

# CalWORKs Handbook



Citrus College Student Services Building



CalWORKs Program 2014

[www.citruscollege.edu](http://www.citruscollege.edu)

## **Greeting to Our CalWORKs Students From the Director of EOP&S/CARE and CalWORKs**

Dear CalWORKs student:

Welcome to the Citrus College CalWORKs department. I am happy that you have joined the program. You will find that our counseling faculty and staff are here to support and assist you in overcoming barriers, making informed decisions, and meeting your personal goals for success. We have a wonderful group of counselors who are committed to providing you with the most current information as it pertains to not only state welfare policy and county requirements, but also to academic policy.



This booklet was created with the purpose of providing you with pertinent information related to the Citrus College CalWORKs program and its services. Included are samples of most of the documents that you will receive from your county worker with explanation of what the form requires. In addition, a community referrals guide is included with contact information for local agencies that may be helpful to the CalWORKs population. Among the topics that were specifically targeted are child care, parenting resources & education, youth recreation, emergency assistance for basic needs, housing assistance, self-help/support groups, legal aid and others. You may also dial 211 and ask for a specific type of referral in your area.

Please be advised that the information provided in this booklet was gathered from the 2012/2013 Rainbow Resource Directory and was further researched. This project was completed in the spring 2014 semester. In the event that you need to access one of the agencies listed in this booklet after a year from its publication, it is recommended that you call the specific agency to receive current information.

This is a critical time for you to be engaged in your education and take advantage of the services provided to you. It is my sincere hope that this booklet is useful to you and that your family may benefit from the information provided. Through education, you will transform not only your life, but those of your children and the CalWORKs program staff and faculty are committed to helping you reach this milestone.

Sincerely,

Sara Gonzales-Tapia, M.Ed.

Director, EOP&S/CARE and CalWORKs

The community referral guide included in this booklet was adapted from the original CalWORKs Local Community Referrals Booklet created by Elizabeth Rodarte in 2010.

**Citrus College Mission Statement**  
Citrus College delivers high quality instruction to students both within and beyond traditional geographic boundaries. We are dedicated to fostering a diverse educational community and learning environment by providing an open and welcoming culture that supports successful completion of transfer, career/technical education, and basic skills development. We demonstrate our commitment to academic excellence and student success by continuously assessing student learning and institutional effectiveness.

### **La Misión de Citrus College**

Citrus College ofrece instrucción de alta calidad a los estudiantes dentro y más allá de los límites geográficos tradicionales. Estamos dedicados a promover una comunidad diversa para la educación y un ambiente de aprendizaje a través de ofrecer una cultura abierta y acogedora que apoya el cumplimiento exitoso de estudios de transferencia, carreras y educación técnica, así como el desarrollo de habilidades básicas. Demostramos nuestro compromiso con la excelencia y el éxito estudiantil con el continuo de asesoramiento de aprendizaje estudiantil y de la efectividad de nuestra institución.

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# Welcome To



# Chapter One

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# CalWORKs at



## Chapter Two

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## **2.1 History of California Work Opportunity and Responsibility for Kids**

California Work Opportunity and Responsibility for Kids (CalWORKs) is the state's welfare-to-work program for families with children. CalWORKs is a welfare program that gives cash aid and services to eligible needy California families. The program serves all 58 counties in the state and is operated locally by county welfare departments. If a family has little or no cash and needs housing, food, utilities, clothing or medical care, they may be eligible to receive immediate short-term assistance. Families that apply and qualify for on-going assistance receive money each month to help pay for housing, food and other necessary expenses. There are other programs and benefits for which a family may qualify by being on CalWORKs.

## **2.2 CalWORKs Program at Citrus College**

The Citrus College CalWORKs Program works in collaboration with the Department of Public Social Services (DPSS) to assist students with education, training and job skills. Citrus College provides short-term training programs to help CalWORKs students enhance their skills and/or develop new skills in order to find employment as they transition off of cash aid to become self-sufficient.

Participation in the CalWORKs Program at Citrus College will provide students with many supportive services as outlined in section 4.1.

## **2.3 Eligibility for CalWORKs Services**

To be eligible for CalWORKs services at Citrus College, the student is required to have the following:

1. Must be receiving cash aid (TANF/welfare) for themselves and have a dependent child. Child-only cases, General Relief, Unemployment, SSI, CalWORKs Refugee, Tribal TANF, Cal Fresh or Medi-Cal only recipients do not qualify.
2. Must be enrolled in classes at Citrus College.
3. Must be referred by their county worker with a Welfare-to-Work plan. GAIN in Los Angeles County or Employment Specialist in San Bernardino County.



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# Matriculation at



## Chapter Three

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### **3.1 Matriculation Process**

Matriculation is defined by the California Community College Chancellor's Office as, "A process that brings a college and a student who enrolls into an agreement for the purpose of realizing the student's educational objective through the college's programs and services."

The steps for applying and registering at Citrus College are:

#### **1. Apply for Admission**

Complete and submit a Citrus College Admissions application [online](#). Enter the responses accurately and completely. Errors and omissions will create inaccuracies in the master file and may **delay the registration**.

#### **2. Provide College and High School Transcripts**

Request official college transcripts from all colleges previously attended to be sent to the Admissions and Records Office. It is recommended that transcripts are on file prior to your registration appointment if you're asking for clearance to enroll in courses with prerequisites. Both high school and college transcripts are required in order to be considered for Financial Aid, Veteran's Benefits and athletic eligibility.

Request official high school transcripts, if you attended high school within the last three years, to be sent to the Admissions and Records Office. It is recommended that transcripts are on file before your appointment with a counselor/educational advisor.

#### **3. Register for a Student Email Account**

All students must have a Citrus College student email account in order to receive information regarding registration, waitlist, financial aid, class information and any other college communication.

This e-mail account is free. Visit <http://www.citruscollege.edu/tecs/studentemail> for details.

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#### 4. Take the Assessment Test (626) 857-4035

##### Assessment testing is required if you are:

- Enrolling in five or more units.
- Planning to enroll in English, mathematics, or science courses.
- A photo ID must be presented when you take the assessment.
- Students who have previously completed the assessment test at another college must have their placement results sent to the Admissions and Records Office.
- Students who have a disability that requires testing accommodations are advised to make arrangements through the Disabled Students Center, (626) 914-8675.

#### 5. Attend Required Orientation

Students who are new to Citrus College are urged to complete the assessment and MUST complete the Citrus College orientation. All future registration will be withheld for those students who have not completed orientation. The deadlines for completing orientation are:

**Summer/Fall Applicants–October 31**

**Winter/Spring Applicants–June 30**

To read about procedures for challenging matriculation regulatory provisions, please refer to the matriculation section in the Citrus College Catalog at

<http://www.citruscollege.edu/schedule/catalog>

**Assessment/Orientation Options** - Orientation may be completed in any of the following formats:

- In-person orientation (recommended for new students)
- Orientation following assessment
- Assessment/Orientations held at high schools
- Early Decision at Citrus College
- Online orientation at <http://orientation.citruscollege.edu>

#### 6. Meet with a Counselor

- Meeting with a counselor/educational advisor is an important part of student success at Citrus College.
- All students who are planning to earn an associate degree, transfer to a four-year university or enter a career preparation program are urged to meet with a counselor/educational advisor as soon as possible.

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## 7. View Your Appointment

- To view your registration appointment time go to <https://wingspan.citruscollege.edu> click “Enter Secure Area” and type in your username and password.
- Once you have logged into your WingSpan account, click on “ Admissions and Record” followed by “Registration: registration appointment time...”
- Lastly, click on “View Registration Appointment” to view when you can register for classes.
- Please make note that you cannot register for class until this date.

## 8. Register for Classes on WingSpan

- Registration is only available through WingSpan, therefore it is important that students have access to their WingSpan account.
- Students will have access and be able to register for classes any time after their date of registration.
- Students must be prepared to pay for their classes when they register to avoid losing their classes due to non-payment roll-out.
- Students in need of financial assistance are encouraged to complete the Free Application for Federal Student Aid <https://fafsa.ed.gov/>.

## 9. Attend the First Class:

- **It's Required!**
- If you enroll in a class and miss the first class meeting, the instructor **may give your place to a waiting student.**
- If you cannot take the class, it is your responsibility to drop your class online before [the drop/withdrawal deadlines](#).

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# CalWORKs Services at



## Chapter Four

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## **4.1 CalWORKs Services**

CalWORKs services are provided on a continuous basis for eligible students receiving cash assistance. Proper documentation will be required every term to determine eligibility. CalWORKs staff is equipped with the knowledge to understand the CalWORKs policies and services available that will help the student become self-sufficient by complying with the county and campus requirements.

*The following are services provided by the CalWORKs office:*

### **Assistance with Common County Forms**

**a. Welfare-to-Work Contracts:**

- GN6005A(Appendix A)
- GN6006 (Appendix B)
- San Bernardino Employment Service Program/ Individual Educational Plan (Appendix C)

**b. Attending Multiple Schools:** (Appendix D)

**c. Student Educational Plan:** (Appendix E)

**d. Monthly Attendance Reports:**

- Los Angeles (Appendix F)
- San Bernardino (Appendix G)

**e. Progress Reports:**

- Los Angeles (Appendix H)
- San Bernardino (Appendix I)
- Citrus College CalWORKs (Appendix J)

**f. Letter of Extension:**

**g. Training Verification:** (Appendix K or L)

**h. Monthly Variable Schedule:** (Appendix M)

**i. Ancillary Request:** (Appendix S)

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## **4.2 CalWORKs Orientation**

It is mandatory for all students to participate in a CalWORKs Orientation. The orientation is scheduled weekly and is preferably offered in a group setting. The orientation provides students an opportunity to review and understand all the required components that are needed to meet the county's Welfare to Work Participation. In addition, it provides the student with a solid understanding of the services the CalWORKs program offers. A detailed explanation of the county forms (most commonly used) gives students an opportunity to become familiar with the paperwork they will be responsible for submitting. Expectations and responsibilities are clearly outlined to avoid future issues.

## **4.3 CalWORKs Counseling**

CalWORKs counselors are available to provide academic, career and personal counseling. These services are available to students throughout the year. CalWORKs counselors are specialized in understanding county requirements and policies. They help reinforce county requirements and serve as advocates for students should issues arise.

Academic counseling is essential in the success of the student. Students are required to have an updated and accurate Student Educational Plan (SEP) on file. The SEP is instrumental, as it serves as a map to illustrate how long it will take to complete the required courses for the approved major. SEP updates are highly encouraged as classes are subject to availability and/or other changes may be possible. In addition, the CalWORKs counselor will provide students with a comprehensive understanding of the requirements needed to meet the approved major of study. Academic monitoring is provided not only for students on academic probation, but also for students inquiring about transfer options or other academic related questions.

Career counseling offers students an opportunity to discuss career goals or explore career options. Assistance with writing a résumé, cover letter, how to conduct job search and interviewing skills is extended.

To further assist and monitor the student's academic progress, the CalWORKs counselor assesses for any obstacle the student may be facing and provides appropriate referrals both on and off campus. CalWORKs counselors are committed to helping students regain their self-sufficiency.

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#### **4.4 CalWORKs Resources**

CalWORKs provides on-going opportunities for students to enhance their learning experience at Citrus College. Different resources are continuously offered to motivate and provide growth for students.

- a. Work-study* is a great opportunity for students to work on campus and earn supplemental income. Students must have good academic standing (2.50 cumulative and semester GPA or better) and be enrolled in a minimum of 6 units during the fall and spring terms; 3 units during the winter and summer terms. Work-study hours count toward the student's county requirement, the income, however, is **NOT** counted against the student's cash aid or Cal Fresh grants.
- b. Workshops and Support Groups* are specifically created for CalWORKs students to ensure topics are of interest (parenting, financial, academic, stress, career, etc...) to participants. Workshops and Support Groups are offered throughout the semester.
- c. School supplies* are offered to students every term. Based on the budget, the program offers students supplies that are useful such as: gas cards, educational supplies, testing supplies, flash drives, backpacks, and parenting books.
- d. CalWORKs Computer/Study Lab* is available for students to utilize throughout the academic year. Students have access to computers where homework, research or job searches can be completed. Printers are also available; printing however is limited.



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# Making An Appointment



## Chapter Five

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## **5.1 Making an Appointment**

The CalWORKs office is located on the second floor in the Student Services Building; SS 236. Hours of operation are Monday through Friday from 8:00 am to 4:30 pm.

### **5.1.1 Appointments**

CalWORKs counseling appointments may be made at the front desk of the CalWORKs office or by calling the CalWORKs main number (626) 852-8023. Students have the ability to schedule counseling appointments up to two weeks in advance. CalWORKs students may only make appointments for themselves and at no point can a family member, friend or spouse schedule an appointment or pick up documents for the CalWORKs student.

Every counseling appointment is unique and specific to the CalWORKs student. In order to meet the student's needs it is critical that the student has the required documentation present at their counseling appointment. Possible documentation that may be required are; Ancillary Request form, Verification of Benefits, Welfare-to-Work contract, Training Verification, and/or any other documentation required to be completed by a counselor. If proper documentation is not presented at the scheduled appointment, the student will be advised to reschedule to a later date or time.

### **5.1.2 Canceling an Appointment**

Students are **HIGHLY** encouraged to call to either reschedule or cancel their appointment if they will not be able to attend. The CalWORKs program allows the student a 10 minute window to arrive late for a 30 minute appointment and/or 1 hour appointment. If the student shows up after the 10 minute window, the student will be required to reschedule and their appointment will be considered a no show. After three NO SHOWS in one semester, they will be restricted to making same day appointments (must call or stop by the same day to see availability). If such behavior continues, the student may also be subject to a meeting with the Dean of Counseling.

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## **5.2 Dropping off Documents**

Students may drop off the forms listed below during normal business hours; Monday through Friday from 8:00 am to 4:30 pm. There is a 48 hour (2 business days) turnaround time per item. Students must complete their required portion and sign all forms; otherwise the counselor will not be able to complete the form.

### Monthly Attendance Reports

- Los Angeles (Appendix F)
- San Bernardino (Appendix G)

### GAIN Progress Reports

- Los Angeles (Appendix H)
- San Bernardino (Appendix I)



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# Frequently Used Terms



## Chapter Six

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## 6.1 Terms

<b>Term</b>	<b>Abbreviation</b>	<b>Definition</b>
<b>Ancillary Request (Appendix S)</b>	Ancillary Request	A form requesting payment from the county for required textbooks, supplies and fees. Supporting documentation must be included.
<b>*Attendance Report (Appendix G)</b>	San Bernardino Attendance Report: ESP735	A county form used for students to self-report (record) their monthly hours for their approved activities.
<b>Attending Multiple School Form (Appendix D)</b>	GN6390	A county form used to verify the student is attending multiple schools for the same activity.
<b>California Work Opportunities &amp; Responsibility to Kids</b>	CalWORKs	A welfare program that provides cash aid and services to eligible families. Formally known as TANF.
<b>CalWORKs Progress Report (Appendix J)</b>	CWPR	A CalWORKs report for instructors to complete indicating if the student is making satisfactory progress in their class.
<b>CalWORKs Student Contract (Appendix T)</b>	CW Student Contract	A contract between the student and the CalWORKs office outlining the expectation and conditions to receive services.
<b>CalWORKs Work-Study</b>	CWWS	Work-Study awarded by the CalWORKs office to eligible CalWORKs students working on campus.
<b>Cooperative Agencies Resources for Education</b>	CARE	A program that helps EOP&S students who are single heads of household with at least one child (under 14 years) and are currently TANF/ CalWORKs participants.
<b>Department of Public Social Services</b>	DPSS	A county program designed to both alleviate hardship and promote health, personal responsibility and economic independence.
<b>Disabled Student Program &amp; Services</b>	DSP&S	An on-campus program that provides support to students who have a verifiable disability that limits one or more major life activities.
<b>*Educational/Training Progress Report (Appendix I)</b>	San Bernardino Progress Report: ESP 735	A county form requesting verification of the student's progress for their approved educational/training program.
<b>Eligibility Worker</b>	EW	A county worker assigned to the eligibility status of the participant receiving CalWORKs. (AKA Cash Aid Worker)

<b>Term</b>	<b>Abbreviation</b>	<b>Definition</b>
<b>Employment Specialist Worker</b>	ESW	A county worker assigned to each participant to develop their WtW Plan and assist with supportive services.
<b>Extended Opportunities Programs and Services</b>	EOP&S	A program established to help community college students from economically and educationally disadvantage backgrounds succeed in their educational goals and transfer to a 4-year institution.
<b>Free Application for Federal Student Aid</b> ( <a href="https://fafsa.ed.gov">https://fafsa.ed.gov</a> )	FAFSA	Provides free money for eligible college students' educational expenses.
<b>GAIN Career Assessment</b> (Appendix O)	GAIN Assessment: GN6014A	An assessment (skills, knowledge, abilities, and challenges) completed at the county office to determine or create the participants WtW Plan.
<b>GAIN Progress Report</b> (Appendix H)	GAIN Prog Rpt: GN6070	A county form used to verify if the student is making satisfactory progress towards their approved goal.
<b>GAIN Service Worker</b>	GSW	A county worker assigned to each participant to develop the WtW Plan and assist with supportive services.
<b>Greater Avenues to Independence</b>	GAIN	County program that assists CalWORKS participants in becoming self-sufficient by helping them find employment and/or training.
<b>*Individual Educational Plan</b> (Appendix C)	IEP: ESP 772.4A	A county form used to determine if the student's major can be approved as a WtW activity as well as the student's status as a Self-Initiated Program.
<b>Monthly Attendance Report (MAR)</b> (Appendix F)	MAR: GN6365	A county form used for students to self-report (record) their monthly hours in their approved activities.
<b>Monthly Variable Schedule</b> (Appendix M)	Monthly Variable Schedule: STI-21	A form used to document the hours students are in school (when school is not on a set schedule) for their childcare provider.
<b>Notice of Action</b> (Appendix R)	NOA	Written notice mailed to the participant any time the county welfare department takes action or makes a change to the grant.
<b>*Passport to Services</b> (Appendix Q)	PS-Eligibility	A county document outlining a participant's current eligibility status. May be requested from the Eligibility Office.

<b>Term</b>	<b>Abbreviation</b>	<b>Definition</b>
<b>Employment Verification (Appendix N)</b>	Employment Verification: ST1-20	A county form requesting verification of the student's employment (work-study).
<b>Self-Initiated Program (Appendix A)</b>	SIP: GN6005A	A program in which a CalWORKs participant was enrolled in school (not ESL, GED or HS) prior to their GAIN Orientation/Appraisal appointment date.
<b>Student Educational Plan (Appendix E)</b>	SEP	A counseling tool used to help map out the courses required for the student to complete their educational goal.
<b>Supervised Study Time (Appendix U)</b>	Supervised Study Time	A useful tool used by students to document their supervised study time; a staff signature is required.
<b>Temporary Assistance to Needy Families</b>	TANF	The former federal assistance program for families. Now known as the CalWORKs program.
<b>Training Verification (Appendices K &amp; L)</b>	TV ST1-20A or PUSD form	A form used to verify school and supervised study hours (set schedule). Students are assigned a stage (1 or 2).
<b>*Transitional Assistance Department</b>	TAD	Is responsible for administering the departments financial support program to persons in need of financial, nutritional and/or medical assistance.
<b>Unsupervised Study Time Sheet (Appendix V)</b>	Unsupervised Study Time Sheet	A useful tool for students to self-document their unsupervised study time.
<b>Verification of Benefits (Appendix P)</b>	VOB	A county document verifying the participant's current eligibility status. May be requested from the Eligibility Office.
<b>Vocational Training Program (Appendix B)</b>	VOC: GN6006	A program in which a CalWORKs participant has not obtained employment during the Job Club activity and is then referred to a Vocational Assessment to determine their vocational training goal. Participant is then referred to an educational institution.
<b>Welfare-to-Work</b>	WtW	A plan developed by the GSW and the participant using the vocational assessment employment plan and/or any clinical assessment. WtW plan may include several activities (work experience, education, job skills, mental health, domestic violence, etc.)
<b>*San Bernardino County</b>		



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# Appendix



# Chapter Seven

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## 7.1 Appendix

### Appendix A SELF INITIATED PARTICIPANT (SIP) GN6005A

#### VERIFICATION OF WELFARE-TO-WORK PARTICIPATION HOURS

##### SECTION I - PARTICIPANT INFORMATION *(May be completed by participant and/or agency)*

DPSS OFFICE	ADDRESS	TELEPHONE NO. (    )	FAX NO. (    )
PARTICIPANT NAME (last, first, middle)	DOB	CASE #	TELEPHONE NO. (    )
STREET ADDRESS		CITY	ZIP CODE
CHECK WELFARE-TO-WORK ACTIVITY: <input type="checkbox"/> SCHOOL/TRAINING <input type="checkbox"/> MH/SA SERVICES <input type="checkbox"/> WORK EXPERIENCE <input type="checkbox"/> COMMUNITY SERVICES <input type="checkbox"/> OTHER: _____			

I, \_\_\_\_\_ authorize my school/institution/MH/SA provider, etc. to release the following information to \_\_\_\_\_ and  
 (PARTICIPANT/STUDENT'S NAME) declare under penalty of perjury that the information contained on this page is true and correct. (AGENCY NAME)

PARTICIPANT/STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

##### SECTION II - WELFARE-TO-WORK ACTIVITY INFORMATION *(Must be completed by school/agency/organization)*

NAME OF SCHOOL/PROVIDER/ORGANIZATION WHERE EDUCATION/TRAINING /WTW ACTIVITY IS BEING COMPLETED		TELEPHONE NO. (    )	
STREET ADDRESS	CITY	ZIP CODE	
WTW ACTIVITY ATTENDING	DATE WTW ACTIVITY BEGAN	DATE WTW ACTIVITY ENDS	
<b>FOR EDUCATIONAL PROVIDERS ONLY:</b> DEGREE/CERTIFICATION PROGRAM (CURRENT INSTITUTION)	PROGRAM REGISTRATION DATE	PROGRAM/CLASS START DATE	EXPECTED COMPLETION/TRANSFER DATE
EXPECTED TO TRANSFER	EXPECTED COMPLETION DATE OF PROGRAM (AFTER TRANSFER)	ULTIMATE DEGREE PROGRAM	

- A. Is the participant enrolled in a Degree, Certificate, or Training program *or* a post-baccalaureate California teaching credential program at this facility?     Yes     No
- B. Is the participant making satisfactory progress in the program? (MH/SA providers DO NOT answer)     Yes     No  
 Check here if participant is on a variable schedule. Please note that for families on a variable schedule, additional information may be required on a monthly basis.

If participant has a set schedule, please indicate the exact in and out hours of their class/activity. Schools may attach a print-out, if available. If no printout is available, please specify below.

	DAY	START TIME	END TIME	<i>COMPLETE THESE SECTIONS ONLY FOR SCHOOL/TRAINING</i>	
				COURSE NAME / LAB / WORK STUDY / INTERNSHIP	UNITS
1.					
2.					
3.					
4.					
5.					

SIGNATURE OR STAMP OF AUTHORIZED REPRESENTATIVE OF SCHOOL/AGENCY/ORGANIZATION    DATE

X  
 NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**PLEASE RETURN FORM TO THE DPSS OFFICE LISTED IN SECTION I EITHER BY MAIL, IN PERSON, OR VIA FAX**

## Appendix B

# VOCATIONAL TRAINING/JOB SKILLS TRAINING

## GN6006

COUNTY OF LOS ANGELES  
SERVICE PROVIDER REFERRAL

DEPARTMENT OF PUBLIC SOCIAL SERVICES

GAIN REGIONAL OFFICE GAIN Region IV 3833 S. Vermont Ave. Los Angeles, CA 90037	
PARTICIPANT NAME Jane Doe	
CASE NUMBER/PID/AID A1BC2D3-1	DATE: October 20, 2013

DEAR

YOU HAVE AN APPOINTMENT ON \_\_\_\_\_ AT \_\_\_\_\_ TO:

ENROLL IN VOC-Business Administration

BEGIN JOB SERVICES

BEGIN YOUR VOCATIONAL ASSESSMENT

CONTINUE YOUR PREVIOUS VOCATIONAL ASSESSMENT

COMPLETE YOUR POST-EMPLOYMENT CAREER ASSESSMENT

BEGIN YOUR THIRD PARTY ASSESSMENT

BEGIN YOUR VOCATIONAL REASSESSMENT

YOUR APPOINTMENT IS WITH: Los Angeles Community College - CalWORKs Office  
LOCATED AT: 123 School Ave., Los Angeles, CA 90029

TAKE THIS FORM WITH YOU TO INTRODUCE AND PROVIDE INFORMATION ABOUT YOURSELF.  
ALSO, IF YOU HAVE PROOF OF YOUR SELECTIVE SERVICE REGISTRATION NUMBER, PLEASE  
TAKE IT WITH YOU.


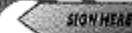
IT IS IMPORTANT FOR YOU TO KEEP THIS APPOINTMENT. IF, FOR ANY REASON YOU CAN'T  
KEEP THE APPOINTMENT, CONTACT ME IMMEDIATELY.

GAIN SERVICES WORKER: GSW First and Last Name	FILE NO: 4A12	TELEPHONE NO: (323) 730-0000
--	------------------	---------------------------------

INFORMATION FOR THE SERVICE PROVIDER

- **SECTION A**, ON THE SECOND PAGE OF THIS FORM, GIVES YOU INFORMATION ABOUT THIS GAIN PARTICIPANT.
- **SECTION B** OR **SECTION C**, ON THE SECOND PAGE OF THIS FORM, IS TO BE COMPLETED BY YOU AND RETURNED BY YOU OR THE PARTICIPANT TO THE GAIN OFFICE LISTED ABOVE WITHIN EIGHT WORKDAYS OF ENROLLING IN YOUR PROGRAM
- IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE GAIN SERVICES WORKER AT THE NUMBER LISTED ABOVE. THANK YOU FOR YOUR ASSISTANCE.

GN 6006 (12/2012)

SECTION A - COMPLETED BY GSW		GAIN REGIONAL OFFICE: G4058	GSW: Name				
PARTICIPANT NAME: Jane Doe		CALWORKS CASE NUMBER: A1BC2D3-1					
RESIDENCE ADDRESS: 123 Home Street, Los Angeles, CA 90069							
MAILING ADDRESS: same as above							
TELEPHONE: (323) 123-4567		BIRTHDATE: 4/11/86 SEX: <input type="checkbox"/> M <input checked="" type="checkbox"/> F					
PRIMARY LANGUAGE: English		CITIZEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
LEGAL RIGHT TO WORK IN U.S.: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
CALWORKS MONTHS USED: 15 MONTHS		PARTICIPATION LIMITED TO 20 HOURS PER WEEK <input type="checkbox"/>					
HIGH SCHOOL DIPLOMA/GED: Yes		POOR WORK HISTORY ( )					
REFERRED TO SPECIALIZED SUPPORTIVE SERVICES (Y/N): N							
ADDITIONAL COMMENTS: Required to participate 30 hours per week							
I CERTIFY THAT THE ABOVE DATA HAS BEEN VERIFIED/DOCUMENTED BY AN EMPLOYEE OF THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES. THE DEPARTMENT CERTIFIES THAT THIS INDIVIDUAL HAS PROVIDED DOCUMENTATION THAT HE/SHE IS LEGALLY ENTITLED TO WORK IN THE U.S.							
GSW SIGNATURE: 	DATE: 10/20/13	TELEPHONE: (323) 730-0000					
I AUTHORIZE THE EXCHANGE OF PERTINENT GAIN/CALWORKS INFORMATION BETWEEN DPSS, STATE, AND FEDERAL AGENCIES OR THEIR REPRESENTATIVES FOR MONITORING, HEARINGS AND/OR AUDITING PURPOSES.							
							
GAIN PARTICIPANT SIGNATURE							
SECTION B - COMPLETED BY EDUCATION/TRAINING PROVIDER							
NAME OF SCHOOL/FACILITY: Los Angeles Community College		SCHOOL/FACILITY ADDRESS: 123 Street, Los Angeles, CA 90029					
<input type="checkbox"/> NOT ACCEPTED BECAUSE:							
NAME OF PROGRAM: Business Administration		DATE ENROLLED/REGISTERED: 10/24/13					
START DATE: 10/28/13		EXPECTED COMPLETION DATE: 06/30/17					
		HRS. PER WEEK: 15					
SCHEDULE: CLASS HOURS (SHOW A.M. OR P.M.) See Attached Schedule							
SUBJECT	UNITS	MON	TUE	WED	THU	FRI	SAT
PLEASE SPECIFY IF ANY OF THE FOLLOWING RESOURCES ARE AVAILABLE FROM YOUR FACILITY:							
<input type="checkbox"/> CHILD CARE: SOURCE/AMT: _____							
<input type="checkbox"/> TRANSPORTATION: SOURCE/AMT: _____							
<input type="checkbox"/> ANCILLARY EXPENSES (BOOKS, TOOLS, FEES, ETC.): SOURCE/AMT: _____							
PERSON COMPLETING THIS FORM: Mary Seuss				DATE: 10/24/13			
POSITION: CalWORKs Counselor				TELEPHONE: (323) 123-4567			
SECTION C - COMPLETED BY COE/JS OR VOCATIONAL ASSESSOR							
<input type="checkbox"/> COE/JS OFFICE: _____				OR VOCATIONAL ASSESSOR: _____			
START DATE: _____				EXPECTED COMPLETION DATE: _____			
PERSON COMPLETING THIS FORM: _____				DATE: _____			
POSITION: _____				TELEPHONE: _____			

GN 60061 (12/2012)

**Appendix C  
INDIVIDUAL EDUCATIONAL PLAN (IEP)  
ESP 772.4**

COUNTY OF SAN BERNARDINO  
EMPLOYMENT SERVICES PROGRAM  
INDIVIDUAL EDUCATION PLAN

Participant Name \_\_\_\_\_ SSN \_\_\_\_\_

School \_\_\_\_\_ Counselor \_\_\_\_\_

Education/Training Program \_\_\_\_\_  Degree  Certificate Career Goal \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

Total Units Required \_\_\_\_\_ Units Completed \_\_\_\_\_ as of \_\_\_\_\_ (Date)

ATTACH GRADUATION REQUIREMENTS TO THIS FORM

Courses Required for Completion (class #/title)	Units	Date Completed	Grade	Comments

CONTINUE ON REVERSE IF MORE SPACE NEEDED FOR LISTING CLASSES

Employment Specialist \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

## Appendix D ATTENDING MULTIPLE SCHOOL FORM GN6390

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

### ATTENDING MULTIPLE SCHOOLS FORM

Participant Name/Address:	GAIN Regional Office Address:	
	GSW Name:	File #:
	Phone Number:	Fax Number:
(Component Code & Session Type)	GSW Email:	
Primary School/Institution Name:	Case Number:	Date:

Turn in this completed form to your GAIN Services Worker by: \_\_\_\_\_

#### **SECTION A: TO BE COMPLETED BY THE PARTICIPANT**

I authorize my school/institution to release the following information to the County of Los Angeles, Department of Public Social Services.

Participant Signature:	Telephone Number:	Date:
------------------------	-------------------	-------

**Please give this form to your additional school or institution for completion.**

#### **SECTION B: TO BE COMPLETED BY THE GSW**

Attach a copy of the GN 6014, GAIN Vocational Assessment Summary and Employment Plan for all Post-Assessment activities.

#### **SECTION C: TO BE COMPLETED BY THE ADDITIONAL SCHOOL or INSTITUTION**

You have been identified, by the above student, as his/her additional school/institution. In addition to taking courses in the assigned or approved school, the student is also taking a course(s) in your school that may satisfy the student's welfare-to-work requirements. Your assistance is needed in completing this form.

(Name of Additional School/Institution): \_\_\_\_\_ Official School/Institution Stamp

Program/Course(s) : \_\_\_\_\_

Start Date: \_\_\_\_\_ Expected End Date: \_\_\_\_\_ Scheduled Hours per Week: \_\_\_\_\_  
Month/Day/Year                      Month/Day/Year

**Please attach a copy of current class schedule**

Print Name of School/Institution Official Completing Form:	Title of School/Institution Official Completing Form:	
Telephone Number:	Email:	
Fax Number:	Signature of School/Institution Official Completing Form:	Date:

GN 6390 (06/13)

File: GPRF: Permanent

# Appendix E

## Citrus College Student Educational Plan

### S.E.P

**Citrus College** **STUDENT EDUCATIONAL PLAN (S.E.P.)** PLEASE PRINT CLEARLY: LAST NAME: \_\_\_\_\_

SEP/Abbr    SEP/Comp    SEP/Update    Grad. Check    AA/AS    Personal Enrichment  
 Transfer Check    BA/BS    Certificate

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ Noncredit: \_\_\_\_\_ CalWORKs: \_\_\_\_\_ DSP&S: \_\_\_\_\_ EOP&S: \_\_\_\_\_ FIN AID: \_\_\_\_\_ ATH: \_\_\_\_\_ VET: \_\_\_\_\_ Other: \_\_\_\_\_

Transfer to: \_\_\_\_\_

Placement: Math \_\_\_\_\_ RDG \_\_\_\_\_ ENG \_\_\_\_\_ Date Tested \_\_\_\_\_

COLLEGES ATTENDED:	Units ATT	Units Comp	GP's	GPA	TRANSFER MAJOR		SEMESTER		SEMESTER	
					Units	Major	Units	Tran	Units	Tran
<b>IGETC</b>										
1										
A. Eng.:										
B. Crit. Think/Eng. Comp.										
Math:										
Arts/Human: 1) _____ 2) _____ 3) _____										
Soc. & Behav. Sci: 1) _____ 2) _____ 3) _____										
Phy/Bio. Sci.: 1) _____ 2) _____										
For. Lang.: 1) H.S. _____ C.C. _____										
CSU Rqrmt. Spch. _____ Gov. _____ Hist. _____										
<b>CSU</b>										
A. Speech:										
English:										
Crit. Think.:										
B. Phys. Sci.:										
Bio. Sci.:										
Math:										
C. Arts:										
Human:										
Art or Human:										
D. Behav. Sci.:										
Soc. Sci.:										
Behav./Soc. Sci.:										
E. Lifelong Under.:										
					<b>AA/AS MAJOR</b>					

Counselor/Advisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

DATE OF COMPLETION: \_\_\_\_\_

Pass Along Completed:  Yes  Other \_\_\_\_\_

# Appendix F MONTHLY ATTENDANCE REPORT (MAR) GN6365

COUNTY OF LOS ANGELES  
Monthly Attendance Report Form

DEPARTMENT OF PUBLIC SOCIAL SERVICES  
Report for the Month of \_\_\_\_\_ 20\_\_\_\_\_

Participant Address

<b>GAIN/REP Office Address</b>	
<b>Participant Name:</b>	
<b>Case Number:</b>	<b>Date:</b>

In order to make sure that we provide you with transportation and other services we need you to record your monthly attendance in each of your Welfare-to-Work Activities. In the boxes below, tell us about your Welfare-to-Work Activities listed below for the month of \_\_\_\_\_ Year \_\_\_\_\_. Please give this form to your service provider listed so they can verify your hours. Return this form to your GAIN/REP worker on or before \_\_\_\_\_. Failure to provide this form by the due date may affect your eligibility to receive transportation and other services. If you have any questions, please contact your GAIN Services Worker/REP Worker.

GSW/RCM Name:	File Number:	GSW/RCM Phone:	Fax:														
Please record hours of attendance and excused absences. If absent please write reason for absence and attach verification.																	
Activity: _____ Scheduled Hours																	
Provider: _____																	
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Hours																	
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Hours																	
* Colleges verify enrollment only															Provider Stamp:		
Contact Name: _____ Title: _____																	
Phone: _____ Signature: _____ Date: _____																	
I still need transportation child care and/or other services I am requesting to begin receiving transportation child care and/or other services																	
Absence Reporting																	
Date(s)	Hours absent	Reason(s) you did not Attend															
Activity: _____ Scheduled Hours																	
Provider: _____																	
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Hours																	
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Hours																	
* Colleges verify enrollment only															Provider Stamp:		
Contact Name: _____ Title: _____																	
Phone: _____ Signature: _____ Date: _____																	
I still need transportation child care and/or other services I am requesting to begin receiving transportation child care and/or other services																	
Absence Reporting																	
Date(s)	Hours absent	Reason(s) you did not Attend															

I hereby certify the information listed above is true and correct. In addition, I authorize the release of information to DPSS/State/Federal agencies for purposes of auditing, monitoring and verifying information.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GN 6365 (2/09)



# Appendix G SAN BERNARDINO ATTENDANCE REPORT ESP 735.2

## ATTENDANCE REPORT

This report is for the month of:
----------------------------------

COMPLETE, SIGN AND RETURN THIS FORM BY THE 10TH OF THE MONTH.

School-Provider	Program-Course
Address	
City	Phone

PLEASE ENTER THE NUMBER OF HOURS BY DATE AND CLASS TO INDICATE STUDENT ATTENDANCE, INCLUDE HOLIDAYS AND ABSENCES. (See EXAMPLE)

		Date	5/3/2009	5/4/2009	5/5/2009	5/6/2009	5/7/2009	5/8/2009	5/9/2009
Class	Course	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
		(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)	
1	Math 50		2		2		2		
2	Science 101			3					
3	Psy 107							4	
4	English 101		1			3	4		

		Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Class	Course	(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)
1									
2									
3									
4									

		Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Class	Course	(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)	(# of hours)
1									
2									
3									
4									

ESP 735.2 (09/09)

### ATTENDANCE REPORT

	Date							
Class	Class	Sunday (# of hours)	Monday (# of hours)	Tuesday (# of hours)	Wednesday (# of hours)	Thursday (# of hours)	Friday (# of hours)	Saturday (# of hours)
1								
2								
3								
4								

	Date							
Class	Class	Sunday (# of hours)	Monday (# of hours)	Tuesday (# of hours)	Wednesday (# of hours)	Thursday (# of hours)	Friday (# of hours)	Saturday (# of hours)
1								
2								
3								
4								

	Date							
Class	Class	Sunday (# of hours)	Monday (# of hours)	Tuesday (# of hours)	Wednesday (# of hours)	Thursday (# of hours)	Friday (# of hours)	Saturday (# of hours)
1								
2								
3								
4								

Please attach verification/documentation for absences and/or missed hours to this form, ex: Doctor's note.

**I certify that the above is a correct and true statement of attendance.**

Class 1: Provider's/Instructor's Signature	Date
Class 2: Provider's/Instructor's Signature	Date
Class 3: Provider's/Instructor's Signature	Date
Class 4: Provider's/Instructor's Signature	Date
Customer - <b>PRINT NAME</b>	XXX-XX-_____ Last 4-digits of Customer SSN
Customer's Signature	Date

ESP 735.2 (09/09)

## Appendix H GAIN PROGRESS REPORT GN6070

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

### PROGRESS REPORT - EDUCATION/TRAINING/POST-EMPLOYMENT SERVICES/ WORK EXPERIENCE AND COMMUNITY SERVICES PROGRAM

Participant Name/Address:	GAIN Regional Office Address:	
	Fax Number:	
	GSW Name:	Phone Number:
(Component Code & Session Type)	GSW Email:	
Agency/School Name:	Case Number:	Date:
Report Period From:	To:	Report Due:

This progress report is a required document that needs to be completed and turned in timely. Failure to provide this form by the due date may affect your cash aid. If you have any questions, please contact your GAIN Services Worker.

Please forward this form to your agency or school's CalWORKs office for completion. Email, mail, fax or walk-in this completed form to your GAIN Services Worker by the due date indicated above.

SECTION A: TO BE COMPLETED BY YOUR AGENCY or SCHOOL		
Making Satisfactory Progress in Overall Program: <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, explain: _____ _____ _____ _____ _____	Print Name of Agency/School Official Completing Form:  Title of Agency/School Official Completing Form:  Telephone Number:  Email:  Fax Number:	Official Agency/School Stamp:     
Meeting Attendance Standard: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Agency/School Official Completing Form:	Date:

SECTION B: TO BE COMPLETED BY THE PARTICIPANT		
<ul style="list-style-type: none"> <li>If your school does not have a CalWORKs Office available, <u>attach your recent transcript or report card</u> to this progress report and submit to your GAIN Services Worker by the due date indicated above.</li> <li>If your service provider is unable to complete this form and you do not have your recent transcripts or report card, call your GAIN Services Worker to make an appointment to complete an affidavit of temporary declaration.</li> </ul>		
I understand that any deliberate misrepresentation of the above information may result in a penalty which can reduce the amount of my aid or cause me to become ineligible for cash aid. I also authorize the release of the above information to the County of Los Angeles, Department of Public Social Services by the service provider.		
Participant Signature:	Telephone Number:	Date:

GN 6070 (05/13)

File: GPRF: Permanent



**Appendix J  
CalWORKs Progress Report (CWPR)**



**Citrus College  
Counseling and Student Development  
STUDENT ATTENDANCE/PROGRESS REPORT**

**Student Name:** \_\_\_\_\_ **SID#** \_\_\_\_\_

**Month:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

*You must schedule an appointment to return this form. Incomplete forms will not be accepted. Blackboard printouts are accepted for online classes only.*

**To the Instructor:** This student needs verification of attendance/progress per a grant program requirement. Please provide feedback if a grade is not available. Please call (626) 852-8023, if you have any questions. Thank you for your assistance.

COURSE TITLE	UNITS	GRADE TO DATE	ATTENDANCE SATISFACTORY PLEASE CIRCLE		ACADEMIC PROGRESS PLEASE CIRCLE		RECOMMEND TUTORING		INSTRUCTOR'S SIGNATURE
			YES	NO	PASS	FAIL	YES	NO	

**COMMENTS:** (Please provide detail why attendance/progress is unsatisfactory or if grade is unavailable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Revised 02/13

## Appendix K CHILD CARE TRAINING VERIFICATION STAGE 1-ST1-20A

### ST1-20A - VERIFICATION OF WELFARE-TO-WORK PARTICIPATION HOURS

#### SECTION I - PARTICIPANT INFORMATION *(May be completed by participant and/or R&R/APP Agency)*

R&R/APP AGENCY	ADDRESS	R&R/APP STAFF NAME	
		TELEPHONE NO. ( )	FAX NO. ( )
PARTICIPANT NAME (last, first, middle)	DOB	CASE #	TELEPHONE NO. ( )
STREET ADDRESS	CITY		ZIP CODE
CHECK WELFARE-TO-WORK ACTIVITY: <input type="checkbox"/> SCHOOL/TRAINING <input type="checkbox"/> MH/SA SERVICES <input type="checkbox"/> WORK EXPERIENCE <input type="checkbox"/> COMMUNITY SERVICES <input type="checkbox"/> OTHER: _____			

I, \_\_\_\_\_ (PARTICIPANT/STUDENT'S NAME) authorize my school/institution/MH/SA provider, etc. to release the following information to \_\_\_\_\_ (R&R/APP AGENCY NAME) and declare under penalty of perjury that the information contained on this page is true and correct to the best of my knowledge.

PARTICIPANT/STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### SECTION II - WELFARE-TO-WORK ACTIVITY INFORMATION *(Must be completed by school/agency/organization)*

NAME OF SCHOOL/PROVIDER/ORGANIZATION WHERE EDUCATION/TRAINING /WTW ACTIVITY IS BEING COMPLETED	TELEPHONE NO. ( )
STREET ADDRESS	CITY
	ZIP CODE
WTW ACTIVITY ATTENDING	DATE WTW ACTIVITY BEGAN
	DATE WTW ACTIVITY ENDS

#### FOR SIP ELIGIBILITY DETERMINATION: (NOTE: SIP DETERMINATION BY GAIN ONLY)

DEGREE/CERTIFICATION PROGRAM (CURRENT INSTITUTION)	PROGRAM REGISTRATION DATE	PROGRAM/CLASS START DATE	EXPECTED COMPLETION/TRANSFER DATE
EXPECTED TO TRANSFER <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPECTED COMPLETION DATE OF PROGRAM (AFTER TRANSFER)		ULTIMATE DEGREE MAJOR
A. Is the participant enrolled in a Degree, Certificate, or Training program <u>at</u> a post-baccalaureate California teaching credential major at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B. Is the participant making satisfactory progress in the program? (MH/SA providers DO NOT answer) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Check here if participant is on a variable schedule. Please note that for families on a variable schedule, additional information may be required on a monthly basis.

If participant has a set schedule, please indicate the exact in and out hours of their class/activity. *Schools may attach a printout, if available. If no printout is available, please specify below.*

	DAY	START TIME	END TIME	<i>COMPLETE THESE SECTIONS ONLY FOR SET SCHEDULES</i>	
				COURSE NAME / LAB / WORK STUDY / INTERNSHIP	UNITS/HOURS
1.					
2.					
3.					
4.					
5.					
					TOTAL HOURS:

SIGNATURE OR STAMP OF AUTHORIZED REPRESENTATIVE OF SCHOOL/AGENCY/ORGANIZATION \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PLEASE RETURN FORM TO THE R&R/APP OFFICE LISTED IN SECTION I EITHER BY MAIL, IN PERSON, OR VIA FAX  
ST1-20A (WTW Verification) Rev. (7/21/11)

**Appendix L**  
**CHILD CARE TRAINING VERIFICATION**  
**Pomona Unified School District form**



Child Development Program  
**Pomona Unified School District**  
 1460 E. Holt Avenue, Suite 174, Pomona, CA 91767-5862  
 Telephone: (909) 397-4740 Fax: (909) 623-3739 Website Address: [www.pmsd.org](http://www.pmsd.org)

**TRAINING VERIFICATION**

**NO WHITE-OUT**

<b>TO BE COMPLETED BY PARENT/PARTICIPANT:</b>					
Parent/Participant(last, first, middle):				Telephone No.	
Street Address:		City:		State:	Zip Code:
<b>TRAINING/EDUCATION INFORMATION- TO BE COMPLETED BY SCHOOL/AGENCY/ORGANIZATION REPRESENTATIVE:</b>					
Name of school or organization where training/education is received:				Telephone No.	
Street Address:		City:		State:	Zip Code:
Date this term began:		Date this term ends:		Anticipated Completion date for training/education:	
Professional or vocational Goals (What do you want to be?):					
<p><input type="checkbox"/> Check here if parent/participant is on a variable schedule. Please indicate hours below:</p> <p><input type="checkbox"/> Check here if parent/participant has a set schedule, please indicate the exact in and out hours of their class/activity. Schools may attach a print-out, if available. If no printout is available, please specify below:</p>					
	DAY	START TIME	END TIME	COURSE NAME/LAB/WORK STUDY/INTERNSHIP	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Signature of Parent/Participant:					Date:
Signature and stamp of registrar of school/organization:					Date:

6/11: LV/gh

## Appendix M CHILD CARE MONTHLY VARIABLE SCHEDULE STI-21

### MONTHLY VARIABLE SCHEDULE CALENDAR

Any participant who does not have a fixed or set work/school/training schedule must complete the variable schedule calendar on the back, on a monthly basis. FORMS WITH WHITE OUT WILL NOT BE ACCEPTED!

Instructions

1. Please complete one calendar for each activity (Employment, School, Community Services, or other approved Welfare-to-Work activity) that you participate in, if the hours/days vary week to week.
2. Please use blue or black ink to complete this form.
3. Write in the month and year this calendar is for.
4. Please write down the time you started your activity and the time you finished your activity each day (include a.m. or p.m.).
5. Travel time exceeding one hour per day must have an explanation in the comments section.
6. Print, sign your name, and date this calendar.
7. Have the person in charge of your activity (i.e., employer, instructor, counselor) print, sign their name, and date this calendar.
8. Submit this calendar to \_\_\_\_\_ [Agency Name] in order to process your Provider's Payment Request(s) by the end of the month or after your activity is completed. Provider Payment Request(s) missing the Monthly Variable Schedule Calendar will NOT be processed and may delay your provider's payment.

TO BE COMPLETED BY PARTICIPANT

Name (Print): \_\_\_\_\_ Case #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY EMPLOYER/INSTRUCTOR/COUNSELOR

By signing this form you are confirming the participant's time in/time out only, as indicated on the back of this form.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXAMPLE:**

DAY	TIME IN (FROM)	TIME OUT (TO)	TRAVEL TIME NEEDED (EACH WAY)	COMMENTS
<b>WEEK 1</b>				
Sunday	8 am / pm	5 am / pm	1 hour	
Monday	am / pm	am / pm		
Tuesday	1 am / pm	10 am / pm	1 hour	
Wednesday	4 am / pm	8 am / pm	1 hour	
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		



[ ]  
**MONTHLY VARIABLE SCHEDULE CALENDAR**  
 MONTH/YEAR: \_\_\_\_\_

DAY	TIME IN (FROM)	TIME OUT (TO)	TRAVEL TIME NEEDED (EACH WAY)	COMMENTS
<b>WEEK 1</b>				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		
<b>WEEK 2</b>				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		
<b>WEEK 3</b>				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		
<b>WEEK 4</b>				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		
<b>WEEK 5</b>				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		
<b>WEEK 6</b>				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		

# Appendix N EMPLOYMENT VERIFICATION ST1-20

## REQUEST FOR EMPLOYMENT VERIFICATION

Please return completed form by: \_\_\_\_\_ (Due Date)

EMPLOYEE AUTHORIZATION (To be completed by Employee)							
I, _____ (Employee's Name), whose Social Security # is _____, authorize my employer to release the following information to _____ (Agency Name).							
Employee's Signature: _____				Date: _____			
EMPLOYMENT INFORMATION (To be completed by Employer)							
<b>GENERAL EMPLOYMENT INFORMATION: (Please Print)</b>							
Employer/Company Name: _____				Telephone: (____) _____			
Employer Address: _____							
Employee Worksite Address (if different): _____							
Is this a Temporary Employment Agency: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> End Date: _____							
Is employment? <input type="checkbox"/> On-the-job training <input type="checkbox"/> Volunteer <input type="checkbox"/> Subsidized <input type="checkbox"/> Unsubsidized							
Employee's Current Title/Position: _____				Date of Hire: _____			
First Date of Work: _____ Is the Job Expected to last more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is the individual currently employed by you? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If No, please indicate: Last Date of work: _____ Reason for leaving: _____							
<b>INCOME INFORMATION:</b>							
How is Employee paid? <input type="checkbox"/> Check <input type="checkbox"/> Cash							
How often is Employee paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other							
How much is Employee paid? \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary							
Does Employee receive: <input type="checkbox"/> Tips: \$ _____ <input type="checkbox"/> Commission: \$ _____ <input type="checkbox"/> Holiday Pay: \$ _____							
Number of overtime hours worked for the last 3 months: _____							
Overtime earnings last 3 months: \$ _____							
Date last pay was received: _____ Gross amount of last check: \$ _____							
Are any additional benefits expected (e.g. sick, vacation, 401K etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, Date _____ Amount \$ _____ Period covered _____							
<b>WORK SCHEDULE:</b>							
This employee works: <input type="checkbox"/> A set schedule <input type="checkbox"/> A split shift <input type="checkbox"/> A variable schedule							
• If schedule varies, the number of hours ranges from _____ to _____ hours week.							
• If employee works a set schedule, please indicate total hours worked per week: _____ per month: _____ and specify work schedule in the table below:							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
TO:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
<b>AUTHORIZATION OF EMPLOYER:</b>							
I hereby certify under penalty of perjury that the information provided is true and correct according to our employee records and that I am the authorized party to give this information on behalf of my employer/company.							
Name: _____		Phone: (____) _____		Title/Position: _____			
Signature: _____				Date: _____			
OFFICE USE ONLY							
Date received: _____				Staff Name: _____			
Notes: _____							

ST1-20 (Request for Employment Record)

# Appendix O

## GAIN CAREER ASSESSMENT SUMMARY & CAREER PLAN

### GN6014A

#### GAIN CAREER ASSESSMENT SUMMARY AND CAREER PLAN

<b>PARTICIPANT INFORMATION</b> (1)			
Participant Name:		Case Number/PID:	
Remaining Time on Post-Employment Services (in Months) _____, as of: _____ (2)			
<b>CAREER GOAL 1</b> (Note: The participant has the option to pursue either career goal 1 or 2.) (3)			
Occupational Title: (4)		OES: (5)	Demand Occ. (6)
Post-Assessment Activities (7)		Wage Range: From (8) To _____ Per Hour	
Type of Activity (9)	(10) Concurrent	Duration (11)	Educational Services (12)
1. _____	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	_____	_____
<b>Specific Objectives (Recommended steps to attain career goal 1)</b> (13)			
• _____			
• _____			
• _____			
• _____			
• _____			
<b>CAREER GOAL 2</b> (Note: The participant has the option to pursue either career goal 1 or 2.) (14)			
Occupational Title: (14A)		OES: (14B)	Demand Occ.: (14C)
Post-Assessment Activities (14D)		Wage Range: From (14E) To _____ Per Hour	
Type of Activity (14F)	(14G) Concurrent	Duration (14H)	Educational Services (14I)
1. _____	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	_____	_____
<b>Specific Objectives (Recommended steps to attain career goal 2)</b> (14J)			
• _____			
• _____			
• _____			
• _____			
• _____			

GN 6014A

**GAIN CAREER ASSESSMENT SUMMARY  
AND CAREER PLAN**

<b>PARTICIPANT INFORMATION</b>	15
Participant Name: _____	Case Number/PID: _____
<b>TEST RESULTS/COMMENTS</b>	16
<p>A. Language used in the Assessment per participant request: _____ Interpreter utilized: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>B. Education and Training History:</p> <p>C. Previous Work History:</p> <p>D. Reading and Mathematics Test Results:</p> <p>E. Other Test Results</p> <p>F. Supportive Services Recommended:</p> <p>G. Others (Assessor's Notes):</p>	
17	
<p><b>SIGNATURES/INFORMED CHOICE:</b> I have received a copy of my vocational assessment results and the recommended career plan. My vocational assessor has explained to me and reviewed the following: 1) the contents of my career plan, and 2) the availability of jobs (labor market) for my chosen <u>career goals</u>. My signature below signifies that I understand I am now expected to follow through with the career goal, follow the recommended activities of my Career Plan.</p>	
<p><b>THIRD-PARTY ASSESSMENT OPTION</b> 18 I disagree with any part of this career plan, do not sign this plan. If you disagree with this plan, you have the right to have this plan reviewed by a third-party assessor. If you choose to have this plan reviewed by a third-party assessor, the recommendations of the third-party assessor will be final and you will be expected to follow through with the recommendation of the third-party assessor. If you disagree with the recommendations of the third-party assessor, you have the right to a fair hearing to resolve your dispute.</p>	
Participant's Signature: _____	Date Signed: _____
Assessor's Signature: _____	Date Signed: _____
Supervisor's Signature: _____ (if required)	Date Signed: _____

GN 6014A

**GAIN CAREER ASSESSMENT SUMMARY  
AND CAREER PLAN**

<b>PARTICIPANT INFORMATION</b> 21	
Participant Name:	Case Number/PID:
<b>RELEASE OF INFORMATION</b> 22	
<p><b>To the Participant:</b> The information contained on this page is confidential and is provided to the County of Los Angeles or its contracted case management agencies for its use in developing or changing your Welfare-to-Work plan. It may also be provided to a third-party assessment agency to resolve a dispute regarding this plan. It is understood that these parties will not disclose this information to any other party without your written consent.</p>	
<b>SPECIAL NEEDS/CONFIDENTIAL INFORMATION</b> 23	
<p><b>A. Specialized Supportive Services:</b></p> <p><b>B. Legal Barriers Disclosure:</b></p> <p><b>C. Learning Disability Screening Recommended:</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>D. Other Sensitive Information:</b></p>	
<b>Confidentiality Notice:</b> 24	
<p>Information contained on this page is the property of the County of Los Angeles and may be protected by County, State and Federal laws governing disclosure of private information. It is intended solely for the use of the County of Los Angeles and its designees. Please do not distribute this page of the Employment Plan without permission. If you are not the intended recipient of this document, you are hereby notified that reading, copying or distributing this page is STRICTLY PROHIBITED. The sender has not waived any applicable privilege by disclosing this page to you. If you have received this page in error, please notify the sender immediately that you are in possession of this page and either return this page and all copies to the sender or shred this page and all copies immediately as instructed by the sender. Thank you.</p>	

GN 6014A

## Appendix P Verification of Benefits

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

### VERIFICATION OF BENEFITS

DISTRICT NAME AND ADDRESS:

004 EL MONTE (SAN GAB. V. SERV  
3350 AEROJET AVE  
EL MONTE CA 91731

DATE:  
CASE NAME:  
CASE / FILE NUMBER:  
WORKER NAME:  
WORKER PHONE:

CUSTOMER ID:

MAIL BACK TO ADDRESS:

004 EL MONTE (SAN GAB. V. SERV  
3350 AEROJET AVE  
EL MONTE CA 91731

<b>A. VERIFICATION</b>	
This will verify that the above client is receiving:	
CalWORKs (cash) in the amount of \$ <u>317.00</u> , per month for <u>3</u> people.	
General Relief (cash) in the amount of \$ _____, per month for _____ people.	
Refugee Cash Assistance (cash) in the amount of \$ _____, per month for _____ people.	
Food Stamps benefits in the amount of \$ _____, per month for _____ people.	
<b>B. CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION</b>	
I authorize DPSS to release the above information to : _____	
_____	
_____ Client Signature	_____ Date
_____ Witness Signature, If Client Not Able To Sign	_____ Date

File: Miscellaneous Folder

Retention: Three Years

76V244G PA 1918 (6/93)

## Appendix Q Passport to Service

Case Name: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Worker Name: Rancho Cucamonga Cont CWCF  
 Worker ID: \_\_\_\_\_  
 Worker Phone Number: (877) 410-8929

SAN BERNARDINO COUNTY  
 Rancho Cucamonga TAD/ESP/Child Care/PID  
 10825 APROW RTE  
 RANCHO CUCAMONGA, CA 91730-4800

### PASSPORT TO SERVICES

PRINTED AS OF:

Physical Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

	03/13	04/13	05/13	06/13	07/13	08/13	09/13	10/13	11/13	12/13	01/14	02/14
Monthly Gross Inc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CW Grant	490.00	490.00	490.00	490.00	490.00	490.00	490.00	490.00	490.00	490.00	490.00	490.00
CF Allotment	367.00	367.00	367.00	367.00	367.00	367.00	367.00	367.00	367.00	367.00	367.00	367.00
MC	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
CMSP	N	N	N	N	N	N	N	N	N	N	N	N
Family Size	2	2	2	2	2	2	2	2	2	2	2	2

Name	DOB	In the Home	OHC	MC	CMSP	MC/CMSP SOC
		Y	N	Y	N	
		Y	N	Y	N	

Comments

# Appendix R NOTICE OF ACTION

## NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

As of December 1, 2004, the county is changing your monthly cash aid from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Here is why:

As of December 1, 2004, State Law makes the Maximum Aid Payment standard go up by 2.75 percent.

Your new cash aid amount is figured on this page.

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

### Monthly Cash Aid Amount

Section A.	Countable Income, Month of _____	_____
Total Business Income	.....	\$ _____
Business Expenses:		
a. 40% Standard	.....	- _____
OR		
b. Actual	.....	- _____
Net Earnings from Self-Employment	.....	= _____
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	.....	\$ _____
\$225 Disregard	.....	- _____
Nonexempt Unearned Disability-Based Income	.....	= _____
OR		
Unused Amount of \$225 Disregard	.....	= _____
Total Earned Income	.....	\$ _____
Net Earnings from Self-Employment (from above)	.....	+ _____
Subtotal	.....	= _____
Unused Amount of \$225 Disregard (from above)	.....	- _____
Subtotal	.....	= _____
Earned Income Disregard 50%	.....	- _____
Subtotal	.....	= _____
Nonexempt Unearned Disability-Based Income (from above)	.....	+ _____
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members)	.....	+ _____
	.....	+ _____
<b>Net Countable Income</b>	.....	= _____
<b>Section B. Your Cash Aid, Month of _____</b>		
1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	.....	\$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	.....	+ _____
3. Net Countable Income from Section A	.....	- _____
4. Subtotal	.....	= <span style="border: 1px solid black; padding: 2px;"> </span>
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG or penalized Persons)	.....	\$ _____
6. Special Needs (Assistance Unit only)	.....	+ _____
7. Maximum Aid Subtotal	.....	= <span style="border: 1px solid black; padding: 2px;"> </span>
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	.....	= _____
9. Line 8 Prorated for Part of Month	.....	= _____
10. Adjustments: 25% Child Support Penalty(ies)	.....	- _____
Overpayment	.....	- _____
Cal-Learn Penalty(ies)	.....	- _____
Cal-Learn Bonus	.....	+ _____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	.....	= _____

**Food Stamps:** You will get another notice about food stamps.

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply; you may review them at your welfare office: MPP 44-315.



# Appendix S Ancillary Request Form

## ANCILLARY REQUEST FORM

Date: \_\_\_\_\_



Institution: Citrus College \_\_\_\_\_

Name of Student: \_\_\_\_\_

Semester: \_\_\_\_\_

*Be Advised: Completion of this Ancillary Request Form is not a guarantee that all requested or previously purchased items will be approved. Your Gain Services Worker may determine that some of the requested items are neither reasonable nor necessary.*

CLASS/SUPPLIES	SUPPLIES COST BEFORE TAX	BOOKS COST BEFORE TAX
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>SUPPLY SUBTOTAL:</b>	\$ 0.00	
<b>BOOK SUBTOTAL:</b> <small>(booklist attached)</small>		\$ 0.00
Tax: <u>0.09</u>	\$ 0.00	\$ 0.00
<b>SUPPLY &amp; BOOK TOTAL</b>	\$ 0	
<b>NON TAXABLE FEES:</b> <small>(ex. shipping &amp; handling, testing fees)</small>	\$	
<b>Health and Student Service Fee:</b>	\$	
<b>Parking Fee:</b>	\$	
<b>SUBTRACT OTHER DEPARTMENT CHARGE:</b>	\$	
<b>TOTAL GAIN CONTRIBUTION</b>	\$ 0	

Citrus College CalWORKs Stamp Required



CalWORKs Counselor : \_\_\_\_\_

## Appendix T CalWORKs Student Contract



### California Work Opportunity and Responsibility to Kids (CalWORKs) Student Contract

Fall  Winter  Spring  Summer  Year, \_\_\_\_\_ S ID# \_\_\_\_\_

In order to assist CalWORKs student \_\_\_\_\_ to meet his/her education goals, the CalWORKs program agrees to provide, as is appropriate, the following support services:

- |  |                           |                            |
|--|---------------------------|----------------------------|
| * Academic & personal counseling       | * Campus referrals        | * School supplies          |
| * Ancillary requests                   | * Childcare verifications | * Student Education Plan   |
| * Assistance with all county paperwork | * Community referrals     | * Work-study job placement |

**FOR THE ABOVE ASSISTANCE AND SERVICES I AGREE TO THE FOLLOWING CONDITIONS:**

1. I must be currently eligible to receive CalWORKs/TANF cash assistance for myself. initial \_\_\_\_\_
2. I will provide the CalWORKs Department with a Notice of Action that states the amount of cash aid I receive or a Verification of Benefits provided by DPSS each semester. initial \_\_\_\_\_
3. I will immediately notify the CalWORKs department of any changes to my eligibility status. initial \_\_\_\_\_
4. I will complete the weekly required GAIN hours as assigned. \_\_\_\_\_ hrs. initial \_\_\_\_\_
5. I will complete a new student orientation. initial \_\_\_\_\_
6. I will meet with a CalWORKs Counselor this semester to:
  - a) Update or complete a new Student Education Plan (SEP) initial \_\_\_\_\_
  - b) Review CalWORKs progress reports during the first week of each appointed month initial \_\_\_\_\_
  - c) Discuss any changes to the number of units I am enrolled in (if applicable) initial \_\_\_\_\_
7. I will notify the CalWORKs department of changes to my address and telephone number. initial \_\_\_\_\_
8. I will call to cancel or reschedule any appointments that I cannot keep within 24 hours of the appointment. initial \_\_\_\_\_
9. I will adhere to the Citrus College Student Code of Conduct and any violation of this code or CalWORKs service may result in **immediate dismissal from the program**. Violation examples are: displaying abusive/threatening behavior, misuse of ancillary services, or engaging in fraudulent activities. Please see the CalWORKs website for the complete Citrus College Student Code of Conduct. initial \_\_\_\_\_

I understand and agree to the conditions stated above. **I understand that if I fail to comply with these conditions I may not receive services through the CalWORKs department.** I further agree to permit a copy of my photo I.D. to be made and placed in my file.

\_\_\_\_\_  
CalWORKs Counselor



\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# Appendix U CalWORKs Supervised Study Time

## CalWORKs SUPERVISED STUDY TIME

STUDENT NAME: \_\_\_\_\_ SEMESTER: \_\_\_\_\_



LOCATIONS WHERE LAB HOURS CAN BE COMPLETED:

- \* CalWORKs study lab
- \* Library
- \* E.D. bldg. - tutoring
- \* I.S. bldg. computer lab
- \* Writing Café
- \* Math Lab
- \* STEM Center supplemental instruction
- \* STEM Center tutoring

Name of Lab	Date	Time IN	Time Out	Total Hours	Signature of Instructor/Assistant

REV. 2/13

# Appendix V

## CalWORKs Unsupervised Study Time Sheet

UNSUPERVISED  
STUDY TIME SHEET



STUDENT NAME: \_\_\_\_\_

SEMESTER: \_\_\_\_\_

Subject	Date	Time IN	Time Out	Total Hours

---

# Community Referrals



## Chapter Eight

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## **8.1 Community Referrals**

### **Camps/Recreation for Youth (Day, Residential & Special Camps)**

#### **Kare Youth League**

(626) -442-1160

[www.kyl.org](http://www.kyl.org)

735 Glendora Ave.  
Covina, CA 91724

- After school and Saturday program
- Includes physical activities
- Camps in summer
- Registration fee = \$75

#### **YMCA/ Santa Anita**

(Arcadia, Bradbury, Duarte, and Monrovia)

(626) 359-9244

[www.safymca.org](http://www.safymca.org)

501 S. Mountain Ave.  
Monrovia, CA 91016

- Membership fees: Teens \$25 per year and \$18/month, single parent is \$60 per year and \$43/month
- Parent-Child/Family Adventures, camping, games
- Teen Coaching Clinics (for teens interested in coaching). Coaching clinics are set up by appointment
- Some CW recipients receive free services at this YMCA. Call (626) 359-3966 for information on procedure

#### **YMCA/Pomona Valley**

(909) 623-6433

[www.pomonaymca.org](http://www.pomonaymca.org)

350 N. Garvey Ave.  
Pomona, CA 91767

- Membership fees differ
- Recreational activities for youth
- Can apply for financial assistance on site

#### **YMCA/San Gabriel Valley**

Covina

(626) 339-6221

[www.sgvymca.org](http://www.sgvymca.org)

412 E. Rowland St.  
Covina, CA 91723

- Summer resident camps
- Member fees= \$370
- Members can apply for scholarships. Scholarships are up to \$120, participants pay for the remainder fee

#### **Arcadia City Recreation Department**

(626) 574-5113

[www.ci.arcadia.ca.us](http://www.ci.arcadia.ca.us)

375 Campus Dr.  
Arcadia, CA 91007

- Afterschool programs for elementary, middle school and high school students.
- Skate park, dog park, summer camps
- Recreational sports for youth and adults
- Senior citizens services
- Historical museum

#### **Asian Youth Center**

(626) 309-0622

[www.asianyouthcenter.org](http://www.asianyouthcenter.org)

100 Clary Ave.  
San Gabriel, CA 91776

- Over 20 different programs
- Services include: gang prevention, tutoring, homework assistance, recreational activities
- Cultural orientation
- Field trips
- Parent education
- Summer programs
- After school and summer programs are fee based

#### **Baldwin Park Rec/Community Center**

(626) 813-5245

[www.baldwinpark.com](http://www.baldwinpark.com)

4100 Baldwin Park Blvd.  
Baldwin Park, CA 91706

- Family Trips
- Children/teen sports
- Teen center
- Activities for seniors
- Weekly safety classes (fees apply), self-defense and safety awareness
- Most classes are fee bases.

#### **Boys and Girls Club**

---

Pomona  
(909) 623-8538  
1420 S. Garey Ave.  
Pomona, CA 91766

- \$15 membership fee/year
- Summer day camps are \$35 for registration in addition to membership fee.
- Indoor/outdoor recreation
- Homework tutoring assistance

#### **City of Glendora Community Services Program**

(626) 914-8228 or (626) 914-8233

[www.ci.glendora.ca.us](http://www.ci.glendora.ca.us)

116 E. Foothill Blvd.

Glendora, CA 91741

- Gymnastics for different ages
- Tiny Tots activities such as parent-child arts/crafts, and tap and ballet
- Community clubs such as Glendora Newcomers Club and Moms Offering Moms Support Club
- Golf center, adult sports and Saturday trail hikes

#### **City of Covina Parks & Recreation**

(626) 384-5340

[www.ci.covina.ca.us](http://www.ci.covina.ca.us)

1250 N. Hollenbeck Ave.

Covina, CA 91722

- Over 100 different classes
- Aquatic and sport programs
- Volunteer programs
- Summer day camps for 6-12 yr. olds
- Teen center (12-16 yrs.)
- Teen leaders program (12-17 yrs.)

#### **Duarte Parks & Recreation**

(626) 357-7931

[www.accessduarte.com](http://www.accessduarte.com)

1600 Huntington Dr.

Duarte, CA 91010

- Recreational classes and activities for all ages
- Different facilities available: parks, aquatics, Fitness Center, Teen Center
- Excursions
- Mentoring programs and after school programs
- Fees vary per activity
- In-class drivers education \$75

#### **El Monte Parks & Recreation**

(626) 580-2261

[www.ci.el-monte.ca.us](http://www.ci.el-monte.ca.us)

3130 Tyler Ave.

El Monte, CA 91731

- Summer Food Program for youth 18 and younger
- Aquatic Center, youth and adults sports
- Adult education classes
- English as a Second Language
- Senior Services
- Transportation services offered (Call (626) 586-2217)

#### **San Dimas Parks & Recreation**

(909) 394-6230

[www.cityofsandimas.com](http://www.cityofsandimas.com)

245 E. Bonita Ave.

San Dimas, CA 91773

- Family outdoor recreation
- Teen Programs such as Swim and Racquet Club
- Adult and youth sports, recreation classes
- Special events throughout the year such as: Family Festival and Music/Movies at the Park
- Please see website for upcoming events

#### **Child Care & Parenting Resources**

##### **Baldwin Park Parks & Recreation**

(626) 813-5245

[www.baldwinpark.com](http://www.baldwinpark.com)

4100 Baldwin Park Blvd.

Baldwin Park, CA 91706

- Child care available for low income families. Must meet eligibility requirements (call for specific eligibility requirements)

##### **Bassett USD Children Program**

##### **Flanner Head Start/State Preschool**

(626) 931-3161

1314 N. Le Borgne

La Puente, CA 91746

- Services for pregnant women and their families
- General child care for children birth-5 years
- Half day or full day ( for Head Start programs available)
- Requirements: Low income or children with disabilities and special needs
- General child care available at “Erwin Child Development” (for children birth-11 yrs and latchkey children)

##### **Pomona Unified School District**

##### **Child Development Program**

(909) 397-4740

1460 E. Holt Blvd. Ste. 174  
Pomona, CA 91724

- General child care available
- Cash Aid recipients are eligible for a low fee. Cash Aid recipients need to see GAIN Worker first and then the Child Development Program will contact the recipient
- CalWORKs recipients and all others must meet with a case manager to set up a sliding fee

**Covina Development Center  
Early Intervention Preschool**

Covina (626) 967-7153 or (887) 888-0428  
240 S. Grand Ave.  
Covina, CA 91724

- Preschool program and day care available
- Parenting classes (based on qualifications)
- Fee-based parents support group
- Fees can be subsidized for low income families (take check stub and verification of living status for proof)

**El Monte City School District  
Head Start State Preschool/Children's  
Center**

(626) 452-9164  
2131 Loma Ave.  
South El Monte, CA 91733

- Preschool classes provided for low income children 3-4yrs old. (partial day and full day available)
- Special needs children are priority for sign-ups
- Must meet income requirements
- Requirement: Must live in the El Monte School District

**Child Development/ Early Primary  
Programs**

(626) 933-6544  
455 N. Glendora Ave.  
La Puente, CA 91744

- Subsidized child care program for low income families
- Before and after school care available
- Head Start and State Preschool programs
- Spanish spoken
- Participants must be residents of La Puente School Districts

**Mountain View School District/Head Start**  
(626) 652-4250  
2109 Burkett Rd.

El Monte, CA 91733

- Seven different Head Start centers for children 4 years of age. (Partial day and full day available.)
- Classes open in July for children 3 year olds. Call as soon as possible to get on waiting list
- Sliding fee scale for low income families
- Serves L.A. County

**Options/Child Care and Human Services  
Resources, Referral and Child Care Services**

(626) 856-5900  
13100 Brooks Dr. Ste. 100  
Baldwin Park, CA 91706

- Education and developmental services to low income preschool children ages 3-4
- Refers parents to licensed child care centers (sliding fee scale for low income families)
- Information on parents' rights in regards to child care centers also available

**YMCA/Pomona Valley**

Child Care Center  
(909) 397-5110  
[www.pomonaymca.org](http://www.pomonaymca.org)  
350 N. Garey Ave.  
Pomona, CA 91767

- Child care for children ages 2 months-13 years old. Full day and partial day car available
- Fees vary per age, per program
- Accepts CalWORKs recipients (call for specific procedures)

**YMCA/San Gabriel Valley**

Child Care  
(626) 815-4725  
[www.sgvymca.org](http://www.sgvymca.org)  
412 E. Rowland St.  
Covina, CA 91723

- Varying child care programs depending on ages of children
- Sliding fee scale for low income families
- Call for eligibility requirements and required documents

**Center for Integrated Families**

(626) 966-1577  
560 S. San Jose Ave.  
Covina, CA 91723

- Parenting classes and trauma due to crime, victimization counseling
- Individual adult counseling



- Child and family therapy
- Parenting groups
- Call to arrange appointment and obtain more information
- MediCal accepted for specific programs only
- Sliding fee scale for those that are eligible (from \$3-\$90)

**Family Center**

(626) 966-1577  
540 S. Eremland Dr.  
Covina, CA 91723

- Parent classes ( \$15 registration fee, \$10 per week per class)
- Classes are held Tuesdays 7 p.m.-8:30 p.m. and Thursdays 10 a.m.-11:30 a.m.
- Parenting and anger management groups available, day and evening
- Call first for an appointment

**County & City Libraries**

**Azusa City Library**

(626) 812-5232  
729 N. Dalton Ave  
Azusa, CA 91702

- Access to computers, Internet, online references, typewriter, copier
- Reading tutors available on various days
- Book club
- Basic computer training available in English and Spanish

**Glendora Public Library**

(626) 852-4891  
140 S. Glendora Ave.  
Glendora, CA 91741

- Access to Internet, fax machine, audio books, local history collection
- Adult literacy program
- Books in French, German, and Spanish

**L.A. County Library-Baldwin Park**

4181 Baldwin Park Blvd.  
Baldwin Park, CA 91706  
(626) 962-6947

- Books on tape, DVDs, cassettes
- Access to copier, typewriter, Internet, magazines and public meeting room
- Literacy program and Homework Center also

available

**L.A. County Library-Covina**

(626) 339-2151  
20540 Arrow Highway, Ste K  
Covina, CA 91724

- Books on tape, DVDs, cassettes
- Access to copier, typewriter, Internet magazines and public meeting rooms
- Preschool story hour on Fridays at 11 a.m.

**L.A. County Library-La Puente, Sunkist Branch**

(626) 960-2707  
840 N. Puente Ave.  
La Puente, CA 91746

- Books on Tape, DVDs, cassettes
- Access to copier, typewriter, Internet, magazines and public meeting rooms
- Preschool story hour
- Homework center
- Bookstore

**L.A. County Library-Duarte**

(626) 358-1865  
1301 Buena Vista St.  
Duarte, CA 91010

- Books on tape, DVDs, cassettes
- Access to copier, typewriter, Internet, magazines and public meeting room
- For Literacy Program call (626) 960-9878

**L.A. County Library-San Dimas**

**San Dimas Branch**  
(909) 599-6738  
145 N Walnut Ave.  
San Dimas, CA 91773

- Books on tape, DVDs, cassettes
- Access to copier, typewriter, Internet, magazines and public meeting room
- Preschool Story Hour on Fridays at 11 a.m.

**L.A. County Library-El Monte**

**El Monte Branch**  
(626) 444-9506  
3224 N Tyler Ave.  
El Monte, CA 91731

Services include:

- Books on tape DVDs, cassettes
- Access to copier, typewriter, Internet, magazines and public meeting room

- Books in Spanish, Chinese and Vietnamese

**L.A. County Library-West Covina  
West Covina Branch**

(626) 967-3541  
1601 West Covina Pkwy  
West Covina, CA 91790

- Books on tape, DVDs, cassettes
- Access to copier, typewriter, Internet, magazines and public meeting room
- For Literacy Program call (626) 858-5553

**Monrovia Public Library**

(626) 256-8274  
321 Myrtle Ave.  
Monrovia, CA 91016

- Home bound services to residents
- Literacy programs
- Youth programs
- Preschool story hour

**Pomona Public Library**

(909) 620-2043  
625 S. Garvey Ave.  
Pomona, CA 91769

- Reference and informational services
- Computer Lab and computer classes
- Literacy program, family programs
- One-on-One tutoring
- Passport services

**Youth Help/Shelters**

**Ettie Lee Youth & Family Services**

Baldwin Park  
(626) 960-4861  
5146 Maine Ave.  
Baldwin Park, CA 91706

- Group homes for severely emotionally disturbed males 8-18 years old
- 24hr care, group therapy, gang intervention, 12-step program, on site school
- Adoption agency
- Referrals from L.A. County Probation office
- 

**Hathaway-Sycamores Child and Family Services**

Foster Family Agency  
Administrative Office, Pasadena  
(626) 395-7100

210 S. De Lacey Ave., Ste. 110  
Pasadena, CA 91105

- Continuous services for families and children
- Residential treatment center, school based mental health services, after care and in-home services
  - Transitional living program for teens
  - Must attend orientation first

**Emergency Assistance/Basic Needs**

**Assistance League/Pomona Valley Dental Center**

(909) 629-6142  
655 N. Palomares St.  
Pomona, CA 91767

- Dental services for school age children
- Must be referred by a school nurse
- \$10 per visit after referral is accepted

**Catholic Charities**

**San Juan Diego Center**

(626) 575-7652  
4171 N. Tyler Ave.  
El Monte, CA 91731

Services provided to those in need.

- Taxi vouchers and tokens, food and clothing
- Assistance with utility payments to those who qualify
- Referral services to other agencies

**Catholic Charities**

**Pomona Community Services**

248 Monterey Ave.  
Pomona, CA 91768

- Services provided to Pomona residents
- Rehousing the homeless
- Homeless prevention programs for families
- Call for eligibility requirements for specific programs

**Cory's Kitchen Food Pantry**

1418 Arrow Highway  
Irwindale, CA 91706

Help provided to anyone in need

- Clothing vouchers (1-2 outfits), food distribution
- **Food distribution:**  
Monday 6 p.m-8 p.m. at Azusa Christian Fellowship

Tuesday 6 p.m.-8 p.m. in Irwindale  
Thursday 6 p.m.-8p.m. in Pico Rivera  
Requirements: ID, proof of residence, and children's birth certificates

**Covina Area Emergency Aid**

**Covina City Yard**

(626) 858-5515  
534 N Barranca Ave.  
Covina, CA 91723  
Serves Covina area only

- Emergency aid with food (walk-in or call in)
- Food distributed: Monday, Wednesday and Thursday 10 a.m.-2 p.m.
- Requirements : photo ID, proof of income, residency (utility bill)

**Delhaven Community Center**

(626) 917-9789  
15135 Fairgrove Ave.  
La Puente, CA 91744  
Serves: La Puente, Bassett, Valinda, West Covina and Hacienda Heights

- Shoe pantry for school-aged children
- Family must be referred by local schools for emergency welfare
- Referral letter from school must be on school letterhead stationery
- Referral letter must include family size/names and a description of the family's need
- Residence address also required
- Referral letter may be faxed to:  
(626) 919-8939

**Duarte Community Service Council**

Duarte  
(626) 359-9487  
Services provided for school aged children.  
Serves Duarte residents only

- Assists children with: glasses, uniforms, scholarships, school supplies and food
- Call first. Service provided at different locations
- 

**El Monte/South Monte Emergency Resources**

South El Monte  
(626) 444-7269  
Serves: El Monte and South El Monte

**Services include:**

- Food and clothing bank
- Furniture (when available)
- Items are delivered. Must call before noon for delivery
- Must call first, no walk-ins

**Foothill Unity Center**

(626) 358-3486  
415 W. Chestnut Ave.  
Monrovia, CA 91016  
Services for Arcadia, Azusa, Baldwin Park, Duarte, Monrovia and Pasadena families in need

- Referrals to medical, dental and counseling services
- Requirements: proof of income, proof of residency
- Parents with children under 18 must provide their birth certificate and MediCAL card

**Shepherd's Pantry**

(626)358-7630  
[www.shepherdspantry.com](http://www.shepherdspantry.com)  
657 E Arrow Hwy. Ste. J  
Glendora, CA 91740

Services for anyone in need, focusing on Azusa, West Covina, Covina, Glendora, La Puente, San Dimas and Hacienda Heights

- Food services, resources counseling, clothing, job search assistance, children's reading tutoring (classes are Mondays 4 p.m.-5:30 p.m.) call or email to enroll child
- Home delivery for qualifying clients
- New clients services held Thursday 5 p.m.-7 p.m. (call first)
- Continuing client services held Wednesday 5 p.m.-7 p.m.
- Requirements: Photo ID, Proof of residence

**The Access Center**

(626) 918-2005  
415 Glendora Ave. Ste F  
West Covina, CA 91790

- Services for homeless from all areas
- Referrals only
- Intakes and case management
- Requirements: Homeless situation, living on the streets, in car, or in an emergency shelter

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**WIC Programs**

(888) 942-2229

Services for pregnant women, breastfeeding women and infants

**Azusa**

626 N. San Gabriel Ave.  
Azusa, CA 91702

**Baldwin Park**

4239 Maine Ave.  
Baldwin Park, CA 91706

**Covina**

1012 Citrus Ave, # A and B  
Covina, CA 91722

**Duarte**

1213 E. Huntington Dr.  
Duarte, CA 91010

**El Monte**

10625 Valley Blvd.  
El Monte, CA 91731

**La Puente (Industry Hills)**

417 S. Azusa Ave.  
La Puente, CA 91744

**Pomona****Fairplex**

668 Fairplex Dr.  
Pomona, CA 91768

**Indian Hill**

1460 E. Holt Ave., Ste. 188  
Pomona, CA 91767

**Garey Office**

1890 N. Garey Ave.  
Pomona, CA 91767

- Supplemental food program
- Different WIC offices offer different programs and services
- Call for the specific office in your area and the types of programs they offer

**Hotlines/Information and Referral Lines****D.V. Helpline Multilingual Information and Services**

(800) 978-3600

A safe way out for all victims of domestic violence. Drug and alcohol abuse information and referrals provided.

**Services include:**

24 Hour referrals, alcohol and drug prevention, and treatment program services

**Homework Hotline**

(800) 527-8839

**Tutoring Hours:**

Monday-Thursday 3:30 p.m.-6 p.m. Tutors for variety of subjects are available to any student who calls.

**Kidspeace**

(800) 574-3577

[www.kidspeac.org](http://www.kidspeac.org)

4085 Independence Dr.  
Schecksville, PA 18078

- 24 hour services
- Free counseling, information and referral services to children and parents in crisis.

**L.A. County Health and Nutrition**

(877) 597-4777

8550 Wilshire Blvd., Ste. 300  
Los Angeles, CA 90010

Answer general questions about medical programs and assistance with program eligibility.

**National Suicide Prevention Lifeline**

National Hotline Network

(800) 784-2433 or (800) 273-8255

[www.hopeline.com](http://www.hopeline.com)

[www.suicidpreventionlifeline.org](http://www.suicidpreventionlifeline.org)

1250 24<sup>th</sup> St. NW

Washington, DC 20037

Information regarding depression and suicide

**Rape/Sexual Abuse/UCLA Medical Center**

*Rape Treatment Center*

(310) 319-4503

(323) 525-1393

[www.911rape.org](http://www.911rape.org)

1250 16<sup>th</sup> St.

Santa Monica, CA 90404

24 hour free counseling and referrals for victims of rape

**YWCA-Domestic Violence of San Gabriel Valley**

(626) 960-2995 Office

(626) 967-0658 24 hour helpline

[www.ywcasgv.org](http://www.ywcasgv.org)

943 N. Grand Ave.

Covina, CA 91724

- 24-hour helpline for women in crisis and their children
- Crisis intervention and referrals
- Legal referrals, restraining orders clinic, support group and community education

### **Drug/Alcohol/Tobacco/Food Addictions and Eating Disorders**

#### **Pacific Clinic/Sierra Family Center**

(626) 335-5980

(877) 722-2737 for children

1160 S. Grand Ave.

Glendora, CA 91740

Serves L.A. County

- Drug treatment program, prevention and education
- MediCAL or school referrals and CalWORKs accepted
- Spanish spoken

### **Self-Help/Support Groups**

#### **Project Sister**

*Sexual Assault Crisis & Prevention Services*

(909) 623-1619

(909) 626-4357 24-hour hotline

[www.projectsister.org](http://www.projectsister.org)

363 Park Ave. #303

Pomona, CA 91766

- 24-hour sexual assault crisis hotline, personal accompaniment to the hospital police station, and court
- One-on-one counseling, support groups for rape, adults molested as children and incest survivors
- Sliding fee scale for counseling and group depending on income status
- Referrals to other local agencies

### **Legal Aid**

#### **Neighborhood Legal Service/L.A. County**

[www.nls-la.org](http://www.nls-la.org)

13327 Van Nuys Blvd

Pacoima, CA 91331

**or**

9354 Telstar Ave.

El Monte, CA 91731

(800) 433-6251

9 a.m.-5 p.m.

**or**

1102 E. Chevy Chase Dr.

Glendale, CA 91205

- Employment law, community development, discrimination, family law/domestic violence, housing, health economic and job development, immigration rights, consumer and environment justice
- Free to low income families
- Legal help starts at 5 p.m., recommended arrival before 4 p.m.
- Bring any court documents needed

#### **L.A. County Superior Court/Citrus**

*Clerk's Office*

(626) 813-3239

1427 West Covina Parkway

West Covina, CA 91790

Serves: Baldwin Park, West Covina, Covina, parts of City of Industry, Hacienda Heights, and Azusa.

The procedure to get your records expunged is as follows:

- Fill out petition
- You will be contacted 20 days after petition is submitted
- The cost is \$120 for those on probation
- The cost is \$60 for those not on probation
- Send originals to the courthouse
- Send copy to the district attorney's office
- Must also submit proof that a copy was sent to the districts attorney's office
- Fee waiver can be filled out at courthouse

#### **L.A. County Superior Court/North, East District**

(909) 802-9944

1350 W. Mission

Pomona, CA 91766

Monday-Friday 8 a.m.-4:30 p.m.

Procedure for getting the records expunged is as follows:

- The cost is \$120 for those on probation
- The cost is \$60 for those not on probation
- Pick up forms at courthouse. Clerks cannot offer

- help
- Specific Directions are on forms
- Return the three forms to clerks. There is a 6-8 week period for response

**Fathers United-Equal Justice**  
*Fathers United for Equal Justice*  
 (714) 542-3100  
 217 N. Lemon St.  
 Anaheim, CA 92805

- Information and support group helping fathers in matters of custody, visitation and child support, spousal support, false allegations of child abuse
- Free advice over the phone
- Support group meets 2<sup>nd</sup> and 4<sup>th</sup> Tuesday at 7 p.m. (recorded message gives location of meetings)

## Housing/Low Income/HUD

**Caring Housing Ministries**  
 (626) 300-2440  
[www.chm.org](http://www.chm.org)  
 2320 S Fremont Ave  
 Alhambra, CA 91803  
 Serves the Baldwin Park area  
 Serves to those on Section 8 and vouchers  
 Call for listing. Once list is given, call corresponding managers.

**G & K Management Inc.**  
*Charter Oaks Apts.*  
 (626) 332-5715  
[www.gkind.com](http://www.gkind.com)  
 19525 E Covina Blvd.  
 Covina, CA 91724  
 Rental housing for low income families or people with Section 8.

- Requirements: Low income
- Must schedule an appointment, fill out application. (waiting list is for 3-4 years at this time)

**Duarte Manor Apartments**  
*Alpha Property Management*  
 (626) 358-1917  
 1235 Highland Ave.  
 Duarte, CA 91010  
**Serves:** L.A. County

- Leave a message and someone will call back
- Waitlist opens one day out of the year in June

- Requirements: Low income

**Pomona Housing Authority**  
 (909) 620-2368  
 5055 Garey Ave.  
 Pomona, CA 91769  
**Serves:** Pomona

- Rental assistance for low income, elderly and disabled
- Also for those on Section 8 or vouchers
- Currently accepting applications
- Waitlist is 2-3 years

**La Puente Park Apartments**  
*Jamboree Housing Corp. Project*  
 (626) 968-4030  
 14714-D Prichard St.  
 La Puente, CA 91744

**Serves:** L.A. County

- Low/very low income units for individuals and families
- Accepts subsidized housing programs
- Apply on-site
- Requirements: Meet income eligibility and credit check

**Mountain Shadows Apartments**  
 (626) 965-6462  
 2775 E. Valley Blvd.  
 West Covina, CA 91792  
 Rental housing for low income families or those on Section 8. Call for applications.

**Villa San Dimas Apartments**  
*G & K Management Co., Inc.*  
 (909) 592-3609  
 930 N. San Dimas Ave.  
 San Dimas, CA 91773  
**Serves:** L.A. County

- Rental housing for low income families and those on Section 8.
- Leave message and call will be returned.
- Requirements: low income

**Baldwin Park Housing Authority**  
 (626) 869-7500  
[www.baldwinpark.com](http://www.baldwinpark.com)  
 14403 E. Pacific Ave. 2<sup>nd</sup> Floor  
 Baldwin Park, CA 91706

Serves: West Covina, El Monte, Monrovia, Baldwin Park, and South El Monte

Rental assistance for low income, elderly and disabled, Section 8 and vouchers.  
Call every three months for updated waiting list.  
Call (626) 813-5285

- Spanish speaking
- Helpful websites and phone numbers for housing assistance:  
(213) 894-8000HUD  
[www.hud.gov](http://www.hud.gov); [www.apartmentsmar.com](http://www.apartmentsmar.com)  
[www.skmanagement.com](http://www.skmanagement.com)

## On Campus Referrals

### Student Affairs

(626) 914-5770

Helps students with a variety of services

- Purchasing discounted tickets for amusement parks and theaters
- Bus schedules, land maps and new class schedules available

### Financial Aid

(626) 914-8592

### Admissions & Records

(626) 914-8511

### Library

(626) 914-8640

### Campus Safety

(626) 914-8611

- Response to call for any emergency
- Free jump start
- Will open vehicle if locked out

### Cosmetology

(626) 914-8710

- Manicures, pedicures, haircuts
- Students w/ASCC sticker receive \$10 off each service

## Important Links for CalWORKs Students

LA County Department of Public Services

<http://dpss.lacounty.gov/default.cfm>

<http://dpss.co.la.ca.us/dpss/calworks/default.cfm>

### El Monte DPSS CalWORKs Office

<http://dpss.lacounty.gov/dpss/offices/default.cfm?orgid=436>

### Pomona DPSS CalWORKs Office

<http://dpss.lacounty.gov/dpss/offices/default.cfm?orgid=437>

### San Bernardino County Human Services System

<http://hss.sbcounty.gov/HSS/default.asp>

### Orange County Social Services

<http://egov.ocgov.com/ocgov/Social%20Services%20Agency/>

### Western Center for Law and Poverty

<http://wclp.org/>

### Neighborhood Legal Services

<http://www.nls-la.org/>



CalWORKs Program  
1000 West Foothill Boulevard  
Glendora, CA 91741-1899

[www.citruscollege.edu](http://www.citruscollege.edu)

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