



CALFRESH WORK REGISTRATION & ABAWD QUESTIONNAIRE

Name: _____ Telephone Number: _____ Case #: _____

SECTION A: WORK REGISTRATION		COUNTY USE ONLY
SECTION A: WORK REGISTRATION		SECTION A
<ol style="list-style-type: none"> 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/self-employed for a minimum of 30 hours per week? Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Are you employed/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"/> 	<p>Questions 1-10 (If Yes to ANY): <input type="checkbox"/> Exempt Work Registrant (STOP and proceed to Section E)</p> <p>No To ALL <input type="checkbox"/> Mandatory Work Registrant & Potential ABAWD. (Proceed to Section B)</p> <p>To Calculate Gross Income Use Federal Min Wage, \$7.25</p> <p>ERS ACTIONS:</p> <ul style="list-style-type: none"> ✓ Complete CF 600 for every CFHH member ✓ Scan DSS CF 600 into case ✓ Check SAWS determination on EDBC Summary page ✓ Enter journal entry regarding Work Registration status 	
SECTION B: ABLE-BODIED ADULT WITHOUT DEPENDENTS (ABAWD)		SECTION B
<ol style="list-style-type: none"> 1. Are you under 18, or over 54 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Are you living in a home with someone under 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Are you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Are you receiving or applied for any disability benefits listed below? Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> <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) <p style="margin-left: 40px;">➤ If YES, Date applied _____</p> 5. Are you mentally or physically unable to work due to illness or disability? Yes <input type="checkbox"/> No <input type="checkbox"/> 6. Are you participating in an Office of Refugee Resettlement (ORR) Training Program and enrolled at least half time? Yes <input type="checkbox"/> No <input type="checkbox"/> 7. Are you experiencing homelessness? Yes <input type="checkbox"/> No <input type="checkbox"/> 8. Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> 9. Are you 24 or under and in foster care on your 18th birthday? Yes <input type="checkbox"/> No <input type="checkbox"/> 10. Are you struggling with drug or alcohol abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> 11. Are you a victim of domestic violence? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<p>Questions 1 – 9 (If Yes to ANY): ABAWD Exempt</p> <p>Questions 10 – 11 (If Yes): REMINDER: To be exempt, the individual's unfitness to work must be associated with a physical or mental illness or condition that prevents them from obtaining or maintaining employment of at least 20 hours per week or 80 hours averaged monthly.</p> <p>DETERMINATION:</p> <p><input type="checkbox"/> ABAWD EXEMPT (STOP and proceed to Section E)</p> <p><input type="checkbox"/> ABAWD (Proceed to Sections C-E)</p> <p>ERS ACTIONS:</p> <ul style="list-style-type: none"> ✓ Once screening is complete, review CalSAWS EDBC Summary to confirm information matches prior to authorization. ✓ Scan DSS CF 600 into case ✓ Enter journal entries regarding Work Registration & ABAWD status. 	

SECTION C: EDUCATION	SECTION C
<p>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 <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 40px;">➤ If YES, Name _____ (NAME OF COLLEGE OR TRAINING PROGRAM)</p>	<p>Question 1 (If Yes): ✓ Determine CF Student Eligibility</p>
<p>2. Do you have a high school diploma or a GED? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Question 2 (If No): Offer CFET for GED</p>

SECTION D: EMPLOYMENT	SECTION D
<p>1. Are you working? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 40px;">➤ If YES, How many hours per Week? _____ How many hours per Month? _____ If you are not working, when did last employment end? _____</p>	<p>Questions 1 – 4: Is Applicant/Recipient meeting ABAWD work requirement hours? (20 per week or 80 per month)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Are you self-employed? Yes <input type="checkbox"/> No <input type="checkbox"/> What is your gross monthly income? _____</p>	
<p>3. Are you temporarily laid off work? Yes <input type="checkbox"/> No <input type="checkbox"/> Date laid off _____ Date you expect to return to work? _____</p>	
<p>4. Are you doing Community Service? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 40px;">➤ If YES, How many hours per Week? _____ How many hours per Month? _____</p>	

SECTION E: CFET SUPPORTIVE SERVICES	SECTION E
<p>1. What type of transportation do you have? Own Car <input type="checkbox"/> Bus <input type="checkbox"/> Other <input type="checkbox"/></p>	<p>Question 6 (If Yes): CFET Volunteer</p> <p>✓ Review DSS CF 599 CFET Orientation</p>
<p>2. Do you need assistance with one or more of the following Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Transportation <input type="checkbox"/> Legal problems <input type="checkbox"/> Severe Family Crisis Describe need _____</p>	<p>✓ Wet signature on CF 599? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Would you like help with drug or alcohol recovery? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>ERS ACTIONS:</p> <p>✓ Assign job search using DSS CF 202</p>
<p>4. Would you like help to improve your reading, writing, and/or communication skills? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>✓ Open CFET program block and make required CFET entries</p>
<p>5. If English is not your primary language, would you like to learn English? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>✓ Enter journal entry regarding CFET volunteer status and assigned activities</p>
<p>6. 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 <input type="checkbox"/> No <input type="checkbox"/></p>	<p>✓ Scan DSS CF 599 into case</p>

COUNTY USE ONLY											
If participant is subject to ABAWD work requirement (20 hrs per week average or 80 hrs per month), offer activities below:											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Work Activities</th> <th style="width:50%;">CFET Activities</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Supervised Job Search</td> </tr> <tr> <td><input type="checkbox"/> Earned In-kind Income</td> <td><input type="checkbox"/> Job Center Workshops</td> </tr> <tr> <td><input type="checkbox"/> WIOA Programs</td> <td><input type="checkbox"/> Basic Education</td> </tr> <tr> <td><input type="checkbox"/> Community Service/Volunteer</td> <td><input type="checkbox"/> English as a Second Language</td> </tr> </tbody> </table>	Work Activities	CFET Activities	<input type="checkbox"/> Employment	<input type="checkbox"/> Supervised Job Search	<input type="checkbox"/> Earned In-kind Income	<input type="checkbox"/> Job Center Workshops	<input type="checkbox"/> WIOA Programs	<input type="checkbox"/> Basic Education	<input type="checkbox"/> Community Service/Volunteer	<input type="checkbox"/> English as a Second Language	
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ABAWD Work Requirement: Yes <input type="checkbox"/> No <input type="checkbox"/> Activity or Activities: _____											
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