STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

January 19, 1982



## ALL-COUNTY INFORMATION NOTICE 1-07-82

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FEDERAL OMNIBUS BUDGET RECONCILIATION ACT REGULATIONS (PART I) IMPACT ON AFDC FORMS

**REFERENCE:** 

This provides information on AFDC forms impacted by Part I of State AFDC regulations implementing the Federal Omnibus Budget Reconciliation Act of 1981. The forms which will require revision as a result of implementing these regulations effective November 10, 1981, are:

- 1. CA 2 (Statement of Facts)
- 2. CA 7 (Monthly Eligibility Report)
- 3. CA 8 (Statement for Adding Other Persons)
- 4. ABCDM 215 (Notification of Transfer)
- 5. CA 241 (AFDC Budget Worksheet)

In addition, the CA 40 (AFDC Supplemental Payments) is now obsolete and supplies can be destroyed.

Revision to the CA 7 is underway. Revision to the other affected AFDC forms will begin in the immediate future after the impact of the balance of the federal changes is considered. If you have any suggestions for the revisions contact the AFDC Forms Coordinator:

AFDC Forms Coordinator AFDC Program Systems Bureau 744 P Street, M.S. 16-31 Sacramento, CA 95814

The information below is provided to assist you until the affected forms are revised and available. Until such time, you should keep your form supplies limited.



2

- 1. CA 2 (Statement of Facts, 4/79 Rev.)
  - a) Page 2, item 9. When collecting work history for the second parent, we suggest that you use a photocopy of this page (Page 2) for recording the information.
  - b) Page 3, item 10. Consider addressing receipt of the Earned Income Tax Credit in this area.
  - c) Page 3, item 12. Disregard the parenthetical phrase "(14 years or over)" and items asking about actual work-related expenses, except child care.
- 2. CA 7 (Monthly Eligibility Report, 11/79 Rev.)
  - a) Include the CA 7 attachment that was provided with the All County Welfare Directors letter that followed the telegram sent to you on 11/10/81.
  - b) Page 1, item B. Disregard all work-related expense columns, except child care.
- 3. CA 8 (Statement for Adding Other Persons, 9/78 Rev.)

Page 1, item 5. Disregard the parenthetical phrase "(If 14 or over)" and items asking about mandatory deductions.

4. CA 241 (AFDC Budget Worksheet, 8/78 Rev.)

- a) Back side Item A, Earnings Computation. We suggest use of the "additional comments" section instead of A.
- b) Disregard items on actual work-related expenses, except child care.
- 5. ABCDM 215 (Notification of Transfer, 10/78 Rev.)
  - a) For an intercounty transfer, County A should provide County B with the number of months, dates received, and name of each FBU member with earned income who received or is receiving the 30 and 1/3 disregard. We suggest the back side of this form be used to convey this information.
  - b) Disregard Section A, line 5, "POTENTIAL SUPPLEMENT PAYMENTS . . ."

We will continue to keep you informed of the impact of the changes on AFDC forms and will inform you as revised forms become available.

If you have any questions about the use of the forms under the new federal provisions, contact your AFDC Management Consultant at (916) 445-4458.

Sincerely. s. MCKINSEY Debuty Director

cc: CWDA

2