

**NOTICE OF FORM CHANGE NO.**

DATE

**TO:**County Welfare Director  
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit  
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

## FORM NUMBER AND TITLE

ORDER UNIT	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> OTHER:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

## DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

## USE NEW FORM

 When supply available in DSS Warehouse Use new form effective \_\_\_\_\_

## USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

# REFUGEE SERVICES – INFORMATION TRANSMITTAL

**DISTRIBUTION:** Original Copy: Service Provider  
Second Copy: Case File

SERVICE PROVIDER ADDRESS

<input type="checkbox"/> RCA	<input type="checkbox"/> CaWORKs	<input type="checkbox"/> GA/GR
CLIENT NAME		SSN
CASE NUMBER		ALIEN NUMBER
WORKER NAME		DATE
WORKER NUMBER	TELEPHONE ( )	

## REASON FOR COMMUNICATING (CHECK ✓ AND/OR COMPLETE APPLICABLE ITEM)

### SECTION I. CLIENT STATUS CHANGES

Client continues as mandatory referral

Client no longer mandatory referral:

Exempt (Reason): \_\_\_\_\_

Other (Reason): \_\_\_\_\_

Good cause was/was not found on \_\_\_\_\_ for the following reason: \_\_\_\_\_  
(CIRCLE ONE)

Sanction effective \_\_\_\_\_ through \_\_\_\_\_

### SECTION II. CHANGES TO CLIENT'S PERSONAL DATA

New address: \_\_\_\_\_

New telephone number: \_\_\_\_\_

Transfer to another aid program: \_\_\_\_\_ to \_\_\_\_\_

Social security number: \_\_\_\_\_

Client reported employment with \_\_\_\_\_ at \_\_\_\_\_  
NAME OF EMPLOYER

\_\_\_\_\_ on \_\_\_\_\_  
LOCATION DATE

Client filed for State Hearing

State Hearing scheduled for \_\_\_\_\_, at \_\_\_\_\_, in \_\_\_\_\_  
(DATE) (TIME) (PLACE)

State Hearing outcome:  State Hearing request withdrawn  Client's appeal granted

Client's appeal denied

### SECTION III. COMMENTS

WORKER SIGNATURE	TELEPHONE NUMBER ( )	DATE
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# Refugee Services – Instructions

## RS-18 INFORMATION TRANSMITTAL

**Purpose:** The RS-18 is used by the county welfare department to notify the Service Provider of a change in status of mandated referrals of Refugee Cash Assistance (RCA), California Work Opportunity and Responsibility to Kids (CalWORKs) or General Assistance/General Relief (GA/GR) recipients to Refugee Employment/Training Services.

### Form Completion Instructions:

#### The County Welfare Department:

1. Enters the address of the appropriate Service Provider office.
2. Checks appropriate box indicating program (RCA, CalWORKs or GA/GR).
3. Enters case data and other identifying information in upper right-hand corner.
4. Checks the appropriate reason for communicating information (Section I or II).
5. The person who completes the form must sign and date the form below in Section III.
6. The CWD is to retain one copy for the client's case file.

**SECTION I** – To be used by the CWD if any of the following changes in the client's status occur:  
*(This section must be completed every time)*

- Client continues as mandatory referral
- Client no longer mandatory referral
- Registrant becomes exempt
- If good cause was/was not established, indicate reason
- Sanction imposed, indicate sanction period

**SECTION II** – To be used by the CWD if any of the following changes on client's personal data occur:

- New address
- New telephone number
- Transfer to another aid program (specify both programs)
- Social security number
- Client reported employment (specify name of employer, location and date)
- Client files for State Hearing
- Indicate date, time, and place of State Hearing, if known. If the Service Provider's presence at the State Hearing is needed, it is the CWD responsibility to inform the Service Provider of the date, time and place of the State Hearing
- Check appropriate box (State Hearing request withdrawn, appeal granted or appeal denied)

**SECTION III** – To be used for comments.