

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



September 24, 1990

ALL COUNTY INFORMATION NOTICE NO. I -76- 90

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR
ASSISTANCE - REDETERMINATION, CA 20 (8/90)

This letter transmits a copy of the Statement of Facts Supporting Eligibility for Assistance - Redetermination, CA 20 (8/90). This revision was based primarily upon the requirement to inform AFDC recipients at redetermination about Transitional Child Care and Transitional Medi-Cal benefits (MPP 40-007.1). Other suggestions and comments which were received from County and State staff are also discussed below.

COVERSHEET - CHANGES

- o The Coversheet is now in double column format.
- o Under "Your Rights," the wording in the eleventh bullet has been changed from "To apply for..." to "To ask for." The new wording relates to the AFDC Reduced Income Supplemental Payment Request (CA 40) which acts as a request for a supplemental payment.

COVERSHEET - NEW ITEMS

- o Under "Your Rights, the twelfth bullet is added and reads, "To ask to have your AFDC check replaced if it is lost, stolen, destroyed or lost in the mail. You must sign a statement."
- o Under "Your Reporting Responsibilities", the twelfth bullet is new and reads, "Anyone's citizen/alien status or documentation changes."
- o The "Education, Training and Work Program" section was added to give a brief description of GAIN participation requirements. It does not fully satisfy GAIN informing as outlined in regulation.
- o A new section has also been added regarding "Citizen/Alien Status Changes," including some SAVE informing narrative.

- o In the Certification section, the eligibility worker will indicate that the Cash Aid Lump Sum Notice has been given to the recipient. For consistency, this item duplicates the format used on the SAWS 2A, Important Information for Cash Aid, Food Stamps, and Medical Assistance Applicants and Recipients, and which is used with the JA 2, Statement of Facts.

CA 20 FORM - CHANGES

- o Question #5 was changed to read: "Does any parent of a child listed in 2 or unborn listed in 4 live out of the home?"
- o Question #10 - line items have been rearranged slightly. Additionally, the Earned Income Credit line item was eliminated and a line item for Work Study was added. "Legal settlements/court actions" now reads, "Legal or Insurance settlements/court actions pending."
- o Question #22 has been reworded to read: "Due to sudden and unusual circumstances beyond the family's control, does the household want a special need payment for housing or essential household items lost or damaged?" References to fire and flood have been eliminated since sudden and unusual circumstances can pertain to a broader scope of situations.

CA 20 FORM - NEW ITEMS

- o Question #4: "Does anyone listed above want aid because of pregnancy?"
- o Question #7: "Has anyone changed citizen/alien status or proof of alien status in the last 12 months?"

Note: A change that would satisfy the citizenship/alien status declaration requirement under Section 121 of the Immigration Reform and Control Act (IRCA) was considered but was not included in this revision. For persons on aid on October 1, 1988, the citizenship/alien status declaration requirement should have been satisfied no later than the next redetermination after that date; or, by October 1, 1989. All County Letter 88-131, Attachment 1, Page 1, explained this procedure. In addition, see All County Letter 90-84 for more information on the declaration requirement.

- o Question #9: "Is anyone a parent 16 through 19 years of age?" This question serves to identify individuals who may be required to participate in GAIN.

- o Question #17 - Note in the County Use Section opposite the question, the inclusion of "Bank accounts closed in the last year." This item was added to help facilitate IEVS reviews for closed bank accounts and to document property transfers, if any.
- o Questions #19 and #20 are added at the request of the Department of Health Services. They read: "Does anyone have any health insurance available from a parent, employer or absent parent that has not been applied for?; and, "Is anyone's health insurance expected to end, or has it ended within the last 60 days?"

STOCK

Stock is expected in the DSS Warehouse by October 1, 1990. Stock on hand will be depleted prior to releasing the revised form. Form orders should be submitted to the DSS Warehouse according to normal procedures contained in the County Forms Catalog.

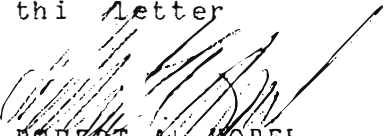
For counties that print stock, a camera-ready copy of the CA 20 (8/90) can be requested from the Forms Management Bureau at (916) 322-8738 or ATSS 492-8738.

TRANSLATIONS

Reproducible copies of the Asian translations (Cambodian, Chinese, Lao and Vietnamese) will be forwarded from the Language Services Bureau when available.

A reproducible copy of the Spanish translation will follow under separate cover from the Welfare Policy Implementation Bureau when available.

Please contact LeAnne Torres, Welfare Policy Implementation Bureau, at (916) 324-2016 or ATSS 454-2016 if you have any questions about this letter


 ROBERT A. MOREL
 Deputy Director

Attachment

cc: CWDA