

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



August 6, 1990

ALL COUNTY INFORMATION NOTICE I-59 -90

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: INTERCEPTION OF STATE INCOME TAX REFUNDS TO COLLECT  
DELINQUENT RESTITUTION OF AFDC OVERPAYMENTS AND FOOD  
STAMP OVERISSUANCES - AFDC/FS INTERCEPT PROGRAM

The State Department of Social Services (SDSS), in conjunction with the State Controller's Office and the Franchise Tax Board (FTB) will again administer a State income tax refund Intercept Program for Tax Year (TY) 1990. This Program is designed to facilitate the collection of delinquent restitution of Aid to Families with Dependent Children (AFDC) overpayments and Food Stamp (FS) overissuances. This Program has proved to be an effective collection device, with over \$4.4 million in tax refunds intercepted for TY 1989.

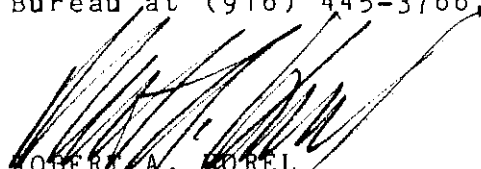
The Intercept Program, for TY 1990, will operate similarly to the previous years. Counties again this year are required to submit addresses on the individuals requested for intercept and to provide a separate tape/form for the addresses. Instructions are included in Attachments 5 and 7. In addition, the instructions for participation are being put into regulations. These regulations will be part of Division 20 of the SDSS Manual of Policy and Procedures. The regulations should be in place by September 1, 1990. There will not be any change in the criteria for submission of accounts for intercept as a result of the regulations.

This letter provides the following: (1) instructions for participation (Attachment 1), (2) a timetable of activities (Attachment 2), and (3) necessary forms which must be completed in order to intercept TY 1990 State income tax refunds (Attachments 3 through 10).

As in the past this Program is voluntary. If your County plans to participate in the AFDC/FS Intercept Program, please complete Attachment 3, "Participation Agreement", by September 1, 1990 and return it to:

State Department of Social Services  
Fraud Program Management Bureau  
Attention: Intercept Coordinator  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

Because of the effectiveness of the AFDC/FS Intercept Program in aiding in the collection of AFDC overpayments and FS overissuances, the Department encourages all Counties to participate. If you have any questions or comments, please contact Dave Fairchild of the SDSS Fraud Program Management Bureau at (916) 445-3766.



ROBERT A. LOREL  
Deputy Director

Attachments

cc: CWDA

INSTRUCTIONS

1. Submission Criteria

It is important to note at the outset that certain limitations are imposed on the AFDC/FS Intercept Program. Section 8790.2 of the State Administrative Manual provides, in part..

"The offset procedure augments rather than replaces existing tax and other collection procedures and is for use when effective procedure does not exist and the State would otherwise suffer loss. An agency's remedy under the special laws applicable to its particular program and the general laws of the State is normally more appropriate and should be used unless circumstances are such that the offset procedure is the most logical method of collection . . . ."

Therefore, based on the above mentioned provision, the following are not eligible for intercept:

- (1) Cases which are still eligible for grant adjustment or allotment reduction,
- (2) Cases in which the individual is making regular restitution payments,
- (3) Cases in which the time to request a state hearing has not lapsed,
- (4) Cases in which the individual has requested a state hearing or is awaiting a decision from a state hearing or has received an adopted state hearing decision which determines that there is no overpayment or overissuance, and
- (5) Additionally, pursuant to AFDC manual sections 44-350.161 and 44-352.21, and Food Stamp manual section 63-801.411 nonfraudulent overpayments/overissuances totaling less than \$35 are not to be demanded (this includes interception).

The county must have a "right of recovery", pursuant to SDSS regulations which existed at the time of the overpayment. Right of recovery is defined as the ability to make collections based on the regulations, subsequent court cases and any All County Letters (See Attachment 10 for a list of the appropriate letters) that have been issued regarding overpayments and their collections. The following types of delinquent restitution accounts are eligible for submission:

- (1) Non court-ordered restitution of AFDC overpayments for which the household has failed to respond to a written demand letter(s).
- (2) Civil or criminal court-ordered restitution of AFDC overpayments.

- (3) Civil or criminal court-ordered restitution of food stamp benefit overissuances as a result of an Intentional Program Violation (IPV).
- (4) Restitution of food stamp benefit overissuances which are the result of an Intentional Program Violation as determined by an administrative disqualification hearing.
- (5) Non-court ordered restitution of all Food Stamp claims which have not been terminated and for which the household has failed to respond to a written demand letter(s). This includes inadvertent household error claims and administrative error claims.

## 2. Restitution Account Information

Restitution account and address information can be submitted by magnetic computer tape or by input document. Separate tapes or input documents must be used for the account information and the addresses. See the instructions in Attachments 5 and 7. Only the following restitution account information is required to be submitted.

- (1) County number and name (Example: 38-San Francisco)
- (2) Name of individual
- (3) Address of Individual
- (4) Social Security Number of individual
- (5) Type of case, (i.e., AFDC or FS). AFDC and FS accounts must be listed separately.
- (6) Total amount of delinquent AFDC or FS restitution owed. The amount must be at least ten dollars.
- (7) Case, district, and/or worker numbers. Information contained in this field is optional.

### a. Counties Submitting Magnetic Computer Tape

Counties submitting restitution account and address information on magnetic computer tape should follow the instructions provided in Attachment 4, "AFDC/FS Intercept Program: Magnetic Tape Restitution Record Description" and Attachment 5, "AFDC/FS Intercept Program: Magnetic Tape Address Record Description". Any questions regarding automated input should be directed to:

State Department of Social Services  
Systems and Programming Section  
Attention: Mr. Mike Collins  
744 P Street, M.S. 19-58  
Sacramento, CA 95814  
(916) 445-5027

b. Counties Submitting Input Documents

Counties submitting input documents should follow the instructions provided in Attachment 6, "AFDC/FS Intercept Program: Revised Input Document Restitution Record Description (6/87)" and Attachment 7, "AFDC/FS Overpayment Intercept System Manual County Address Instructions". Please follow the instructions carefully because any incorrectly completed input forms will be rejected. Time constraints preclude editing the input documents and returning the forms to the county for correction.

The input documents, Attachment 6 page 4, "AFDC/Food Stamp Intercept System - Input Document", and Attachment 7 page 2, "AFDC/Food Stamp Intercept System - Address Input Document", must be duplicated locally.

To allow the SDSS to intercept state income tax refunds for TY 1990, participating counties must send all restitution account information, magnetic tape or forms, no later than October 1, 1990, to:

State Department of Social Services  
Production Control  
Attention: (AOI-Intercept Program)  
744 P Street, M.S. 19-13  
Sacramento, CA 95814

3. Limited Assignment/Certification of Correctness

In addition to the restitution account information, counties are also required to submit the following:

- (1) A "Statement of Limited Assignment of AFDC/FS Restitution" from each participating county to the SDSS.
- (2) A "Certificate of Correctness" regarding the validity and amount of delinquent restitution.

Attachment 8, "Limited Assignment of Delinquent Restitution", is designed to meet these requirements and should be completed by October 1, 1990. Mail the form to:

State Department of Social Services  
Fraud Program Management Bureau  
Attention: Intercept Coordinator  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

4. Deletions/Adjustments

The county must develop an internal procedure to flag and monitor all cases submitted for intercept in order to insure that the case continues to meet the criteria for a state income tax refund intercept.

In addition, the counties must maintain sufficient individual casefile information to substantiate the cause(s), amount(s) and period of the overpayment and/or overissuance and all Notices of Action sent to the individual.

Administrative Reviews

- (1) Upon either a written or verbal request for an administrative review, the counties must offer the individual a review either in person or via telephone. For the convenience of the individual, a face-to-face review is not required.
- (2) There is no outside time limit in which a review may be requested, so that these reviews may be requested and held even after the intercept has occurred.
- (3) When requested, this review must be held within ten (10) working days of the receipt of the request.
- (4) These reviews shall be conducted by impartial representatives of the county. These representatives should be persons who did not prepare the initial computation of the amounts owed. These representatives must be empowered to delete the individual's name from the request for intercept(s) or to correct the amount of intercept(s).
- (5) The pre-intercept notice advises that the individual shall be allowed to appear personally at the review or be represented, to present evidence, and to examine the documents relied upon by the county when it established and requested the intercept.
- (6) In conducting the review, the county shall determine whether it has a "right of recovery" as previously defined in these instructions.
- (7) The results of this review should be provided to the individual in writing within ten (10) working days after the review.

(8) These results must also state that if the individual is dissatisfied with the review he/she may request a state hearing within 90 days of the receipt of the results.

NOTE: Individuals must not be referred to the state hearing system until after the county conducts its review and renders a decision.

We recommend the following language be used to satisfy this requirement:

If you are dissatisfied with these results, you may request a state hearing by writing to:

(Local County Hearing Address)

---

---

You may call 1-800-952-5253 to request a hearing.

Your state hearing request must be made within 90 days of the receipt of these results.

If an individual updates the account or pays it off in full after his/her name has been submitted for an intercept, the county shall submit the name for adjustment within ten calendar days to avoid an incorrect intercept of that individual's income tax refund. If an incorrect intercept should occur, counties are reminded of the requirement in item 5 on the next page. Changes (decreases, or deletions) may be submitted at any time after the initial information is sent to the SDSS. Also, if it discovered that an individual's income tax refund was erroneously requested for intercept and the refund has not been intercepted, the county shall submit a deletion request. Attachment 9, "AFDC/FS Intercept Program. Modification Request", is provided for the purpose of submitting adjustment requests. Submit the request to:

FRANCHISE TAX BOARD  
Administrative Services/700  
Sacramento, CA 95867-0045  
ATTN: Interagency Offset Coordinator

At no time after submission of the records for the yearly master file may an account be added to the file. This is because of the need to send the individual a pre-offset notice and allow time for the review mentioned above if requested by the individual. Also, it would require the updating of the SDSS master file and might delay any deletions that you may have.

5. Reimbursement of State Income Tax Refund for Wrongful Intercept

All counties participating in the AFDC/FS Intercept Program are required to establish and utilize a mechanism for promptly (within ten calendar days after decision has been made to refund money) refunding to the individual monies intercepted for which: (1) a request for intercept has been submitted to the SDSS in error, or (2) a deletion request has been submitted to the SDSS and the intercept has already occurred before the deletion request is processed by FTB. The refund must not be held until the monies are received from DSS.

6. Designation of County Contact Person(s)

It is the responsibility of the county agency to appoint a representative to handle all local level inquiries concerning the AFDC/FS Intercept Program. Counties are to provide in Attachment 3, "Participation Agreement", the name, unit, and telephone number of this individual. Also, if this individual changes during the year, SDSS will be notified promptly.

7. Pre-Offset Notification

Upon establishment of a master file, FTB will provide SDSS an address tape. This tape will be used in conjunction with the addresses provided by the counties to notify the submitted individuals of the potential offset. If the address is unavailable from FTB, the address submitted by the County will be used to mail the notice. Every effort should be made to locate an address.

8. Income Tax Intercept

The SDSS will forward a statewide master tape to FTB who will run a continuous match against their master index through 1990.

The SDSS will send the following reports to each county:

(1) County Transaction Error Report (AOI100-A)

The system checks the case record submitted by the county for valid data and rejects those records that do not meet the validation criteria. This report lists the rejected cases.



(2) Duplicate Cases Report (AOI150-A)

Cases with the same county number, SSN, last name, and aid type are considered duplicate cases. The system will only accept the case with the largest overpayment or overissuance amount and will reject the others. This report lists the rejected cases.

(3) County Weekly FTB Intercept Report (AOI550-A)

This report lists individuals whose state income tax refund/lottery winnings were intercepted as well as the address, the restitution amount requested by the county, and the amount actually intercepted.

All county entities administering the AFDC/FS Intercept Program should establish a procedure with their respective treasurers to ensure proper accounting of incoming funds from the State Controller. Note that the State Controller will prepare checks payable to the order of the County Treasurer.

9. County Follow-Up Procedure

Upon receiving the list of intercepts and corresponding funds, the county shall credit each individual account for the AFDC and FS amounts collected through the intercept process.

The total amount of the repayments should then be recorded on Form CA 800, "Summary Report of Assistance Expenditures Aid to Families with Dependent Children, or FNS 209, Status of Claims Against Households", as appropriate.

## AFDC/FS INTERCEPT PROGRAM: TIMETABLE

| <u>Activity</u>   | <u>Date</u>                                 |
|---|---|
| County notifies the SDSS of intent to participate in the AFDC/FS Intercept Program by submitting Attachment 3.  | September 15, 1990                          |
| County sends Attachment 4 and county restitution account information to the SDSS.   | October 1, 1990                             |
| The SDSS will key enter input documents and merge edit tapes to produce statewide master tape.  | October 1, 1990<br>through October 19, 1990 |
| The SDSS will send the Annual Report of SDSS Rejects to the county.   | October 31, 1990                            |
| The SDSS will forward master tape to FTB.   | November 1, 1990                            |
| Pre-Offset notice sent to taxpayers.  | December 3, 1990                            |
| FTB will edit statewide master tape. The Annual Report of FTB Rejects will be sent to the county.   | January 8, 1991                             |
| FTB will run continuous matches against the FTB master index through 1991.  | Beginning February 1, 1991<br>and ongoing   |
| The county will submit deletions to the SDSS, if necessary.   | Ongoing                                     |
| The SDSS will send the Weekly Report of Matches to the county.  | Weekly                                      |
| FTB will transfer total weekly collection to the State Controller.  | Weekly                                      |
| The State Controller will send to the County Treasurer a check representing the total amount collected for the weekly period.   | Weekly                                      |
| The county welfare department shall credit each recipient's account with the amount intercepted and record the total amount received by the county as a repayment on Form CA-800 or CA 209. | Ongoing                                     |

AFDC/FS INTERCEPT PROGRAM: PARTICIPATION AGREEMENT

Submit this document to:

State Department of Social Services  
Fraud Program Management Bureau  
Attention Intercept Coordinator  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

\_\_\_\_\_ County will participate in the AFDC/FS Intercept Program to collect delinquent restitution of AFDC overpayments and FS overissuances.

\_\_\_\_\_  
Director's Name

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

1. Estimated number of cases county will submit for intercept: \_\_\_\_\_ / \_\_\_\_\_  
AFDC FS
2. Restitution Account input information. (Circle one): Magnetic Tape/Forms
3. Name and telephone number of the county contact person assigned to the AFDC/FS Intercept Program (liaison with the SDSS).

Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_

Unit/Division \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

4. Name and telephone number of the county representative responsible for handling local level, i.e., public inquiries concerning the AFDC/FS Intercept Program. (This person's name and address will be placed on the notice sent to persons whose state income tax refunds have been intercepted.)

Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_

Unit/Division \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

AFDC/FS INTERCEPT PROGRAM: MAGNETIC TAPE  
RESTITUTION RECORD DESCRIPTION

Automated Input Preparation  
County KDE Instructions

File Format: Sequential  
Character Format: EBCDIC  
Medium: 9 TRACK tape 1600 BPI or 9 TRACK tape 6250 BPI  
Labels: Unlabeled  
Record Length: 80 bytes  
Blocking Factor: 1 record per block  
Documentation: A transmittal must accompany the tape. The transmittal should identify the county name and county number, the number of transaction records and the density (i.e., 1600BPI or 6250 BPI). Most importantly, identify the tape as input to the welfare overpayment intercept process. Example: WELFARE OVERPAYMENTS FTB REFUND INTERCEPT. Please put the type of system which generated the tape (i.e., IBM, HONEYWELL, BURROUGHS, etc.). A standard transmittal and instructions are included. Mailing address:

Department of Social Services  
Production Controls  
Attention: AOI-Intercept Program  
744 P Street, M.S. 19-13  
Sacramento, CA 95814

Sort Key: County Number, Social Security Number

Record Items:

1. County Number - Two (2) digit unsigned numeric field. It is required. Valid values 01 through 58.
2. Social Security Number - Nine (9) digit numeric field which contains the recipient's SSN. It is required. Cannot start with '8', or '9'. May be unsigned or signed according to COBOL format S9(9).
3. Last Name - Fifteen (15) character alphabetic field which contains the recipient's last name. It is required. Must be left justified with no special characters (i.e., hyphen, apostrophe, etc.).

AFDC/FS INTERCEPT PROGRAM: MAGNETIC TAPE  
RESTITUTION RECORD DESCRIPTION - Continued

4. First Name - Ten (10) character alphabetic field which contains the recipient's first name. It is optional entry. When not used, blank fill. When used, must be left justified with no special characters (i.e., hyphen, apostrophe, etc.).
5. Middle Initial - One (1) character alphabetic field which contains the recipient's middle initial. It is optional entry. When not used, blank fill.
6. Amount Delinquent - Nine (9) digit numeric field which contains the total amount of the delinquent restitution. It is required. Cents are reduced to zero (i.e., \$10.60 = \$10.00). The decimal character is dropped. Right justified with preceding zeros (i.e., \$10.60 = 000001000). May be unsigned or signed according to COBOL format S9(7)v99. Amount must be at least ten dollars.
7. Case Identification Number - Fifteen (15) character alpha-numeric field which contains the case identification number. It is optional entry. When not used, blank fill. When used, should be left justified.
8. Worker/District Number - Five (5) character alpha-numeric field which contains county EW number and/or district. It is optional entry. When not used, blank fill. When used, should be left justified.
9. Aid Type - One (1) character alphabetic field which contains the aid type. It is required. Must contain 'A' for AFDC cases or an 'F' for Food Stamp cases.
10. FILLER - Thirteen (13) character field which contains blanks.

## TRANSACTION RECORD LAYOUT

| <u>FIELD<br/>NUMBER</u> | <u>ITEM</u>                | <u>LENGTH/MODE</u> | <u>POSITIONS</u> |
|-------------------------|----------------------------|--------------------|------------------|
| 1                       | County Number              | 2N                 | 01-02            |
| 2                       | Social Security Number     | 9N                 | 03-11            |
| 3                       | Last Name                  | 15A                | 12-26            |
| 4                       | First Name                 | 10A                | 27-36            |
| 5                       | Middle Initial             | 1A                 | 37               |
| 6                       | Amount Delinquent          | 9N                 | 38-46            |
| 7                       | Case Identification Number | 15A/N              | 47-61            |
| 8                       | Worker/District Number     | 5A/N               | 62-66            |
| 9                       | Aid Type                   | 1A                 | 67               |
| 10                      | FILLER                     | 13A/N              | 68-80            |

AFDC/FS INTERCEPT SYSTEM TRANSMITTAL

---

Use this transmittal when sending AFDC/Food Stamp submissions to DSS.

---

| <u>ITEM</u>                     | <u>ENTER</u>  |
|---------------------------------|---|
| 1. COUNTY NAME                  | County name   |
| 2. COUNTY NUMBER                | County number (State code 01 thru 58)   |
| 3. CURRENT DATE                 | Today's date  |
| 4. PROCESS YEAR                 | Tax Year being processed  |
| 5. SUBMITTED BY                 | Name of person submitting documents   |
| 6. PHONE NUMBER                 | Phone number of person submitting documents   |
| 7. DOCUMENTS<br>Number of lines | Enter the total number of AFDC and/or Food Stamp records being submitted at this time.                              |
| 8. TAPE INPUT                   | When sending a tape, in addition to filling out Item 7, indicate the tape number and number of records on the tape. |

AFDC/FOOD STAMP INTERCEPT SYSTEM TRANSMITTAL

NOTE: THIS TRANSMITTAL MUST ACCOMPANY ALL AFDC/FOOD STAMP INTERCEPT PROGRAM INPUT DOCUMENTS

|  |                                      |  |
|--|--------------------------------------|--|
| TO: DEPARTMENT OF SOCIAL SERVICES<br>PRODUCTION CONTROLS, MS 19-13<br>744 P STREET<br>SACRAMENTO, CA 95814 | MAXIMUM 100 LINES<br>PER TRANSMITTAL | KEY ENTRY USE ONLY<br><br>37501_/_/_/<br>E_____ V_____ |
|--|--------------------------------------|--|

|             |               |              |              |
|-------------|---------------|--------------|--------------|
| COUNTY NAME | COUNTY NUMBER | CURRENT DATE | PROCESS YEAR |
|-------------|---------------|--------------|--------------|

|              |              |
|--------------|--------------|
| SUBMITTED BY | PHONE NUMBER |
|--------------|--------------|

|                   |                 |
|-------------------|-----------------|
| DOCUMENTS:        |                 |
| TYPE              | NUMBER OF LINES |
| AFDC              |                 |
| FOOD STAMPS       |                 |
| ADDRESSES         |                 |
| TAPE INPUT:       |                 |
| TAPE NUMBER       |                 |
| NUMBER OF RECORDS |                 |

TEMP 1722A (8/87)

AFDC/FS INTERCEPT PROGRAM: MAGNETIC TAPE  
ADDRESS RECORD DESCRIPTION

## Automated Input Preparation

File Format: Sequential

Character Format: EBCDIC

Medium: 9 TRACK tape 1600 BPI or 9 TRACK tape 6250 BPI

Labels: Unlabeled

Record Length: 71 bytes

Blocking Factor: 1 record per block

Documentation: A transmittal must accompany the tape. The transmittal should identify the county name and county number, the number of transaction records and the density (i.e., 1600BPI or 6250 BPI). Most importantly, identify the tape as input to the welfare overpayment intercept process. Example: WELFARE OVERPAYMENTS FTB REFUND INTERCEPT. Please put the type of system which generated the tape (i.e., IBM, HONEYWELL, BURROUGHS, etc.). A standard transmittal and instructions are included. Mailing address:

Department of Social Services  
Production Controls  
Attention: AOI-Intercept Program  
744 P Street, M.S. 19-13  
Sacramento, CA 95814

Sort Key: County Number, Social Security Number

## Record Items:

1. County Number - Two (2) digit unsigned numeric field. It is required. Valid values 01 through 58.
2. Social Security Number - Nine (9) digit numeric field which contains the recipient's SSN. It is required. Cannot start with '8', or '9'. May be unsigned or signed according to COBOL format S9(9).
3. Street Address - Twenty (20) character alpha-numeric field which contains the recipient's street address.



AFDC/FS INTERCEPT PROGRAM: MAGNETIC TAPE  
 ADDRESS RECORD DESCRIPTION - Continued

4. Care Of Address - Twenty (20) character alpha-numeric field which contains the care of (c/o) portion of recipient's address, if any. It is optional entry. When not used, blank fill.
  5. City - Thirteen (13) character alpha-numeric field which contains recipient's city. It is required.
  6. State - Two (2) character alphabetic field which contains recipient's state. See no. (6-7) below for foreign countries.
  7. Zip Code - Five (5) digit numeric field which contains recipient's zip code. See no. (6-7) below for foreign countries.
- (6-7). Foreign country - Seven (7) character alphabetic field which contains the name of the foreign country of the recipient's address. This field, when used, replaces the state and zip code fields.

AOI COUNTY ADDRESS RECORD LAYOUT

| <u>FIELD NUMBER</u> | <u>ITEM</u>            | <u>LENGTH/MODE</u> | <u>POSITIONS</u> |
|---------------------|------------------------|--------------------|------------------|
| 1                   | County Number          | 2N                 | 01-02            |
| 2                   | Social Security Number | 9N                 | 03-11            |
| 3                   | Street Address         | 20A/N              | 12-31            |
| 4                   | Care of Address        | 20A/N              | 32-51            |
| 5                   | City                   | 13A/N              | 52-64            |
| 6                   | State *                | 2A                 | 65-66            |
| 7                   | Zip Code *             | 5N                 | 67-71            |
| (6-7)               | *(or Foreign Country   | 7A)                | (65-71)          |

AFDC/FS INTERCEPT PROGRAM  
REVISED INPUT DOCUMENT RESTITUTION RECORD DESCRIPTION (6/87)

A separate form is required for AFDC and Food Stamp records. Separate forms are also required for each worker/district number if they are used. See sample Attachment 6, page 3.

Example 1: If your county uses worker/district numbers, for each worker/district you would need one form for the worker/district's AFDC records and another form for Food Stamp records.

Example 2: If your county does not use worker/district numbers, use one form for AFDC record and another form for Food Stamp records.

DO NOT MIX AID TYPES OR WORKER/DISTRICT NUMBERS ON THE SAME FORM.

1. COUNTY NAME AND NUMBER

For each document enter county name and number.

2. WORKER/DISTRICT NUMBER (5 characters maximum)

Worker/District number is an optional county use field to be used for additional county identification of cases. Use a separate form for each different worker/district number. Data can be entered free form in any desired format. There are no restrictions on alphabetic or numeric characters.

3. AID TYPE

Put an 'X' in box for AFDC or Food Stamp records. Use a separate form for each aid type - do not mix aid types on one form.

4. SOCIAL SECURITY NUMBER (9 DIGITS)

Enter recipient's Social Security Number. This field is required and must contain nine digits. The first digit cannot be '8', or '9'.

5. LAST NAME (15 ALPHABETIC CHARACTERS MAXIMUM)

Enter recipient's last name. This is a required field and must be alphabetic. Use only the letters 'A' through 'Z'. Do not use special characters such as hyphen, apostrophe, etc. If a recipient has aliases, make a separate complete entry for each different last name. (FTB only uses the SSN and first four letters of the last name for matching purposes.)

6. FIRST NAME (10 ALPHABETIC CHARACTERS MAXIMUM)

Enter recipient's first name. When entered, the characters must be alphabetic.

7. MIDDLE INITIAL (1 ALPHABETIC CHARACTER MAXIMUM)

Enter recipient's middle initial. This is not a required field, but if entered, must be alphabetic.

8. DOLLAR AMOUNT DELINQUENT (7 DIGIT MAXIMUM - NO CENTS)

Enter the total amount of the delinquent restitution to the nearest whole dollar (drop cents). This is a required field and must be numeric. AFDC overpayments and Food Stamp overissuances must be listed as separate entries on separate forms. Amount must be at least ten dollars.

9. CASE IDENTIFICATION NUMBER (15 CHARACTERS MAXIMUM)

This is an optional field to be used for additional county identification of cases. Data can be entered free form in any desired format. There are no restrictions on alphabetic or numeric characters.

NOTE: This form is not to be used for the Child Support Intercept System nor are child support forms to be used for this system.

A transmittal must accompany the documents. The necessary form and instructions are included as Attachment 4, pages 3 and 4.

AFDC/FOOD STAMP INTERCEPT SYSTEM - INPUT DOCUMENT

|             |          |               |   |
|-------------|----------|---------------|---|
| COUNTY NAME | COUNTY # | WORKER/DIST # | AID TYPE:   |
| Alpine      | 02       |               | AFDC=A <input checked="" type="checkbox"/> 1<br>FS=F <input type="checkbox"/> 2 |

| LN | SOCIAL SECURITY NUMBER | LAST NAME | FIRST NAME | M | DELINQUENT | AMOUNT | COUNTY CASE ID |
|----|------------------------|-----------|------------|---|------------|--------|----------------|
| 01 | 555 11 4444            | Peoples   | Person     | P |            | 750    | 00             |
| 02 | 333 22 1111            | Smith     | Gopher     | B |            | 15     | 00             |
| 03 |                        |           |            |   |            |        | 00             |
| 04 |                        |           |            |   |            |        | 00             |
| 05 |                        |           |            |   |            |        | 00             |
| 06 |                        |           |            |   |            |        | 00             |
| 07 |                        |           |            |   |            |        | 00             |
| 08 |                        |           |            |   |            |        | 00             |
| 09 |                        |           |            |   |            |        | 00             |
| 10 |                        |           |            |   |            |        | 00             |
| 11 |                        |           |            |   |            |        | 00             |
| 12 |                        |           |            |   |            |        | 00             |
| 13 |                        |           |            |   |            |        | 00             |
| 14 |                        |           |            |   |            |        | 00             |
| 15 |                        |           |            |   |            |        | 00             |
| 16 |                        |           |            |   |            |        | 00             |
| 17 |                        |           |            |   |            |        | 00             |
| 18 |                        |           |            |   |            |        | 00             |
| 19 |                        |           |            |   |            |        | 00             |
| 20 |                        |           |            |   |            |        | 00             |
| 21 |                        |           |            |   |            |        | 00             |
| 22 |                        |           |            |   |            |        | 00             |
| 23 |                        |           |            |   |            |        | 00             |
| 24 |                        |           |            |   |            |        | 00             |
| 25 |                        |           |            |   |            |        | 00             |

SAMPLE

AFDC/FOOD STAMP INTERCEPT SYSTEM - INPUT DOCUMENT

| COUNTY NAME |                        | COUNTY #  | WORKER/DIST # | AID TYPE:      |        |                |
|-------------|------------------------|-----------|---------------|----------------|--------|----------------|
|             |                        |           |               | AFDC=A         | 1      |                |
|             |                        |           |               | FS=F           | 2      |                |
| LN          | SOCIAL SECURITY NUMBER | LAST NAME | FIRST NAME    | M DELINQUENT I | AMOUNT | COUNTY CASE ID |
| 01          |                        |           |               |                | 00     |                |
| 02          |                        |           |               |                | 00     |                |
| 03          |                        |           |               |                | 00     |                |
| 04          |                        |           |               |                | 00     |                |
| 05          |                        |           |               |                | 00     |                |
| 06          |                        |           |               |                | 00     |                |
| 07          |                        |           |               |                | 00     |                |
| 08          |                        |           |               |                | 00     |                |
| 09          |                        |           |               |                | 00     |                |
| 10          |                        |           |               |                | 00     |                |
| 11          |                        |           |               |                | 00     |                |
| 12          |                        |           |               |                | 00     |                |
| 13          |                        |           |               |                | 00     |                |
| 14          |                        |           |               |                | 00     |                |
| 15          |                        |           |               |                | 00     |                |
| 16          |                        |           |               |                | 00     |                |
| 17          |                        |           |               |                | 00     |                |
| 18          |                        |           |               |                | 00     |                |
| 19          |                        |           |               |                | 00     |                |
| 20          |                        |           |               |                | 00     |                |
| 21          |                        |           |               |                | 00     |                |
| 22          |                        |           |               |                | 00     |                |
| 23          |                        |           |               |                | 00     |                |
| 24          |                        |           |               |                | 00     |                |
| 25          |                        |           |               |                | 00     |                |

AFDC/FS OVERPAYMENT INTERCEPT SYSTEM  
MANUAL COUNTY ADDRESS INSTRUCTIONS

1. COUNTY NAME AND NUMBER

For each document enter county name and number

2. SOCIAL SECURITY NUMBER (9 DIGITS)

Enter recipient's Social Security Number. This field is required and must contain nine digits. The first digit cannot be '8' or '9'.

3. STREET ADDRESS (20 CHARACTERS MAXIMUM)

Enter recipient's street address. Twenty (20) characters maximum (including blank spaces).

4. CARE OF ADDRESS (20 CHARACTERS MAXIMUM)

Enter care of (c/o) portion of recipient's address, if any. Twenty (20) character maximum (including blank spaces).

5. CITY (13 CHARACTERS MAXIMUM)

Enter recipient's city. This field is required.

6. STATE (2 CHARACTERS)

Enter recipient's state. See no. (6-7) below for foreign countries.

7. ZIP CODE (5 DIGITS)

Enter recipient's zip code. This field is optional. See no. (6-7) below for foreign countries.

(6-7). FOREIGN COUNTRY (7 CHARACTERS MAXIMUM)

Enter foreign country of recipient. This field, when used replaces the state and zip code fields.

AFDC/FOOD STAMP INTERCEPT SYSTEM - ADDRESS INPUT DOCUMENT

| COUNTY NAME |                        |        |         | COUNTY CODE |    |             |
|-------------|------------------------|--------|---------|-------------|----|-------------|
| LN          | SOCIAL SECURITY NUMBER | STREET | CARE OF | CITY        | ST | ZIP/COUNTRY |
| 01          |                        |        |         |             |    |             |
| 02          |                        |        |         |             |    |             |
| 03          |                        |        |         |             |    |             |
| 04          |                        |        |         |             |    |             |
| 05          |                        |        |         |             |    |             |
| 06          |                        |        |         |             |    |             |
| 07          |                        |        |         |             |    |             |
| 08          |                        |        |         |             |    |             |
| 09          |                        |        |         |             |    |             |
| 10          |                        |        |         |             |    |             |
| 11          |                        |        |         |             |    |             |
| 12          |                        |        |         |             |    |             |
| 13          |                        |        |         |             |    |             |
| 14          |                        |        |         |             |    |             |
| 15          |                        |        |         |             |    |             |
| 16          |                        |        |         |             |    |             |
| 17          |                        |        |         |             |    |             |
| 18          |                        |        |         |             |    |             |
| 19          |                        |        |         |             |    |             |
| 20          |                        |        |         |             |    |             |
| 21          |                        |        |         |             |    |             |
| 22          |                        |        |         |             |    |             |
| 23          |                        |        |         |             |    |             |
| 24          |                        |        |         |             |    |             |
| 25          |                        |        |         |             |    |             |

Submit this form to:

State Department of Social Services  
Fraud Program Management Bureau  
Attention Intercept Coordinator  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

LIMITED ASSIGNMENT OF DELINQUENT RESTITUTION

\_\_\_\_\_ County hereby assigns to the State Department of Social Services those cases with delinquent restitutions for the limited purpose of allowing the State Department of Social Services to effect collection of said restitution pursuant to California Government Code Section 12419.5. This assignment is for the limited purpose stated and does not preclude \_\_\_\_\_ County from taking any other action for collection of these restitutions.

\_\_\_\_\_  
CWD Director's Name

\_\_\_\_\_  
CWD Director's Signature

\_\_\_\_\_  
Date

CERTIFICATION CORRECTNESS OF DELINQUENT RESTITUTION

I, (Name) \_\_\_\_\_ declare that I have supervised the compilation of the list of delinquent accounts submitted to the State Department of Social Services and I am informed and believe that each listed individual has been identified by the correct Social Security Number, that the County has the "right of recovery", as defined in Attachment 1, the ACL Checklist was reviewed (Attachment 10), and that the amount of total restitution owed is correct.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1990,

in the County of \_\_\_\_\_, California.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



AFDC/FS INTERCEPT PROGRAM  
MODIFICATION REQUEST INSTRUCTIONS

1. Enter County Name and Tax Year. (REQUIRED FIELD)
2. TYPE CODE: (REQUIRED FIELD)  
Enter either "C" for change or "D" for delete.
3. SOCIAL SECURITY NUMBER: (REQUIRED FIELD)  
Enter the Social Security Number of the individual you wish to modify. The first digit cannot be '8' or '9'.
4. NAME CONTROL: (REQUIRED FIELD)  
Enter the first four (4) characters of the last name of the individual you wish to modify.
5. REVISED AMOUNT: (REQUIRED FIELD)  
Enter the new amount you wish to intercept. If it is a delete enter '0.00'. If there is both an AFDC and Food Stamp debt combine the amount.
6. AGENCY INFORMATION: (OPTIONAL FIELD)  
If used should be the same number submitted with the initial request.

Franchise Tax Board  
Administrative Services/700  
Sacramento, CA 95867-0045  
ATTN: Interagency Offset Coordinator

\_\_\_\_\_ County Tax Year \_\_\_\_\_ Agency Code DK

SUBJECT: Interagency Offset Program - Modification Request(s)

| Type Code (1) | Social Security Account No. (9) | Name Control (4) | Agency Code | Revised Amount (9) | Agency Information (20) |
|---------------|---------------------------------|------------------|-------------|--------------------|-------------------------|
| 1. _____      | _____                           | _____            | DK          | _____              | _____                   |
| 2. _____      | _____                           | _____            | DK          | _____              | _____                   |
| 3. _____      | _____                           | _____            | DK          | _____              | _____                   |
| 4. _____      | _____                           | _____            | DK          | _____              | _____                   |
| 5. _____      | _____                           | _____            | DK          | _____              | _____                   |
| 6. _____      | _____                           | _____            | DK          | _____              | _____                   |
| 7. _____      | _____                           | _____            | DK          | _____              | _____                   |
| 8. _____      | _____                           | _____            | DK          | _____              | _____                   |
| 9. _____      | _____                           | _____            | DK          | _____              | _____                   |
| 10. _____     | _____                           | _____            | DK          | _____              | _____                   |
| 11. _____     | _____                           | _____            | DK          | _____              | _____                   |
| 12. _____     | _____                           | _____            | DK          | _____              | _____                   |
| 13. _____     | _____                           | _____            | DK          | _____              | _____                   |
| 14. _____     | _____                           | _____            | DK          | _____              | _____                   |
| 15. _____     | _____                           | _____            | DK          | _____              | _____                   |
| 16. _____     | _____                           | _____            | DK          | _____              | _____                   |
| 17. _____     | _____                           | _____            | DK          | _____              | _____                   |
| 18. _____     | _____                           | _____            | DK          | _____              | _____                   |
| 19. _____     | _____                           | _____            | DK          | _____              | _____                   |
| 20. _____     | _____                           | _____            | DK          | _____              | _____                   |

NAME:  
TITLE:

CHECKLIST OF ALL COUNTY LETTERS  
TO BE REVIEWED PRIOR TO SUBMISSION OF CASE  
FOR TAX INTERCEPT

AFDC OVERPAYMENTS

1. All cases

A. All-County Letter (ACL) 85-49 (Edwards v. McMahon)

Instruction: Ensure that all underpayments are set off against existing overpayments.

2. Cases involving excess resources:

A. ACL 87-40 (Excess property overpayments -- Cases in collection) (EAS 44-350.12, 352.1)

Instruction: Ensure that good faith review has been performed and that recipient was notified of result of review; if no review previously performed, review case in accordance with ACL and notify recipient; no intercept pending outcome of review. If overpayment reduced after review, and prior collection exceed revised amount, make corrective payment.

3. Cases involving lump sum payments:

A. ACL 85-67 (Stephens v. McMahon, Shaw v. McMahon)

Instructions:

- 1) Ensure that overpayment was not caused by "windfall" lump sum payment received between April 2, 1982 and August 1, 1986;
- 2) Ensure that, in determining amount of overpayment, eligibility under Shaw was considered.

B. ACL 86-90, 88-76 (Rutan v. McMahon)

Instruction: Counties must cease all recoupment activity for overpayments caused by receipt of lump sum income prior to receipt of an adequate notice explaining the lump sum rule. If the lump sum payment was received prior to November 16, 1986, there is a presumption that no such notice was sent.

4. Cases involving excess income:

A. ACL 86-44 (Noia v. McMahon)

Instruction: If overpayment arose from a loan considered as income, ensure that instructions in ACL 86-44 have been followed. (Note: In most cases, loan was received between October 1, 1985 and July 1, 1986.)

B. ACL 84-93, 85-41 (Collins v. Woods)

Instruction: Counties should not be recouping nonwillful overpayments made prior to April 2, 1982. In any such case, stop recoupment and make corrective payments of all amounts recouped after August 28, 1984.

5. Technical overpayments

A. All County Information Notice (ACIN) I-113-84

Instruction: Review case to ensure that overpayment did not arise from "technical ineligibility" (e.g., failure to register for WIN because of county error). If case involves a technical overpayment which occurred after January 1, 1985, stop recoupment and make corrective payments of amounts previously recovered.

FOOD STAMP OVERISSUANCES

1. All County Information Notice I-46-87

Instruction: Ensure that amount of claim is determined in accordance with EAS 63-046, 63-801.111 and 63-801.311.

ALL AFDC AND FOOD STAMP DEBTS

1. All County Information Notice I-65-86 (Effects of Bankruptcy on Public Assistance Overpayments).

Instruction: If a bankruptcy has been filed, consult this ACIN.