

October 30, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-15

This letter introduces an updated Disqualification Consent Agreement form (ABCD 478A) in the California Work Opportunity and Responsibility to Kids program for immediate use, clarifies the DCA process, and informs county welfare departments of relevant regulation changes to the Manual of Policies and Procedures.



KIM JOHNSON
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

October 30, 2020

ALL COUNTY LETTER (ACL) NO. 20-15

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL CALWORKS PROGRAM SPECIALISTS
ALL CONSORTIA PROJECT MANAGERS
ALL SPECIAL INVESTIGATIVE UNIT CHIEFS
ALL COUNTY HEARING SPECIALISTS
ALL ADMINISTRATIVE LAW JUDGES

SUBJECT: REVISION OF CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS PROGRAM DISQUALIFICATION
CONSENT AGREEMENT (FORM ABCD 478A) AND
REGULATION CHANGE

REFERENCE: [TITLE 45 CODE OF FEDERAL REGULATIONS \(CFR\) SECTION 235.110](#), [MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTIONS 20-351 AND 20-352](#), [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTIONS 10553, WIC 10554, AND WIC 11486](#)

The Disqualification Consent Agreement (DCA) for the California Work Opportunity and Responsibility to Kids (CalWORKs) program is provided through form [ABCD 478A](#). This ACL supersedes any prior guidance regarding court endorsement or confirmation of a DCA.

This ACL introduces a revised DCA form for use in the CalWORKs program, provides guidance and clarification to County Welfare Departments (CWD) on the process of using a DCA in cases of deferred adjudication, and informs CWDs of relevant regulation changes to the California Department of Social Services (CDSS) [MPP §20-352](#).

Background

In order to maintain program integrity, CWDs are required to investigate cases of alleged intentional program violation (IPV) and when necessary, initiate action through a court of appropriate jurisdiction or an administrative disqualification hearing. CWDs may allow the prosecuting authority the option to have accused individuals sign DCAs for cases of deferred adjudication, as defined in the [MPP §20-352](#).

DCA Process

The CWDs should work with their prosecutors to determine cases that are appropriate for utilizing a DCA. The CDSS strongly encourages CWDs to use the DCA as part of a deferred adjudication process when:

- a determination of guilt is not obtained from the court due to the accused individual having met the terms of a court order; or
- a case is not prosecuted due to the accused individual having met the terms of an agreement with the prosecutor.

Some CWDs have been reluctant to use the DCA process, as courts would not normally endorse or confirm agreements between an individual and a prosecutor. This is especially true when an agreement is offered by the prosecuting authority in lieu of filing criminal charges with the court. Removal of the court endorsement from the CalWORKs DCA and the MPP regulations will provide due process and the option for accused individuals to consent to their own disqualification as required by regulation.

MPP Revision

The CDSS regulations are being revised. The [MPP §20-352.214](#) incorrectly states, “The Disqualification Consent Agreement shall be confirmed by the court.” The [MPP §20-352.214](#) will be revised to remove this clause.

Revision of the CalWORKs DCA Form

The DCA form used for the CalWORKs program, [ABCD 478A](#), is being revised to remove the language, “...which was endorsed by the court.” The revision of the [MPP §20-352.214](#) removes the regulatory basis for requiring court endorsement of a DCA. In addition, references to “AFDC” will be removed and the term “family” will be revised to “Assistance Unit”. The penalties listed on page 2 are being revised to align with [WIC 11486](#).

Camera-ready Copies and Translations

For a camera-ready copy of the CalWORKs DCA in English, contact the CDSS Forms Management Unit at fmudss@dss.ca.gov or visit the [CDSS Forms and Publications](#) webpage.

As translations are completed per [MPP §21-115.2](#), they will be posted on the [CDSS Translated Forms and Publications](#) webpage.

For questions on translated materials, please contact the CDSS Language Services Unit at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English must be sent the English version of the form or notice along with the [GEN 1365 – Notice of Language Services](#) and a local contact number.

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 CalWORKs recipient. In the event that the CDSS does not provide translations of a form, it is the responsibility of the CWDs to provide interpreter services if an applicant or recipient requests for one. More information regarding translations can be found in [MPP §21-115](#).

Any questions regarding the processes outlined in this letter may be sent to the Automation, Integrity, and Client Initiatives Branch, Policy Unit at PIBPolicyUnit@dss.ca.gov.

The CalWORKs DCA can be accessed through the [CDSS forms site](#) at <http://www.cdss.ca.gov/inforesources/Forms-Brochures>.

Sincerely,

Original Document Signed By:

NATASHA NICOLAI
Deputy Director, Chief Data Strategist
Research, Automation, and Data Division

Attachment

DISQUALIFICATION CONSENT AGREEMENT CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS) PROGRAM

(ADDRESSEE)

Date: _____

Case Name: _____

Case Number: _____

IMPORTANT NOTICE

This form may apply to you only if you are a member of one of the two classes set forth below:

- (1) You have been accused of an Intentional Program Violation and have met the terms of a court order; or
- (2) You have been accused of an Intentional Program Violation but have not been prosecuted because you have met the terms of an agreement with the prosecutor.

_____ County has reason to believe that you _____, committed an Intentional Program Violation. This means that you **intentionally** gave the County wrong information, or you **intentionally** did not tell the truth when you were asked certain questions.

By "intentionally" we mean that you did it on purpose. **For CalWORKs, this means you also did it for the purpose of establishing or maintaining the Assistance Unit's eligibility for CalWORKs or for increasing, or preventing a reduction in, the amount of the grant.** This may have resulted in an overpayment of CalWORKs benefits.

Information Notice

If you sign the Disqualification Consent Agreement:

- Your income and resources will count when figuring the Assistance Unit's eligibility, but your needs will not be considered.
- The Disqualification Consent Agreement must be signed by you (the accused person).
- You will be disqualified from the CalWORKs Program for a specified period of time even if you do not admit to the facts presented by the County. (See Disqualification Penalties).
- You will be disqualified from the CalWORKs Program for a specified period of time even if a court does not find you guilty of fraud.
- You and any remaining Assistance Unit members are responsible for repayment of any overpayment, if any, which resulted from your incorrect reporting, unless the overpayment has already been repaid.
- If you do not agree with this Disqualification Consent Agreement after signing and a disqualification penalty has been imposed, you cannot ask the State or County for a hearing. You can file an appeal in an appropriate court of law.

Rules: These rules apply. You may review them at your welfare office: Manual of Policies and Procedures Sections: 20-352.213, 20-353.2, 22-003.11.

DISQUALIFICATION PENALTIES

Within 45 days from the date you sign this agreement, you will not be eligible to receive CalWORKs for:

- ☐ Six months for the first violation for not reporting, on purpose, all facts or giving wrong facts.
- ☐ Twelve months for the second violation for not reporting, on purpose, all facts or giving wrong facts.
- ☐ Two years for the first violation for:
 - ☐ A felony conviction, in a state or federal court, that does not meet the conditions for permanent penalty and the overpayment is less than \$2,000.
 - ☐ Filing, on purpose, more than one application for the same type of aid, for the same period of time.
- ☐ Four years for the second violation for filing, on purpose, more than one application for the same type of aid, for the same period of time.
- ☐ Five years for a felony conviction, in a state or federal court, that does not meet the conditions for permanent penalty and the overpayment is between \$2,000 and \$5,000 in cash aid.
- ☐ Permanently:
 - ☐ For the third violation for not reporting, on purpose, all facts or giving wrong facts.
 - ☐ For the third violation for filing, on purpose, more than one application for the same type of aid, for the same period of time.
 - ☐ For giving false documentation for children who are not eligible or do not exist.
 - ☐ For lying about or misrepresenting your place of residence in order to get more than one cash aid grant at the same time from two or more states or counties.
 - ☐ For a felony conviction, in a state or federal court, for fraudulently receiving or attempting to get more than \$5,000 in cash aid.
 - ☐ For fraudulently receiving more than \$10,000 in cash aid.

According to the violation checked above, this means that:

- If you sign this Disqualification Consent Agreement, your disqualification penalty will be _____ months/years.
- If you are not eligible for CalWORKs right now, your disqualification period will begin after you reapply and are otherwise eligible.

If you need free legal help before deciding whether to sign or not sign the Disqualification Consent Agreement, contact the nearest legal aid office listed here:

If you have any questions or need more information about the Disqualification Consent Agreement, please contact _____ at () _____.

DISQUALIFICATION CONSENT AGREEMENT:

I have reviewed the facts given to me regarding this Disqualification Consent Agreement. I understand what will happen to me if I sign this consent agreement.

I HEREBY VOLUNTARILY CONSENT TO BE DISQUALIFIED FROM THE CalWORKs PROGRAM FOR A PERIOD OF _____.

Please check one of the boxes below:

- ☐ I do not admit that the facts as presented are correct. However, I have chosen to sign this Disqualification Consent Agreement and understand that a disqualification penalty will result.
- ☐ I admit to the facts as presented and understand that a disqualification penalty will be imposed if I sign this Disqualification Consent Agreement.

Signature of Accused Person

Date