



# SACRAMENTO STATE

COLLEGE OF HEALTH AND HUMAN SERVICES

DIVISION OF SOCIAL WORK

TITLE IV-E

## REQUIREMENTS AND APPLICATION INSTRUCTIONS

V.2020

**DIVISION OF SOCIAL WORK**  
*TITLE IV-E STIPEND PROGRAM*  
*MASTER OF SOCIAL WORK*  
**2021-2022 ACADEMIC YEAR**  
**GENERAL REQUIREMENTS**

Dear Applicant,

The Title IV-E Stipend program is designed for students interested in working in a Public Child Welfare Agency. The Title IV-E Stipend Program has mandatory requirements that stipend recipients **MUST meet**.

Applicant **MUST** have a Bachelor's degree from an accredited university/college (B.A., B.S., or B.S.W.) and will have the degree by August 2021.

Applicant **MUST** be accepted into MSW Program and have completed all academic prerequisites for the graduate program by **January 15, 2021** and complete Statistics and Biology by **August 2021**.

Students **MUST** enroll in and successfully complete the Title IV-E designated selective courses.

Students **MUST** attain a minimum level of mastery in each of the identified competencies of child welfare practice.

If awarded the stipend, students **MUST** maintain their academic eligibility with a minimum 3.0 GPA each semester, students **MUST** receive a "B" or better in each course as well as complete the required fieldwork in order to advance to candidacy in a timely manner. **Note:** If a full time student becomes academically ineligible or decides to separate from the program, he/she will lose the stipend support. If a student is in the Three-Year/Part-Time program, he/she will lose reimbursement support. As a result, students will be required to repay the cost of all financial support received as outlined in the contract signed during that academic year.

Students **MUST complete** the first year of fieldwork in a Public Child Welfare Agency or non-profit agency that serves Title IV-E populations (foster children). Students **MUST complete** the second year of fieldwork in a Public Child Welfare Agency, California Department of Social Services or an Indian Reservation/Rancheria.

Students are **required** to attend and participate in all Field Integration Trainings, during the academic year. These trainings are required in the first and second year of the program.

Students **MUST** maintain the legal residency requirements.

Students **cannot** be arrested of a felony or misdemeanors, as noted on attachment to application.

Students participating in the Title IV-E stipend program **are not permitted** to pursue the Pupil Personnel Services Credential (PPSC).

Students **MUST complete** the full-time program within 2-years.

Students **MUST complete** the Three Year/Part time weekend program in 3-years.

Students **MUST complete** the Advanced Placement program within 1-year.

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## APPLICATION INSTRUCTIONS

**Application will be available October 1st**

- 1 **Apply to Cal State Application through the Office of Graduate Studies by Friday, January 8, 2021.**
  - a) Go to <http://www2.calstate.edu/apply> - **University application link.**
  - b) Follow instructions to submit application and pay application fee.
  - c) After completing the **Cal State application** you will receive an e-mail from the Office of Graduate Studies with instructions for setting up your Sac Link account. Make sure to check your junk/spam folder for the email and check Office of Graduate studies website for any other requirements needed for the University.
  - d) You will have to submit this application and set up Sac Link account before you can access the **Division of Social Work MSW application.**
  
- 2 **Submit the Division of Social Work supplemental application and other required materials due by Friday, January 15, 2021.** NOTE: Part-time county employees applying for 3 year part-time MSW program will require a code to access the application. Code is 4065.
  - a) Go to: <https://www.csus.edu/college/health-human-services/social-work/application-process.html>  
Application must be complete to submit. Complete and submit all required materials **by January 15, 2021.**
  
- 3 **Complete the 2021-2022 Title IV-E Stipend Application due by Friday, January 1**
  - a) Go to: [Link Coming October 1st](#)
  - b) Sign in with your Sac Link account information.
  - c) Application must be completed before you can submit. Application **cannot be printed or saved.** After clicking submit button; if application returns; then you have not completed all the required information in the application, please review and complete all sections in the application before submitting.
  - d) **Please continue to next page and follow instructions.**

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**ADDITIONAL DOCUMENTATION**

**4. Please print, complete, sign and submit the following documents by Friday January 15, 2021**

- **Print Checklist & Submit** the following documents
  - California driver's license: which must be valid and current throughout the program and student must be able to secure the use of a car for fieldwork and provide
  - Proof of automobile liability insurance,
  - Current copy of vehicle registration
- **DMV printout:** Go on line and complete driving record. Print your online DMV driving record and submit.
- **Print Affirmation and Release form**, complete, initial each line, sign and submit form.
- **Print Permission of Information form**, complete, sign and submit form.
- **Print Live Scan form:** Must submit to a criminal background check for felonies and misdemeanors through the Department of Justice (DOJ). Please complete the personal description information section on the form and then take it to a Live Scan location. Applicant pays all fees, please allow up to 2 hours for processing.
- After completing the Live Scan, the operator will complete the bottom portion of form and give you a copy. Please submit form to address below when completed. **Note:** This must be done before you can be accepted into program.
- Submit all of the above documents to: **Title IV-E Office at the Division of Social Work, 6000 J Street, Room 4010, Sacramento, CA 95619-6090** by Friday January 15, 2021 or email them to [rgonzal@csus.edu](mailto:rgonzal@csus.edu).

***Incomplete or late documentation will cause application denial.***

**Part-time students only:**

- **Print Three-year Payback obligation form**, complete, sign and submit.
- **County Support Letter** - Must be completed, signed by the Division Manager and submitted.
- **In lieu of Live Scan, county employees may submit a Letter from their County Agency** on letterhead stating they have a current background clearance and that you are allowed to work with children. Submit the above form by Friday, January 15, 2021.

***Note:***

***After the initial scoring of the Title IV-E & MSW applications, approximately late February 2021 or early March 2021 applicants that are selected will be contacted by phone or email to schedule an interview.***

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**CHECKLIST**

**Submit Application On line:**

- Completed Title IV-E Application and submit.
- Completed Title IV-E Essay Questions and submit with application.

**Submit the following document to Title IV-E office by Friday, January 15, 2021.**

- Checklist
- Signed Affirmation and Release of Information Form
- Completed and signed Permission to Release Information form
- Obtain and submit a printout of your current California Department Motor Vehicles (DMV) driving record.
- Completed Criminal Background Clearance (Live-Scan Form).
- I have included a photocopy of:
  - Social Security card
  - Current California Driver's License
  - Current Car Insurance
  - Current Car Registration
  - Birth Certificate or Passport

**If full time applicant and working with county, please submit:**

- Completed and signed Agency Letter of Support (see below) for an educational leave of absence from the county.

**If Three Year/Part time applicant and working with county, please submit:**

- Completed and signed Agency Letter of Support
- Completed and signed Three Year/Part-Time Student Employment Obligation Form

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**AFFIRMATION AND RELEASE OF INFORMATION**

Please initial each statement indicating that you have read and agree to the following:

\_\_\_\_\_ If you have completed field placements in a Public Child Welfare Agency and/organization serving child welfare clients, please initial.

\_\_\_\_\_ I have use of an automobile that is currently registered, a valid driver's license and insurance for bodily injury.

\_\_\_\_\_ I have or will be fingerprinted (Live Scan) and agree to disclose any misdemeanor or a felony convictions, other than minor traffic violations.

\_\_\_\_\_ I hereby attest that I never been convicted of a felony nor misdemeanor crime involving harm to children. If you should have questions about this aspect of the eligibility criteria, please contact the Title IV-E Program Coordinator. **Applicants MUST disclose any felonies and/or misdemeanors in writing with your application. Please refer to Attachment I with application.**

\_\_\_\_\_ I hereby attest that I never been discharged from employment at a Public Child Welfare Agency or other social services agency due to violation of county code/merit system rules or violation of agency or professional code of ethics.

\_\_\_\_\_ I understand that I am obligated to pay back this stipend through a year of employment after graduation in a public child welfare agency for each year that I receive Title IV-E funds.

\_\_\_\_\_ I hereby affirm that the above statements are true. I will agree to the provisions of the sample contract if granted the Title IV-E Stipend. Furthermore, I give permission to the Advisory Selection Committee for the Title IV-E Child Welfare Program to review my admissions application for entrance into the Sacramento State, Division of Social Work program.

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PERMISSION TO RELEASE INFORMATION**

**Please complete and sign this form.**

January 2021

Dear Title IV-E Applicant,

Sacramento County Department of Health and Human Services (or county that you are connected with – see below) requires that you provide written permission to release information about your eligibility to volunteer with the county based on your background clearance.

Permission to Release Information  
Sacramento State Division  
of Social Work Title IV-E  
Stipend Program

I.

**First Name**

**Middle Initial**

**Last Name**

hereby authorize “Sacramento County Department of Health and Human Services” to provide information about the results of my California Department of Justice Criminal Background Clearance with the Title IV-E Program in the Division of Social Work at Sacramento State as it pertains to my eligibility to be a volunteer at the agency.

\* If another agency or county will provide information, please write in the information:

Agency’s Name:

Address, City, State, Zip:

Agency’s Telephone #:

Print Name: \_\_\_\_\_

Sac State ID #: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**THREE-YEAR/PART-TIME STUDENT PAYBACK OBLIGATION**

I \_\_\_\_\_, a Three Year/Part-time student at Sacramento State do agree that as part of my payback obligation to the Title IV-E program, I will work one year for each year of support at my current place of employment.

I know and have been informed that if a suitable job is available (MSW position) with my current county of employment, I am obligated to work for this Public Child Welfare Agency until my payback obligation has been completed.

I do realize that failure to meet this obligation will result in me paying back the Title IV-E support I received plus interest (10% per annum) within five-years after graduation.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**AGENCY LETTER OF SUPPORT**

**Please Note:** An Agency Letter of Support must be completed and signed by your Agency Division Manager for each Academic Year that the student is enrolled in the Title IV-E Three-Year/Part-time Master of Social Work Program.

(Name) \_\_\_\_\_ has applied to the Three-Year/Part-time program at Sacramento State and the Title IV-E reimbursement support program.

**-or-**

(Name) \_\_\_\_\_ has applied to the Full-time program at Sacramento State and plans to take an educational leave of absence.

**This letter of support should attest to the following:**

i. I believe that \_\_\_\_\_, should be able to manage graduate level studies.

Yes       No       Unsure

ii. \_\_\_\_\_, is a reliable and efficient worker that I would hire for a Master's level position upon completion of his/her studies, if such a position is available.

iii.  Yes       No

\_\_\_\_\_, will be given the opportunity to participate in the internship portion of the program.

The support will include facilitation of "job conversion" options, with field assignment being different from a regular job assignment.

Yes    No      , County agrees to inform the Title IV-E Program of any significant

*iv.*

\_\_\_\_\_ changes in the student's employment status that would affect his/her continued support or employability.

Yes       No

\_\_\_\_\_ are      County agrees that support will only be withdrawn if there

*v.* \_\_\_\_\_ changes in the employment, financial, and or other related matters that affect the relationship with the prospective students.

Name of Division Manager: \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Applicant pays fees**

**Print and complete.  
applicant information  
Agency below does not do  
live scans. Do not contact.**

### REQUEST FOR LIVE SCAN SERVICE

**Applicant Submission**

A1159  
ORI (Code assigned by DOJ)

Volunteer  
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

**Contributing Agency Information:**

Sacramento County Child, Family & Adult Services  
Agency Authorized to Receive Criminal Record Information

03321  
Mail Code (five-digit code assigned by DOJ)

9750 Business Park Drive, Suite 104  
Street Address or P.O. Box

Tonja Edelman (Cost Center 7801000000)  
Contact Name (mandatory for all school submissions)

Sacramento CA 95827  
City State ZIP Code

(916) 875-2027  
Contact Telephone Number

**Applicant Information:**

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 110329  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: HP20  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

**Employer (Additional response for agencies specified by statute):**

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

**Live Scan Transaction Completed By:**

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed