkbox"/> Self-employment for ____ hours <input type="checkbox"/> Subsidized private or public sector employment for ____ hours <input type="checkbox"/> Grant-based on-the-job training for ____ hours <input type="checkbox"/> Work study for ____ hours <input type="checkbox"/> Work experience for ____ hours <input type="checkbox"/> Community service for ____ hours <input type="checkbox"/> Vocational education for ____ hours <input type="checkbox"/> On-the-job training for ____ hours <input type="checkbox"/> Job search and job readiness for ____ hours <input type="checkbox"/> Mental health services for ____ hours <input type="checkbox"/> Substance abuse services for ____ hours <input type="checkbox"/> Domestic abuse services for ____ hours <input type="checkbox"/> Supported work and transitional employment for ____ hours <input type="checkbox"/> Job skills training directly related to employment for ____ hours <input type="checkbox"/> Satisfactory attendance in a secondary school or in a course leading to certificate of general educational development for ____ hours <input type="checkbox"/> Education directly related to employment for ____ hours <input type="checkbox"/> Adult basic education for ____ hours <input type="checkbox"/> Participation required by school to ensure child's attendance for ____ hours <input type="checkbox"/> Other activities necessary to assist in obtaining employment for ____ hours 	<div style="text-align: center;">Core Activities</div> <input type="checkbox"/> Unsubsidized employment for ____ hours <ul style="list-style-type: none"> • Self-employment for ____ hours <input type="checkbox"/> Subsidized private or public sector employment for ____ hours <ul style="list-style-type: none"> • Grant-based on-the-job training for ____ hours • Work Study for ____ hours <input type="checkbox"/> Work experience for ____ hours <input type="checkbox"/> Community service for ____ hours <input type="checkbox"/> Vocational education (12-month lifetime limit) for ____ hours <input type="checkbox"/> On-the-job training for ____ hours <input type="checkbox"/> Job search and job readiness (Per established time limits) for ____ hours <ul style="list-style-type: none"> • Mental health services for ____ hours • Substance abuse services for ____ hours • Domestic abuse services for ____ hours <input type="checkbox"/> Providing child care to a community service program participant for ____ hours
	Non-Core Activities
	<input type="checkbox"/> Job skills training directly related to employment for ____ hours <input type="checkbox"/> Satisfactory attendance in a secondary school or in a general educational development course for ____ hours <input type="checkbox"/> Education directly related to employment for ____ hours
	Activities Not Meeting Federal
	<input type="checkbox"/> Other activities necessary to assist in obtaining employment for ____ hours
Total Hourly Requirements	Total Hourly Requirements
<p>I understand that this plan will count toward my Welfare-to-Work 24-Month Time Clock unless it is later determined that I met federal participation requirements. Each week I must complete:</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least 20 hours. <input type="checkbox"/> At least 30 hours. <input type="checkbox"/> At least ____ hours of my family's 35-hour requirement. <p style="text-align: right;">_____ (Initial and date)</p>	<p><input type="checkbox"/> I understand that in order for this plan to meet federal participation requirements, and not count towards my Welfare-to-Work 24-Month Time Clock, each week I must complete:</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least 20 hours of which 20 must be core hours. <input type="checkbox"/> At least 30 hours of which 20 must be core hours. <input type="checkbox"/> At least ____ hours of my family's 35-hour requirement of which ____ core hours meet my family's 30-core hour requirement. _____ (Initial and date) <p>OR</p> <p><input type="checkbox"/> I do not have any months left on my Welfare-to-Work 24-Month Time Clock. Each week I must complete the hours below or my aid will be lowered.</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least 20 hours of which 20 must be core hours. <input type="checkbox"/> At least 30 hours of which 20 must be core hours. <input type="checkbox"/> At least ____ hours of my family's 35-hour requirement of which ____ core hours meet my family's 30-core hour requirement. _____ (Initial and date)

SUPPORTIVE SERVICES

The county must give me supportive services (child care; transportation; and work, education and training related expenses) if I need them to participate in my mandatory or voluntary Welfare-to-Work assignments and Welfare-to-Work rules allow for them.

- My county worker has reviewed my need for Welfare-to-Work supportive services for each activity listed in my plan. I understand that I do not have to do my assignment until the supportive services I need have been arranged.
- I understand that I must tell my Welfare-to-Work worker right away if my need for Welfare-to-Work supportive services changes, or if I no longer need them. **If I do not report the changes in advance, the county may not be able to pay for them.**
- I understand that if the county pays for supportive services that are more than what I needed to participate in Welfare-to-Work, I will have to pay the county back.

I need the following supportive services:

- Child Care
 - I do not need the county to pay for child care at this time, but I have the right to request child care later.
_____ (initial and date)
- Transportation:
 - Bus Pass Mileage Parking
 - Other (toll fees, taxis, etc.): _____
 - I need advanced payment for transportation.
 - I do not need the county to pay for transportation at this time, but I have the right to request transportation later.
_____ (initial and date)
- Ancillary (other, such as books, tools, uniforms, etc.) costs for:
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - I need advanced payment for ancillary costs.
 - I do not need the county to pay for ancillary costs at this time, but I have the right to request ancillary costs later.
_____ (initial and date)
- In order to successfully participate in the assigned activities I need the following accommodations (help): Please specify - for example: special services because of a disability (reading me notices, large print, special supplies, etc.).
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____

PARTICIPANT'S CERTIFICATION

- I understand that my Welfare-to-Work Plan includes this form, the Welfare-to-Work Plan - Rights and Responsibilities, and the Welfare-to-Work Handbook. I understand that Welfare-to-Work activities and services, and my rights and responsibilities as a Welfare-to-Work participant, are explained to me on these forms.
- I have received a Welfare-to-Work Handbook.
- I know I can ask my Welfare-to-Work worker if I have any questions.
- I understand that if I tell my county worker that I do not agree with my assessment or the county and I cannot agree on a plan, the worker must refer me to a neutral third party for a new assessment of my employment or Welfare-to-Work activity needs.
- I understand that I can ask the county at any time for domestic abuse services, including a waiver of certain program requirements.
- I understand that I can ask the county at any time for mental health, substance abuse, or learning disability services.
- If this is my first assignment under a Welfare-to-Work plan, I understand that I have 30 calendar days from the date of my initial Welfare-to-Work Plan to ask for a change or reassignment to another activity. This 30-day grace period is available only once during my time getting CalWORKs cash aid. If the county agrees to the change, I know I will have to sign a new Activity Assignment.
- I have three (3) working days to think about the terms of this Activity Assignment after I sign it. I understand if I want to change the terms of this Welfare-to-Work Plan, I must tell my Welfare-to-Work worker by _____. If I do not tell my Welfare-to-Work worker by then, this Activity Assignment is final. DATE
- I have read (or had read to me) and understand this Activity Assignment, and have received a copy. If I do not meet my responsibilities without a good reason, I know that there are penalties that can include having my cash aid lowered and supportive services may be stopped.
- I understand that I can ask for a different service provider if I object to the religious character of any provider to which I have been assigned.
- I understand that I can say no to any religious activity offered by a service provider, and that any participation in any religious activity offered by a service provider is voluntary.
- I understand if I do not agree with any county action regarding my Welfare-to-Work participation, I can file a formal grievance with the county or I can ask for a State hearing by calling, toll-free, 1-800-952-5253. If the county is proposing to lower or stop my aid, my aid will be lowered or stopped if I file a formal grievance.
- I understand that I can get **free legal help** with Welfare-to-Work problems from the local legal or welfare rights office, by calling

(____) _____ - _____ .

PARTICIPANT'S SIGNATURE	DATE
WELFARE-TO-WORK WORKER'S SIGNATURE	PHONE
	DATE