

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



August 16, 1990

ALL COUNTY INFORMATION NOTICE NO. I-63-90

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SPANISH TRANSLATED TRANSITIONAL CHILD CARE FORMS

REFERENCE: ALL COUNTY LETTER 90-29, MARCH 22, 1990

The purpose of this letter is to transmit reproducible copies of the Spanish translated Transitional Child Care forms. They are the:

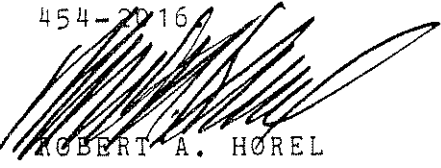
- o Request for Transitional Child Care (TCC) Benefits, TCC 1 (4/90);
- o Request for Transitional Child Care (TCC) Benefits, TCC 1A, (4/90);
- o Request for Transitional Child Care Payment, TCC 43 (5/90).

The above forms are currently undergoing revisions based on regulation changes. An All County Letter explaining these changes will be sent to Counties in August. We expect forms revisions to be completed by November 1, 1990 and Spanish translations by the end of December. The revised forms will follow under separate cover.

Counties should be conservative when producing stock of the above forms locally. At present, the Spanish translations are not stocked in the DSS Warehouse.

The Spanish translation of the Transitional Medi-Cal (TMC)/ Transitional Child Care (TCC) Status Report (Quarterly), MC 176 TMC/TCC (4/90) will be completed by the Department of Health Services in September.

If there are any questions, please contact LeAnne Torres, AFDC and Food Stamp Policy Implementation Bureau, (916) 324-1016 or ATSS 454-2016.


ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA