

WtW Request for Advance Pay

Per MPP § 42-750.21

Name of WtW Participant: _____

Case # of WtW Participant: _____

Phone Number of Participant: _____

Email Address of Participant: _____

I, the undersigned, hereby request advance pay for transportation and/or ancillary services, otherwise I will be forced to use my CalWORKs fixed income which is at the same level that a CalWORKs recipient received in 1985, to pay for the costs of transportation and ancillary services in order to participate in my assigned WtW activity. **Using my CalWORKs limited money for transportation and ancillary services would be detrimental to my family.**

Your assistance to assure that I am not forced to use my CalWORKs money for WtW transportation and ancillary services is greatly appreciated.

Request for Advance Payment of:

Transportation (Please explain) _____

Ancillary Services, like books, uniforms, tools, ect. (Please explain)

I want representation by the following person

I also hereby authorize _____

Name of Person, Organization if any

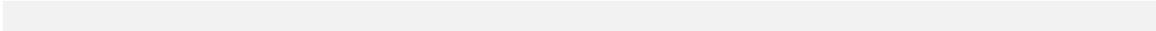
to be my authorized representative in this matter or any other matter relative to my social services case and hereby authorize the county human services agency to release any and all information to her/him at her/his request. I further authorize her/him to request a state hearing on my behalf, including initiating litigation to assure that my rights are protected and enforced.

Date: _____

Signature of

WtW Supportive Services Advance Payment Regulations

MPP § 42-750 .21 Payments for supportive services, except child care as described in Chapter 47-100, shall be advanced to the participant when necessary and desired by the participant so that the participant need not use personal funds to pay for these services



INTRUCTION FOR COMPLETING WtW ADVANCE PAYMENT OF SUPPORTIVE SERVICES FORM

I. Complete the name of the Participant;

1. The case number that can be found on the various forms that the CalWORKs recipient has, including WtW forms.

2. The phone number of the participant.

3. The email address of the participant.

4. Explain transportation. If it takes more than an hour from your house to the place to your WtW activity, then you are entitled to mileage. The one hour each way includes necessary walking time.

5. For ancillary services put down what you need, how much it costs, and verification that it is needed. If you have any questions, call Kevin Aslanian at 916-712-0071.

III. WHAT TO DO AFTER COMPLETING THIS FORM

1. Take this form down to the county welfare office and turn it into the receptionist and make sure to get a receipt. You can also email this form after scanning them and turning

2. If within a reasonable time, like 10-20 days you should ask for a state fair hearing. You can find a form called "CCWRO Fair Hearing Fillible Request form -09-2011" to request a hearing at:

http://www.ccwro.org/index.php?option=com_docman&Itemid=70

3. You can designate CCWRO as the authorized representative.

4. You can fax the hearing request to 916-651-5210, which is the fax number for the State Department of Social Services.

5. If you want CCWRO to represent you, you should fax a copy of the hearing request to 916-736-2645.

FOR ANY ASSISTANCE CONTACT CCWRO at: <http://ccwro.org>

Or call 916-712-0071 and ask for Kevin Aslanian

WHAT TO DO IF THE COUNTY WON'T COMPLY?

If your county is not complying with the law you can email a complaint to the following email addresses:

Kevin.aslanian@ccwro.org