

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



May 4, 2000

ALL COUNTY INFORMATION NOTICE NO. I-48-00

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CaWORKs PROGRAM SPECIALISTS
 ALL IV-D DIRECTORS
 ALL WELFARE TO WORK COORDINATORS
 ALL MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

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: REVISED CaWORKs FORMS: CW 2.1 NA, CW 2.1 Q, CW 23, CW 25, CW 31, CW 40, CW 43, CW 60, CW 71, CW 73, CW 82, CW 86, CW 371

REFERENCE: ASSEMBLY BILL (AB) 1542, CHAPTER 270, STATUTES OF 1997

This notice transmits copies of the revised versions of the following forms for the California Work Opportunity and Responsibility to Kids (CaWORKs) Program:

CW 2.1 NA	3/00	Notice and Agreement for Child, Spousal and Medical Support
CW 2.1 Q	3/00	Support Questionnaire
CW 23	3/00	Senior Parent Statement of Facts
CW 25	3/00	Supplemental Statement of Facts – Minor Parent
CW 31	3/00	Receipt for Documents
CW 40	3/00	CaWORKs - Reduced Income Supplemental Payment Request
CW 43	3/00	CaWORKs Applicant Choice Form, Immediate Need Payment/Expedited Grant
CW 60	3/00	Release of Information - Financial Institution
CW 71	3/00	Statement of Cash Aid Mother and Unrelated Adult Male
CW 73	3/00	Senior Parent Monthly Income Report
CW 82	3/00	Coversheet and Agreement to Sell Property
CW 86	3/00	Agreement - Restricted Account
CW 371	3/00	Referral to Local Child Support Services Agency

The forms are revised to conform to CaWORKs eligibility requirements. Changes have also been made to improve clarity and organization of the forms. Counties should begin using the revised forms as soon as administratively feasible.

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Attachment A contains the Appendix, which includes the forms transmitted with this All County Information Notice (ACIN).

Forms Designation and Modification of Forms

Except for the CW 31, Receipt for Documents, the forms transmitted with this ACIN are designated as "Required Form - Substitute Permitted." Welfare Departments must obtain prior approval from the California Department of Social Services (CDSS) and/or the Department of Health Services (DHS) before implementing a modification or substitution to these and other "Substitute Permitted" forms. For CalWORKs and Food Stamp program changes, the procedures for submission of a change request are outlined in Management and Office Procedures Regulations 23-400.22 and the Food Stamp Handbook Regulations 63-1250. For Medi-Cal changes or substitutions, County Welfare Departments should forward requests to the Department of Health Services, Medi-Cal Eligibility Branch.

Camera-Ready Copies

After you receive a copy of an English form, or a Notice of Action (NOA) message, please allow six to eight weeks for the form or message to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Cambodian, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Cambodian, Vietnamese or Russian, fax your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov.

For a camera-ready copy and/or an additional copy of an English form, please call Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms (not including messages) from the CDSS web page at: <http://www.dss.cahwnet.gov>. FMU is currently in the process of making forms available on the Internet. If the name, mailing address or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to fmu@dss.ca.gov.

Translations

Your CalWORKs Forms Coordinator is to distribute forms and NOA messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English speaking populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq) and by the state regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115. Among other things, this regulation section requires that you provide forms in the applicant's or recipient's primary language.

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Stock

State produced stock of the English and Spanish language versions for these forms will be available 30 to 60 days after the release of this letter. Stock of each form may be ordered from the CDSS Warehouse upon receipt of the Notice of Form Change (GEN 127), in accordance with the procedures in the County Forms Catalog.

Contacts

If you have any questions or need further information regarding the forms-related issues in this letter, please contact the following staff regarding the specific program areas:

- Letter and Appendix: Jackie Shelley @ jackie.shelley@dss.ca.gov, (916) 654-1061 or CALNET (916) 454-1061
- Food Stamp Program: Cindy MacDonald at (916) 654-1898 or CALNET 454-1898
- Child Support Services: Linda Estelle at (916) 654-3173 or CALNET 454-3173
- Asian/Spanish translations: Shirley LuKung at (916) 654-1277 or CALNET (916) 454-1277
- Medi-Cal: Alice Mak at (916) 654-0573 or CALNET (916) 454-0573

Sincerely,

Original document

signed by

Charr Lee Metsker

on May 4, 2000

CHARR LEE METSKER, Chief

Employment and Eligibility Branch

Attachments

c: CWDA
CSAC