

GENERAL RELIEF REQUIREMENT TO PROVIDE MEDICAL VERIFICATION

CASE NAME	CASE NUMBER	DATE
EMPLOYABLE PERSON'S NAME		

I understand that I must provide medical verification the next time my illness or the illness of a family member prevents me from completing my employable requirements. The employable requirements include:

- I must participate in the General Relief Opportunities for Work Program
- I must attend Workfare Project
- I must complete all required job searches
- I must register for work at the Employment Development Department (EDD)
- I must attend all scheduled interviews, appointments, and other activities
- I must accept job referrals, attend job interviews, and take any bona fide job offer
- I cannot quit or be fired from a job

If I fail to comply with any **WORK** requirement without good reason, I understand that my family members and I will be ineligible for General Relief. The first time I fail to comply, my General Relief will be denied/terminated and I/we can reapply immediately. The second time I/we will be ineligible for 30 days. The third time I/we will be ineligible for 60 days.

SIGNATURE OF EMPLOYABLE PERSON		DATE
SIGNATURE OF ELIGIBILITY WORKER/GROW CASE MANAGER	FILE NO.	DATE

FILE: Employability/GROW Folder
 RETENTION: Permanent