

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814

December 5, 1986



ALL COUNTY LETTER NO: 86-123

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PROPOSED REGULATIONS REGARDING DETERMINATION OF  
CARETAKER RELATIVE AND CONTINUED ABSENCE AS A BASIS  
OF DEPRIVATION - AFDC and RDP

REFERENCE: MPP 41-450 - Continued Absence  
MPP 44-203 - Caretaker Relative  
AGIN 1-41-86 (Please note: This AGIN is not  
applicable to RCA, as previously  
referenced)

AGIN I-41-86 informed you that the Department was developing regulations to implement policy decisions regarding case situations in which two adults equally share care and control of an eligible child and the child lives alternately with each adult. The final approval was delayed and the regulations did not become effective on October 1, 1986, as originally anticipated. It is now anticipated that the regulations will be effective on or before January 1, 1987. You will be routinely notified upon the final approval of the regulations.

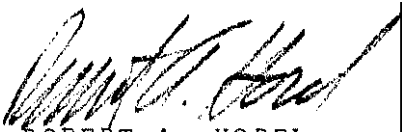
This letter transmits a reproducible copy of the "Caretaker Relative Agreement", which must be used when the two adults have agreed to designate one or the other as the caretaker relative for purposes of AFDC, pursuant to proposed MPP Section 44-203.115 c.(3)(C). Counties should keep in mind the regulations regarding confidentiality in implementing this procedure. A copy of the completed form should be given to each adult.

Failure of the adults to complete this form is not a basis for denial or discontinuance. If the adults cannot reach agreement on designation of a caretaker relative, this section is inapplicable and proposed MPP Section 44-203.115 c.(3)(D) applies. If, at some time after a designation is made, one of the adults wishes to cancel the agreement, he/she may do so, but the adult originally designated would remain the caretaker

relative, pursuant to proposed MPP Section 44-203,115 c.(2), which provides that the adult receiving aid shall be the caretaker relative. Thus, there is no substantive change to the arrangement as a result of cancelling the agreement, unless actual circumstances change.

This is a required form, substitute permitted with state approval, and will not be stocked due to anticipated low usage,

Please contact Ms. Lynne Reich or Mr. Henry Puga of the AFDC and Food Stamp Policy Implementation Bureau at (916) 322-5330 or ATSS 492-5330 with any questions you may have,



ROBERT A. HOREL  
Deputy Director

Enclosure