



CDSS  
WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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EDMUND G. BROWN JR.  
GOVERNOR

JANUARY 26, 2018

ALL COUNTY WELFARE DIRECTORS LETTER

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

FROM: TODD R. BLAND  
Deputy Director  
Family Engagement and Empowerment Division

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM: 2018 ELIGIBILITY CASE FILE REVIEWS

The California Department of Social Services (CDSS) would like to announce upcoming 2018 county site visits. The purpose of the visits will be to conduct California Work Opportunity and Responsibility to Kids (CalWORKs) Eligibility Case File Reviews. This letter provides the purpose, schedule, and timelines related to the upcoming reviews.

An audit conducted in 2012 by the California State Auditor, Bureau of State Audits determined the CDSS needed to increase the monitoring of CalWORKs Eligibility programs at local County Welfare Departments (CWDs). As a result, the CDSS began conducting CalWORKs Eligibility Case File Reviews in March 2015.

The purpose of the CalWORKs Eligibility Case File Reviews is for the CDSS to review cases at the county level in order to increase CDSS' oversight capacity, to assess the implementation of recent CalWORKs Eligibility policy changes, and to assess the need for further technical assistance.

The CDSS has enclosed the updated *CalWORKs Eligibility Case File Review Tool* (Attachment A) as a resource for CWDs to reference in anticipation of the upcoming county visits. Also enclosed with this letter is the *CalWORKs Eligibility Case File*

*Review Timeline* (Attachment B). The timeline identifies additional information pertaining to the composition of the review team and the review plan, as well as information relevant to a summary of findings and when a corrective action plan may be required.

### **Review Schedule**

For the 2018 calendar year, the CDSS plans to begin conducting CalWORKs Eligibility Case File Reviews in March. Counties scheduled for review during the 2018 calendar year are as follows:

<b>County Name</b>	<b>Review Month</b>	<b>County Name</b>	<b>Review Month</b>
Humboldt	March	Napa	July
Mendocino	March	Marin	July
San Bernardino	April	Los Angeles	August
Nevada	May	Yuba	August
Santa Barbara	May	Inyo	September
Amador	June	Mono	September
El Dorado	June	Imperial	October

### **Case File Review Plan for 2018**

In 2018, the CDSS will review 14 counties and approximately 100 to 140 cases. The CalWORKs Eligibility teams will consist of three to six CDSS CalWORKs Eligibility Bureau staff.

The following are recent CalWORKs Eligibility policy changes to be reviewed in 2018:

- The timely lifting of Immunization Penalties
- Implementation of the Maximum Family Grant (MFG) repeal

Two to three weeks prior to the review, the CDSS will provide the CWD with a full list of case files (by providing the case numbers) that will be reviewed. The CDSS will require the CWD provide access to the CWD's automated system and electronic storage software to each CDSS staff reviewer. The CDSS requests county staff be available to field questions during the review.

### **Case Review Summary**

Following the review, the CDSS will provide the CWD with a draft case review summary report identifying each of the eligibility criteria reviewed in the case files and indicate whether there are any eligibility findings or observations. A finding occurs when aid was approved or denied incorrectly. An observation occurs when aid is approved or denied correctly, but there was an administrative error. CWDs will then have the opportunity to refute any finding or observation, if applicable, by providing additional documentation or evidence to the CDSS following the receipt of the draft summary report. The CDSS will then review any additional documentation provided by the CWD and issue a final summary report.

In cases where the CDSS identifies a finding in the final summary report, the CWD will be required to complete and submit a corrective action plan to the CDSS. The CDSS will review the CWD's corrective action plan to determine if the plan is sufficient to correct the finding and prevent future findings in that area. The CDSS will work with the CWD if additional information or steps are necessary in order to address the identified area(s).

The CalWORKs Eligibility Bureau looks forward to open collaboration with you and your staff to ensure the continued success of the CalWORKs program. If you have any questions or would like to discuss this information further, please contact the CalWORKs Eligibility Bureau at (916) 654-1322.

Attachments

CASE NUMBER: \_\_\_\_\_  
CASE NAME: \_\_\_\_\_  
CASE TYPE: \_\_\_\_\_

# **California Department of Social Services (CDSS)**

## **California Work Opportunity and Responsibility to Kids (CalWORKs)**

### **Eligibility Case File Review Tool**

#### **Family Engagement and Empowerment Division**

March-18



## CalWORKs ELIGIBILITY CASE FILE REVIEW TOOL

<b>CASE NUMBER:</b>	<b>CONSORTIA:</b> <input type="checkbox"/> C-IV <input type="checkbox"/> CalWIN <input type="checkbox"/> LRS	<b>DATE OF REVIEW:</b>
<b>REVIEW PERIOD AND TYPE:</b>		<b>REVIEWER'S NAME:</b>
<b>COUNTY:</b>	<b>COUNTY CONTACT:</b>	<b>EMAIL/PHONE:</b>
<b>PARENT/CARETAKER NAME</b> (FIRST NAME, LAST INITIAL):		
<b>SECOND PARENT NAME</b> (FIRST NAME, LAST INITIAL):		
<b>CHILD FIRST NAME:</b>	<b>BIRTHDATE:</b>	<b>AGE:</b>
<b>CHILD FIRST NAME:</b>	<b>BIRTHDATE:</b>	<b>AGE:</b>
<b>CHILD FIRST NAME:</b>	<b>BIRTHDATE:</b>	<b>AGE:</b>
<b>CHILD FIRST NAME:</b>	<b>BIRTHDATE:</b>	<b>AGE:</b>
<b>CHILD FIRST NAME:</b>	<b>BIRTHDATE:</b>	<b>AGE:</b>
<b>REVIEW CASE COMMENTS:</b> <input type="checkbox"/> A = Application Case <input type="checkbox"/> R = Redetermination Case <input type="checkbox"/> D = Discontinued Case <input type="checkbox"/> K1/3F = Specific Aid Code Case		

# 1. CITIZENSHIP AND RESIDENCY STATUS OF CASE MEMBER

☐ A ☐ R ☐ D ☐ K1 ☐ 3F

Citizenship and Residency Status for All Case Members		Type of Verification	Verification Sufficient
1.1a	<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> LEGAL NON-CITIZEN <input type="checkbox"/> INELIGIBLE NON-CITIZEN	<input type="checkbox"/> BIRTH VERIFICATION <input type="checkbox"/> US PASSPORT <input type="checkbox"/> FORM I-179, I-197 OR I-551 <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
	<b>Proof of California Residency:</b> <input type="checkbox"/> PROOF OF RENTAL <input type="checkbox"/> CA ID <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
1.1b	<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> LEGAL NON-CITIZEN <input type="checkbox"/> INELIGIBLE NON-CITIZEN	<input type="checkbox"/> BIRTH VERIFICATION <input type="checkbox"/> US PASSPORT <input type="checkbox"/> FORM I-179, I-197 OR I-551 <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
	<b>Proof of California Residency:</b> <input type="checkbox"/> PROOF OF RENTAL <input type="checkbox"/> CA ID <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
1.1c	<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> LEGAL NON-CITIZEN <input type="checkbox"/> INELIGIBLE NON-CITIZEN	<input type="checkbox"/> BIRTH VERIFICATION <input type="checkbox"/> US PASSPORT <input type="checkbox"/> FORM I-179, I-197 OR I-551 <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
	<b>Proof of California Residency:</b> <input type="checkbox"/> PROOF OF RENTAL <input type="checkbox"/> CA ID <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
1.1d	<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> LEGAL NON-CITIZEN <input type="checkbox"/> INELIGIBLE NON-CITIZEN	<input type="checkbox"/> BIRTH VERIFICATION <input type="checkbox"/> US PASSPORT <input type="checkbox"/> FORM I-179, I-197 OR I-551 <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
	<b>Proof of California Residency:</b> <input type="checkbox"/> PROOF OF RENTAL <input type="checkbox"/> CA ID <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
1.1e	<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> LEGAL NON-CITIZEN <input type="checkbox"/> INELIGIBLE NON-CITIZEN	<input type="checkbox"/> BIRTH VERIFICATION <input type="checkbox"/> US PASSPORT <input type="checkbox"/> FORM I-179, I-197 OR I-551 <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
	<b>Proof of California Residency:</b> <input type="checkbox"/> PROOF OF RENTAL <input type="checkbox"/> CA ID <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
1.1f	<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> LEGAL NON-CITIZEN <input type="checkbox"/> INELIGIBLE NON-CITIZEN	<input type="checkbox"/> BIRTH VERIFICATION <input type="checkbox"/> US PASSPORT <input type="checkbox"/> FORM I-179, I-197 OR I-551 <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
	<b>Proof of California Residency:</b> <input type="checkbox"/> PROOF OF RENTAL <input type="checkbox"/> CA ID <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

## 2. Composition of the Assistance Unit (AU)

If D, Do not complete section 2

☐ A ☐ R ☐ K1 ☐ 3F

Assistance Unit (AU) Composition		Inclusion Status	Status Determined Correctly			Verification of Relationship on File			Evidence of Age on File		
			YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
2.1a	Relationship to Caretaker Relative: <u>SELF</u>	<input type="checkbox"/> Mandatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Optional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Excluded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Sanction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assistance Unit (AU) Composition		Inclusion Status	Status Determined Correctly			Verification of Relationship on File			Evidence of Age on File		
			YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
2.1b	Relationship to Caretaker Relative: _____	<input type="checkbox"/> Mandatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Optional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Excluded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Sanctioned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assistance Unit (AU) Composition		Inclusion Status	Status Determined Correctly			Verification of Relationship on File			Evidence of Age on File		
			YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
2.1c	Relationship to Caretaker Relative: _____	<input type="checkbox"/> Mandatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Optional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Excluded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Sanctioned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assistance Unit (AU) Composition		Inclusion Status	Status Determined Correctly			Verification of Relationship on File			Evidence of Age on File		
			YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
2.1d	Relationship to Caretaker Relative: _____	<input type="checkbox"/> Mandatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Optional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Excluded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Sanctioned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assistance Unit (AU) Composition		Inclusion Status	Status Determined Correctly			Verification of Relationship on File			Evidence of Age on File		
			YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
2.1e	Relationship to Caretaker Relative: _____	<input type="checkbox"/> Mandatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Optional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Excluded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Sanctioned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AU Composition		
2.2	AU Size: _____	AU Size Correctly Determined: <input type="checkbox"/> YES <input type="checkbox"/> NO, List Reason _____
2.3	Reporting System: <input type="checkbox"/> SAR (Adult in the AU) <input type="checkbox"/> AR/CO (Child Only)	
2.4	Proper Aid Code Indicated: <input type="checkbox"/> YES <input type="checkbox"/> NO, Indicate Reason: _____	Correct Aid Code: _____
Notes:		



### 3. Child Deprivation and Child Support Requirements

\*Note: Complete section 3.3 for renewal cases only if adding a person

☐ A

☐ R

☐ K1

☐ 3F

#### Documentation on File

<b>3.1a</b>	Child: _____	<input type="checkbox"/> Deceased Parent	<input type="checkbox"/> Parental Incapacity	<input type="checkbox"/> Absent Parent (Complete 3.2)	<input type="checkbox"/> Unemployed Parent complete 3.3 (when applicable)	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>3.2a</b>	If <b>Absent Parent</b> Deprivation  *For redeterminations, counties are required to complete a new set of documents when changes occur.	Child Support Referral Completed (CW 371) <input type="checkbox"/> Interface				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notice and Agreement for Child, Spousal, Medical Support (CW 2.1NA) Completed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Support Questionnaire (CW 2.1Q) Completed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sanction Applied for Parents that Refused to Assign Child Support Rights				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Penalty for Failure or Refusal to Cooperate Applied				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.3a</b>	If <b>Unemployed Parent</b> Deprivation	Principal Earner Identified Correctly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employment Hours Within Preceding 4 Weeks Under 100 Hours				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Documentation on File

<b>3.1b</b>	Child: _____	<input type="checkbox"/> Deceased Parent	<input type="checkbox"/> Parental Incapacity	<input type="checkbox"/> Absent Parent (Complete 3.2)	<input type="checkbox"/> Unemployed Parent complete 3.3 (when applicable)	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>3.2b</b>	If <b>Absent Parent</b> Deprivation  *For redeterminations, counties are required to complete a new set of documents when changes occur.	Child Support Referral Completed (CW 371) <input type="checkbox"/> Interface				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notice and Agreement for Child, Spousal, Medical Support (CW 2.1NA) Completed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Support Questionnaire (CW 2.1Q) Completed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sanction Applied for Parents that Refused to Assign Child Support Rights				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Penalty for Failure or Refusal to Cooperate Applied				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.3b</b>	If <b>Unemployed Parent</b> Deprivation	Principal Earner Identified Correctly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employment Hours Within Preceding 4 Weeks Under 100 Hours				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Documentation on File

<b>3.1c</b>	Child: _____	<input type="checkbox"/> Deceased Parent	<input type="checkbox"/> Parental Incapacity	<input type="checkbox"/> Absent Parent (Complete 3.2)	<input type="checkbox"/> Unemployed Parent complete 3.3 (when applicable)	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>3.2c</b>	If <b>Absent Parent</b> Deprivation  *For redeterminations, counties are required to complete a new set of documents when changes occur.	Child Support Referral Completed (CW 371) <input type="checkbox"/> Interface				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notice and Agreement for Child, Spousal, Medical Support (CW 2.1NA) Completed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Support Questionnaire (CW 2.1Q) Completed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sanction Applied for Parents that Refused to Assign Child Support Rights				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Penalty for Failure or Refusal to Cooperate Applied				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.3c</b>	If <b>Unemployed Parent</b> Deprivation	Principal Earner Identified Correctly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employment Hours Within Preceding 4 Weeks Under 100 Hours				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Documentation on File**

<b>3.1d</b>	Child: _____	<input type="checkbox"/> Deceased Parent	<input type="checkbox"/> Parental Incapacity	<input type="checkbox"/> Absent Parent (Complete 3.2)	<input type="checkbox"/> Unemployed Parent <small>complete 3.3 (when applicable)</small>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>3.2d</b>	If <b>Absent Parent</b> Deprivation  *For redeterminations, counties are required to complete a new set of documents when changes occur.	Child Support Referral Completed (CW 371) <input type="checkbox"/> Interface				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notice and Agreement for Child, Spousal, Medical Support (CW 2.1NA) Completed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Support Questionnaire (CW 2.1Q) Completed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sanction Applied for Parents that Refused to Assign Child Support Rights				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Penalty for Failure or Refusal to Cooperate Applied				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.3d</b>	If <b>Unemployed Parent</b> Deprivation	Principal Earner Identified Correctly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employment Hours Within Preceding 4 Weeks Under 100 Hours				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Documentation on File**

<b>3.1e</b>	Child: _____	<input type="checkbox"/> Deceased Parent	<input type="checkbox"/> Parental Incapacity	<input type="checkbox"/> Absent Parent (Complete 3.2)	<input type="checkbox"/> Unemployed Parent <small>complete 3.3 (when applicable)</small>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>3.2e</b>	If <b>Absent Parent</b> Deprivation  *For redeterminations, counties are required to complete a new set of documents when changes occur.	Child Support Referral Completed (CW 371) <input type="checkbox"/> Interface				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notice and Agreement for Child, Spousal, Medical Support (CW 2.1NA) Completed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Support Questionnaire (CW 2.1Q) Completed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sanction Applied for Parents that Refused to Assign Child Support Rights				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Penalty for Failure or Refusal to Cooperate Applied				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.3e</b>	If <b>Unemployed Parent</b> Deprivation	Principal Earner Identified Correctly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employment Hours Within Preceding 4 Weeks Under 100 Hours				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Child Deprivation</b>	
<b>3.4</b>	Deprivation Correctly Established: <input type="checkbox"/> YES <input type="checkbox"/> NO, List Reason: _____
Notes:	

#### 4. FAMILY RESOURCES

☐ A ☐ R ☐ K1 ☐ 3F

4.1a	Case Member  _____ First name, Last Initial	Resource Type	Verification on File		Correctly Calculated	
			YES	NO	YES	NO
		<input type="checkbox"/> Real Property \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Personal Property \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Bank Account \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Account Number(s) match accounts(s) on file <input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> Motor Vehicle \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Self-Certification of Fair Market Value Identified (CW 80)				
		<input type="checkbox"/> Encumbrances Identified				
		<input type="checkbox"/> Amount Applied to Resource Limit Identified				
		<input type="checkbox"/> Other: _____ \$_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.1b	Case Member  _____ First name, Last Initial	Resource Type	Verification on File		Correctly Calculated	
			YES	NO	YES	NO
		<input type="checkbox"/> Real Property \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Personal Property \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Bank Account \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Account Number(s) match account(s) on file <input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> Motor Vehicle \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Self-Certification of Fair Market Value Identified (CW 80)				
		<input type="checkbox"/> Encumbrances Identified				
		<input type="checkbox"/> Amount Applied to Resource Limit Identified				
		<input type="checkbox"/> Other: _____ \$_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.1c	Case Member  _____ First name, Last Initial	Resource Type	Verification on File		Correctly Calculated	
			YES	NO	YES	NO
		<input type="checkbox"/> Real Property \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Personal Property \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Bank Account \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Account Number(s) match accounts(s) on file <input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> Motor Vehicle \$_____ (if \$0, indicated on SAWS 2 Plus or SAR 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Self-Certification of Fair Market Value Identified (CW 80)				
		<input type="checkbox"/> Encumbrances Identified				
		<input type="checkbox"/> Amount Applied to Resource Limit Identified				
		<input type="checkbox"/> Other: _____ \$_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Resource			Verification on File		Correctly Calculated		
			YES	NO	YES	NO	
4.2	<input type="checkbox"/> Restricted Account \$_____ (Exempt)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Account Held in Financial Institution		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Separate from Other Accounts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Form CW 86 Signed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Total Amount of Family Resources: \$_____						
4.4	Family Resource Calculation Correct	<input type="checkbox"/> YES					<input type="checkbox"/> NO
4.5	Family is Resource Eligible	<input type="checkbox"/> YES					<input type="checkbox"/> NO

**Notes:**

## 5. FAMILY INCOME

☐ A    ☐ R    ☐ 3F    ☐ K1

Family Income, Complete for All Members with Income		Income Source(s)	Verification on File		Amount Correct	
			YES	NO	YES	NO
<b>5.1a</b>	<b>Case Member:</b>	<input type="checkbox"/> Earned \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Unearned \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Disability Based \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Self-Employment \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Other: _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____						
First Name, Last Initial						

<b>5.1b</b>	<b>Case Member:</b>	<input type="checkbox"/> Earned \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Unearned \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Disability Based \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Self-Employment \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Other: _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____						
First Name, Last Initial						

<b>5.1c</b>	<b>Case Member:</b>	<input type="checkbox"/> Earned \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Unearned \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Disability Based \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Self-Employment \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Other: _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____						
First Name, Last Initial						

Total AU Income		Applicable Income Disregards	Disregard Applied		Calculation Correct	
			YES	NO	YES	NO
<b>5.2</b>		<input type="checkbox"/> Applicant (\$90)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Disability Based Income Disregard (\$225)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Remainder \$225 Earned Income Disregard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> 50% of Earned Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total AU Income: \$ _____</b>						

Income Calculation		YES	NO	Notes
<b>5.3</b>	Total AU Income Calculation Correct	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5.4</b>	Income Reporting Threshold (IRT) Correct	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5.5</b>	Reasonably Anticipated Income Documented in Case Notes and Correct	<input type="checkbox"/>	<input type="checkbox"/>	

6. Grant Calculation and Recoupment of Overpayments					<input type="checkbox"/> A	<input type="checkbox"/> R	<input type="checkbox"/> K1	<input type="checkbox"/> 3F
Grant Calculation		Determination Correct		Notes				
		YES	NO					
6.1	AU Size: _____	<input type="checkbox"/>	<input type="checkbox"/>					
6.2	MAP Type: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/>	<input type="checkbox"/>					
6.3	Special Needs Assessed: <input type="checkbox"/> PSN <input type="checkbox"/> Homeless Assistance <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>					
6.4	Sanction Applied: <input type="checkbox"/> WTW <input type="checkbox"/> Child Support <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>					
6.5	Penalty Applied: <input type="checkbox"/> Immunizations <input type="checkbox"/> School Attendance <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>					
6.6	Overpayment/Underpayment Adjustment (Pending)	<input type="checkbox"/>	<input type="checkbox"/>					
Grant Calculation		YES	NO	Notes				
6.7	Monthly Grant Amount: \$ _____							
6.8	Monthly Grant Correct	<input type="checkbox"/>	<input type="checkbox"/>					

7. Required Documentation in Case File					<input type="checkbox"/> A	<input type="checkbox"/> R	<input type="checkbox"/> 3F	<input type="checkbox"/> K1
SAWS Application		YES	NO	Date Received / Completed				
7.1	SAWS Application(s) on File:	<input type="checkbox"/>	<input type="checkbox"/>					
7.2	SAWS 2A SAR in File and Signed (Application and Redetermination)	<input type="checkbox"/>	<input type="checkbox"/>					
7.3	Appropriate Use of SAW 1	<input type="checkbox"/>	<input type="checkbox"/>					
7.4	If Non-needy Caretaker Relative Aid Code 3R Is Used, Check for CW 2218 & CW 2219	<input type="checkbox"/>	<input type="checkbox"/>					
7.5	Personal Interview Completed (App: Face-to-Face; RD: Face-to-Face or Telephone)	<input type="checkbox"/>	<input type="checkbox"/>					
7.6	Reasonable Accommodations Provided:	<input type="checkbox"/>	<input type="checkbox"/>					

## 8. Application Processing / Timely and Adequate Notice

Application Processing *Note if the K1/3F case is an application then complete <input type="checkbox"/> A		YES	NO	Notes
8.1a	Reviewed SAWS application to determine if Immediate Need was requested	<input type="checkbox"/>	<input type="checkbox"/>	
8.1b	Immediate Need processed by next working day following the request	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	County provided CW 2200 to client to request any required verification and assisted with obtaining verification when requested	<input type="checkbox"/>	<input type="checkbox"/>	
8.3a	Approval, Denial or Aid Payment issued within 45 days of application	<input type="checkbox"/>	<input type="checkbox"/>	
8.3b	Meets Exceptions if no response to Application within 45 days	<input type="checkbox"/>	<input type="checkbox"/>	

Timely and Adequate Notice		YES	NO	Notes
8.4	Timely and Adequate Notice Provided for Immediate Need <input type="checkbox"/> A <input type="checkbox"/> K1 <input type="checkbox"/> 3F	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	Timely and Adequate Notice Provided for Homeless Assistance	<input type="checkbox"/>	<input type="checkbox"/>	
8.6	Timely and Adequate Notice Provided for Discontinued Cases <input type="checkbox"/> D	<input type="checkbox"/>	<input type="checkbox"/>	
8.7	Timely and Adequate Notice Provided for Grant Decreases <input type="checkbox"/> R <input type="checkbox"/> K1 <input type="checkbox"/> 3F	<input type="checkbox"/>	<input type="checkbox"/>	
8.8	Notified of IRT Appropriately <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> K1 <input type="checkbox"/> 3F	<input type="checkbox"/>	<input type="checkbox"/>	

Summary and Analysis	YES	NO	Notes
CW 80 on file/Appendix E	<input type="checkbox"/>	<input type="checkbox"/>	
Using CW 2200 to Request Verification	<input type="checkbox"/>	<input type="checkbox"/>	
Request School Attendance Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Request Immunization Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Timely Lifting of Immunization Penalty	<input type="checkbox"/>	<input type="checkbox"/>	

Case File Review Visit Summary	
Reference Section	Additional Notes



## CalWORKs Eligibility Case File Review Timeline

WEEK	TASKS
Six Weeks Prior to Visit	<ul style="list-style-type: none"> <li>The CDSS will confirm the scheduled day of the CalWORKs Eligibility Case File Review (CFR) and request a CWD contact person.</li> </ul>
Two to Three Weeks Prior to Visit	<ul style="list-style-type: none"> <li>The CDSS will work with the CWD to determine logistical details for the visit.</li> <li>The CDSS will provide the CWD with a list of case files (specific case numbers) that will be reviewed and a list of documents that will need to be ready the day of the visit.</li> </ul>
One Week Prior to Visit	<ul style="list-style-type: none"> <li>The CDSS will hold a pre-visit call with the CWD. This call is to inform the CWD of what to expect the day of the visit and to answer any questions they may have regarding any of the materials they have received thus far.</li> </ul>
Week of Visit	<ul style="list-style-type: none"> <li>The CDSS will call the CWD contact the day before the visit to confirm any last minute logistical details and to answer any questions the CWD may have.</li> </ul>
Day of Visit	<ul style="list-style-type: none"> <li>The CalWORKs Eligibility Case File Review visit will begin at about 9:00 a.m. and will conclude by 5:00 p.m.</li> <li>The visit will include: <ul style="list-style-type: none"> <li><b>Entrance Meeting:</b> Introductions, facility tour and review of the day's agenda.</li> <li><b>Case File Review:</b> Review of selected CalWORKs applications, redeterminations, and terminations.</li> <li><b>Closing Discussion:</b> This will include what the CWD should expect next in the process (post visit), as well as an opportunity for the CWD and/or CDSS to ask any follow up questions.</li> </ul> </li> </ul>
Two Week Post-Visit	<ul style="list-style-type: none"> <li>The CDSS will hold a post-visit debrief conference call with the CWD to discuss findings and the draft <i>CalWORKs Eligibility Case File Review Summary</i>. <ul style="list-style-type: none"> <li>The CDSS will issue its Final Summary of Review following the two-week post-visit conference call when a county <b><u>does not</u></b> have any findings and observations.</li> </ul> </li> </ul>
Six Weeks Post-Visit	<ul style="list-style-type: none"> <li>The CDSS will issue the draft <i>CalWORKs Eligibility Case File Review Summary</i> and forward to CWD Director and Deputy Director.</li> <li>The CDSS will review any additional data requested by the CDSS or submitted by the CWD.</li> </ul>
Twelve Weeks Post-Visit	<ul style="list-style-type: none"> <li>The CDSS will issue the final <i>CalWORKs Eligibility Case File Review Summary</i> and forward to CWD Director and Deputy Director.</li> </ul>
45 Days Following Receipt of Final Summary of Review	<ul style="list-style-type: none"> <li>The CWD will submit a Corrective Action Plan to the CDSS (if applicable). The CDSS will follow-up with the CWD, if needed, to ensure the corrective action plan is sufficient.</li> </ul>