

Alameda County Social Services Agency

CalFresh Employment & Training Program Option to Participate

The CalFresh Employment & Training Program (CalFresh E&T) helps participants gain the necessary skills to compete in the job market.

The CalFresh E&T Program is available to employable General Assistance (GA) recipients that are also receiving CalFresh benefits. If the Alameda County Social Services Agency (SSA), a medical provider, or a mental health clinician determines that you are employable, you will have the option to participate.

If you choose to participate in the CalFresh E & T Program you will be expected to complete all assigned activities and comply with all requirements of the program. If you fail to comply with the requirements of the program you will still continue to receive your GA cash aid and CalFresh benefits but we will close your CalFresh E & T case, and you will not be allowed to participate in the program again until the next time you become eligible to receive GA cash aid.

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I have read or had read to me the offer to participate in the CalFresh E & T program. I understand that as a recipient of GA I am not required to participate. I understand that if I choose to participate I must be determined to be employable by the SSA, a medical provider, or mental health clinician and that I must comply with all requirements of the program. I also understand if I fail to comply with the requirements of the program I will still continue my GA cash aid and CalFresh benefits but my CalFresh E & T case will be closed, and I will not be allowed to participate in the program again until the next time I become eligible to receive GA cash aid.

Please check a box below to indicate your choice of whether or not to participate, and sign form.

Yes, I would like to participate in the CalFresh Employment & Training Program.

No, I do not want to participate in the CalFresh Employment & Training Program.

Recipient Print Name: _____

Date: _____

Recipient Signature: _____

Case #: _____

I certify that I have explained this offer to participate in the CalFresh E & T Program to the above named General Assistance recipient and have given him/her an opportunity to ask questions about it.

Social Worker Name: Print _____

Date: _____

Social Worker Signature: _____

Wkr #: _____