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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 23, 2019

ALL COUNTY WELFARE DIRECTORS LETTER

TO: ALL COUNTY WELFARE DIRECTORS

FROM: TODD R. BLAND
Assistant Director
Automation, Integrity, and Client Initiatives Branch

SUBJECT: REMINDER FOR THE ANNUAL SUBMISSION OF A WELFARE FRAUD PROSECUTION AND/OR INVESTIGATION AGREEMENT TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS).

The purpose of this letter is to remind County Welfare Departments (CWDs) to submit a current copy of their welfare fraud prosecution and/or investigation agreement to the CDSS. A Plan of Cooperation (POC) or Purchase of Service Agreement (POSA) must exist between the CWD and the District Attorney (DA) for the costs associated with welfare fraud prevention/investigation and prosecution. See All County Letter 89-91 and County Fiscal Letter 00/01-45 for more details.

If your county plans to operate under the same terms of your current agreement, please submit a signed copy of the attached Renewal/Extension Summary to the following address by August 11, 2019.

California Department of Social Services, Fraud Bureau
Attention: Purchase of Service Coordinator
744 P Street, MS 8-5-26
Sacramento, California 95814

If you have any questions regarding this letter or would like an electronic copy of a POC or POC/POSA template, you and your staff may contact Joseph Zulueta, Purchase of Service Agreement Coordinator at (916) 651-5352 or by email at joseph.zulueta@dss.ca.gov.

Attachment

**EXTENSION/RENEWAL SUMMARY
PURCHASE OF SERVICE AGREEMENT
FOR
PROSECUTION OF CRIMES AGAINST
THE CalWORKs AND CalFresh PROGRAMS
AND/OR
INVESTIGATION OF WELFARE FRAUD**

The Purchase of Service (POS) Agreement executed between _____
County Welfare Department and the _____
is hereby extended from July 1, 2019 through June 30, 2020. This POS includes the
following services: (Please check the box(es) that this agreement applies to)

- ☐ Prosecution of Program Welfare Fraud
☐ Investigation of Program Welfare Fraud

Welfare Department

District Attorney/Sheriff's Department

Agency

Agency

By (Authorized Signature)

By (Authorized Signature)

Title

Title

Forward a copy of this extension and/or **agreement if renegotiated** to:

POS Coordinator
California Department of Social Services
Fraud Bureau
744 P Street, M.S. 8-5-26
Sacramento, CA 95814