



**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"/> 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"/>		Q 1-10 If Yes to ANY: CFET Exempt Yes <input type="checkbox"/> CFET Exempt No <input type="checkbox"/> To ALL, Work Registrant & Potential ABAWD To Calculate Gross Income Use Federal Min Wage, \$7.25 ERS ACTIONS: ✓ Scan DSS CF 600 to case ✓ Enter Case Comment regarding Work Registrant. ✓ Use CF 440 if disability verification is needed. Note: If CFET Exempt, also ABAWD Exempt.
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"/> 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 _____ 4. Are you receiving or applied for any disability benefits listed below? Yes <input type="checkbox"/> No <input type="checkbox"/> <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 _____ 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"/>		Q1-Q9, if YES: ABAWD Exempt Yes <input type="checkbox"/> ABAWD EXEMPT No <input type="checkbox"/> ABAWD Q10-Q12: Reminder: These are indicators only and must be tied to a physical or mental unfitness to be ABAWD Exempt ERS ACTIONS: ✓ If SSA, verify MEDS. If no info in MEDS, ERS to submit a SSA information request. ✓ Scan DSS CF 600 to case ✓ Enter Case Comment's regarding Work Registration & ABAWD status. ✓ If ORR, obtain verification from ORR Training Program.

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 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 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 C

Q1-YES

- ✓ Determine CF Student Eligibility

Q3-If NO

Offer CFET for GED

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

- ✓ 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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