



# CalWORKs Employment & Training Services



ETS: Cameron

# Program Participation

# Our Goal...

- ▶ To help **you** reach your goals!



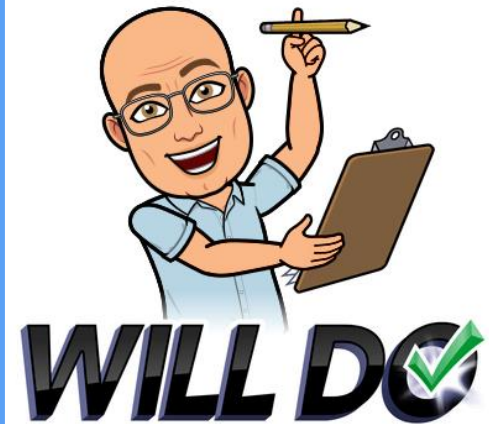
ETS: Brett

# Make the most of your limited time on CalWORKs...

There is a 60-month time limit to receive CalWORKs Cash Aid

There are several activities to choose from during your 60 months in the program

If needed, eligible children can continue receiving their portion of the cash aid after a parent's time runs out



ETS: Brian

Some situations may stop your CalWORKs time clock..



You care for a child 0-23 months old (one time only)

You have a disability expected to last at least 30 days

You care for someone in your home that is unable to care for him/herself

You are experiencing a crisis (Family Stabilization)

You are pregnant and cannot work

You are a non-parent relative caretaker of a child

You are under 16 years old or over 60 years old

You are 16-18 years old and going to school full-time

**Even if you qualify for an exemption, you can still choose to volunteer and benefit from our services and support!**

# What does your participation look like?

- Find and engage in the activities that **align best with your goals!**

| Family Type                          | Hourly Requirement | Hours to meet Weekly Average | Monthly Total |
|--------------------------------------|--------------------|------------------------------|---------------|
| Single parent with a child under 6   | 20                 | 22                           | 87            |
| Single parent with child(ren) over 6 | 30                 | 33                           | 130           |
| Two-parent family                    | 35                 | 38                           | 152           |



Sr. ETS: Leticia

# Monthly Activity Report



ETS:  
Sandra

## Your Monthly Activity Report (MAR)...

tracks monthly participation hours by activity type

is completed monthly by each adult participant

is due to your ETS by the 5<sup>th</sup> of the following month

can easily be completed and submitted electronically

COUNTY OF SANTA CRUZ  
**CalWORKS**  
EMPLOYMENT SERVICES

**MONTHLY ACTIVITY REPORT**

| PARTICIPANT NAME                        | CASE NUMBER        | PLAN HOURS     | MONTH | YEAR | ETS                    |      |      |                     |      |      |       |      |      |             |      |      |
|---|--------------------|----------------|-------|------|------------------------|------|------|---------------------|------|------|-------|------|------|-------------|------|------|
| ACTIVITY 1                              | 1st                | 2nd            | 3rd   | 4th  | 5th                    | 6th  | 7th  | 8th                 | 9th  | 10th | 11th  | 12th | 13th | 14th        | 15th | 16th |
|   | If other, specify: |                |       |      |                        |      |      |                     |      |      |       |      |      |             |      |      |
|   | 17th               | 18th           | 19th  | 20th | 21st                   | 22nd | 23rd | 24th                | 25th | 26th | 27th  | 28th | 29th | 30th        | 31st |      |
| Verification Method - Only one required |                    | Provider Name: |       |      | Provider Phone Number: |      |      | Provider Signature: |      |      | Date: |      |      | Total: 0.00 |      |      |
| ACTIVITY 2                              | 1st                | 2nd            | 3rd   | 4th  | 5th                    | 6th  | 7th  | 8th                 | 9th  | 10th | 11th  | 12th | 13th | 14th        | 15th | 16th |
|   | If other, specify: |                |       |      |                        |      |      |                     |      |      |       |      |      |             |      |      |
|   | 17th               | 18th           | 19th  | 20th | 21st                   | 22nd | 23rd | 24th                | 25th | 26th | 27th  | 28th | 29th | 30th        | 31st |      |
| Verification Method - Only one required |                    | Provider Name: |       |      | Provider Phone Number: |      |      | Provider Signature: |      |      | Date: |      |      | Total: 0.00 |      |      |
| ACTIVITY 3                              | 1st                | 2nd            | 3rd   | 4th  | 5th                    | 6th  | 7th  | 8th                 | 9th  | 10th | 11th  | 12th | 13th | 14th        | 15th | 16th |
|   | If other, specify: |                |       |      |                        |      |      |                     |      |      |       |      |      |             |      |      |
|   | 17th               | 18th           | 19th  | 20th | 21st                   | 22nd | 23rd | 24th                | 25th | 26th | 27th  | 28th | 29th | 30th        | 31st |      |
| Verification Method - Only one required |                    | Provider Name: |       |      | Provider Phone Number: |      |      | Provider Signature: |      |      | Date: |      |      | Total: 0.00 |      |      |
| ACTIVITY 4                              | 1st                | 2nd            | 3rd   | 4th  | 5th                    | 6th  | 7th  | 8th                 | 9th  | 10th | 11th  | 12th | 13th | 14th        | 15th | 16th |
|   | If other, specify: |                |       |      |                        |      |      |                     |      |      |       |      |      |             |      |      |
|   | 17th               | 18th           | 19th  | 20th | 21st                   | 22nd | 23rd | 24th                | 25th | 26th | 27th  | 28th | 29th | 30th        | 31st |      |
| Verification Method - Only one required |                    | Provider Name: |       |      | Provider Phone Number: |      |      | Provider Signature: |      |      | Date: |      |      | Total: 0.00 |      |      |

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true, correct and complete.

Participant Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Please explain any absences here:

FOR COUNTY STAFF USE ONLY

ETS Verification \_\_\_\_\_
Date \_\_\_\_\_
Monthly Total: 0.00

# Program activities and opportunities...

Employment

Job Search

Career  
Exploration  
Session

Work  
Experience/  
Volunteering

Family  
Stabilization

Education

Distance  
Learning

Vocational  
Training &  
Study Hours

And more...



ETS: Mary Ellen





**Appointments with ETS or Social Worker**



**Counseling appointments**



**Family and Children Services**



**Volunteer Work/Community Service**



**Domestic violence services**



**Substance abuse services**



**Parenting classes**



**Legal services**

ETS: Rosie

**You Can Do It!**



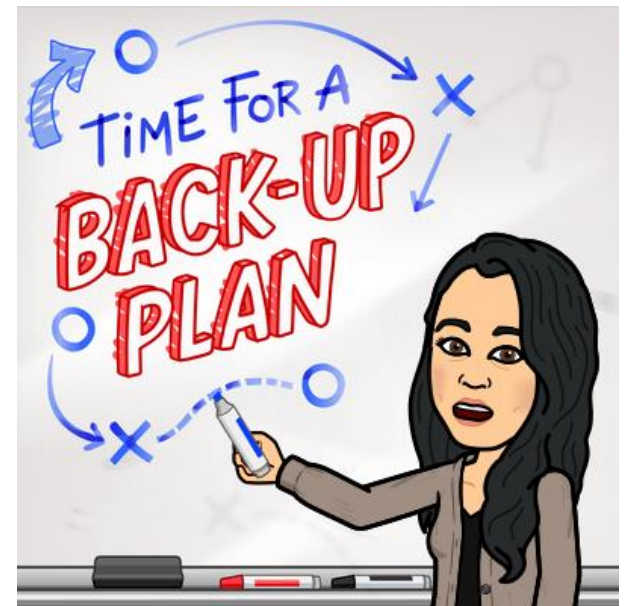
Time spent on  
**County**  
**approved**  
activities may  
also count  
toward your  
participation  
target!

We know sometimes things in life don't go as planned...

If you are having a hard time participating or developing your plan, communicate with your ETS.

You may qualify for an exemption, additional services, or we can help you with goal setting.

**We are on your side and are here to help!**



ETS: Brenda

# Questions?

For CalWORKs eligibility questions, please call a Benefits Representative at 888-421-8080.

If your assigned ETS is out and you need assistance, please call 831-454-4274 and leave a message for the desk worker of the day.



ETS: Alex