

January 22, 2025

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 25-04

The purpose of this All County Letter is to release a new Cash Assistance Program for Immigrants Redetermination Coversheet Form (SOC Form 111) for county use when notifying recipients that a redetermination is required.



JENNIFER TROIA
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

January 22, 2025

ALL COUNTY LETTER NO. 25-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL CASH ASSISTANCE PROGRAM FOR IMMIGRANTS
MANAGERS

SUBJECT: RELEASE OF NEW CASH ASSISTANCE PROGRAM FOR
IMMIGRANTS REDETERMINATION COVERSHEET FORM

REFERENCE: [MANUAL OF POLICIES AND PROCEDURES SECTION 21-115.2,](#)
[SECTION 49-060.1, SECTION 49-070.1;](#)
[ALL COUNTY LETTER \(ACL\) NO.19-45, ACL 99-106, ACL 22-56](#)

The purpose of this All County Letter (ACL) is to release a new [Cash Assistance Program for Immigrants \(CAPI\) Redetermination Coversheet](#) (SOC 111) for county use when notifying CAPI recipients that a redetermination is required.

BACKGROUND

Per [Manual of Policies and Procedures \(MPP\) Section 49-070.1](#), eligibility of CAPI recipients must be redetermined within 12 months of the recipient's initial effective date of benefit payment and within each succeeding 12-month period. Additionally, when a CAPI recipient reports a change that is likely to affect the monthly CAPI benefit amount, such as a change of address, the county must complete a redetermination (in this example, they would clarify the new living arrangement with the recipient) ([ACL No. 99-106](#)).

PURPOSE OF NEW FORM

The purpose of the new SOC 111 is to communicate to CAPI recipients that a redetermination (RE) is required; and must be used by counties to communicate this requirement to recipients. The new form will be available in the CalSAWS template repository and will print as part of the CAPI Redetermination packet known as "CAPI RE Packet".

FORM COMPLETION OPTIONS

Once the form is made available in the CalSAWS Template Repository, the worker may:

1. Print the form as a blank template and manually input information fields or,
2. Print the form with date, address, year, recipient first, last name, and “10th of RE Month” fields pre-populated by the system.

Please note, as redetermination verification documents can vary case by case, a field titled “Other” is available for county use on the coversheet but must be filled in manually and printed locally.

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS REDETERMINATION FORMS POLICY

Once available in CalSAWS or the California Department of Social Services ([CDSS Forms website](#)), counties must use the SOC 111, along with other required redetermination forms, when requesting a redetermination from a CAPI recipient. The form acts as a “written request” to provide updated documentation. Accordingly, the SOC 111 indicates that, “benefits may be suspended if you do not return the mandatory forms by <due date>”.

If the recipient fails to return the attached, requested documents that are listed as “mandatory” by the date listed on the coversheet, the county may suspend benefits effective from the first of the month following with timely and proper notice. ([MPP 49-060.1\(d\)](#)). Please note, CAPI recipients may be allowed more time to complete or return requested documents if a reasonable accommodation applies ([ACL 19-45](#)).

COPIES AND TRANSLATIONS

Forms referenced in this letter are available on the [CDSS Forms/Brochures webpage](#). When CDSS completes 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 the Translation Services Section at ITS@dss.ca.gov. 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. See [ACL 22-56](#).

Per [MPP Section 21-115](#), the County Welfare Departments (CWDs) must ensure 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. See [ACL 22-56](#).

Additionally, the CWDs must provide auxiliary aids and services to persons with vision, hearing, or speech disabilities, 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 questions or need additional guidance regarding the information in this letter, contact the Benefit Programs Unit in the Fiscal, Appeals and Benefit Programs Branch at CAPI@dss.ca.gov.

Sincerely,

Original Document Signed By

LEORA FILOSENA, P.M.P.
Deputy Director
Adult Programs Division

Attachment