

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



January 13, 1976

ALL-COUNTY LETTER NO. 76-9

TO: ALL COUNTY WELFARE DIRECTORS

NEW FORM FOR EXCHANGE OF UNEMPLOYMENT INSURANCE AND DISABILITY
SUBJECT: INSURANCE BENEFIT INFORMATION BETWEEN COUNTY WELFARE DEPARTMENTS
AND EDD FIELD OFFICES
REFERENCE: OPERATIONS MANUAL SECTIONS 29-001 THROUGH 29-019

This letter is to inform you of the development of a new form (Form ABCD 351 - copy attached) and procedures to be used in obtaining client UIB and DIB claim information from EDD field offices. The ABCD 351 will replace Form ABCD 2489 (DE) which is currently being used for benefit verification. The new form and related procedures are the results of a joint DBP/EDD study. The study involved discussions with several county welfare departments, EDD field offices, and the Family Eligibility and Grant Committee of the CWDA concerning problems associated with the current system.

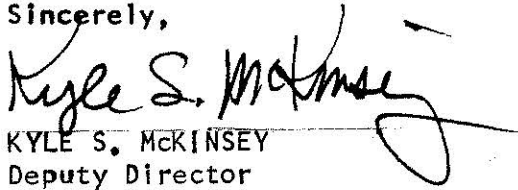
The system utilizing the ABCD 351 will satisfy needs for verification of UI/DI benefits in intake, continuing, Special Investigation, and Quality Control situations. At intake, the new system will place primary responsibility upon the client for transmitting the form to and from EDD. The client will take the form to EDD for completion and the form will be returned to the county in person or by mail.

In situations involving special investigations, quality control, and in some continuing cases when deemed necessary, the form will be mailed directly to the appropriate EDD field office (after positive identification of that office). The form will then be completed by EDD personnel, and mailed back to the county welfare department.

Detailed procedural instructions for the use of Form ABCD 351, and other related information, are being developed and will be forwarded to counties on or about January 20, 1976. Initial six-month supplies of the new form will also be sent at that time. Implementation of the ABCD 351 system is expected to commence about February 16, 1976. Manual regulations changes regarding these new procedures will be forthcoming.

If you have any questions regarding Form ABCD 351, please contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,

A handwritten signature in cursive script that reads "Kyle S. McKinsey". The signature is written in black ink and is positioned above the typed name and title.

KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA