



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES



EDMUND G. BROWN JR.
GOVERNOR

May 18, 2015

Dear :

The purpose of this letter is to request certification information regarding the unemployment rate in your area. Adults who participate in the Tribal Temporary Assistance for Needy Families (TANF) and the California Work Opportunity and Responsibility to Kids (CalWORKs) programs are limited in the number of months they may receive assistance. In accordance with state and federal law, one time limit exemption states that any month in which an adult: (1) resides in an Indian Country area where; (2) the adult unemployment rate is 50 percent or higher; and (3) is a TANF or CalWORKs program participant, will be exempt from the Tribal TANF and CalWORKs program time limits (45 CFR 286.115(d)(3), MPP Section 42-302.21(h)) for any month in which all three of those conditions occur.

The California Department of Social Services needs your assistance to implement this time limit exemption and to allow those adults who qualify for this exemption to continue to receive assistance. Please indicate on the attached survey whether your Indian Country area had an unemployment rate among adults of 50 percent or higher in any or all of the months in Calendar Year 2014. The information reported on surveys received by June 30, 2015, will be made available to county welfare departments and Tribal TANF programs via All County Letter.

If you have any questions or comments on this message or the attached Certification, please contact Erni Crowder at Ernestine.Crowder@dss.ca.gov or (916) 654-1867, or Ryan Tsukiji at Ryan.Tsukiji@dss.ca.gov or (916) 653-8395.

Sincerely,

KÄREN DICKERSON, Chief
CalWORKs Employment and Eligibility Branch

CalWORKS & TRIBAL TANF TIME LIMIT EXEMPTION

(2014: 50% or HIGHER ADULT UNEMPLOYMENT RATE IN INDIAN COUNTRY)

50% or HIGHER UNEMPLOYMENT RATE CERTIFICATION

Name (Reservation / Rancheria / Indian Country Area):

Name and Title of Tribal Representative:

Telephone Number:

Email Address:

Reservation / Rancheria / Indian Country Area: Street Address or PO Box, City, State, and Zip Code:

*For any month in 2014, were at least 50% of the adults living in the above
American Indian Country area not employed?*

(Circle any month that applies)

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sept. Oct. Nov. Dec.

ALL 12 Months

Please forward the completed and signed Certification to Ernestine.Crowder@dss.ca.gov or Ryan.Tsukiji@dss.ca.gov
by **June 30, 2015**, or post to:

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CalWORKs Eligibility Bureau
Attention: Tribal TANF
744 P Street, M.S. 8-8-31
Sacramento, CA 95814

If you have any questions, please call Ernestine Crowder at (916) 654-1867 or Ryan Tsukiji at (916) 653-8395

CERTIFICATION

*I declare under the laws of the United States and the
State of California that this statement is true, correct, and complete.*

The information submitted will be used exclusively for qualifying CalWORKS and/or Tribal TANF program participants for the 50% unemployment exemption as specified under federal and state law.

Signature of Representative: _____ Date: _____

Print or Type Name: _____ Print or Type Title : _____