LOS ANGELES COUNTY
WELFARE TO WORK BULLETIN

NUMBER: W99-03	SUBJECT: Welfare-to-Work Eligibility Guide	
DATE: June 10, 1999	EFFECTIVE DATE: December 1, 1998	PAGE 1 of 1

TO: ALL WELFARE-TO-WORK SERVICE PROVIDERS

The purpose of this bulletin is to provide guidance and information regarding eligibility for Welfare-to-Work. The County has put together a guide to help clarify the eligibility requirements and acceptable monitoring documentation for each item. The Eligibility Guide includes a Folder Contents section for your use. The list of acceptable documentation was compiled with input from the One-Stop community.

The 10% Window criteria are listed for the 70% Fund on pages 1 and 5 on the Guide. These have been revised and are effective as of the date of this bulletin.

Source Documentation for Eligibility Requirements

- 20 CFR 645 (November 18, 1997) Interim Regulations
- Los Angeles County Implementation Plan (Approved by the Los Angeles County Board of Supervisors December 1, 1998)
- County SDA Collaborative Plan (1998)

If you have any questions, please contact a WtW Analyst: Vicki Doolittle at (213) 738-3081, Shirley Hassell at (213) 351-8923, or Karen Herberts at (213) 351-8924.

Kenneth Kessler, Director
Employment and Training

Enclosure

Los Angeles County
Welfare-to-Work Eligibility Guide

70% FUND

ıst be considered part of one of the following groups (Groups I through IV) and have two of the following barriers (Barriers A through C)

PS	DEFINITION	ACCEPTABLE DOCUMENTATION
: Long Term CalWORKS/AFDC nt	Individual has received cash assistance for 30 months or more.	GAIN Certification Form
I: Approaching State Time Limit	Individual is within 12 months of reaching the Federal life time limit.	GAIN Certification Form
II: Non-Custodial Parent	A non-custodial parent where the custodial parent or minor child, in child-only TANF cases, has been receiving cash aid for 30 months or more.	GAIN Certification Form
V: No Longer Eligible For Cash Aid	Individual who can no longer receive cash aid because they have exceeded their 5-year Federal life time limit but would otherwise be eligible.	GAIN Certification Form
IERS	**DEFINITION**	**ACCEPTABLE DOCUMENTATION**
A: Education	No high school diploma or GED <u>and</u> a reading or math level at or below 8.9. *Note: 10% Window applies to those without HS Diploma or GED <u>and</u> reading or math levels at or below 11.9.*	▪ GAIN Certification Form ▪ CASAS or other assessment
B: Substance Abuse Issues	Requires substance abuse treatment in order to obtain and retain employment.	▪ Letter from treatment provider ▪ GAIN Certification Form ▪ Application/Self-certification
C: Poor Work History	Has worked full-time no more than 3 consecutive months in the last 12 calendar months. *Note: 10% Window applies to those who have worked full-time no more than 6 consecutive months in the last 12 calendar months.*	Application for Agency Services with listed work history and/or Self-certification

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30% FUND

viduals must be considered part of one of the following groups (Groups IV through VI) and have one of the following Long-Term Welfare Dependence Characteristics documented.

JPS	DEFINITION	ACCEPTABLE DOCUMENTATION
IV: No Longer Eligible for Cash Aid	Individual who can no longer receive cash aid because they have exceeded their 5 year Federal time limit but would otherwise be eligible. Locally defined barriers.	GAIN Certification Form Notice of Action/Letter from DPSS
V: Cash aid recipient	Individual is currently receiving cash assistance.	GAIN Certification Form Notice of Action
VI: Non-custodial	Non-custodial parent for whom the custodial parent is receiving cash aid.	GAIN Certification Form
G-TERM WELFARE NDENCE CHARACTERISTICS	**DEFINITION**	**ACCEPTABLE DOCUMENTATION**
ker in Family on Welfare	▪ Head of household or in the case of a two-parent family, the co-head of household in a family receiving CalWORKS ▪ Individual (whether a family member or not) who is fulfilling the role of head of household for a family on welfare.	▪ Notice of Action ▪ Cash Aid Check Stubs
k or School Drop out	▪ A youth who has dropped out of school or who is in danger of dropping out for one or more of the following reasons: low self-esteem; involved in gang activity; substance abuse; no family support or direction; teen parent; failing; physically/mentally disabled; emancipated minor; language or cultural barriers; arrested/convicted for a crime; one or more parents dropped out of school. ▪ An adult or youth who is not attending school full-time and has not received a high school diploma or GED.	▪ School Records (only option for at-risk) ▪ School Transcript/Verification (only option for at-risk) ▪ Application/Self-certification
nt or Parenting Teen	▪ A person, male or female, who first became a parent or provided custodial care while still under the age of 19 years old regardless of their age today.	▪ Birth Certificate Form
led	▪ Physical, mental and/or emotional disorder that has previously been diagnosed or can be diagnosed. ▪ Individual with a physical or mental disability which constitutes or results in a substantial barrier to employment.	▪ Doctor's letter ▪ Self-certification Form ▪ Observations of attributes ▪ Department of Rehabilitation Verification
stic Abuse	▪ Any person, who has been threatened, battered, stalked or who has been mentally or emotionally abused at the hands of a domestic partner.	▪ Letter from shelter, Police report, or Legal record ▪ Self-certification Form

-TERM. ...FARE NDENCE CHARACTERISTICS ued)	DEFINITIONS	ACCEPTABLE DOCUMENTATION
tamp Recipient	▪ Anyone who has food stamps within the last 6 months or who can provide proof that they will receive them within the next 30 days.	▪ GAIN Certification Form ▪ Notice of Action ▪ Food stamp card
tional History of receiving assistance	▪ The applicant grew up in a household where welfare was received by a parent, guardian or other family member (a person related by blood, marriage or decree of court) on behalf of their well-being or for a sibling. ▪ Individual whose ascending family members including one or both of their parents and/or grandparents received public assistance.	▪ Forms AFDC/TANF ▪ Other verification through DPSS ▪ Self-Certification Form
ess	▪ Individual who lacks a fixed, regular, adequate nighttime residence; or who has a primary nighttime residence that is (1) a supervised, publicly or privately operated shelter designed to provide temporary living accommodations; (2) a temporary living arrangement at the residence of, a friend or family; (3) an institution providing temporary residence for individuals intended to be institutionalized, excluding jails or prisons; (4) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.	▪ Letter from shelter or person providing the living space ▪ Self-certification Form
ipated Former Foster Care Recipient	▪ An individual under 18 years of age who has become an emancipated adult through the court system and was a former Foster child. ▪ Individual who was at any time a foster child on whose behalf state or local government payments were made for support, who is now emancipated due to age.	▪ Letter from court
Parent	▪ Single head of household, male or female (single, abandoned, divorced, separated, widowed) who has the responsibility of one or more dependant children.	▪ Birth certificates ▪ Notice of Action ▪ Application/Self-certification ▪ 1040 Income Tax Return ▪ GAIN Certification Form
nce Abuse	▪ An addict or alcoholic currently abusing or has a history of abuse.	▪ GAIN Certification Form ▪ Letter from treatment provider ▪ Application/Self-certification
e below the Lower Living Standard Income s (LLSIL) or Poverty guidelines/working	▪ An individual or his family which gross total earning for a six-month period in relation to his family size is below one or more poverty levels (Federal Poverty Income Guidelines or Lower Living Standards Income).	▪ Income documentation 6 months back (pay check stubs, UIB claims, cash awards letters.) Family size verification (birth certificates, passports, etc.) Use JTPA guidelines for excluded income.

... Documentation is valid for the six months prior to the time of application

-TERM ARE NDENCE CHARACTERISTICS ued)	DEFINITIONS	ACCEPTABLE DOCUMENTATION
English (where English is not the native e)	▪ Individuals whose native language is not English, and is not able to effectively communicate in English.	▪ Assessment ▪ Observation of written material, and conversation.
Health needs	▪ A person who is either currently receiving mental health services on an ongoing basis or who is taking medication under the supervision of a psychiatrist. ▪ Individual who has been evaluated by a mental health professional and determined in need of professional care in order to be employed.	▪ Letter from doctor
er/ex-felon	▪ Record of arrest or conviction for one or more felonies excluding misdemeanors.	▪ Release record ▪ Record of arrest ▪ Probation documentation ▪ Agency Application
es subsidized Child care	▪ Based on current household income sources, an individual requires a childcare subsidy to retain employment	▪ Financial analysis with documented income (pay stubs, Notice of Action, etc.)
nt in Public Housing	▪ Anyone living in Property owned by a public housing authority or receiving rental assistance through Section 8 or any other form of government housing assistance.	▪ Rental Agreement ▪ Letter from housing provider
n	▪ Any one who has served 181 days or more on active military duty and has received any discharge other than dishonorable. ▪ Any reservist who was activated during conflict, served any part of one day on active duty and received any discharge other than dishonorable.	▪ DD-214
Worker	▪ Individual who is 55 years or older.	▪ Driver's license ▪ Birth Certificate ▪ Passport
nt of High Crime or Poverty Areas	▪ Anyone who resides in an area designated as high crime or high poverty area and one or both poverty or crime indicators meet or exceed the standard (7.8) as determined by zip code, enterprise or empowerment zones.	▪ Maps and tables with poverty and crime indicators and verified residence.
GED or high school diploma	▪ Individual does not have a high school diploma, equivalency or GED.	▪ School records ▪ Application/Self-certification
eading or Math Skills	▪ Individual whose reading or math skills are at or below 8.9 grade level.	▪ CASAS or other assessments
Vork History	▪ Has not worked full-time for 3 consecutive months in the last 12 months.	▪ Application/self-certification

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tional Definitions

ne Work	A job with a minimum of 32 hours scheduled and in which the individual worked each scheduled hour excluding holidays and sick time.
ecutive Months	Is defined as 13 consecutive weeks by DOL.
/indow for Poor Work History nly)	Individual has not worked more than 6 consecutive full-time months in the last 12 months.
/indow for Low Basic Skills nly)	Individual with no high school diploma or GED and whose reading or math skills are less than the 11.9.
teristics	A record of an applicant's characteristics or socio-economic attributes; including barrier(s) to employment and employment history collected for purposes of eligibility, program reporting, service levels and/or program planning.
Certification Form	GN 6142, 2 sided form, photocopy acceptable (2 page fax copy is unacceptable)
· Documentation Required	**File Folder Content**

	Documents that Establish both Identity and Employment Eligibility	Pick one from the column that Establish Identity and one from the column that Establish Employment Eligibility	
rification	▪ U.S. Passport (unexpired or expired) ▪ Certificate of U.S. Citizenship (INS N-560 or N-561) ▪ Certificate of Naturalization (INS N-550 or N-570) ▪ Unexpired foreign passport, with I-551 Stamp or attached INS I-94 indicating unexpired employment authorization ▪ Alien Registration Receipt Card with photograph (INS I-151 or I-551) ▪ Unexpired Temporary Resident Card (INS I-688) ▪ Unexpired Employment Authorization Card (INS I-688A) ▪ Unexpired Reentry Permit (INS I-327) ▪ Unexpired Refugee Travel Document (INS I-571) ▪ Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS I-688B)	<u>Documents that Establish Identity</u> ▪ Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address ▪ ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address ▪ School ID card with a photograph ▪ Voter's registration card ▪ U.S. Military card or draft record ▪ Military dependent's ID card ▪ U.S. Coast Guard Merchant Mariner Card ▪ Native American tribal document ▪ Driver's license issued by a Canadian government authority	<u>Documents that Establish Employment Eligibility</u> ▪ U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment) ▪ Certification of Birth Abroad issued by the Department of State (FS-545 or DS-1350) ▪ Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal ▪ Native American tribal document ▪ U.S. Citizen ID Card (I-197) ▪ ID Card for use of Resident Citizen in the United States (I-179) ▪ Unexpired employment authorization document issued by the INS (other than those listed under the first column)
tive Service	Selective Service Acknowledgement Card ▪ http://www.sss.gov/how.htm ▪ Phone: 1-847-688-6888		

ocumentation (continued)	File Folder Content
formation Release	Information Release Forms signed by client (e.g., employment/wage verification)
sessments	May be any or all of the following, contingent on Non-Duplication of Services: ▪ DPSS/TANF Basic Skills Assessment ▪ DPSS/TANF Career Assessment ▪ Agency Augmentation Assessment ▪ Agency Career Assessment
alized strategy for transition to ized employment (ISS or Individual ibility Development Plan (IRDP)	Should take into account any circumstances reflected in the following: ▪ TANF Assessment, JTPA ISS or any participant assessment which may have been performed ▪ Information regarding disabilities which may have caused or contributed to long-term welfare dependence (i.e., physical, emotional, or cognitive disability) IRDP may be used where feasible
ing Documentation – including ve Services	▪ Notes ▪ Telephone Conversation Documentation ▪ Letters/faxes
ty Documentation	▪ See items listed in this Eligibility Guide under Acceptable Documentation
cumentation	▪ Registration/Application ▪ Placement ▪ Enrollment ▪ Termination ▪ Monthly Activity ▪ Follow-up forms
ment Services Verification	May be any or all of the following depending upon services: ▪ OJT – Contract ▪ Work Experience – Agreement, I-9 ▪ Job Creation ▪ Employment verification letters and/or forms
ployment Services Verification	May be any or all of the following depending upon services: ▪ English as a Second Language – Registration and Schedule ▪ Mentoring – Agreement ▪ Basic Skills Training – Registration and Schedule ▪ Vocational Skills Training – Registration and Schedule ▪ etc.
diness Services Verification	May be any or all of the following depending upon services: ▪ Job Club – Schedule, sign-in sheets ▪ Interview schedule

Documentation is valid for the six months prior to the time of application

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Documentation (continued)	File Folder Content
Services & Job Retention Verification	May be any or all of the following depending upon services: • Emergency or short-term housing assistance - non-duplication, justification/explanation • Disability-related services - non-duplication, justification/explanation • transportation assistance - non-duplication, justification/explanation • Substance abuse treatment – non-medical, non-duplication, justification/explanation • child care – non-duplication, justification/explanation
ons & Progress Reports	May be any or all of the following depending upon services: • Evaluations – OJT Employer, Work Experience Employer, etc. • Progress Reports – Mentor, Trainer, etc.
m Agreement	• Signed by Client
int and Grievance Procedure ledgement	• Signed by Client

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