

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



January 8, 2003

ALL-COUNTY LETTER NO. 03-02

TO: ALL-COUNTY WELFARE DIRECTORS  
ALL CAPI PROGRAM MANAGERS

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: NEW APPLICATION FORMS FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS

REFERENCE: ALL-COUNTY LETTER 98-92

The purpose of this All-County Letter (ACL) is to advise counties that there are new or revised Cash Assistance Program for Immigrants (CAPI) forms that are required to establish initial CAPI eligibility.

**BACKGROUND**

ACL 98-92 required four different forms to be used in the CAPI application process:

- SAWS 1/CA 1 APPLICATION FOR CASH AID FOOD STAMPS, AND/OR MEDI-CAL/STATES CMSP(CW1)
- MC 210 STATEMENT OF FACTS (MEDI-CAL)
- SOC 451 CAPI SUPPLEMENTAL APPLICATION
- SOC 453 STATEMENT OF LIVING ARRANGEMENT AND HOUSEHOLD EXPENSES

The MC 210 was chosen partly for the county's convenience, and partly for expediency, since CAPI was initially scheduled to be just a temporary program. CAPI is now permanent and State law requires CAPI to mirror the Supplemental Security Income/State Supplementary Payment (SSI/SSP) program. Some questions on the MC 210 are not applicable to CAPI, and other questions asked on the SSI/SSP application are not asked on the MC 210. It was also reported that the use of the Medi-Cal form (MC 210) in the CAPI application process and the previous SOC 453 sometimes caused confusion for the CAPI applicants. The SOC 451 form did not solicit all the information needed regarding an applicant's sponsor. Consequently, the MC 210 has been replaced in the CAPI application process, and the SOC 451 and SOC 453 forms have been revised. County representatives from the CAPI workgroup led the sub-committee responsible for the design and revision of the forms included in this ACL.

## NEW AND REVISED CAPI APPLICATION FORMS

Listed below are the old, new and revised forms to be used in the CAPI application process.

- SAWS 1/CA 1 APPLICATION FOR CASH AID FOOD STAMPS, AND/OR MEDI-CAL/STATES CMSP(CW1)

There is no change in this form or in its use in the CAPI application process.

- SOC 814 (11/02 version) STATEMENT OF FACTS CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

This form replaces the MC 210 and much of the previous SOC 451. The SOC 814 was patterned after the SSI/SSP application form and now contains two Reporting Responsibilities statements – one for the applicant to sign, which stays with the file, and one for the applicant to keep. This new form is designed to gather virtually all information that is needed to determine CAPI eligibility and payment amounts.

- SOC 453 (11/02 version) CAPI ELIGIBILITY STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS

This form revises and replaces the previous SOC 453 and was designed to be more user-friendly. It is required whenever it is necessary to obtain household expense information for the purpose of determining the proper living arrangement category, or the amount (if any) of in-kind support and maintenance to be charged. Although not absolutely required in all cases, e.g. when the applicant lives alone and has rental liability, the county may require the form at its discretion whenever the county believes it is necessary in order to correctly determine eligibility and payment amount. This form should also be used after initial eligibility when a CAPI recipient reports a change in address or living arrangements.

- SOC 451 (08/02 version) CASH ASSISTANCE PROGRAM FOR IMMIGRANTS INTERIM ASSISTANCE REIMBURSEMENT AUTHORIZATION

This form revises and replaces the previous SOC 451. The immigration questions and the reporting responsibilities have been removed from this form because these items are now included on the SOC 814. The SOC 451 is now strictly an Interim Assistance Reimbursement Authorization. It is required

with all initial CAPI applications. Since the authorization is only valid for 12 months, it must also be completed and processed at any time subsequent to the initial 12 months of eligibility when a recipient is referred to apply for SSI/SSP.

## **AVAILABILITY OF NEW FORMS FOR ORDERING**

Counties should begin using all the new forms described in this ACL immediately. For camera-ready copies of these forms, please call Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain these forms from the California Department of Social Services' (CDSS) web page at: <https://www.cdss.ca.gov/inforesources/forms-brochures>. Counties can order supplies of the form through their usual ordering process. CDSS is in the process of translating these forms into the required languages.

Any questions regarding this letter should be directed to the Benefit Programs Unit at 916-653-3850.

Sincerely,

*Original Document Signed By  
Donna L. Mandelstam on 1/8/03*

DONNA L. MANDELSTAM  
Deputy Director  
Disability and Adult Programs Division

Attachments have been removed due to being outdated