

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

February 11, 1997

ALL COUNTY INFORMATION NOTICE I-06-97



TO: ALL COUNTY WELFARE DIRECTORS

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: CHANGES TO FORMS USED BY THE AID TO FAMILIES WITH DEPENDENT CHILDREN, FOOD STAMPS, AND MEDI-CAL/ STATE-RUN COUNTY MEDICAL SERVICES PROGRAMS

REFERENCE: ALL COUNTY LETTERS NO. 96-51 and 96-60

This letter transmits changes to the application and monthly/status report forms. Copies of the following forms are enclosed:

- o CA 7 (12/96), Monthly Eligibility Report
- o SAWS 7 (12/96), Monthly Eligibility/Status Report
- o CA 7A (12/96), How to Fill Out Your CA 7 and SAWS 7
- o SAWS 1 Coversheet and SAWS 1 (12/96), Application for Cash Aid, Food Stamps, and Medi-Cal/State-Run County Medical Services Program (State CMSP)

Below is a description of the general changes to the forms. Attachment 1 outlines all changes not discussed below. It is recommended that counties begin using the forms transmitted in this notice as soon as administratively feasible.

CA 7 and SAWS 7

County Welfare Departments (CWDs) are advised that effective immediately, the forms designation for the CA 7 and SAWS 7 is changed from "Required Form - No Substitute" to "Required Form - Substitute Permitted." By changing the form designation for the CA 7/SAWS 7, CWDs will no longer be required to ask the state for a waiver to conduct a demonstration project when proposals involve only minor changes to the form.

Additionally, CWDs will have more flexibility in addressing individual variations for county systems and/or demographic characteristics, which should reduce the need for county developed supplementary forms.

However, there is no change in the requirement for CWDs to obtain prior approval from the California Department of Social Services (CDSS) before implementing a modification of or substitution to the CA 7/SAWS 7 and other "Substitute Permitted" forms. For the Aid to Families with Dependent Children (AFDC) and/or Food Stamp (FS) Programs, the procedures for submission of a change request are outlined in Management and Office Procedures Regulations 23-400.22.

For Medi-Cal changes or substitutions to the SAWS 7 and the MC-176, Medi-Cal Status Report Form, CWDs should contact the Department of Health Services, Medi-Cal Eligibility Branch.

There are other revisions to the CA 7 and SAWS 7. The forms are changed to facilitate the identification of persons eligible for the higher Maximum Aid Payment as referenced in All County Letter (ACL) No. 96-60. Also, the new FS disqualification penalties are incorporated in the Certification Section.

CA 7A

The CA 7A is revised to provide the recipient with specific information on how to complete the CA 7 and SAWS 7. The prior version did not include information regarding the SAWS 7.

SAWS 1

The SAWS 1 Coversheet is revised to eliminate narrative regarding homelessness as a basis for FS Expedited Service. See ACL 96-51 for a discussion of this issue. The SAWS 1 Application is not revised.

CAMERA-READY COPIES AND TRANSLATIONS

Counties needing a camera-ready copy of any of the forms discussed in this letter may call the Forms Management Unit at (916) 657-1907 or CALNET 437-1907 for copies of the English and Spanish (SP) versions. For Asian language (Chinese, Cambodian, and Vietnamese) versions, counties may FAX their requests to the Language Services Bureau at (916) 657-3429 or CALNET 473-3429. Counties may call (916) 464-1282 if only one form is being ordered.

A camera-ready version of the SAWS 1 (SP) is expected to be available within 30 days. Camera-ready versions of the SP translations of the remaining forms and the Asian translations of all forms are expected to be available at a later date.

STOCK

A six-month supply of state produced stock for the English language versions of all forms are expected to be available in the CDSS Warehouse by March 21, 1997. The SP translations are expected to be available at a later date. CDSS will issue the Notice of Change Form (GEN 127) when the English and Spanish language versions of the forms are available. See the County Forms Catalog for the procedures for ordering forms from the CDSS Warehouse.

CONTACTS

If you have any questions or need further information, please contact the following staff regarding the specific program areas:

- o This letter and the forms: Elizabeth Allred at (916) 657-3350/CALNET at 437-3350;
- o Food Stamp Program: Melissa Buchanan at (916) 654-8467/CALNET at 464-8467;
- o Asian/Spanish translations: Shirley LuKung at (916) 654-1277/CALNET at 464-1277;
- o Medi-Cal: Michelle Harrison at (916) 654-6469/CALNET at 464-6469 or Kveta Simon at (916) 657-2767/CALNET at 437-2767.

Sincerely,



BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments

c: CWDA
Frank Martucci, Department of Health Services