

October 6, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 23-83

The purpose of this letter is to inform County Welfare Departments of the changes made by Senate Bill (SB) 1083 (Chapter 715, Statutes of 2022), including the new perinatal home visiting referral requirement for pregnancy special needs (PSN) payments and changes to the CalWORKs Homeless Assistance (HA) Program.



KIM JOHNSON
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

October 6, 2023

ALL COUNTY LETTER (ACL) NO. 23-83

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 AND
PREGNANCY SPECIAL NEEDS PAYMENT REFERRALS TO
PERINATAL HOME VISITING SERVICES:
IMPLEMENTATION OF SENATE BILL 1083

REFERENCE: [SENATE BILL \(SB\) 1083 \(CHAPTER 715, STATUTES OF 2022\);](#)
[SB 1065 \(CHAPTER 152, STATUTES OF 2020\);](#)
[ASSEMBLY BILL \(AB\) 135 \(CHAPTER 85, STATUTES OF 2021\);](#)
[WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 11450;](#)
[WIC SECTION 11330.6; ALL COUNTY LETTER \(ACL\) 21-121;](#)
[ACL 21-140; ACL 19-114](#)
[MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTION](#)
[40-107;](#)
[MPP SECTION 44-211.541; MPP SECTION 44-211.532;](#)
[MPP SECTION 42-749; MPP SECTION 42-715.1;](#)
[STATEMENT OF FACTS FOR HOMELESS ASSISTANCE \(CW](#)
[42\);](#)

The purpose of this All County Letter (ACL) is to provide guidance to County Welfare Departments (CWDs) regarding the implementation of [Senate Bill \(SB\) 1083 \(Chapter 715, Statutes of 2022\)](#). SB 1083 includes several distinct policy changes with specific effective dates, which are outlined within this letter and summarized below.

Upon bill enactment on January 1, 2023, SB 1083 clarified medical verification requirements for pregnant persons applying for the CalWORKs Homeless Assistance

(HA) program, allowing applicants with no other CalWORKs eligible children to satisfy the pregnancy verification requirement by means of a sworn statement or, if necessary, a verbal attestation. Effective October 1, 2023, pregnant people receiving a CalWORKs pregnancy special needs (PSN) payment must be referred to local perinatal home visiting services. Also, effective October 1, 2023, for the CalWORKs HA program, CWDs requiring families to participate in a homelessness avoidance case plan must provide the families with a housing navigation case worker.

SB 1083 expands HA eligibility to additional at-risk populations by including families in receipt of any notice that could lead to an eviction, regardless of the circumstances cited in the notice. This change will become effective July 1, 2024, or when the California Department of Social Services (CDSS) notifies the Legislature that the Statewide Automated Welfare Systems (SAWS) can perform the necessary automation, whichever date is later.

SB 1083 expands the definition of roommate for HA to include a parent or child with whom the family is living as it relates to domestic violence. This change will become effective July 1, 2024, or when CDSS notifies the Legislature that the SAWS can perform the necessary automation, whichever date is later.

BACKGROUND

CalWORKs Homeless Assistance

The CalWORKs HA program was established to help CalWORKs applicants and families meet the costs of securing or maintaining permanent housing or providing emergency shelter when a family is experiencing homelessness or is at-risk of homelessness due to receiving a notice to pay rent or quit. HA includes both temporary HA, which helps families pay the costs of temporary shelter, and permanent HA, which helps families pay last month's rent and security deposits or up to two months of rent arrearages.

Current law limits temporary and permanent HA payments to once every 12 months with various exceptions, including when homelessness is a direct result of domestic violence by a spouse, partner, or roommate; physical or mental illness; uninhabitability of the home; and a state or federally declared disaster. For more information about HA exceptions, please refer to [Manual of Policies and Procedures \(MPP\) section 44-211.541](#).

CalWORKs Eligibility for Pregnant Person Only (PPO) Cases and Pregnancy Special Needs (PSN) Payment

Effective July 1, 2022, CalWORKs aid must be paid to a pregnant person only (PPO) applicant as of the date of the application pursuant to [Welfare and Institutions Code \(WIC\) Section 11450\(b\)\(2\)\(A\)](#). Pregnant adults aged 19 or older with no other eligible children in the home are eligible at any stage during their pregnancy.

Furthermore, CWDs are required to authorize a \$100 monthly PSN payment for all pregnant persons eligible for aid pursuant to [WIC Section 11450\(c\)\(2\)](#). Pregnant persons who have applied for CalWORKs are eligible for the PSN upon approval for aid, and pregnant persons receiving CalWORKs in an existing Assistance Unit (AU) with eligible children are eligible from the date of their PSN request. Verification of pregnancy is a required condition of eligibility for PSN payments; however, pregnant persons can initially satisfy the verification requirement by means of a sworn statement or verbal attestation. Medical verification of pregnancy must be provided within 30 working days for the PSN payment to continue after the initial request for PSN.

For any questions on PPO or PSN payments, please contact the CalWORKs Early Engagement and Eligibility Bureau at CWEligibilityPolicy@dss.ca.gov

CalWORKs Home Visiting Program

[WIC Section 11330.6\(d\)\(2\)](#) provides CWDs the option to offer the CalWORKs Home Visiting Program, which supports positive health, development, and well-being outcomes for pregnant and parenting people, families, and infants born into poverty, expanding their future educational, economic, and financial capability opportunities, and improving the likelihood that they will exit poverty. Client participation in the CalWORKs Home Visiting Program is voluntary and must be offered in writing to an eligible parent or caretaker relative. Eligibility for the CalWORKs Home Visiting Program is listed in [WIC Section 11330.6\(c\)\(2\)](#).

SB 1083 CHANGES TO HOMELESS ASSISTANCE

SB 1083 includes several changes to current law, which impact HA eligibility and related processes for providing HA benefits to families in need. These changes are enumerated below.

1. Pregnancy verification via sworn statement/verbal attestation

Prior to SB 1083 enactment, CalWORKs applicants could apply for and receive aid and temporary HA if they were apparently eligible for aid. [Assembly Bill \(AB\) 135 \(Chapter 85, Statutes of 2021\)](#) authorized CalWORKs applicants with no other CalWORKs eligible children to initially satisfy the pregnancy verification requirement, for purposes of receiving cash aid, by means of a sworn statement or, if necessary, a verbal attestation. Under these changes, a sworn statement that includes the applicant's name, date of application, and the declaration of pregnancy ([ACL 21-140](#)) must be accepted. Medical verification of pregnancy must be provided within 30 working days following submission of the sworn statement or verbal attestation for benefits to continue. This pregnancy verification flexibility was also extended to HA applicants per [ACL 21-140](#).

SB 1083 clarifies that the changes made by AB 135 also apply to HA applicants by adding the pregnancy verification flexibility language to [WIC Section 11450\(f\)\(3\)\(A\)](#).

CalWORKs applicants with no other CalWORKs eligible children can initially satisfy the pregnancy verification requirement, for purposes of receiving HA benefits, by means of a sworn statement or, if necessary, a verbal attestation. If the pregnant applicant fails to submit medical verification of pregnancy within 30 working days, CWDs must only issue additional HA benefits when the pregnant person presents evidence of good-faith efforts to comply with this requirement.

2. Requirement for a homelessness avoidance case plan

Prior to SB 1083 implementation, a CWD could require that a second time recipient of HA benefits in a 24-month period participate in a homelessness avoidance case plan as a condition of eligibility for HA benefits ([MPP Section 44-211.542 \(a\)](#)). Effective October 1, 2023, SB 1083 mandates that CWDs requiring participation in a homelessness avoidance case plan must also provide a housing navigation case worker who can assist the family with securing permanent housing and housing case management services. Housing navigation aims to identify opportunities and address barriers to housing for individuals and families. Housing navigation includes but is not limited to, assistance with housing searches and placements, recruiting landlords with units in the communities and neighborhoods where program participants want to live, and negotiating with landlords to help program participants access housing. Housing related case management is intended to help individuals and families navigate community and support services which may be vital in the participants' ability to achieve long-term housing stability. Housing related case management services may include but are not limited to addressing housing barriers such as poor credit history, debt, prior eviction, or criminal conviction.

Consistent with best practices and evidence-based housing support interventions, CDSS encourages CWDs to make participation in a homelessness avoidance case plan optional for families accessing HA benefits a second time in a 24-month period rather than requiring it as a precondition to receive HA benefits.

Homelessness avoidance case plans and housing navigation should be used by CWDs to provide a family additional support with achieving housing stability, however, families should not be required to participate in these services or to achieve specific service or treatment goals, to access HA benefits. CDSS encourages CWDs to engage families in optional supports, such as an avoidance case plan and housing navigation services, through evidence-based practices, while promoting flexibility, client choice, and autonomy. CDSS also encourages that all families accessing HA benefits—including families accessing HA benefits for the first time—be referred to the CalWORKs Housing Support Program when appropriate and consistent with county HSP practices and eligibility criteria. Counties are reminded that a family may access both CalWORKs Family Stabilization ([MPP Section 42-749](#)) and CalWORKs Housing Support Programs concurrently to support stability for families eligible for both programs.

DOMESTIC VIOLENCE AND HOMELESSNESS AVOIDANCE CASE PLANS

If a CWD requires a homelessness avoidance case plan for a family that verifies domestic violence by sworn statement, the plan shall include the provision of domestic violence services, if appropriate. If a family has previously received HA benefits under the domestic violence exception to the 12-month rule or has previously received Expanded HA for Victims of Domestic Abuse, the CWD shall review whether services were offered to the family and consider what additional services would assist the family in leaving the domestic violence situation.

3. Expanding HA eligibility for at risk populations

Prior to SB 1083, a family was considered “homeless” and eligible for HA when the family was at-risk of homelessness due to receiving a pay rent or quit notice. A family is also considered “homeless” when they lack a fixed and regular nighttime residence; have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

SB 1083 expands HA eligibility to include families in receipt of any notice that could lead to an eviction, regardless of circumstances cited in the notice. This change may increase the amount of time a family at risk of homelessness may have for securing permanent housing by providing access to HA prior to receipt of a formal eviction notice or three day pay or quit notice. This change is effective July 1, 2024, or on the date the CDSS notifies the Legislature that the SAWS can perform the necessary automation to implement, whichever date is later.

Reminder: With the implementation of [SB 1065 \(Chapter 152, Statutes of 2020\)](#), effective September 1, 2022, counties are required to accept a sworn statement for verification of homelessness. A sworn statement on a [Statement of Facts for Homeless Assistance \(CW 42\)](#) form, or verbal attestation if unable to sign, is sufficient verification of homelessness—including for receipt of any notice that could lead to an eviction—and no further verification is required unless the family meets the criteria for questionable homelessness ([ACL 21-121](#)).

4. Domestic violence definition expansion

Prior to SB 1083 implementation, a family was eligible for HA if homelessness was a direct result of domestic violence by a spouse, partner, or roommate. This domestic violence definition applied to both the domestic violence exception to the 12-month rule for HA benefits as well as to Expanded HA for Victims of Domestic Abuse.

SB 1083 clarifies that, for purposes of HA eligibility, domestic violence perpetrated by a roommate that results in homelessness includes but is not limited to domestic violence perpetrated by a parent or child with whom the family is living. This clarification of who may be considered a roommate applies to both the domestic violence exception to the 12-month rule for HA benefits as well as to Expanded HA for Victims of Domestic

Abuse. [MPP Section 42-715.1](#) provides CWDs with additional information and guidelines necessary to serve victims of past or present domestic abuse. This change is effective July 1, 2024, or on the date the CDSS notifies the Legislature that the SAWS can perform the necessary automation to implement, whichever date is later.

Reminder: If a family is experiencing homelessness as a direct result of past or present domestic violence, they may be eligible to receive an additional 16 days of temporary HA and an additional payment of permanent HA during the same 12-month period under the domestic violence exception. In addition, CalWORKs applicants who are apparently eligible and actively fleeing domestic abuse may be eligible for up to 32 days of Expanded HA for Victims of Domestic Abuse benefits once in a lifetime. HA benefits under the domestic violence exception and Expanded HA for Victims of Domestic Abuse are in addition to any regular once-a-year temporary and permanent HA benefits the family may be eligible to receive. Further, an HA applicant may verify domestic violence by sworn statements for both types of benefits.

SB 1083 CHANGES TO PSN REQUIREMENTS

Prior to SB 1083 implementation, CWDs were not required to refer pregnant people receiving the CalWORKs PSN payment to a perinatal home visiting service. SB 1083 mandates that, effective October 1, 2023, CWDs are required to refer recipients of the PSN payment to perinatal home visiting services administered by county public health agencies, county human services agencies, or applicable county home visiting providers. This may include, but is not limited to, referrals to the [CalWORKs Home Visiting Program \(HVP\)](#), the [California Home Visiting Program \(CHVP\)](#), or an applicable county home visiting provider. The CWD can determine which program to refer the client to depending on what programs are offered in the county and which program best meets the needs of the client.

EXAMPLES UPON IMPLEMENTATION OF SB 1083:

Example #1: A pregnant person with no other eligible child applies for aid and signs a sworn statement that they are pregnant, experiencing homelessness and fleeing domestic abuse by their parent. The CWD immediately informs the person of the availability of domestic violence counseling and services and refers them to perinatal home visiting services. The CWD determines them apparently eligible and provides Expanded HA for Victims of Domestic Abuse the same working day without further verification of pregnancy and issues the first 16 cumulative days' worth of benefits. The person returns on the 17th day and is still experiencing homelessness. They receive an additional lump sum payment for 16 additional days, equaling a total of 32 days of Expanded HA payments. Medical verification of pregnancy is not required in order to receive the additional lump sum payment for 16 additional days of Expanded HA because the 30-working-day deadline has not yet passed.

Example #2: Same facts as above, except the person returns on the 31st working day after their initial application for HA and is still experiencing homelessness. They now

need to provide medical verification of pregnancy or good-faith efforts to receive the additional lump sum payment for 16 additional days of Expanded HA because the 30-day deadline has passed. They provide medical verification of pregnancy or good-faith efforts to comply with this requirement and then receive an additional lump sum payment for 16 additional days, equaling a total of 32 cumulative days of Expanded HA payments.

Example #3: A family in receipt of CalWORKs receives a notice from their landlord stating the rent will increase the following month. The family determines that they will not be able to afford the rental payment with their monthly income. The family locates new housing within their price range and applies for permanent HA to help with the cost of the security deposit and last month's rent to avoid eviction and homelessness. In order to verify homelessness, the family provides a sworn statement that they are at-risk of experiencing homelessness on the CW 42 form. For the eligible family, the payment of permanent HA is issued no later than one working day from the time the family presented a lease, sublease, or shared housing agreement.

REVISED HOMELESS ASSISTANCE FORMS AND NOTICES

The forms listed below and attached to this letter include revisions to reflect the changes described in this letter. These forms were also modified to meet Americans with Disabilities Act accessibility standards.

- [CW 42](#), the Homeless Assistance Statement of Facts form
- The Notice of Action M44-211D Denial message

COPIES AND TRANSLATIONS

Forms referenced in this letter are available on the [CDSS Forms/Brochures](#) webpage. When CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications](#) webpage. When made available by CDSS, forms translated into an individual's preferred language must be provided to the individual pursuant to [MPP Section 21-115.2](#). For questions on translated materials, please contact Language Services at (916) 651-8876. If translations are not 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 [Government 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 read and interpret the form if an applicant or recipient requests it.

Additionally, the CWDs must provide auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in [MPP Section 21-115](#) and [ACL 19-45](#).

If you have any questions about this letter, please contact the Housing and Homelessness Division at housing@dss.ca.gov or (916) 651-5155.

Sincerely,

Original Document Signed By

HANNA AZEMATI
Deputy Director
Housing and Homelessness Division

ALEXIS FERNÁNDEZ GARCIA
Deputy Director
Family Engagement and Empowerment
Division

Attachments

STATEMENT OF FACTS - HOMELESS ASSISTANCE

IMPORTANT INFORMATION

- You can get Homeless Assistance (HA) payments if you (1) do not have a fixed and regular nighttime residence, live in a temporary shelter, or live in a place not ordinarily used for sleeping or (2) have received any notice that could lead to eviction. Homeless Assistance payments are limited to once every 12 months unless you meet one of the exceptions below. If you meet an exception, then you can get assistance more than once every 12 months.
- **Exceptions to the 12-month limit** are when you are homeless because of (1) domestic abuse, (2) physical or mental illness, (3) uninhabitability, or (4) a State or Federally declared disaster, which you can get once per disaster. These exceptions are also limited to once every 12 months, except for homelessness due to a disaster.
- To get Temporary Shelter Assistance, you must be eligible for CalWORKs or appear to be eligible for CalWORKs.
- If you are pregnant and have no CalWORKs eligible children, you can get HA. Within 30 working days, after giving the sworn statement, you must get medical proof of your pregnancy or make good efforts to get it.
- To get Temporary Shelter Assistance, you must be looking for permanent housing.
- You can get Temporary Shelter payments for up to 16 days in a 12-month period. Once you have received the 16 days, Temporary Shelter payments will stop.
- You will have to prove that your Temporary Shelter payments were spent on temporary shelter. If you can't, restricted payments will be made directly to a shelter, landlord, or others for you.
- If you are a CalWORKs applicant fleeing domestic abuse, you may be eligible for up to 32 days of expanded Temporary Shelter Assistance payments once in a lifetime. You can still use them if you become a CalWORKs recipient. This is different than the domestic abuse exception to the 12-month limit.
- To get Permanent Housing Assistance, you must already be getting CalWORKs.
- If you have no place to stay or have received a notice that could lead to eviction, you can get Permanent Housing payments, either (1) up to two months of back rent or (2) a security deposit and last month's rent for a new housing placement if you have found new housing. The household's share of rent cannot be more than 80% of the total household monthly income.

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

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

Message Phone:	A	Social Security Number:	B	Date of Birth: Mo.____ Day____ Yr. _____
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2. What is your current or last address?

Street Address:	City:	State:	Zip Code:
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		COUNTY USE ONLY
3. Do you get Cash Aid?	<input type="checkbox"/> YES <input type="checkbox"/> NO	C CO: _____ Aid Code: _____ Case Number: _____ AU: _____
If "YES," in which county: _____		
4. Are you pregnant?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES," Do you have medical proof of your pregnancy? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you do not have it, you must give medical proof to the county within 30 working days after giving the sworn statement or telling the county that you are pregnant or show that you are making good efforts to get it.)		
5. Are you asking for temporary shelter assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	D Type of HA (check) <input type="checkbox"/> Temporary <input type="checkbox"/> T-DV <input type="checkbox"/> T-Verified Medical <input type="checkbox"/> T-Verified Uninhabitable <input type="checkbox"/> T-Disaster <input type="checkbox"/> T-app. expanded DV Start Date: _____ <input type="checkbox"/> Permanent <input type="checkbox"/> P-DV <input type="checkbox"/> P-Medical <input type="checkbox"/> P-Uninhabitable <input type="checkbox"/> P-Disaster Start Date: _____ Disposition: <input type="checkbox"/> Shelter arranged prior to TS <input type="checkbox"/> Vendor payment issued <input type="checkbox"/> HA denied Worker: _____
6. Are you asking for permanent housing assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Did you get CalWORKs Homeless Assistance from any county during the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW If "YES," complete: Which county: _____ When: _____		
8. Is your homelessness due to one of the following? (Check (✓) if applicable). <input type="checkbox"/> Domestic abuse <input type="checkbox"/> Federally or State Declared disaster <input type="checkbox"/> Physical or mental illness <input type="checkbox"/> Uninhabitability		
9. If you get Homeless Assistance, you can ask that the payment be made out to you, or you can ask that the payment be given directly to a shelter, landlord, hotel/motel, or other on your behalf. Check (✓) below to tell us how you want the payment made: <input type="checkbox"/> To Yourself <input type="checkbox"/> To a Landlord <input type="checkbox"/> To a Shelter <input type="checkbox"/> To a Hotel/Motel <input type="checkbox"/> Other (explain): _____		
10. Have you found new permanent housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Explain: If YES, how much is the security deposit and/or last month's rent if you are asking for help with either? \$ _____		
11. Did you receive a notice that could lead to eviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES: How many months of back rent do you owe if you are asking for help to pay some of the back rent? _____ months How much back rent do you owe? \$ _____ What day did you get this notice that could lead to eviction? Mo. ____ Day ____ Yr. ____		
12. If you pay rent, how much is your monthly rent? (if you share your housing cost, how much is your family's cost of the monthly rent)? \$ _____		

If you are fleeing domestic abuse and not currently on cash aid, you may be eligible for once in a lifetime expanded Temporary Shelter Assistance benefits for up to 32 days. Please fill out question 13 below.

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

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. Exceptions are available once every 12 months except for exceptions due to a state or federally declared disaster, which is once per disaster.
- There is a limit on how many days and how much Homeless Assistance I can get.
- If I have a Social Security number, I am required to give it, 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 must use 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 that to the best of my knowledge and belief (Check applicable box unless responded "YES" in question 12):

- ☐ I am experiencing homelessness, in which I do not have a fixed and regular nighttime residence, live in a temporary shelter, or live in a place not ordinarily used for sleeping;
- ☐ I have received a notice that could lead to eviction.

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 and Certification are true and correct to the best of my knowledge.

Signature of Caretaker Relative

Date

State of California
Department of Social Services

Noa Msg Doc No.: M44-211D Page 1 of 3
Action : Deny
Issue: Homeless Ineligibility
Title: Temporary Shelter and/or
Permanent

Auto ID No.:
Source : ACL 23-83
Issued by : ACL 23-83
Reg Cite : 44-211.5

Use Form No. : NA 290 & NA Back 9
Original Date : 02-01-88
Revision Date : 09-29-23

MESSAGE:

The County denied your [enter date] request
for homeless assistance for:

- ☐ Temporary Shelter
- ☐ Permanent Housing
- ☐ Expanded Temporary Homeless Assistance
for Applicants Fleeing Domestic Abuse
- ☐ Other exceptions
 - ☐ Disasters
 - ☐ Domestic Abuse
 - ☐ Uninhabitability
 - ☐ Mental or physical illness

Here's why:

- ☐ You did not verify on the Homeless
Assistance request form (CW 42) that you are
homeless.

To get homeless assistance, you must give a
sworn statement that verifies you are
homeless by meeting one of these rules:

You do not have a fixed and regular
residence to stay at night,

OR You are staying at night in a shelter
that is temporary,

OR The place you are living is not
ordinarily used for sleeping,

You have gotten a notice that could lead to
eviction OR You are a CalWORKs
applicant or recipient fleeing domestic
abuse.

- ☐ You already got homeless assistance
within the past 12 months.

- ☐ You used all your once in a lifetime 32
nights of expanded temporary homeless
assistance for applicants fleeing
domestic abuse.

- [] You did not provide required verification that your homelessness was caused by one of the following 12-month exceptions:
 - o State or Federally Declared Disaster
 - o Domestic abuse
 - o Uninhabitability
 - o Mental or physical illness
- [] You have no other CalWORKs eligible children and did not show that you made good efforts to get medical verification of your pregnancy within 30 working days.
- [] You already got homeless assistance within the last 12 months, due to the following exception:
 - [] Domestic abuse
 - [] Uninhabitability
 - [] Mental or physical illness
- [] You already got homeless assistance for the same state or federally declared disaster on {date} from {county/state}.
- [] You cannot get homeless assistance because you are not getting CalWORKs or did not appear eligible for CalWORKs when you applied on [date]
- [] Homeless assistance benefits will not help you reunify with your children.
- [] You did not show proof that you are looking for permanent housing. You will no longer be able to get temporary shelter aid.
- [] There is evidence that you have permanent housing:
[enter reason]_____
- [] 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, your share of the rent cannot cost more than 80% of your total monthly household income. 80% of your total monthly household income is figured on this notice.
- [] The allowable amount of homeless assistance for back rent owed would not cover

the amount of rent needed to prevent
eviction.

Original Date : 02-01-88

Revision Date : 09-29-23

Total Monthly Household Income for the
month of [Enter Month]

_____ \$ _____ x .80

Total Amount Your Housing Can

Cost (80% of Total Monthly

Household Income): = \$ _____

[] Other: _____

INSTRUCTIONS: Use to deny a request for homeless assistance for temporary shelter,
permanent housing including rent arrearages, HA exceptions 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 10-06-21