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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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ARNOLD SCHWARZENEGGER
GOVERNOR

March 12, 2009

ALL COUNTY LETTER (ACL) NO. 09-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL COUNTY FOOD STAMP COORDINATORS
ALL COUNTY CONSORTIUM PROJECT MANAGERS

SUBJECT: NEW 'REQUEST FOR VERIFICATION' FORM (CW 2200) FOR
VERIFYING ELIGIBILITY IN THE CalWORKs AND FOOD STAMP
PROGRAMS

REFERENCES: MANUAL OF POLICIES AND PROCEDURES SECTIONS
40-115.22 and 40-126.33

The purpose of this ACL is to transmit a new, statewide "Request for Verification" form (CW 2200) for verifying eligibility in the CalWORKs and Food Stamp programs. This statewide form will provide consistent guidance to clients and eliminate the need for counties to generate their own forms.

This form was created by a stakeholder workgroup that included representatives from the California Department of Social Services (CDSS), the California Department of Health Care Services, California Welfare Directors Association, and welfare advocates in order to ensure statewide consistency when requesting verification. CDSS would like to thank workgroup participants for their time and effort in developing a clear and comprehensive form that promotes uniformity and consistency throughout the state and is helpful to our clients. This form is strongly recommended in order to ensure that CalWORKs and Food Stamp clients are given the same information when verification is requested for eligibility purposes.

REASON FOR THIS TRANSMITTAL

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

CW 2200 – REQUEST FOR VERIFICATION FORM

The CW 2200 form informs clients of their responsibilities, requirements, and rights in regards to verifying their eligibility. It informs clients that they can ask for help if they are having trouble getting verification and that counties can help pay for verification if necessary. It also provides suggested types of acceptable verification and includes a client authorization for release of information so that counties can work directly with a third party to obtain verification when necessary. This form is not intended to be used to verify hours of participation in work activities.

This form is recommended for statewide use by the county welfare departments. If counties choose not to use this form, the Department strongly recommends that counties ensure that the forms they are using are adequate in providing all necessary information to clients. This form may be programmed into county automation systems or printed and used as hard stock, depending on county preference.

This form may also be used when requesting verifications for Medi-Cal-Only applicants and recipients and clients who are categorically eligible for Medi-Cal, due to their eligibility for CalWORKs.

CAMERA-READY COPIES AND TRANSLATIONS

For a camera ready copy of the English version of this form, contact the Forms Management Unit at (916) 657-1907. If your office has internet access, you may obtain these forms from the CDSS web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Since this form will be used in the Food Stamp Program, the Be Vu court mandates apply, and the form must be translated into the 17 designated languages. When translations are completed, they are posted on an ongoing basis on the CDSS web site for use by the counties pursuant to Manual of Policies and Procedures Section 21-115.2. Copies of the translated forms and publications can be obtained at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact Language Services at (916) 651-8876.

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If you have any questions regarding this letter, please contact your CalWORKs county consultant or your Food Stamp Branch Policy consultant at (916) 651-8047.

Sincerely,

Original Document Signed by

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

Enclosure

c: CWDA
CSAC