



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

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EDMUND G. BROWN JR.
GOVERNOR

December 5, 2017

ERRATA

ALL COUNTY LETTER (ACL) NO. 17-58E

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 CALFRESH COORDINATORS
ALL CHILD CARE COORDINATORS
ALL CONSORTIUM PROJECT MANAGERS
ALL COUNTY WELFARE-TO-WORK COORDINATORS

SUBJECT: ERRATA TO THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) AND CALFRESH PROGRAMS: CHANGES TO THE INTER-COUNTY TRANSFER (ICT) PROCESS AS A RESULT OF SENATE BILL (SB) 1339, REVISED AND NEW NOTICE OF ACTION (NOA) MESSAGES

REFERENCE: [ALL COUNTY LETTER \(ACL\) NO. 17-58](#)

The purpose of this errata is to transmit the revision made to CalWORKs NOA message M40-195B. The County Welfare Departments (CWDs) must begin using the revised M40-195B as soon as administratively possible.

Change Made to NOA Message M40-195B (11/17)

The language next to the Use Form No. section was changed from "None" to "NA 200 or NA 1239." Typically, when a recipient moves from one county to another, the amount of cash aid remains the same. However, a recipient can voluntarily report at any time any change that may increase the grant amount. The M40-195B informs the client of the beginning date of aid and amount of cash aid that will be received in the new county. Because these are hearable actions, the NA Back 9 must be included. The NA 200 and NA 1239 include the NA Back 9 as well as the budget to show any reported changes in income, if applicable, and the change to the grant amount as required.

Camera-Ready Copies and Translations

For a [camera-ready copy in English](#), contact the CDSS Forms Management Unit at fmudss@dss.ca.gov. You may obtain these forms from the CDSS webpage at: <http://www.cdss.ca.gov/inforesources/Forms-Brochures>.

When all translations are completed per [MPP Section 21-115.2](#), they are posted on an on-going basis on the CDSS webpage. [Copies of the translated forms](#) can be obtained at: <http://www.cdss.ca.gov/inforesources/Translated-Forms-and-Publications>.

For questions on translated materials, please contact the CDSS 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. <http://www.cdss.ca.gov/cdssweb/entres/forms/Multi/GEN1365MUL.pdf>

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 Errata, please contact the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Family Engagement and Empowerment Division

Attachment

c: CWDA

State of California
Department of Social Services

Noa Msg Doc No.: M40-195B Page 1 of 1
Action : Inform
Issue: Other
Title: ICT Notice of Transfer, Receiving

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-188.1

Use Form No. : NA 200 or NA 1239
Original Date : 06/01/17, New
Revision Date : 11/01/17

MESSAGE:

IMPORTANT NOTICE

_____ County has transferred your CalWORKs case to our county. The cash aid payment for your first month of aid is \$ _____. Your first day of cash aid is _____.
MM/DD/YYYY

This letter has your new case number, worker's name and telephone number. Please refer to this letter when you contact us.

You will get a new electronic benefits transfer card (EBT) for the aid listed above. If you don't get a new EBT card, please contact our office.

If you still have aid on your EBT card from your old county, you can use that card until the aid is gone. You will not be able to use your old EBT card for the aid listed above.

You must report changes that could affect your eligibility on your next periodic report or at your next redetermination and to the worker listed in this notice.

If you have any questions, please call:

Eligibility Worker _____
Telephone Number _____
Case Number _____

INSTRUCTIONS: Use to inform recipients that their case has transferred from the sending county to the receiving county. Use the NA 200 if the AU has no income or income is received monthly. Use the NA 1239 when the AU has fluctuating income.