

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 27, 1991

ALL COUNTY LETTER NO. 91-28

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: MONTHLY ELIGIBILITY/STATUS REPORT,
SAWS 7 (4/90) CA 7/MC 176S

This letter transmits an informational copy of the Monthly Eligibility/Status Report, SAWS 7 (4/90) CA 7/MC 176S, and provides County Welfare Departments (CWDs) with information concerning its implementation. Additionally, this letter provides CWDs with the option of using the SAWS 7 in lieu of the CA 7, Monthly Report. The State Department of Health Services (SDHS) will issue a similar letter regarding the use of the SAWS 7 in Medi-Cal monthly reporting Counties.

The SAWS 7 is designed as a generic form to integrate monthly reporting responsibilities for the AFDC, Food Stamp and Medi-Cal Programs. The SAWS 7 was initially developed for use in the Statewide Automated Welfare System (SAWS), and is mandatory for use in the SAWS Pilot Counties, Napa and Merced.

While the SAWS 7 may be used in place of the MC 176S in counties using Medi-Cal monthly reporting procedures, it does not replace the MC 176 SAQ, Quarterly Status Report. If a county uses the SAWS 7 for monthly reporting, the form needs to be sent to recipients of Cash Aid, Food Stamps and Medical Assistance for general use in that county.

At this time, State stock will not be produced. To locally reproduce stock, CWDs may request English and Spanish versions of the SAWS 7 from the Forms Management Bureau by calling (916) 322-8738 or ATSS 492-8738. The Cambodian translation was sent to County Forms Coordinators in June of 1990. Chinese, Lao and Vietnamese translations will be sent shortly. Additional copies, if needed, may be requested from the Language Services Bureau at (916) 323-9562 or ATSS 473-9562.

Any CWD that intends to replace the CA 7 with the SAWS 7 is requested to contact either LeAnne Torres or Elizabeth Allred of the Welfare Policy Implementation Bureau at one of the telephone numbers listed below. With the information provided from interested CWDs, staff will determine if State produced stock is warranted.

If you have questions about this letter or AFDC form issues, please contact LeAnne Torres at (916) 324-2016 or ATSS 454-2016; for Food Stamp form issues, Elizabeth Allred at (916) 323-4954 or ATSS 473-4954. For comments and questions relating to Medical Assistance, call the SDHS; Sue Miller at (916) 323-6959 or ATSS 473-6959, or Tony Plescia at (916) 324-0650 or ATSS 454-0650.



for ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA