

NOTICE OF FORM CHANGE NO.

DATE

TO:County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies 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

ORDER UNIT	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM-	REQUIRED FORM-		
<input type="checkbox"/> No Change Permitted	<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 _____

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

SOCIAL WORKER DIRECT CONTACT CONTRACT WEIGHTING WORKSHEET (SR 7)

SOCIAL WORKER

PROFESSIONAL LEVEL

CONTRACT PERIOD

ATTACH COPY OF GROUP HOME/SOCIAL WORKER CONTRACT WHICH SHOWS SERVICES TO BE PROVIDED AND TERMS OF PAYMENT.

1. Does the contract reimburse only for those hours spent in direct contact with children being served, and not for such activities as intake, discharge, quarter reports, training, supervision, or the development of plans or the assessments of needs, etc.? YES NO
2. Does the group home have another social worker who performs the ancillary activities listed above? YES NO
If not, who takes care of these duties? _____
3. Is the contract social worker expected to perform ancillary activities for which he/she is not reimbursed? YES NO
(If so, the written contract may not be an accurate representation of the actual agreement between the provider and social worker.)
4. MPP Section 11-400(d)(6) states that a social worker eligible for double weighting shall be an independent contractor as provided by state and federal laws, including Section 3353 of the California Labor Code. Is this contractor independent according to the criteria in the Labor Code? YES NO
 - a. Does the group home have the right to exercise control over the social work activities performed? YES NO
 - b. Does the group home have the right to terminate the relationship at will? YES NO
 - c. Is the work of the social worker performed under the supervision of the group home? YES NO

(“YES” answers to any of the questions above indicate an employer/employee relationship rather than an independent contractor.)
5. Does this social worker qualify for double weighting for direct contact contract SW services according to MPP Sections 11-400(d)(6) and 11-402.222(d)? YES NO