

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



February 26, 1997

ALL-COUNTY INFORMATION NOTICE  
NO. I-12-97

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: INTERCEPTION OF STATE AND FEDERAL INCOME TAX REFUNDS TO COLLECT DELINQUENT RESTITUTION OF AFDC OVERPAYMENTS AND FOOD STAMP OVERISSUANCES - AFDC/FS INTERCEPT PROGRAM

The California Department of Social Services (CDSS), in conjunction with the Food and Consumer Service (FCS), Internal Revenue Service (IRS), State Controller's Office (SCO) and the Franchise Tax Board (FTB) will again administer a federal and state Income Tax Refund Intercept Program for Tax Year (TY) 1997. This program is designed to facilitate the collection of delinquent restitution of Aid to Families with Dependent Children (AFDC) overpayments and Food Stamp (FS) overissuances. The state and federal program has proved to be an effective collection device, with over \$2.5 million collected in state tax refunds and over \$2.6 million in federal tax refunds for TY 1995.

For TY 1997, the operation of the AFDC/FS Intercept Program will be similar to that of previous years. As a reminder, counties are not to include any Title IV-E (Foster Care) claims in the submission for tax intercept. Also, on January 22, 1997, the Court of Appeals partially lifted the injunction in the Aktar v. Anderson case. This means that FS administrative error cases can once again be submitted - so long as the overissuance

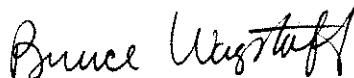
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occurred on or after October 1, 1996. Administrative overissuances which occurred prior to October 1 are still covered by the Aktar injunction and may not be submitted. Criteria for submission of accounts for tax intercept is contained in Division 20-400 of the CDSS Manual of Policies and Procedures. This letter provides the following: a timetable of activities (Attachment 1) and necessary forms which must be completed in order to intercept TY 1997 federal and state income tax refunds (Attachments 2 through 7).

As in the past this program is voluntary. If your county plans to participate in the AFDC/FS Intercept Program, please complete Attachment 2, "Participation Agreement," by April 4, 1997, and return it to:

California Department of Social Services  
Fraud Bureau  
Attention: Intercept Coordinator  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

Because of the effectiveness of the AFDC/FS Intercept Program in aiding in the collection of AFDC overpayments and FS overissuances, the department encourages all counties to participate. If you have any questions or comments, please contact Ms. Cindy Pharis of the CDSS Fraud Bureau at (916) 445-2123.



BRUCE WAGSTAFF  
Deputy Director  
Welfare Programs Division

Attachments

c: CWDA

## AFDC/FS INTERCEPT PROGRAM: TIMETABLE

<u>Activity</u>	<u>Date</u>
County notifies the CDSS of intent to participate in the AFDC/FS Intercept Program by submitting Attachment 2.	April 4, 1997
County sends Attachment 6 and county restitution account information to the CDSS.	May 1, 1997
The CDSS will key enter input documents and merge edit tapes to produce statewide master tapes.	May 2, 1997 through May 16, 1997
Counties begin to submit modifications (deletes/changes) for TY 1997.	May 2, 1997
The CDSS will send the IRS tape to FCS for pre-offset addresses and testing.	May 19, 1997
The CDSS receives data back from FCS with addresses and errors.	June 16, 1997
The CDSS will send the IRS tape to FCS for pre-offset addresses.	July 1, 1997
The CDSS will forward master tape to FTB.	July 22, 1997
The CDSS receives data from FCS with addresses and errors.	July 30, 1997
The CDSS processes modifications to update IRS file prior to mailing pre-offset notices.	August 14, 1997
The CDSS mails the pre-offset notices for IRS and FTB to the individuals.	August 29, 1997
The CDSS will forward certified tape to FCS/IRS.	December 3, 1997
IRS and FTB will run continuous matches against IRS and FTB master files for TY 1997.	January 1998 and ongoing
The CDSS will send the Weekly Report of IRS and FTB matches to the county.	Weekly
IRS and FTB will transfer total collections to the State Controller.	Weekly
The State Controller will send to the County Treasurer a check representing the total amount collected for the weekly period.	Weekly
The County Welfare Department shall credit each recipient's account with the amount intercepted and record the total amount received by the county as a repayment on Form CA-812 or FNS 209.	Ongoing

AFDC/FS INTERCEPT PROGRAM: PARTICIPATION AGREEMENT

Submit this document to:

California Department of Social Services  
 Fraud Bureau  
 Attention: Intercept Coordinator  
 744 P Street, M.S. 19-26  
 Sacramento, CA 95814

\_\_\_\_\_ County will participate in the Federal and State AFDC/FS Intercept Program to collect delinquent restitution of AFDC overpayments and FS overissuances for Tax Year (TY) 1997.

\_\_\_\_\_  
 Director's Name

\_\_\_\_\_  
 Director's Signature

\_\_\_\_\_  
 Date

1. Estimated number of cases county will submit for intercept:      /      .  
FTB IRS  
AFDC FS FS

2. Restitution account input medium. (circle one): Tape/Floppy/Forms.

3. Name and telephone number of the county contact person assigned to the AFDC/FS Intercept Program (liaison with the CDSS).

Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_

Unit/Division \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Fax # \_\_\_\_\_

4. Name and telephone number of the county representative responsible for handling local level inquiries and public inquiries concerning the AFDC/FS Intercept Program. (This person's name and address will be placed on the notice sent to persons whose federal and state income tax refunds have been intercepted).

Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_

Unit/Division \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

AFDC/FS Intercept Program: Magnetic Tape and  
Floppy Disk Restitution Record Description

Automated Input Preparation, Magnetic Tape or Floppy Disks

Magnetic tape and floppy disks can be used to transmit "Establish" records and may be used to transmit modifications, Refunds and Voluntary Payment Change/Deletes. A standard transmittal and instructions are included (Attachment 5).

MAGNETIC TAPE INSTRUCTIONS:

File Format: Sequential  
Character Format: EBCDIC  
Medium: 9 TRACK tape 1600 BPI or 9 TRACK tape 6250 BPI or IBM formatted 3480 cartridge.  
Labels: Labeled (Standard label)  
Record Length: 300 bytes  
Blocking Factor: 1 record per block  
Documentation: A transmittal must accompany the tape (Attachment 5). The transmittal should identify the county name and number, the number of transaction records and the density (i.e., 1600BPI or 6250BPI or cartridge). Most importantly, identify the tape as input to the welfare overpayment intercept process. Example: AFDC/FS -- IRS AND FTB REFUND INTERCEPT. Please put the type of system which generated the tape. (i.e., IBM, HONEYWELL, BURROUGHS, etc.).

FLOPPY DISKS:

Type of PC: IBM Compatible  
Floppy Size: 3 1/2" or 5 1/4" 2S/2D HD2  
Format: ASCII or Standard Data Format (SDF).  
Label: AOI.COXX where XX is your county number (01-58).

A transmittal must accompany the floppy (Attachment 5). The transmittal and instructions are included.

AFDC/FS Intercept Program: Magnetic Tape and Floppy Disk  
Restitution Record Description - Continued

Mailing address for either tape or floppy is:

California Department of Social Services  
Fraud Bureau  
Attention: Intercept Coordinator  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

Sort Key: County Number, Social Security Number for tape and diskette.

Record Position	Field Title	Length/ Mode	Description and Remarks
01	Record Type	1N	<b>REQUIRED.</b> One (1) digit numeric field to indicate the type of transaction: 1=Establish; 2=Change; 3=Delete; 4=Refund; 5=Change & Vol. Payment; 6=Delete & Vol. Payment
02-03	County Number	2N	<b>REQUIRED.</b> Two (2) digit unsigned numeric field. Valid values 01-58.
04-07	Tax Year	4N	<b>REQUIRED.</b> Four (4) digit numeric field to identify tax year to be intercepted. 19XX until Year 2000.
08-12	Worker/Dist ID	5AN	<b>OPTIONAL.</b> Five (5) character alpha-numeric field to identify the worker or district.
13-21	SSN	9N	<b>REQUIRED.</b> Nine (9) digit numeric field which contains the recipient's SSN. Cannot start with '8' or '9'. <u>Must be unsigned.</u>
22-36	Case ID	15AN	<b>OPTIONAL.</b> Fifteen (15) character alpha-numeric field which contains the case identification number. When not used, Blank Fill. When used should be left justified.
37-44	Delinquency Date	8N	<b>REQUIRED FOR IRS.</b> Eight (8) digit numeric field which contains the date that the account became delinquent. YYYYMMDD where YYYY is 19XX until Year 2000.

AFDC/FS Intercept Program: Magnetic Tape and Floppy Disk  
Restitution Record Description - Continued

Record Position	Field Title	Length/ Mode	Description and Remarks
45-59	Last Name	15A	<b>REQUIRED.</b> Fifteen (15) character alphabetic field which contains the recipient's last name. Must be left justified with no special characters (i.e., hyphen, apostrophe, etc.).
60-69	First Name	10A	<b>REQUIRED.</b> Ten (10) character alphabetic field which contains the recipient's first name. Must be left justified with no special characters.
70	Middle Initial	1A	<b>OPTIONAL.</b> One (1) character alphabetic field which contains the recipient's middle initial. When not used blank fill.
71-90	Care of Name-Address	20AN	<b>OPTIONAL.</b> Twenty (20) character alpha-numeric field which contains the care of (c/o) portion of a recipient's address, if any. When not used, blank fill.
91-110	Street Address	20AN	<b>REQUIRED.</b> Twenty (20) character alpha-numeric field which contains the recipient's street address.
111-128	City	18AN	<b>REQUIRED.</b> Eighteen (18) character alpha-numeric field which contains recipient's city.
129-147	State/Country	19AN	<b>REQUIRED.</b> Nineteen (19) character alpha-numeric field which contains the state name or foreign country of the recipient.
148-156	Zip Code	9AN	<b>REQUIRED.</b> Nine (9) digit alpha-numeric field which contains the recipient's zip code. (5+4) <u>Must be left justified.</u>
157	Judgement Debt Indicator	1A	<b>REQUIRED.</b> One (1) character alphabetic field which contains a 'J' to indicate a judgement debt. Blank fill if not used.

AFDC/FS Intercept Program: Magnetic Tape and Floppy Disk  
Restitution Record Description - Continued

Record Position	Field Title	Length/ Mode	Description and Remarks
158	Debt Type Indicator	1A	<b>REQUIRED.</b> One (1) character alphabetic field which contains one of the following: "A" for AFDC; "R" for At-Risk Child Care; "L" for Cal-Learn; "C" for California Alternative Assistance Program; "S" for Supplemental Child Care; "T" for Transitional Child Care; and "G" for GAIN. This is to be used for AFDC debts only. If not used blank fill.
159-167	FTB AFDC Administrative Error Amount	9N	<b>REQUIRED.</b> Nine (9) digit numeric field which contains the total amount of delinquent restitution. Cents are reduced to zero (i.e., \$10.60 = \$10.00). The decimal character is dropped. Decimal place must be allowed for. Right justified with preceding zeros (i.e., \$10.60 = 00001000). <u>Must be unsigned.</u> Amounts must be at least \$10 dollars.
168-176	FTB AFDC IPV Amount	9N	<b>REQUIRED.</b> See FTB AFDC Admin Error Amount for field description.
177-185	FTB AFDC IHE Amount	9N	<b>REQUIRED.</b> See FTB AFDC Admin Error Amount for field description.
186-194	FTB Food Stamp Admin Error Amount	9N	<b>REQUIRED.</b> See FTB AFDC Admin Error Amount for field description.
195-203	FTB Food Stamp IPV Amount	9N	<b>REQUIRED.</b> See FTB AFDC Admin Error Amount for field description
204-212	FTB Food Stamp IHE Amount	9N	<b>REQUIRED.</b> See FTB AFDC Admin Error Amount for field description
213-221	IRS AFDC Administrative Error Amount	9N	<b>Reserved for future use. Blank fill.</b>
222-230	IRS AFDC IPV Amount	9N	<b>Reserved for future use. Blank Fill.</b>
231-239	IRS AFDC IHE Amount	9N	<b>Reserved for future use. Blank Fill.</b>
240-248	IRS Food Stamp Admin Error Amount	9N	<b>Reserved for future use. Blank Fill.</b>



AFDC/FS Intercept Program: Magnetic Tape and Floppy Disk  
Restitution Record Description - Continued

Record Position	Field Title	Length/ Mode	Description and Remarks
249-257	IRS Food Stamp IPV Amount	9N	<b>REQUIRED.</b> See FTB AFDC Admin Error Amount for field description
258-266	IRS Food Stamp IHE Amount	9N	<b>REQUIRED.</b> See FTB AFDC Admin Error Amount for field description
267-300	Filler	34	RESERVED. Thirty-four (34) character field which contains blanks for both magnetic tape and diskettes.

AFDC/FS INTERCEPT COUNTY  
TRANSACTION DOCUMENT DESCRIPTION (DPS 249)

County Data Entry Instructions

This form can be used for inputting cases to the program as well as modifying or deleting a case from the program. Also it may be used to notify IRS when a refund of an IRS intercept has been made to an individual. When inputting cases to the program AFDC and Food Stamp amounts can be placed on the same form. A separate form is required for each worker/district number if they are used.

HEADER INFORMATION

- o COUNTY CODE (2 digits, 01-58)

For each document enter the county number (Required).

- o TAX YEAR (4 digits)

Enter the year that returns will be intercepted for (Required).

- o WORKER/DISTRICT NUMBER (5 characters maximum)

Worker/District number is an optional county use field to be used for additional county identification of cases. Use a separate form for each different worker/district number. Data can be entered free form in any desired format. There are no restrictions on alphabetic or numeric characters.

- o RECORD TYPE

Put an 'X' in the applicable box:

- "1 = Establish", to enter an account into the program;
- "2 = Change", to modify an account already input in the program;
- "3 = Delete", to delete an account already input into the program;
- "4 = Refund", to notify IRS of a refund of an IRS intercept;
- "5 = Voluntary Payment Change", to notify IRS that an individual has voluntarily set up a repayment agreement as a result of the pre-offset notice;
- "6 = Voluntary Payment Delete", to notify IRS that an individual has voluntarily paid off their account as a result of the pre-offset notice.

WE CAN NOT ACCEPT "ESTABLISH" CASES AFTER MAY 1ST FOR TAX YEAR 1997. Cases determined eligible for tax intercept after May 1st must wait until the following year to be submitted.

RESTITUTION INFORMATION

1. SOCIAL SECURITY NUMBER (9 DIGITS)

Enter the recipient's Social Security Number. This field is required and must contain nine digits. The first digit cannot be '8' or '9'.

2. CASE IDENTIFICATION NUMBER (15 CHARACTERS MAXIMUM)

This is an optional field to be used for additional county identification of cases. Data can be entered free form in any desired format. There are no restrictions on alphabetic or numeric characters.

3. DELINQUENCY DATE (8 DIGITS)

Enter the date that the account became delinquent. This field is required and must be in month/day/year order.

4. LAST NAME (15 ALPHABETIC CHARACTERS MAXIMUM)

Enter recipient's last name. This is a required field and must be alphabetic. Use only letters 'A' through 'Z'. Do not use special characters such as hyphen, apostrophe, blanks or spaces, etc. If a recipient has aliases, make a separate complete entry for each different last name. (IRS and FTB only uses the SSN and first four letters of the last name for matching purposes.)

5. FIRST NAME (10 ALPHABETIC CHARACTER MAXIMUM)

Enter recipient's first name. When entered, the characters must be alphabetic.

6. MIDDLE INITIAL (1 ALPHABETIC CHARACTER MAXIMUM)

Enter recipient's middle initial. This is not a required field, but if entered, must be alphabetic.

7. CARE OF NAME (20 CHARACTERS MAXIMUM)

Enter care of (c/o) portion of recipient's address, if any.

8. STREET ADDRESS (20 CHARACTERS MAXIMUM)

Enter recipient's street address. This field is required.

9. CITY (18 CHARACTERS MAXIMUM)

Enter recipient's city. This field is required.

10. STATE (19 CHARACTERS)

Enter recipient's state or foreign country. This field is required.

11. ZIP\_CODE (9 DIGITS)

Enter recipient's zip code (5+4). This field is optional.

12. JUDGEMENT DEBT INDICATOR (1 CHARACTER)

Enter a "J" in this field to indicate if this is a judgement debt.

13. DEBT\_TYPE (1 CHARACTER)

This is a required field to be used for AFDC debts only. Indicate "A" for AFDC; "R" for At-Risk Child Care; "L" for Cal-Learn; "C" for California Alternative Assistance Program; "S" for Supplemental Child Care; "T" for Transitional Child Care; and "G" for GAIN. Default to "A" if debt type is not known.

14-25. DOLLAR AMOUNT DELINQUENT (7 DIGIT MAXIMUM - NO CENTS)

(Fields 20-23 have been reserved for future use.)

To establish a record (Type 1):

Enter the total amount of the delinquent restitution to the nearest whole dollar (round down to the nearest dollar and drop cents. The cents amount is preprinted on the form). AFDC and Food Stamp amounts can be entered on the same form for each case. At least one of the fields has to contain an amount. A new record can not be established after May 1, 1997.

To Change a record (Type 2):

Enter the amount of the payment received by the county.

To Delete a record (Type 3):

Enter the amount used to establish the record.

Refunds (Type 4):

Enter the amount of the refund.

NOTE: This form is not to be used for the Child Support Intercept System nor are child support forms to be used for the AFDC/FS intercept system.

A transmittal (TEMP1722A (1/96)) must accompany the County Transaction Documents. The necessary form and instructions are included as Attachment 5:

**WELFARE INTERCEPT SYSTEM  
COUNTY TRANSACTION DOCUMENT**

COUNTY CODE	TAX YEAR	WORKER / DISTRICT ID	RECORD TYPE			
			<input type="checkbox"/> 1=Establish	<input type="checkbox"/> 3=Delete	<input type="checkbox"/> 5=Voluntary	<input type="checkbox"/> 6=Voluntary
			<input type="checkbox"/> 2=Change	<input type="checkbox"/> 4=Refund	Payment Change	Payment Delete

1. SSN		2. CASE I.D.		3. DELINQUENCY DATE (month) (day) (year) / /	
4. LAST NAME		5. FIRST NAME		6. M.I.	
7. C / O NAME		8. STREET ADDRESS			
9. CITY	10. STATE / COUNTRY	11. ZIP CODE	12. JUDGEMENT DEBT	13. DEBT TYPE	

	FTB	IRS
AFDC AE	14.	20.
AFDC IPV	15.	21.
AFDC IHE	16.	22.
Food Stamps AE	17.	23.
Food Stamps IPV	18.	24.
Food Stamps IHE	19.	25.

1. SSN		2. CASE I.D.		3. DELINQUENCY DATE (month) (day) (year) / /	
4. LAST NAME		5. FIRST NAME		6. M.I.	
7. C / O NAME		8. STREET ADDRESS			
9. CITY	10. STATE / COUNTRY	11. ZIP CODE	12. JUDGEMENT DEBT	13. DEBT TYPE	

	FTB	IRS
AFDC AE	14.	20.
AFDC IPV	15.	21.
AFDC IHE	16.	22.
Food Stamps AE	17.	23.
Food Stamps IPV	18.	24.
Food Stamps IHE	19.	25.

1. SSN		2. CASE I.D.		3. DELINQUENCY DATE (month) (day) (year) / /	
4. LAST NAME		5. FIRST NAME		6. M.I.	
7. C / O NAME		8. STREET ADDRESS			
9. CITY	10. STATE / COUNTRY	11. ZIP CODE	12. JUDGEMENT DEBT	13. DEBT TYPE	

	FTB	IRS
AFDC AE	14.	20.
AFDC IPV	15.	21.
AFDC IHE	16.	22.
Food Stamps AE	17.	23.
Food Stamps IPV	18.	24.
Food Stamps IHE	19.	25.

AFDC/FS INTERCEPT SYSTEM TRANSMITTAL  
(TEMP1722A)

Use the attached transmittal when sending AFDC/FS  
submissions to CDSS

<u>ITEM</u>	<u>ENTER</u>
1. COUNTY NAME	County Name.
2. COUNTY NUMBER	County Number (state code 01-58).
3. CURRENT DATE	Today's Date.
4. TAX YEAR	Tax Year being processed.
5. SUBMITTED BY	Name of person submitting documents.
6. PHONE NUMBER	Phone number of person submitting documents.
7. DOCUMENTS	Enter the total number of documents being submitted at this time. Do not combine changes and deletes with the same transmittal.
8. TAPE INPUT	When sending a tape, indicate the tape number, type of computer that generated the tape, tape density and number of records on the tape.
9. FLOPPY DISKS	When sending a floppy disk, enter the type of disk, filename(s), file size, number of records and total bytes (# of bytes x # of records).

## AFDC/FOOD STAMP INTERCEPT SYSTEM TRANSMITTAL

NOTE: THIS TRANSMITTAL MUST ACCOMPANY ALL AFDC/FS INTERCEPT PROGRAM MAGNETIC TAPES, CARTRIDGES AND FLOPPY DISKS AND INPUT DOCUMENTS

TO: CALIFORNIA DEPARTMENT OF SOCIAL SERVICES FRAUD BUREAU 744 P STREET M.S. 19-26 SACRAMENTO, CA 95814	FOR STATE USE ONLY  37503/ _____  E _____ V _____
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COUNTY NAME	COUNTY NUMBER	CURRENT DATE	TAX YEAR
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SUBMITTED BY	PHONE NUMBER
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I. DOCUMENTS (Attach no more than 10 pages per 1722A)  NUMBER OF DOCUMENTS: _____  OR					
II. TAPE/CARTRIDGE  <table border="1" data-bbox="399 1255 873 1566"> <tr> <td data-bbox="399 1255 873 1331">TAPE NUMBER:</td> </tr> <tr> <td data-bbox="399 1331 873 1394">NUMBER OF RECORDS:</td> </tr> <tr> <td data-bbox="399 1394 873 1478">BLOCK SIZE:</td> </tr> <tr> <td data-bbox="399 1478 873 1566">RECORD LENGTH:</td> </tr> </table>	TAPE NUMBER:	NUMBER OF RECORDS:	BLOCK SIZE:	RECORD LENGTH:	<input type="checkbox"/> 1600 BPI <input type="checkbox"/> 6250 BPI <input type="checkbox"/> 3480 Cartridge
TAPE NUMBER:					
NUMBER OF RECORDS:					
BLOCK SIZE:					
RECORD LENGTH:					
OR  III. FLOPPY/DISKETTES <table data-bbox="1045 1633 1393 1696"> <tr> <td>_____</td> <td>5 1/4 IBM COMPATIBLE</td> </tr> <tr> <td>_____</td> <td>3 1/2 IBM COMPATIBLE</td> </tr> </table>		_____	5 1/4 IBM COMPATIBLE	_____	3 1/2 IBM COMPATIBLE
_____	5 1/4 IBM COMPATIBLE				
_____	3 1/2 IBM COMPATIBLE				
Filename: _____ Record Length: _____  Number of Records: _____ Number of Bytes: _____					

TEMP1722A (1/96)

Submit this form to:

California Department of Social Services  
Fraud Bureau  
Attention: Intercept Coordinator  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

LIMITED ASSIGNMENT OF DELINQUENT RESTITUTION

\_\_\_\_\_ County hereby assigns to the California Department of Social Services (CDSS) those cases with delinquent restitutions for the limited purpose of allowing the CDSS to effect collection of said restitution pursuant to California Government Code Section 12419.5 for Tax Year 1997. This assignment is for the limited purpose stated and does not preclude \_\_\_\_\_ County from taking any other action for collection of these restitutions.

\_\_\_\_\_  
CWD Director's Name

\_\_\_\_\_  
CWD Director's Signature

\_\_\_\_\_  
Date

CERTIFICATION OF CORRECTNESS OF DELINQUENT RESTITUTION

I, (Name) \_\_\_\_\_ declare that I have supervised the compilation of the list of delinquent accounts submitted to the California Department of Social Services and I am informed and believe that each listed individual has been identified by the correct Social Security Number, that the County has the "right of recovery", as defined in the regulations (CDSS MPP 20-400), the ACL Checklist was reviewed (Attachment 7), and that the amount of total restitution owed is correct.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1997, in the

County of \_\_\_\_\_, California.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



CHECKLIST OF ALL COUNTY LETTERS TO BE REVIEWED  
PRIOR TO SUBMISSION OF CASE FOR TAX INTERCEPT

AFDC OVERPAYMENTS:

1. All cases:

A. All-County Letter (ACL) 85-49 (Edwards v. McMahon)

Instruction: Ensure that all underpayments are set off against existing overpayments.

2. Cases involving excess resources:

A. ACL 87-40 (Excess property overpayments -- Cases in collection)  
(EAS 44-350.12, 352.1)

Instruction: Ensure that good faith review has been performed and that recipient was notified of result of review; if no review previously performed, review case in accordance with ACL and notify recipient; no intercept pending outcome of review. If overpayment reduced after review, and prior collection exceeds revised amount, make corrective payment.

3. Cases involving lump sum payments:

A. ACL 85-67 (Stephens v. McMahon, Shaw v. McMahon)

Instructions:

- 1) Ensure that overpayment was not caused by "windfall" lump sum payment received between April 2, 1982 and August 1, 1986;
- 2) Ensure that, in determining amount of overpayment, eligibility under Shaw was considered.

B. ACL 86-90, 88-76 (Rutan v. McMahon)

Instructions: Counties must cease all recoupment activity for overpayments caused by receipt of lump sum income prior to receipt of an adequate notice explaining the lump sum rule. If the lump sum payment was received prior to November 16, 1986, there is a presumption that no such notice was sent.

## 4. Cases involving excess income:

A. ACL 86-44 (Noia v. McMahon)

Instruction: If overpayment arose from a loan considered as income, ensure that instructions in ACL 86-44 have been followed. (Note: In most cases, loan was received between October 1, 1985 and July 1, 1986.)

B. ACL 84-93, 85-41 (Collins v. Woods)

Instruction: Counties should not be recouping nonwillful overpayments made prior to April 2, 1982. In any such case, stop recoupment and make corrective payments of all amounts recouped after August 28, 1984.

## 5. Technical overpayments:

## A. All County Information Notice (ACIN) I-113-84

Instruction: Review case to ensure that overpayment did not arise from "technical ineligibility" (e.g., failure to register for WIN because of county error). If case involves a technical overpayment which occurred after January 1, 1985, stop recoupment and make corrective payments of amounts previously recovered.

FOOD STAMP OVERISSUANCES

## 1. All County Information Notice I-46-87

Instruction: Ensure that amount of claim is determined in accordance with MPP 63-046, 63-801.111 and 63-801.311.

ALL AFDC AND FOOD STAMP DEBTS

## 1. All County Information Notice I-65-86 (Effects of Bankruptcy on Public Assistance Overpayments).

Instruction: If a bankruptcy has been filed, consult this ACIN.