

**Linkages GAIN Services Worker
Information Request Form**

Date of Request:		DCFS Office:	
CSW Name:		Select One:	
CSW Phone #:		<input type="checkbox"/> Emergency Response CSW	
Cubicle #:		<input type="checkbox"/> Family Maintenance & Reunification CSW	
Case Name:		Case # (if applicable):	DOB:
Participant Telephone Number:			Child's Name & DOB:

Type of Information Requested	
<input type="checkbox"/> CalWORKs (Family - Cash Program) <input type="checkbox"/> Homeless <input type="checkbox"/> GAIN Program (select all that apply): <input type="checkbox"/> Mental Health/Substance Abuse/Domestic Violence <input type="checkbox"/> Child Care/Transportation/ Ancillary/Work-Related Expenses <input type="checkbox"/> Family Preservation <input type="checkbox"/> Family Reunification <input type="checkbox"/> Other Welfare-to-Work Activities (e.g., Job Search, education, training)	<input type="checkbox"/> General Relief (Adult Only-Cash Program) <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medi-Cal

CSW Urgent Request
Explain the reason for urgent request, including any deadlines, court dates, etc., to determine the level of urgency in responding:
Information Needed By: _____

CSW Question

THIS SECTION IS FOR DPSS LINKAGES GSW'S DISPOSITION ON THIS REQUEST

Response to CSW Question:

Intervention with the family as a result of this request submitted (check all that apply):
<input type="checkbox"/> DCFS 5122 Referral for Food Stamps/Medi-Cal for: <input type="checkbox"/> Family w/ children <input type="checkbox"/> Non-Needy Caretaker <input type="checkbox"/> Needy Caretaker
TO DPSS District Office: _____
<input type="checkbox"/> CalWORKs Sanction/Penalty Lifted (coordinated with PT & EW to have sanction/penalty lifted, includes but not limited to DA sanction/penalty) <input type="checkbox"/> GAIN Sanction Lifted (coordinated with PT & GSW/EW to have PT's sanction lifted) <input type="checkbox"/> Service/Case Coordination on Mutual Case (e.g., DCFS and WTW plan coordinated, registered PT into GAIN to access services) <input type="checkbox"/> Family Preservation (FP) (e.g., provided GAIN FP information, coordinated communication between CBL/CSW/FP Agency and GSW) <input type="checkbox"/> AB 429-Family Reunification (FR) (e.g., initiated FR referral, case coordination on mutual FR cases) <input type="checkbox"/> Housing Assistance (e.g., referral to DPSS administered programs, provided housing/homeless program information) <input type="checkbox"/> Assistance with CalWORKs Case (e.g., case transfer closer to home, coordination to add child/spouse to CalWORKs case, assisted PT have aid restored, assisted in resolving Medi-Cal issues) <input type="checkbox"/> DPSS Info/Resource Referral (e.g., provided DPSS worker information to CSW and/or participant, provided CSW and/or participant information on GAIN/CalWORKs – ancillary/work-related expenses, transportation, and child care.)

CalWORKs Information		GAIN Information	
Dist. Office:	EW File #/Phone #:	Region:	GSW File #/Phone #:
Linkages GSW:		Date of Response:	