

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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



February 28, 2015

ALL COUNTY LETTER NO. 15-27

REASON FOR THIS TRANSMITTAL

TO: ALL COUNTY WELFARE DIRECTORS

ALL CALWORKS PROGRAM SPECIALISTS ALL CALFRESH PROGRAM SPECIALISTS ALL CONSORTIUM PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS

(CalWORKs): SELF-CERTIFICATION FORM FOR MOTOR VEHICLES - CW 80

FORM INSTRUCTION

REFERENCE: ASSEMBLY BILL (AB) 74 (CHAPTER 21, STATUTES OF 2013); WELFARE AND

INSTITUTIONS (W&I) CODE SECTION 11155; MANUAL OF POLICIES AND PROCEDURES (MPP) SECTIONS 42-215.4; AND ALL COUNTY LETTERS

(ACLs) No. 92-104, No. 13-89 AND No. 13-111

The purpose of this ACL is to transmit the revised CW 80 form and provide additional instruction for its use. ACL 13-111 was released on December 31, 2013, which provided County Welfare Departments (CWDs) with implementation instructions associated with the passage of Assembly Bill 74 and Senate Bill 98, which became effective January 1, 2014. ACL 13-111 included a new form, the Self-Certification Form for Motor Vehicles – CalWORKs (CW 80), for clients to identify and self-certify the value of vehicles. CWDs will then use the information provided from the CW 80 form to determine the Assistance Unit's (AU's) resource eligibility for CalWORKs. Any equity value that exceeds the \$9,500 limit shall be counted toward the AU's resource level.

The CW 80 is a required, substitutes permitted form, that will be completed by the client at initial application (along with the SAWS 2 Plus), mid-period if a new vehicle was acquired since their last report, and at redetermination. CWDs will be required to include the CW 80 form along with the M42-207A Notice of Action (NOA) form sent to the client. CWDs must begin using the new CW 80 (2/15) as soon as administratively possible, but no later than April 1, 2015. This form may be programmed into county automation systems or printed and used as hard stock, depending on CWD preference.

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Current Rules (AU Members under 18)

The CW 80 form has been revised to exclude members of the AU under the age of 18. CalWORKs MPP Section 42-215.453 provides an exclusion for a vehicle that is driven by a household member under 18 years of age to commute to and from employment, or to and from training or education which is preparatory to employment or to seek employment, and states that these vehicles shall not be evaluated for equity value when used expressly for these purposes. This exclusion remains unchanged and still applies for household members under the age of 18. The form also includes revisions that make it easier to follow.

DMV Verification

If the client states on the CW 80 form that the vehicle was obtained as a gift, donation, or family transfer, the client must obtain verification from the DMV of such transaction. The DMV will charge a \$5.00 fee for the transfer verification. If the client does not have the ability to pay this fee, the CWD must assist the client by paying the fee.

CWDs must give clients adequate time to apply and receive verification from DMV. However, in the event that the client has requested the verification from the DMV, paid the fee, and is currently waiting for the vehicle(s) transfer verification, the CWD shall give the client 30 days from the date the client requested the verification for the DMV to mail the verification to the client and provide the documentation to the CWD.

If the CWD determines that, at no fault of the client, the DMV has failed to provide the transfer verification to the client, the client will be given an additional 30 days to submit the DMV verification. If the DMV verification has not been provided by the client to the CWD by the 60th day, the worker will begin the process to discontinue the case if the value of the client's vehicle puts the AU over the maximum allowable resource limit.

SAWS 2 Plus

CDSS will be updating the SAWS 2 Plus application to include an Appendix page that mirrors the CW 80. The revised SAWS 2 Plus will be available beginning April 1, 2015. When the revised SAWS 2 Plus is available, the CW 80 will only be used in conjunction with mid-period reports. In the interim, CWDs will continue to have clients use the current SAWS 2 Plus and the CW 80 form at application and redetermination.

Process of Requesting a Substitution

Required Form-Substitute Permitted: Forms in this category are required forms for which modifications or substitutions with prior CDSS approval are permitted. CWDs may modify these forms to add or obtain information that does not (a) conflict with program policy/regulations, or (b) change the legal content of the form. Substitute forms must be

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submitted to CDSS in writing and may not be used until the CWD or consortium has received written approval from CDSS (see MPP Section 23-400.22). CWDs may email their requests to Shawn Dorris, Policy Unit Manager at shawn.dorris@dss.ca.gov or via U.S. Postal mail to:

California Department of Social Services CalWORKs Eligibility Bureau 744 P Street, MS 8-8-31 Sacramento, CA 95814 ATTN: Shawn Dorris

Camera Ready Copies and Translations

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage.

Copies of the translated forms can be obtained at the following webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm. For questions on translated ACL materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365-Notice of Language Services and a local contact number.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the CWD's responsibility to provide interpreter services if an applicant or recipient requests them. More information regarding translations can be found in MPP Section 21-115.

If you have any questions regarding this letter, please contact the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

TODD R. BLAND Deputy Director Welfare to Work Division

Attachment

SELF-CERTIFICATION FORM FOR MOTOR VEHICLES - CALWORKS

INSTRUCTIONS: Fill out this form to tell us about all of the vehicles your family currently owns. This includes any motorized vehicle, such as motorcycles, motorized scooters, cars, and boats. If you need more space to answer the questions, please attach another sheet of paper.

NAME:		CASE NO.:
	Vehicle (1)	Vehicle (2)
Owner of vehicle		
Name of person who uses this vehicle		
 Is this vehicle: used as a home? used for self-employment, self-support, or business? needed to transport a disabled household member, used to get the household's fuel or water? 	☐ Yes ☐ No If yes , you may stop, sign and date this form.	☐ Yes ☐ No If yes , you may stop, sign and date this form.
Is this vehicle used by a child under age 18 to: • go to school? • work? • training? • job search?	☐ Yes ☐ No If yes , you may stop, sign and date this form.	☐ Yes ☐ No If yes , you may stop, sign and date this form.
Is this vehicle a gift, donation, or family transfer? You may be asked by the county to provide proof.	Yes No Gift Donation Family Transfer If yes , check the box that applies, attach proof from DMV and stop here, sign and date this form. If you do not have proof, ask the county for help.	Yes No Gift Donation Family Transfer If yes , check the box that applies, attach proof from DMV and stop here, sign and date this form. If you do not have proof, ask the county for help.
Year/Make/Model		
Vehicle License Number		
Estimated value of vehicle (how much your vehicle is worth)? We call this the Fair Market Value.	\$ \[\] I don't know/I need help finding out the value	\$ I don't know/I need help finding out the value
How I found out the Fair Market Value	For sale ads Car Dealer Kelly Blue Book Mechanic Purchase price Other:	For sale ads Car Dealer Kelly Blue Book Mechanic Purchase price Other:
How much I owe on the vehicle	\$ \[\square \text{I don't know/I need help finding out the amount owed} \]	\$ \[\] I don't know/I need help finding out the amount owed
What I used to find the amount owed on the vehicle	Last Bill Lender statement Estimate Other:	Last Bill Lender statement Estimate Other:
Is this a leased vehicle?	☐ Yes ☐ No	☐ Yes ☐ No
I declare under penalty of perjury under the laws of the United States of America and the State of California that the information given on this form is true, correct and complete to the best of my knowledge. SIGNATURE:		