

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, Ca 95814



November 14, 1986

ALL-COUNTY INFORMATION NOTICE NO. 1-103-86

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: VETERANS' BENEFITS VERIFICATION AND REFERRAL (CA 5)

REFERENCE:

Attached is a copy of the revised Form CA 5, Veterans' Benefits Verification and Referral. The CA 5 was revised to accommodate the collection of additional information to allow the County Veteran Service Offices (CVSO) and county Medi-Cal staff to more accurately determine veteran benefit amounts and Medi-Cal share of costs, respectively.

Input for this revision was received from the CVSO, County Forms Advisory Committee, and the Medi-Cal Eligibility and Health Recovery units. The most significant changes made to the form are:

1. Addition of spaces for the veteran's date of death, place of death, and branch of service.
2. Addition of spaces for the claimant's relation, birthdate, and Social Security number.
3. Addition of a section for requesting "Aid and Attendance Determination" (Medi-Cal Only cases).
4. A requirement for the CVSO to send one completed copy to the Health Services Recovery Branch Insurance Unit when Aid and Attendance benefits have been granted (Medi-Cal Only cases).
5. Printed on five-part NCR paper rather than four-part.

As in the past, a CA 5 should not be initiated unless one of the following is provided:

1. Veteran's Social Security number and date of birth;
2. Veteran's military serial number; or
3. VA claim number.

Without one of the above identifiers, the Veterans Administration will not be able to identify the veteran or process the referral.

Counties should continue to make an entry in the "County Use Only" section of the Form CA 2 (Statement of Facts Supporting Eligibility for Assistance), or the MC 210 (Statement of Facts-Medi-Cal), or the "Eligibility Worker Only" section of the Form FC 2 (Statement of Facts Supporting Eligibility for AFDC-FC) as to why the referral was not made (e.g., the recipient is unable to provide identification numbers).

The current CA 5 (7/83) will continue to be used until supplies are exhausted. Supplies of the revised CA 5111/86) are expected to be available about January 1987. The attached advance copy is being provided to allow counties the time, if needed, to train staff and, if applicable, print their own forms. Regular supplies of the revised CA 5, when available, may be obtained by sending Form GEN 727B to the DSS Warehouse, P.O. Box 22429, Sacramento, Ca 95822-3799.

As with all new or revised AFDC forms your comments or suggestions for future improvement are welcome.

Please forward comments to:

AFDC Forms Coordinator
AFDC and Food Stamp Policy Implementation Bureau
State Department of Social Services
744 P Street, Mail Station 16-31
Sacramento, Ca 95814

If you have questions about how to use the revised CA 5 related to the AFDC Program, please contact the AFDC and Food Stamp Policy Implementation Bureau at (916) 322-5330. Questions regarding use in the Medi-Cal Program should be addressed to Ms. Teri Hodges, Medi-Cal Policy Section at (916) 324-4972.



ROBERT A. HOREL
Deputy Director

Attachment

[Veteran's Benefits Verification and Referral Form](#)