

June 16, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 21-64

The purpose of this All County Letter is to provide instruction to county Special Investigative Units on requesting California Tax Return Information from the California Department of Social Services.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

June 16, 2021

ALL COUNTY LETTER NO. 21-64

TO: ALL COUNTY WELFARE DIRECTORS
ALL SPECIAL INVESTIGATIVE UNIT CHIEFS

SUBJECT: CALIFORNIA TAX RETURN INFORMATION PROCESS

REFERENCE: [TAXATION LAW 19552](#), [19553](#)

The purpose of this All County Letter (ACL) is to provide instruction to county Special Investigative Units (SIU) on requesting California Tax Return Information (CTRI) from the California Department of Social Services (CDSS).

Background

Per [Taxation Law 19553](#), the CDSS is permitted to request state income tax information from the California Franchise Tax Board (FTB). The FTB authorizes County Welfare Departments (CWDs) to request the provided information from the CDSS for investigation and prosecution purposes. Per [Taxation Law 19552](#), unwarranted disclosure of the information is a misdemeanor.

County Single Point of Contact

The CDSS requires the SIU Chiefs to designate a Single Point of Contact (SPOC) and an alternate SPOC as designated CWD contacts for the CTRI process. The SPOCs will be responsible for requesting the CTRI from the CDSS. Additionally, the SPOC will be responsible for processing the FTB responses from the CDSS.

The CWDs are responsible for ensuring county CTRI SPOCs are up to date. The CDSS will contact the CWDs on a yearly basis to ensure the SPOC information is current.

County CTRI Request Process

The CTRI SPOCs must request tax return information directly from the CDSS by submitting signed CTRI request forms to the encrypted digital platform, Secure Access File Exchange (SAFE). The FTB will only accept requests for the current and previous tax years. According to the FTB, the tax year changes effective on January of each year. Improper or incomplete requests will be rejected by the CDSS. The CWDs may request a copy of the CTRI request form at ctri@dss.ca.gov.

The CWDs must complete the attached GEN1321 and submit the form to ctri@dss.ca.gov for access to the SAFE. The GEN1321 can also be accessed [here](#). Access is limited to the two authorized SPOC personnel per county. Once the completed form is received, the CDSS will contact the CTRI SPOCs for further instruction on accessing the SAFE.

Upon release of this ACL, the Data Stewardship and Integrity Bureau (DSIB) is no longer processing the CTRI requests sent by fax, mail, or email. The CDSS will assist the CTRI SPOCs in transitioning to the SAFE.

Notification to Client

Per [Taxation Code 19553\(c\)](#), at the time of request, each applicant, recipient, or responsible relative whose income tax records have been requested from the FTB must be notified by mail.

The CTRI 01 - CALIFORNIA TAX RETURN INFORMATION (CTRI) NOTIFICATION TO CLIENT form is attached and has been published to the CDSS website [here](#). This notice must be used by the CWDs when the CTRI requests have been submitted to the DSIB through the SAFE.

SUBSTITUTES AND OVERPRINTING

Substitutes and overprinting modifications are not permitted. Overprinting modifications for purposes other than those specified under [MPP §23-400.211](#) must be pre-approved by the CDSS before use of the forms by the CWDs.

CAMERA READY COPIES AND TRANSLATIONS

For a camera-ready copy in English, contact the CDSS Forms Management Unit at fmudds@dss.ca.gov. You may obtain this form from the CDSS webpage at: [CDSS Forms by Program](#).

When all translations are completed per [MPP §21-115.2](#), they are posted on an on-going basis on the CDSS webpage. Copies of translated forms can be obtained at: [CDSS Translated Forms and Publications](#).

For questions on translated materials, please contact the CDSS Administrative 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.

In the event that the 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. In addition, the CWDs shall ensure that individuals with disabilities are provided services, such as auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills where necessary. More information regarding translations can be found in [MPP § 21-115](#). The CWDs must 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.

This ACL and other CDSS Letters and Notices are available on the internet at: [CDSS Letters and Notices](#).

If you have any questions or need additional guidance regarding this letter, please contact ctri@dss.ca.gov

Sincerely,

Original Document Signed By

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

CDSS SYSTEM AND APPLICATION ACCESS FORM

The **CDSS System and Application Access Form (GEN 1321)** is used to authorize, change and terminate access to all systems and applications containing CDSS data. The information on this form must be kept current. It must be signed by the Supervisor and the appropriate System Administrator(s). It must also be signed by the user before he/she obtains access. **(Note: the user's signature in Section 8 is not required to initiate the request.)** When an employee separates from the Department, requests to terminate access must be submitted to the Service Desk (isd servicedesk@dss.ca.gov) as soon as possible and no later than one business day after the employee's separation date. All completed forms are to be filed locally.

Step 1 REQUESTER:

1. Complete Sections 1 through 7.
2. If necessary, **forward the CDSS System and Application Access Form (GEN 1321)** to the Information Security Officer (ISO) for signature (See Section 7). The ISO will return the form to the requesting organization.
3. Completed form with Supervisor signatures must be emailed to the Service Desk (isd servicedesk@dss.ca.gov)
4. Request can take 3 to 5 business days to complete.

Step 2 USERS:

1. Sign and Complete Section 8.
2. Return the completed form to your Supervisor.

SECTION 1 - Access Request Type *(to be completed by the requesting organization)*

Check (✓) Only One / Complete Unit Data:

- ☐ New Access (All Sections)
- ☐ Name Change (All Sections)
- ☐ Terminate Access (Sections 3)
- ☐ Transfer
- ☐ Re-Instate Access

Information Systems Division Modifications: (Not Applicable to RACF)

For Changes to Access:

Indicate Name or Location of Server/System

From _____ To _____

Current Division / Bureau _____

Receiving Division / Bureau _____

Effective Date _____

SECTION 2 - User Information *(to be completed by the requesting organization)*

☐ Check if name change

User Name

Last _____ **First** _____ **MI** _____

Former Name

[Complete if box above is checked]

Last _____ First _____ MI _____

SECTION 2 - User Information - Continued *(to be completed by the requesting organization)*

Company (For Non Employees)

Address

Bldg. / Ste.

City

State

Zip Code

Phone Number

Fax Number

E-Mail Address

SECTION 3 - System and Application Information: The requesting organization must identify all systems for which access should be authorized, changed, or terminated. **A GEN 1321(a) must be completed for TSO/RACF requests.**

SYSTEM ACCESS

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Groups | If checked please attach a <u>Global Security Group</u> form. |
| <input type="checkbox"/> RSA Token | If customer has token, please provide token number in Section 5 |
- ☐ SAWS Data Access *(If box is checked customer must email: CDSSSawsdataaccess@dss.ca.gov)*
- ☐ Other *(Specify)*

SECTION 4 - File Disposition:

To be completed by the requesting organization for **Changes and Terminations Only (Not Applicable for RACF).**

- ☐ Move the files to **Managers / Supervisor Folder** (specify **Manager / Supervisor** receiving files)

Name:

NOTE: Files for the user/logon ID will be deleted if not specified. Files can only be moved to a Manager / Supervisor

SECTION 5 – Justification / Comments: The requesting organization must identify a business need for providing access to the above listed systems. **Note:** It is not necessary to complete this section for CDSS network or E-Mail Access.

SECTION 6 - Supervisor Verification Signature (all access action requires a supervisor signature)

Note: Confirmations 1 - 3 and attachments are required to process a request for a new / modified access. Only confirmation in **Section 4** is required for an access termination.

I confirm that:

- ☐ 1. The proposed permission and/or privileges for systems and/or applications have been authorized on a “need to know” basis (not needed for Outlook).
- ☐ 2. A copy of the specific permissions and/or privileges for each system and/or application is attached to this document (not applicable for Outlook).
- ☐ 3. A copy of the Information Security Acknowledgement for Employees (GEN 1380), or Information Security Acknowledgement for Affiliates (GEN 1380A) was provided to the employee/affiliate who completed and signed the form and reviewed the Information Security & Privacy Handbook before being permitted access to any CDSS information assets. Additionally, the employee/affiliate must review all CDSS Information Security & Privacy Policies and take the Information Security & Privacy Awareness Training within 10 working days of the employee start date.
- ☐ 4. Termination action has been taken to cancel the employee’s account and, if applicable, **Section 4** of this form has been completed.

Supervisor Name (Print)	Supervisor Signature	Date

SECTION 7 - Information Security Officer Signature

The CDSS Information Security Officer signature is needed if access is requested for a user who is not a State, county or federal employee or not working under contract (*e.g., a volunteer or other such individual*).

Information Security Officer Name (Print)	Information Security Officer Signature	Date

SECTION 8 - User Acknowledgments and Signature

This section is to be read and completed by the user prior to receiving access to any CDSS system(s) and/or application(s).

I acknowledge that the department has provided automation equipment for my use in performing my job duties. The department will grant system and/or application access to me as specified in this document. I will use the automation equipment and system and/or application access for appropriate business purposes. I will take reasonable precautions to protect the confidential and sensitive data in these system(s) and application(s). This access will remain in force until it is changed and documented in a subsequent change request.

All information security policies may be viewed on the CDSS internal web page or obtained by contacting the information security and management systems branch.

User's Name (Print)	User's Signature	Date

CALIFORNIA TAX RETURN INFORMATION (CTRI) NOTIFICATION TO CLIENT

County Name: _____

Date: _____

Special Investigations Unit

Telephone Number: _____

County Address: _____

Client Name: _____

Case Identification Number: _____

Client Address: _____

This is a letter to let you know that _____ has requested your tax return(s) from the
(County Name)

California Department of Social Services (CDSS), to verify eligibility.

The CDSS can request income tax returns of applicants for aid, recipients of aid, or responsible relatives from the California Franchise Tax Board (FTB). County Welfare Departments can review the tax return information received by CDSS from FTB.

If you have any questions, contact your local county office.

These rules apply: Taxation Law 19552 and 19553