

EMPLOYMENT SERVICES REFERRAL

Participant Information (Participant and ECM/BHS/FS):

Form with fields: Case Number, Date, Participant Name, E-mail Address, Address, Accommodations Needed, Phone Number, ECM Name, ES Region.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release and exchange of information between the County of San Diego Health and Human Services Agency, their Employment Services representatives and the Service Provider for the purpose of obtaining and maintaining the requested services, which are available through the CalWORKs Program.

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

Request for Services (Participant and ECM/BHS/FS):

Services requested outside of \_\_\_\_\_ Region. Reason: \_\_\_\_\_

Training/Employment

- Checkboxes for Vocational Training, Work Study, Other, Community Service, WEX-Work Experience, EWE-Expanded Work Experience, ESE-Expanded Subsidized Employment.

Support Programs: ECM Referral, BHS Specialist Referral, FS Specialist Referral

- Checkboxes for BHS-Behavioral Health Services, MHS-Mental Health Services, SAS-Substance Abuse Services, FVS-Family Violence Services, HSP-Housing Support Program, Other, FSC-Family Stabilization Coordinator Services, FSS-Family Stabilization Specialist Services.

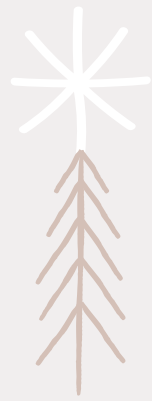
Program/Participation Information (ECM):

Registration/Participation Status: \_\_\_\_\_
Participation Requirement (hours/week): 20, 30, 35, One-Parent Household, Two-Parent Household
Current Activities/Schedule: \_\_\_\_\_
Remaining Time on Aid: CalWORKs, WTW
Confirmation of CalWORKs/WTW Eligibility to Receive Employment Services: Referral Month, Future Month

Referral Disposition (Service Provider):

Date Referral Received: \_\_\_\_\_ Referral Status: Accepted, Denied/Returned Date: \_\_\_\_\_
Reason for Denial/Return: \_\_\_\_\_
Service Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Referral for: MHS, SAS, FS Referral Date: \_\_\_\_\_
Schedule: \_\_\_\_\_
Service Location: \_\_\_\_\_
Service Provider Contact: \_\_\_\_\_
Comments: \_\_\_\_\_





# ~ CalWORKs ~

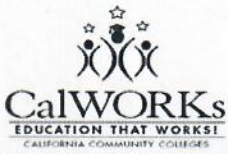
## Winter Workshops Series

Monday	Wednesday	Thursday
<p><b>1/03</b></p> <p><b>10 AM</b> – Grit: The Power of Passion &amp; Perseverance</p> <p><b>3 PM</b> - Time Management Strategies: Finding Balance for the Student-Parent</p>	<p><b>1/05</b></p> <p><b>10 AM</b> – The Lifetime Effects of Childhood Adversity</p>	<p><b>1/06</b></p>
<p><b>1/10</b></p> <p><b>10 AM</b> – Overview of Child Welfare Services (CWS)</p> <p><b>3 PM</b> – Exploring CSU &amp; UC Campuses for Transfer</p>	<p><b>1/12</b></p> <p><b>10 AM</b> – Transcending Failure &amp; Rising Strong – Brene Brown</p>	<p><b>1/13</b></p> <p><b>10 AM</b> – Networking 101</p>
<p><b>1/17</b></p> <p>MLK Jr Holiday</p>	<p><b>1/19</b></p> <p><b>10 AM</b> – Pay Off Debt, Save Money, Build Wealth – Budgetnista</p> <p><b>TBA</b> in the PM – CSA San Diego County Fair Housing Resources</p>	<p><b>1/20</b></p> <p><b>10 AM</b> - Vulnerability &amp; Leadership – Brene Brown</p>
<p><b>1/24</b></p> <p><b>10 AM</b> – Overview of Child Welfare Services (CWS)</p> <p><b>12 PM</b> - Introduction to Tutoring Services with Q&amp;A (MT2C)</p> <p><b>3 PM</b> - Grit: The Power of Passion &amp; Perseverance</p>		



Zoom Meeting ID for all workshops:

**925 3195 8305**



# San Diego Mesa College CalWORKs Program

7250 Mesa College Drive, San Diego, CA 92111

Phone: (619) 388-2709 | Fax: (619) 388-5834 | Email: sveraste@sdccd.edu

## Book and Material Request Form

Student Name: \_\_\_\_\_ Case #: \_\_\_\_\_

ID #: \_\_\_\_\_ Academic Term: Fall / Spring / Summer Year: \_\_\_\_\_

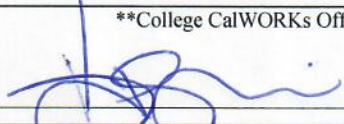
Term Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

CLASS NUMBER	COURSES	See Attachment	TITLE & AUTHOR	PRICE
<b>Subtotal Books</b>				
<b>Tax</b>				
<b>Total books</b>				
<b>Health Fee</b>				
<b>Parking Permit or Bus Pass</b>				
<b>Total</b>				

Recommendations/Comments: \_\_\_\_\_

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

\*\*College CalWORKs Office Use\*\*

Authorized CalWORKs Signature:  \_\_\_\_\_ Date: \_\_\_\_\_



## **SAN DIEGO MESA COLLEGE CalWORKs PROGRAM**

7250 Mesa College Drive, San Diego, CA 92111

Phone: (619) 388-2709 | Fax: (619) 388-5834 | Contact: sveraste@sdccd.edu

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### **Authorization for Release of Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID #: (Including 000) \_\_\_\_\_ CalWORKs Case #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I hereby authorize San Diego Mesa College CalWORKs Program to release information to the following agencies on a need to know basis.**

- **Public Consulting Group (PCG)**  
*Employment Training Associate (ETA)*
- **ResCare**  
*Employment Case Manager (ECM)*
- **Health & Human Services Agency**  
*County Social Worker or Eligibility Worker*
- **YMCA Child Care and/or Child Care Provider**
- **Other Agencies:**

**I also authorize the Health and Human Services agencies and its contracted agencies to complete the following forms and to release copies to the San Diego Mesa College CalWORKs Program when requested.**

- HHS 27-114 Referral Form
- Current Copy of Welfare to Work Plan
- Current Notice of Action
- Agency Certification
- CalWIN
- Untaxed Income Form
- Other:

**Electronic Signature Agreement. By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.**

**To obtain electronic services and communications, indicate your consent to the terms and conditions of this Agreement by clicking on the "I Accept" button.**

**It is recommended that you print a copy of this Agreement for future reference.**

I Accept

First and Last Name: \_\_\_\_\_

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



# San Diego Mesa College CalWORKs Program

7250 Mesa College Drive, San Diego, CA 92111

Phone: (619) 388-2709 | Fax: (619) 388-5834 | Email: sveraste@sdccd.edu

## CalWORKs Intake Application

### STUDENT INFORMATION

Student ID #: \_\_\_\_\_ CalWORKs Case #: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print neatly) Last Name First Name M.I.

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Please print neatly) Street # and Name City/State Zip Code

Email: (Please print neatly) \_\_\_\_\_

Gender: ( ) Female ( ) Male ( ) Additional category: \_\_\_\_\_ ( ) Decline to answer  
(Please specify)

What sex were you assigned at birth? (Check one) ( ) Female ( ) Male ( ) Other ( ) Decline to answer

Ethnicity: ( ) African American/Black ( ) American Indian/Native American ( ) Anglo/White  
( ) Asian/Pacific Islander ( ) Hispanic/Mexican/Latino ( ) Filipino ( ) Middle Eastern ( ) Multi-Ethnic  
( ) Other (specify) \_\_\_\_\_

What is your native language? \_\_\_\_\_

What other languages do you speak? \_\_\_\_\_

Marital Status (Check one): ( ) Single ( ) Married ( ) Divorced ( ) Separated ( ) Widowed

Family Status: ( ) One Parent Family ( ) Two Parent Family

Who is receiving Cash Aid? ( ) YOU ( ) Your Children How many children on Cash Aid? \_\_\_\_\_

#### Children Information:

Child's Name	Date of Birth	Age

How did you hear about San Diego Mesa College CalWORKs Program? ( ) Counselor ( ) ETA/ECM Referral  
( ) Friend ( ) Presentation ( ) Other \_\_\_\_\_

### COLLEGE INFORMATION

What is your major? \_\_\_\_\_

#### Educational Goal:

( ) AA or AS Degree ..... Occupational Goal: \_\_\_\_\_

( ) Transfer to University ..... Subject or Major Interest: \_\_\_\_\_

( ) Vocational Program – Degree ..... Subject or Minor Interest: \_\_\_\_\_

( ) Vocational Program – Certificate ..... \_\_\_\_\_



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### CalWORKs Intake Application

#### COLLEGE INFORMATION (Cont.)

**Currently receiving or have applied for these programs:**

BOGW     Financial Aid             EOPS     CARE     DSPS     STAR TriO

**Are you a foster youth or were you at any time in the foster care system?**             YES     NO

**Have you taken the Math and English Assessment test?**             YES     NO

**Have you completed the Mesa College online "New Student Orientation"?**             YES     NO

**Have you completed an Educational Plan with a counselor?**             YES     NO

#### WELFARE – TO – WORK INFORMATION

**What county CalWORKs organization do you belong to?**     ResCare     PCG (*Personal Consultant Group*)

**Case Manager (ETA / ECM) Name:** \_\_\_\_\_

**Office Location:** \_\_\_\_\_                      **Direct Phone Number #:** \_\_\_\_\_

**Case Manager Email:** (*Please print neatly*) \_\_\_\_\_

**Do you have a Welfare – to – Work (WTW) Plan with the County?**     YES     NO

**Are you Exempt from WTW activities?**     YES     NO **If yes, why?** \_\_\_\_\_

*Which of the following applies to you? Please check-off ONE. Ask a staff member if you are not sure.*

Self-Initiated Participant (SIP)         Self-Referral         County Referral         Exempt Participant

#### EMPLOYMENT INFORMATION

**Are you employed / Do you have a job?**     Yes     No    **If yes, is it a work-study position?**     Yes     No

**Employment Start Date:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_                      **Employer Phone #:** \_\_\_\_\_

**Employment Address:** \_\_\_\_\_  
Street # and Name    City/State    Zip Code

**Job Title:** \_\_\_\_\_                      **Hourly Wages: \$** \_\_\_\_\_                      **Hours Per Week:** \_\_\_\_\_

**Do you volunteer or do community services?**     YES     NO    **If yes, where?:** \_\_\_\_\_

**If not employed, are you interested in finding a job?**     Yes     No

**Do you know if you qualify for a work-study job?**     Yes     No

**Electronic Signature Agreement.** By selecting the "I Accept" button, you are signing this Agreement electronically. You agree to the best of my knowledge all the information that has been provided is accurate.

**I Accept**    **First and Last Name:** \_\_\_\_\_    **Today Date:** \_\_\_\_\_



# **SAN DIEGO MESA COLLEGE CalWORKs PROGRAM**

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Phone: (619) 388-2709 | Fax: (619) 388-5834 | Contact: sveraste@sdccd.edu

## **Mutual Responsibility Contract**

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

Students Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(Last name, First name) (Including the 000, if begins with it)

The role of our San Diego Mesa College CalWORKs Department is to facilitate your educational journey while collaborating with agencies that provide your cash aid. Mesa CalWORKs counselors **do not** work for the County of San Diego or its providers.

### **Your initial next to each section indicates that you agree to follow our program requirements.**

1. \_\_\_\_\_ Attend a counseling appointment before the semester begins and before receiving any program services. I understand that if I miss two appointments without calling in advance, I must meet with the San Diego Mesa College CalWORKs program coordinator to continue to receive services.
2. \_\_\_\_\_ Submit my Notice of Action (NOA) or CalWORKs Employment Services Referral ((27-114 HHSA) at the start of every Academic Year or the semester you begin receiving services with San Diego Mesa College CalWORKs Program.
3. \_\_\_\_\_ I will complete both the Math and English or ELAC Assessment. *Please be advised: intentionally testing lower than your actual capability could cause you to lose financial aid before you are able to finish your degree.*
4. \_\_\_\_\_ I will meet with a San Diego Mesa College CalWORKs counselor 2-3 times each semester for an education plan, Individual Training Plan (ITP)/Book Material Request form and a follow up.
5. \_\_\_\_\_ I understand **only** courses on my Education Plan will be added to my Individual Training Plan (ITP). *Courses that do not fulfill the requirements of my major/goal will **not** be added to my ITP.*
6. \_\_\_\_\_ I understand that it is my responsibility to make an appointment for an updated ITP with the San Diego Mesa College CalWORKs Office, if I add or drop a course that makes any changes from my original ITP.
7. \_\_\_\_\_ I will use Priority Registration provided by the San Diego Mesa College CalWORKs Program to enroll in the courses listed on my Long Range Education Plan.
8. \_\_\_\_\_ I will update the San Diego Mesa College Admissions and Records Office or My SDCCD with any changes to my student information including address, phone number, and/or e-mail address.
9. \_\_\_\_\_ I will notify a San Diego Mesa College CalWORKs Counselor, if I experience any difficulties that interfere with my ability to be successful in school such as: loss of cash aid, transportation, child care, or a lack of book funds.
10. \_\_\_\_\_ I will contact the San Diego Mesa College CalWORKs Office about any changes in my status with Family Resource Center (FRC), the County of San Diego, PCG or ResCare (e.g., if your case is closed; you become exempt or exempt volunteer).
11. \_\_\_\_\_ I agree to comply with the SDCCD BP 3100, the Student Code of Conduct.
12. \_\_\_\_\_ I understand that Counselors and staff are "mandated reporters" of suspected abuse to children, elders, and dependent adults.
13. \_\_\_\_\_ I understand that Counselors and staff are subject to Title IX reporting requirements: "The San Diego Community College District is committed to a safe and equitable learning environment for all students and employees. It does not discriminate on the basis of sex or gender in its educational programs and employment. *Any incident, including sex discrimination or harassment, but not limited to, sexual assault including rape, dating violence, domestic violence or stalking committed on district property, or at a district sponsored event or activity, should be reported to the Title IX Coordinator immediately.*"

**Electronic Signature Agreement.** By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

**To obtain electronic services and communications, indicate your consent to the terms and conditions of this Agreement by clicking on the "I Accept" button.**

**It is recommended that you print a copy of this Agreement for future reference.**

I Accept First and Last Name: \_\_\_\_\_ Today Date: \_\_\_\_\_



# SAN DIEGO MESA COLLEGE CalWORKs PROGRAM

7250 Mesa College Drive, San Diego, CA 92111 | Phone: (619) 388-2709

[www.sdmesa.edu/student-services/calworks](http://www.sdmesa.edu/student-services/calworks) | Email: [MesaCalWORKs@sdccd.edu](mailto:MesaCalWORKs@sdccd.edu)

## Individual Training Plan – (ITP)

Students Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Major: \_\_\_\_\_

Educational Goal: Certificate of Completion/Achievement  A.A. / A.S.  B.A. / B.S.

COURSE	CLASS NUMBER	UNITS	COURSE	CLASS NUMBER	UNITS

TOTAL UNITS \_\_\_\_\_

SB 1232 - CalWORKs WTW Student Reform of 2021 – Establish a three-to-one (3:1) ratio of study time for each hour of academic instruction. Effective January 1, 2021

<b>Academic Term:</b> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>							<b>Term Date:</b> _____
College Curricular Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Class/Lecture							
Supervised Lab							
Supervised Study							
Unsupervised Study							
<b>TOTAL HOURS FOR THE WEEK</b>							
<b>Recommendations/Comments:</b>							

<b>Academic Term:</b> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>							<b>Term Date:</b> _____
College Curricular Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Class/Lecture							
Supervised Lab							
Supervised Study							
Unsupervised Study							
<b>TOTAL HOURS FOR THE WEEK</b>							
<b>Recommendations/Comments:</b>							

<b>Academic Term:</b> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>							<b>Term Date:</b> _____
College Curricular Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Class/Lecture							
Supervised Lab							
Supervised Study							
Unsupervised Study							
<b>TOTAL HOURS FOR THE WEEK</b>							
<b>Recommendations/Comments:</b>							

*I ACCEPT AND AGREE TO ADHERE TO THE PRESCRIBED PLAN AS INDICATED ABOVE.  
(Any changes made to my schedule will need to be updated on my ITP)*

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



# 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)

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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 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 \_\_\_\_\_

1. Self-Employment Income . . . . . \$ \_\_\_\_\_
2. Self-Employment Expenses:
  - a. 40% Standard . . . . . - \_\_\_\_\_
  - OR
  - b. Actual . . . . . - \_\_\_\_\_
3. Net Earnings from Self-Employment . . . . . = \_\_\_\_\_
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) . . \$ \_\_\_\_\_
5. \$225 DBI Disregard (if #4 is greater than \$225) . . . . - \_\_\_\_\_
6. Nonexempt Unearned Disability-Based Income . . . . = \_\_\_\_\_
- OR
7. Unused DBI Disregard . . . . . = \_\_\_\_\_
8. Net Earnings from Self-Employment (from above) . . + \_\_\_\_\_
9. Total Other Earned Income . . . . . + \_\_\_\_\_
10. Unused Amount of \$225 (from #7) . . . . . - \_\_\_\_\_
11. Subtotal . . . . . = \_\_\_\_\_
12. Earned Income Disregard 50%. . . . . - \_\_\_\_\_
13. Subtotal . . . . . = \_\_\_\_\_
14. Nonexempt Unearned Disability-Based Income (from #6) . . . . . + \_\_\_\_\_
15. Subtotal . . . . . = \_\_\_\_\_
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) . . . . . + \_\_\_\_\_

**Net Countable Income** . . . . . = \_\_\_\_\_

#### Section B. Your Cash Aid, Month of \_\_\_\_\_

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 (above) . . . . - \_\_\_\_\_
4. Subtotal . . . . . = \_\_\_\_\_
5. Maximum Aid \_\_\_\_\_ Persons (Assistance Unit only) (Excluding MFG, or Penalized Persons) . . . . . \$ \_\_\_\_\_
6. Special Needs (Assistance Unit only) . . . . . + \_\_\_\_\_
7. Maximum Aid Subtotal . . . . . = \_\_\_\_\_
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) . . . . - \_\_\_\_\_
  - Other Penalties . . . . . - \_\_\_\_\_
  - Overpayment . . . . . - \_\_\_\_\_
  - Cal-Learn Penalties . . . . . - \_\_\_\_\_
  - School Bonus (\$100 or \$500) . . . . . + \_\_\_\_\_
11. **Monthly Cash Aid Amount** (Line 8 or 9 Adjusted) . . . . . \$ \_\_\_\_\_

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**CalFresh:** This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

**Rules:** These rules apply; you may review them at your welfare office: MPP 44-100; 44-314; 44-315; SB 1041 (Chapter 47, Statutes of 2012).

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:  Cash Aid  CalFresh  
 Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

Cash Aid  CalFresh  Medi-Cal

Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE



**ATTENTION! ARE YOU  
STRUGGLING FINANCIALLY?**

# **CALWORKS WORKSHOP**

**PRESENTED BY SDCCD CALWORKS AND SAN DIEGO COUNTY**

**EVERY**

**MONDAY & THURSDAY**

**11am - 12pm**

**ZOOM MEETING ID: 953 7178 6342**

**Workshops will cover:**

- **CalWORKs overview & eligibility requirements**
- **Talk one on one with a SD County Representative about CalWORKs/CashAid, CalFresh, and Medi-Cal**

**Must have a child to be eligible for CalWORKs**



**SAN DIEGO  
COMMUNITY COLLEGE  
DISTRICT**

City College • Mesa College  
Miramar College • Continuing Education



# SAN DIEGO MESA COLLEGE

## CalWORKs

EDUCATION THAT WORKS!

CALIFORNIA COMMUNITY COLLEGES



COUNSELING

PRIORITY REGISTRATION

WORK STUDY OPPORTUNITY

EDUCATIONAL PLAN ASSISTANCE

[SDMESA.EDU/CALWORKS](http://SDMESA.EDU/CALWORKS)

# WHAT IS CalWORKs?

The **California Working for Opportunity and Responsibility to Kids (CalWORKs)** is a public assistance program (welfare program) that provides cash aid and services to eligible needy California families that have a child(ren) in the home.

## Services Provided:

- Academic, Career and Personal Counseling
- Student Educational Plan assistance
- Priority Registration
- Personal Development and Academic Success Workshops
- Student Services and community referrals
- Transportation, books, supplies and emergency cost assistance
- Work study opportunities
- Advocacy and Coordination with County Health and Human Services Administration

## CalWORKs County Services and Requirements:

CalWORKs students participating in an approved Welfare to Work activity receive supplemental services from the county that includes:

- Textbook and supportive services
- Childcare
- Transportation
- College Health, parking, and student ID fees paid

## CalWORKs students may also qualify for CARE Program

Cooperative Agencies Resources for Education (CARE) is a program offered through the EOPS Program. CARE provides single parents receiving CalWORKs with additional support and services to enable economic self-sufficiency and an opportunity to attend college.

Please contact the CalWORKs office for an application and information on eligibility, expectations and other services provided by CalWORKs.

### San Diego Mesa College CalWORKs Department

Office hours vary - please call to make an appointment

619-388-2709 I-400 Bldg, 4th Floor I4-410

[mesacalworks@sdccd.edu](mailto:mesacalworks@sdccd.edu)

San Diego Mesa College,

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Mesa College - CalWORKs

# SPRING 2022

# DROP-IN ADVISING



Have brief questions? Stop by CalWORKs virtually to get them answered!

Mondays, 9 - 10AM & 4 - 5PM

Wednesdays, 2 - 3PM

Thursdays, 9 - 10AM & 4 - 5PM

**zoom** MEETING ID: 925 3195 8305