



CDSS

JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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ARNOLD SCHWARZENEGGER
GOVERNOR

November 25, 2009

ALL COUNTY LETTER NO. 09-43

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKs PROGRAM SPECIALISTS
ALL CONSORTIUM PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): CHANGES TO THE IMMEDIATE NEED NOTICE OF ACTION (NOA)

REFERENCE: MANUAL OF POLICIES AND PROCEDURES (MPP) SECTIONS 40-129.231 and 44-315.5, WELFARE AND INSTITUTIONS CODE (W&IC) SECTION 11266 (b)

The purpose of this All County Letter (ACL) is to inform County Welfare Departments (CWD) of changes that have been made to the immediate need NOA M40-129B Full Payment, Approve form. Currently the NOA M40-129B is formatted to allow for only the maximum immediate need payment of \$200, whereas MPP Section 40-129.231 and W&IC Section 11266 (b) allow for a payment of \$200 or the maximum that the applicant is eligible for in the month of application, whichever is less. The form is being revised to allow for the insertion of \$200 or a lesser amount as calculated per MPP Section 44-315.5. Information has also been added to explain to recipients that they may apply for another immediate need payment in the following month if their regular cash aid payment has not yet been approved, up to a total sum of \$200. CWDs shall begin using this revised NOA effective immediately.

Camera-Ready Copies and Translations

For a camera-ready copy of English forms, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access, you may obtain this form from the CDSS web page at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an ongoing basis on our web site. 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.

Contacts

If you have any questions or need additional information regarding this ACL, please contact your CalWORKs county consultant, or call the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

Attachment

State of California
Department of Social Services

NOA Msg Doc No.: M40-129B Page 1 of 1
Action : Approve
Issue: Immediate Need
Title: Payment Approve

Auto ID No.:
Source :
Issued by : 90-103
Reg. Cite : 40-129,44-315.5

Use Form No. : NA 290
Original Date : 04/16/90
Revision Date :

MESSAGE

:

As of _____, the County has approved your Immediate Need payment of \$ _____ for _____.

This money will be taken out of any regular cash aid amount you will get for this month.

If your immediate need aid is less than \$200 you can ask for another immediate need payment next month, up to a total sum of \$200, if we have not approved your regular cash aid.

You will get another notice about your regular cash aid.

INSTRUCTIONS: Use to approve an Immediate Need payment. In the first blank, enter the date the Immediate Need approval action was authorized (mm/dd/yy), enter the amount of the payment in the second blank, and enter the month and year for which the Immediate Need payment was made in the third blank.

Show the cash aid computation in the right-hand column (the NA 200 may be used).

Another notice about regular cash aid must be sent.