

# EMERGENCY ASSISTANCE APPLICATION FOR CHILD WELFARE SERVICES

COUNTY NAME \_\_\_\_\_

Primary Application     Supplemental Application    Date Child Determined to be at Risk (Effective Date) \_\_\_\_\_

## INFORMATION REQUIRED FOR ELIGIBILITY DETERMINATION

Child at Risk	NAME (LAST, FIRST, M.I.)	AKA NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	NAME (LAST, FIRST, M.I.)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
Related Head of Household	STREET ADDRESS		Telephone Number ( )	
	CITY, STATE, ZIP CODE		Child's Case ID Info	CWS Case Name (Last, First, M.I.)
	MAILING ADDRESS IF DIFFERENT THAN ABOVE (ADDRESS, CITY, STATE, ZIP CODE)		CWS CASE NUMBER	OTHER ID NUMBER

## CERTIFICATION SECTION (Place an "X" in each applicable box.)

- Does the emergency meet the definition of Emergency Assistance because a child is at risk of abuse, neglect, abandonment, or exploitation? .....
- Is this application on behalf of a child under age 21 living with, or within the past six months having lived with, a parent/relative? (Specify relative) \_\_\_\_\_
- Did this emergency arise because an adult family member refused, without good cause, to accept employment or training? .....
- Is the total family income equal to or less than 200% of California's median income for the current state fiscal year? .....
- Is this application being made by a county worker on behalf of a child whose parents or relatives are unavailable or unwilling to apply for emergency assistance for this child? .....

Applicant	County Worker
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 6. Comments

PARENT/RELATIVE SIGNATURE (IF NONE, STATE REASON)	RELATIONSHIP TO CHILD	DATE
COUNTY WORKER SIGNATURE (REQUIRED)	OFFICE	TELEPHONE NUMBER ( )
		DATE

## ELIGIBILITY WORKER SECTION (Place an "X" or a "Date" in each applicable box.)

- Reviewed signed application and County Worker certification of emergency .....
- The emergency did not arise because an adult family member refused, without good cause, to accept employment or training as certified in Item 3 above .....
- This family meets the income criteria for Emergency Assistance as certified by the applicant .....
- Emergency Assistance database queried and response received .....
- I authorize that from the date of removal stated above, until the case is closed, or for a period not to exceed twelve months from the date of authorization, this family is eligible for all probation assistance and services covered under the California State Plan for Title IV-A Emergency Assistance, as determined to be appropriate and necessary to meet the needs of the family ..... 
  - Date services were authorized (If based on presumptive eligibility, place an "X" in the box)  \_\_\_\_\_
  - Date of final eligibility determination if authorization in Item 11a was based on presumptive eligibility \_\_\_\_\_
  - Last date services can be provided under this authorization (Not To Exceed Date) ..... \_\_\_\_\_
- Date Emergency Assistance was denied (Specify reason(s) below) ..... \_\_\_\_\_
- Comments \_\_\_\_\_

ELIGIBILITY WORKER SIGNATURE (REQUIRED)	DATE	SUPERVISOR SIGNATURE AND DATE (OPTIONAL)
OFFICE NAME AND ADDRESS (OPTIONAL)		TELEPHONE NUMBER (OPTIONAL) ( )

## INSTRUCTIONS FOR COMPLETING THE EMERGENCY ASSISTANCE (TITLE IV-A) APPLICATION

**PRIMARY AND SUPPLEMENTAL APPLICATION** - Check the box which indicates the status of the application. If this is a primary application, the entire application must be completed. If this is a supplemental application, the County Worker provides the information requested in the "Information Required for Eligibility Determination" section, completes Item 1 in the "Certification Section", signs the application where required, and returns the application to the county Eligibility Worker (EW).

**INFORMATION REQUIRED FOR ELIGIBILITY DETERMINATION** - This section is used for identifying Emergency Assistance (EA) applicants, contains information necessary to determine eligibility, and is used as the input document for the Assistance to Children in Emergency (ACE) tracking system.

**Child At Risk** - The child's name and date of birth is mandatory and must be entered before the application can be processed. If the child does not have a Social Security Number (SSN), a MEDS pseudo number may be used. If a MEDS pseudo is used, then the related head of household's SSN must be entered in the Related Head of Household section. The only exception is if both the child and head of household are undocumented aliens, in which case the ACE will assign a MEDS pseudo number for the child and the related head of household.

**Related Head of Household** - The related head of household's name and address is mandatory and, in some instances, the SSN. If the related head of household's SSN is unavailable, then the child's SSN must be entered in the Child At Risk section. The only exception is if both the child and head of household are undocumented aliens, in which case the ACE will assign a MEDS pseudo number for the child and the related head of household.

**Child's Case ID Information** - If this is a Child Welfare Services (CWS) EA application and a SSN was not entered in the Child At Risk section, then the CWS case number must be entered. The "Other ID Number" field is optional and may be used to assist in local case identification and tracking.

**CERTIFICATION SECTION** - Items 1 through 5 must have an entry before the application can be processed. If the parent/relative is signing the application, they must complete Items 2 through 4. If the County Worker (CW) is completing the application on behalf of the child, the CW must complete Items 2 through 4. Item 6 is a "comment" area and may be used by the CW to request presumptive eligibility. Specific instructions for Items 2 and 4 are as follows:

Item 2. Use the Aid to Families with Dependent Children - Foster Care (AFDC-FC) federal definition of relative as defined in the Eligibility and Assistance Standards Manual, Section 45-101.1(ee) as follows:

(ee) A relative means:

- (1) A person related to the child by birth or adoption by virtue of being one of the following:
  - (A) The father, mother, brother, sister, half-brother, half-sister, uncle, aunt, first cousin, nephew, niece, or any such person of a preceding generation denoted by the prefixes grand-, great-, or great-great-.
  - (B) The stepfather, stepmother, stepbrother or stepsister.
  - (C) The spouse of any person named in (A) or (B) above even after the marriage has been terminated by death or dissolution.
- (2) For AFDC-FC purposes, when a parent's rights to a child are terminated by the filing of a relinquishment with the Department or by court action, that parent and his or her relatives are no longer considered to be the child's relatives.

Item 4. Consider the total income of all persons to whom EA services will be provided or are anticipated to be provided during the eligibility period.

**ELIGIBILITY WORKER SECTION** - This section must be completed by the EW. Items 7 through 10 must be completed before services can be authorized. Specific instructions for Item 11a-c are as follows:

Item 11a. If the authorization is based on presumptive eligibility, enter the authorization date and place an "X" in the box.

Item 11b. Complete Item 11b if the authorization in Item 11a is based on presumptive eligibility.

Item 11c. Enter the "Not To Exceed Date" (NTE) generated by the ACE tracking system.

## HOW TO FILE AN APPEAL AND REQUEST A HEARING

The Emergency Assistance (EA) program is a federally funded program under Title IV-A of the Social Security Act which provides funding for assistance and services which can be offered to families in crisis.

Receipt of this form shall constitute a Notice of Action to the parent/relative of the child noted on the reverse side of this form that EA has been applied for and, upon eligibility worker determination, will be authorized or denied.

A copy of the EA application will be mailed to you within thirty (30) calendar days from the date EA is requested. The copy of the application mailed to you will indicate whether EA was authorized or denied for your child. If you as a parent/relative disagrees with the eligibility determination on the application, you may file a request for a hearing with your County Welfare Department (in Los Angeles County, the Department of Children's Services) within fourteen (14) calendar days of the date the EA application (Notice of Action) is received. Upon filling of a request for hearing, the intended action shall be suspended until the review is complete, the appeal process has been exhausted or you abandon the appeal process.

If you want to request a hearing because you are in disagreement with the proposed actions of the County Welfare Department regarding EA requested on behalf of your child, send a copy of the EA application that you disagree with along with a written request for a hearing to your County Welfare Department at:

The hearing will be conducted by an administrative staff person at a level higher in authority than the county worker who made the contested decision. You or your authorized representative are required to attend the hearing. If you or your authorized representative fail to appear at the hearing, you will be deemed to have abandoned your appeal. Only persons directly affected by the hearing will be allowed to attend.

Within ten (10) calendar days following the receipt of your request for a hearing, the County Welfare Department Appeals Section staff will notify you of the time and place of the hearing. The time and place of the hearing shall, to the extent possible, be convenient for you.

The county will arrange for the presence of an interpreter at the hearing, if one is requested by you.

At the hearing the legal, regulatory, or policy basis for the intended action will be explained to you. During the hearing, you will have an opportunity to explain the reason(s) you believe the County Welfare Department's decision is incorrect. The County Welfare Department's staff will present any material facts omitted by you. A written decision will be mailed or delivered to you within ten (10) calendar days after the hearing.

If you disagree with the written hearing decision received from the County Welfare Department, you have fourteen (14) calendar days in which to submit a written appeal to the California Department of Social Services at 744 "P" Street, Mail Station 19-37, Sacramento, CA, 95814. If you do not submit an appeal request within fourteen (14) calendar days, your appeal process shall be deemed abandoned and the County Welfare Department will implement the intended action.

Upon receipt of an appeal request, the California Department of Social Services may request copies of the basic data file and other relevant materials from the County Welfare Department. The California Department of Social Services may also conduct any investigations, interviews or mediation necessary to resolve the appeal. The decision of the California Department of Social Services will be mailed or delivered to you and to the County Welfare Department within ninety (90) calendar days after receipt of the appeal request.