

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 09-242
Program: CalWORKs	Keywords: HumWORKs
Effective Date: September 17, 2009	Reference: MPP §§ 42-711.56-.57; 42-715; 42-716.4-5; P&P 09-232, 09-235, 09-236
Title: Welfare to Work HumWORKs Case Coordination	

### **Policy:**

Welfare to Work (WtW) coordinates the activities of CalWORKs WtW participants with HumWORKs (HW) behavioral health services to address mental health (MH), alcohol and other drugs (AOD), and domestic violence (DV) issues that may be barriers to self sufficiency. It is Humboldt County's policy that every effort is made to enroll eligible individuals. While every case must meet eligibility criteria, the worker will seek to find how the individual may be eligible. Humboldt County policy is to minimize the number of denials due to potentially eligible individuals not providing documentation.

### **Procedure:**

If during client contact a participant identifies experiencing barriers related to MH, AOD, and/or DV issues:

#### Employment and Training Worker (ETW)

- 1) Assemble HW referral packet:
  - a) Applicant's Authorization for Release of Information Form ABCDM 228 (Attachment 1).
  - b) Referral to Mental Health and/or Drug and Alcohol Counselors Form A-26-38 (Attachment 2).
  - c) Service Provider Transmittal Form A-26-04 (Attachment 3). Write Client Index Number on transmittal.
  - d) Make copy for WtW case; original for HW staff.
- 2) Review self-appraisal and evaluate with client ability to participate in Make It Work! (MIW!).
  - a) Call to schedule HW Assessment appointment to occur within 7 days, or if scheduled to MIW!, after the second week.
  - b) Print appointment letter for client.
  - c) Copy self-appraisal for HW.
- 3) Develop Welfare to Work Plan-Activity Agreement WTW 2 (Attachment 4).
  - a) Add HW Assessment appointment.
  - b) Add MIW! or other job readiness activity, if applicable.
  - c) Add appointment for first Team Meeting occurring after 30 days.
  - d) Add drop-in activities at Employment and Training Division.
  - e) Assess participants need for supportive services.
  - f) Review and sign WTW Plan with participant.

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- g) Make 2 copies: 1 to client; 1 for HW referral packet; original to file.
- 4) Route HW referral packet, WTW Plan, and copy of self-appraisal to HW staff via inter-office mail, or if in crisis, walk client to HW office with documents.
- 5) Enter activities into C-IV: HW Assessment, HW Case Management open on date of Assessment with end date 30 calendar days later, Team Meeting, and other activities, as applicable.
- 6) Complete journal entry pertaining to contact with client, client identifying MH/AOD/DV barrier(s), and schedule of all appointments.

#### HW Staff

Schedule HW Assessment per following guidelines:

- For crisis situations, a needs assessment is conducted by HW staff at the time the client is walked over to establish an immediate plan and to assess for safety followed with an Assessment appointment within 3 business days
- For non-crisis, a HW Assessment appointment is scheduled within 7 days of referral
- Create a HW Service Plan with recommendations for treatment options in line with WtW requirements and route to ETW within 1 working day
- Send discharge summary to ETW within 1 working day of participant exiting program.

#### ETW

Review HW Service Plan

- If client declined HW services, contact client to create new WTW Plan
- If HW services recommended, route copy of HW Service Plan to ETW Supervisor for review at Team Meeting.

#### Team

- 1) ETW Supervisor, ETW, HW Vocational Counselor (VC), Supervising MH Clinician, MH Case Manager, MH Clinician meet weekly to review preliminary findings and initial progress with scheduled clients.
- 2) Determine appropriate additional activities including work site placement to meet full participation (WPR) or, if unable to meet WPR, determine a plan to work toward meeting WPR and a probable timeline.
- 3) Assign to WtW VC for work site placement, as appropriate.

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- 4) Coordinate services to assist in full participation.

Program Managers' approval is required for participation beyond 30 days when participation is limited to HW activities. Approval is limited to participants with severe mental health, AOD, or domestic violence barriers and:

- There is an expectation of employability with treatment within 3 months, or
- Appropriate community-based treatment is unavailable.

- 5) Complete V-26-70 Request for HumWORKs Services Unrelated to Employability (Attachment 5), if required.
- 6) Route to Eligibility and WtW Program Manager and Mental Health Adult Behavioral Health and Recovery Services Program Manager for review and to approve or deny within 3 working days.

### ETW

- 1) Prepare WTW Plan consistent with Team's recommendations.
- 2) Review and sign WTW Plan with participant.
- 3) Provide participant with copy of signed WTW Plan.

### Case Coordination

Participant goes to HW group, one-on-one counseling and/or MH case management concurrently while participating in work site placement or other assigned activity.

ETW, MH Clinician, MH Case Manager, and VC (as appropriate) meet monthly to staff cases and communicate routinely to:

- Plan WtW activities that meet WPR
- Identify case manager task for participant
- Address barriers to participation
- Address non-compliance
- Discuss child care
- Determine if Social Security Income track is appropriate
- Report on case status: sanction, good cause determination, discontinuance of cash aid, etc
- Determine finite exit date of participant.

## APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

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**TO: HumWORKs, Behavior Health Team, Humboldt County Mental Health  
& Alcohol and other Drugs Program-Healthy Moms**

I, \_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_ hereby authorize you to

release to the Humboldt County Department of Health and Human Services, Social Services  
Branch – Welfare to Work specific information requested by this agency which I cannot  
provide concerning (i.e. work experience performance, medical condition) My attendance and  
participation and progress in activities.

This information is needed for the following purpose, (i.e. employment reference,  
assessment/evaluation)

To verify my participation and progress in programs

This form was completed in its entirety and was read by me (or read to me) prior to signing.

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Signature of Applicant	Date
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## REFERRAL TO MENTAL HEALTH AND/OR DRUG AND ALCOHOL COUNSELORS

Participant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

You have an appointment with \_\_\_\_\_ on \_\_\_\_\_  
at \_\_\_\_\_.

If you cannot meet with \_\_\_\_\_ on the above date please  
call \_\_\_\_\_ at \_\_\_\_\_.

Participant: \_\_\_\_\_ and I \_\_\_\_\_ (SW) have agreed that the  
presenting problem is: \_\_\_\_\_

SW (initial) \_\_\_\_\_ Participant (initial) \_\_\_\_\_ Date: \_\_\_\_\_  
orig: WTW case  
copy: Participant  
copy: MH/DA

A-26-38 (03/11/10) WTW Referral to MH/DA Counselors

COUNTY OF HUMBOLDT  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
SOCIAL SERVICES BRANCH  
CalWORKs/WTW DIVISION  
929 KOSTER STREET  
EUREKA, CA 95501

CASAS  
Reading: \_\_\_\_\_  
Math: \_\_\_\_\_

**SERVICE PROVIDER TRANSMITTAL**

Participant: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_  
Case Name: \_\_\_\_\_ ETW Name: \_\_\_\_\_ ETW#: \_\_\_\_\_  
Address: \_\_\_\_\_ ETW Phone #: \_\_\_\_\_  
City & State: \_\_\_\_\_ ICW Name: \_\_\_\_\_ ICW#: \_\_\_\_\_  
Phone: \_\_\_\_\_ Message: \_\_\_\_\_ Case #: \_\_\_\_\_ SSN: \_\_\_\_\_

**TO WTW SERVICE PROVIDER**

- ☐ Employment & Training Division (ETD) ☐ WTW Vocational Counselor \_\_\_\_\_  
☐ Eureka Adult School (EAS) ☐ HumWORKs  
☐ Other: \_\_\_\_\_

**REQUESTED ACTIVITY / SERVICE**

- ☐ Assessment(s): ☐ CareerScope ☐ Success Questionnaire ☐ Keirseay ☐ Life Stress ☐ Other: \_\_\_\_\_  
☐ Write EDP ☐ Revise EDP  
☐ Make It Work! Date: \_\_\_\_\_ ☐ Reschedule: Career Expo Date: \_\_\_\_\_  
☐ Self Initiated Plan (SIP) Evaluation ☐ Reschedule: Job Club Date: \_\_\_\_\_  
☐ Self-Employment Assessment ☐ Reschedule: Supervised Job Search (2-wk) Date: \_\_\_\_\_  
☐ Supervised Job Search for 3-wk  
☐ Community Service Placement/hours per week \_\_\_\_\_ Appointment Date: \_\_\_\_\_  
☐ Work Experience (Unpaid) Placement/hours per week \_\_\_\_\_ Time: \_\_\_\_\_  
☐ Subsidized Employment Placement/hours per week \_\_\_\_\_  
☐ On the Job Training (OJT) Placement/hours per week \_\_\_\_\_  
☐ Post-Assessment Job Search  
☐ General Education Development (GED)  
☐ English as a Second Language (ESL)  
☐ Other \_\_\_\_\_

**ATTACHED**

- ☐ Activity Assignment ☐ Agreement/Contract  
☐ Compliance Plan ☐ Cure Plan  
☐ EDP ☐ Release of Information  
☐ Self Appraisal ☐ Other: \_\_\_\_\_

**TO WTW CASE MANAGER:**

- ☐ WTW Employment Plan (see attached)

- ☐ SIP ☐ Approved ☐ Not Approved  
☐ Placement Made \_\_\_\_\_ ☐ Work Experience ☐ Community Service ☐ Subsidized Employment ☐ OJT  
☐ Make It Work! Component(s) Completed: ☐ Career Expo ☐ Job Club ☐ Supervised Job Search (2-wk)  
☐ Assignment Completed  
☐ Entered Employment: Start Date: \_\_\_\_\_ ☐ FT ☐ PT Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
☐ Not Employed  
☐ Assignment Not Completed  
☐ Potential Non-Cooperation (see attached)  
☐ Other (see attached) \_\_\_\_\_

Name: \_\_\_\_\_

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

Original: To Addressee

Copy: To Case Record

**WELFARE TO WORK PLAN –  
ACTIVITY AGREEMENT**

PARTICIPANT NAME: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

CASE #:

ID #:

WELFARE TO WORK WORKER NAME:: \_\_\_\_\_

1. ☐ **Mandatory Participants** – My assigned activities are:

I understand that if I do not participate as required in the activities listed above without the county deciding that I have a good reason, my cash aid will be lowered.

2. ☐ **Voluntary Participants** - I understand that I do not have to participate in the following activities at this time, but I agree to participate in and complete them.

I understand that if I stop participating in the activities listed above without the county deciding that I have a good reason, my cash aid will not be lowered, but I may not be allowed to participate in Welfare to Work for a period of time.

- ☐ I understand that if I do not attend \_\_\_\_/\_\_\_\_(activities) as required by Welfare to Work or make satisfactory progress in these activities, Welfare to Work will determine why, and I may have to go to different activities. I understand that I am required to give proof of satisfactory progress in these activities to my Welfare to Work worker by the \_\_\_\_ (date[s]) listed below.

Activity: \_\_\_\_\_ Date Proof is Due: \_\_\_\_\_

Activity: \_\_\_\_\_ Date Proof is Due: \_\_\_\_\_

- ☐ I understand that this is my first training or education assignment under my initial Welfare to Work plan and that I have up to 30 days to ask for a change in my activities once they start. I understand that I can change my activities this way only one time during my participation in Welfare to Work. If Welfare to Work agrees to change, I know I will have to sign a new Activity Agreement.

**LOCATION AND SCHEDULE**

Activity: \_\_\_\_\_

Begins: \_\_\_\_\_ Expected to End: \_\_\_\_\_

Location and Schedule: \_\_\_\_\_

Activity: \_\_\_\_\_

Begins: \_\_\_\_\_ Expected to End: \_\_\_\_\_

Location and Schedule: \_\_\_\_\_

Activity: \_\_\_\_\_

Begins: \_\_\_\_\_ Expected to End: \_\_\_\_\_

Location and Schedule: \_\_\_\_\_

Activity: \_\_\_\_\_

Begins: \_\_\_\_\_ Expected to End: \_\_\_\_\_

Location and Schedule: \_\_\_\_\_

- ☐ Welfare to Work will send me the location and schedule for my \_\_\_\_ (activity) by \_\_\_\_ (date).
- ☐ I will go to \_\_\_\_ (location) on/by \_\_\_\_ (date) to get my \_\_\_\_ (activity) location and/or schedule.
- ☐ I will give my Welfare to Work worker a copy of my \_\_\_\_ (activity) schedule by \_\_\_\_ (date). I will tell my Welfare to Work worker if any changes are made and give my Welfare to Work worker a copy of the changes if required.

Additional Comments:

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## SUPPORTIVE SERVICES

Welfare to work will pay for supportive services (child care; transportation; and work, education, and training-related expenses) if I need them to participate in Welfare to Work and Welfare to Work rules allow for them.

I have reviewed my need for Welfare to Work supportive services with my Welfare to Work worker. I understand that I do not have to participate until the supportive services I need have been arranged. I understand that I must tell my Welfare to Work worker right away of changes in my need for Welfare to Work supportive services, or if I no longer need them. If I do not report the changes in advance, Welfare to Work may not be able to pay for them. I understand that if Welfare to Work pays for supportive services that are more than what I need to participate in Welfare to Work, I will have to pay Welfare to Work back.

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## CERTIFICATION

I understand that my Welfare to Work Plan includes this form, the Welfare to Work Plan – Rights and Responsibilities and the Welfare to Work Handbook. I understand that Welfare to Work activities and services, and my rights and responsibilities as a Welfare to Work participant, are explained to me on these forms. I have received a Welfare to Work Handbook. I understand that I can ask my Welfare to Work worker if I have any questions. I understand that I have 30 days from the beginning of my first training or education assignment under my initial Welfare to Work plan to request a change or reassignment to another activity, and that this 30-day grace period is available only once during my time receiving CalWORKs cash assistance. I understand, otherwise that I have three working days to think about the terms of this Activity Assignment after I sign it. I understand that if I want to change the terms of this Activity Assignment, I must tell my Welfare to Work worker by \_\_\_\_\_ (date). If I don't tell my Welfare to Work worker by then, this Activity Assignment is final. If Welfare to Work agrees to change this Activity Assignment, and I sign a new one, I understand that the new Activity Assignment is final.

I have read (or had read to me) and understand this Activity Assignment, and have received a copy. If I fail to meet my responsibilities without a good reason, I know that there are certain penalties that may lower my cash aid.

I understand that if I do not agree with any county action regarding my Welfare to Work participation, I can file a formal grievance with the county or I can call 1-800-952-5253 to ask for a State hearing.

I understand that I can get free legal help with Welfare to Work problems from the local legal or welfare rights office by calling (707) 445-0868.

I understand that I can request an alternative service provider if I object to the religious character of the provider to which I have been assigned.

I understand that participation in any religious activity offered by a service provider is voluntary.

PARTICIPANT'S SIGNATURE:		DATE:
WELFARE TO WORK WORKER'S SIGNATURE:	PHONE:	DATE:



## Request for HumWORKs Services Unrelated to Employability

Client Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

ETW: \_\_\_\_\_ HumWORKs Clinician: \_\_\_\_\_

Appraisal completed: \_\_\_\_\_ HumWORKs Assessment completed: \_\_\_\_\_

HumWORKs Services currently receiving:

Group ☐ 1:1 ☐ Case Management ☐

Date client last worked: \_\_\_\_\_

Has client applied for or does client anticipate applying for SSI? Yes ☐ No ☐

Presenting issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current treatment plan: \_\_\_\_\_

\_\_\_\_\_

Anticipate that client will be employable with treatment? Yes ☐ No ☐

If yes, presumed date work activities can be added to meet WPR: \_\_\_\_\_

If no, reason client unable to receive appropriate community-based treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ETW Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising HumWORKs Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

.....

☐ Approved through: \_\_\_\_\_ ☐ Denied

WtW Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

MH Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 10-57
Program: All SSB Programs	Keywords: Mileage; Reimbursement; Client
Effective Date: 4/8/2010	Reference: P&P#10-56
Title: CLIENT MILEAGE REIMBURSEMENT	

**Purpose:**

To provide clear and consistent guidance on the manner in which DHHS reimburse clients for approved travel.

**Policy:**

When a client travels on county approved business, the client shall be reimbursed at sixty-two percent (62%) of the prevailing IRS mileage reimbursement rate, which is set on January 1<sup>st</sup> of every calendar year.

*Currently, this P&P does not include those clients related to CalWORKs, ETD, and TAP.*

**Procedure:**

The worker assigned to the client will:

- 1) Fill out a work order (A-24-03) or use the previously authorized prior approval for the reimbursement.
- 2) Attach all the appropriate documents to support the travel. Appropriate documents include, but are not limited to:
  - a) MapQuest or similar printout showing the miles traveled from the starting point to the ending point and indicate whether the reimbursement is for one-way or for a roundtrip (show the total miles traveled by the client).
  - b) Related memos (if needed to support the requested claim).
- 3) Submit the request for authorization and payment according to current county process once all the appropriate forms have been completed and supporting documents have been attached.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 11-07
Program: Employment & Training Division (ETD)	Keywords: Assessment, Testing, Aptitude, Interest Inventories, Academic Achievement, Basic Skills, Work Values
Effective Date: 07/01/2015	Reference:
Title: ETD Program Assessment	

**Purpose:** This policy establishes ETD staff responsibility with regard to objective assessment as an Intensive Service for ETD Programs

**Policy:** ETD offers confidential, client-centered initial and comprehensive assessment services to customers meeting Adult, Dislocated Worker or In/Out-of-School Youth eligibility criteria. Results are used for structured decision-making to facilitate appropriate delivery of ETD services based on customer needs.

**Forms:**

C-IV or CalJOBS Case Notes – Based on Program Requirements  
Individual Service Strategy (ISS)

**Procedure:**

- 1) ETD's comprehensive assessment strategy utilizes a variety of formal and informal tools such as structured interviews, paper-pencil tests and computerized appraisals that engage customers in the process of gathering self-knowledge.
- 2) The ETD Vocational Counselor (VC) is responsible for the selection, administration, interpretation and utilization of assessment tools and methods, and the application of information that is gathered.
- 3) ETD recognizes the individuality of customers, and provides services based upon each person's specific situation.
- 4) Assessment results are used to develop the customer's Individual Service Strategy (ISS). The ISS identifies the appropriate combination of services needed for the customer to achieve an identified employment goal.
- 5) Recent assessment data provided by a partner agency may be considered as well as recent documented customer accomplishments. ETD's use of a previous assessment depends on the elapsed time since it was given and what it is being used for. For example, a school transcript indicates what a person accomplished but may not reflect current capability. Test results older than one year may be considered questionable.

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Effective Date: 07/01/2015	Reference:
Title: ETD Program Assessment	

- 6) The ETD VC refers participants to other professionals when assessment beyond the VC's expertise appears necessary.
- 7) The ETD VC utilizes informal and formal assessment tools, as appropriate, to assist the customer in evaluating the following:
  - a) Work history and transferable skills;
  - b) Academic levels and basic skills;
  - c) Aptitudes and interests;
  - d) Employment goals and achievement objectives;
  - e) Required occupational skills needed to achieve stated employment goals;
  - f) When training is needed;
  - g) Whether customer has the skills and qualifications to successfully complete an identified training program;
  - h) Labor market considerations;
  - i) Financial situation; wage needed for self-sufficiency;
  - j) Life situations and circumstances affecting program participation;
  - k) Health considerations affecting employment choices;
  - l) Need for disability accommodation(s);
  - m) Availability of training and whether provider is on the Eligible Training Provider List;
  - n) Cost of training;
  - o) Customer's budgetary needs, access to other funding resources and need for ETD assistance;
  - p) Service needs including necessary supportive services; and/or
  - q) Other factors as appropriate.
- 8) ETD's Assessment Tools
  - a) Informal
    - i) ETD VCs utilize face-to-face interviews, observations, reports of instructors or supervisors, school or work records and customer-completed worksheets such as: the Life Situations Questionnaire, Job Search Survey and the Success Questionnaire. Informal assessment is the most common

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method used by ETD VCs in determining a customer's general education, work experience, transferable skills, life situation, practical needs, behaviors, values, attitudes and knowledge of job seeking and retention skills.

b. Formal

- i) Aptitudes: The following are available to consider a person's overall ability and aptitudes as they compare with requirements of occupational clusters, Apticom, Bennett Mechanical Comprehension Test, Career Scope and The Wonderlic Personnel Test.
- ii) Academic Achievement/Basic Skills: The following are available to obtain information indicating a person's math and reading ability, and need for remediation: Test of Adult Basic Education (TABE) and Comprehensive Adult Student Assessment Systems – Employability Competency System (CASAS ECS) Appraisal.
- iii) Interest Inventories: The following help individuals identify their preference for particular work-related activities: Career Scope, Career Occupational Preference System (COPS), O\*NET Interest Profiler (computerized and/or paper version).
- iv) Work Values: The O\*NET Work Importance Locator (computerized and/or paper versions), Emotional Intelligence Questionnaire, Keirsey Temperament Sorter and in-house developed Success Questionnaire is available.

9) Exceptions to formal testing

- a) Formal testing may be waived at the discretion of the VC when other available information suggests the customer has the skills and qualifications to successfully complete a training program or obtain unsubsidized employment. The justification for waiving formal testing will be documented in case notes.

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10)Disabilities/Limited English Proficiency: Auxiliary aids and services are available to individuals with disabilities.

11)Application of Assessment Results

a) Assessment results are used to:

- i) Determine an appropriate combination of services needed for the customer to achieve identified employment goals;
- ii) Prepare an ISS; and/or
- iii) Make appropriate referrals to other partners/agencies for additional services.

12)Ongoing Assessment: Throughout a customer's participation in ETD services, assessment strategies will be utilized to track the customer's progress toward achievement objectives which include program performance measures, identify and address changing circumstances, and assist the customer in transitioning to employment.

13)Documentation

- a) The VC will document assessment results in case notes and/or an ISS.
- b) . Approval of training requires documentation in case notes that the established criteria has been met.
- c) Case notes will reflect the methods employed, actual test results, certificates, grade reports, etc.
- d) Where objective documentation is not used or is unavailable, the VC will provide a rationale in case notes and/or the ISS for statements and/or judgments.
- e) Where tests, grade reports, certificates, etc. are used in the assessment, they will be explained n the case notes or the ISS narrative.
- f) Privacy of Information: Assessment results, reports and case notes relating to assessment are confidential and will not be given to other persons or agencies without written release from the customer.
  - i) Exceptions: Assessment information may be provided to an appropriate authority in the following situations regardless of customer wishes when:

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Effective Date: 07/01/2015	Reference:
Title: ETD Program Assessment	

- (1) Information received by ETD staff indicates a clear and imminent danger to the customer or others. In this case, the ETD VC will inform ETD management staff.
- (2) Information is requested by a court of law or others under process of law (subpoena, etc).

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 11-08
Program: Employment Training (ET)	Keywords: CalJOBS or C-IV, Eligibility, Intensive Services, Training, Individual Training Account, ITA, Case Notes, Enrollment, Exit
Effective Date: 12/29/2010	Reference:
Title: ETD CASE MANAGEMENT EXPECTATIONS	

**Purpose:**

The purpose of this policy is to communicate Employment and Training (ET) case management expectations during the delivery of services to customers eligible for ET services.

**Reporting Systems:**

- 1) CalJOBS or C-IV, electronic case management recordkeeping system

**Policy:**

- 1) ET provides comprehensive and customer-focused case management services to customers referred to ET for intensive and/or training services to obtain employment.
- 2) Case management is the responsibility of ET Vocational Counselors (VCs) and is structured to help customers achieve economic and personal independence. The case manager-client relationship is a partnership in which decisions are mutually negotiated and agreed upon.
- 3) Case management will be provided in collaboration with other agencies/programs with which the client is or could be involved, to provide seamless and comprehensive services.
- 4) The ET VC's case management responsibility is two-fold:
  - a) To provide customer-focused services; and
  - b) To assist the Division in meeting ET performance accountability measures.
- 5) ET requires ongoing and regular contact with the customer on all aspects of their workforce development needs. The contact must be documented in CalJOBS or C-IV.
- 6) All funds required for payment of a customer's intensive and/or training services will be case-managed by the ET VC.

**Procedure:**

- 1) After a customer has completed the ET application/eligibility process, ET supervisory staff will:
  - a) Assign case management oversight responsibilities to an ET VC;



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Title: ETD CASE MANAGEMENT EXPECTATIONS	

- b) Transfer ownership of the customer's CalJOBS or C-IV electronic file to the VC; and
- c) Assure delivery of any customer physical file to the VC.
- 2) Upon assignment of a new case, the ET VC will:
  - a) Review case notes and information in the physical file prior to contacting the customer;
  - b) Attempt to establish contact with the customer within 48 hours of receiving the file;
  - c) Set up an initial appointment at the convenience of the customer's schedule; and
  - d) Document all actions taken as per above in case notes.
- 3) During initial and subsequent contacts with customers, the ET VC will ensure the following is accomplished, as appropriate:
  - a) Provide comprehensive assessment services;
  - b) Determine appropriate ET intensive, training and/or support services;
  - c) Assist customers in accessing resources and services, including Pell Grants and other sources of financial assistance, and provide referrals to partners and other community agencies when appropriate;
  - d) Provide vocational counseling and career planning services;
  - e) Develop client-centered Individual Service Strategies (ISS) per ET policy;
  - f) Collaborate with partner agencies as appropriate for delivery of services;
  - g) Complete an Individual Training Account (ITA) data entry sheet for ET's management of training funds.
  - h) Process requests for payment of approved intensive, training and support services;
  - i) Track and monitor customer progress throughout planned activities;
  - j) Provide on-going assessment for the duration of customer's participation in ET activities;
  - k) Provide job search and placement assistance including help with resumes, applications, interview practice; and effective job search techniques;
  - l) Develop work experience or On-The-Job Training opportunities as appropriate;
  - m) Provide follow-up services as necessary;
  - n) Document all actions taken, as per above, in case notes;

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 11-08
Program: Employment Training (ET)	Keywords: CalJOBS or C-IV, Eligibility, Intensive Services, Training, Individual Training Account, ITA, Case Notes, Enrollment, Exit
Effective Date: 12/29/2010	Reference:
Title: ETD CASE MANAGEMENT EXPECTATIONS	

- o) Update CalJOBS or C-IV contact sheet information and alternate contact information as necessary.
- 4) Case Notes:
  - a) Throughout the case management process, all interactions with or on behalf of customers will be documented in CalJOBS or C-IV, ET's case management recordkeeping system. These notes provide a written history of a customer's involvement in ET services. Documentation criteria require that case notes concerning provision of services and the customer progress be clear, concise and accurate, describing actions and/or events and how those actions/events relate to the customer's ET experience. Examples: When case notes indicate a meeting has been set for a specific date and time, a follow-up note for the corresponding date is expected, describing the results of the meeting. When an attendance verification is received from the customer and travel support requested, a note such as "Received and processed May travel to CR, 20 days @ \$4.40 for a total of \$88" is better than "May travel of \$88 has been received and processed". In the event of case conferencing, the case note will include the issue and result, or proposed strategy for solution. Any reader should clearly understand the rationale supporting actions/decisions. At no time should the reader be referred to "the file" for additional information. Exception: Medical and disability-related information should be kept separately by hard-copy in the physical file with no specific details entered into case notes. In some instances, auditors or monitors will review case notes as expanded documentation to justify appropriateness of client services and costs. Case notes should clearly state the purpose of any expenditure.
  - d) Case notes must be objective and will not be subjective or include the personal opinion of ET staff.
  - e) Documentation timeframes:
    - i) Case notes must be recorded in the CalJOBS or C-IV system within one (1) working day after a client contact has been made, attempted, or action taken on behalf of a client. Contact includes telephone calls to and from customers, contact made in person, by e-mail or postal service.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 11-08
Program: Employment Training (ET)	Keywords: CalJOBS or C-IV, Eligibility, Intensive Services, Training, Individual Training Account, ITA, Case Notes, Enrollment, Exit
Effective Date: 12/29/2010	Reference:
Title: ETD CASE MANAGEMENT EXPECTATIONS	

- ii) To accommodate completion of case notes on a daily basis, ET VCs will set aside time daily for input of notes, i.e., late afternoon or first thing in the morning.
- 5) Service timeframes:
  - a) The ET VC will proactively manage their caseloads. This means taking control, initiating contacts, and fostering rapport with customers to facilitate positive outcomes.
  - b) The ET VC will maintain regular contact with active participants at a minimum of ten (10) day intervals. More frequent contacts will be made as necessary or prudent to provide assistance and monitor progress.
- 6) Supervision of Case Management
  - a) ET Management staff have overall responsibility to ensure that clients receive adequate services. An ET Program Coordinator will provide functional supervision of the work of ET VC. Cases will be monitored and reviewed by ET supervisory staff at least on a quarterly basis to assure that services are provided in a timely fashion, according to the customer's ISS, and that contacts and activity is properly reported.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 11-54
Program: Employment Training (ET)	Keywords: Checks, WEX, OJT, Reimbursements
Effective Date: 07/25/11	Reference:
Title: Check Distribution: Clients	

### **Policy:**

Checks distributed to clients or to vendors on behalf of clients, will be secured in a locked area at the front desk in the ET Employment Resource Center or in a designed locked area in Building A and C and distributed according to a secure in-house procedure. Vocational Counselors may not hold checks at their desks or in the client's file.

Checks will be released either by the Vocational Counselor or the ET Administrative Secretary, according to the guidelines outlined in the procedure below. If the Counselor or the Administrative Secretary is absent, checks can be released by the ET Accountant or an ET Program Coordinator following the guidelines outlined below.

Client checks fall into four basic categories as follows:

- 1) Reimbursement checks made out directly to clients,
- 2) Checks to vendors that the client receives to submit directly to the vendor along with other materials,
- 3) Checks to vendors for client or program expenditures, or
- 4) WEX checks.

### **Procedure:**

- 1) **Authorized Release of Client Checks:**  
The Vocational Counselor (or the Office Assistant if the Counselor is absent) notifies the client that the check is ready to be picked up at the front desk. At this time, the Counselor or the Office Assistance gives an option to have the check mailed to the client, and verifies the mailing address as recorded on the contact screen of the CalJOBS or C-IV client tracking system. Checks will not be released to a third party, even if the third party has signed permission from the client. Clients who pick up checks must show a driver's license or California ID card to verify identity. The VC or the Office Assistant will have the client sign a copy of the check to indicate receipt. The signed copy is placed in the client's file. The Office Assistant is responsible for placing a copy of the check behind the original for VC convenience.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 11-54
Program: Employment Training (ET)	Keywords: Checks, WEX, OJT, Reimbursements
Effective Date: 07/25/11	Reference:
Title: Check Distribution: Clients	

- 2) Vendor checks will be mailed by the Office Assistant. If a client is required to submit a check directly to a vendor along with other documentation, then the Vocational Counselor is responsible for releasing the check to the client. If the Vocational Counselor is absent, then the Office Assistant is authorized to release the check on behalf of the Counselor. The client will sign a copy of the vendor check, to be placed in the client file, indicating that the client took the check.
- 3) WEX checks or special grant checks for clients who have not been assigned a Vocational Counselor will be picked up at the front desk and will be released by the Administrative Secretary after verifying the client's identity via driver license or California ID card. The Program Coordinator will supply a list of recipients, who must sign by their name to indicate they received the check.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 11-66
Program: Eligibility – CalWORKs/CalFresh/Medi-Cal/General Relief	Keywords: Journal Entry; Case Comment
Effective Date: 10/21/2011	Reference:
Title: Case Journal Entries Criteria	

### **Policy:**

Anytime there is a contact (in person or phone), correspondence, or action related to a case, a Journal Entry is made in C-IV by the end of the same working day. If the contact was made at the end of the working day, the Journal Entry is to be completed immediately the next morning. Any interaction, no matter what mode, is documented in C-IV Journal Comments to ensure an accurate record exists that reflects actions taken with case or impacts current, future, or past eligibility. Journal Entries are a legal document, available to a customer and/or their legal representative as well as internal and external quality control processes.

### **Procedure:**

When making Journal Entries, staff will utilize the following criteria:

1. Journal Entries are permanent records of events and information related to a customer's case. Once a Journal Entry has been "saved"; it cannot be deleted or edited.
2. Anytime there is a contact (in person or phone), correspondence, or action related to a case, a Journal Entry is made.
3. Upon written request, Customers, State Hearings, and Legal representatives have a right to review any Journal Entry that is not confidential. A Release of Information (ABCDM 228) must be on file.
4. Journal Entries provide a history of the case.
5. Journal Entries should contain information that is factual and pertinent to the case.
6. Do not use acronyms and slang.
7. Do not use person numbers in reference to people. Use full name or at the minimum first name (if customer). Use full name in reference to third party contacts.

### Appending a Journal Entry

- Appending a Journal Entry means adding more text to an entry that already exists. Use the Append function to clarify an existing entry or to correct an existing Journal Entry.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 11-66
Program: Eligibility – CalWORKs/CalFresh/Medi-Cal/General Relief	Keywords: Journal Entry; Case Comment
Effective Date: 10/21/2011	Reference:
Title: Case Journal Entries Criteria	

- A new contact or action taken requires a new Journal Entry – do not append.
- Any changes to an existing situation that had a previous Journal Entry saved, requires a new Journal Entry to be made – do not append.

Original Journal Entry	New Information	Append – Yes or No
Customer in to complete intake interview. Works part time 15 hours per week at 8.00/hour at Sam's auto washing cars.	Customer works at Sam's auto washing cars but works 5 hours per week at 8.00/hr	Yes, IF this is a correction to a previously saved Journal Entry. No, IF customer was working 15 hours but then hours were reduced to 5 hours. A new Journal Entry should be made.

### The importance of the Short Description

- The short description field is used to describe in summary the details of the Journal Entry.
- Short descriptions should contain enough information so at a glance anyone looking at the journal list can locate a specific Journal Entry.
- Text can wrap in the short description field.

Bad short description	Better short description
▪ PC from Customer	▪ PC from Mary Smith to report a change in income.
▪ SAR7/SAWS7	▪ SAR7/SAWS7 for 7/2016 received and processed.
▪ VM	▪ VM from Mary Smith asking about benefit amounts for 7/2016
▪ Desk Duty	▪ Office Visit with Mary Smith – provided 06/2011 income verifications for CalFresh.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 12-08
Program: Employment Training (ET)	Keywords: Strategy, Employment Plan, Assessment
Effective Date: 2/27/2012	Reference:
Title: INDIVIDUAL SERVICE STRATEGY (ISS)	

### **Policy:**

This policy establishes Employment Training (ET) expectations pertaining to an Individual Service Strategy (ISS) developed as an ET intensive service for referred and any ET program client. An ISS outlines the responsibilities of both the customer and the program in providing services designed to prepare customers for jobs.

### **Background:**

An Individual Employment Plan is an ongoing strategy jointly developed by the participant and the case manager that identifies the participant's employment goals, the appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals." ET substitutes the term "Individual Service Strategy (ISS)" for "Individual Employment Plan."

### **Forms:**

Individual Service Strategy (ISS) (Electronic Template)

File Location: T/ETD Public/Forms/ETD/Inoffice/ISS-ITA Forms

### **Procedure:**

- 1) The ISS is the product of an objective assessment and is developed jointly by the ET Vocational Counselor (VC) and customer.
- 2) The ET VC will complete the electronic template ISS form, identifying intensive and/or training services the customer needs to obtain suitable employment. The ISS will indicate the customer's employment goal and appropriate achievement objectives, combination of services, and timeline of activities for the customer to achieve the stated employment goals.
- 3) When an objective assessment results in a recommendation for training, the ISS will:
  - a) Document that the customer needs training for employment and has the necessary skills/qualifications to successfully complete the training program;
  - b) Give the expected date of training completion;
  - c) Identify the type of completion certificate that is expected;



<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 12-08
Program: Employment Training (ET)	Keywords: Strategy, Employment Plan, Assessment
Effective Date: 2/27/2012	Reference:
Title: INDIVIDUAL SERVICE STRATEGY (ISS)	

- d) Name the training provider, program and ETPL program number;
  - e) Discuss the availability of jobs in the local area and/or the customer's relocation plans as appropriate, and the expected wages/advancement opportunities;
  - f) Identify available financial resources and ETD funding to support the customer's choice;
  - g) Document that the customer has no grant assistance from other sources or requires financial assistance in addition to grants; and
  - h) Identify associated costs such as books, tools, supplies, and training materials.
- 6) Agreement of the ISS with clients is documented in case notes.
- 8) The ISS may be amended as indicated through results of ongoing assessment and monitoring of customer progress. Amendments involving changes such as a new employment goal, training provider and/or increased training dollars require approval of ET management. Amendments to the ISS are documented in case notes.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 12-16
Program: Employment Training (ET)	Keywords: Assessment, CareerScope, Kiersey, Emotional Intelligence, Life Stress, Job Readiness Analysis,
Effective Date: 4/30/2012	Reference:
Title: Assessment Testing: Scheduling, Printing, Scoring and Routing	

**Policy:**

This policy establishes a shared calendar in Outlook to schedule appointments for assessment testing and provides guidelines for printing, scoring and routing assessment results.

**Purpose:**

The policy eliminates confusion and overbooking caused by lack of a common scheduling tool, and creates an orderly system of scheduling and processing assessments.

**Procedure:**

- 1) Scheduling assessment testing on the shared calendar in Outlook
  - a) Pre-designated blocks of time have been set aside for group testing conducted on an ongoing basis. Only pre-designate staff can schedule appointments in these reserved time slots;
  - b) To prevent distraction during testing, once testing instructions are delivered and client(s) are ready to begin, staff proctoring assessment testing shall either remain quietly inside the testing room, or just outside the room but be available if a client needs help.
  - c) The maximum number of appointments that can be scheduled in the Assessment Testing Room at any given time is 6.
- 2) Testing Available Through ET:
 

The following assessments can be administered by designated ET Client Services Workers (CSWs) or Vocational Counselors (VCs) on a referral-only basis. Referrals are generated by CalWORKs Welfare to Work Employment Training Workers (CW WtW ETW's), General Relief Eligibility Workers (GR EW's) or by a Counselor of the Day (COD) at The Job Market. Customers cannot self-refer for assessment testing.

  - a) Life Stress Assessment
  - b) Emotional Intelligence Questionnaire
  - c) Kiersey Temperament Sorter
  - d) CareerScope

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services Branch	Number: 12-16
Program: Employment Training (ET)	Keywords: Assessment, CareerScope, Kiersey, Emotional Intelligence, Life Stress, Job Readiness Analysis,
Effective Date: 4/30/2012	Reference:
Title: Assessment Testing: Scheduling, Printing, Scoring and Routing	

- 3) Printing, Scoring and Routing Results:
  - a) Printing, scoring and routing assessment test results:
    - i) Print out Emotional Intelligence and CareerScope results. Print out the Kiersey Individual Portrait Information and Best Job that fits the individual Portrait (accessed from the Kiersey web site).
    - ii) Score results of Kiersey Temperament Sorter and Life Stress Assessment results.
    - iii) Routing Assessment Results:
      - (1) The client receives a copy of the results at the time of the assessment interpretation appointment.
      - (2) Results are scanned CalJOBS or C-IV for ready access by VC's or other SS staff who made a service referral.
      - (5) VC-Proctored Individual Assessments at ETD: VC files results in the client hard-copy file.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 14-03
Program: Employment Training Division (ETD)	Keywords: WIA, Claims, Payment, Reimbursement
Effective Date: 1/27/2014	Reference:
Title: Payment of Training Provider Costs and Client Expenditures: WIA	

**Policy:**

Expenditures for costs incurred for training providers and Workforce Investment Act (WIA) clients will be submitted to the WIA Program Coordinator by ETD Vocational Counselors.

**Reference:**

This policy replaces policy #11-13 entitled Employee Expenditure Request Form (EERF); which has been discontinued.

**Procedure:**

Vocational Counselor (VC):

- 1) Submits costs incurred for WIA training providers or WIA clients in a timely manner to the WIA Program Coordinator.
- 2) Submits invoices, receipts and any other pertinent documentation. Include a flyer or other official documentation from the training provider that verified the training event for which payment is being requested.
- 3) All requests for payment should include the following information. If the required information is not listed on the document, add it.
  - a) Name of client.
  - b) Name of the person or vendor who will be receiving the check.
  - c) Name of the staff person making the request.
- 4) Indicates on the document whether the payment request is for a client or a vendor.
- 5) Any small receipts or other documents should be attached on an 8 ½ by 11 piece of paper to prevent possible loss of required documentation.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 15-13
Program: Employment Training Division	Keywords: Custodian of Records
Effective Date: 6/24/2015	Reference: Receiving a Subpoena Desk Guide
Title: Custodian of Records – Employment Training Division	

### **Policy:**

The Humboldt County Department of Health & Human Services - Social Services, Employment Training Division (ET), complies fully with all relevant state and federal laws, regulations and requirements relating to case records, and complies with relevant professional standards. The Social Services Branch designates the responsibility of Custodian of Records duties for each program. The ET Program Manager bears overall responsibility for compliance with law and professional standards of the Custodian of Record but has delegated the duties necessary to fulfill the legal and professional requirements of the service to the ET Program Analyst. If there is no Program Analyst, the ET Program Manager is the custodian of Record.

The Custodian of Records is responsible for responding to subpoenas and record requests for/from individuals who are, or who have, received services from the program.

The ET Analyst is the Liaison between the Custodian of Records, County Counsel and/or Administration as needed.

Refer to *Receiving a Subpoena Desk Guide*.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 15-19
Program: General Relief	Keywords:
Effective Date: 8/5/15	Reference: GR Resolution 07-51, CalFresh Employment and Training Plan
Title: GR – UNEMPLOYED RECIPIENT ENGAGEMENT INCENTIVE PROGRAM	

### **Policy:**

All Unemployed Recipients (UR) of the General Relief (GR) Program are required to comply with the Work Readiness component of the GR Program and the CalFresh Employment and Training Plan (CF E&T). The engagement incentive program provides a method for General Relief Staff to recognize recipients who are participating with their case plan.

**Note:** Lost or stolen incentives will not be replaced.

### **Eligibility:**

GR UR recipients must complete;

1. A minimum of 6 hours of work crew activity, or
2. A workfare component with the GR Vocation Counselor (VC) and/or through the Employment and Training Department (ETD), or
3. An activity per recipient case plan in preparation for employability.

### **Incentive:**

- One night motel voucher for clients with verified work interview.
- Hair cut voucher.
- Laundry voucher to launder interview / work clothes.
- Gift cards in \$5 and \$10 denominations to local retailers including K-mart, Walmart and Target to obtain miscellaneous incidentals for job search and workfare activities such as shaving cream and razors, deodorant, tooth brush and tooth paste, etc.
- Educational materials including employment related books.
- Other identified work readiness incentives as approved by the General Relief Program Manager.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 15-19
Program: General Relief	Keywords:
Effective Date: 8/5/15	Reference: GR Resolution 07-51, CalFresh Employment and Training Plan
Title: GR – UNEMPLOYED RECIPIENT ENGAGEMENT INCENTIVE PROGRAM	

## **Procedure:**

### Work crew and Workfare Participants

#### Staff:

- 1) Identify Work Crew and Workfare participants who are candidates for the incentive benefit.
- 2) Verify recipient completed necessary assignments via;
  - a) Contacting with the Work Crew Leader or designated staff;
  - b) Verifying attendance as dictated on the work crew calendar;
  - c) Reviewing participation on the workfare transmittal.
- 3) Complete the C-18-30 GR – UR Track Incentive Program Payment Record form (attachment 1).
- 4) Provide C-18-30 and any additional documentation to GR Supervisor who will take to Program Manager for review and incentive authorization signature.
- 5) Provide recipient C-18-30 for signature(s).
- 6) Provide the incentive to the recipient.
- 7) Document all actions in the recipient's C-IV case.

### Other Activity as per Recipients Case Plan

#### Staff:

- 1) Identify recipients who are candidates for the incentive benefit.
- 2) Verify recipient completed necessary assignments.
- 3) Complete the C-18-30 GR – UR Track Incentive Program Payment Record form
- 4) Provide C-18-30 and any additional documentation to GR Supervisor who will take to Program Manager for review and incentive authorization signature.
- 5) Provide recipient C-18-30 for signature(s).
- 6) Provide the incentive to the recipient.
- 7) Document all actions in the recipient's C-IV case.



## GENERAL RELIEF – UR Track INCENTIVE PROGRAM PAYMENT RECORD

<b>Participants Name:</b>	<b>GR Case #:</b>
<b>Issued By:</b>	<b>Date:</b>
<b>Approved By:</b>	<b>Date:</b>

Service Date:	Incentive Type:	Amount:	Ticket #	Received by Signature:

**Notes:**



<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-02
Program: Employment & Training Division (ETD)	Keywords: Work Experience, WEX
Effective Date: 1/27/2015	Reference:
Title: ETD - Work Experience (WEX)	

**Policy:** Employment & Training Division (ETD) provides Work Experience (WEX) assignments to eligible customers based on their assessed need for this service. Worksites may be in the private for profit sector, the non-profit sector, or the public sector.

- Labor standards apply where an employer/employee relationship exists.
- Wages paid for WEX will be at federal or state minimum wage, whichever is higher.
- The County of Humboldt will be the employer of record for Social Service-subsidized WEX and provide for the customer's wages and worker compensation insurance.

**Definition:**

WEX is defined by the Department of Labor (DOL) as "a planned, structured learning experience that takes place in a workplace for a limited period of time." This activity is available as an Intensive service to ETD-eligible customers. WEX is intended to increase or develop the long-term employability of an individual.

**Forms:**

Individual Service Plan (ISS) (completed in CalJOBS)  
Contact and Schedule Information  
I-9 Forms and Info  
Payroll Procedures WEX  
Time Card  
Training Site Proposal  
W-4 IRS  
ETD Adult Supervisor Courier-Liaison Authorization  
ETD Adult Work Site Agreement

**Procedure:**

Print Date: 07/01/2015  
Prepared by: Connie Lorenzo, ETD Program Manager

Revision #:  
Revision Date:

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-02
Program: Employment & Training Division (ETD)	Keywords: Work Experience, WEX
Effective Date: 1/27/2015	Reference:
Title: ETD - Work Experience (WEX)	

Through a comprehensive assessment process, ETD Vocational Counselors (VCs) determine that WEX is an appropriate service.

- The need for WEX is documented in the customer's ISS.
- The duration of a WEX activity is determined by the ETD VC, based upon the customer's specific needs and circumstances. Duration of a WEX assignment is either three (3) months or six (6) months. Exceptions to durational limits may be made on a case-by-case basis with approval of the ETD Program Manager.
- The number and duration of WEX assignments are based on current ETD PY funding levels as allocated by the State of California.

#### **Work Experience Sites:**

ETD VCs select local private-for-profit, non-profit or public sector establishments based upon the entity's willingness to adhere to the goals and objectives of the WEX activity, provide supervision and evaluate the customer's work performance.

- Prospective entities that want to be an authorized WEX site must first complete a Work Site Proposal form. The Work Site Proposal will serve as the method and instrument used in selecting appropriate work sites. The Proposal will be evaluated by the ETD Program Coordinator and approved by the ETD Program Manager.
- Prior to placement of a participant in a WEX position at a designated work site, the ETD VC will secure a signed Work Site Agreement and verify ETD's receipt of a Certificate of Insurance naming the County as an additional insured.

#### **Customer Progress Evaluations and Monitoring:**

- At a minimum, individuals placed in a WEX activity will be visited at work by an ETD VC at least once a month. Additional work site visits will occur as necessary and appropriate. Monthly evaluation forms will be completed by the Work Site Supervisor and discussed with the Customer and ETD VC.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-02
Program: Employment & Training Division (ETD)	Keywords: Work Experience, WEX
Effective Date: 1/27/2015	Reference:
Title: ETD - Work Experience (WEX)	

The ETD VC will ensure the Customer is receiving an adequate employment experience matching the work outlined in the Work Site Agreement and Work Position Description.

- Customer progress will be documented in case notes.

### **Payroll Requirements and Procedures:**

Paychecks are processed through the Department of Health and Human Services (DHHS) Employee Services Division. The ETD VC will obtain the following documents, required to set up payroll for County-paid WEX:

- I-9 (Employment Eligibility Verification Form) with backup documentation.
- W-4 (Employees Withholding Allowance Certificate).

From the Work Site:

- Supervisor, Courier and Liaison Authorization.
- Meal period allowance form (when job requires work through lunch).

### **Responsibilities for completing the payroll process:**

- The customer is responsible for completing the Attendance Record(s) provided by ETD, signing it, and giving it to the Work Site Supervisor.
- The Work Site Supervisor is responsible for signing the Attendance Record indicating it is accurate and complete.
- The Work Site Supervisor is responsible for delivery of the Attendance Record to ETD in accordance with the payroll schedule provided by ETD.
- ETD is responsible to submit the Attendance Record to DHHS Employee Services for processing.
- DHHS Employee Services mails the participant's paycheck to the work site unless other arrangements are made.
- The customer is responsible for signing a Warrant Release Form acknowledging receipt of the paycheck.

### **On-Site File:**

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-02
Program: Employment & Training Division (ETD)	Keywords: Work Experience, WEX
Effective Date: 1/27/2015	Reference:
Title: ETD - Work Experience (WEX)	

Each customer participating in WEX will have an individual on-site file at the work site. The file is to remain confidential, yet be easily accessible to both the customer and work site supervisor at all times during normal working hours. The purpose of the file is to provide both the customer and work site supervisor with vital and pertinent information relating to WEX. The on-site file will contain the following:

- Emergency contact information.
- Procedure in case of a medical emergency and/or accident.
- Payroll procedures.
- Grievance procedures (both ETD's and the work site's if there is one).
- Copies of all previously submitted attendance records.
- A copy of the work position description.

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Social Services	Number: 16-05
Program: Employment & Training Division (ETD)	Keywords: Supportive Services
Effective Date: 3/2/16	Reference:
Title: ETD-Support Services	

**Policy:** The use of ETD Program funds for supportive services is allowable for individuals who are enrolled and actively engaged in ETD-approved career, training or follow-up services when these services are necessary for the individual to participate in ETD activities and the individual is unable to obtain those supportive services by other means.

- Services must be reasonable, necessary and allowable. Refer to the “Definitions” section below.
- **Probability of Benefit:** Supportive services will only be provided when the assessment process has indicated there is a reasonable expectation the customer will utilize and benefit from the services.
- **Resource and Service Coordination:** When a customer has access to the same or equivalent service from another resource such as a Tribal agency, training provider, employer, or another agency, services must be coordinated. In cases where training providers or employers normally supply such services to their regular students or employees, the same is expected for ETD customers. ETD Vocational Counselors (VCs) will coordinate services as appropriate, to prevent duplication of effort, confusion and delays. Coordination efforts will be documented in case management record.
- **Needs-Based Payments Exclusion:** Local provisions for needs-based payments as defined under the ETD and are determined by the Workforce Development Board (WDB).
- **Supportive services are not entitlements:** All supportive services will be considered individually as a unique request, based upon customer needs, and recommendation of ETD staff. Provision of all supportive services is dependent upon funding availability.
- **Duration:** Eligible customers may receive supportive services throughout the period they are enrolled and up to a maximum of one year after exiting.
- **Documentation:** Need for and provision of appropriate supportive services must be documented in the customer’s case file.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-05
Program: Employment & Training Division (ETD)	Keywords: Supportive Services
Effective Date: 3/2/16	Reference:
Title: ETD-Support Services	

### **Definitions:**

Supportive Services: Supportive services are those necessary to enable an individual to participate in activities authorized under ETD. Supportive services include, but are not limited to:

- Transportation.
- Assistance with the purchase of uniforms for occupational skills training, or appropriate attire for work activities.
- Assistance with the purchase of training/work-related tools.
- Other reasonable expenses required for a customer to remain in and complete intensive services or training leading to employment.

Services must be reasonable, necessary and allowable - Defined:

- Reasonable: The costs of the supportive service must be commensurate with the benefits of the service.
- Necessary: The support service must be necessary to the success of the customer's completion of an employment plan outlined in an Individual Service Strategy (ISS) and beyond the ability of the customer to pay.
- Allowable: The support service must be allowable under Federal and State guidelines.

### **Forms:**

Warrant Release Form Mortgage/Rental Urgent Support  
Tool and Equipment Agreement – purchased for training  
Tool Return Agreement – tools purchased for employment

### **Procedure:**

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-05
Program: Employment & Training Division (ETD)	Keywords: Supportive Services
Effective Date: 3/2/16	Reference:
Title: ETD-Support Services	

The following support services are available on a case-by-case basis. Monetary amount of assistance is based on need and ETD PY funding levels as allocated by the State of California.

### **Transportation**

**Within Humboldt County:** Customer may receive bus tickets or a travel allowance based on the all-zone rate of Humboldt Transit Authority bus fare. If public transit is not available to the customer (customer lives off the bus line) or the transportation need is not during busing hours, a maximum additional allowance to the all-zone bus rate, based on round-trip mileage from start point to training point on a per diem basis, will apply.

Customers must be making satisfactory progress in planned activities to receive travel support. Travel allowances will be paid for actual days of ETD program participation, and must be documented by an attendance record which is signed by the appropriate activity representative and by the customer.

**When training is located outside Humboldt County:** For the purpose of traveling from Humboldt County to an out-of-area training site, customer may receive round-trip reimbursement. The reimbursement rate will be based on the current County standard for mileage or the County's discount price for round-trip airfare, whichever is least. Customers may be reimbursed for their daily travel while attending approved out-of-town training. The customer will submit receipts or mileage records to be eligible for reimbursement.

**Travel to Out-of-Town Vocationally-Required Boards or Licensing Exams:** County standards for travel reimbursement (mileage, per diem and lodging) apply.

### **Rental/Lodging/Food Assistance during Out-Of-Area Training**

- Payment must be made directly to the vendor providing the service.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-05
Program: Employment & Training Division (ETD)	Keywords: Supportive Services
Effective Date: 3/2/16	Reference:
Title: ETD-Support Services	

- Short-Term Training (13 weeks or less): Rental/Lodging assistance may be provided at a rate of 100%. Appropriate expenditure levels will be determined by the local housing market conditions in which the training takes place, and will be restricted to providing adequate housing for a single individual.
- Long-Term Training (Beyond 13 weeks): Rental/Lodging assistance may be provided. Reimbursement rate is based on current ETD PY funding levels as allocated by the State of California. Reimbursement is determined on a case-by-case basis according to the customer's need. The first 3 months will be based on a higher rate of reimbursement, and at a lower rate for the following 3 months. The maximum reimbursement period is 6 months. A Petition for Urgent Support Services form must be completed and submitted with an income/expense statement.
- Per Diem for meals may be provided at standard County rates for a maximum of 2 weeks during out-of-area training. For training beyond two weeks, accommodations for food preparation and storage will be secured by the customer.

### **Child Care**

The customer is responsible for making child care arrangements during training.

### **Medical and Health Care Support Services**

The availability of minor medical and health care assistance is based on the availability of funds and the customer's demonstrated need. Support can include:

- Training-required physical examinations.
- Training or employment-required immunizations.
- Drug screens.
- Eye and/or ear examinations.
- Other minor medical or health care services required in order for the customer to participate in ETD authorized training or unsubsidized employment.



<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-05
Program: Employment & Training Division (ETD)	Keywords: Supportive Services
Effective Date: 3/2/16	Reference:
Title: ETD-Support Services	

Pre-Training drug screens (such as those required for truck driver training) are payable only as reimbursement to the customer upon ETDs confirmation of the customer's negative results.

### **Uniforms/Clothing and Accessories**

The cost of uniforms, shoes and other occupational-specific equipment may be covered by ETD funds when such items are required for training and/or as a condition of employment.

Clothing for Interviews: Interview clothing expenses can be covered on a one-time case-by-case basis depending on availability of ETD funding.

- When having specific clothing or uniform is a condition of employment, a job-offer confirmation from the employer is necessary prior to authorization.
- The cost of 2 sets of uniforms and one set of tools, shoes, and/or other occupational specific items may be supported. The lowest bid will be accepted. Original receipts for all purchases are required.

### **Tools and Equipment:**

This support service may be provided on a case-by-case basis, depending on customer need and the availability of ETD funding.

- Training related tools and equipment purchased with ETD dollars for customer training remains the property of the ETD and becomes the customer's property at such time as customer enters employment in a position related to training. If the customer leaves the training program, or obtains employment in an unrelated position, customer is obligated to return equipment to ETD. Customers will sign an agreement acknowledging their understanding of and intent to abide by these terms.
- ETD will not purchase or reimburse for weapons required in law enforcement or security training.
- Employment related necessity for tools and/or equipment must be documented by employer or training institution. Customer is responsible for

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-05
Program: Employment & Training Division (ETD)	Keywords: Supportive Services
Effective Date: 3/2/16	Reference:
Title: ETD-Support Services	

collecting 3 bids for any single item in excess of the current ETD-specified limit. Payment will be based on the lowest bid. ETD will not pay for items usually furnished by the training institution or items not required by the employer or training institution.

- Employers hiring in professional, technical, clerical, mechanical and similar occupations who require a ETD customer to have tools or equipment necessary to the performance of a job must abide by the California Industrial Welfare Commission Order No. 4-2001 with regard to wages. This regulation stipulates payment of “a wage equal to double that of minimum wage when requiring the employee to provide tools of the trade.”

### **Urgent-Need Assistance**

Support service may include emergency help for urgent needs such as rent, utilities or car repairs. Customer must demonstrate that s/he can deal with a similar emergency in the future without ETD help. A Petition for Urgent Support Services form must be completed and submitted with an income/expense statement and must be approved by Management prior to the processing of a County warrant.

- When advance payment is required, payment will be made directly to landlord, counselor or vendor providing the service. Maximum total assistance is based on ETD PY funding availability. Extreme hardship cases can be considered for exception and paid at a higher rate. Rent/Housing assistance will only be considered for a one-month period.
- The ETD Fiscal Unit will process the urgent-need request and will maintain a copy all documentation.
- When the Petition for Support Services is to pay for all or part of a customer's rent/housing costs, the ETD Vocational Counselor will:
  1. Personally view the customer's residence, whether it is a current residence or a new rental, and indicate this action on the Petition for Urgent Support Services.
  2. Personally talk with the landlord, explaining the assistance being considered, that federal funds will be used, and those funds will be

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-05
Program: Employment & Training Division (ETD)	Keywords: Supportive Services
Effective Date: 3/2/16	Reference:
Title: ETD-Support Services	

provided in the form of a County warrant. The landlord must sign a Warrant Release Form signifying that s/he has been fully informed of his/her responsibility.

3. Document visit(s) to the residence and discussions with the landlord in the case notes of the customer's file. In addition, s/he will place a copy of the signed Warrant Release Form in the customer's file.
4. Once management has approved the petition for support services, the case manager will provide a copy of the warrant release form to the ETD fiscal unit. ETD fiscal will request a check from the Humboldt County Auditor's office. ETD fiscal will maintain a copy of all documents.
5. When the Humboldt County Auditor's Office issues the warrant, ETD fiscal staff will mail the warrant, via certified/restricted mail, to the landlord/vendor.
6. Upon receipt, the ETD fiscal unit will attached the signed "returned receipt" card to the copy of the Request.

### **After-Exit Supportive Services**

Supportive Services must be available for a period of 12 months following program exit to customers who enter unsubsidized employment. Services must be determined necessary and reasonable to ensure employment retention, wage gains and career progress. The need for post-exit supportive services must be documented in the individual's case file. Such services may include, but are not limited to:

- Additional career planning and counseling.
- Contact with a customer's employer, including assistance with work-related problems that may arise.
- Peer support groups.
- Information about additional educational opportunities.
- Referral to supportive services available in the community.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 16-05
Program: Employment & Training Division (ETD)	Keywords: Supportive Services
Effective Date: 3/2/16	Reference:
Title: ETD-Support Services	

Post-Exit services exclude payment of any training costs incurred by client after they have been exited from the program.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 18-07
Program: General Relief	Keywords:
Effective Date: 11/1/2017	Reference: HDAP ACWDL 7-27-17; Assembly Bill 1603; WIC 18999
Title: Referrals to HDAP	

**Policy:** Any person who enters the Social Services branch asking for assistance with housing or disability income advocacy is screened for the Housing and Disability Income Advocacy Program (HDAP) and referred to General Relief Social Services GC unit.

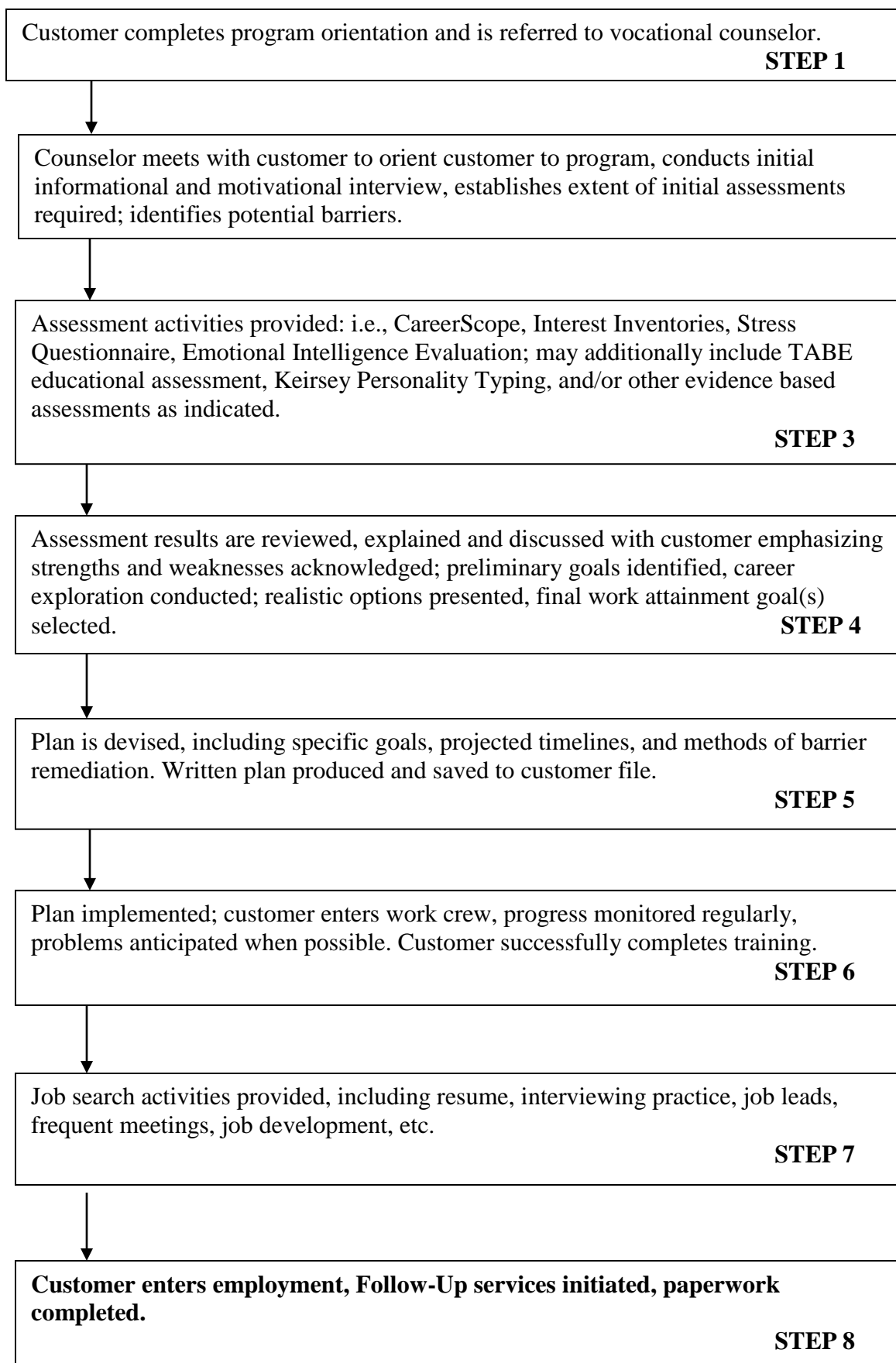
**Procedure:**

1. Front Office Staff:
  - a. Asks customer about housing situation, disability and income. Reception log entries are created for all persons requesting assistance.
    - i. Refers homeless households with children to CalWORKs (CW) inquiry for further assessment.
    - ii. Refers homeless, disabled households without children and income to the GC Staff Mailbox via e-mail. E-mail subject reads "HDAP Screen" and body of e-mail contains customer's full name and lobby ticket number.
  - b. Notes the number of inquiries per day and sends the data via e-mail to the GRSS supervisor every Friday.
2. General Relief, Health and Nutrition Services or CalWORKs Eligibility Worker (EW)/Integrated Case Worker (ICW):
  - a. Regardless of applying for aid or already receiving aid, if a person reports being homeless, disabled and not having any income then EW/ICW asks if the customer is interested in a case management program that can help to provide interim housing assistance until they are approved for Social Security.
  - b. If the person expresses interest, then:
    - i. If the customer has time to meet with a GRSS social worker, contacts GC Unit supervisor and completes a warm hand off. Sends e-mail to GC Staff Mailbox with customer information for tracking purposes.
    - ii. If the customer does not have time to meet with a GRSS social worker, completes a Social Worker Referral A-18-09 (Attachment 1) and e-mails form to GC Unit supervisor with cc to GC Staff Mailbox.
3. Social Worker Supervisor:
  - a. Calls or assigns a social worker to contact the interested person.
4. GC Unit staff:
  - a. In the office or over the phone, assesses for HDAP eligibility reviewing the following basic criteria using HDAP Referral Screen C-18-07 (Attachment 2):
    - i. Income Sources
    - ii. History of homelessness

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 18-07
Program: General Relief	Keywords:
Effective Date: 11/1/2017	Reference: HDAP ACWDL 7-27-17; Assembly Bill 1603; WIC 18999
Title: Referrals to HDAP	

- iii. Reported disabilities
    - b. Creates case file for reported information.
    - c. If customer otherwise HDAP eligible, customer is given the option to complete the VI-SPDAT in office, over the phone or by contacting 211 independently to complete enrollment via the coordinated entry system.

## Helping Humboldt Program Case Management Process



**Humboldt County Resource & Referral Contact Information**  
**Re. temporary lodging/housing complaint**

Department	Complaint Process	Contact Information
Humboldt Co. Environmental Health	100 H St. #100 Eureka CA 95501 <ul style="list-style-type: none"> <li>• Jurisdiction <u>only</u> in unincorporated areas of the County</li> <li>• Access needs to be granted by customer</li> </ul>	707-445-6215
Eureka Building Department	531 K St. Eureka, CA 95501	707-441-4155
Fortuna Building Department	621 11 <sup>th</sup> St. Fortuna, CA 95540	707-725-7600
CA Dept. of Community Housing and Development-Division of Codes and Standards	Investigates complaints regarding travel trailers or mobile homes within parks	800-952-5275
Arcata Community Development	Office hours are Monday-Friday from 9am-5pm 736 F St. Arcata, CA 95521	707-822-5955
Rio Dell Community Development	675 Wildwood Ave. Rio Dell, CA 95562	707-764-3532
Humboldt County Public Health	529 I St. Eureka, CA 95501	707-445-6200 1-855-707-9355
Humboldt County Veterans Services	825 5 <sup>th</sup> St. Rm 310 Eureka, CA 95501	707-445-7341



Eureka/Humboldt County Housing Authority	Office hours are Monday-Friday from 9:00am-4:30pm 735 W. Everding St. Eureka, CA 95503	707-443-4583
Legal Services of Northern California	1910 California St. Eureka, CA 95501	707-445-0866
California Indian Legal Services, Inc.	324 F St. Eureka, CA 95501	707-443-8397
North Coast Veterans Resource Center	109 4 <sup>th</sup> St. Eureka, CA 95501	707-442-4322
Community Care Licensing-Adult and Senior Care Program	Northern California Adult and Senior Care Regional Office 101 Golf Course Dr. Suite A-230m MS 29-11 Rohnert Park, CA 94928	707-588-5026 707-588-5080 Fax
Community Care Licensing-Children's Residential Program/Child Care	Northern California Regional Office-Chico 520 Cohasset Rd, Suite 170, MS 29-05 Chico, CA 95926	530-895-5033 530-895-5934 Fax



**COUNTY OF HUMBOLDT – EMPLOYMENT TRAINING DIVISION**  
**929 KOSTER STREET, EUREKA CA 95501**

First Name:

Last Name:

Client ID:           Date:   /   /

**Completion of this document authorizes the disclosure and/or use of individually identifiable personal and health and information, as set forth below, consistent with California and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.**

**AUTHORIZATION FOR USE AND DISCLOSURE OF CONFIDENTIAL/PUBLIC HEALTH and PERSONAL INFORMATION**

DOB: \_\_\_\_\_ Address: \_\_\_\_\_ Ph.#: \_\_\_\_\_

**I hereby authorize the use or disclosure of health and/or personal information for the above listed client as follows: (Check boxes)** ☐ *verbal exchange only*

☐ Mental/Physical Health Info and / or ☐ Alcohol/Drug Abuse Services\*

**Authorization is hereby given to DHHS Employment & Training Division to exchange the information specified below in section 1 with the individuals or organizations listed in section 2.**

**DISCLOSURE REQUIRED FOR:** Coordination of Services for my: ☐ self ☐ client

**1. INFORMATION TO BE RELEASED includes: (Name of auth. party: \_\_\_\_\_)**

☐ Any & All Items Listed Here; OR ☐ Only Those Items Checked Below

- ☐ Medications/Prescriptions ☐ Treatment Plans ☐ Psychological Evaluations  
☐ Psychiatric Evaluations ☐ Court/Police Records ☐ Assessment(s)  
☐ Treatment/Placement Issues & Progress Updates  
☐ Job Readiness, Job Search, Vocational Assessments, Counseling & Training Information  
☐ Job Placement, Retention and Wage Data  
☐ Other (specify): \_\_\_\_\_

**2. The information identified above may be USED BY, OR DISCLOSED TO, the following individuals or organization(s):**

- ☐ Dept. of Health & Human Services: ☐ Mental Health ☐ Public Health ☐ Social Services  
☐ Humboldt State University Center for Applied Social Analysis & Education  
☐ Humboldt County Probation Department  
☐ Humboldt County Sheriff's Office  
☐ Other: \_\_\_\_\_

**See Reverse for additional Information & Signatures**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**EXPIRATION OF AUTHORIZATION:** Authorization shall not exceed one (1) year, and, will terminate on \_\_\_\_\_, if not revoked sooner.

**NOTICE OF RIGHTS AND OTHER INFORMATION:**

This Authorization is effective immediately. I may revoke this authorization at any time, *however my revocation must be in writing, signed by me or on my behalf, and delivered to staff of this department.*

**Revocation will NOT apply to information already released under this authorization.**

If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may be re-disclosed and may no longer be protected. California law prohibits recipients of your health information from making further disclosure of it unless you provide them with written authorization, or as specifically required or permitted by law. **(Calif CC 56.10(c)).**

Authorization for sharing information shall be consistent with all state & federal regulations.

**I UNDERSTAND THAT AUTHORIZING THE USE OR DISCLOSURE OF THE INFORMATION IDENTIFIED ABOVE IS VOLUNTARY. I NEED NOT SIGN THIS FORM TO ENSURE SERVICES.**

**A photocopy or a facsimile of this Authorization may be used in place of the original.**

I may request to inspect or obtain a copy of the health information that I am being asked to authorize or disclose. **I may ask for a copy of this authorization (requested ☐; provided ☐)**

**SIGNATURES:**

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Circle One: Client / Legal Rep / Legal Guardian / Spouse / Financially Responsible Party, or  
Other: \_\_\_\_\_)**

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

**Distribution of copies:** ☐ Agency Providing Information ☐ Program File ☐ Client/Personal Copy

**\*Substance Abuse records requirements** prohibit the information obtained in response to this authorization to be used to prosecute the individual. Disclosure for such purpose must meet requirements of 42CFR §2.63 and be ordered by the court.

*(This release complies with CA WIC §5328 for LPS Protected Records, CA WIC §10852, 42 U.S.C. §290dd-3 & CFR, Part 2, Substance Abuse Regulations & Confidentiality of Medical Info Act, CC § 56 et seq, & H&S code § 199.21-199.40, and HIPAA Privacy Stds see 45 CFR §164.508)*

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Social Services	Number: 13-27
Program: All Programs	Keywords: CA5, CW5, MC 05, referral, veteran, VSO
Effective Date: 11/19/13	Reference: MC 50186, CMSP 3-036, 40-205, 82-610, MEDIL I-16-04
Title: VSO REFERRALS	

### Policy:

Referrals to the Veterans Service Office (VSO) required by regulation are done timely for veterans, spouses of veterans, and children of veterans. When a referral is not required by regulation, customers are provided with information and the opportunity for referral in order to serve the veteran or spouse/child of a veteran.

VSO is supported in obtaining and increasing funding it receives for having complete, correct "Veterans Benefits Verification and Referral" forms CW5s (attachment 1) or "Military Verification and Referral Form" MC05 (attachment 2) referred by Social Services Eligibility.

### Procedure:

When a person reports in person, through phone, on a Statement of Facts, or by any other means that they are a veteran or the child or spouse of a veteran:

For all cases with a CalWORKs component (without or without Medi-Cal), staff:

- 1) Enters the Veterans Page in C-IV for the person reported to be a veteran or the child or spouse of a veteran.
  - a. Must enter applicant under "Veteran Detail" Name, whether child, spouse, or actual veteran.
- 2) Generates a CW5 from C-IV.
  - a. Selects document control, template repository search, enter "CW 5" in form number, and select CW 5.
  - b. If applicant/family member is a spouse or child of a veteran and the veteran is not in the home, must leave Veteran name blank during this step only and select the spouse/child as "Claimants". Veteran's name *must* be completed later.
  - c. Selects "Generate form" and enters additional information that is available from the customer. Call or speak to customer as the initial step.
    - i. Veteran's name must *always* be completed. If the applicant is a spouse or a child of a veteran not in the home, the name of the veteran *must* be entered on the CW5. The social security number of the veteran should be entered unless there is no possibility it can be obtained.

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Social Services	Number: 13-27
Program: All Programs	Keywords: CA5, CW5, MC 05, referral, veteran, VSO
Effective Date: 11/19/13	Reference: MC 50186, CMSP 3-036, 40-205, 82-610, MEDIL I-16-04
Title: VSO REFERRALS	

- ii. On the line below Case name, under case number, enters the (potential) aid code with no exceptions after the "12" (for county) and the case number (pre-fills if known). .
  - iii. Prints and has customer sign. Completes additional information if customer is in the office.
  - iv. Images signed copies of CW5 to case.
- 3) Determines whether applying for unconditionally available income/potentially available income is a condition of eligibility for programs customer is applying for or receiving.
  - a. If a CW5 is a condition of eligibility and customer has not yet signed CW5:
    - i. Put it on the applicable verification request letter for program,
    - ii. Send VSO Cover Letter (I-13-01) (attachment 3).
  - b. If not a condition of eligibility, send CW5 with VSO Cover Letter and *without* a verification request letter.
- 4) Sends a copy of the CW5 to the VSO.
  - a. If the CW5 is sent to customer, writes "PEND COPY" in the signature area and routes to the VSO.
- 5) Generates a new CW5 anytime there is a change reported in Veteran's income or Veteran's status and at renewal/redetermination.

For Medi-Cal and/or CalFresh cases without a CalWORKs component: staff:

- 1) Enters the Veterans Page in C-IV for the person reported to be a veteran or the child or spouse of a veteran.
  - a. Must enter applicant under "Veteran Detail" Name, whether child, spouse, or actual veteran.
- 2) Generates an MC 05 from C-IV.
  - a. Selects document control, template repository search, enter "MC 05" in form number, and selects MC 05.
  - b. Selects "Generate form" and enters additional information that is available from the customer. Call or speak to customer as the initial step.
    - i. Veteran's name must *always* be completed. If the applicant is a spouse or a child of a veteran not in the home, the name of the veteran *must* be entered on the CW5. The social security number of the veteran should be entered unless there is no possibility it can be obtained.

<b>POLICY &amp; PROCEDURE</b>	
Humboldt County Department of Health and Human Services Social Services	Number: 13-27
Program: All Programs	Keywords: CA5, CW5, MC 05, referral, veteran, VSO
Effective Date: 11/19/13	Reference: MC 50186, CMSP 3-036, 40-205, 82-610, MEDIL I-16-04
Title: VSO REFERRALS	

- ii. On the line below Case name, under case number, enters the (potential, anticipated) aid code with no exceptions after the "12" (for county) and the case number (pre-fills if known).
  - iii. Prints the MC05.
- c. If customer has not provided sufficient information to complete the MC 05:
  - i. Put it on the applicable verification request letter for program,
  - ii. Send VSO Cover Letter (I-13-01) (attachment 3).
- 3) Sends a copy of the MC 05 to the VSO.
  - a. If the MC 05 is sent to customer, writes "PEND COPY" in the Medi-Cal Worker Remarks section 21 and routes to the VSO.
- 4) Generates a new MC 05 anytime there is a change reported in Veteran's income or Veteran's status and at renewal/redetermination.

Send one referral per intake, renewal, or change of status regardless of the number of programs open.

- If any CalWORKs, use CA5
- If no CalWORKs, use MC05

**VETERANS BENEFITS VERIFICATION AND REFERRAL****NOTE: Do not complete this form unless one of the following is known:**

- **Veterans Social Security Number and Date of Birth**
- **Military Serial Number**
- **Veterans Administration (VA) Claim Number**

You and any member of your household for whom you are applying for aid must give us the Social Security Number(s) (SSN). The SSN(s) are used to determine your eligibility and failure to cooperate may result in denial or discontinuance of aid. Authority: 45 Code of Federal Regulations Section 205.52, and Welfare and Institutions Code Section 11268(a).

**Name and Address of County Veterans Service Office**

CASE NAME:

CASE NUMBER (INCLUDING MEDS AID CODE):

APPLICANT/RECIPIENT PHONE #:

CASE WORKER:

WORKER PHONE #:

**SECTION I**

VETERAN'S NAME (LAST, FIRST, MIDDLE)

BIRTH DATE:

BIRTHPLACE:

LIVING?

IF DECEASED:

☐ YES

DATE OF DEATH:

☐ NO

PLACE OF DEATH:

VETERAN'S ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)

DOES THIS VETERAN  
LIVE IN YOUR HOME?☐ YES ☐ NO

VA CLAIM NUMBER:

SOCIAL SECURITY NUMBER:

MILITARY SERIAL NUMBER:

BRANCH OF SERVICE:

DATE OF ENTRY:

DATE OF DISCHARGE:

TYPE OF DISCHARGE:

☐ HONORABLE ☐ GENERAL☐ MEDICAL☐ OTHER THAN HONORABLE☐ UNKNOWN

VETERAN'S MARITAL STATUS:

☐ SINGLE ☐ MARRIED ☐ DIVORCED  
☐ SEPARATED ☐ WIDOWED

IS THIS VETERAN PERMANENTLY UNABLE TO WORK BECAUSE OF DISABILITY?

☐ YES ☐ NODID THIS VETERAN SUFFER AN IN-SERVICE UNJURY OR  
ILLNESS THAT CAUSES A CURRENT DISABILITY?☐ YES ☐ NO

VETERAN'S GROSS MONTHLY INCOME: \$

IS ANYONE IN LONG-TERM CARE:  
☐ YES ☐ NO IF YES, (✓) BELOW:IS ANYONE BLIND, OR IS HOME CARE NEEDED TO FEED, BATHE, OR DRESS A HOUSEHOLD  
MEMBER: ☐ YES ☐ NO IF YES, (✓) BELOW:

SPOUSE'S GROSS MONTHLY INCOME: \$

☐ VETERAN ☐ SPOUSE ☐ OTHER☐ VETERAN ☐ SPOUSE ☐ OTHER**SECTION II**

NAME OF CLAIMANT:

RELATIONSHIP TO VETERAN: BIRTH DATE:

SOCIAL SECURITY NUMBER:

ADDRESS:

**SECTION III**

I hereby authorize the welfare department to release the above information to the County Veterans Service Office and the Veterans Administration for purposes of identifying or obtaining benefits available to the persons identified above. I also authorize the County Veterans Service Office and Veterans Administration to release their findings (to be noted below).

SIGNATURE (OR MARK) OF VETERAN/DEPENDANT:

DATE:

SIGNATURE OF WITNESS TO MARK:

DATE:

**SECTION IV (To be completed by the County Welfare Department and the County Veterans Service Office)**

The County Welfare Department requests the County Veterans Service Office to:

☐ **Verify any VA benefits received by the veteran and/or dependent(s):**☐ **Determine veteran/dependent's eligibility for veteran's benefits:**

1-Veteran 2-Claimant 3-Claimant 4-Claimant

(✓) If monthly benefit is paid,

(✓) Eligibility status:

Monthly Benefit \$ \$ \$ \$

☐ Compensation☐ No basic eligibilityBeginning Date  
(Month/Day/Year)☐ Pension☐ Claim initiatedEnding Date  
(Month/Day/Year)☐ Other (see remarks)☐ Claim being reviewedLump Sum Payment  
(Past 6 Months)

\$ \$ \$ \$

☐ Includes A & A benefits of \$☐ Claim denied

REMARKS: (For official use only)

**Name and Address of County Human Services Office**

CVSO REPRESENTATIVE: (PRINT)

PHONE #:

DATE:

## **INSTRUCTIONS FOR COUNTY USE AND COMPLETION OF VETERAN'S BENEFITS VERIFICATION AND REFERRAL FORM CW 5**

### **USE THE CW 5:**

1. To verify the status amount of the veteran's benefits being received.
2. To refer applicants or recipients to the County Veterans Service Office (CVSO).
3. To obtain new veteran benefits when the information on the Statement of Facts forms for the following programs indicates possible eligibility for benefits or county general assistance or relief:
  - California Work Opportunity and Responsibility to Kids (CalWORKs)
  - Medi-Cal
  - State-Run County Medical Services Program
  - Food Stamps
  - AFDC-Foster Care
  - Kin GAP
  - Healthy Families
  - Other Program Statement of Facts forms

### **DO NOT COMPLETE THIS FORM IF THE SERVICE PERSON IS STILL ON ACTIVE DUTY, OR NONE OF THE FOLLOWING INFORMATION IS KNOWN:**

1. Veteran's Social Security Number (SSN) and Date of Birth;
2. Veteran's Military Serial Number;
3. Veterans Administration (VA) Claim Number.

If either of the above applies, **do not** initiate a CW 5. Do make an entry in the "County Use Only" section of the SAWS 2 or the MC 210 or the "ELIGIBILITY WORKER ONLY": section of the FC 2 form stating why a referral was not made and place the form in the case file.

### **INSTRUCTIONS FOR COMPLETION OF CW 5:**

1. Enter name and address of County Veterans Service Office (CVSO) in upper left-hand corner of the address box.
2. Enter name and address of County Welfare Department (CWD) in lower left-hand address box.
3. Check the appropriate request box to verify or determine benefits.
4. Enter worker and applicant/recipient case information in upper right-hand box.

**Section I** - Have applicant enter all known veteran and, if applicable, claimant information. At least one is required: (a) Veteran's SSN and date of birth, (b) Veteran's military serial number, or (c) VA claim number.

**Section II** - Have applicant enter all claimant information.

**Section III** - Have the veteran, dependent/claimant or foster care representative read, sign and date the authorization statement (attach a copy of placement order in foster care cases).

**Section IV** - This section will be filled in by the CVSO.

### **DISTRIBUTION AND FILING OF THE CW 5:**

Complete original and photocopy 5 copies of the form. Distribute as follows:

- Original and 3 copies to CVSO. Have the veteran, dependent/claimant, or foster care representative hand carry 4 copies of the form along with medical documents, military papers, etc, to the CVSO. Referral by mail may be used if hand carry method is not possible.
- One copy for case file to be retained until original is completed and returned to CWD by CVSO. CWD will keep the completed original CW 5 as a permanent record and discard the copy.
- A copy of the completed original will be kept by CVSO.

If Veterans Affairs Aid and Attendance Benefits have been granted to the veteran, widow or parent of the veteran, CVSO will also send a copy of the completed original to: Department of Health Services, Recovery Branch, Health Insurance Unit 105, P.O. Box 1287, Sacramento, CA 95806.



**MILITARY VERIFICATION AND REFERRAL FORM****SECTION A: TO BE COMPLETED BY MEDI-CAL ELIGIBILITY WORKER****1. NAME AND ADDRESS OF MEDI-CAL ELIGIBILITY WORKER'S OFFICE:****3. CASE WORKER NAME:****4. WORKER PHONE #:****5. WORKER EMAIL:****2. NAME AND ADDRESS OF COUNTY VETERANS SERVICE OFFICE:****6. CASE NUMBER:****7. MEDI-CAL AID CODE OF VETERAN OR FAMILY MEMBER: (Required\*)****VETERAN INFORMATION****8. VETERAN NAME (FIRST, MIDDLE, LAST)****9. DATE OF BIRTH (DOB):****10. SOCIAL SECURITY NUMBER (SSN):****11. VETERAN MARITAL STATUS (Mark only ONE):**
☐ SINGLE    ☐ MARRIED    ☐ DIVORCED  
☐ WIDOWED    ☐ UNKNOWN
**12. VETERAN ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP)****13. VETERAN CONTACT INFO:****14. VA INCOME REPORTED (if applicable):**  
\$**15. MILITARY BACKGROUND (Dates/Branch of Service):****VETERAN'S FAMILY INFORMATION****16. NAME:****17. RELATIONSHIP TO VETERAN:****18. DATE OF BIRTH:****19. SOCIAL SECURITY NUMBER:****20. ADDRESS:****21. MEDI-CAL ELIGIBILITY WORKER REMARKS:****SECTION B: TO BE COMPLETED BY COUNTY VETERANS SERVICE OFFICE (CVSO)****1. DATE CONTACTED/VERIFIED:****2. VETERAN, SPOUSE, OR DEPENDENT/CHILD? (Mark only ONE)**
☐ VETERAN    ☐ SPOUSE  
☐ DEPENDENT/CHILD
**3. TYPE OF ACTION (Mark ALL that apply) :**
☐ VA HEALTH ENROLLMENT    ☐ VA MONETARY BENEFIT    ☐ NOT ELIGIBLE  
☐ VA BENEFIT ENHANCEMENT (even if claim is under review/in process)
**4. VA HEALTH ENROLLMENT TYPE (PLEASE SPECIFY IF APPLICABLE):****5. TYPE OF VA MONETARY BENEFITS (Mark ALL that apply):**
☐ COMPENSATION    ☐ PENSION  
☐ PENSION RESTORED    ☐ AWARDED INCOME  
☐ SPECIAL COMPENSATION  
☐ OTHER: \_\_\_\_\_
**6. GROSS PAY:**

\$

**7. IF A&A/SMC/SMP IS INCLUDED:**
A&A: \$ \_\_\_\_\_  
SMC: \$ \_\_\_\_\_  
SMP: \$ \_\_\_\_\_
**8. IS THIS PERSON LIVING IN LONG TERM CARE (LTC)? (Mark only ONE)**
☐ YES    ☐ NO
**9. IF APPLICABLE, DATE ENROLLED IN LTC:****10. CVSO REPRESENTATIVE REMARKS:****11. CVSO REPRESENTATIVE: (PRINT)****12. PHONE #:****13. DATE:**

**Privacy Statement:** This referral is for individuals applying or receiving Medi-Cal benefits through the Department of Health Care Services (DHCS). The personal and medical information provided on it is private and confidential. DHCS or CWD will use this information to identify the applicant/recipient in order to administer our programs. This information will be shared with other state, federal, and local agencies, contractors, health plans, and programs only to enroll an applicant in a plan or program or to administer programs, and with other state and federal agencies as required by law. In most cases, an applicant has the right to see personal information about them that is in federal and state records. For the Department of Health Care Services, contact the Information Protection Unit at: P.O. Box 997413, MS 4721 Sacramento, CA 95899-7413. Phone: 1-866-866-0602 TTY: 1-877-735-2929. State and federal laws give us the right to collect and keep the information on the application: DHCS: CA Welfare and Institutions Code § 14011 and Article 3, Chapters 5 and 7, Parts 2 and 3, Division 9. This Privacy Statement is given under CA Civil Code § 1798.17. DHCS's Notice of Privacy Practices can be seen at dhcs.ca.gov.

**MILITARY VERIFICATION AND REFERRAL FORM INSTRUCTIONS****USE THE MILITARY VERIFICATION AND REFERRAL FORM:**

1. To verify monetary amounts of veterans' benefits and VA health enrollment for new applicants, current Medi-Cal recipients, and during Medi-Cal redeterminations.
  2. To refer applicants or recipients to the County Veterans Service Office (CVSO).
  3. To obtain or enhance veteran benefits when the information on the Statement of Facts indicate a military background.
- \* Do not complete this form if the service person is still on active duty.

**INSTRUCTIONS FOR COMPLETION OF THE MEDI-CAL MILITARY REFERRAL FORM:****SECTION A: TO BE COMPLETED BY MEDI-CAL ELIGIBILITY WORKER**

- # 1 Enter name and address of Medi-Cal Eligibility worker's office the form will be returned to.
- # 2 Enter name and address of County Veterans Service Office (CVSO) the form will be sent to.
- # 3-5 Enter case worker (person filling out the form) contact information on # 3 – 5.
- # 6 Enter Medi-Cal case number of applicant/recipient (if applicable)
- # 7 Enter valid Medi-Cal Aid Code. (Required)
- # 7 \* If necessary, county staff may enter the case's anticipated aid code even though eligibility has not yet been established. When the aid code is determined, county staff will update the aid code (if different from the anticipated aid code) and inform CVSO of the updated aid code.
- # 8-13 Enter all known personal information of Veteran. *Required: Date of Birth (DOB), and Social Security Number (SSN).*
- # 14 Enter the VA income reported by the applicant/recipient (if applicable). Verify and evaluate income when MC 05 is returned.
- # 15 Enter Veteran's Military Background. This may include but not limited to Dates of Service/Branch of Service etc.  
Enter all family member information if someone other than the veteran is applying for benefits.  
(E.g. Spouse or dependent/child of veteran.)
- # 16-20 Note: A dependent is defined as a veteran whose parent(s)/ or family member who are dependent upon him/her for financial support may be paid additional benefits from the VA based on specific eligibility requirements.
- # 21 Enter any additional notes/remarks that the CVSO may need to know regarding the Medi-Cal applicant/recipient's case that may help determine VA and Medi-Cal eligibility.

**SECTION B: TO BE COMPLETED BY COUNTY VETERANS SERVICE OFFICE (CVSO)**

- # 1-2 Enter date you attempted to contact or verify the beneficiary and confirm whether they are the veteran, spouse, or dependent/child.  
\* Military dependents are the spouse(s), children, and possibly other familial relationship categories of a sponsoring military member (such as dependent parent of a veteran) for purposes of pay as well as special benefits, privileges and rights.
- # 3 Select VA benefit type the applicant is receiving and/or eligible to receive. Mark all that apply.
- # 4 Enter VA Health Information. Specify if applicable.  
This may include the VA Health System, CHAMPVA, TRICARE, or any other military health coverage.
- # 5 Select the type of monetary benefit the veteran is already receiving and/or entitled to receive (Mark all that apply if applicable).
- # 6 Enter gross pay the veteran is reported to be receiving.
- # 7 Enter amount of Aid and Attendance (A&A)/ Special Monthly Compensation (SMC)/ Special Monthly Pension (SMP) if applicable. (A&A/SMC/SMP is required in order for the Medi-Cal worker to properly treat income.)
- # 8 - 9 If the veteran is in Long Term Care (LTC), enter all known LTC information (if applicable)
- # 10 If applicable, enter any additional information/comments/remarks that may be necessary for the Medi-Cal worker to know for eligibility determination.
- #11- 13 Enter all CVSO contact information and date.

**DISTRIBUTION AND FILING OF THE MEDI-CAL MILITARY VERIFICATION AND REFERRAL FORM:**

1. The Medi-Cal eligibility worker will fill out Section A of the MC 05 form if a Medi-Cal applicant/beneficiary or anyone in the household indicates they have a military background.
2. The Medi-Cal eligibility worker will keep one copy of the MC 05 for their records and submit the original copy to the CVSO. The copy for the case file is to be retained until the original is completed and returned by CVSO.
3. The CVSO will utilize any VA resources and/or contact the veteran and confirm VA benefits eligibility (if any) and complete Section B of the MC 05 Form. This may include VA compensation, Health, and enhancement of current benefits.
4. The CVSO will make a copy of the completed MC 05 form and keep it for case file records. The CVSO will then return the original MC 05 form to the Medi-Cal eligibility worker.
5. The Medi-Cal eligibility worker will review the MC 05 form to complete/determine Medi-Cal eligibility. Any incomes reported should be evaluated and have the Share of Cost (SOC) adjusted, if applicable. If the applicant/recipient is in receipt/eligible for VA Health, the applicant must accept any unconditionally available income for which they appear eligible followed by § 50186 of Title 22 of the California Code of Regulations. For existing Medi-Cal recipients, The Medi-Cal eligibility worker will send the recipient an MC 215 for voluntary discontinuance.



## **Veteran? Child or spouse of a veteran?**

Let the Veteran's Service Office (VSO) help you see if  
you are eligible for VA benefits. The VSO offers comprehensive benefit counseling.

Veterans may be eligible for VA benefits such as:

### Health Benefits

- Medical care from VA medical facilities. Entitlement to receive VA health benefits may depend on the veteran's length of service, service-connection, income, or eligibility for non-service connected pension.

### Compensation

- Payment for an injury or illness that you received while in the service, or because of something that happened while you were in the service.

### Non-service Connected Pension

- Assistance for low income veterans who are disabled or over 65.

### Tuition

- If you have a service connected injury, you can get free college for your dependents in the state of California!
- There are a variety of resources available to help Veterans attend school.

Children and spouses of deceased veterans or veterans with a service-related injury may be eligible to benefits such as tuition assistance or compensation.

To start the process, just fill out this form as completely as you can and return it in the attached envelope. The VSO will contact you.

**You can also contact the  
VSO at (707) 445-7341**

The office is at 825 Fifth St in Eureka, Room 310

Hours are 8:30 AM - 12 noon, 1:00 pm - 4:00 pm, Monday thru Friday

See back for more information about services provided

# Veterans Service Office

The Humboldt County Veterans Service Office is established by the Board of Supervisors of Humboldt County to assist veterans, their dependents and survivors, and the general public in obtaining benefits from federal, state and local agencies administering programs for veterans. We provide advocacy to the veteran community regarding entitlement rights to federal, state and local benefit programs.

## **We offer the following services:**

- Comprehensive benefit counseling
- Claim preparation and submission
- Claim follow-up to insure final decision
- Initiate and develop appeals when appropriate
- Networking with federal, state and local agencies

## **We offer assistance with the following:**

- Compensation (service-related injuries)
- Re-open compensation claim for increase
- Survivors benefit for service-connected death
- Pension (for war-era veterans)
- Death pension (for widows of war-era veterans)
- Dependent allowances
- Discharge recordation and certification
- Housebound and Aid & Attendance allowances
- State Veterans Homes
- Request for military records and decorations
- Medical & dental benefits
- Benefit verification
- Vocational rehabilitation
- Home loans
- College tuition fee waiver
- Education benefits
- Life insurance
- Burial benefits