

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5475

September 25, 1980



ALL-COUNTY INFORMATION NOTICE I- 107-80

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - REVISION OF FORMS DE 8435 and DE 8435V,
APPLICATIONS FOR WORK REGISTRATION

REFERENCE:

Effective October 1, 1980, EDD employment service offices will begin using revised work registration forms DE 8435 and DE 8435V. These EDD forms are currently used by food stamp applicants/recipients to comply with work registration requirements. The 10-79 versions of the forms will not be accepted by EDD after September 29, 1980.

The October 1980 revisions of these forms will not impact the currently required applicant/recipient information and will only minimally impact the current procedures employed at the county welfare department. As a reminder these forms should be completed as follows:

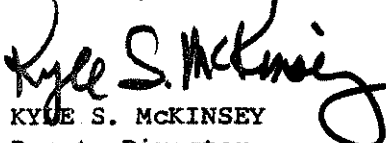
1. The top portion of the form labeled DE 61, Applicant Characteristics, should not be completed by the applicant or the CWD. EDD will complete this information during the interview process.
2. Sections A through P should be completed by the applicant. Before sending the form to EDD, the CWD should review these sections for completeness.
3. Sections I through VI on the front should not be completed except that a notation should be made in Section III, Summary, if the applicant has difficulty understanding or speaking English. In these cases the CWD should note "Interpreter Needed" and the applicant's language.
4. On the back, only Section XII should be completed by the CWD. In completing this section counties should be careful to fold back the carbon section on the reverse side.

An initial supply of the October 1980 forms has been sent to each county. These revisions must be used beginning October 1, 1980. Additional supplies of the October 1980 forms may be ordered from the DSS warehouse through regular ordering procedures.

The existing version of these forms, DE 8435 (10-79) and DE 8435V (10-79), must continue to be used to work register applicants/recipients through September 30, 1980. After September 30, 1980 counties are directed to destroy any existing supplies of the October 1979 forms.

In the next couple of months, EDD will release a Spanish supplement (DE 8435SS) which will help Spanish-speaking individuals complete the EDD work registration form. Counties will be notified when the stock of this supplement has been received by the DSS warehouse.

Sincerely,


KYLE S. MCKINSEY
Deputy Director

1. SOCIAL SECURITY NUMBER		2. LAST NAME (PRINT ONLY)		3. PRIMARY OCCUPATION CODE	
4. DATE NO. DAY YEAR		10. EMPLOYMENT STATUS		16. FOOD STAMP RECIPIENT - WORK REGISTRATION REQUIRED	
5. SEX		11. HANDICAPPED		17. CCTA PARTICIPANT	
6. RACE/ETHNIC		12. MONTH/YEAR OF BIRTH		18. VETERAN	
7. SUMMER YOUTH		13. COUNTY CODE		19. OTHER VETERANS - ELIGIBLE	
8. HIGHEST GRADE COMPLETED		14. LOCATION NO.		20. ECONOMICALLY DISADVANTAGED	
9. HEAD OF HOUSEHOLD OR AGENY CLIENT		15. COUNTY CODE		21. WELFARE STATUS	
				22. WIN FAMILY SIZE	
				23. SEASONAL/MIGRANT	
				24. ELIGIBLE CLAIMANT	
				25-31. FUTURE USE	
				32. STATION - DESK	

DE 51 REV. 5 (10-80) APPLICANT CHARACTERISTICS STATE OF CALIFORNIA COMPLETED BY: REVIEWED BY:

A. EMPLOYMENT HISTORY - FULLY DESCRIBE YOUR JOB AND DUTIES DESCRIBE LONGEST OR MOST IMPORTANT JOB HELD, STARTING WITH THE MOST RECENT. INCLUDE SPECIALIZED MILITARY EXPERIENCE.

EMPLOYER	CITY AND STATE	TYPE OF BUSINESS	LENGTH OF JOB	ENDING DATE	PAY	REASON FOR LEAVING JOB	JOB TITLE - DESCRIBE WHAT YOU DID - MACHINES OPERATED - TOOLS USED

B. ACTIVE MILITARY SERVICE

ENTERED DATE	RELEASED DATE	HAVE YOU A SERVICE-CONNECTED DISABILITY?	MILITARY OCCUPATION	VERIFIED BY:
		YES NO		

I. VETERAN STATUS										II. OCCUPATIONAL TITLES										CODES									
C. PRINT LAST NAME										III. SUMMARY										IV. CONTACT DATES									
D. SOCIAL SECURITY NUMBER										E. PHONE NUMBER										F. EDUCATION									
G. NUMBER IN FAMILY										H. FAMILY INCOME										I. RESIDENCE LOCATION									
J. EDUCATION										K. IF NEEDED FOR WORK, DO YOU HAVE										L. DO YOU HAVE ANY DISABILITIES OR HEALTH PROBLEMS WHICH MIGHT LIMIT YOUR ABILITY TO WORK, OR TO PARTICIPATE IN A TRAINING PROGRAM?									
M. LOWEST WAGE ACCEPTABLE										N. KIND OF WORK WANTED - BE SPECIFIC										O. MONTH AND YEAR OF BIRTH									
P. EX-OFFENDER										Q. STATION - DESK										R. OTHER FUTURE USE									

VII. ADDITIONAL INFORMATION (INCLUDING COUNSELOR STATEMENTS)		INT.
DATE		

VIII. CHECKLIST OF GENERAL INFORMATION PROVIDED TO CLIENTS:			
DATE	INT.	DATE	INT.
		COLLECTION AND ACCESS INFORMATION (DE 8445 ES/UF)	JOB SEARCH WORKSHOP
		NOTICE TO APPLICANTS (DL 8288)	COUNSELING SERVICES
		JOB MARKET INFORMATION	TESTING SERVICES
		JOB INFORMATION CENTER	TRAINING OPPORTUNITIES
		HOW TO KEEP DE 8435 ACTIVE	CETA
		UNEMPLOYMENT INSURANCE	COMPLAINT PROCEDURES

IX. JOB REFERRAL RECORD		EMPLOYER	JOB TITLE / ORDER NUMBER	DUR.	PAY	RESULT	REMARKS	INT.
DATE	CALLER: J. DEV. REFER.							

X. OTHER SERVICES (INCLUDING REFERRALS TO, OR SCHEDULING FOR, ANY SERVICE OTHER THAN DIRECT PLACEMENT)		INT.
DATE		

XI. DISABILITY DATE BEGAN _____

CONDITION PERMANENT? IF PERMANENT, IS CONDITION

YES NO PROGRESSIVE STABLE

IF TEMPORARY, EXPECTED DURATION OF DISABILITY: _____ MONTHS

WORK LIMITATIONS SPECIFICALLY RELATED TO OCCUPATION:

XII. WELFARE INFORMATION

CASE NAME: _____

INDIVIDUAL'S NAME: _____

CASE NUMBER: _____

DATE: _____

ELIGIBILITY WORKER: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

FDDG STAMPS: YES NO

1. SOCIAL SECURITY NUMBER		2. LAST NAME (PRINT ONLY)		3. PRIMARY OCCUPATION CODE	
4. DATE MO. DAY YEAR		10. EMPLOYMENT STATUS		16. FOOD STAMP RECIPIENT - WORK REGISTRATION REQUIRED	
5. SEX		3. UNEMPLOYED: NO JOB ATTACHMENT		0 NO	
1 MALE		4. NOT WORKING: JOB ATTACHMENT		1 YES - HEAD OF HOUSEHOLD	
2 FEMALE		1. WORKING PART TIME		2 YES - OTHER	
6. RACE/ETHNIC		2. WORKING FULL TIME		3 YES - HEAD OF HOUSEHOLD JOBS SEARCH ACTIVITY	
1 WHITE		11. HANDICAPPED		4 YES - OTHER JOB SEARCH ACTIVITY	
2 NOT HISPANIC		0 NO		17. CCTA PARTICIPANT	
3 HISPANIC		1. PHYSICALLY DISABLED		0 NO	
4 AMERICAN INDIAN & ALASKAN NATIVE		2. MENTALLY RETARDED		1 YES	
5 ASIAN & PACIFIC ISLANDERS		3. OTHER		18. VETERAN	
6 FILIPINO		12. MONTH/YEAR OF BIRTH		0 NO	
7 IHA		MONTH YEAR		1 RECENTLY SEPARATED	
7. SUMMER YOUTH		13. [REDACTED]		4 RECENTLY SEPARATED VIETNAM	
1 YES		14. LOCATION NO.		7 OTHER VETERAN	
2 NO		15. COUNTY CODE		0 NO	
8. HIGHEST GRADE COMPLETED		19. OTHER VETERANS & ELIGIBLES		1 SPECIAL VETERAN	
(TWO DIGITS - MAX. NUMBER IS 99)		20. ECONOMICALLY DISADVANTAGED		2 NON-VETERAN ELIGIBLE FOR VETERAN BENEFITS	
9. HEAD OF HOUSEHOLD (JOB AGENT CLIENT)		1. YES		3 OTHER VIETNAM ERA	
1 YES		2 NO		21. WELFARE STATUS	
2 NO		16. VETERAN		0 NO WELFARE	
17. CCTA PARTICIPANT		18. VETERAN		2 WIN VOLUNTEER	
0 NO		0 NO		5 UNEMPLOYED PARENT	
1 YES		1 RECENTLY SEPARATED		1 WIN MANDATORY	
2 YES - OTHER		4 RECENTLY SEPARATED VIETNAM		3 OTHER WELFARE	
3 YES - HEAD OF HOUSEHOLD JOBS SEARCH ACTIVITY		7 OTHER VETERAN		22. WIN FAMILY SIZE	
4 YES - OTHER JOB SEARCH ACTIVITY		0 NO		(0-9)	
17. CCTA PARTICIPANT		1 YES		23. SEASONAL/MIGRANT	
0 NO		2 NO		0 NOT SEASONAL/MIGRANT	
18. VETERAN		3 YES		1 SEASONAL FARM WORKER	
0 NO		4 YES		2 MIGRANT FARM WORKER	
1 RECENTLY SEPARATED		5 YES		3 MIGRANT FOOD PROCESSING WORKER	
4 RECENTLY SEPARATED VIETNAM		6 YES		24. ELIGIBLE CLAIMANT	
7 OTHER VETERAN		7 YES		0 NO	
17. CCTA PARTICIPANT		8 YES		1 UN-EMPLOYED UN-EMPLOYED	
0 NO		9 YES		2 ALL OTHER	
1 YES		10 YES		3 FUTURE USE	
2 YES		11 YES		4 FUTURE USE	
3 YES		12 YES		25. STATION - DESK	
4 YES		13 YES		0 NO	
5 YES		14 YES		1 UN-EMPLOYED UN-EMPLOYED	
6 YES		15 YES		2 ALL OTHER	
7 YES		16 YES		3 FUTURE USE	
8 YES		17 YES		4 FUTURE USE	
9 YES		18 YES		26-31. FUTURE USE	
10 YES		19 YES		26	
11 YES		20 YES		27	
12 YES		21 YES		28	
13 YES		22 YES		29	
14 YES		23 YES		30	
15 YES		24 YES		31	
16 YES		25 YES		32	

DE 61 REV. 5/10-80 APPLICANT CHARACTERISTICS STATE OF CALIFORNIA COMPLETED BY: REVIEWED BY:

A. EMPLOYMENT HISTORY - FULLY DESCRIBE YOUR JOB AND DUTIES. DESCRIBE LONGEST OR MOST IMPORTANT JOBS HELD, STARTING WITH THE MOST RECENT. INCLUDE SPECIALIZED MILITARY EXPERIENCE.

EMPLOYER	JOB TITLE - DESCRIBE WHAT YOU DID - MACHINES OPERATED - TOOLS USED
CITY AND STATE	
TYPE OF BUSINESS	
LENGTH OF JOB	ENDING DATE PAY
REASON FOR LEAVING JOB	
EMPLOYER	JOB TITLE - DESCRIBE WHAT YOU DID - MACHINES OPERATED - TOOLS USED
CITY AND STATE	
TYPE OF BUSINESS	
LENGTH OF JOB	ENDING DATE PAY
REASON FOR LEAVING JOB	
EMPLOYER	JOB TITLE - DESCRIBE WHAT YOU DID - MACHINES OPERATED - TOOLS USED
CITY AND STATE	
TYPE OF BUSINESS	
LENGTH OF JOB	ENDING DATE PAY
REASON FOR LEAVING JOB	

B. ACTIVE MILITARY SERVICE (SERVED (DATE) - RELEASED (DATE)) HAVE YOU A SERVICE-CONNECTED DISABILITY? YES NO MILITARY OCCUPATION VERIFIED BY:

C. EDUCATIONAL TITLES CODES

D. SOCIAL SECURITY NUMBER **E. PHONE NUMBER** MESSAGE WILL CALL

F. U.S. CITIZEN **G. NUMBER IN FAMILY** **H. FAMILY INCOME (LAST 12 MONTHS)** **I. RESIDENCE LOCATION**

J. EDUCATION: CIRCLE HIGHEST YEAR OF EDUCATION COMPLETED, INCLUDING GED

K. SHOW COLLEGE/BUSINESS, MILITARY OR TRADE SCHOOL SUBJECTS AND DEGREES OR CERTIFICATES. INCLUDE SPECIALIZED MILITARY TRAINING.

L. IF NEEDED FOR WORK, DO YOU HAVE:

WORK TOOLS YES NO AUTO OR TRUCK YES NO

SPECIAL CLOTHING YES NO CALIF. DRIVER'S LICENSE YES NO

REQUIRED LICENSE YES NO KIND?

M. LOWEST WAGE ACCEPTABLE:

DAYS AVAILABLE: _____

HOURS AVAILABLE: _____

TRANSPORTATION TO JOB: YES _____ NO _____

WILL COMMUTE: _____ MILES _____ TIME

RELOCATE TO ANOTHER AREA: YES _____ NO _____

N. KIND OF WORK WANTED - BE SPECIFIC

O. MONTH AND YEAR OF BIRTH

P. EX-OFFENDER YES _____ NO _____ (CONVICTIONS OTHER THAN TRAFFIC)

VII. ADDITIONAL INFORMATION (INCLUDING COUNSELOR STATEMENTS):

DATE	INT.

VIII. CHECKLIST OF GENERAL INFORMATION PROVIDED TO CLIENTS:

DATE	INT.	DATE	INT.

IX. JOB REFERRAL RECORD

DATE		EMPLOYER	JOB TITLE/ORDER NUMBER	DUR.	PAY	RESULT	REMARKS	INT.
DATE CALLED	J. DEV. REFER.							

X. OTHER SERVICES (INCLUDING REFERRALS TO, OR SCHEDULING FOR, ANY SERVICE OTHER THAN DIRECT PLACEMENT):

DATE	INT.

XI. DISABILITY

DISABILITY	DATE BEGAN
CONDITION PERMANENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF PERMANENT, IS CONDITION <input type="checkbox"/> PROGRESSIVE <input type="checkbox"/> STABLE	
IF TEMPORARY, EXPECTED DURATION OF DISABILITY: _____ MONTHS	
WORK LIMITATIONS SPECIFICALLY RELATED TO OCCUPATION: 	

XII. WELFARE INFORMATION

CASE NAME: _____
 INDIVIDUAL'S NAME: _____
 CASE NUMBER: _____
 DATE: _____
 ELIGIBILITY WORKER: _____
 TELEPHONE NUMBER: _____
 ADDRESS: _____

FOOD STAMPS: YES NO