

WELFARE-TO-WORK PLAN RIGHTS AND RESPONSIBILITIES

PARTICIPANT NAME _____

CASE NAME _____

CASE NUMBER _____

I.D. NUMBER _____

This is an overview of the rights and responsibilities of participants in Welfare-to-Work activities under the California Work Opportunity and Responsibility to Kids (CalWORKs) Program. Your Welfare-to-Work Plan tells how you and the county will work together so that you can get and keep a job. Your plan includes this form, the Activity Assignment, and the Welfare-to-Work Handbook. The Welfare-to-Work Handbook tells you about Welfare-to-Work activities, services, and rules. The Activity Assignment tells you the Welfare-to-Work activity that you will be participating in.

The county must do certain things to help you while you are in Welfare-to-Work. The county must explain Welfare-to-Work to you and answer any questions.

The county must help you arrange and pay for child care, transportation, and work and training costs. If necessary, the county can make advance payments to you for these supportive services.

This plan and any changes to it will apply to you and the county as long as you participate in Welfare-to-Work. But, the county may have to change or stop all or part of this plan if: 1) there are changes in law or regulations; 2) the county cannot get or pay for services from the provider; or 3) you stop receiving cash aid under the CalWORKs program. The county will inform you of any changes in writing.

YOUR RIGHTS

As a Welfare-to-Work participant, you have the following rights which will help you take part in Welfare-to-Work.

You have the right to the following:

Employment Services

- Receive direction and support from the county to help you improve your ability to get a job. This can possibly include on-the-job training and job skills training or education.
- Receive a referral to places that offer personal counseling, mental health, substance abuse, or domestic abuse services, at no cost to you, if you need them to help you participate.

Supportive Services

- Receive payment for child care, transportation, and work and training-related expenses if you need them to participate in or attend any Welfare-to-Work appointment or activity. These are called supportive services. If you need them, but do not get them, you may have good cause for not participating.
- Receive details of your supportive service arrangements in writing.
- Receive advance payment, if you need it to avoid using your own money, for approved supportive services.

Welfare-to-Work Plan

- Ask for a change or reassignment to another activity within 30 days from the beginning of your first training or education assignment under your initial Welfare-to-Work plan.
- Change your mind about the activities assigned in your Welfare-to-Work plan. If you change your mind, you must tell your Welfare-to-Work worker within three (3) working days after signing your Welfare-to-Work plan Activity Assignment form (WTW 2).
- Automatically get a neutral third party to assess your employment and or training needs if you disagree with the assessment or you and the county cannot agree on a plan to meet your assessed employment needs.
- Ask for a different provider if you object to the religious character of any provider to which you have been assigned.
- Not to participate in any religious activity offered by a service provider. Participation in such an activity is voluntary.

Resolve Problems with your Welfare-to-Work Plan

- Not participate if the services you and the county agree you need are not provided.
- Not participate if the county decides you have any other good reason.
- Explain the reason if you fail to do what Welfare-to-Work requires.
- Have a second chance to cooperate and participate in Welfare-to-Work through the compliance process.
- Ask for legal advice at anytime regarding your participation in Welfare-to-Work from your local legal aid or welfare rights office by calling () _____
PHONE NUMBER

Employment Problems

- Leave a job or not accept a job if the county decides you have a good reason.

Complaints

- Protest any county action you do not agree with by filing a formal grievance with the county or asking for a State hearing by calling 1-800-952-5253, or for the hearing or speech impaired who use TDD, call 1-800-952-8349.

YOUR RESPONSIBILITIES

As a Welfare-to-Work participant, you also have the following responsibilities to make sure Welfare-to-Work works for you. You must:

- Accept a job if you get an offer, unless you have a good reason not to.
- If working, keep the job and not lower your earnings.
- Sign activity assignments which tell how you and the county will work together while you participate.
- Participate as described in your Welfare-to-Work plan unless you have a good reason.
- Choose and arrange for supportive services. The county will help you.
- Sign up for subsidized child care if you will need it. The county will tell you how.
- Ask your Welfare-to-Work worker if you have any questions about Welfare-to-Work.
- Tell your Welfare-to-Work worker of changes that may affect your participation.
- Tell your Welfare-to-Work worker right away of changes in your need for supportive services. This includes changes in child care providers. If you do not tell the county in advance, the county may not be able to pay for the services that change.
- Pay Welfare-to-Work back for any supportive services payments you got, but you did not need or you were not eligible to get.
- Call or go to the county when they ask you to.
- Give proof of satisfactory progress in your assigned activity, if required by your county.
- Read (or have read or explained to you) the Welfare-to-Work Handbook and ask questions about any part of the handbook you do not understand.

QUESTIONS?

The Welfare-to-Work Handbook gives you more information on your rights and responsibilities. If you have any questions, be sure to check the Welfare-to-Work Handbook or call your Welfare-to-Work worker at the number shown below.

CERTIFICATION

I understand that the purpose of Welfare-to-Work is to help me prepare for work and find a job.

I have read (or had read or explained to me) and understand this Rights and Responsibilities form. I have received a Welfare-to-Work Handbook. I know that I have certain rights and responsibilities as a participant in Welfare-to-Work. I know that I must meet all my responsibilities as a Welfare-to-Work participant. If I fail to meet my responsibilities without good reason, I know that there are certain penalties and that my cash aid may be affected.

PARTICIPANT'S SIGNATURE:

DATE:

WELFARE-TO-WORK WORKER'S SIGNATURE:

PHONE:

DATE:

PERSONAL RESPONSIBILITY AGREEMENT

Orientation _____
Date _____ Time _____

I UNDERSTAND I MUST SUPPORT MYSELF AND MY FAMILY.

I UNDERSTAND I HAVE A LIFETIME LIMIT OF FIVE YEARS ON WELFARE.

I UNDERSTAND IF I RECEIVE WELFARE I MUST WORK, PARTICIPATE IN WORK-RELATED ACTIVITIES OR COMMUNITY SERVICE JOBS.

I AGREE TO:

- COOPERATE WITH WELFARE-TO-WORK REQUIREMENTS THAT MAY REQUIRE MY FULL PARTICIPATION UP TO 35 HOURS EACH WEEK.
- MAKE SURE ALL OF MY SCHOOL-AGED CHILDREN ARE ENROLLED AND ATTENDING SCHOOL.
- MAKE SURE ALL MY CHILDREN RECEIVE THEIR REQUIRED CHILDHOOD IMMUNIZATIONS AND KEEP THEIR IMMUNIZATION RECORDS CURRENT.
- ARRANGE APPROPRIATE CHILD CARE FOR MY CHILDREN AS NEEDED.
- MAINTAIN A DRUG FREE HOME.

I UNDERSTAND IF I NEED HELP WITH MEETING THESE REQUIREMENTS, I CAN ASK FOR HELP AND RECEIVE ADDITIONAL INFORMATION.

I UNDERSTAND MY WELFARE MAY BE REDUCED OR STOPPED IF I DO NOT MEET THE REQUIREMENTS OF THIS AGREEMENT.

Applicant's Signature

County Representative

Date

Date
County Use Only

Exempt _____ Employable _____ Case Name _____ Case Number _____