

**County of Orange Social Services Agency
Family Self-Sufficiency & Adult Services Division**

Program/Area: CalWORKs/Welfare-To-Work
Title: Department of Rehabilitation
Number: 286
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PURPOSE

The purpose of this policy is to provide guidelines to refer Welfare-to-Work (WTW) participants to the [California Department of Rehabilitation \(DOR\)](#).

POLICY

DOR is a Post-Assessment activity that works in partnership with the community to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities.

DOR services are designed to help job seekers with disabilities obtain competitive paid employment in integrated work settings.

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 one or more the following criteria may be referred to the DOR for services:

- Participants self-identified as having a Learning Disability, or a physical or mental impairment. No additional verification is required.
- Participants receiving Behavioral Health Services who would benefit from DOR participation.
- Participants identified in the vocational assessment report as good candidates for DOR.

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

REFERRAL PROCESS

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To begin the referral process, the Case Manager (CM) will:

1. Meet with the participant to discuss individual needs, and explain services provided by the DOR and how the participant will benefit from services.
2. Obtain the participant's consent for a referral to DOR.
3. Confer with the participant to determine which DOR office location is most convenient for the participant.

Note: The DOR has three locations within Orange County. It is recommended that the CM and participant discuss and select the best option.

4. Explain that the DOR referral may take time and the **participant will need to engage in another WTW activity to meet the WTW requirements until the DOR referral is approved.**
5. Explain to the participant that the DOR will need to establish eligibility prior to providing services and that the participant will need to complete the DOR assessment process.
6. Advise participant to gather medical records and provide to DOR when requested (e.g., documents about participant's disability, names addresses and telephone numbers of doctors, professionals, and organizations that the participant has consulted with about their disability).
7. Develop a WTW Plan with activities that meet the participant's hourly participation requirements while waiting for the result of the DOR referral.
8. Complete referrals for special services, such as Behavioral Health Services and Domestic Abuse Services, as appropriate.
9. Complete referrals for necessary supportive services, which may include, but is not limited to, ancillary, childcare, and transportation.
10. Add **Department of Rehabilitation** as WTW activity in the data system and schedule for "0" hours.
11. Prepare a DOR referral packet to be given to the participant.

The referral packet will be provided to the participant and include:

- a. DOR Referral form ([F063-41-136 E](#)).
 - b. A copy of the "Assessment Test Results and Interpretation" section of the vocational assessment report, if applicable.
12. Image a copy of the DOR referral packet into OnBase.
 13. Provide participant with DOR office location and phone number with instructions to call and obtain an Intake appointment.
 14. Issue participant the completed referral packet to submit at DOR Intake appointment.
 15. Advise participant to notify CM of their assigned DOR Vocational Rehabilitation Counselor (VRC) once assigned.

16. Upon receipt of the DOR VRC contact, set control to follow up with the VRC every two weeks regarding the referral status. Continue bi-weekly inquiries until the outcome of the referral is known.
 17. Once approved, obtain the DOR Individual Service Plan.
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DEPARTMENT OF REHABILITATION REFERRAL APPROVAL/DENIAL

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

DENIAL

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1. Meet with the participant to develop a new WTW Plan that includes the DOR activity and any concurrent WTW activities.
2. Explain the requirement of the DOR Attendance Report ([F063-41-135E](#)) and provide the participant with a supply of the form.
3. Explain to the participant that the DOR Attendance Report ([F063-41-135E](#)) requires the participant's signature, as well as the DOR representative's name, phone number, and signature; and the participant must submit the form to the CM monthly.
4. Record activities related to the DOR Individual Service Plan set by the DOR VRC as follows:
 - a. Enter the activities provided by DOR, such as meetings with the DOR VRC in the data system, by using **Department of Rehabilitation** WTW activity.
 - b. 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, and/or job skills training. Enter the hours associated with these activities in the system using the appropriate activity.

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.

COMMUNICATION The CM and VRC will remain in regular communication regarding participants' 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 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, they should be dis-enrolled from the DOR activity.

ATTACHMENTS [DOR Referral Form \(F063-41-136 E\)](#)
[DOR Attendance Report \(F063-41-135 E\)](#)
[DOR Brochure/Information Handbook](#)

CaISAWS (*) The asterisk symbol used throughout this document is a temporary place holder. This symbol indicates that the policy area marked by *CaISAWS will undergo updates once the CaISAWS system is active in Orange County.

