

**County of Orange Social Services Agency
Family Self-Sufficiency**

Program/Area: CalWORKs/Welfare-To-Work
Title: Department of Rehabilitation

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Approved:

PURPOSE The purpose of this policy is to provide guidelines to refer Welfare-to-Work (WTW) participants to the State of California Department of Rehabilitation (DOR).

DOR SERVICES Depending on individual needs, DOR services may include:

- Short-term Vocational Training
- Work Experience
- Rehabilitation Services
- Job Search
- Job Placement

REFERRAL CRITERIA WTW participants who meet the following criteria may be referred to the DOR for services:

- Participants identified as having a Learning Disability.
- Participants identified with a physical or mental impairment.
- Participants receiving Behavioral Health Services who would benefit from DOR participation.

Note – *An exempt participant may also volunteer to be referred to the DOR.*

REFERRAL PROCESS

1. The Case Manager (CM) will e-mail the DOR referral packet to the assigned FSS Program staff.
2. FSS Program staff will:
 - Review the referral for completeness.
 - Send the referral packet to the DOR Team Manager within three working days. The DOR Team Manager will assign it to a Vocational Rehabilitation Counselor (VRC).
 - Provide contact information for the CM and the DOR VRC to communicate directly regarding the referral status.
3. The DOR VRC will contact the participant to schedule an

appointment for orientation to start the application process. DOR has 60 days to process an application.

4. The CM will contact the DOR VRC in two weeks, and weekly after that, to follow up regarding the status of the referral.

Note: Due to the long duration of the DOR application process, it is very important to schedule another WTW activity pending the result of the DOR referral.

CASE MANAGER RESPONSIBILITIES

1. Initiate a DOR Referral:

The CM will:

- Meet with the participant to discuss individual needs, explain services provided by the DOR, how the participant will benefit from them, and obtain the participant's consent for a referral to DOR.
- Explain that the DOR referral may take time and the participant will need to engage in another activity to meet the WTW requirements until the DOR referral is approved.
- Help the participant understand that the DOR will need to establish eligibility prior to providing services and that the participant needs to follow through with the DOR assessment process.
- Request any available medical records from the participant to prepare for the DOR evaluation.
- Obtain a signed [F063-30-403](#) E Authorization to Release Medical Information to DOR.
- Develop a WTW Plan with activities that meet the participant's hourly participation requirements while waiting for the result of the DOR referral.
- Email the complete referral packet to DORRefferals@ssa.ocgov.com
The referral packet includes:
 - DOR Referral form ([F063-41-136 E](#))
 - A signed Authorization to Release Medical Information to DOR
 - A copy of the Assessment Report if applicable
 - Other pertinent information

When e-mailing the DOR referral, copy the CM's Social Services

Supervisor I, Social Services Supervisor II, and Assistant Regional Manager to inform them that a referral to DOR has been initiated.

- Complete referrals for special services, such as Behavioral Health Services and Domestic Abuse Services, as appropriate.
- Complete referrals for necessary supportive services, which may include ancillary, child care, and transportation.
- Complete the following CalWIN entries in the Activity tab:
 - Activity: “Dept. of Rehab”
 - Activity Status: “Referred”
 - Scheduled Hours: “0”
- Set control to follow up with the assigned Program staff within three working days after e-mailing the referral.
- Upon receipt of the DOR contact, set control to follow up with the DOR contact regarding the referral status in two weeks, and weekly thereafter.

2. DOR Referral Approved:

If the CM receives notification from the DOR VRC that the referral is approved, the CM will:

- Meet with the participant to develop a new WTW Plan that includes the DOR activity and any concurrent WTW activities.
- Explain the requirement of the [F063-41-135E](#) DOR Attendance Report, and provide the participant with a supply of the form. Explain to the participant that he/she will need to sign, obtain the DOR representative's name, phone number, and signature for every DOR related appointment, and submit the form to the CM monthly.
- Record activities related to the DOR Individual Service Plan as follows:
 - Activities provided by DOR, such as meetings with the DOR VRC: use “Dept of Rehab” activity.
 - DOR might refer participants to its subcontractors to participate in other activities that meet the definition of WTW activities, such as vocational education, job search, job skills training. The hours associated with these activities will be entered in CalWIN using the appropriate CalWIN Activity.

3. DOR Referral Denied:

If the CM receives notification from the DOR VRC that the referral is denied, the CM will dis-enroll the participant from the DOR activity and explore other options as appropriate.

REVERSE REFERRALS

DOR staff, in collaboration with the DOR recipients, may refer clients to apply for CalWORKs benefits. In this situation, the CM should consider DOR as the WTW activity, either alone, or in conjunction with other activities, as appropriate.

COMMUNICATION

The CM and VRC will remain in regular communication regarding the participant's attendance and progress. Attendance hours will be reported on the DOR Attendance Report ([F063-41-135 E](#)). Regular communication via e-mail or phone is essential to monitor participants' referral status, attendance, and progress.

DOCUMENTING THE CASE RECORD

The CM will record results of the initial DOR evaluation and record contacts with the participant and the VRC in CalWIN Case Comments.

COMPLIANCE ISSUES

If a mandatory WTW participant fails to comply with the DOR process, refer to [Policy 240 - Good Cause/Compliance/Sanction](#) to determine whether good cause exists. If the client is a voluntary participant, he/she should be dis-enrolled from the DOR activity.

CALWIN ENTRIES

The CalWIN activity code for the Department of Rehabilitation activity is "Dept of Rehab".

ATTACHMENTS

[F063-41-136 E – DOR Referral Form](#)
[F063-41-135 E – DOR Attendance Report](#)
[F063-30-403 E Authorization To Release Medical Information To Department of Rehabilitation](#)