



**COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF SOCIAL SERVICES**

**CALFRESH WORK REGISTRATION & ABAWD QUESTIONNAIRE**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Case #: \_\_\_\_\_

		COUNTY USE ONLY
SECTION A: WORK REGISTRANTS / CALFRESH EMPLOYMENT & TRAINING (CFET)		SECTION A
1. Are you under the age of 16 or over 59?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p><b>Q 1-10 If Yes to ANY:</b> CFET Exempt</p> <p>Yes <input type="checkbox"/> <b>CFET Exempt</b> No <input type="checkbox"/> To ALL, <b>Work Registrant &amp; Potential ABAWD</b></p> <p>To Calculate Gross Income Use Federal Min Wage, \$7.25</p> <p><b>ERS ACTIONS:</b></p> <ul style="list-style-type: none"> <li>✓ Scan DSS CF 600 to case</li> <li>✓ Enter Case Comment regarding Work Registrant.</li> <li>✓ Use CF 440 if disability verification is needed.</li> </ul> <p><b>Note: If CFET Exempt, also ABAWD Exempt.</b></p>
2. Are you enrolled in school, institution of higher education or other training program at least half-time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Are you employed for a minimum of 30 hours per week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Are you self-employed earning over \$217.50 (gross) per week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Are you receiving or have applied for unemployment benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Has a doctor determined you physically or mentally unfit to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Are you complying with CalWORKS Welfare-to-Work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Are you caring for a dependent child under age 6?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Are you caring for an incapacitated person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Are you participating in a drug or alcohol treatment program that prevents you from working 30 hours per week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
SECTION B: ABLE-BODIED ADULT WITHOUT DEPENDENTS (ABAWD)		SECTION B
1. Are you under 18, or over 49 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p><b>Q1-Q9, if YES:</b> ABAWD Exempt</p> <p>Yes <input type="checkbox"/> <b>ABAWD EXEMPT</b> No <input type="checkbox"/> <b>ABAWD</b></p> <p><b>Q10-Q12:</b> <b>Reminder:</b> These are indicators only and <b>must</b> be tied to a physical or mental unfitness to be <b>ABAWD Exempt</b></p> <p><b>ERS ACTIONS:</b></p> <ul style="list-style-type: none"> <li>✓ If SSA, verify MEDS. If no info in MEDS, ERS to submit a SSA information request.</li> <li>✓ Scan DSS CF 600 to case</li> <li>✓ Enter Case Comment's regarding Work Registration &amp; ABAWD status.</li> <li>✓ If ORR, obtain verification from ORR Training Program.</li> </ul>
2. Are you living in a home with a child under 18 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Are you pregnant? ➤ If YES, Estimated date of conception _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Are you receiving or applied for any disability benefits listed below? <input type="checkbox"/> SSI / RSDI <input type="checkbox"/> Veteran's Disability Benefits <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Unemployment <input type="checkbox"/> State Disability Insurance (SDI) ➤ If YES, Date applied _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Are you on SSI and currently in a "non-pay" status?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Are you unable to work due to illness or disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Are you considered a refugee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Are you taking part in an Office of Refugee Resettlement Training Program (ORR)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Does ORR consider you to be enrolled at least half time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Are you homeless?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Are you struggling with drug or alcohol abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Are you a victim of Domestic Violence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**SECTION C: EDUCATION**

1. Are you 18 through 49 years of age, and attending college, vocational training or an institution of higher learning at least ½ time or more? Yes  No   
 ➤ If YES, Name \_\_\_\_\_  
 (NAME OF COLLEGE OR TRAINING PROGRAM)

2. Do you have a high school diploma or a GED? Yes  No

**SECTION C**

**Q1-YES**  
 Determine CF Student Eligibility

**Q3-If NO**  
 Offer CFET for GED

**SECTION D: EMPLOYMENT**

1. Are you working? Yes  No   
 ➤ If YES, How many hours per Week? \_\_\_\_\_ How many hours per Month? \_\_\_\_\_  
 If you are not working, when did last employment end? \_\_\_\_\_

2. Are you self-employed? Yes  No   
 What is your gross monthly income? \_\_\_\_\_

3. Are you temporarily laid off work? Yes  No   
 Date laid off \_\_\_\_\_ Date you expect to return to work? \_\_\_\_\_

4. Are you doing Community Service? Yes  No   
 ➤ If YES, How many hours per Week? \_\_\_\_\_ How many hours per Month? \_\_\_\_\_

**SECTION D**

Check appropriate box below  
 Is Applicant/ Client Meeting ABAWD work requirement hours?  
**(20 per week or 80 per month)**

Yes  No

**SECTION E: CFET SUPPORTIVE SERVICES**

1. What type of transportation do you have? Own Car  Bus  Other

2. Do you need assistance with one or more of the following Yes  No   
 Transportation  Legal problems  Severe Family Crisis  
 Describe need \_\_\_\_\_

3. Would you like help with drug or alcohol recovery? Yes  No

4. Would you like help to improve your reading, writing, and/or communication skills? Yes  No

5. Do you have a High School diploma or GED? Yes  No

6. If English is not your primary language, would you like to learn English? Yes  No

7. Would you like to participate in the CFET program? It's a voluntary program that helps you gain skills, tools and training needed for a job. Yes  No

**SECTION E**

Check appropriate box below  
 Is Applicant interested in CFET?

Yes  No

Check off appropriate box below:

**CFET Volunteer**  
 Yes  No

**CFET 599 Given or Reviewed**  
 Yes  No

**COUNTY USE ONLY**

If participant is subject to ABAWD work requirement (20 hrs per week average or 80 hrs per month), offer activities below:

Work Activities	CFET Activities
<input type="checkbox"/> Employment	<input type="checkbox"/> Workfare
<input type="checkbox"/> Earned In-kind Income	<input type="checkbox"/> Work Experience
<input type="checkbox"/> WIOA Programs	<input type="checkbox"/> Education
<input type="checkbox"/> Community Service/Volunteer	<input type="checkbox"/> Vocational Training
	<input type="checkbox"/> Job Club (max of 9 hours per week)

**ERS NAME:** \_\_\_\_\_ **ERS #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ABAWD Work Requirement:** Yes  No  **Activity or Activities:** \_\_\_\_\_

**CFET Volunteer:** Yes  No  **Activity or Activities:** \_\_\_\_\_

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