

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



May 1, 2007

ALL COUNTY INFORMATION NOTICE NO.: I-27-07

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL COUNTY SPECIAL INVESTIGATIVE CHIEFS
ALL COUNTY IEVS 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: EMPLOYMENT DEVELOPMENT DEPARTMENT WAGE DATA
REQUESTS

REFERENCE: WELFARE AND INSTITUTIONS CODE (WIC) 10606.1 (A), SENATE
BILL 520 (CHAPTER 544, STATUTES OF 1995), UNEMPLOYMENT
INSURANCE CODE SECTION 1094, 1095

This notice is a reminder to the County Welfare Departments (CWDs) of the appropriate procedures for requesting and receiving client unemployment insurance (UI) wage and claim information. In addition, this notice reminds the CWDs of the required action to take when the applicant/recipient applies/reapplies for California Work Opportunity and Responsibility to Kids (CalWORKs) benefits and may be eligible for unemployment insurance benefits (UIB).

The California Department of Social Services (CDSS) was notified by the Employment Development Department (EDD) that they are experiencing a substantial increase in their workload due to requests for UI wage and claim information from County Welfare staff and public assistance clients. The requests are received in-person, by fax, mail and telephone.

CalWORKs APPLICATION PROCESS

CDSS would like to remind CWDs that as part of the CalWORKs application process, CWDs are required to determine whether a CalWORKs applicant/recipient may be eligible for UIB or disability benefits by accessing computer information maintained in EDD files (WIC 10606.1(b)). These files are available online to county eligibility workers. This verification process must be conducted prior to referring clients to EDD and therefore CWDs shall not send CalWORKs applicants or recipients directly to EDD without first verifying that the applicant for, or recipient of, CalWORKs may be eligible for unemployment or disability benefits. If the EDD information

indicates that the applicant or recipient may be eligible for UIB or disability benefits, the CWD may then require the applicant or recipient visit the EDD office to complete an application for UIB or disability benefits.

If you have any questions regarding the CalWORKs Application Process, please contact your CalWORKs county consultant.

CUSTOMER CODES AND SINGLE POINT OF CONTACT

The EDD has assigned a unique customer code to each CWD, which replaced the E00055 customer code previously used on the DE 8720 (Request for Wage and Claim Information) and the DE 8720A (Request for Wage Information) forms. The EDD Access Code identifies the County's Single Point of Contact (SPOC) and mailing address. *Counties not assigned an Access Code, will not receive the requested information.*

In order to be assigned an Access Code, each CWD must designate a primary and alternate SPOC to request and receive the EDD documents. The county may obtain an Access Code by completing Attachment 2 and sending it to the EDD address below.

Employment Development Department
Information Security Office
Attention: Stephanie Barnes
P.O. Box 826880, MIC 33
Sacramento, CA 94280-0001

The DE 8720/DE 8720A form must be completed by an authorized CWD staff member that has been assigned a four-digit Preparer Code by the County. The Preparer Code identifies the staff member for the SPOC to distribute the returned EDD information. The Preparer Code is indicated in Section 4b on both the DE 8720/DE 8720A. Responses to EDD requests will only be returned to the designated SPOC.

The CWD staff may submit the DE 8720/DE 8720A requests to EDD at the following address:

State of California
Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001
Attention: Document Management Group, MIC 96

Upon receipt of the DE 8720/DE 8720A requests, EDD mails the information directly to the designated SPOC in the CWDs. Abstract turn-around time by EDD is approximately ten days. This information should not be requested by phone, fax or directing clients to obtain the data themselves. CWD staff uses this data to verify information submitted by the client.

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Page Three

The form required for obtaining an Access Code from EDD (Attachment 2), and a sample of the DE 8720 (Attachment 3) and DE 8720A (Attachment 4) are attached to this Notice. Also included is an outline of contracted services (Attachment 1) EDD provides to the CWDs with instructions for obtaining the services.

If you have questions regarding these procedures, please contact Debi Sterling, at the Fraud Bureau at (916) 263-5717.

Sincerely,

Original Document Signed By:

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

Attachments

ATTENTION CWD ELIGIBILITY WORKERS

EDD provides the following services to CWD eligibility workers when Unemployment Insurance (UI) or Disability Insurance (DI) information is required in welfare grant determinations for clients with:

❖ NON-EMERGENCY NEEDS

ABSTRACT PROCESS

ABSTRACT REQUEST FOR WAGE, CLAIM AND ADDRESS INFORMATION FORM, DE 8720



CWD completes DE 8720 and CWD sends forms directly to EDD.

EDD's Abstract turn around time is about ten days.

EDD will send requested data directly to the requesting CWD.

EDD will provide data, which includes client's wage and claim information, client and employer address, and UI and DI claim history.

EDD will provide requestor identification code to CWD requester for security purposes.

❖ IMMEDIATE OR EMERGENCY NEEDS

IEVS –INCOME AND ELIGIBILITY VERIFICATION SYSTEM



EDD on-line, real-time access to UI/DI Claims database for wage and claim information.

Select option "E" and enter SSN on the IEVS main menu.

Why use the DE8720 OR IEVS?

Complies with contractual agreement between DSS and EDD

Fast and efficient way of getting EDD wage and claim information.

Reduces waiting time in determining eligibility for welfare grants for clients with emergency needs.

Reduces the need to have clients contact EDD directly for printouts.

Reduces grant overpayments and deters fraud on welfare grants

Provides on-line, real-time search of UI/DI Claim information or potential award information on IEVS using the SSN provided by the CWD.

State of California
OFFICE MEMO
 STD 100

RETURN TO:	Employment Development Department Information Security Office Attn: Stephanie Barnes P.O. Box 826880, MIC 33 Sacramento, CA 94280-0001	PHONE: FAX:	(916) 654-6231 (916) 654-8272
	FROM:		PHONE: FAX:
SUBJECT:	CDSS County SPOC Designation Form		

NEW CUSTOMER CODE FOR _____ COUNTY: _____

PRIMARY SPOC	ALTERNATE SPOC
Name/Title	Name/Title
Agency/Division	Agency/Division
Mailing Address	Mailing Address
City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number
Fax Number	Fax Number
Email Address	Email Address

Retain a copy for your records. Notify the Employment Development Department (EDD) Information Security Office (ISO) immediately if your SPOC information changes. Failure to notify EDD of changes will result in non-receipt of EDD's wage, claim and address data.

If you have questions, contact the ISO at (916) 654-6231.



REQUEST FOR WAGE AND CLAIM INFORMATION

1. SEND REQUEST TO: STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT P.O. BOX 826880 SACRAMENTO, CA 94280-0001 ATTN: DOCUMENT MANAGEMENT GROUP, MIC 96	2. NAME & ADDRESS OF REQUESTING ORGANIZATION: _____ _____ _____	
3a. PREPARED BY: _____	3b. PREPARER'S TELEPHONE NUMBER: () - _____	3c. DATE: / / _____

4a. **CUSTOMER CODE**

4b. **PREPARER CODE**

5. REQUESTED PRODUCTS

For each requested product place an in its corresponding box.

5a. WAGE & CLAIM INFO
(DE 507)

5b. EMPLOYER ADDRESS
(DE 4989)

5c. CLIENT ADDRESS

5d. DI CLAIM HISTORY
(Up to 2 years old)

5e. DI CLAIM HISTORY
(2 to 4 years old)

5f. DI CLAIM HISTORY
(Over 4 years old)

5g. UI CLAIM HISTORY
(Up to 2 years old)

5h. UI CLAIM HISTORY
(2 to 4 years old)

5i. UI CLAIM HISTORY
(Over 4 years old)

6. S S A N U M B E R S

S S A N U M B E R S

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INSTRUCTIONS

GENERAL INFORMATION

You may duplicate this form, or order additional copies by writing to:

EDD SUPPLY AND FORMS WAREHOUSE
1733W Sports Drive, Suite A, MIC 72
Sacramento, CA 95834

EDD employees may obtain a fill-in electronic copy of this form on DOCUSHARE.

The DE 8720 is a key entry document used to request information from the Employment Development Department (EDD). Please abide by the following when preparing your requests:

Please complete the form carefully, completely, and legibly.

Complete items **2** through **4a**. in order for EDD to track your request. Items **5** and **6** must be completed according to the instructions below.

INSTRUCTIONS FOR COMPLETING "REQUEST FOR WAGE AND CLAIM INFORMATION" (FORM DE 8720) BY ITEM NUMBER:

- 1. SEND REQUEST TO:** This preprinted item requires no customer action.
- 2. NAME & ADDRESS OF REQUESTING ORGANIZATION:** Enter the complete name of your organization, followed by the street address (or P.O. Box), city, state, and ZIP code.
- 3a. PREPARED BY:** Print your name.
- 3b. PREPARER'S TELEPHONE NUMBER:** Enter your telephone number.
- 3c. DATE:** Enter the date you are preparing this request.
- 4a. CUSTOMER CODE:** This item contains the six character code that was contractually assigned to your organization by EDD. This code is used by EDD to track and distribute requested products.
- 4b. PREPARER CODE:** This item is optional and for your internal use. The four boxes may contain any combination of numeric and/or alphabetic characters to assist in distributing products throughout your organization (back to the "PREPARER").
- 5. REQUESTED PRODUCTS:** (Items **5a.** thru **5i.**):
 - One or more products may be selected by entering an in the box next to the associated product.
 - At least one product must be requested.
 - If a product is not wanted, leave its associated box blank.
 - All requested products will be produced, for all corresponding Social Security Account (SSA) numbers entered in item **6**:
 - When the customer has contracted to receive the requested product.
 - If the requested product is available.
- 6. SSA NUMBERS:** Enter one or more SSA numbers. For each SSA number entered, all available and authorized products will be produced.



Serving the People of California



REQUEST FOR WAGE INFORMATION

1. SEND REQUEST TO STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT P.O. BOX 826880 SACRAMENTO, CA 94280 0001 ATTN: MISCELLANEOUS MAIL DESK, MIC 96	2. NAME & ADDRESS OF REQUESTING ORGANIZATION
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3 a. PREPARED BY	3 b. PREPARER'S TELEPHONE NUMBER () _____ - _____	3 c. DATE
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Serving the People of California



INSTRUCTIONS

GENERAL INFORMATION

You may duplicate this form, or order additional copies by writing to:

EDD SUPPLY WAREHOUSE
805 "R" STREET
SACRAMENTO, CA 95814

EDD employees may obtain copies of this form at: <http://151.143.214.11/dscgi/ds.py/Get/File-25975/De8720a.doc>.

The DE 8720A is a key entry document used to request information from the Employment Development Department (EDD). Please abide by the following when preparing your requests:

Please complete the form carefully, completely, and legibly.

Complete items **2** through **4a** in order for EDD to track your request. One or more of items **5**, **6**, and/or **7** must be completed according to the instructions below.

INSTRUCTIONS FOR COMPLETING 'REQUEST FOR WAGE INFORMATION' (FORM DE 8720-A) BY ITEM NUMBER:

- 1. **SEND REQUEST TO:** This preprinted item requires no customer action.
- 2. **NAME & ADDRESS OF REQUESTING ORGANIZATION:** Enter the complete name of your organization, followed by the street address (or P.O. Box), city, state, and zip code.
- 3a. **PREPARED BY:** Print your name.
- 3b. **PREPARER'S TELEPHONE NUMBER:** Enter your telephone number.
- 3c. **DATE:** Enter the date you prepare this request.
- 4a. **CUSTOMER CODE:** This item contains the six character code that was contractually assigned to your organization by EDD. This code is used by EDD to track and distribute requested products.
- 4b. **PREPARER CODE:** This item is optional and for your internal use. The four boxes may contain any combination of numeric and/or alphabetic characters to assist in distributing products throughout your organization (back to the "PREPARER").
- 5. **WAGE QUARTER REQUESTS:** Current and/or archived earned wage data may be requested by entering a FROM / TO calendar date range, each of which consists of a two century (CC), followed by a two digit year (YY), followed by a numerical quarter (Q) indicator. Valid quarter indicators are:

"1" = JAN/FEB/MAR	"3" = JUL/AUG/SEPT
"2" = APR/MAY/JUN	"4" = OCT/NOV/DEC
- 5a. **FROM CCYYQ:** Enter the starting century, year and quarter, for which earned wage data is being requested.
TO CCYYQ: Enter the ending century, year and quarter, for which earned wage data is being requested.
 When only one quarter of wage data is needed, the TO CCYYQ should be the same as the FROM CCYYQ.
- 5b. **SSA NUMBERS:** Enter the SSA numbers of those individuals for which wage data is being requested.
- 6. **WAGE QUARTER REQUESTS:** Completion rules for items **6a** and **6b** are the same as for items **5a** and **5b**. **6a** and **6b** allows the PREPARER to request earned wage data for different quarters, for the same/different SSA numbers than those entered in items **5a** and **5b**.



Serving the People of California



7. **WAGE QUARTER REQUESTS:** Completion rules for items **7a** and **7b** are the same as for items **5a** and **5b**. **7a** and **7b** allows the PREPARER to request earned wage data for different quarters, for the same/different SSA numbers than those entered in items **5a** and **5b** & **6a** and **6b**.