

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



April 5, 2000

ALL COUNTY INFORMATION NOTICE NO. I-37-00

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CalWORKs PROGRAM SPECIALISTS
 ALL FOOD STAMP COORDINATORS
 ALL WELFARE TO WORK COORDINATORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: REVISION OF THE SAWS 1 (03/00), COVERSHEET AND APPLICATION FOR CASH AID, FOOD STAMPS AND/OR MEDI-CAL/STATE-RUN COUNTY MEDICAL SERVICES PROGRAM; AND CW 8A (03/00), STATEMENT OF FACTS TO ADD A CHILD UNDER AGE 16

REFERENCE: ALL COUNTY INFORMATION NOTICE NO. I-47-99

This letter transmits copies and information regarding the following forms:

- SAWS 1 (03/00), Coversheet and Application for Cash Aid, Food Stamps, and/or Medi-Cal/State-Run County Medical Services Program (CMSP);
- CW 8A (03/00), Statement of Facts To Add a Child Under Age 16.

The SAWS 1 is revised primarily to update the narrative in the Diversion section on page 1 of the Coversheet. Other changes include updating, simplifying or correcting existing narrative. The SAWS 1 (03/00) replaces the SAWS 1 (1/98) and the SAWS 1 (4/99).

The CW 8A is revised to streamline the choices in the "CITIZEN/NONCITIZEN STATUS" section to: "US Citizen/National" or "Noncitizen." A subset "Yes/No" question asks if the noncitizen is "Sponsored." These changes parallel those of the SAWS 2 (7/99) and CA 8 (7/99), which were transmitted in ACIN I-47-99. As stated in that ACIN, the county will determine the noncitizen's appropriate category and eligibility status based upon the documentation submitted by the client. The county shall not require an individual to state whether he/she or anyone in the household is undocumented.

Implementation

Counties should begin using the SAWS 1 (03/00) as soon as administratively feasible. The CW 8A (03/00) should be used immediately, and counties should destroy old stock.

Stock

Stock of the SAWS 1 (03/00) is expected to be available 30-45 days from the release of this letter. Stock of the English and Spanish versions of the SAWS 1 may be ordered from the CDSS Warehouse according to the forms ordering procedures in the County Forms Catalog upon receipt of the Notice of Form Change (GEN 127), which is issued when stock is available. The CW 8A (03/00) is a camera-ready only form; no stock will be made.

Translations and Camera-Ready Copies

Translations will be available in approximately 30 days. For Chinese, Cambodian, Vietnamese, and Russian versions of the forms, counties should call Language Translation Services (LTS) at (916) 657-1282 or CALNET 464-1282. If you need several forms, please FAX your request to (916) 657-3429 or e-mail your request to LTS@dss.ca.gov. If your county is on the LTS mailing list, your Forms Coordinator now receives all translations as soon as they become available. Once you have established an e-mail address, please contact the Forms Management Unit (FMU) by telephone or e-mail at fmu@dss.ca.gov. FMU will then place you on their e-mail list.

For camera-ready copies of the English and Spanish versions of the forms, and Notice of Form Change (GEN 127), counties should call FMU at (916) 657-1907 or CALNET 437-1907. If your office has Internet access, you may obtain various forms from the CDSS web page at: <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting FMU.

Counties shall provide bilingual/interpretive services and written translations to non-English speaking populations as required by Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

Forms Designation and Modification of Forms

The forms designation for the SAWS 1 is "Required Form – Substitute Permitted." County Welfare Departments (CWDs) must obtain prior approval from the California Department of Social Services (CDSS) and/or Department of Health Services (DHS) before implementing a modification or substitution to this and other "Substitute Permitted" forms. For CalWORKs and/or Food Stamp Program changes, the procedures for submission of a change request are outlined in Management and Office Procedures Regulations 23-400.22 and Food Stamp Regulations 63-1250. For proposed Medi-Cal/State CMSP changes to the SAWS 1, CWDs should forward a change request to the DHS, Medi-Cal Eligibility Branch. The CW 8A is "Recommended."

Contacts

If you need additional information, please contact staff regarding the specific program areas:

- This letter and attachments: Terry Mallin @ terry.mallin@dss.ca.gov,
(916) 653-8395/CALNET 453-8395;
- Food Stamp Program: Cindy MacDonald (916) 654-1898
CALNET 464-1898;
- Translations: Shirley LuKung (916) 654-1277/CALNET 464-1277;
- Medi-Cal: Alice Mak (916) 654-0573/CALNET 464-0573.

Sincerely,
Original Signed by
Charr Lee Metsker
On 4/5/2000
CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CSAC
CWDA