DEPARTMENT OF SOCIAL SERVICES
714 P Street, Sacramento, CA 95814

April 15, 1992

ALL-COUNTY LETTER NO. 92-40

TO: COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL	
[X]	State Law Change
[ ]	Federal Law or Regulation Change
[ ]	Court Order
[ ]	Clarification Requested by One or More Counties
[ ]	Self-Initiated by SDSS
[ ]	Administrative, Operational, or Fiscal Instructions

SUBJECT: AFDC DISQUALIFICATION - Intentional Program Violation (IPV)

HANDBOOK: This letter contains information updating the AFDC Notice of Action Handbook

The purpose of this letter is to complete implementation of the AFDC Intentional Program Violation (IPV) Disqualification Program.

BACKGROUND

In 1987, Congress passed Public Law 100-203, which among other items, provided for enhanced federal funding for states who elect to establish an AFDC Fraud Control Operating Plan. A state's plan is subject to approval by Department of Health and Human Services (DHHS). The incentive funding consists, in general, of an increase in Federal financial participation (FFP) from 50% to 75% for select Fraud Control activities and provides FFP, at the 75% rate, for AFDC prosecution activities.

In June of 1989, California submitted its Fraud Control Plan to DHHS. It was approved retroactive to January 1, 1989.

The plan requires the state to initiate disqualification for those recipients/applicants found to have committed an IPV against the program. It is similar to the Food Stamp IPV Program.

In July of 1991, the Governor signed SB 724 (Chapter 97, Statutes of 1991) which required the implementation of an AFDC Disqualification Program. Emergency regulations were promulgated, effective January 2, 1992, (RDB letter #0991-47).

PROGRAM SUMMARY

The program requires the disqualification from AFDC eligibility for an individual who has been found to have committed an IPV against the program. An IPV is defined as an intentional act by an individual for the purpose of establishing or maintaining the family's eligibility for AFDC or for increasing or preventing a reduction in the amount of the grant. Such actions are:

- A false or misleading statement or misrepresentation, concealment, or withholding of facts; or
- Any act intended to mislead, misrepresent, conceal, or withhold facts or propound a falsity.

An IPV may be found by either a state or federal criminal court, or by a state or federal civil court, or by a state Administrative Disqualification Hearing (ADH) established for this purpose. A decision as to whether or not California will establish administrative disqualification hearings has not been made.

A conviction of welfare fraud, or a guilty, or nolo contendre plea to a charge therein, must be deemed a finding of IPV unless ruled otherwise by the court.

Findings of IPV from another state are valid in California. Those findings must be implemented pursuant to the appropriate regulations, whether they be from the other state's court or ADH, or a federal court finding.

DISQUALIFICATION PENALTIES

When an individual has been found guilty of an IPV the agency shall not take the individual's needs into account when determining the assistance unit's need and amount of the assistance payment. Any resources and income of the disqualified individual will be considered available to the assistance unit.

An individual must be disqualified for 6 months upon the first occasion of any such offense; for 12 months upon the second occasion; and permanently upon the third or subsequent occasion. The only exception is in accordance with the provisions of a court order.

If the individual is no longer on AFDC, the disqualification period will not begin until after a reapplication for AFDC assistance has been approved.

NOTICE REQUIREMENTS

Federal law requires that applicants be provided with a written notice of the disqualification penalties at the time of application.

Effective June 1992, the SAWS 2A, Important Information for Applicants and Recipients, coversheet to the JA 2 and SAWS 2, Statement of Facts, will be modified to provide this notice. In the interim, applicants must be provided a written notice of these penalties at the time of application. A recommended form is included as Attachment II (TEMP 1999).

Federal regulations also require that "individuals who are recipients on the date of approval of the state plan amendment implementing this optional program must be provided a written notice no later than the next redetermination for AFDC." To meet this federal mandate, a stuffer was included with the March 1, 1992, Medi-Cal card sent to all AFDC/FG and AFDC/U recipients.

IMPLEMENTATION OF SANCTIONS

An individual found guilty of an IPV must be notified per EAS 20-352.4. A copy of the notification (DPS 377.7(A)) is attached with this letter (Attachment III). These forms may be ordered from the DSS warehouse following current procedure.

Notice of Action information is included as Attachment I.

Remember that the disqualification only applies if the individual is otherwise eligible. Thus someone not currently aided will begin to serve the disqualification only after they reapply and are found otherwise eligible.

STATE HEARINGS AND DURATION OF PENALTY

State hearings may be requested only on the implementation process, such as effective dates, and on the computations of the grant. A recipient does not have a right to a state hearing based on the disqualification penalty. A disqualification penalty can only be reversed by a court of appropriate jurisdiction. However, the duration of the penalty is not subject to review without possibility of an administrative stay, unless and until the finding upon which the penalty was based is reversed by a court of appropriate jurisdiction but in no event shall the duration of the period for which such penalty is imposed be subject to review.

DISQUALIFICATION CONSENT AGREEMENTS (DCA)

Unlike DCAs in the Food Stamp Program, federal AFDC regulations require these agreements to be "confirmed by the court." The DCA forms have been modified accordingly and will be available from the DSS warehouse (See Attachment IV).

STATISTICAL ACCOUNTINGS

The IPV disqualification must be reported on the DPA 266 (Fraud Activity Report), Part D. In addition, the county must report pertinent IPV data to the Department

via Form DPS 524. (Copy provided as Attachment V.) This form will initially be available at the Fraud Program Branch and later at the DSS Warehouse.

The Fraud Program Branch is in the process of developing a computerized file of disqualified AFDC and Food Stamp individuals. This file will eventually become part of the IEVS Applicant System and will be in place by the fall of 1992.

Until that program is implemented the control file will be maintained by the Fraud Program Branch. Inquiries on any disqualified individual should be addressed to that branch.

Questions concerning Division 20 of the regulations should be addressed to Rick Tibbetts of the Fraud Program Branch at (916) 445-0031. Questions concerning AFDC issues should be addressed to Dennis Ragasa of the AFDC Policy Bureau at (916) 654-1063. If you have any questions, regarding the Notice of Action messages, contact John Boneyoutt at (916) 654-1077.

Sincerely,

MICHAEL C. GENEST
Deputy Director

Attachments

bcc: M. Back, 19-26
M. Genest, 17-08
Central Files, 14-80
R. Tibbitts
K. Lewis, 16-30
B. Lewis, 17-27
R. Perryman, 8-600
R. Mekata, 12-90
L. Yoshimura, 12-52
C. Marvin, 17-02

wpjfowl/acl5 4-8-92

ATTACHMENT 1

NOTICE OF ACTION MESSAGES

Year ACL Issued: 1992

ACL Subject: AFDC Disqualification

M20-353 (1/92), Change Message - IPV Penalty Applied to AU

The M20-353 message was developed to inform the AU of a change in cash aid because a member has been sanctioned for an Intentional Program Violation (IPV).

M20-353A (1/92), Approval Message - IPV Penalty Applied to AU

The M20-353A message was developed to inform clients that their cash aid has been partially approved and that aid has been denied for the person who committed an IPV.

M20-353B (1/92), Denial Message - IPV Penalty Applied to AU

The M20-353B message was developed to inform a client that cash aid has been denied because of an IPV.

INSTRUCTIONS FOR UPDATING THE AFDC NOA HANDBOOK

- Insert the new NOA messages M20-353, M20-353A and M20-353B in Section VII of the Handbook.
- (The attached Spanish translations of the messages are not to be filed in the Handbook.)

TRANSLATIONS

The NOA messages will be translated into Cambodian, Chinese, Lao and Vietnamese. The Spanish translation is attached.

The Asian translations will follow under separate cover from the Language Services Bureau to the County Forms Coordinators who currently receive translated forms.

STOCK

The NOA messages will not be printed nor stocked in the DSS Warehouse.

State of California
Department of Social Services

Action : Change
Issue: Sanction, IPV
Title: IPV Penalty
Applied to AU
Form No. : NA200
Effective Date : 01/23/92, new
Revision Date :

Auto ID No. :
Flow Chart No. :
Source :
Regulation Cite: 20-353.1, 40-173.1, 44-315, 44-317

MESSAGE: As of _____, the County is changing your cash aid from $_____ to $_____.

Here's why:

Cash aid will stop for _____, who broke a Welfare rule on purpose (Intentional Program Violation). This person can't be aided:

[] for the next 6 months.
[] for the next 12 months.
[] anymore.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to change the monthly grant because of an IPV sanction which disqualifies an AU member from participating in the AFDC Program.

Fill in the effective date of the action and specify the old and new cash aid amounts. Specify who committed the IPV and check the box for the appropriate duration of disqualification from the AFDC Program.

Complete the new budget computation in the right hand column.

State of California
Department of Social Services

Action : Approved
Issue: Sanction, IPV
Title: IPV Penalty
Applied to AU
Form No. : NA200
Effective Date : 01/23/92, new
Revision Date :

Auto ID No. :
Flow Chart No. :
Source :
Regulation Cite: 20-353.1, 40-173.1, 44-315, 44-317

MESSAGE: As of _____, the County has approved cash aid for some members of your family.

Aid has been denied for _____.

Here's why:

This person broke a Welfare rule on purpose (Intentional Program Violation) and can't be aided:

[] for the next 6 months.
[] for the next 12 months.
[] anymore.

Your first day of cash aid is _____. Your first month's cash aid amount is $_____.

This amount is based on your full monthly cash aid amount figured on this notice.

INSTRUCTIONS: Use to partially approve an AU for cash aid. Use to deny aid to an AU member because of an IPV sanction which disqualifies this person from participating in the AFDC Program.

Fill in the effective date of the action. Specify who committed the IPV and check the box for the appropriate duration of disqualification from the AFDC Program.

Fill in the starting date and the amount of the first month's cash aid.

Complete the new budget computation in the right hand column.

Department of Social Services

Action : Denial
Issue: Sanction, IPV
Title: IPV Penalty
Applied to AU
Form No. : NA290
Effective Date : 01/23/92, new
Revision Date :

Auto ID No. :
Flow Chart No. :
Source :
Regulation Cite: 20-353.1, 40-173.1

MESSAGE: The County has denied your application for cash aid dated _____.

Here's why:

You broke a Welfare rule on purpose (Intentional Program Violation) and can't be aided:

[] for the next 6 months.
[] for the next 12 months.
[] anymore.

INSTRUCTIONS: Use to deny cash aid to an applicant because of an IPV sanction which disqualifies this person from participating in the AFDC Program.

Fill in the date of application for cash aid. Check the box for the appropriate duration of disqualification from the AFDC Program.

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación _____
Nombre del caso _____
Número _____
Nombre del trabajador(a) _____
Número _____
Teléfono _____
Dirección _____

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador(a).

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

A partir de _____, el condado cambiará su asistencia monetaria de $ _____ a $_____.

La razón es la siguiente:

Se parará la asistencia monetaria para _____ _____, quien violó una regla de la asistencia pública a propósito (Violación Intencional del Programa). Esta persona no puede recibir asistencia:

- ☐ en los próximos 6 meses.
- ☐ en los próximos 12 meses.
- ☐ nunca en el futuro.

En esta notificación se calcula su asistencia monetaria.

Cantidad de la asistencia monetaria mensual

Sección A Sus ingresos contables en _____ (MES)

Total de ingresos ganados	$	_____
Deducción por gastos de trabajo	-	_____
Deducción de $30	-	_____
Deducción de $30 y 1/3	-	_____
Deducción por cuidado de personas a su cargo	-	_____
Otros ingresos contables (enumere las fuentes)		
_____	+	_____
_____	+	_____
_____	+	_____
Mantenimiento pagado ordenado por la corte	-	_____
Ingresos netos contables	=	_____

Sección B Su asistencia monetaria en _____ (MES)

1. Nec. básicas para _____ personas	$	_____
2. Necesidades especiales	+	_____
3. Subtotal	=	_____
4. Ingresos netos contables	-	_____
5. Subtotal A	=	_____
6. Asist. máxima para _____ personas	$	_____
7. Necesidades especiales	+	_____
8. Subtotal B	$	_____
9. Cantidad de asistencia monetaria (Lo que sea menos de Subtotal A o B)	$	_____
10. Ajuste por pago excesivo (hoja por separado)	-	_____
11. Cant. de la asist. monetaria mensual	$	_____

Reglamentos. Estos ordenamientos aplican; usted puede consultarlos en su oficina de bienestar: MPP 20-353.1, 40-173.1, 44-315, 44-317

M20-353 (SP) (1/92) IPV Penalty Applied to AU: Change

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación _____
Nombre del caso _____
Número _____
Nombre del trabajador(a) _____
Número _____
Teléfono _____
Dirección _____

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador(a).

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

A partir de _____, el condado ha aprobado su asistencia monetaria de $ _____ a $_____.

Se ha negado la asistencia para _____

La razón es la siguiente:

Esta persona violó una regla de la asistencia pública a propósito (Violación Intencional del Programa) y no puede recibir asistencia:

- ☐ en los próximos 6 meses.
- ☐ en los próximos 12 meses.
- ☐ nunca en el futuro.

El primer día en que usted recibirá su asistencia monetaria es el _____. La primera cantidad de asistencia monetaria que usted recibirá, será $ _____.

Esta cantidad se basa en su cantidad completa de asistencia monetaria que se calcula en esta notificación.

Cantidad de la asistencia monetaria mensual

Sección A Sus ingresos contables en _____ (MES)

Total de ingresos ganados	$	_____
Deducción por gastos de trabajo	-	_____
Deducción de $30	-	_____
Deducción de $30 y 1/3	-	_____
Deducción por cuidado de personas a su cargo	-	_____
Otros ingresos contables (enumere las fuentes)		
_____	+	_____
_____	+	_____
_____	+	_____
Mantenimiento pagado ordenado por la corte	-	_____
Ingresos netos contables	=	_____

Sección B Su asistencia monetaria en _____ (MES)

1.	Nec. básicas para _____ personas	$	_____
2.	Necesidades especiales	+	_____
3.	Subtotal	=	_____
4.	Ingresos netos contables	-	_____
5.	Subtotal A	=	_____
6.	Asist. máxima para _____ personas	$	_____
7.	Necesidades especiales	+	_____
8.	Subtotal B	$	_____
9.	Cantidad de asistencia monetaria (Lo que sea menos de Subtotal A o B)	$	_____
10.	Ajuste por pago excesivo (hoja por separado)	-	_____
11.	Cant. de la asist. monetaria mensual	$	_____

Reglamentos. Estos ordenamientos aplican; usted puede consultarlos en su oficina de bienestar: MPP 20-353.1, 40-173.1, 44-315, 44-317

M20-353A (SP) (1/92) IPV Penalty Applied to AU; Approval

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación _____
Nombre del caso _____
Número _____
Nombre del trabajador(a) _____
Número _____
Teléfono _____
Dirección _____

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador(a).

Audiencia con el estado. Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

El condado ha negado su solicitud para asistencia monetaria de fecha _____.

La razón es la siguiente:

Usted violó una regla de la asistencia pública a propósito (Violación Intencional del Programa) y no puede recibir asistencia:

- ☐ en los próximos 6 meses.
- ☐ en los próximos 12 meses.
- ☐ nunca en el futuro.

☐ Usted recibirá otra notificación con respecto a su Medi-Cal.

Reglamentos. Estos ordenamientos aplican; usted puede consultarlos en su oficina de bienestar: MPP 20-353.1, 40-173.1

M20-353B (SP) (1/02) IPV Penalty Applied to AU: Denial

1/31/92

ATTENTION:

AFDC APPLICANTS AND RECIPIENTS DISQUALIFICATION PENALTIES

A new law says that if you apply for/or get AFDC but don't report important facts you know or can get, or you report facts that you know are not true, you may get a penalty. Not reporting these facts is called an Intentional Program Violation (IPV).

If a court or special hearing says that anyone did an IPV, AFDC will stop for that person. For a first IPV, AFDC stops for 6 months; for a second, AFDC stops for 12 months; and for a third, AFDC stops forever.

Also, if a person doesn't report facts or gives false facts, there can be more penalties from other laws.

SAMPLE

ATENCION: Changes not made on translation

PERSONAS QUE RECIBEN Y SOLICITAN AFDC

Una nueva ley establece que si usted quiere o recibe AFDC pero no reporta datos importantes que usted sabe o que puede conseguir, o si reporta datos que usted sabe no son verdaderos, posiblemente usted sea sancionado. El no reportar estos datos se le llama Violación Intencional del Programa (IPV).

Si una corte o una audiencia especial establece que alguien cometió una IPV, parará la AFDC para esa persona. Por la primera IPV, la AFDC parará 6 meses; por una segunda IPV, la AFDC parará 12 meses; y por una tercera IPV, la AFDC parará para siempre.

Además, si una persona no reporta dichos datos, o da datos falsos, pudiera haber otras sanciones aplicables en conformidad con otras leyes.

ATTACHMENT III

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

COUNTY OF

4/22

NOTICE OF ADMINISTRATIVE DISQUALIFICATION

Notice Date :
Case
Name :
Number :
Worker
Name :
Number :
Telephone :
Address :

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: You cannot appeal the disqualificatior action in a state hearing. If you think the new amoun of aid is wrong, you can ask for a hearing. The back o this page tells how. Most often the new amount will no change unless the hearing decision changes it.

DISQUALIFICATION ACTION

The following action disqualified you from the AFDC Program:

- ☐ A state hearing decision found you committed an intentional program violation.
- ☐ A court decision found you committed an intentional program violation.
- ☐ You signed a Disqualification Consent Agreement on _____.
- ☐ You signed an Administrative Disqualification Hearing Waiver on _____.
- ☐ You were disqualified from the AFDC Program in _____ (LOCATION).

A copy of the above action was sent or given to you. If a state hearing decision found you committed an intentional program violation, the state or federal government may still prosecute you in court.

DISQUALIFICATION PENALTY

The disqualification penalties are 6 months for the first violation, 12 months for the second violation, and permanen disqualification for the third violation.

This is your _____ violation, which means:

- ☐ You cannot get aid as of _____ for _____ months.
- ☐ You cannot get aid for _____ months. Since you are not eligible now, this penalty will start when you reapply and are otherwise eligible.
- ☐ You have been permanently disqualified from the AFDC Program, as of _____.

NEW GRANT INFORMATION

- ☐ Because _____ was disqualified from the AFDC Program:
  - ☐ Your aid will change from $_____ to $_____ as of _____.
  - ☐ Your aid will stop as of _____. As a result of this disqualification, your income is too high. You may reapply when the disqualification period ends or if circumstances change.

COMMENTS:

Rules: These rules apply. You may review them at your welfare office: 20-353.1, 44-133.3.

DISQUALIFICATION CONSENT AGREEMENT

Date:
Case Name:
Case Number:

SAMPLE

IMPORTANT NOTICE

This form may apply to you only if you are a member of one of the two classes set forth below:

(1) You have been accused of an Intentional Program Violation and have met the terms of a court order; or

(2) You have been accused of an Intentional Program Violation but have not been prosecuted because you have met the terms of an agreement with the prosecutor, which was endorsed by the court.

_____ County has reason to believe that you _____ committed an Intentional Program Violation. This means that you **intentionally** gave the County wrong information or you **intentionally** did not tell the truth when you were asked certain questions. By "intentionally" we mean that you did it on purpose. This resulted in an overpayment of $_____ in AFDC benefits.

Information Notice

If you sign the Disqualification Consent Agreement:

- Your income and resources will continue to be counted when figuring the Assistance Unit's eligibility.
- The Disqualification Consent Agreement must be signed by you (the accused person).
- You will be disqualified from the AFDC Program for a period of time even if you do not admit to the facts presented by the County. (See Disqualification Penalties).
- You will be disqualified from the AFDC Program for a period of time even if a court does not find you guilty of fraud.
- If you do not agree with this Disqualification Consent Agreement after signing and a disqualification penalty has been imposed, you cannot ask the State or County for a hearing. You can file an appeal in an appropriate court of law.

DISQUALIFICATION PENALTIES WARNING:

Within 45 days from the date you sign this agreement, you will not be eligible to get AFDC for:

☐ 6 months (for the first violation)

☐ 12 months (for the second violation)

☐ Permanent disqualification (for the third violation)

This is your _____ violation, which means that:

- If you sign this Disqualification Consent Agreement, your disqualification penalty will be _____.
- If you are not eligible for AFDC right now, your disqualification period will begin after you reapply and are otherwise eligible.

If you need legal help in deciding whether to sign or not sign the Disqualification Consent Agreement and you cannot afford a lawyer, you may be able to get free legal aid by contacting the nearest office listed here:

If you have any questions or need more information about the Disqualification Consent Agreement, please contact _____.

SAMPLE

DISQUALIFICATION CONSENT AGREEMENT:

I have reviewed the information given to me regarding the Disqualification Consent Agreement.

I understand what shall happen to me if I sign this consent agreement.

I HEREBY VOLUNTARILY CONSENT TO BE DISQUALIFIED FROM THE AFDC PROGRAM FOR A PERIOD OF

_____

Please check one of the boxes below:

☐ I do not admit that the facts as presented are correct. However, I have chosen to sign this Disqualification Consent Agreement and understand that a disqualification penalty shall result.

☐ I admit to the facts as presented and understand that a disqualification penalty shall be imposed if I sign this Disqualification Consent Agreement.

_____

Signature of Accused Person Date

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

DISQUALIFIED RECIPIENT REPORT

SEE INSTRUCTIONS ON REVERSE SIDE

1. STATE CODE: 0 6

2. COUNTY FIPS CODE: ☐☐☐

3. ACTIVITY CODE: ☐
   1 = ADD
   2 = REVISION
   3 = DELETE
   4 = KEY CHANGE

4. SOCIAL SECURITY NUMBER: ☐☐☐ - ☐☐ - ☐☐☐☐

5. DATE OF BIRTH: M M D D Y Y Y Y

6. SEX CODE: ☐ "M" or "F"

7. NAME
   A. LAST NAME
   B. FIRST NAME
   C. M.I.
   D. KNOWN TO USE ALIAS ☐ CHECK IF YES

SAMPLE

8. DATE DISQUALIFICATION WAS RENDERED: M M D D 1 9 Y Y

9. DISQUALIFICATION OFFENSE: ☐
   1. FIRST OFFENSE
   2. SECOND OFFENSE
   3. THIRD OFFENSE

10. LENGTH OF DISQUALIFICATION: ☐☐
    06 = 6 MONTHS
    12 = 12 MONTHS
    99 = PERMANENT
    OTHER = ENTER NUMBER OF MONTHS

11. EFFECTIVE DATE OF DISQUALIFICATION: M M D D Y Y Y Y

12. PROGRAM CODE (CHECK ONLY ONE)
    ☐ F.S.
    ☐ AFDC

13. STATE / COUNTY REFERENCE DATA
    CO. ☐☐ CASE NO. ☐☐☐☐☐☐☐ FBU ☐
    MISC. ☐☐☐☐☐☐☐☐☐☐

14. PREPARED BY _____ TELEPHONE NUMBER AREA CODE (____) _____ EXT. _____ DATE PREPARED ___/___/___

DPS 524 (1/92)

FIELD INSTRUCTIONS

ITEMS 1 - 7 AND 12 ARE MANDATORY ON ALL DOCUMENTS

2. County Fips Code:

001	Alameda	031	Kings	061	Placer	091	Sierra
003	Alpine	033	Lake	063	Plumas	093	Siskiyou
005	Amador	035	Lassen	065	Riverside	095	Solano
007	Butte	037	L.A.	067	Sacramento	097	Sonoma
008	Calaveras	039	Madera	069	San Benito	099	Stanislaus
011	Colusa	041	Marin	071	San Bernardino	101	Sutter
013	Contra Costa	043	Mariposa	073	San Diego	103	Tehama
015	Del Norte	045	Mendocino	075	San Francisco	105	Trinity
017	El Dorado	047	Merced	077	San Joaquin	107	Tulare
019	Fresno	049	Modoc	079	San Luis Obispo	109	Tuolumne
021	Glenn	051	Mono	081	San Mateo	111	Ventura
023	Humboldt	053	Monterey	083	Santa Barbara	113	Yolo
025	Imperial	055	Napa	085	Santa Clara	115	Yuba
027	Inyo	057	Nevada	087	Santa Cruz		
029	Kern	059	Orange	089	Shasta		

SAMPLE

3. Activity Code: Enter the proper code for the function being reported

1 = Add - Use this code to add a new disqualified individual not previously listed in the national computerized disqualification network.

2 = Revision - Use this code to change one or more items on an existing report for a disqualified individual. However, the original social security number shown on the existing report must be entered.

3 = Delete - Use this code to delete an existing report on a disqualified individual; for example, when a court has reversed the decision on the case, or the wrong SSN was used to establish a individual on the file. When deleting a record ALL fields must be completed to match exactly the record to be deleted.

4 = Key Change - Future use.

7. Name:
Name Field. Item 7a, 7b & 7c insert ONLY letters and numbers -NO period, commas, dashes, etc. Leave one space between last name and title (such as Jr.).

Aliases. Check this box if the individual being reported is known to use assumed names.

8. Date Disqualification Decision was Rendered: Enter the Month, Day, and Year of the disqualification decision.

9. Disqualification Offense:

1 = First Offense
2 = Second Offense
3 = Third Offense

10. Length of Disqualification: Enter the number of months using two digits, i.e. 06 = six months. There may be situation where other than the standard 06, 12, or 99 will be entered.

11. Effective Date of Disqualification: Enter the date the disqualification started. If the disqualification has not started enter all 9's.

12. Program Code: CHECK ONLY "ONE" PROGRAM PER DOCUMENT.

13. State Reference Information:

County Code	=	Two Digits
Case Number	=	Seven Digits
FBU	=	One Digit
Misc.	=	Ten Digits