

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-2214



January 31, 1984

ALL COUNTY LETTER NO. 84-18

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: CA 7 (12/83) REVISED PROCESSING INSTRUCTIONS

The State Department of Social Services has developed the following instructions for county welfare departments (CWDs) to use to process Monthly Eligibility Reports (CA 7, until a new monthly report is developed and made available to CWDs. CWDs will use these new procedures beginning with the January 1984 CA 7s due in February 1984. These procedures have been developed as a result of concern expressed that recipients of AFDC, Food Stamps, RCA/ECA may be unable to correctly complete the revised CA 7.

GENERAL PROCESSING INSTRUCTIONS

No CA 7 Submitted

CWDs will continue to follow current procedures and send the recipient a NA 960 X in this situation.

Incomplete CA 7 - Question 2 - Income

If the recipient has income, verification as required by the Food Stamp and AFDC Program regulations must be attached, or the report will be considered incomplete.

This is the only question which has the potential to result in discontinuance due to the recipient's failure to complete the form. CWDs will use the NA 960 Y in this situation. For food stamps, refer to Attachment 1 for language to be used when the CA 7 is also missing information on other questions, signature or date.

Complete CA 7 - Missing Information/Verification

Questions 1, 7, 8A (Numbers 1-15), 8B, 9, Signature and Date - Eligibility Questions

County welfare departments are not to consider a CA 7 incomplete if these items are either not completed or are completed incorrectly. Instead, CWDs will attempt to obtain any missing or incomplete information.

For food stamps, the CWDs will send a DFA 377.4 using the language provided in Attachment 1 and a blank CA 7.

For AFDC and RCA/ECA, the CWDs will send the recipient the attached stuffer (Attachment 2) affixed to a blank CA 7, with the missing or incomplete items circled.

If the recipient responds, the CWD will determine eligibility and grant/benefit amount based on the additional information. If the recipient does not respond or again submits incomplete information, the CWD will determine eligibility and grant/benefit amount as if there were no changes in these items.

Question 3 - Dependent Care

If the recipient fails to verify dependent care costs, the CWD will disallow the deduction. For food stamps, if the CA 7 is otherwise complete, CWDs will use the DFA 377.4 as a reminder in this situation. See Attachment 1 for language to be used when the CA 7 is also missing information on other questions, signature or date. If this results in a reduction of benefits in AFDC, Food Stamps or RCA/ECA, CWDs are to send timely and adequate notice of action of the reduction.

Question 4 - Court Ordered Support

If court ordered support information or evidence is not provided on or attached to the report, disallow the deduction. If this results in a reduction of aid in AFDC or RCA/ECA, CWDs are to send timely and adequate notice of action of the reduction.

Question 5 - Shelter Expenses

If the recipient fails to complete this question or completes the question incorrectly or incompletely, the CWD will not send a notice of proposed change in benefits. Instead, the CWD will send a blank CA 7 and the DFA 377.4, utilizing language provided in Attachment 1. If the recipient does not respond with the correct information or verification, the recipient will be allowed his/her previous month's shelter deduction, if any.

Question 6 - Medical Expenses

If the recipient fails to verify medical expenses, the CWD will disallow the deduction. CWDs will use the DFA 377.4, if the CA 7 is otherwise complete, as a reminder in this situation. See Attachment 1 for language to be used when the CA 7 is also missing information on other questions, signature or date.

RECIPIENTS IMPACTED BY NEW PROCESSING INSTRUCTIONS

All recipients that return a CA 7 by the extended filing date (first of the following month) will have their reports processed as indicated above.

The detailed Food Stamp Program instructions necessary to implement the Saldivar decision as described in All County Letter No. 84-08, dated January 10, 1984, have for the most part been rendered inoperable by this policy and will therefore not be released. However, detailed food stamp instructions to implement these revised CA 7 processing procedures incorporating the Saldivar decision will be sent to CWDs by February 10, 1984. The AFDC instructions contained in ACL 84-08 remain in effect.

As indicated previously, SDSS is in the process of revising the CA 7 with the assistance of CWDs. The new form is expected to be completed within four to five months.

We recognize that the interim policies contained in this letter could impact the error rate. Please be assured that SDSS will take this into account should the QC figures for the period indicate a serious error rate impact.

Should you have any questions regarding this letter, please contact your Food Stamp Corrective Action Consultant at (916) 322-5475 or your AFDC Policy Implementation Bureau at (916) 322-5330.


KYLE S. MCKINSEY
Deputy Director

Attachments

cc: CWDA

FOOD STAMP PROGRAM

Alternate Procedures for Processing CA 7's and Providing Reminder Notices:

<u>Household Action</u>	<u>Notice</u>	<u>Additional Explanation(s)</u>
1. Fails to file a CA 7, by the 11th of the report month.	NA 960 X No change from current instructions.	None
2. Files an incomplete CA 7, ** by the 11th of the report month.	NA 960 Y No change from current instructions except definition of incomplete CA 7.	None
3. Files an incomplete CA 7, ** by the 11th of the report month, which is also missing verification/information of dependent care and/or medical expenses.	NA 960 Y No change from current instructions except definition of incomplete CA 7 and "Additional Information Requested" Section is used only for dependent care and medical expenses.	None
4. Files an incomplete CA 7, ** by the 11th of the report month which is also missing verification/information of a forgiveness # item(s). **	NA 960 Y Changes to current instructions include new definition of incomplete CA 7 and additional explanation must be used for the forgiveness # items.	You did not give us other important information with your CA 7. Please get us the following information by the first working day of next month so we can see if your food stamp eligibility or benefits will change. ***
5. Files an incomplete CA 7, ** by the 11th of the report month, which is also missing verification/information of dependent care and/or medical expenses, and which is missing verification/information of forgiveness # item(s).	NA 960 Y Changes to current instructions include new definition of incomplete CA 7, use of "Additional Information Requested" Section for dependent care and medical expenses only, and use of an additional explanation for forgiveness # item(s).	You did not give us other important information with your CA 7. Please get us the following information by the first working day of next month so we can see if your food stamp eligibility or benefits will change. ***

<u>Household Action</u>	<u>Notice</u>	<u>Additional Explanation(s)</u>
6. Files a complete CA 7, * ⁰ by the 11th of the report month, which is missing verification/information of dependent care and/or medical expenses.	DFA 377.4 (Proposed Change in Benefits Section) No change to current instructions except new definition of complete CA 7 and proposed change in benefits section is used only for dependent care and/or medical expenses.	None
7. Files a complete CA 7, * ⁰ by the 11th of the report month, which is missing verification/information of forgiveness # item(s)	DFA 377.4 (Comments Section) New definition of complete CA 7 must be used and additional explanation must be used in comments section of form.	You did not give us some important information with your CA 7. Please get us the following information by the first working day of next month so we can see if your food stamp eligibility or benefits will change. ***
8. Files a complete CA 7, * ⁰ by the 11th of the report month, which is missing verification/information of dependent care and/or medical expenses, and which is missing verification/information of forgiveness # item(s).	DFA 377.4 No change to current instructions except new definition of complete CA 7, proposed change in benefits section is used only for dependent care and/or medical expenses, and additional explanation must be used in comments section for forgiveness # item(s).	You did not give us some important information with your CA 7. Please get us the following information by the first working day of next month so we can see if your food stamp eligibility or benefits will change. ***

+ Incomplete for either program in which the household is participating.

* A CA 7 is incomplete only if income verification is not provided and/or reported income and verification are inconsistent.

++ Items 1, 5, 7, 8, 9, signature and date.

*** Enter verification/information not provided for forgiveness # items.

o Complete for all programs in which the household is participating.

Forgiveness items are Questions 1, 5, 7, 8A, 8B, 9, signature and date.

IMPORTANT NOTICE

YOUR CA 7 MONTHLY ELIGIBILITY REPORT YOU SENT TO US IS NOT COMPLETE. PLEASE COMPLETE THE CIRCLED ITEMS ON THE ATTACHED FORM. DATE, SIGN AND RETURN THE FORM TO US AS SOON AS POSSIBLE. CALL YOUR ELIGIBILITY WORKER IF YOU HAVE ANY QUESTIONS.