LOS ANGELES COUNTY
WELFARE TO WORK BULLETIN

W99-2

NUMBER: W98-03	SUBJECT: Non-Custodial Referral Survey	
DATE: 1/7/99	EFFECTIVE DATE: 1/7/99	PAGE 1 of 6

TO: ALL WELFARE-TO-WORK SERVICE PROVIDERS

The purpose of this bulletin is to provide information regarding Department of Public Social Services referrals to One-Stops for employment services of Non-Custodial parents who are currently receiving General Relief (GR) benefits.

Kenneth Kessler, Director
Employment and Training

Attachments

Los Angeles County
Department of Public Social Services

Welfare-to-Work Employment Training for Non-Custodial Parents

NEW EMPLOYMENT OPPORTUNITIES

» **Having a hard time finding a good job?**
» **Need training?**
» **Need transportation?**

If you answered ***YES*** to any of these questions, you may qualify for ***FREE*** employment and training services.

Professional staff at agencies near you can tell you about the specific programs available in your area.

FOR MORE INFORMATION, JUST COMPLETE PART A ON THE OTHER SIDE OF THIS FORM AND SIGN AT THE (✔) MARK. We will make a referral to an agency near you and they will contact you directly when they have an opening.

Job training will teach you new skills and how to conduct your day-to-day activities more easily.

Training that might be offered includes:

- Help in looking for a job
- Help in filling out applications
- Conducting business over the phone
- How to interview for a job
- Money management and banking skills
- How to dress for the job
- GED preparation
- Basic education
- Parenting skills
- Grooming
- How to resolve conflicts
- Appropriate behavior at work
- Communication skills
- Stress management
- Guidance and counseling
- Work experience
- On-the-job training
- Vocational training

Please complete Part A below, sign & date to get a referral for free employment training.

Part A: Non-Custodial Parent Information

Last Name:	First Name:	Middle Name:
GR Case Number:	Social Security Number:	Birthdate: ☐ Male ☐ Female

Mailing Address: Number and Street Name	City:	Zip Code:

Phone Number:	Message Phone:

Eligibility Criteria

1. I do ***not*** have a high school diploma or GED. ☐ Yes ☐ No
2. I have worked less than 3 of the last 12 months. ☐ Yes ☐ No
3. I need treatment for alcohol/drug abuse in order to get a job. ☐ Yes ☐ No
4. I have minor children not living with me who may be receiving welfare. ☐ Yes ☐ No

- *If you answered yes to question 4, please provide information below, if known:*

Child's Last Name, First Name	Date of Birth	Social Security Number
1.		
2.		
3.		

NON-CUSTODIAL PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the above information is correct under penalty of perjury. I authorize the release of the above information from DPSS to the recommended service provider in order to obtain employment training services and further develop my career development planning.

✔ CLIENT SIGNATURE:_____ DATE:_____

Part B: County Validation Section

☐As an employee of the Los Angeles County Department of Public Social Services (DPSS), I have verified that the non-custodial parent has linkage to a child/children receiving CalWORKs with a total time on aid of _____ mos.

☐ There is no linkage to CalWORKs. Please evaluate for eligibility to other employment training programs.

Name:_____ Date:_____
Title

Signature:_____ Office:_____

Phone:_____ NCP Referred to:_____
Agency

Part C: Reverse Referral/Request for Validation

I hereby request validation of CalWORKs linkage for the non-custodial parent who has completed Part A above.

Name:_____ Date:_____ Agency:_____

Address: _____ ZIP_____

Signature: _____ Phone:_____ Fax:_____

Programa de capacitación laboral "Welfare-to-Work" (De la beneficencia pública al trabajo) para padres no a cargo

NUEVAS OPORTUNIDADES DE EMPLEO

» ¿ Está teniendo problemas para obtener un buen empleo?
» ¿ Necesita capacitación?
» ¿ Necesita transporte?

Si respondió ***Sí** a alguna de estas preguntas, es posible que reúna los* requisitos para recibir servicios de empleo y capacitación ***GRATIS.***

El personal profesional de agencias ubicadas cerca de su hogar puede informarle sobre los programas específicos disponibles en su área.

PARA MÁS INFORMACIÓN, SIMPLEMENTE COMPLETE LA PARTE AL REVERSO DE ESTE FORMULARIO Y FIRME JUNTO A LA MARCA (✓). Lo recomendaremos a una agencia cerca de su hogar y ellos se comunicarán directamente con usted cuando tengan una vacante.

La capacitación laboral le enseñará nuevas aptitudes para conducirse más fácilmente en sus actividades diarias.

La capacitación que pueden ofrecerle incluye:

- Ayuda para buscar un empleo
- Ayuda para llenar las solicitudes
- Cómo comunicarse por teléfono
- Cómo comportarse en una entrevista
- Administración del dinero y operaciones bancarias
- Cómo vestirse para un trabajo
- Preparación para el GED
- Educación básica
- Educación para padres
- Cuidado del aspecto personal
- Cómo resolver conflictos
- Comportamiento adecuado en el trabajo
- Aptitudes de comunicación
- Manejo de la tensión
- Consejos y asesoramiento
- Experiencia laboral
- Capacitación en el lugar del trabajo
- Capacitación vocacional

Por favor complete la Parte A que figura a continuación, firme y feche el formulario para obtener una recomendación para recibir capacitación para el empleo sin cargo.

Parte A: Información sobre el padre no a cargo

Apellido:	**Primer nombre:**	**Segundo nombre:**
Número del caso de GR:	**Número de Seguro Social:**	**Fecha de nacimiento:** ❒ **Masculino** ❒ **Femenino**
Domicilio postal: Nombre y número de la calle:	**Ciudad:**	**Código postal:**
Número de teléfono:	**Teléfono para mensajes:**	

Criterios de elegibilidad

1. *No* tengo un título de escuela secundaria o de GED. ❒ Sí ❒ No
2. He trabajado menos de 3 meses en los últimos 12 meses. ❒ Sí ❒ No
3. Necesito tratamiento por abuso de alcohol/drogas para poder obtener empleo. ❒ Sí ❒ No
4. Tengo hijos menores que no viven conmigo que pueden estar recibiendo beneficencia pública (welfare). ❒ Sí ❒ No

- *Si respondió Sí a la pregunta 4, por favor incluya la información solicitada a continuación si la tiene:*

Apellido, nombre del niño	Fecha de nacimiento	Número de Seguro Social
1.		
2.		
3.		

AUTORIZACIÓN DEL PADRE NO A CARGO PARA LA ENTREGA DE INFORMACIÓN

Certifico bajo pena de perjurio que la información que antecede es correcta. Autorizo la entrega de dicha información por parte del DPSS al proveedor de servicios recomendado, a fin de obtener servicios de capacitación para el empleo y para desarrollar mi capacitación laboral.

✔ FIRMA DEL CLIENTE:_____ FECHA:_____

Part B: County Validation Section

❒ As an employee of the Los Angeles County Department of Public Social Services (DPSS), I have verified that the non-custodial parent has linkage to a child/children receiving CalWORKs with a total time on aid of _____ mos.

❒ There is no linkage to CalWORKs. Please evaluate for eligibility to other employment training programs.

Name:_____ Date:_____
Title

Signature:_____ Office:_____

Phone:_____ NCP Referred to:_____
Agency

Part C: Reverse Referral/Request for Validation

I hereby request validation of CalWORKs linkage for the non-custodial parent who has completed Part A above.

Name:_____ Date:_____ Agency:_____
Address: _____ ZIP_____
Signature:_____ Phone:_____ Fax:_____

NON-CUSTODIAL REFERRAL SURVEY

Agency Name:_____

1. My agency intends to provide employment training to non-custodial parents as specified in our grant application and is requesting referral of non-custodial parents receiving GR. ☐ YES ☐ **NO**

2. Our target date to accept referrals/begin training is_____

3. The total number of training slots available in our One-Stop(s) is _____

4. The number currently unfilled and available for referrals is _____

5. My One-Stop(s) will accept referrals for:

   ☐ **GR non-custodial parents who are linked to CalWORKs case open for at least 90 days**

   ☐ **All GR clients in our area - we have other funding streams**

   ☐ **Other (describe)**

   _____

6. **Please indicate a single contact person to receive referrals for your agency and its One-Stops:**

   Name:_____

   Address:_____

   _____

   Phone:_____**Fax:**_____

7. **Please list the names/addresses of all of your One-Stops and the Zip Codes serviced by them. (Use reverse if necessary.)**

PLEASE FAX THIS PAGE TO GARY TIPLING AT (562) 908-0459 WHEN COMPLETE

12860 CROSSROADS PARKWAY SOUTH, CITY OF INDUSTRY, CALIFORNIA 91746/TEL (562) 908-8400/FAX: (562) 908-0459.