

June 3, 2022

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 22-45

The purpose of this All County Letter is to provide County Welfare Departments with a general overview of the policy for requesting verification and to release the revised *Request for Verification* (CW 2200) form. The form is used for the CalFresh, CalWORKs, Refugee Cash Assistance (RCA), Entrant Cash Assistance (ECA), Trafficking and Crime Victims Assistance Program (TCVAP), and Medi-Cal programs.



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

June 3, 2022

ALL COUNTY LETTER NO. 22-45

TO: ALL COUNTY WELFARE DIRECTORS
ALL CONSORTIA REPRESENTATIVES
ALL CALFRESH PROGRAM SPECIALISTS
ALL CALWORKS PROGRAM SPECIALIST
ALL QUALITY CONTROL COORDINATORS
ALL COUNTY REFUGEE COORDINATORS

SUBJECT: CALFRESH AND CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS (CALWORKS) PROGRAMS:
REVISED REQUEST FOR VERIFICATION (CW 2200) FORM

REFERENCE: [7 CFR 273.2\(F\)](#); [ALL COUNTY LETTER \(ACL\) 09-01](#); [ACL 14-26](#);
[ACL 20-48](#); [ACL 20-135](#); [ALL COUNTY INFORMATION NOTICE](#)
[\(ACIN\) I-24-15](#); [ACIN I-33-21](#); [MANUAL OF POLICIES AND](#)
[PROCEDURES \(MPP\) SECTION 40-105.4\(e\)](#), [MPP 63-](#)
[300.5\(a\)\(1\)](#); [MEDI-CAL ELIGIBILITY DIVISION INFORMATION](#)
[LETTER \(MEDIL\) I 20-13](#); [ALL COUNTY WELFARE DIRECTORS](#)
[LETTER \(ACWDL\) 08-07](#)

The purpose of this All County Letter (ACL) is to provide County Welfare Departments (CWDs) with a general overview of the policy for requesting verification and to inform counties that the *Request for Verification* (CW 2200) form has been revised. The newly revised CW 2200 is a required form, with no substitutes permitted for the CalFresh and CalWORKs programs. The form may also be used for the Refugee Cash Assistance (RCA), Entrant Cash Assistance (ECA), Trafficking and Crime Victims Assistance Program (TCVAP), and Medi-Cal programs.

Background

The CW 2200 form was first released via [ACL No. 09-01](#), issued on March 12, 2009, as a recommended form. It was later revised via [ACL No. 14-26](#), issued on March 14, 2014, and became a required form for all counties. The new changes to the form are

based on feedback from stakeholders and the United States Department of Agriculture, Food and Nutrition Service.

Changes to the CW 2200 Form

- Language: The language has been altered throughout the form to ensure that it is clear and easily understandable. Some of the existing language has also been reorganized to improve the overall clarity of the form. The new language will help counties improve clarity and program access.
- Fillable Chart: The fillable chart starts on the first page. The number of rows in the chart will change depending on the circumstances of the case. The form will display one row for each verification requested. While this chart is not new, it has been substantially altered from the previous version.
- Requested Item(s): The column titled “Requested Item” (previously titled “Item”) now includes a drop-down menu titled “Proof of” that will allow county staff to choose the requested item that must be verified from a list of options.
- Examples of Verification/Proof: The box titled “See Examples of Verification/Proof Section” is in the “Requested Item” column and is automatically updated based on the item chosen in the “Proof of” drop-down menu. This is intended to guide customers to the applicable item on the “Examples of Verification/Proof” section. These automated sections will have the benefit of reducing confusion and improving program access. As a reminder, the examples listed in the “Examples of Verification/Proof” section on pages 2 and 3 are meant to help the customer get an idea of what types of documents are acceptable. They are not meant to be an exhaustive list and should not in any way be interpreted to impose limits on the type of verification the customer may provide.
- Substitutions: Substitutions are no longer permitted for the CalFresh and CalWORKs programs. CWDs which were previously approved to use a substituted CW 2200 must no longer use those forms once automation of the new CW 2200 is complete. This change is necessary to ensure statewide consistency.

Automation

The Statewide Automated Welfare System (SAWS) will program the new CW 2200 form after the migration to the single system, CalSAWS, is complete. CalSAWS migration is expected to be completed in October 2023. Therefore, the current anticipated completion date of the automation for the new CW 2200 form is the Fall of 2024.

Interim Requirements Prior to Automation

Prior to the automation of the new CW 2200, counties must choose either the new version, or the version that was already in use prior to the release of this letter. Counties must use their chosen version of the form for both CalWORKs and CalFresh, and in all offices throughout the county.

The new version of the CW 2200 available from the CDSS website will not have the drop-down menus mentioned above. Therefore, any counties that opt to use the new version with drop-down menus must contact CDSS at CalFreshPolicy@dss.ca.gov to receive the drop-down menu version of the form.

As a reminder, the “Authorization for Release of Information” (page 4) is part of the CW 2200 and is automatically included with the form.

How to Use the CW 2200 Form

The CW 2200 form is used to request verification for the CalFresh, CalWORKs, and may be used for Medi-Cal programs as directed by the Department of Health Care Services. The CW 2200 may also be used for the RCA, ECA, and TCVAP programs. If a household does not provide verification needed for one or more of these programs, the CW 2200 is used to request it. Some aspects of the fillable chart will be automated. In the interim, this letter offers guidance on how to manually fill out the form. Medi-Cal-only requests may continue to use either county generated request for information forms or the CW 2200 for applicants and must use the [MC 355 – Request for Medi-Cal Information](#) form for beneficiaries. Please refer to [Medi-Cal Eligibility Division Information Letter \(MEDIL\) I 20-13](#) for more information regarding when the CW 2200 may be used for the Medi-Cal program.

- **Number of rows:** Counties will not be able to edit the number of rows prior to automation. If the household requires less than four rows, counties may simply leave some rows blank. If the household requires more, counties may send multiple copies of the first page of the form filled in with the appropriate information.
- **Due Date:** The “due date” column will be populated automatically once automation is complete. Until then, workers will need to manually fill in the due date. For the CalFresh program, households must be given at least 10 calendar days from the date the form is sent to provide the requested verification, per [Manual of Policies and Procedures \(MPP\) 63-300.5\(a\)\(1\)](#). If the due date falls on a weekend or holiday, the household will have until close of business on the next

business day to provide the verification. For the CalWORKs program, while the majority of verifications follow the minimum 10-day request period, other verifications may have a longer period, such as immunization verification which may permit up to 30 to 45 days depending on the circumstances per [MPP Section 40-105.4\(e\)](#). Please refer to [All County Welfare Directors Letter \(ACWDL\) 08-07](#) for more information on Medi-Cal-only requirements for requesting information at initial application.

- Requested Item: Once automation is complete, workers will have the option of pre-populating the drop-down menu titled “Proof of” based on the verifications that are listed in the system. Each of the 12 categories of proof listed on the “Examples of Verification/Proof” page can also be manually chosen from the drop-down menu. The “See Examples of Verification/ Proof Section” menu will be automatically updated to correspond with the “Proof of” menu. For example, if the “Income” option is selected in the “Proof of” menu, the number “2” will be automatically populated because it corresponds to the number for “Income” on the list titled “Examples of Verification/ Proof”. If the verifications are not all listed in the system, the worker may add rows to the chart and select the appropriate option in the “Proof of” menu. Either way, the “See Examples of Verification/Proof Section” menu will be automatically updated. Prior to automation, workers will need to manually select both options in the non-automated version. Additionally, there is an area for free form text that allows the worker to provide additional details or an explanation for the customer.
- Details/Examples: This section (contained within the “Requested Item”) column allows the county worker to enter any additional information that may help the customer. For example, there are certain types of verification (i.e., medical expenses), which may increase the household’s benefit allotment, but are not strictly necessary for the household to be approved for CalFresh. The county worker would explain as such in this section. This way, the customer understands that they could receive increased benefits by providing the verification, but that failing to provide that particular verification would not result in a denial or discontinuance. If “Medical Verification” is selected from the “Requested Item” drop-down menu, county workers must be sure to explain what verification is required in this section (i.e., disability, pregnancy). This section is also where the county worker would add information about time periods that the verification should cover. For instance, if the county needed proof of the last 30 days of income, those details would be specified in this section. Additionally, the household will need details when the option of “other proof” is selected from the drop-down menu. Once automated, this section will expand as county workers add information.

- Person and Program: This column has an area of free form text to allow the worker to explain which person (or people) the verification applies to. Once automation is complete, this will be automatically included based on the information in the system. There is also a checklist that shows which program the proof is required for. If the program was correctly identified in the system, it will be checked automatically. Workers will also have the ability to manually select or deselect programs listed in the checklist. Prior to automation, the worker will need to manually select the appropriate program(s) regardless.
- Check the box(es) if you cannot get the proof: This section is for the customer to fill out if they are unable to get the proof.

As a reminder, when CWDs manually add information to the CW 2200, they must add that information in the household's preferred language. Additionally, county workers must make sure that the household understands how to submit verification (i.e., by mail, in-person drop off, online, etc.).

As a reminder, a copy of the CW 2200 sent to the household must be present in the case file.

Copies and Translations

Forms referenced in this letter are available on the [CDSS Forms-Brochures web page](#).

When all translations are completed per [MPP §21-115.2](#), they are posted on the [Translated Forms and Publications web page](#). 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.

Per California Code Section 7290 et seq, 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 must be provided, free of charge, to the applicant/recipient. If 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.

Additionally, the CWDs must 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 provisions for services to applicants and recipients who are non-English speaking or who have disabilities can be found in [MPP Section 21-115](#).

CONTACT

If you have any questions regarding this letter, please contact the CalFresh Policy and Employment Bureau at CalFreshPolicy@dss.ca.gov, the CalWORKs Early Engagement and Eligibility Bureau at CWEligibilityPolicy@dss.ca.gov, the CalWORKs Engagement Bureau at CWEngagementPolicy@dss.ca.gov, the Housing and Homelessness Branch at housing@dss.ca.gov or the Refugee Programs Bureau at (916) 654-4356 or RPB@dss.ca.gov.

Sincerely,

Original Document Signed By

JENNIFER HERNANDEZ, Deputy Director
Family Engagement and Empowerment Division

REQUEST FOR VERIFICATION

Case Name : _____
 Case Number : _____
 County Contact Name : _____
 County Contact ID : _____
 County Telephone Number : _____
 County Address : _____

(ADDRESSEE)

Date : _____

Website : _____

We need verification, or proof, of the information you reported to see if you can get (*or keep getting*) cash aid (CalWORKs or CW), CalFresh (CF), Medi-Cal (MC), and/or other benefits. We have listed the proof we need below. If you are having trouble getting the proof, you must tell us on or before the due date. We can help you get the proof. We will not deny or stop your benefits if you try to get the proof. If you know somebody who can get us the proof, complete and sign the attached "Authorization for Release of Information" form. Instructions to complete this form are listed later.

Due Date	Requested Item	Person and Program	Check (✓) the box(es) if you cannot get the proof
	Proof of: Details/ Example: See Examples of Verification/ Proof Section	<input type="checkbox"/> CW <input type="checkbox"/> CF <input type="checkbox"/> MC <input type="checkbox"/> Other: _____	<input type="checkbox"/> I don't have the proof. <input type="checkbox"/> I tried but can't get the proof. <input type="checkbox"/> I know somebody who can get you this information and I have filled out the release form to get help.
	Proof of: Details/ Example: See Examples of Verification/ Proof Section	<input type="checkbox"/> CW <input type="checkbox"/> CF <input type="checkbox"/> MC <input type="checkbox"/> Other: _____	<input type="checkbox"/> I don't have the proof. <input type="checkbox"/> I tried but can't get the proof. <input type="checkbox"/> I know somebody who can get you this information and I have filled out the release form to get help.
	Proof of: Details/ Example: See Examples of Verification/ Proof Section	<input type="checkbox"/> CW <input type="checkbox"/> CF <input type="checkbox"/> MC <input type="checkbox"/> Other: _____	<input type="checkbox"/> I don't have the proof. <input type="checkbox"/> I tried but can't get the proof. <input type="checkbox"/> I know somebody who can get you this information and I have filled out the release form to get help.
	Proof of: Details/ Example: See Examples of Verification/ Proof Section	<input type="checkbox"/> CW <input type="checkbox"/> CF <input type="checkbox"/> MC <input type="checkbox"/> Other: _____	<input type="checkbox"/> I don't have the proof. <input type="checkbox"/> I tried but can't get the proof. <input type="checkbox"/> I know somebody who can get you this information and I have filled out the release form to get help.

We have listed **examples of the types of proof** you can give us on this form. Sometimes we can accept other proof. Contact the county if you have questions about whether another type of proof you have is acceptable.

Instructions:

- Give us any proof you have for the requested items listed above.
- If the proof is needed by a specific date, it will be listed in the due date column for that item.
- Send this form along with your proof to the county. Contact information is on the first page.

Important Reminders:

- Make a copy or take a picture of this form and any proof you mail us for your records. If you choose to submit proof in person, you can get a receipt.
- If you don't have the proof or cannot get the proof, check the box for that item.
- If you tried to get the proof, but could not get it, check that box too and we will help you try to get it.
- If you do not have the proof, but know somebody who can get us this information, check the box for that item and give us the attached "Authorization for Release of Information" form with your signature before the due date.
- CalWORKs or Medi-Cal may need a specific form to be completed. If they do, it will be listed in the details for the requested item.
- You may contact the county if you have any questions.

Optional Proof:

Some types of proof are **optional** and are used to increase your benefits. If the proof is optional and we do not get it, we will not take action on your case and your benefits will not be changed, stopped, or denied. Optional proof can include, but is not limited to, shelter expenses, medical expenses, and dependent care. Optional proof will be listed as a detail for that item.

If the proof we are asking for is not optional and we do not get the proof that we need or hear from you by the due dates listed above, we may have to deny, lower, or stop your benefits.

- **For CalWORKs only:** If there is a cost to get proof, the county can pay the fee for you. Contact the county if you need them to pay the fee for you. If proof does not exist, you may be able to sign a sworn statement instead. (A sworn statement is only allowed for certain types of proof.)
- **For CalFresh only:** If you cannot get proof, someone outside of your household who knows the information (collateral contact) may be contacted by the county. If you want to use this option, send us the attached "Authorization for Release of Information" form with signature before the due date.

EXAMPLES OF VERIFICATION/PROOF

Below are examples of types of proof you can give us. You do not need to give us every document listed. We only need one type of proof for each item requested unless we tell you more than one type is needed. If you have other types of proof not listed here, please contact the county to find out if it is acceptable.

1. Birth/Citizenship

- Birth certificate (*original documents are required for Medi-Cal*)
- U.S. Passport
- Certificate of naturalization
- Baptismal certificate (*with date and place of birth*)
- Statement of witness to birth

2. Income

- 30 days of paycheck stub(s)
- Letter from employer with gross pay, hours worked, employee's name, etc.
- Copy of child support check or payment stub
- Benefits award letter (*Social Security/Veterans/Unemployment/Disability, etc.*)
- Self-employment tax forms (*IRS Schedule C, etc.*)
- Receipts for work expenses if you are self-employed
- School grants/loans/financial aid statements
- Sponsor statement form

3. Immigration Status (non-citizens)

- Immigration papers/forms/cards (*copy of both sides*)
- Other proof from immigration (*USCIS*), such as: work authorization, letter of decision or court order, etc.

4. Property/Resources

- Vehicle registration
- Proof of loans or debts/liens on property
- Statement of joint ownership
- Mortgage bill(s)
- Property deed
- Bank statements
- Life insurance policy, stocks, bonds, IRAs

- Most recent retirement account statement(s)
- Sponsor statement form
- Settlements such as lawsuits and insurance claims
- Burial plots/crypts

5. Other Proof

- Child/dependent Elderly Adult day care receipts
- Statement from child/dependent care provider
- Receipts for school expenses
- Cancelled check/receipt for child/spousal support payments
- Death certificate, obituary, witness statement of death
- Court papers (*child support or spousal support order*)
- School attendance records

6. Identity

- Drivers license or Identification card
- Photo ID (*from government agency, school, etc.*)
- Passport
- USCIS (*INS*) documents
- Social Security Number

7. Relationship

- Marriage certificate
- Domestic partner certificate
- Birth certificate
- Court papers (*divorce, guardianship, adoption, etc.*)
- Paternity Declaration (POP) papers

Continued

8. Housing and Utility Costs

- Rental agreement or rent receipts
- Mortgage bill
- Utility bill
- Property tax statement
- Home or renter's insurance bills
- Hotel/motel receipt
- Cancelled checks or copies
- Statement explaining housing arrangement

9. Residence

- Postmarked envelope or postcard addressed to you
- Utility bill
- Rental agreement
- Bill or other document(s) with your name and address
- Drivers license or Identification card
- Eviction notice/notice to pay rent or quit

10. Medical Expenses

- Medical bills or receipts
- Medical transportation bills or receipts
- Health or dental insurance policies or premiums
- Medicare card (*for Medi-Cal only*)
- Costs associated with maintaining a Service Animal (*for CalFresh Elderly and/or Disabled person only*)

11. Medical Verification

- Proof of pregnancy from doctor or clinic, with expected due date
- Doctor statement or disability finding by an agency (*Social Security Administration/State Disability Insurance/Veterans Affairs, etc.*)
- Medical verification form (CW 61)

12. Immunization Records***(for kids under age 6)***

- Stamped shot record/Immunization card
- Statement that immunizations are against your beliefs
- Statement from parent or caretaker relative explaining why you can't get immunizations
- Statement from doctor that immunizations are not available

AUTHORIZATION FOR RELEASE OF INFORMATION

OPTIONAL FORM

If you cannot get the proof you need, we may be able to contact somebody or another agency who knows this information. **You only need to fill out this form if you want the county to contact somebody or another agency to get the proof you need.** Fill out this form, sign it and give it to the county by the due date.

If you have questions about this form, or need help filling it out, contact the county. You can also ask the county for more copies. **Use a separate copy of this "Authorization for Release of Information" form for each person or each agency you want the county to contact.**

I, _____, at _____
(Print Name) (County, CA)

give permission to _____ who can be
(Name of Person, Agency, or Individual Provider)

contacted at _____
(If Known, Contact Information for Person, Agency or Individual Listed Above)

To give _____ information regarding
(County Social Services Department)

This permission ends by _____, or 60 days from the date this form is signed, if no date is listed.
(Date)

Fill out form completely before signing.

Signature of Applicant/Recipient

Date

If this is for information of a minor, enter relationship to minor

For this information in large print or another format, please call your county.