

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 16, 1999

ALL-COUNTY LETTER NO. 99-106

TO: ALL-COUNTY WELFARE DIRECTORS

Reason For This Transmittal

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by one or More Counties
- Initiated by CDSS

**SUBJECT: CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)
REDETERMINATIONS OF ELIGIBILITY**

REFERENCE: ACL 98-82

The purpose of this All-County Letter (ACL) is to provide counties with procedures for redetermining eligibility for the Cash Assistance Program for Immigrants (CAPI). These procedures should be used until regulations are developed or procedures are revised in the future.

BACKGROUND

Assembly Bill 2779 (Chapter 329, Statutes of 1998) requires periodic redeterminations of CAPI eligibility. Currently, emergency regulations, Manual of Policy and Procedures (MPP) Section 49-070, only require a recipient's eligibility to be redetermined within 12 months of the recipient's initial benefit payment date and within each succeeding 12 month period, but do not provide detailed procedures.

REDETERMINATION PERIOD

The redetermination period begins with the first day of the month that the initial payment was made (regardless of the date of application) or the last redetermination was initiated. It ends with the last day of the month prior to the date the current redetermination is initiated.

REDETERMINATION FORMS AND PROCESSING

Recipients must complete and sign the redetermination form, SOC 804. A face-to-face interview is not mandatory, but may be required at the county's discretion. The case file must contain a completed form with the recipient's original signature. Counties must redetermine the recipient's eligibility and payment amount for any month of the redetermination period for which a change of circumstances is reported by the recipient or otherwise becomes known to the county.

Living Arrangement form SOC 453 must be completed for any recipient who is being charged with in-kind support and maintenance (ISM) from within the household. This occurs when the recipient is living in the household of another and receives a CAPI payment that is based on the reduced needs payment standard or is being charged with ISM as unearned income.

Generally, if an answer on the redetermination form does not agree with the information in the recipient's case file or record, the county must obtain further information and/or verification. Counties must take the actions or obtain the verifications described below if the information given differs from that in the case file or an affirmative answer is given to the following questions on the redetermination form.

Address Document any previously unreported move or household changes by completing, or obtaining the pertinent information from, Living Arrangement form SOC 453.

Item A Give the recipient a mandatory referral to apply for SSI/SSP within 30 days. Also complete a new Interim Assistance Reimbursement Agreement (page 2 of Supplemental Application form [SOC 451]) that must be transmitted to SSA along with the recipient's name and Social Security number.

Item B If receiving SSI/SSP, verify the date of SSI/SSP eligibility.

Item C Verify new information in accordance with established procedures if the new information would result in ineligibility, a change of CAPI categories, or cause sponsor-deeming to stop or start. It is not necessary to verify a "No" answer, except to obtain the effective date if it represents a change that would result in a loss or reduction of benefits, or a change to the time-limited category. Re-verify the sponsor's disability in all cases where that was the basis for the recipient's CAPI eligibility.

Item 1 Place copy of new documentation in file and take appropriate action to terminate benefits, change CAPI categories, or refer recipient to file for SSI/SSP.

Item 2A If the recipient alleges being outside of the country for an entire calendar month, verify exact dates by reviewing passport or other immigration documents.

Item 2B If the recipient alleges being outside of California for an entire calendar month, obtain the person's statement regarding the reason for his or her absence and intent to return to California. (See MPP 49-010.14 for state residency rules)

Item 3 Verify admission and discharge dates.

Items 4 and 5 Document any previously unreported move or household changes by completing, or obtaining the pertinent information from, Living Arrangement form SOC 453.

Item 6 For cases where the support is received from outside the household, verification is needed for any items not previously reported or changes in amounts of the alleged support. Verify the information by contacting the source of the alleged support.

Item 7 Verify all wages during redetermination period.

Item 8 Verify any new types of payments or payment amounts.

Items 9 and 10 Verify the value of all countable resources as of the first of each month during the redetermination period if the alleged value of the liquid resources (Items 9 and 10) exceed \$1,250.

Item 11 Verify value or excludability of property.

Counties must take action to correct any erroneous payments made during the redetermination period. If a recipient was underpaid, the underpayment must be paid to the recipient, unless there is also an overpayment. If the recipient was overpaid, the county must document the reason for, the amount of, and period of the overpayment.

Overpayments and underpayments are reported on the CAPI Assistance claim form (CA 44). Overpayments collected are reported on line 9 – Recovery of Aid- Other. Underpayments are reported on line 4 – Prior Month Supplemental Payroll. The case should be flagged pending the release of overpayment processing instructions. Ongoing payments must be corrected and notices issued, as appropriate, to reflect the information collected during the redetermination.

If you have any questions about this letter, please contact your policy analyst in the Adult Programs Management Bureau at (916) 229-4000

Sincerely,

Original Signed By
Len Tozier on December 16, 1999 for
DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Enclosure


STATEMENT OF FACTS FOR DETERMINING CONTINUING ELIGIBILITY FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

If the name and address below or on attached letter are not correct, please cross out the part that is wrong and write in the correct information.

FOR OFFICIAL USE ONLY	
SOCIAL SECURITY NUMBER:	
SPOUSE'S NAME:	
<input type="checkbox"/> CAPI <input type="checkbox"/> SSI <input type="checkbox"/> Ineligible	
SPOUSE'S SOCIAL SECURITY NUMBER	
REVIEWER'S INITIALS	DATE RECEIVED

USE REMARKS SECTION ON PAGE 3 IF YOU NEED ADDITIONAL SPACE FOR ANY QUESTION

A. Do you have any physical or mental health problems? <i>(For example, high blood pressure, heart problems, diabetes, arthritis, osteoporosis, sight or vision, depression) if yes, please explain briefly:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Do you currently receive Medi-Cal? Do you currently receive Food Stamps? Do you currently receive SSI/SSP?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
C. If sponsored, is your sponsor deceased or disabled? If sponsored, is your sponsor <i>(or sponsor's spouse)</i> abusive to you?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

WHEN ANSWERING THE FOLLOWING QUESTIONS REFER TO THIS DATE 

1. Since the date above, has your immigrant status changed, or have you become a United States citizen? If yes, explain change and attach copies of new documents. Change: _____ Date of Change: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. A) Since the date above, have you been outside of the United States? If yes, complete below and attach a copy of passport, reentry permit, or other travel documents. Date(s) left: _____ Date(s) returned: _____ B) Since the date above, have you been outside California? If yes, Date(s) left: _____ Date(s) returned: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Since the date above, have you spent a full calendar month in a hospital, nursing home, or other institution? If yes, Type of institution: _____ Dates entered and left: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Since the date above, has anyone moved into or out of the place where you live? If yes, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Since the date above, have you moved? If yes, Date of move: _____ New Address: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Since the date above, has anyone given you <i>(or your spouse living with you)</i> any money, food, a free place to live, or helped pay your rent or household expenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO

TYPE OF HELP:	WHO GAVE YOU HELP	HOW OFTEN	AMOUNT
			\$

7. SINCE THE DATE ON PAGE 1, have you (or your spouse living with you) earned money from working, including self-employment? If yes, please give the following information and attach proof. YES NO

NAME OF WORKER	EMPLOYEE'S NAME, ADDRESS, AND PHONE NUMBER	GROSS WAGES		DATES OF EMPLOYMENT
		AMOUNT	HOW OFTEN PAID	
		\$		FROM: TO:
		\$		FROM: TO:

8. SINCE THE DATE ON PAGE 1, have you (or your spouse living with you) received payments from any source, including from outside the United States? For example: YES NO

- Interest/dividends
- Other cash payments or checks (gifts, support from relatives)
- Unemployment or disability benefits
- Veterans benefits
- Insurance benefits
- Rental income
- Pensions/Annuities
- Alimony or child support
- Social Security/SSI
- Any other money or benefits

If yes, give the following information and attach proof:

TYPE OF PAYMENT RECEIVED	PAYMENT AMOUNT	HOW OFTEN RECEIVED
	\$	
	\$	
	\$	

9. Do you (or your spouse living with you) have any checking or savings accounts or any other money in a financial institution? If yes, complete below and attach proof. Include any accounts where you have direct deposit of any money and any accounts inside or outside the United States. YES NO

NAME OF INSTITUTION AND ADDRESS	TYPE OF ACCOUNT	CURRENT BALANCE
		\$
		\$
		\$

10. Do you (or your spouse living with you) have any cash, stocks, bonds, notes, or certificates of deposit inside or outside the United States? If yes, give the following information and attach proof. YES NO

WHAT YOU HAVE	THE VALUE OF WHAT YOU HAVE
	\$
	\$

11. Do you (or your spouse living with you) own any land or buildings or does your name appear on any deed or mortgage of any property inside or outside the United States? If yes, give the following information and attach proof. YES NO

TYPE OF PROPERTY	LOCATION OF PROPERTY	VALUE
		\$
		\$
		\$

CHANGES TO REPORT

WHERE YOU LIVE - You must report to the County Welfare Department if:

- You move.
 - You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
 - You leave the United States for 30 days or more.
 - You are released from a hospital, nursing home, etc.
 - You are no longer a legal resident of the United States.
-

HOW YOU LIVE - You must report to the County Welfare Department if:

- Someone moves into or out of your household.
 - The amount of money you pay toward household expenses changes.
 - Births and deaths of any people with whom you live.
 - Your marital status changes:
 - You get married, separated, divorced, or your marriage is annulled.
 - You separate from your spouse or start living together again after a separation.
 - You begin living with someone as husband and wife.
-

INCOME - You must report to the County Welfare Department if:

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
 - You start work or stop work.
 - Your earnings go up or down.
-

HELP YOU GET FROM OTHERS - You must report to the County Welfare Department if:

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
 - Someone stops helping you.
 - Someone starts helping you.
-

THINGS OF VALUE THAT YOU OWN - You must report to the County Welfare Department if:

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
 - You sell or give any things of value away.
 - You buy or are given anything of value.
-

YOU ARE BLIND OR DISABLED - You must report to the County Welfare Department if:

- Your condition improves or your doctor says you can return to work.
 - You go to work.
 - You stop going to or refuse any vocational rehabilitation services.
-

UNMARRIED AND UNDER AGE 22 - A report to the County Welfare Department must be made if:

- If you are the parent of a child who receives CAPI benefits, you are to report if you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence.
 - If the child starts or stops school.
-

YOUR IMMIGRATION AND NATURALIZATION SERVICES (INS) STATUS CHANGES - You must report any change to the County Welfare Department.