



CDSS

JOHN A. WAGNER
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DEPARTMENT OF SOCIAL SERVICES
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ARNOLD SCHWARZENEGGER
GOVERNOR

October 28, 2009

ALL COUNTY LETTER NO. 09-63

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: REVISED SOC 295 IN-HOME SUPPORTIVE SERVICES (IHSS)
RECIPIENT APPLICATION FORM

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

The purpose of this All-County Letter (ACL) is to inform counties that the In-Home Supportive Services (IHSS) Application for Social Services (SOC 295) form has been revised. AB X4 4 (Chapter 4, 2009 4th Extraordinary Session) and AB X4 19 (Chapter 17, 2009, 4th Extraordinary Session), created new requirements for an individual to be eligible and paid as an IHSS provider (W&IC 12301.24) and established fraud detection and prevention activities including targeted mailings and unannounced home visits with which recipients and providers are required to comply to avoid possible termination from the IHSS program (W&IC 12305.82(f)).

The Application has been revised to inform recipients of these program requirements and their responsibilities as an IHSS applicant/recipient. The revised Application is to be implemented by the counties commencing November 1, 2009, and all other versions should be destroyed.

AB 4X 19 also created requirements for recipient fingerprinting for purposes of identity, notices to providers of recipient authorized services and hours, and recipient and provider fingerprints on timesheets. The Application will be further updated and an ACL issued with each of the new requirements as they are implemented.

The California Department of Social Services (CDSS) has identified the Application as a “required” form. Forms in this category may not be modified, reconstructed, or substituted.

CAMERA-READY COPIES AND TRANSLATIONS OF FORMS

Counties may access camera-ready versions of English forms referenced in this ACL on [CDSS' Forms/Brochures](#) web page.

Questions about accessing the forms may be directed to Forms Management Unit at FMUdss@dss.ca.gov, or via telephone, at (916) 657-1907.

CDSS is in the process of translating the Application for Social Services (SOC 295). Language Translation Services (LTS) will make available camera-ready copies of Spanish, Armenian, and Chinese translated forms and letters as soon as they have been completed. You may access these translated forms and letters at [Translated Forms and Publications](#).

Your County Forms Coordinator should distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code section 7290 et seq.) and by State regulation (MPP Division 21, Civil Rights Nondiscrimination, section 115).

Any questions regarding this form should be directed to Marti Tosta, Manager of the CMIPS II Policy Support Unit, at (916) 229-4000.

Sincerely,

Original Document Signed By:

EVA L. LOPEZ
Deputy Director
Adult Programs Division

Attachment

[State of California – Health And Human Services Agency California
Department of Social Services Application For Social Services \(SOC 295\)](#)