

NOTICE OF FORM CHANGE NO. 04-243

DATE

08-26-2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 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 CW 2191 (6/04) English
Time On Aid Verification For CalWORKs/TANF 60-Month Time Limites

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 6/04	REPLACES	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

 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

Attached is a Reproducible Copy

This form is in English only.

Check on the internet to see if forms are available at www.dss.cahwnet.govFor camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

TIME ON AID VERIFICATION FOR CalWORKs/TANF 60-MONTH TIME LIMITS

NAME:	SSN:	COUNTY:
CASE NAME:	CASE NUMBER:	DATE COMPLETED FORM:

Counties are required to verify a recipient's time on aid information. If you are unable to verify the WDTIP information, you must complete the tables to show the months that counted toward the CalWORKs and TANF 60-month time limits. (Please indicate "Y" for Yes or "N" for No in each box.) Include copies of all time on aid NOAs with this form.

If the WDTIP information has been reviewed and is accurate, please complete the following box and provide the name of the person who verified the information. You need not complete the tables. However, you must include copies of all time on aid NOAs with this form.

WDTIP VERIFICATION

Time on aid information in WDTIP has been reviewed and is accurate.

WDTIP information verified by: _____ **Signature:** _____

Phone number: _____ **Date:** _____

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

TIME ON AID VERIFICATION FOR CalWORKs/TANF 60-MONTH TIME LIMITS

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

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TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

VERIFICATION OF TIME LIMIT INFORMATION	
The time on aid information provided on this form has been verified by:	Signature:
Contact Person:	Phone Number:
E-mail address:	Address: