



El Dorado County  
**DEPARTMENT OF HUMAN SERVICES**  
 Social Services Division

**Linkages Services & Cost Designation Form**

Date:			
Client:		WTW Worker:	
Case ID:		CPS Worker:	

<b>AOD</b>		<b>WTW</b>	<b>CPS</b>	<b>Priority</b>
<b>Assessment</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Treatment</b>				
	▶ Outpatient Counseling (< 3 hours weekly)	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ Outpatient Counseling (3 – 8 hours weekly)	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ Residential	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ T – House	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ Other:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Drug Testing</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Self-Help (e.g. AA)</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other:</b>		<input type="checkbox"/>	<input type="checkbox"/>	

<b>Mental Health</b>		<b>WTW</b>	<b>CPS</b>	<b>Priority</b>
<b>Counseling</b>				
	▶ Individual	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ Family	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ Group	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Assessment</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Psychological Evaluation</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Anger Management</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Therapeutic Supervised Visits</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Domestic Violence Support Group</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other:</b>		<input type="checkbox"/>	<input type="checkbox"/>	

<b>Parenting</b>		<b>WTW</b>	<b>CPS</b>	<b>Priority</b>
<b>Home Visitation</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Classes</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other:</b>		<input type="checkbox"/>	<input type="checkbox"/>	

<b>Transportation</b>		<b>WTW</b>	<b>CPS</b>	<b>Priority</b>
<b>Vehicle Insurance</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Vehicle Smog</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Vehicle Registration</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Vehicle Repair</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Bus Passes / Script</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other:</b>		<input type="checkbox"/>	<input type="checkbox"/>	

Child Care		WTW	CPS	Priority
	For approved WTW activities	<input type="checkbox"/>	<input type="checkbox"/>	

Ancillary		WTW	CPS	Priority
	Clothes	<input type="checkbox"/>	<input type="checkbox"/>	
	Tools	<input type="checkbox"/>	<input type="checkbox"/>	
	Books	<input type="checkbox"/>	<input type="checkbox"/>	
	LD Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	

Education		WTW	CPS	Priority
	GED	<input type="checkbox"/>	<input type="checkbox"/>	
	ESL / ABE	<input type="checkbox"/>	<input type="checkbox"/>	
	Vocational (ROP)	<input type="checkbox"/>	<input type="checkbox"/>	
	AA (Limited)	<input type="checkbox"/>	<input type="checkbox"/>	
	BA (Limited)	<input type="checkbox"/>	<input type="checkbox"/>	

Job Search		WTW	CPS	Priority
	Job Club	<input type="checkbox"/>	<input type="checkbox"/>	
	Job Search Classes	<input type="checkbox"/>	<input type="checkbox"/>	

CalWORKS	
The following is a list of programs offered by CalWORKS. They are listed on this form as a reminder to both the WTW and CPS workers to check with the Eligibility Worker and make sure that the Linkages client receives the proper benefits.	
	<ul style="list-style-type: none"> <li>• Cash</li> <li>• Homeless</li> <li>• Food Stamps</li> <li>• Medi-Cal</li> </ul>

## Approvals

WTW Supervisor Name	WTW Supervisor Signature	Date
CPS Supervisor Name	CPS Supervisor Signature	Date