

July 7, 2016

COUNTY FISCAL LETTER (CFL) NO. 15/16-64

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY FISCAL OFFICERS  
ALL COUNTY AUDITOR CONTROLLERS  
ALL EBT PROJECT MANAGERS  
ALL CALWORKS PROGRAM SPECIALISTS  
ALL CONSORTIUM PROJECT MANAGERS  
ALL COUNTY CASH ASSISTANCE PROGRAM FOR IMMIGRANTS  
(CAPI) CONTACTS

SUBJECT: UPDATED CLAIMS AND REVISIONS FOR REPLACEMENT OF  
ELECTRONICALLY STOLEN ELECTRONIC BENEFIT TRANSFER  
(EBT) BENEFITS PER ASSEMBLY BILL (AB) 2035

REFERENCES: [CFL NO. 13/14-38, DATED JANUARY 24, 2014](#)  
[ALL COUNTY LETTER \(ACL\) NO. 13-67, DATED AUGUST 30, 2013](#)  
[INTERIM INSTRUCTIONS MEMO, DATED DECEMBER 31, 2012](#)  
[AB 2035 \(CHAPTER 319, STATUTES OF 2012\)](#)  
[ACL NO. 15-26, DATED APRIL 6, 2015](#)  
[ACL NO. 14-66, DATED SEPTEMBER 19, 2014](#)

This County Fiscal Letter (CFL) provides counties with updated guidance for the completion of the revised TEMP 2035 *County Reimbursement Claim for Electronic Benefit Transfer (EBT) Replacement Due to Electronic Theft*.

## Background

Previously, AB 2035 (Chapter 319, Statutes of 2012) amended section 10072 of the Welfare and Institutions Code to provide for the replacement of electronically stolen benefits commonly referred to as “skimmed benefits”. At the time of implementation, AB 2035 applied to the following cash assistance programs: California Work Opportunity and Responsibility to Kids (CalWORKs), Refugee Cash Assistance (RCA), Trafficking and Crime Victims Assistance Program (TCVAP), Cash Assistance Program for Immigrants (CAPI) and county administered General Assistance/General Relief (GA/GR). According to [ACL No. 13-67, dated August 30, 2013](#), all Welfare-to-Work

supportive services were also included as qualifying cash assistance; however, this was inadvertently omitted in [CFL No. 13/14-38, dated January 24, 2014](#). Additionally, since the initial guidance released in [CFL No. 13/14-38](#), the State Utility Assistance Subsidy (SUAS) Program has implemented the use of EBT for disbursement, and is therefore covered under AB 2035. Please see [ACL No.14-66, dated September 19, 2014](#), for more information on the SUAS Program.

### **TEMP 2035 Modifications**

The TEMP 2035 *County Reimbursement Claim for Electronic Benefit Transfer (EBT) Replacement Due to Electronic Theft* has been updated to include the SUAS program. The TEMP 2035 form was also modified to incorporate a drop down option to select the appropriate programs. The previous version lacked a drop down option and had the program names pre-listed on each column as seen in [CFL No. 13/14-38](#). All Welfare-to-Work supportive services should be claimed as CalWORKs on the drop down option. The revised claim and instructions are included as Attachments I and II, respectively.

As a reminder, per [ACL No. 15-26, dated April 6, 2016](#), counties must maintain the original reimbursement request and supporting documentation for the period of time required by record retention rules.

If you have questions regarding this letter, please direct your questions to [assistance.claims@dss.ca.gov](mailto:assistance.claims@dss.ca.gov).

Sincerely,

### ***Original Document Signed By:***

SALENA CHOW, Chief  
Fiscal Forecasting and Policy Branch

Attachments

**COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC  
BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO  
ELECTRONIC THEFT**

County	Date (Month Year)

EBT THEFT BY PROGRAM				
1	Select the Program Name	N/A	N/A	N/A
2	Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits in current claiming month			
3	Recoveries of Aid for Prior AB 2035 issuances			
4	Prior Month Positive Adjustments			
5	Prior Month Negative Adjustments			
6	Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Lines #3 and #5)			
7	Total Number of Payments Issued			

**COUNTY WELFARE DIRECTOR'S CERTIFICATION**

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date

**COUNTY AUDITOR'S CERTIFICATION**

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date

Last Modified 6/24/16

**INSTRUCTIONS FOR *TEMP 2035 EBT THEFT*  
COUNTY REIMBURSEMENT CLAIM FOR  
ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT  
DUE TO ELECTRONIC THEFT**

**GENERAL INFORMATION**

1. Select the county name, month and year of claim from drop down menu.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed not to allow cents, only dollars.

**TOTAL THEFT OF EBT**

4. Line 1: Select the applicable program name.
5. Line 2: Enter total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits in current claiming month. Be sure to report the amount under the correct program.

**RECOVERIES OF AID**

6. Line 3: Enter the recoveries of aid for prior theft of EBT cash benefits. Be sure to report the amount under the correct program.

**PRIOR MONTH ADJUSTMENTS**

7. Line 4: Enter the prior month positive adjustments. Be sure to report the amount under the correct program.
8. Line 5: Enter the prior month negative adjustments. Be sure to report the amount under the correct program.

**TOTAL NET OBLIGATIONS FOR REIMBURSEMENT**

9. Line 6: Subtotal of Lines 2 through 5. This amount will calculate automatically.

**TOTAL NUMBER OF PAYMENTS ISSUED**

10. Line 7: Enter the total number of payments issued. Be sure to report the amount under the correct program.