

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



August 10, 1993

ALL-COUNTY INFORMATION NOTICE I-29-93

TO: All County Welfare Directors
IEVS Coordinators

Reason for this Transmittal

- State Law Change
 Federal Law or Regulation Change
 Court Order or Settlement Agreement
 Clarification Requested by One or More Counties
 Initiated by CDSS

SUBJECT: Payment Verification System (PVS) Response Document

In order to streamline the Income and Eligibility Verification System (IEVS) monthly PVS process, and after discussion with counties, the PVS response document will no longer be printed in conjunction with the PVS abstract. This will save paper, shipping, handling charges and time at both the state and county levels. However, when a discrepancy is found and an overpayment is identified, workers will need to complete the attached response document. A completed sample is attached. Please note that the aid type is not to be included in the case number on the response document. Response documents are not to be completed and returned unless there is an overpayment or ineligibility identified.

An initial supply of the non-automated PVS response documents has been sent to the county IEVS coordinators. Additional supplies of the DPS 526 (5/93) PVS 040 can be ordered on the forms order, GEN 727-B, from the California Department of Social Services Warehouse. Send forms order requests to:

California Department of Social Services
Warehouse
P. O. Box 22429
Sacramento, CA 95822-3799

If you have any questions regarding this change to the PVS, please contact Ms. Maureen Paizs, Fraud Bureau, at (916) 445-3417.

MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachment

c: CWDA

DEPARTMENT OF SOCIAL SERVICES
IEVS/PAYMENT VERIFICATION SYSTEM

COUNTY RESPONSE DOCUMENT

Please answer all applicable questions and return the form to the address below, only if the IEVS information impacted the Grant, Issuance Amount, Share-of-Cost, or Eligibility.

A. Case: Co. **02** Case Number **00111111** FBU **0**

B. Run Date: Mo. **01** Day **25** Year **93**
(From Abstract)

1. What program(s) was affected and what was the actual amount of the overpayment/overissuance or monthly share of cost increase?

List Whole Dollars Only	C. AFDC	\$	121
	D. FS	\$	50
	E. MCO	\$	
	F. Other	\$	

2. What type(s) of unreported income was the reason for the actual overpayment/overissuance or monthly share-of-cost increase?

"X" all that apply:

- G. UI 1
- H. DI 2
- I. RSDI 3

3. Did the IEVS Match information result in the case being discontinued?

"X" one:

- J. Yes 1
- K. No 2

4. Completed By:

Mp. E.W.

Name

526B

Worker Number

8/10/93

Date

When response Document is complete, mail the original* form to:

California Department of Social Services
Fraud Bureau
744 P Street, MS 19-26
Sacramento, CA 95814

*File copy in the case.