

**DEPARTMENT OF BENEFIT PAYMENTS**

744 P Street, Sacramento, CA 95814



June 30, 1975

ALL-COUNTY LETTER NO. 75-130

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: TRANSLATION OF WELFARE FORMS

REFERENCE: ALL-COUNTY LETTER 75-47 DATED FEBRUARY 27, 1975

All-County Letter 75-47 outlined the procedures for obtaining translations of state forms or requesting critical county forms be translated by the Department of Benefit Payments into languages other than English. Since the initiation of this process, the Department has conducted an evaluation of it and implemented several changes designed to improve and streamline the translation process. The majority of these changes affect only the internal operation of the translation and review phase by Department of Benefit Payments.

However, there is one major change affecting those county welfare departments desiring to use the process. Effective immediately, all requests for translated forms or for translation of county forms should be directed to the following address:

Forms Management Section  
Business Services Bureau  
Department of Benefit Payments  
Mail Station 14-55  
744 P Street  
Sacramento, CA 95814

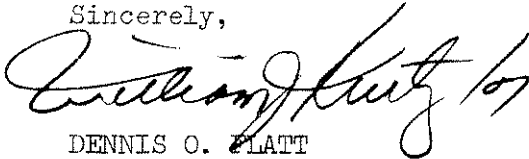
Should you desire to make requests by telephone, ask for Barbara Beers at (916) 445-1780 or ATSS (916) 485-1780. These requests should include the form, language desired, approximate annual usage and a brief statement of need for the form. We do not anticipate a volume that would cause undue delays, but if this should occur the statement will aid in our prioritization.

# OBSOLETE

Superseded by ACL # 77-15

With a request for the translation of a county-only form, the approximate annual usage will not be required as Department of Benefit Payments will be returning a master copy for county printing.

Sincerely,



DENNIS O. PLATT  
Deputy Director

cc: CWDA

ORSOLE

to be returned