

GENERAL RELIEF OPPORTUNITIES FOR WORK (GROW) PROGRAM NOTIFICATION OF CHANGE

This notice is used by GROW Case Managers (GCMs) and Eligibility Workers (EWs) to communicate changes and/or information regarding GROW participants. The receiver must review the notice and take appropriate action on the changes reported on the form and update sender of action by fax within three days.

To: _____ File #: _____ <small>GCM/EW</small>	From: _____ File #: _____ <small>GCM/EW</small>
District/GROW Site: _____	District/GROW Site: _____
Date: _____	Phone: _____
Response Due Date: _____	Fax: _____

Case Name: _____	Participant Name: _____
Case Number: _____	Date Received: _____

() EMPLOYMENT

Employment Start Date: _____ **End Date:** _____ **Date Verified:** _____
Employer Name: _____ **Job Title:** _____
Address: _____
Weekly Hours: _____ **Hourly Wage:** _____ **Contact Person/Phone:** _____

() EXEMPTION

Exempt the participant code M for the following reason:
 Disabled for less than 30 days – Exempt until _____
DATE
 Refer for medical evaluation and exempt for 30 days.
 Refer for Need Special Assistance (NSA) evaluation and exempt for 30 days.

() REFERRAL RESULTS

Participant Employability Status Change – Participant is unable to work until _____ according to:
DATE
 Medical NSA Evaluation
 Participant remains employable. Schedule GROW appointment.

() MANDATORY SUBSTANCE ABUSE RECOVERY PROGRAM (MSARP)

Refer to MSARP Assessment Assessment Results: _____
MSARP Treatment Start Date: _____ **End Date:** _____ **Weekly Hours:** _____
Treatment Center Name: _____ **Contact Person** _____ **Phone:** _____

() OVERPAYMENT

Participant received a Fraud Non-Fraud overpayment for: Work Related Expenses Transportation
Month: _____ **Amount:** _____

() OTHER: _____

To be completed by reviewer and returned to sender within three days of receipt

Reviewed and updated by: _____ File #: _____ Date: _____ Phone: _____
