

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



July 24, 2001

ALL COUNTY INFORMATION NOTICE. I-60-01

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL CaWORKs PROGRAM SPECIALISTS  
 ALL COUNTY FORMS COORDINATORS  
 ALL FOOD STAMP COORDINATORS  
 ALL COUNTY SFIS COORDINATORS

REASON FOR THIS TRANSMITTAL

- State Law Change  
 Federal Law or Regulation Change  
 Court Order  
 Clarification Requested by one or More Counties

SUBJECT: REVISED CaWORKs FORMS: CW 2.1 Q, CW 5, CW 7A, CW 8, CW 10, CW 25, CW 25A, CW 30, CW 42, CW 51, CW 81, CW 371, M20-003, M20-003A, M44-211L, M44-211N

REFERENCE: ASSEMBLY BILL (AB) 1542, CHAPTER 270, STATUTES of 1997, ACL 00-32 (SFIS) AND ACL 00-45 (PREGNANCY SPECIAL NEEDS)

This All County Information Notice (ACIN) transmits copies of the revised versions of the following forms and new or revised Notice of Action (NOA) messages for the California Work Opportunity and Responsibility to Kids (CaWORKs) Program:

Forms

CW 2.1 (Q) Support Questionnaire  
 CW 5 Veteran's Benefits Verification and Referral  
 CW 7A How to Fill Out your CW 7 and SAWS 7  
 CW 8 Statement of Facts for an Additional Person  
 CW 10 Notice of Withdrawn Application  
 CW 25 Supplemental Statement of Facts – Minor Parent  
 CW 25A Payee Agreement for Minor Parent  
 CW 30 CaWORKs Budget Worksheet  
 CW 42 Statement of Facts – Homeless Assistance  
 CW 51 Child Support – Good Cause Claim for Noncooperation  
 CW 81 Lien Agreement  
 CW 371 Referral to Local Child Support Agency (LCSA)

## NOA Messages

M20-003 SFIS – Duplicate Aid Match (Discontinue)  
M20-003A SFIS – Duplicate Aid Match (Deny)  
M44-211L Pregnancy Special Needs (Special Needs)  
M44-211N Pregnancy Special Needs (No Longer Pregnant)

## Revised Forms

The CalWORKs forms are revised to conform to CalWORKs 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.

## Notice of Action Messages

The two new NOA messages transmitted with this ACIN, NOA messages M20-003 and M20-003A, are to deny or discontinue aid when a duplicate aid match is found through the Statewide Fingerprint Imaging System (SFIS). Duplicate aid matches must be verified as potential or actual fraud before denying or discontinuing aid. It is imperative that counties take precautions to ensure that aid is not denied or discontinued due to SFIS “clerical” or “system” error. These NOA’s are not intended to replace existing notices/forms used for Intentional Program Violations.

As noted above, this ACIN also transmits revised NOA messages regarding pregnancy special needs. ACL 00-45, issued on July 13, 2000, provided instructions to counties with regard to payments of pregnancy special needs supplemental grants. NOA message M44-211L has been revised to correlate with the changes to these payments. NOA message M44-211N has also been updated to comply with current regulations and add language to inform applicants/recipients about adding a newborn to the assistance unit. Counties must begin using these NOA messages immediately.

## Forms Designation and Modification of Forms

Except for the CW 5, CW 8, and CW 30, the forms transmitted with this ACIN are designated as “Required Form - Substitute Permitted.” County welfare departments (CWDs) 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 the Management and Office Procedures Regulations 23-400.22 and the Food Stamp Handbook Regulations 63-1250. For Medi-Cal changes or DHS substitutions, CWDs should forward requests to the Medi-Cal Eligibility Branch. The CW 5 is designated as a “Required Form – No Substitute Permitted,” and forms in this category may not be modified or reconstructed. The CW 8 and CW 30, are designated as “Recommended”; CWDs may modify forms in this category and may choose to not use them.

### Camera-Ready Copies and Translations

After you receive a copy of an English CalWORKs form, or a NOA message/form, please allow six to eight weeks for the form or NOA message to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, 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, Vietnamese or Russian, fax your request to LTS at (916) 657-3429 or e-mail it to [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

For a camera-ready copy and/or an additional copy of an English form (not NOA messages), please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms (not including NOA messages) from the CDSS web page at: [www.dss.cahwnet.gov](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](mailto:fmu@dss.ca.gov). For additional copies of NOA messages, please contact Terry Mallin at (916) 653-8395 or e-mail her at: [terry.mallin@dss.ca.gov](mailto:terry.mallin@dss.ca.gov).

Your CalWORKs Forms Coordinator is to distribute translated forms and messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient 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.

### Stock

State produced stock of the English and Spanish language versions for the attached forms will be available 30 to 60 days after the release of this letter. Stock of each CalWORKs 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. NOA messages are not available from the CDSS Warehouse.

## Contacts

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

Letter: Jackie Shelley @ [jackie.shelley@dss.ca.gov](mailto:jackie.shelley@dss.ca.gov),  
(916) 654-1061 or CALNET (916) 454-1061

Forms and NOA messages: Terry Mallin @ [terry.mallin@dss.ca.gov](mailto:terry.mallin@dss.ca.gov),  
(916) 653-8395 or CALNET (916) 453-8395

Food Stamp Program: Sandra Pierce at (916) 653-6208 or CALNET 453-8208

Child Support Services: Myrna Gregory at (916) 464-5229 or CALNET 433-5229

CalWORKs Child Support: Ruth Van Den Berg at (916) 654-1786 or CALNET 454-1786

Asian/Spanish translations: Tuyet Hoang at (916) 654-1282 or CALNET (916) 454-1282

Medi-Cal: Alice Mak at (916) 654-0573 or CALNET (916) 454-0573

Sincerely,

***Original signed by***

***María Hernandez for Charr Lee Metsker on  
July 24, 2001***

CHARR LEE METSKER, Chief  
Employment and Eligibility Branch

Attachments

c: CWDA  
CSAC