

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June, 16, 1987

ALL-COUNTY LETTER NO. 87-81

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
NOTIFICATION REQUIREMENTS

REFERENCE:

Pursuant to Section 1137 of the Social Security Act (PL 98-369), all applicants for and recipients of Public Assistance must be notified in writing at the time of application and on redetermination or recertification regarding IEVS requirements. They shall be informed that income and resource information will be regularly requested from various public agencies and will be used to determine their eligibility and/or level of benefits.

Notification to applicants will be accomplished through the use of existing/revised application and/or statement of facts forms for AFDC, Food Stamp, Refugee/Entrant Cash Assistance and Medi-Cal programs, (i.e.; CA 1, CA 2, DFA 285-A1 and A2, MC 210, MC 216 and MC 217). With the exception of the CA 1, these forms are currently being revised and should be available by July 1987. The CA 8 with IEVS notification language will not be ready for several months. Until the CA 8 is revised, CWDs must provide a separate notification to all applicants completing a CA 8 (copy attached).

The notification for the recipient will be accomplished at the time of redetermination and recertification for AFDC, Food Stamps, Refugee/Entrant Cash Assistance, and Medi-Cal benefits through the use of the revised CA 2, DFA 285 A-2, MC 210, MC 216 and MC 217 forms. Again, these forms are being revised and should be available by July 1987. The CA 20 with IEVS notification language will not be ready for several months. Until the CA 20 is revised, CWDs must provide a separate notification to all recipients completing a CA 20 (copy attached).

In addition, a notice has been developed for the purpose of providing the initial notification to all recipients. Recipients of AFDC, Refugee/Entrant Cash Assistance, Medi-Cal and Public Assistance Food Stamps will receive a notice with their July 1987 Medi-Cal cards. However, Non-Assistance Food Stamp (NAFS) recipients (non Medi-Cal households) will not be included in this mailing because they do not receive a Medi-Cal card.

Counties must ensure that all NAFS recipients (non-Medi-Cal household recipients) receive a notice with their July 1987 ATPs, Food Stamp coupons, CA 7s, etc. Therefore, in order to notify them, the State Department of Social Services (SDSS) is printing a notice (copy attached) and will forward a sufficient supply to CWDs by early June.

If you have any questions regarding these notices, please contact Mr. Dick Ebel of the Fraud Program Management Bureau at (916) 924-2836.



ROBERT A. HOREL
Deputy Director

FRANKMARTUCCI, CHIEF
Medi-Cal Eligibility Branch
Department of Health Services

Attachment

cc: CWDA

NOTICE-AFDC, FOOD STAMP AND MEDICAL RECIPIENTS

We will use the Social Security Number (SSNs) for everyone who gets cash aid, Medi-Cal or Food Stamp benefits to check income and resource.

We will use a computer system to check your,

- Earning.
- Social Security number and income,
- Unemployment insurance benefits (UIS) or disability Insurance Benefits (DIB).
- Interest or dividends, from bank accounts, stocks, bonds, or mutual funds.
- Other Income such as pensions, 551 and welfare payments.

We may also check for tax refunds and lottery winnings.

When the Income and resources you tell Us about are not the same as what we get from the computer system, we may:

- ask you for more facts.
- check with your bank, employer or others.
- use the new facts to refigure your cash aid, Medi-Cal or Food Stamp benefits.

If you have questions or anything to tell us, call your worker.

NOTE The State is authorized to obtain and use this information pursuant to section 1137 of the Social Security Act (PL 91-369),

AVISO-PARA LOS QUE RECIBEN AFDC, ESTAMPILLAS PARA ALIMENTOS V MED-CAL

Nosotros usaremos los Numeros del Seguro Social (Social Security Numbers (SSN) de cada persona que recibe los beneficios de asistencia monetaria, Medi-Cal o Estampillas para alimentos, para verificar, su ingreso y recursos.

Usaremos, un sistema de computadora para verificar su,

- salario.
- Numero del Seguro Social e ingresos,
- Lo. Beneficios del seguro por Desempleo (Unemployment Insurance Benefits (UIB)) o los beneficios del Seguro por incapacidad (Disability Insurance Benefits (DIB)).
- Interes, or dividendos de las cuenta, bancarias, acciones, bonos, fondos mutualistas
- Otros ingresos tales como pension, SSI y pagos de ayuda publica.

Tambien podemos verificar la devolucion de los impuestos y los premios ganados en la loteria.

Cuando el ingreso y recursos que Ud. no, Informa no son los mismo que obtenemos del sistema de computadores, Podemos:

- pedirle a Ud. mas datos.
- confrontar los datos con su banco, empleador u otras fuentes.
- usar estos datos para calcular de nuevo los beneficios que recibe en asistencia monetaria, Medi-Cal, o Estampillas para Alimentos,

SI Ud. tiene preguntas o cualquier cosa que nos quiera informar. por favor llama a su trabajador de elegibilidad,

NOTA; El Estado esta autorizado para obtener y usar esta informacion conforme a la Seccion 1137 del Acts del Seguro Social (PL 984 369).