

NOTICE OF FORM CHANGE NO. 04-244

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 2192 (6/04) English
Tracking Non-California TANF Assistance For The 60-Month Time Limit

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

Print form: 8 1/2 x 11, one sided.

Form is 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.

TRACKING NON-CALIFORNIA TANF ASSISTANCE FOR THE 60-MONTH TIME LIMIT

INDIVIDUAL'S NAME	
CASE NAME	CASE #
WORKER #	COUNTY

If an individual receives Federal TANF aid outside of California, counties are required to request specific information from the other states, U.S. territories, and/or Tribal TANF programs in order to adjust both the federal TANF and CalWORKs 60-month time clocks in California. It is also necessary for this information to be entered into the WDTIP system for tracking the aggregate time on aid.

- For the **federal TANF clock**, counties will track months of assistance from the date the recipient received TANF assistance in the other state, U.S. territory, and/or Tribal TANF programs.
- For the **state CalWORKs clock**, counties must track TANF assistance received in other states on or after January 1, 1998.

TANF-Funded Aid Received in Other State/U.S.Territory/Tribal TANF Programs	What period of time did the recipient receive the TANF assistance?
1. STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM: COUNTY/CITY: CASE WORKER: PHONE NUMBER:	1. START DATE - END DATE START DATE - END DATE START DATE - END DATE
2. STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM: COUNTY/CITY: CASE WORKER: PHONE NUMBER:	2. START DATE - END DATE START DATE - END DATE START DATE - END DATE
3. STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM: COUNTY/CITY: CASE WORKER: PHONE NUMBER:	3. START DATE - END DATE START DATE - END DATE START DATE - END DATE

Time Limit Exemptions

In recording months of aid received outside of California, counties must ask about the following exemptions to the 60-month time limit. If the answer is "Yes", the county must exempt the month(s) from both the TANF and CalWORKs 60-month time clocks.

Did the individual receive TANF aid as a minor non-head of household or spouse of non-head of household?

- YES -
 NO

START DATE	END DATE
-	-

Did the individual live in Indian country, as defined by federal law, or an Alaskan native village with at least 50 percent unemployment?

- YES -
 NO

START DATE	END DATE
-	-

ELIGIBILITY WORKER NAME	WORKER NUMBER
SIGNATURE	DATE