

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 28, 1999

ALL-COUNTY LETTER NO. 99-30

TO: ALL COUNTY WELFARE DIRECTORS
 ALL COUNTY FISCAL OFFICERS
 ALL COUNTY AUDITOR CONTROLLERS
 ALL COUNTY IHSS PROGRAM
 MANAGERS

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: SPECIAL CIRCUMSTANCES PROGRAM

REFERENCES: ACL 91-03, 98-74, 98-95 and CFLs 98/99-18, 98/99-35, 98/99-52

This All-County Letter (ACL) assists counties with the reinstatement of the Special Circumstances Program (SCP). It provides information on benefit allocation and includes a sample of the revised application for the SCP benefits (Form SSP 4A, 1/99 version).

BENEFIT ALLOCATION

If a county depletes their SCP services (benefit) allocation, their SCP administrative funds may be used to provide benefits to recipients. However, the benefit allocation cannot be used to increase the administrative allocation.

Expenditures for services and administrative costs should be claimed on the County Expense Claim. Claiming instructions were provided in County Fiscal Letter (CFL) No. 98/99-18 dated September 25, 1998, and No. 98/99-52, dated December 17, 1998.

APPLICATION FOR SCP SERVICES

Attached is a camera-ready copy of the revised application for SCP services, Form SSP 4A, 1/99 version. This was revised to include recipients of two additional programs, In-Home Supportive Services (IHSS) and Cash Assistance Program for Immigrants (CAPI) according to regulatory requirements. It also brings the application (SSP 4A) and the data collection (SC 12) forms into alignment. This will assist the State in collecting program data that may be used for allocation purposes. It also provides counties with easy access to statistical information. Please discontinue using the SSP 4A, 11/90 version.

The new SSP 4A, 1/99 version may be ordered from the CDSS Warehouse by using the Form GEN 727B. The order should be sent to the Warehouse at P.O. Box 980788, West Sacramento, CA 95798.

For camera-ready copies, call the Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain various forms from the CDSS web page at: <http://www.dss.cahwnet.gov>. Select "Getting Information" to access "Forms and Publications." To accommodate agencies without Internet access, copies will be available by contacting the FMU.

If you have any questions regarding this letter, please contact your Adult Program Operations Analyst at (916) 229-4000. Questions regarding the allocation should be directed to the Contracts and Financial Analysis Bureau at (916) 657-3806. For claiming questions please contact the Fiscal Policy Bureau at (916) 657- 3440.

Sincerely,

***Original Document Signed By
Donna L. Mandelstam on 4/28/99***

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

APPLICATION AND VERIFICATION FOR SPECIAL CIRCUMSTANCES PROGRAM (EAS 46-425)

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)			TELEPHONE NUMBER

1. a. Are you currently receiving benefits from the State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP)? Yes No
- b. Are you currently receiving benefits from the In-Home Supportive Services (IHSS)? Yes No
- c. Are you currently receiving benefits from the Cash Assistance Program for Immigrants (CAPI)? Yes No
2. Have you ever received Special Circumstances Program benefits? Yes No
If Yes, what did you receive the benefits for? And When? _____
3. Are you married? Yes No
 - a. If Yes, is your spouse also a recipient under the SSI/SSP? Yes No
 - b. Is your spouse a recipient of IHSS? Yes No
 - c. Is your spouse a recipient of CAPI? Yes No
4. Do you live with others? Yes No
If Yes, list all persons with whom you live

	Name	Social Security Number	Age	Receives SSI/SSP and/or IHSS and/or CAPI
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
5. Do you rent the home you are living in? Yes No
6. Do you own your home? Yes No
If Yes, list all persons who appear on the deed: _____
7. Do you have a "joint tenancy" to your home? Yes No
If Yes, list all names on the deed: _____
8. List all liquid assets you and your spouse own, such as cash, bank accounts, stocks, or other cash reserves:

Item	Amount
_____	\$ _____
_____	_____
_____	_____
9. How much of these liquid assets are set aside for the following items?

	Amount
Property tax	\$ _____
Home insurance.....	_____
Burial funds.....	_____
Assets used for approved plan of self-support	_____
Medical expenses — please explain	_____
Lien against your home—please explain	_____

a. If you have experienced a catastrophe such as a fire, flood or earthquake do you need money to replace/repair the following items:

Household Furniture/Equipment

	Yes	No	Amount
Cook Stove _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Refrigerator _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Space heater _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bed _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other furniture or equipment _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Clothing _____ Yes No _____

Explain the nature of the catastrophe _____

b. If you need assistance with housing and/or essential appliance repairs/replacement, moving costs, securing rental housing, purchasing a home, modifying your residence or preventing foreclosure, please complete this section:

Housing and/or Essential Appliance Repair/Replacement

(1) Is your housing unsafe or unhealthful? Yes No

Is this a housing repair? Yes No

Is this an essential appliance repair/replacement? Yes No

If Yes, please explain _____

Estimated cost of repair/replacement _____

Supplemental Repair (The amount of housing and/or essential appliance repair/replacement in (1) above must exceed \$300)

(2) Is it a housing repair? Yes No

Is it an essential appliance repair/replacement? Yes No

If yes, please explain _____

Estimated cost of supplemental repairs/replacement _____

Moving Expense

(3) Are you moving away from your current housing?

Yes No

Have you been evicted? _____ Yes No

Reason for eviction _____

Is your housing unsafe or unhealthful? Yes No

If Yes, please explain _____

Estimated moving costs _____

Supplemental Moving Expense (Moving expenses must exceed \$200/1 recipient or \$300/2 or more recipients in (3) above.)

(4) Do you need a supplemental moving expense? Yes No

If yes, please explain _____

Estimated cost of supplemental moving expense _____

Securing Rental Housing

(5) Are you moving to rental housing? Yes No

If Yes, indicate the costs (if any) of the following:

Utility deposits \$ _____

Rental fees \$ _____

Cleaning fees and/or Security deposits \$ _____

Have you paid any rent from your current month's benefits? (i.e. SSI/SSP, IHSS, CAPI)

Yes No

If yes, indicate the amount that was paid. \$ _____

.44 PAYMENT SHALL NOT BE MADE FOR EXPENSES THAT DO NOT HAVE PRIOR AUTHORIZATION FROM THE COUNTY, UNLESS THE SPECIAL CIRCUMSTANCE IS AN EMERGENCY.

Home Purchase

(6) Are you buying a home? Yes No

If Yes, indicate the costs (if any) of the following:

Down payment \$ _____

Closing costs \$ _____

Real estate fees \$ _____

Other costs (explain) \$ _____

Payment to Prevent Foreclosure

(8) Do you have a lien on your property that will result in foreclosure? Yes No

If Yes, explain _____

If you (or your spouse) are 62 years of age or older, have you filed a 'Property Tax Deferral' form, to have the property taxes on your home deferred? Yes No

Home Modification

(7) Do you need to modify your home? Yes No

If Yes, explain _____

If you do not own your home, do you have written permission of the owner to complete the modification?

Yes No

8. **CERTIFICATION**

I agree to notify the welfare department at once if there are any changes in my sources and amounts of liquid assets, or any change of address or living situation/arrangement.

I understand that proof of my statements on this form is required, and each statement is subject to investigation and verification and my signature constitutes authorization for such investigations.

I declare under penalty of perjury and subject to prosecution as the crime of perjury under the penal code that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE OF APPLICANT (IF YOU USE A MARK, ONE WITNESS MUST SIGN BELOW)	DATE SIGNED	PLACE SIGNED (COUNTY)
SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME)	SIGNATURE OF WITNESS	

Signature of person completing this form on behalf of applicant (if you have a legal guardian, this person must sign).

I declare under penalty of perjury and subject to prosecution as the crime of perjury under the penal code that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE	DATE SIGNED	PLACE SIGNED (COUNTY)
ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO APPLICANT (LEGAL GUARDIAN, SON, WIFE, FRIEND, AUTHORIZED REPRESENTATIVE, ETC.)

