



Department of Social Services

Name
Address
City, State Zip Code

Date: _____
Case No: _____
Worker Name: _____
Worker ID: _____
Worker Phone: _____

Our records show that you were working when your CalWORKs case discontinued. You may be eligible for employment related Post-Aid Services for up to 12 months from the date your CalWORKs case discontinued. If you want to know if you qualify for Post-Aid Services, please **complete the all sections below** and **return it to your worker**. You must also provide a **copy of your latest check stub** with this form.

If we do not hear from you within ten (10) business days from above date, we will assume you are not interested in receiving Post-Aid Services. We will close your Employment Services case.

Note: You may still request Post-Aid Services, within the 12 months period, at a later date.

Employer's Name: _____

Employer's Address: _____

City: _____ **Zip:** _____ **Phone:** _____

Job Title: _____ **Date of Hire:** _____

How many hours per week do you work? _____ **What is your rate of pay?** _____

What is the time you start work: _____ **What is the time you end work:** _____

Circle your work days : Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Supportive Services needed:

Transportation:

Bus Pass **Mileage** **Flat rate** **Other (toll fees, taxis, etc.)** _____

After 30 days of receiving mileage check, you are responsible for your car expenses.

I do not need the county to pay for transportation at this time, but I have the right to request transportation later.

Child Care

I do not need the county to pay for child care at this time, but I have the right to request child care later.

Comments: _____

Signature: _____ **Date:** _____

Current Phone Number: _____