January 2, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 19-118

The purpose of this letter is to inform the counties of the changes to the CalWORKs Homeless Assistance (HA) Program made by Senate Bill 80 and Assembly Bill 960, including the removal of the consecutive day rule for temporary HA and the expansion of allowable providers of housing for purposes of receiving HA payments to include any person or establishment with whom the family has executed a valid lease, sublease, or shared housing agreement.
January 2, 2020

ALL COUNTY LETTER (ACL) NO. 19-118

TO: ALL COUNTY WELFARE DIRECTORS
    ALL CALWORKS PROGRAM SPECIALISTS
    ALL CALFRESH PROGRAM SPECIALISTS
    ALL CONSORTIA PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY
         TO KIDS (CALWORKS) HOMELESS ASSISTANCE PROGRAM:
         IMPLEMENTATION OF SENATE BILL 80 AND ASSEMBLY BILL
         960: REMOVAL OF THE CONSECUTIVE DAY RULE FOR
         TEMPORARY HOMELESS ASSISTANCE BENEFITS AND THE
         EXPANSION OF ALLOWABLE PROVIDERS OF HOUSING FOR
         PURPOSES OF RECEIVING HOMELESS ASSISTANCE
         PAYMENTS TO INCLUDE SHARED HOUSING

REFERENCE: SENATE BILL (SB) 80 (CHAPTER 27, STATUTES OF 2019);
            ASSEMBLY BILL (AB) 960 (CHAPTER 444, STATUTES OF
            2019);

The purpose of this letter is to transmit guidance to the County Welfare Departments
(CWDs) regarding the implementation of the changes to the CalWORKs Homeless
Assistance (HA) Program made by SB 80 and AB 960.

Section 57 of SB 80 repealed the rule that the 16 days of temporary HA benefits must
be used on consecutive days and instead authorizes families to receive 16 cumulative
days of temporary HA benefits within a 12-month period. The removal of the
consecutive day rule will become effective when the Department notifies the
legislature that the Statewide Automated Welfare Systems (SAWS) can perform the
necessary automation to implement this section, likely six to nine months after the
release of this ACL; however, counties are encouraged to implement this change with
a workaround as soon as administratively feasible. The official implementation date
will be issued under separate cover.
AB 960 expanded who is considered an allowable provider of housing for purposes of receiving HA payments to include anyone with whom the family has executed a valid lease, sublease, or shared housing agreement. These provisions allowing shared housing are effective on January 1, 2020.

**Background/Current Law**

Current law allows homeless CalWORKs families or apparently eligible families up to 16 consecutive days of temporary HA benefits once every 12 months, with exceptions due to domestic abuse, illness, uninhabitability of the home, or declared natural disaster. The 16 days of benefits are issued in three-day increments while homelessness is being verified, followed by seven-day increments up to a maximum of 16 consecutive days. This 16-day period begins on the first day that these benefits are issued, and ends 16 calendar days later, regardless of how many days of benefits were issued.

Current law also states that CalWORKs applicant families that are actively fleeing domestic abuse shall be considered homeless and eligible for up to two consecutive periods of 16 consecutive days of temporary HA benefits, regardless of their abuser’s income and assets. These benefits are issued in 16-day increments. This is a once-in-a-lifetime benefit and is considered fully utilized even if the second 16-days are not issued. (See ACL No. 18-78 for more information about this expanded temporary HA benefit for CalWORKs applicants fleeing domestic abuse.)

Lastly, current law restricts payments for HA benefits to providers of housing that are either a commercial establishment, a shelter, or a person in the business of renting properties who has a history of renting properties.

**Removal of Consecutive Day Rule for Temporary HA**

The provisions of Section 57 of SB 80 repealed the consecutive day rule for temporary HA benefits. Homeless CalWORKs families and apparently eligible families will no longer need to use their 16 days of temporary HA benefits consecutively. The once every 12-month issuance of temporary HA benefits will not be considered exhausted until all 16 days have been issued, the family resolves their homelessness, or 12 months have passed. The 12-month period begins on the date that the first payment of temporary or permanent HA is made.

The first issuance of three days of temporary HA payments shall still be issued on the day that the family applies for HA while the county verifies homelessness, followed by weekly issuances not to exceed a total of 16 days of benefits. There is no requirement to re-verify homelessness after the initial verification of homelessness, even if the family does not receive or use their benefits on consecutive days. For example, on May 3rd, a family receives three days of temporary HA benefits while the
county verifies their homelessness. They do not come back in to the county office for their next issuance of seven days of benefits until June 1st. These additional benefits can be issued without re-verifying that the family is still homeless. If the county determines that due to extenuating circumstances the family’s homelessness needs to be re-verified, a sworn statement that the family is still homeless is sufficient proof.

Families must still provide receipts verifying that their temporary HA benefits were spent on shelter; however, counties are strongly encouraged to offer good cause or allow a sworn statement in lieu of receipts in those instances when benefits are not received consecutively, and the families have not kept their receipts. HA mismanagement rules are also unchanged, but counties should do all they can to ensure that homeless families receive and can utilize the HA benefits they are entitled to. This may include consideration regarding the availability of motels that accept vendor/voucher payments before issuing payments in this manner.

Families receiving temporary HA payments are also still required to complete a permanent housing search by contacting a minimum of one prospective landlord for each day’s worth of temporary HA benefits received. Again, due to the time that may pass between issuances of benefits with the removal of the consecutive day requirement, counties are strongly encouraged to grant good cause or allow a sworn statement when the family doesn’t have proof of their search for permanent housing. Homeless families are in a state of crisis and should not be penalized when they are unable to keep track of receipts or notes regarding their housing search from weeks or even months prior. Please note that counties have the flexibility to grant good cause or allow a sworn statement when verification is not available even in cases where benefits are issued consecutively.

Counties are also encouraged to provide additional supports to assist with the housing search for homeless families via a referral to programs with Housing Navigation services such as the local Housing Support Program (HSP) or community partners, as this is a significant and difficult burden for families in crisis.

**Removal of Consecutive Day Rule for AB 557 Benefits**

The removal of the consecutive day rule also applies to AB 557 benefits, otherwise known as expanded temporary HA for CalWORKs applicants that are fleeing domestic abuse. These benefits are still issued in two 16-day increments for a total of 32 days; however, the two issuances of 16-days will no longer have to be consecutive. Because the two 16-day increments do not need to be used consecutively, the second issuance of 16 days could be for a different instance of homelessness, months or even years later, as long as the applicant meets the eligibility criteria for these benefits, including being an applicant for CalWORKs who is actively fleeing domestic abuse. Families are still limited to a maximum of 32 days of these benefits in their lifetime.
For example, an applicant family that is fleeing domestic abuse receives their first issuance of 16 days of these benefits, and then returns to their abuser before receiving the second issuance of 16 days. If they are fleeing their abuser again at a later date, they may reapply for these benefits and get the second issuance of 16 days of expanded temporary HA, if otherwise eligible. Once a family has utilized all 32 days of benefits, they will have exhausted their once-in-a lifetime benefit for expanded temporary HA for applicants that are fleeing domestic abuse.

Implementation Date of the Removal of Consecutive Day Rule

Once counties have implemented this change, the number of days of benefits must be tracked. Counties do not need to go back through the last year of HA payments to determine if any families have remaining days of temporary HA benefits that were not used; however, if a family is currently receiving temporary HA benefits when this change becomes effective, the county must allow this family flexibility in using their remaining days of temporary HA benefits if needed.

Shared Housing in the HA Program

The provisions of AB 960 changed the definition of who is an allowable provider of housing for purposes of receiving an HA payment. Effective January 1, 2020, families are no longer required to rent from a person in the business of renting properties who has a history of renting properties and may instead now rent from any person or establishment with whom the family has executed a valid lease, sublease, or shared housing agreement. This change will expand the eligibility for and increase the utilization of permanent HA by allowing homeless CalWORKs families to receive these benefits when they enter into a variety of alternative or shared housing arrangements.

All other rules regarding who is an allowable provider of housing remain the same. The family is still eligible for up to two months of back rent or security deposit and last month’s rent, and the monthly rent owed by the family must not exceed 80 percent of their total monthly household income. The person renting the property must have the legal right to do so, and the renter must have the same legal protections granted to all renters in the state of California. Counties are encouraged to create a shared housing agreement template to help clients verify that they have entered into a valid shared housing agreement. A valid shared housing agreement, at minimum, must include the names of the landlord and the tenant, the address of the unit, the amount of monthly rent, terms of the agreement and the date of occupancy.

This change will also expand the allowable use of temporary HA benefits. While temporary HA payments are generally intended for motels, a family could use their 16 days of temporary HA payments to enter into a short-term lease, sublease or shared housing agreement to meet their temporary housing needs, while searching for permanent housing. As long as the money is spent on housing from a commercial establishment, a shelter, or a person or establishment with whom the family has
executed a valid lease, sublease, or shared housing agreement, this would not be considered misuse of funds.

Additionally, due to the repeal of the consecutive day rule, temporary HA benefits could be used for shared housing arrangements that stretch the number of days they are sheltered. For example, a family of four receives seven days of temporary HA benefits in the amount of $595. They enter into a short-term shared housing agreement with a friend or family member, stating that they will pay $595 to stay at their house for two weeks, while they look for permanent housing. This would be an allowable use of temporary HA benefits, provided they enter into a valid lease, sublease, or shared housing agreement with the provider of housing.

Revised Homeless Assistance Forms and Notices

The forms attached to this letter include revised forms and Notices of Action (NOAs) based on the changes described in this letter. These forms were also modified to meet Americans with Disabilities Act accessibility standards.

The CW 42 – Homeless Assistance Statement of Facts form, has been revised to remove all references to the 16 days of temporary HA having to be used consecutively.

The CW 74 – Permanent Housing Search form, was revised to remove the reference to receiving temporary shelter payments for a maximum of 16 days in a row.

The CW 215 – Notification of Intercounty Transfer, was revised to add a line where the county can enter how many days of temporary HA benefits the client has received and what type of benefits they have received, including temporary, permanent, HA based on an exception, and expanded temporary HA for applicants fleeing domestic abuse (AB 557 benefits).

The HA Approval NOA message (M44-211A) was revised to remove references to the 16 days of temporary HA having to be used on consecutive days and to add “shared housing agreement” as an acceptable type of proof regarding the amount of rent.

The HA Approval NOA message (M44-211B) was revised to remove references to the two issuances of 16-days of expanded temporary HA for applicants fleeing domestic abuse having to be consecutive. Because the second issuance can be received at a later date, references to receiving these benefits only once in their lifetime were removed.
The HA Denial NOA message (M44-211D) was revised to change the denial reasons as follows:

- Replace reference to “once-in-a-lifetime” with “32 nights” of expanded temporary HA for applicants fleeing domestic abuse.
- Rather than refer to “a 12-month exception,” this denial reason was rewritten for clarity to state that “you already got HA in the last 12 months due to an exception.”
- Remove the denial reason that “there is no proof that you were homeless the whole time after you got your last temporary shelter aid payment.” Families do not need to verify their homelessness on a daily or weekly basis.
- Rewrite the denial reason regarding only being able to rent from the “property owner or manager” to state that “You do not have a valid lease, sublease, or shared housing agreement.”
- Replace the word “violence” with “abuse” for consistency.

The CA237HA reporting form also needs to be revised based on the changes described in this letter. This revised form will be released under separate cover.

**Camera Ready Copies and Translations**

This ACL and other CDSS letters and notices are available at [CDSS Letters and Notices](#). For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. You may also obtain these forms from the CDSS webpage at [CDSS Forms and Brochures](#).

When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at: [CDSS 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 number.

CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified bilingual 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](#).
If you have any questions about this letter, please contact the Housing and Homelessness Bureau at housing@dss.ca.gov or (916) 651-5155.

Sincerely,

*Original Document Signed By:*

Jennifer Hernandez
Deputy Director
Family Engagement and Empowerment Division

Attachments
STATEMENT OF FACTS - HOMELESS ASSISTANCE

IMPORTANT INFORMATION

- If you have no place to stay or have received a pay rent or quit notice from your landlord, you may be able to get Homeless Assistance payments limited to once every 12 months, unless your homelessness is due to an exception. To get Homeless Assistance, you cannot have more than $100 in resources and you must either be eligible for CalWORKs or appear to be eligible for CalWORKs.

- Exceptions to the 12 month limit are homelessness due to: domestic abuse, physical or mental illness, or uninhabitability of the home. These exceptions are also limited to once every 12 months. Homelessness that is directly caused by a State or Federal declared natural disaster is also an exception.

- If you received a pay rent or quit notice you may be able to get Homeless Assistance payments for up to two months of back rent.

- If you have no place to stay, you must be looking for permanent housing to get Homeless Assistance for Temporary Shelter. If you find someplace to live, you may get money for permanent housing.

- You may get Temporary Shelter payments for up to 16 days.

- Once you have used the 16 days, Temporary Shelter will stop. You will not be eligible to receive Temporary Shelter again for another 12 months, unless you have an exception.

- You will be asked to prove that your payments were spent on shelter. If you can’t, future payments will be made by voucher directly to a shelter, landlord or others for you.

- If you are fleeing domestic abuse and not currently receiving cash aid, you may be eligible for up to 32 days of expanded temporary Homeless Assistance payments.

Instructions: Print all answers in ink. If you need help, ask your worker.

1. Name of Caretaker Relative (first, middle, last)

<table>
<thead>
<tr>
<th>Message Phone</th>
<th>A Social Security Number</th>
<th>B Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mo.____ Day____ Yr. _______</td>
</tr>
</tbody>
</table>

2. What is your current or last address?

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>
3. Do you get Cash Aid?  □ YES  □ NO  
   If “YES,” in which county:______________________________________________________

4. Did you get Homeless Assistance from any county at any time?  
   □ YES  □ NO  
   If “YES,” complete:  
   Which county: ___________________________ When:______________________

5. Does anyone in your home get income from a job or training program or any other source?  □ YES  □ NO  
   If “YES”, list all income and who gets it below:

6. List all liquid resources you own (include cash, checks, savings or checking accounts, credit union accounts, etc.). List each item and give its value.

7. If you get Homeless Assistance, you may have the payment made out to you or given directly to a shelter, landlord or other for you. 
   Check (✓) below to tell us how you want the payment made:  
   □ To Yourself  □ To a Landlord  □ To a Shelter  □ Other (explain):

If you do not have a permanent home, fill out questions 8 through 12. If you are asking for back rent, skip to questions 13 through 17. If you are fleeing domestic abuse and want to apply for expanded temporary Homeless Assistance benefits, skip to question 18.

8. Explain where you are staying now.

9. How long have you been there?

10. Do you pay for staying there?  □ YES  □ NO  
    If “YES,” how much?

11. Explain why you have no place to live.

12. Are you seeking permanent housing?  □ YES  □ NO  
   Explain:

   ---
   COUNTY USE ONLY

   Date Received ______

   C
   CO: ___________________________
   Aid Code: _____________________
   Case Number: ______________
   AU: _________________________

   D
   Case Name (Last, First)

   ___________________________

   E
   Date HA Authorized:  
   Mo. ___ Day ___ Yr. ______

   F
   Type of HA (check)  
   □ Temporary  
   □ T-DV  
   □ T-Medical  
   □ T-Uninhabitable  
   □ T-Disaster  
   □ T-app. expanded DV

   Start Date: __________________

   Disposition:  
   □ Permanent  
   □ P-DV  
   □ P-Medical  
   □ P-Uninhabitable  
   □ P-Disaster

   Start Date: __________________

   Disposition:
   □ Shelter arranged prior to TS  
   □ Vendor payment issued  
   □ HA denied

   Worker:

   ___________________________

   Total resource value: ___________________________
13. What day did you get a pay rent or quit notice?

14. How many months of back rent do you owe?

15. How much is your monthly rent?

16. Why didn’t you pay your rent?

17. Is your Landlord evicting you? Why?

If you are fleeing domestic abuse and not currently on cash aid, you may be eligible for once in a lifetime expanded temporary Homeless Assistance benefits for up to 32 days. Please fill out questions 18 and 19 below.

18. Are you fleeing a domestic abuse situation? ☐ YES ☐ NO

19. Do you have access to the income or assets listed in questions 5 or 6? ☐ YES ☐ NO

If not, please explain.

CERTIFICATION

I understand that:

- Homeless Assistance Temporary Shelter and Permanent Housing payments are limited to once every 12 months, unless I have a verified exception.
- There is a limit on how much Homeless Assistance I can get.
- I am required to give my Social Security Number, which will be used to check identity and verify that I am not getting aid in more than one case, one county, or one state.

I understand that I must provide proof that:

- I am homeless; or I have received a notice to pay rent or quit.
- I am homeless due to an exception, if I have already gotten Homeless Assistance.
- I used the Temporary Shelter payment for housing, and that if I cannot, I must have my Homeless Assistance payments made out or given to a shelter, landlord or to others for me.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts - Homeless Assistance is true and correct.

Signature of Caretaker Relative

Date

CW 42 (9/19) Required Form - Substitutes Permitted
PERMANENT HOUSING SEARCH DOCUMENT

Important Information

- To get Temporary Shelter (TS) payments, you must look for Permanent Housing (PH) for each day you get a TS payment. You may get TS for a maximum of 16 days.
- You must talk to a person who could rent to you for each day you get TS. If you can’t talk to a person on one day, you can talk to two people the next day to make up.
- You must give proof that your TS payment was spent for shelter.
- You must keep a list of each person you talked with by filling in the information below. If you need more space, use the back of the form.

<table>
<thead>
<tr>
<th>Date of Contact</th>
<th>Address</th>
<th>Person Contacted</th>
<th>Phone</th>
<th>This place wasn’t rented because:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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</table>

I authorize the County to verify the above information as needed to show that I am looking for Permanent Housing.

Signature: ___________________________________________________________ Date: ___________________________
NOTIFICATION OF INTERCOUNTY TRANSFER

Instructions: Workers should complete each space. If the information requested does not pertain to this case, indicate with N/A symbol.

Sending County Name And Address

Receiving County

Case Name | Case Number
---|---

Recipient’s Street Address | City | State | Zip Code
---|---|---|---

Recipient’s Mailing Address (If different) | City | State | Zip Code
---|---|---|---

Recipient’s Phone Number(s) | Date Moved
---|---

Payee’s Name (If different) | SSN
---|---

Payee’s Relationship to Aided Child(ren)

DISCONTINUANCE DATES FOR TRANSFER

CalWORKs | RCA
---|---

☐ Waive 30 Day ICT Process

WELFARE-TO-WORK PLAN

Name | Date | ☐ Signed | ☐ Refused to Sign | Appeal Filed Timely | ☐ Yes | ☐ No
---|---|---|---|---|---|---

☐ Compliance Plan | Begin Date ________________ | End Date ________________ | SB 1041 Rules Date

Welfare-To-Work Component

Name | Date | ☐ Signed | ☐ Refused to Sign | Appeal Filed Timely | ☐ Yes | ☐ No
---|---|---|---|---|---|---

☐ Compliance Plan | Begin Date ________________ | End Date ________________ | SB 1041 Rules Date

Welfare-To-Work Component

AB 98 or Expanded Subsidized Employment? | ☐ Yes | ☐ No | Dates: From ____________ To ____________
---|---|---|---
OVERPAYMENTS TRANSFERRED

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CalWORKs</td>
<td>□ IPV □ Client Error □ Agency □ Multi.</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>□ IPV □ Client Error □ Agency □ Multi.</td>
</tr>
</tbody>
</table>

SANCTIONS/PENALTIES - Check all that apply for each person

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date</th>
<th>End Date</th>
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</tbody>
</table>

CalWORKs IPV  □ 6 mo  □ 12 mo  □ 2 yr  □ 4 yr  □ Perm

TYPE

- □ School Attendance  □ Immunization
- □ CS Sanction  □ CS 25% Penalty  □ CS Good Cause
- □ Welfare-To-Work Sanction  Cure Plan Contact Date ________________
  Cure Plan Complete Date ________________

Name | Start Date | End Date |
------|------------|----------|
      |            |          |

CalWORKs IPV  □ 6 mo  □ 12 mo  □ 2 yr  □ 4 yr  □ Perm

TYPE

- □ School Attendance  □ Immunization
- □ CS Sanction  □ CS 25% Penalty  □ CS Good Cause
- □ Welfare-To-Work Sanction  Cure Plan Contact Date ________________
  Cure Plan Complete Date ________________

CASE INFORMATION

- □ CalWORKs  □ RCA

Prior Month | Grant Amount $ _________ | Current Month | Grant Amount $ _________ |

- □ Exempt MAP

Homeless Assistance Received?  □ Yes  □ No  □ Temp  □ Perm  □ Exception  □ Expanded THA-DV (AB 557)

Date: ________________  Number of Days Issued: ________________

Foster Child(ren):  □ Yes  □ No
Non-Minor Dependent:  □ Yes  □ No  Date of Last Recertification: ________________

Date RCA Time Expires: ____________________

SUMMARY OF INCOME/PROPERTY

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOURCE</th>
<th>AMOUNT</th>
<th>MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>$</td>
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<td></td>
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<td>$</td>
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</tr>
</tbody>
</table>

- □ Restricted Account(s)  Balance $ ________________
### TIME LIMITS

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TANF Months Used?</td>
<td>Number of TANF Months Used?</td>
</tr>
<tr>
<td>Number of CalWORKs Months Used? 24 ___ 48 ___</td>
<td>Number of CalWORKs Months Used? 24 ___ 48 ___</td>
</tr>
</tbody>
</table>

### CAL-LEARN CASE INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Sanction</th>
<th>Penalty</th>
<th>Bonus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Sanction</td>
<td>Penalty</td>
<td>Bonus</td>
</tr>
</tbody>
</table>

### DOCUMENTATION SENT

- ☐ Exemption (CW 2186B)
- ☐ SAWS 1
- ☐ SAWS 2A SAR/SAWS 2 Plus
- ☐ Time Limit Notice (copy both sides)
- ☐ Disability Verification
- ☐ Pregnancy Verification
- ☐ OP Records
- ☐ SAR 7
- ☐ PE Determination Name __________________________________________
- ☐ Other (list) __________________________________________

**Comments:**

### WORKER INFORMATION

<table>
<thead>
<tr>
<th>Worker Name</th>
<th>Worker Number</th>
<th>Phone Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>Fax</td>
<td>Date Completed</td>
</tr>
</tbody>
</table>
YOU CAN GET HOMELESS ASSISTANCE ONLY ONCE EVERY 12 MONTHS UNLESS YOU MEET AN EXCEPTION.

MESSAGE:
As of ______ the County has approved your request for homeless assistance. The amount of your homeless assistance is $______.

[ ] Temporary Shelter

Temporary Shelter Aid per Night: $______
Number of Nights: x______
Total Temporary Shelter =$$______

[ ] If you do not find a permanent place to live, you may be able to get more temporary shelter aid. Come back to this office once you have used these nights of shelter aid and give us proof that you are looking for a permanent place to live. If you do not give us proof, your temporary shelter aid may end. You can get up to 16 nights of temporary shelter aid.

[ ] This is your last payment for temporary shelter aid. You have now gotten all 16 nights.

If you are still homeless after you have used your 16 nights of temporary shelter aid, you may be able to get permanent housing aid when you find a place to live. You can get permanent housing aid if your rent is no more than 80% of your total monthly household income (TMHI). 80% of your TMHI is _____. If your income changes this amount could change too. When you find a place to live, get a signed statement, rental agreement, or shared housing agreement telling how much your rent will be.
Permanent Housing Assistance

[ ] Permanent Housing Move in Costs

You have been approved for permanent homeless assistance because your rent is less than 80% of your total monthly household income.

<table>
<thead>
<tr>
<th>Your Actual Cost of Housing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Month's Rent</td>
<td>$____</td>
</tr>
<tr>
<td>Security Deposits</td>
<td>+ ___</td>
</tr>
<tr>
<td>Utility Deposits:</td>
<td>+ ___</td>
</tr>
<tr>
<td>Your Total Move in Costs</td>
<td>=$____</td>
</tr>
</tbody>
</table>

Amount of Monthly Rent:  $____

80% of Total Monthly Household Income  $____

NUMBER OF MONTHS:  X 2 = ______

Amount of Utility Deposits:  + ______

Most homeless assistance you can get  =$____

[ ] Back Rent Payment

To prevent eviction, you will receive a payment for up to two months of back rent. This amount is calculated below.

Amount of back rent for the month of:  

$____

80% of Total Monthly Household Income  ______

Amount of back rent for the month of:  

$____

80% of Total Monthly Household Income  ______

Your Total Back Rent Payment =$____

Your total housing costs are /_/ less /_/ more than the homeless assistance you can get, so you will get $____.
INSTRUCTIONS: Use to approve a nonrecurring special need (homeless assistance) payment for temporary shelter, permanent housing, and rent arrearages.

Complete the first blank on page one with the date the homeless aid was approved. Fill in the second blank with the amount of homeless aid.

Check the appropriate box(es) and fill in the items depending on whether temporary shelter and/or permanent housing or rent arrearage payments was approved.

This message replaces M44-211A dated 11-30-16.
YOU CAN GET EXPANDED TEMPORARY HOMELESS ASSISTANCE FOR APPLICANTS FLEEING DOMESTIC ABUSE FOR A TOTAL OF 32 DAYS IN YOUR LIFETIME.

MESSAGE:
As of _____ the County has approved your request for expanded temporary homeless assistance shelter payments. The amount of your homeless assistance is $______.

Temporary Shelter Aid per Night: $______
Number of Nights: x 16__
Total Temporary Shelter =$______

[ ] You may be able to get two issuances of 16 nights of shelter aid. If your cash aid application has not been approved or denied once you have used the first 16 nights of benefits, you may be able to get another 16 nights of expanded shelter aid. When you request the second 16 nights, the county will ask to see receipts showing that you spent the first 16 nights on housing. If you do not have this proof, your second 16 nights of expanded temporary homeless assistance may be issued as a voucher payment. If you do not get the second 16 nights, you may be eligible for these remaining benefits at a later date.

[ ] This is your last payment for expanded temporary homeless assistance for applicants fleeing domestic abuse.

If you are still homeless after your cash aid application is approved, you may be able to get regular temporary homeless assistance as well as permanent homeless assistance when you find a place to live.
INSTRUCTIONS:
Use to approve a request for expanded temporary homeless assistance for CalWORKs applicants that are fleeing domestic abuse.

Complete the first blank on page one with the date the homeless assistance was approved. This should be the same date of application.

Fill in the second blank with the amount of homeless aid. These benefits should be paid in a lump sum of 16 nights, for up to 32 nights.

Check the appropriate box depending on whether the applicant is approved for the first or second 16 days of expanded temporary homeless assistance benefits.

This message replaces the version created on 7-1-19.
MESSAGE:
The County has denied your request dated ______ for homeless assistance for:

[ ] Temporary Shelter
[ ] Permanent Housing
[ ] Expanded Temporary Homeless Assistance for Applicants Fleeing Domestic Abuse

Here's why:

[ ] You are not homeless.
   To get homeless assistance, you must meet one of these rules:
   - You do not have your own place to stay at night,
   - OR You are staying at night in a shelter that is temporary,
   - OR The place you are living in is a place that people do not usually live.
   - OR You have received a notice to pay rent or quit.
   - OR You are a CalWORKs applicant and you are fleeing domestic abuse.

[ ] You can only get homeless assistance once every 12 months unless you meet an exception.

[ ] You have already gotten your 32 nights of expanded temporary homeless assistance for applicants fleeing domestic abuse.

[ ] Your cash aid application has been approved/denied so you are no longer eligible for expanded temporary homeless assistance for applicants fleeing domestic abuse.

[ ] You are currently in receipt of CalWORKs and are therefore not eligible for expanded temporary homeless assistance for applicants fleeing domestic abuse.

[ ] You were living with a family at the time they got homeless assistance.
[ ] There is no proof that your homelessness was caused by one of the following 12 month exceptions:
  o domestic abuse
  o place not livable
  o medical illness

[ ] You already got homeless assistance in the last 12 months due to an exception.

[ ] Your homelessness was not due to a state or federally declared natural disaster.

[ ] You cannot get homeless assistance because you are not getting cash aid and you are not apparently eligible for cash aid.

[ ] Homeless assistance benefits will not help you reunify with your children.

[ ] You have more than $100. To get homeless assistance you cannot have more than $100 in liquid resources unless it is in a restricted account.

[ ] You would not agree to let us verify your homelessness. If you do agree to let us verify your homelessness, you may be able to get temporary shelter aid.

[ ] You have to show proof that you are looking for permanent housing. You have not shown proof. You will no longer be able to get temporary shelter aid.

[ ] You have a permanent place to live.

[ ] You do not have a valid lease, sublease, or shared housing agreement.

[ ] The place you found to live costs too much. It costs $______. To get aid for permanent housing, the place you find to live in cannot cost more than 80% of your total monthly household income. 80% of your total monthly household income is figured on this notice.

[ ] The amount of homeless assistance would not cover the total back rent amount due.
[ ] Your monthly back rent amount is higher than 80% of your total monthly household income. (Your total monthly household income is calculated below)

[ ] You did not provide a pay rent or quit notice.

[ ] Your eviction is due to something other than not paying your rent.

[ ] You will still be evicted if your back rent is paid by homeless assistance.

[ ] Your eviction, due to non-payment of rent, is not due to a financial hardship beyond your control.

[ ] You wouldn’t agree to let us verify your pay rent or quit notice.

Total Monthly Household Income for the month of:                             ______
$______     x .80

Total Amount Your Housing Can Cost (80% of Total Monthly Household Income): =$______

INSTRUCTIONS: Use to deny a request for homeless assistance for temporary shelter, permanent housing, rent arrearages, or expanded temporary homeless assistance for applicants fleeing domestic abuse.

Complete the first blank on page one with the date homeless aid was requested and check the appropriate box(es) to inform the applicant.

This message replaces M44-211D dated 7-1-19.