



**LOS ANGELES COUNTY
WELFARE TO WORK BULLETIN**

W99-2

NUMBER: W98-03 SUBJECT: Non-Custodial Referral Survey

DATE: 1/7/99

EFFECTIVE DATE: 1/7/99

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TO: ALL WELFARE-TO-WORK SERVICE PROVIDERS

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

Kenneth Kessler, Director
Employment and Training

Attachments

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

NEW EMPLOYMENT OPPORTUNITIES

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

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

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

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

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

Training that might be offered includes:

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

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

Part A: Non-Custodial Parent Information		
Last Name:	First Name:	Middle Name:
GR Case Number:	Social Security Number:	Birthdate: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address: Number and Street Name		City: Zip Code:
Phone Number:		Message Phone:
Eligibility Criteria		
1. I do <i>not</i> have a high school diploma or GED.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have worked less than 3 of the last 12 months.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I need treatment for alcohol/drug abuse in order to get a job.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I have minor children not living with me who may be receiving welfare.		<input type="checkbox"/> Yes <input type="checkbox"/> No
• <i>If you answered yes to question 4, please provide information below, if known:</i>		
Child's Last Name, First Name	Date of Birth	Social Security Number
1.		
2.		
3.		
NON-CUSTODIAL PARENT AUTHORIZATION FOR RELEASE OF INFORMATION		
I certify that the above information is correct under penalty of perjury. I authorize the release of the above information from DPSS to the recommended service provider in order to obtain employment training services and further develop my career development planning.		
CLIENT SIGNATURE: _____		DATE: _____
Part B: County Validation Section		
<input type="checkbox"/> As an employee of the Los Angeles County Department of Public Social Services (DPSS), I have verified that the non-custodial parent has linkage to a child/children receiving CalWORKs with a total time on aid of _____ mos.		
<input type="checkbox"/> There is no linkage to CalWORKs. Please evaluate for eligibility to other employment training programs.		
Name: _____		Date: _____
Title		
Signature: _____		Office: _____
Phone: _____		NCP Referred to: _____
Agency		
Part C: Reverse Referral/Request for Validation		
I hereby request validation of CalWORKs linkage for the non-custodial parent who has completed Part A above.		
Name: _____		Date: _____ Agency: _____
Address: _____		ZIP _____
Signature: _____		Phone: _____ Fax: _____

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

NUEVAS OPORTUNIDADES DE EMPLEO

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

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

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

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

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

La capacitación que pueden ofrecerle incluye:

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

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

Parte A: Información sobre el padre no a cargo		
Apellido:	Primer nombre:	Segundo nombre:
Número del caso de GR:	Número de Seguro Social:	Fecha de nacimiento: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Domicilio postal: Nombre y número de la calle:	Ciudad:	Código postal:
Número de teléfono:	Teléfono para mensajes:	
Criterios de elegibilidad		
1. <i>No</i> tengo un título de escuela secundaria o de GED.		<input type="checkbox"/> Sí <input type="checkbox"/> No
2. He trabajado menos de 3 meses en los últimos 12 meses.		<input type="checkbox"/> Sí <input type="checkbox"/> No
3. Necesito tratamiento por abuso de alcohol/drogas para poder obtener empleo.		<input type="checkbox"/> Sí <input type="checkbox"/> No
4. Tengo hijos menores que no viven conmigo que pueden estar recibiendo beneficencia pública (welfare).		<input type="checkbox"/> Sí <input type="checkbox"/> No
• Si respondió Sí a la pregunta 4, por favor incluya la información solicitada a continuación si la tiene:		
Apellido, nombre del niño	Fecha de nacimiento	Número de Seguro Social
1.		
2.		
3.		
AUTORIZACIÓN DEL PADRE NO A CARGO PARA LA ENTREGA DE INFORMACIÓN		
Certifico bajo pena de perjurio que la información que antecede es correcta. Autorizo la entrega de dicha información por parte del DPSS al proveedor de servicios recomendado, a fin de obtener servicios de capacitación para el empleo y para desarrollar mi capacitación laboral.		
✓ FIRMA DEL CLIENTE: _____		FECHA: _____
Part B: County Validation Section		
<input type="checkbox"/> As an employee of the Los Angeles County Department of Public Social Services (DPSS), I have verified that the non-custodial parent has linkage to a child/children receiving CalWORKs with a total time on aid of _____ mos.		
<input type="checkbox"/> There is no linkage to CalWORKs. Please evaluate for eligibility to other employment training programs.		
Name: _____	Title _____	Date: _____
Signature: _____	Office: _____	
Phone: _____	NCP Referred to: _____	Agency _____
Part C: Reverse Referral/Request for Validation		
I hereby request validation of CalWORKs linkage for the non-custodial parent who has completed Part A above.		
Name: _____	Date: _____	Agency: _____
Address: _____	Phone: _____	ZIP _____
Signature: _____	Fax: _____	

NON-CUSTODIAL REFERRAL SURVEY

Agency Name: _____

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

2. Our target date to accept referrals/begin training is _____

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

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

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

- GR non-custodial parents who are linked to CalWORKs case open for at least 90 days
- All GR clients in our area - we have other funding streams
- Other (describe)
- _____

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

Name: _____

Address: _____

Phone: _____ Fax: _____

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

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