

SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
24-23	April 9, 2025	CMD	1 of 4
SUBJECT: COMPLETION OF CALWORKS ASSESSMENTS			

I. PURPOSE

The purpose of this directive is to establish a comprehensive written policy and provide clear guidance on administering California Work Opportunity and Responsibility to Kids (CalWORKs) Assessments for clients who are recipients of CalWORKs benefits through the Human Services Agency (HSA). These assessments are conducted by the Employment and Economic Development Department (EEDD).

II. GENERAL INFORMATION

CalWORKs is California's implementation of the federal Temporary Assistance for Needy Families (TANF) program. It provides cash aid and supportive services to eligible low-income families with children, helping them meet basic needs such as housing, food, and utilities while promoting self-sufficiency. The program focuses on empowering parents to achieve economic stability through employment, offering resources such as childcare, transportation assistance, job training, and access to mental health and substance abuse services.

Administered by county welfare departments under the oversight of the California Department of Social Services (CDSS), CalWORKs also works closely with programs like Medi-Cal and CalFresh to provide a comprehensive support system for families. Eligible families must meet specific income and resource requirements, and while children can continue to receive aid if they qualify, adults are typically limited to 48 months of cash assistance and are required to participate in Welfare-to-Work activities (unless exempt).

A key component of CalWORKs is the connection to San Joaquin County WorkNet, which plays a critical role in helping participants achieve their employment goals. Through this partnership, WorkNet offers career development services, including job search assistance, skills assessments, unpaid work

experience, and vocational training (if found suitable). This collaboration ensures that CalWORKs recipients have access to the tools and resources they need to secure stable employment and maintain long-term self-sufficiency.

III. POLICY

It is the policy of EEDD that all CalWORKs participants referred for assessment by HSA Case Managers will complete the CalWORKs Assessment process in accordance with the procedures set forth in this directive. This includes verifying the client's identity, administering required assessments and forms, and ensuring all documentation is properly completed, scanned, and submitted to the Empasses group email for CalWORKs. The EEDD ensures timely communication with HSA Case Managers regarding appointment attendance or missed appointments and maintains organized client files for program compliance and follow-up.

IV. PROCEDURE

The procedures for the completion of the CalWORKs Assessment are as follows:

Clerical Staff Responsibilities:

1. Clerical staff is responsible for maintaining and entering CalWORKs Assessment Scheduled Slots into the PAM portal system for each designated Assessment location including Stockton, Lodi, Manteca, and Tracy.
2. Upon receipt of the Assessment Referrals (ES53) from HSA, the Clerical staff will provide the referrals via email to the WorkNet Assessment Coordinator (Case Manager [CM]) who administers the Assessment at each assigned location.
3. If a client is scheduled in the PAM portal system and a referral is not received the WorkNet Clerical staff will notify the CalWORKs Case Manager Supervisor.

WorkNet Assessment Coordinator Responsibilities:

1. The Assessment Coordinator (CM) must submit a copy of the referral for shows and no shows by email to the CalWORKs (HSA) Empasses group email on the same day as the client's scheduled appointment. This is **mandatory** to ensure it is promptly forwarded as it may affect the client's benefits.
2. The Assessment Coordinator (CM) will meet with the client scheduled assessment and **MUST** explain the purpose of the Assessment and the timeframe on how long the assessment and follow-up will take. The

coordinator will conduct the assessments and complete the SJC WorkNet/Follow-Up/IEP packet (Attachment 1) and other necessary information/forms with the client.

3. Once the Assessment and Follow-up are completed, the Assessment Coordinator (CM) will scan, and save all documents to the CalWORKs folder located in the Shared Folder. The CalWORKs folder consists of Completed Assessment, and Incomplete Assessment. Assessment Coordinator will submit the client's completed file by email to the CalWORKs Empasses group email.

The documents that will be scanned over are the following:

- WorkNet Assessment Referral Form (ES53)
 - SJC WorkNet/EEDD CalWORKs Assessment Results (Follow-Up/IEP packet)
 - CASAS Test personal score reports for Reading & Math
 - Career Scope Summary Counselor's Report
 - Completed Generic Application (Attachment 4)
 - ONET Report for occupation report
4. The following documents are a part of the file, however, are not scanned over:
 - CalWORKs Assessment Questionnaire for Career Plan of Action (Attachment 2)
 - Score Your Values Inventory form to include both the Values & Attitude scoring sheet. (Attachment 3)
 5. The Assessment Coordinator will forward the physical file to the Administrative Clerical for entering in the CalWORKs Assessment database for reporting purposes.

Administrative Clerical Responsibilities:

1. Upon receipt of the file the Administrative Clerical enters the assessment information in the CalWORKs Assessment database.
2. Upon completion of entering the information, the Administrative Clerical discards the information in the secured container for shredding.
3. WorkNet Administrative Clerical is responsible for sending the Assessment Monthly report to the CalWORKs Manager by the 20th day of every month.

HSA Responsibilities:

1. CalWORKs Case Manager is responsible for scheduling the client into the PAM portal system AND emailing the Assessment Referral (ES53) to the CalWORKs email group for WorkNet. **Both pieces of information are necessary to complete an Assessment.**
2. CalWORKs Case Manager is responsible for providing any missing information, and to ensure clients are scheduled in the Pam system prior to sending the referral form.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED



PATRICIA VIRGEN
EXECUTIVE DIRECTOR

PV: bpc

- Attachment 1: CalWORKs Assessment IEP Follow Up
- Attachment 2: CalWORKs Questionnaire Plan of Action Form
- Attachment 3: Graph Your Values
- Attachment 4: Generic Employment Application

SAN JOAQUIN COUNTY WORKNET/EEDD
CAL WORKS ASSESSMENT RESULTS

EEDD Assessment Counselor: _____ Date: _____

I. PERSONAL INFORMATION

Name: _____ Telephone #: _____

Address: _____

Date Referred to Assessment: _____ TANF Case #: _____

Length of time on TANF: _____ Length of time Unemployed: _____

Components Completed Prior to Assessment:

Date Completed:

CASAS	
Career Scope	

II. EMPLOYMENT GOALS

	OES TITLE	OES CODE	ENTRY LEVEL WAGE	OUTLOOK
1			\$ / HR	
2			\$ / HR	
3			\$ / HR	

III. SPECIAL CONSIDERATIONS

IV. EMPLOYMENT READINESS (see attached Job Application)V. RATIONALE FOR GOAL SELECTION

VI. SPECIFIC JOB SKILLS NEEDED FOR GOAL (see attached)

- | | |
|----------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Labor Market Information | <input type="checkbox"/> JSS Target Summary |
| <input type="checkbox"/> Enhanced Guide for Occupational Exploration | <input type="checkbox"/> ERISS Summary |

VII. SPECIFIC JOB SKILLS TO BE LEARNED BY PARTICIPANT (see attached)VIII. ASSESSMENT RESULTS/EMPLOYMENT GOAL REQUIREMENTS (see attached)Highest Interest Areas

(1) _____ (3) _____
(2) _____ (4) _____

Highest Aptitude Areas

(1) _____ (3) _____
(2) _____ (4) _____

Highest Values

(1) _____ (3) _____
(2) _____ (4) _____

Supplemental Self Evaluation Survey

(1) Self Esteem: _____ (2) Confidence: _____ (3) Personality: _____ (4) Attitude: _____

IX. ASSESSMENT RESULTS/EMPLOYMENT GOAL REQUIREMENTS

Academic Codes	Participant Level	Required for Goal Level	Goal Requires Special Consideration
Educational Needs (GED)			
English Proficiency			
Foreign Language _____	R: _____ W: _____ S: _____	R: _____ W: _____ S: _____	R: _____ W: _____ S: _____

MOST RECENT CASAS

	Date	Score
Math		
Reasoning/Reading		
Language		

APTITUDE NEEDED FOR CAREER GOAL

	Participant Level	Required for Goal Level	Goal Requires Special Consideration
General Ability			
Verbal Ability			
Numerical Aptitude			
Spatial Ability			
Form Perception			
Clerical Perception			
Motor Coordination			
Finger Dexterity			
Manual Dexterity			
Color Discrimination			

ASSESSMENT RESULTS / EMPLOYMENT GOAL REQUIREMENTS (continued)**WORK ENVIRONMENT FOR GOAL**

	Participant Level	Required for Goal Level	Goal Requires Special Consideration
Inside			
Outside			
Wet			
Noise			
Fumes			
Odors			
Hot			
Cold			
Hazard			
Mists			
Dust			
Gases			
Poor Ventilation			

TOOL KNOWLEDGE REQUIRED FOR GOAL (see attachment)**OCCUPATIONAL CLASSIFICATION NEEDED FOR GOAL**

(The lower the number, the higher the level of skills required)

	Participant Level	Required for Goal Level	Goal Requires Special Consideration
DATA			
PEOPLE			
THINGS			

ASSESSMENT RESULTS / EMPLOYMENT GOAL REQUIREMENTS (continued)

	Participant Level	Required for Goal Level	Goal Requires Special Consideration
Temperament Codes			
<i>Physical Requirements:</i> Strength			
Near Acuity – 20" or less			
Far Acuity – 20" or more			
Depth Perception – 3 Dimensional			
Accommodation – Focus Adjustment			
Field of Vision – Vision Range			
Walking			
Hearing/Talking			
Climbing/Balancing			
Stooping/Kneeling			
Crouching/Crawling			
Handling, Fingering, Feeling, Reaching			
Tasting / Smelling			

X. EMPLOYMENT AND TRAINING PLANSuggested Activities to Reach GoalAgency that could Provide Service

- ☐ VESL
- ☐ GED/Diploma
- ☐ Adult Basic Education
- ☐ Vocational Training
- ☐ On the Job Training
- ☐ Job Services
- ☐ Work Experience
- ☐ Community Service

Initial Supportive Services IdentifiedAgency that could Provide Service

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

I have been informed of vocational information regarding my chosen employment goal. This information includes the anticipated entry-level wage, working conditions, physical and mental demands of the occupation, working hours, and the career ladder for my chosen occupational goal in the San Joaquin County labor market.

I understand that the CALWORKS program will provide appropriate training that will help me to prepare for a job in my chosen occupational field and that I must participate in those programs.

I also understand that by accepting employment in my chosen field, I may incur additional expenses that I am not now experiencing. These could include childcare costs, transportation, and other work-related expenses. In addition, mandatory deductions such as taxes and social security may be taken from my gross earnings. Acceptance of a job offer may result in the loss or reduction in Medical and Food Stamps, resulting in new expenses for me such as health care and food cost.

Participant Signature_____
Date_____
Assessment Counselor_____
Date

III. SPECIAL CONSIDERATIONS (continued from page 1)

[illegible]

CAL WORKS ASSESSMENT QUESTIONNAIRE for PLAN OF ACTION

Name: _____ Phone: _____

How many children do you have that live with you? _____ What are their ages? _____

Are you in a Single or Two Parent home: _____

Will you need childcare assistance while you are enrolled in a training program? _____

What type of transportation will you use to get to and from training or employment? _____

Length of time on TANF: _____ Length of Time unemployed? _____

Is there a circumstance happening in your life at this time that would prevent you from attending training or employment? _____ If yes, please explain:

Please list a **Job Title** you would be interested in doing that you can do now with the knowledge you currently have:

1. _____

Please list another **Job Title (occupational goal)** of a job you would like to have after completing training in this field.

2. _____

Please list another **Job Title** of a job you would like to have after completing training and gaining some experience in this field.

3. _____

What languages are you fluent in?

Language	Read	Write

What kind of assistance are you seeking to reach your goal? _____

Thank you for completing this questionnaire.

Name: _____

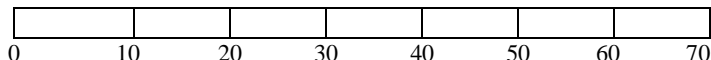
Date: _____

Graph Your Values

When you complete the graph it will show you which of the seven values on the inventory are most important to you. Here is what to do.

1. The bars of the graph are lettered the same as the rows of boxes. Find bar A on the graph. Mark bar A so it shows the total you wrote at the end of the row.

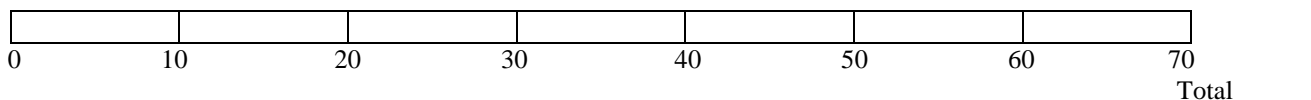
2. Darken the bar from 0 to the mark you made. For example, if your total for row A were 45, bar A on your graph would be like this:

A. Money Example

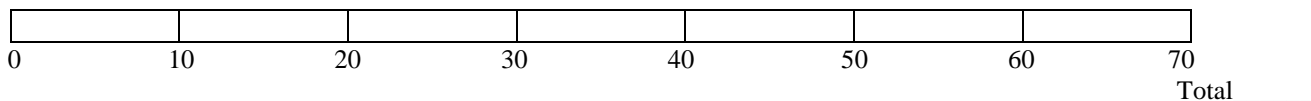
3. Repeat steps 1 and 2 for each bar on the graph.

How I Rate Certain Values:

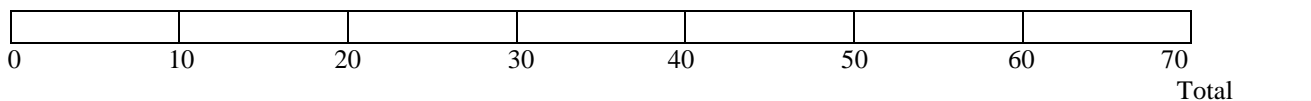
A. Money



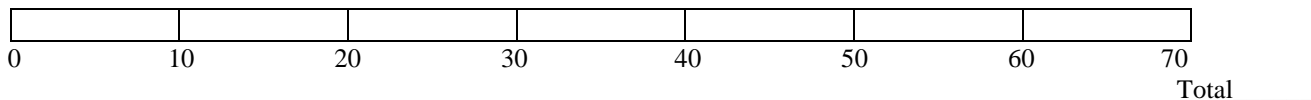
B. Adventure



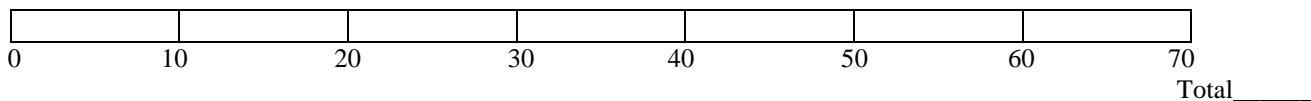
C. Creativity



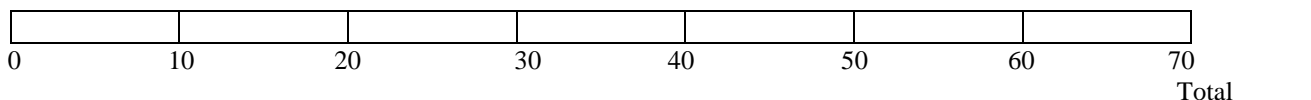
D. Power



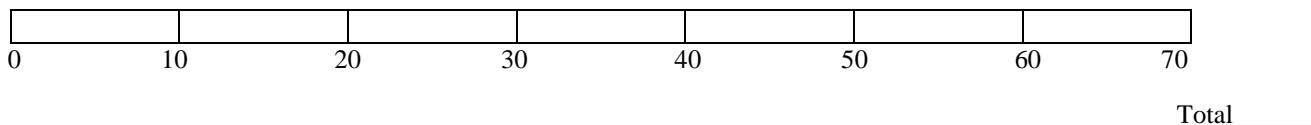
E. Caring



F. Fame



G. Beauty



Read Your Graph

Have you darkened all the bars on your graph so they show the totals you had on the inventory? If so, then you can now tell which of the values on the inventory seem to be most important to you. Look for your four longest bars on the graph. Then list at the right the value that is printed before each of those bars.

Longest _____

Second Longest _____

Third Longest _____

Fourth Longest _____

Name: _____

Date: _____

Complete the graph Haga un diagrama se sus totales

1. Write your totals below.
Escribe los totales aqui.

Self-Esteem/Auto-Estima _____

Confidence/Confianza _____

Personality/Personalidad _____

2. On each of the bar graphs make a mark to show your total.
En las barras marca sus totales.

3. Shade in the graph up to your score point.
Marque las barras del cero hasta la marca que hizo.

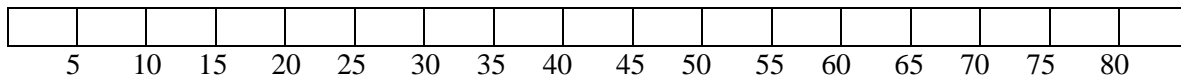
75 points or above-You're doing great!
De 75 para arriba-Usted esta hacienda excelente!

60 to 74 points-You're doing alright.
De 60 a 74 puntos-Usted esta bien.

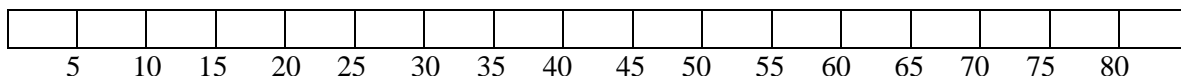
40 to 59 points-You could use a boost.
De 40 a 59 puntos-Usted necesita un empuje.

Below 40 points-You need some help.
Menos de 40 puntos-Usted necesita ayuda.

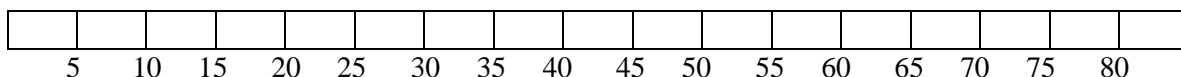
Self-Esteem/Auto-Estima



Confidence/Confianza



Personality/Personalidad



Name: _____

Date: _____

Complete the graph: Attitude

Complete esta grafica: Actitud

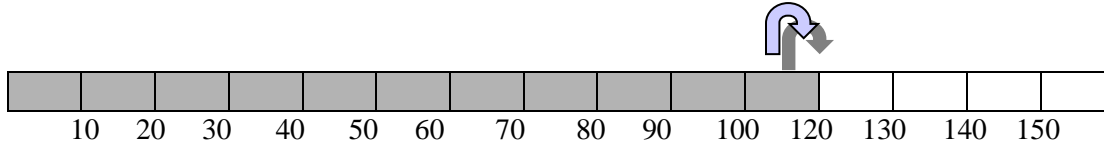
1. Mark the graph to show you total attitude inventory.

En la barra de la grafica marque su total.

2. Darken the bar up to that mark.

For example, if your total is 120 your bar would look like this.

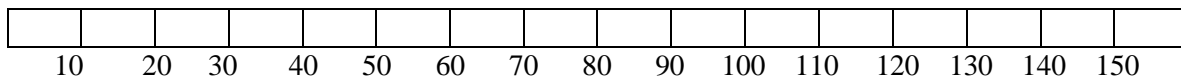
Por ejemplo, si su resultado fue 120 su grafica se veria asi.



Read the graph

TOTAL _____

Leer la grafica



150 points-Excellent. You should go far!

De 150 puntos-Excelente. Yo voy a exceder!

91 to 149 points-Good. You should do okay.

De 91 a 149 puntos-Bueno. Yo voy hacer bien.

61 to 90 points-Fair. You may get by.

De 61 a 90 puntos-Justo. Nomas voy a pasar.

0 to 30 points-Disaster. I better get help.

De 0 a 30 puntos-Desaire. Yo necesito aydua.

1. According to the graph, how does your attitude rate?

Con los resultados de la grafica como esta su actitud?

- ☐ Excellent-Excelente
- ☐ Good-Bueno
- ☐ Fair-Justo
- ☐ Poor-Pobre
- ☐ Disaster-Desastre

2. With that rating, what are your chances for doing well on the job?

Con esas marcas, que es la posibilidad de hacer bien en el trabajo?

- ☐ I should go far.-Yo voy exceder.
- ☐ I should do okay.-Yo voy hacer bien
- ☐ I need improvement.-Yo necesito mejoramiento.
- ☐ I better get help.-Yo necesito ayuda.

Name: _____

Date: _____

You and Your Attitude
Usted y Su Actitud

Scoring Sheet
Pagina de Cuenta

ANSWER SHEET FOR PINK COLORED QUESTIONNAIRE

<u>Attitude</u> <u>Actitud</u>	<u>Self-Esteem</u> <u>Auto-Estima</u>	<u>Confidence</u> <u>Confianza</u>	<u>Personality</u> <u>Personalidad</u>
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
<hr/> TOTAL	<hr/> TOTAL	<hr/> TOTAL	<hr/> TOTAL

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	
PHONE NUMBER		E-MAIL ADDRESS		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DEGREE OR DIPLOMA
High School	Name _____ City/State _____		
Business/ Trade/ Technical	Name _____ City/State _____		
College	Name _____ City/State _____		
Graduate	Name _____ City/State _____		

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/VOLUNTEER OR RESEARCH WORK/WORKSHOPS OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address	Phone No.	Business	Years Known

EMPLOYMENT HISTORY

Please complete fully and accurately, listing your current or most recent employers first and continuing backward in time. If additional space is needed please attach another page.

Employer's Name _____	Employer's Telephone No. _____
Employer's Address _____	Your Title _____
City, State, Zip _____	Reason for leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____/____/____ To ____/____/____	Job Duties _____
Duties cont. _____	
Employer's Name _____	Employer's Telephone No. _____
Employer's Address _____	Your Title _____
City, State, Zip _____	Reason for leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____/____/____ To ____/____/____	Job Duties _____
Duties cont. _____	
Employer's Name _____	Employer's Telephone No. _____
Employer's Address _____	Your Title _____
City, State, Zip _____	Reason for leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____/____/____ To ____/____/____	Job Duties _____
Duties cont. _____	
Employer's Name _____	Employer's Telephone No. _____
Employer's Address _____	Your Title _____
City, State, Zip _____	Reason for leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____/____/____ To ____/____/____	Job Duties _____
Duties cont. _____	
Employer's Name _____	Employer's Telephone No. _____
Employer's Address _____	Your Title _____
City, State, Zip _____	Reason for leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____/____/____ To ____/____/____	Job Duties _____
Duties cont. _____	

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

DATE _____ SIGNATURE _____