



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

April 24, 2018

ALL COUNTY LETTER (ACL) NO. 18-46

TO: ALL COUNTY WELFARE DIRECTORS
ALL INTERIM ASSISTANCE REIMBURSEMENT (IAR) PROGRAM
MANAGERS
ALL CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)
MANAGERS

SUBJECT: **CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)
FORM REVISIONS (SOC 453, SOC 804, SOC 814)**

REFERENCES: [AMERICANS WITH DISABILITIES ACT \(ADA\) OF 1990, TITLE II, 42 USC §12132;](#)
[ADA REGULATIONS, SUBPART E, 28 CFR 35.160;](#)
[CALIFORNIA GOVERNMENT CODE §7290 et seq.;](#)
[CALIFORNIA WELFARE AND INSTITUTIONS CODE \(WIC\) §§18938\(a\)\(5\), 18940\(c\);](#)
[CALIFORNIA SENATE BILL 179 \(2017-2018\);](#)
[CALIFORNIA DEPARTMENT OF SOCIAL SERVICES MANUAL OF POLICIES AND PROCEDURES \(MPP\) §§21-115, 30-009.224, 30-009.227, 49-015.22, 49-035.51 et seq., 49-037.23, 49-055.4;](#)
[PROGRAM OPERATIONS MANUAL SYSTEM \(POMS\) §SI 00830.005\(A\)](#)
[ALL COUNTY LETTER #17-31 \(DATED MAY 18, 2017\).](#)

The purpose of this All County Letter (ACL) is to publish revisions to the following Cash Assistance Program for Immigrants (CAPI) forms:

- CAPI Statement of Facts (SOC 814, dated 12/17)
- Statement of Facts for Determining Continuing Eligibility for CAPI (SOC 804, dated 12/17)
- CAPI Statement of Household Expenses and Contributions (SOC 453, dated 12/17)

These revised forms are appended to this ACL and have been posted on the California Department of Social Services (CDSS) website. Please begin using the revised versions of these forms immediately. Previous versions of these forms (including the SOC 814 dated 11/02, the SOC 804 dated 11/99 and the SOC 453 dated 11/02) should be discarded and will no longer be accepted by CDSS.

Translations of the revised forms into the current CAPI statewide threshold languages (Spanish, Armenian and Chinese) will be posted on the CDSS website as soon as possible.

Form Accessibility

The revised versions of the CAPI forms listed above use an enlarged type size (at least 12 point) and meet CDSS standards of accessibility for the blind and visually impaired, including accommodation of screen reading software. Accordingly, the length (number of pages) of these forms has increased.

Spouse's Information

Each person applying for CAPI or certifying continued eligibility for CAPI benefits must complete his or her own SOC 814 or SOC 804 and must document household expenses on his or her own SOC 453. The **“CAPI couples” may no longer apply for CAPI or certify continued eligibility together on a single form.** Accordingly, most requests for information about the applicant's or recipient's spouse (including most “we” and “our” phrasing) have been removed from all three forms. Some questions about the finances of an applicant's or recipient's spouse continue to appear where this information is necessary for the county to properly apply spousal deeming laws and regulations.

If both members of a married couple are found eligible for CAPI, the benefit amount will be determined using the couples' payment standard and the monthly payment will be divided evenly among the spouses. (MPP §49-055.4). Each of the spouses will receive his or her own CAPI payment each month. When CAPI benefits are approved, denied, suspended, terminated or reinstated, *the county must send a separate Notice of Action to each of the spouses at his or her address of record.*

Example: Laurence and Beth, a married couple, decide to apply for CAPI together. Each spouse must complete and sign his or her own SOC 814 and SOC 453. If both spouses are found eligible for CAPI, each will be informed via a separate Notice of Action (NA 691). Each month, Laurence and Beth will each receive a payment for half of the couple's monthly CAPI benefit.

Language, Disability Assistance and Deaf Access Questions

Language, disability assistance and deaf access questions have been added to the SOC 814 and SOC 804 in accordance with state regulations requiring counties to provide effective bilingual/interpretive services to serve the needs of the non-English-speaking population and individuals with disabilities. (MPP §§21-115, 49-015.22).

Language

The revised SOC 814 and SOC 804 ask claimants to indicate which language they prefer to read and which language they prefer to speak. The answers to these questions will assist counties in complying with the language access requirements of [California Government Code §7290](#) *et seq.*, including:

- identifying claimants who require translated forms or interpretation of the contents of these forms in their preferred languages, and
- providing interpreting services as needed for face-to-face interviews scheduled with CAPI applicants as required by MPP §30-009.224.

(See [ACL #17-31](#)).

Disability Assistance

The revised SOC 814 and SOC 804 ask claimants to indicate whether they need help in reading these forms and whether, due to a disability, they require assistance in completing them. As many CAPI claimants experience significant challenges to completing CAPI initial application and redetermination forms, obtaining this information will help counties to fulfill their duty to assist applicants and recipients as needed to establish eligibility for benefits. (MPP §49-015.22).

Deaf Access

The revised SOC 814 and SOC 804 ask claimants to indicate whether they are deaf or hard of hearing. These forms advise claimants that the county is required to provide effective communication at no cost to individuals who are deaf or hard of hearing. CAPI applicants and recipients are asked to indicate what communication methods they require (e.g., interpreters, note takers, real-time captioning, alternative format written materials, speech synthesizers, computer terminals, TTYs, etc.). ([Americans with Disabilities Act of 1990, Title II, 42 USC §12132](#) and [regulations, 28 CFR 35.160](#)).

Abuse

Previously, SOC 814 and SOC 804 asked CAPI applicants and recipients whether they have been abused by one of their sponsors (or by a sponsor's spouse). The question is now phrased in more general terms as "Are you a victim of abuse?" This broadening is necessary because CAPI regulations extend the statutory abuse exception to the sponsor deeming rules ([California Welfare and Institutions Code \(WIC\) §18940\(c\)](#)) to situations in which the abuser is someone other than the sponsor or the sponsor's spouse when the victim and abuser reside in different households. (MPP §49-037.23).

A definition of "abuse" has been added to these forms to assist applicants and recipients in answering this question. Please remember that county eligibility staff members are mandated reporters under state law. Accordingly, when a CAPI applicant or recipient indicates that he or she is a victim of abuse, the county must promptly make a report to Adult Protective Services (and to law enforcement, if the county believes that the applicant or recipient is in imminent danger). Additionally, the county should refer

such applicants or recipients to appropriate services available near their locations (battered women's shelters, counseling, legal aid services, etc.).

The "County Use Only" section of these forms now includes check boxes for the county to indicate whether a report has been made to Adult Protective Services and whether documentation of reported abuse has been obtained. Acceptable forms of documentation of abuse are listed in [WIC §18938\(a\)\(5\)\(A\)](#). If a CAPI applicant or recipient claims to be a victim of abuse but is unable to provide any of the acceptable forms of documentation, a sworn statement from the victim is sufficient if the county makes a determination documented in the case file that the applicant or recipient is credible. ([WIC §18938\(a\)\(5\)\(B\)](#)).

Reporting Responsibilities

The SOC 804 has been updated to comport with the notice that appears on SOC 814 indicating that CAPI applicants and recipients experiencing any of the changed circumstances listed must report those changes to the county within ten days. Previously, SOC 814 had indicated that failure to report enumerated changes within ten days "could result in a penalty." Now, both SOC 814 and SOC 804 indicate that failure to timely report such changes may result in overpayments that recipients will be required to repay.

Verification Responsibilities

To ensure the integrity of the CAPI program, counties must make a good faith effort to verify statements made by CAPI applicants and recipients on program forms, including SOC 814, SOC 804 and SOC 453. To assist with this process, those forms include areas in the margins labeled "For County Use Only" that include check boxes and fill-in fields for the counties to document their verification of applicant or recipient statements.

Counties are authorized to verify information necessary to ensuring a correct eligibility determination. (MPP §49-013.33). Please note, however, that counties are required to assist applicants and recipients as needed to establish their eligibility. (MPP §49-015.22). Accordingly, when requesting verification of information provided by applicants and recipients, the counties should make recommendations (as necessary) as to where and how the applicant or recipient may obtain the requested information or documentation.

As an alternative to requesting documentation from an applicant or recipient, counties may obtain verifications by directly contacting employers for wage verifications, landlords for rental information, heads of household for living arrangement information and household expenses, etc. Efforts to obtain such information directly rather than requesting submission of documentation may assist counties in expediting CAPI applications and adhering to the 30-day application period established by MPP §30-009.227. (See [ACL #17-31](#)).

Applicants who fail to cooperate with counties by providing all documentation and information requested are ineligible for CAPI benefits. (MPP §49-015.13). However, when an applicant or recipient has been cooperative but, despite his or her best efforts, has been unable to obtain requested documentation, and the county's efforts to verify applicant or recipient statements are similarly unsuccessful, the county should not deny the applicant or suspend benefits. The county may process the application or redetermination based on the applicant or recipient's statement if the county has no reason to doubt its veracity. Where contradictory evidence is an issue, the county must weigh the available evidence and make an eligibility decision on that basis. The county must document the basis for its decision in the case file. (See [Program Operations Manual System \(POMS\) §SI 00830.005\(A\)](#)).

Revisions to the SOC 814

Social Security Number Requirement

The CAPI application form (SOC 814) now includes an explanation that applicants must provide their Social Security numbers and the statutory basis for this requirement. It includes statements detailing the purposes for which the Social Security number (SSN) will be used. The SOC 814 now informs applicants without SSNs that they may still apply for CAPI, but must also apply for an SSN and must, within 30 days, provide the county with proof that they have done so.

Gender Identity, Sexual Orientation and Ethnicity

The SOC 814 now requires that CAPI applicants answer the question "What is your sex?" Applicants may choose from female, male or non-binary.

Optional questions added to the SOC 814 invite applicants to specify their race/ethnic origin, gender identity, sexual orientation and the sex that was listed on their original birth certificates.

Homelessness

The SOC 814 now asks CAPI applicants to indicate whether they are homeless. A definition of homelessness is included to clarify that individuals who currently have some type of shelter are still considered homeless if they reside in a temporary situation or sleep in a place not meant for human habitation (such as a vehicle, train/bus station or abandoned building). Counties should refer homeless applicants to appropriate services and must make arrangements to ensure that they have access to their benefit payments, notices of action and other CAPI-related correspondence from the county. For example, a homeless applicant or recipient may receive mail at an address of his or her choosing (post office box, home of a friend or family member, etc.) or may choose to pick up monthly CAPI payments and county correspondence at county welfare department offices.

Immigration Status

Applicants are now asked whether they would like assistance with the citizenship process and information on how to become a U.S. citizen.

Sponsorship information has been moved to a separate section of SOC 814. This allows non-sponsored applicants to simply skip that section. Applicants with one or more sponsors who are deceased or disabled are now asked to identify those sponsors by name.

Revisions to the SOC 453

Notice of Required Form

The SOC 453 now includes a notice at the top of the form to remind counties and CAPI applicants/recipients that completion of SOC 453 is mandatory at initial application as well as at every redetermination.

Replacement of SSN with Case Number

The SSN field has been removed from SOC 453 and replaced with a field for listing the applicant's/recipients case number. It is unnecessary for CAPI applicants and recipients to list their SSNs because this information has already been collected by the counties on SOC 814 (initial application) or SOC 804 (redetermination). In the case of initial CAPI applications, the applicant may leave the case number field blank, to be filled in by the county when a case number is assigned. In the case of CAPI redeterminations, the recipient should enter his or her case number as listed on the address label at the top of SOC 804.

Removal of the SSN from this form complies with CDSS policy to request SSNs only where essential, thus reducing the opportunity for identity theft and exposure to other forms of misuse of program participants' personal information.

Expenses of Entire Household

The heading in Part B ("Total Household Expenses") of SOC 453 now includes a clarification that the monthly expenses of the entire household must be listed, not just those of the applicant or recipient. Similarly, the form now clarifies that the full monthly rent or mortgage must be listed, not just what the applicant or recipient pays.

Monthly Food Cost

The "monthly food cost for entire household" field in Item #10 of SOC 453 now includes an instruction to enter "zero" if the applicant or recipient previously indicated (Item #9) that he or she purchases all of his/her own food. The "zero" value reflects the policy that a CAPI applicant or recipient who resides in the household of another but purchases all of his or her food separately should *not* have the household's monthly food expenses included in calculating pro rata value and in determining how much (if any) "inside" in-kind support and maintenance (ISM) the applicant or recipient receives.

Gas

The SOC 453 now clarifies that the monthly household gas expense refers to a utility payment (for heating, cooking, etc.). This clarification avoids potential confusion of this item with monthly gasoline expenses incurred for vehicle fuel.

Clarification of Sharing Expenses

Item #11 on SOC 453 now clarifies that a CAPI applicant or recipient who lives alone or just with a spouse should enter “zero” for monthly cash contributions to the household.

Calculation of Pro Rata Share

For the convenience of the counties, instructions for calculating the CAPI applicant's or recipient's pro rata share are listed at the bottom of page two. Calculation of pro rata share is essential to determining the amount of ISM (if any) that should be charged to the applicant or recipient, as well as to determining whether applicant/recipient is living in his/her own household or in the household of another. (MPP §49-035.51 *et seq.*).

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 this form from the CDSS webpage at: <http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program>.

When translations are completed per MPP Section 21-115.2, including Spanish form, they are posted on our website. 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 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.

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 county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21 115.

For questions regarding the information contained in this letter, counties should contact Aron Smith, Cash Programs Manager in the Cash Assistance, Special Services and Program Integrity Bureau, CDSS Adult Programs Division at aron.smith@dss.ca.gov or (916) 651-1174.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

Attachments

c: CWDA