## NOTIFICATION OF INTERCOUNTY TRANSFER

Instructions: Workers should complete each space. If the information requested does not pertain to this case, indicate with N/A symbol.

SENDING COUNTY NAME AND ADDRESS						CASE NAME CASE NUMBER							
SENDING COUNTY NAME AND ADDRESS						0,10				ONOL NOWL	,_,,		
						RECI	PIENT ADDRESS	NUMBER/STF	REET C	CITY	ZIF	CODE	
RECEIVING COUNTY							PIENT'S MAILING ADI	DRESS (IF DIFFE	RENT)				
									,				
DISCONTINUANCE DATES FOR TRANSFER							PIENT'S PHONE NUM	BER(S)		DATE MOVE	D		
CalWORKs RCA											BATE MOVES		
☐ WAIVE 30 DAY ICT PROCESS:							PAYEE'S NAME (IF DIFFERENT)				SSN		
WELFARE-TO-WORK PLAN  NAME  DATE  DOUGLED							E'S RELATIONSHIP T	O AIDED CHILD(	REN)				
					D TO SIGN			,	,				
REFUSED TO SIG													
COMPLIANCE PLAN BEGIN DATE				SB 1041 F	RULES DATE								
END DATE							NAME		SOURCE	: AN	MOUNT	MONTH	
WE	LFARE-TO- WORK	COMPONENT								\$			
NAME DATE SIGNED													
					D TO SIGN					\$			
APPEAL FILED TI				MELY U Y	'ES ☐ NO RULES DATE					\$			
COMPLIANCE PLAN BEGIN DATE													
END DATE						☐ RESTRICTED ACCOUNT(S) BALANCE \$							
WELFARE-TO- WORK COMPONENT						TIM			TIME LIN	ME LIMITS			
AB	98 or Expanded Sub	bsidized Employment?	ES NO			NAM	E:		NAME:				
	TES: FROM	TO											
OVERPAYMENTS TRANSFERRED						NUMI	NUMBER OF TANF MONTHS USED? NUMBER OF TANF MONTHS USED?						
PROGRAM TYPE													
						NUMBER OF CalWORKS MONTHS USED? NUMBER OF CalWORKS MONTHS USED?						D?	
CalWORKS						24 48 24 48							
Other (Specify)						CAL-LEARN CASE INFORMATION							
SANCTIONS/PENALTIES						NAME SANCTION PENALTY BONUS							
Check (✔) all that apply for each person						NAME SANCTION PENALTY BONUS							
Start End Date Date						DOCUMENTATION SENT							
	CalWORKs IPV						EXEMPTION (CW	2186B)			RICTED AC	COUNT	
							SAWS 1		☐ CW 25/CW 25A ☐ WTW PLAN				
PE	School Attendance Immunization CS Sanction CS 25% Penalty CS Good Cause					SAWS 2A SAR/SAWS 2 PLUS WIW PLAN  TIME LIMIT NOTICE (COPY BOTH SIDES) WWW 20 WTW 27							
<b> </b>	US Sanction						DISABILITY VERIFICATION \						
	Cure Plan Complete Date					PREGNANCY VERIFICATION  WTW 24-MONTH TIME CLOCK NOTICES						TIME CLOCK	
							OP RECORDS			110110			
Name				Start End			SAR 7	IONI NIAME					
				Date	Date		PE DETERMINAT OTHER (LIST)	ION NAME _					
	CalWORKs IPV	$\square$ 6 mo $\square$ 12 mo $\square$ 2 yr	☐ 4 yr ☐ Perm			-	MMENTS:						
ш	School Attendance Immunization												
School Attendance Immunization  CS Sanction CS 25% Penalty CS Good Cause													
┌	Welfare-to-Work Sanction Cure Plan Contact Date												
		Cure Plan Complete	e Date										
_	CASE INFO	ORMATION   Ca	1										
PRI	OR MONTH   GRAN		RENT MONTH   GRA		RCA								
	\$		\$										
☐ EXEMPT MAP													
DA	E RCA TIME EXPIR	RES											
							WORKER INFORMATION						
HOMELESS ASSISTANCE RECEIVED? YES NO DATE							KER NAME	WORKI		KER NUMBER	PHONE H	OURS	
FOSTER CHILD(REN): YES NO													
NON-MINOR DEPENDENT: YES NO DATE OF LAST RECERTIFICATION:							NE NUMBER	F	AX )		DATE COI	MPLETED	
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