NOTICE OF FORM CHANGE NO. 05-028

TO: County Welfare Director
    Supply Clerk / Forms Coordinator

FROM: Forms Management Unit
      (916) 657-1907

Listed below is information regarding a form change. Only applicable information is shown.
This notice updates your Department of Social Services County Forms Catalog.

DPA 481 (4/02) - County Report Of Compliance Transmittal

ORDER UNIT
MASTER ONLY [ ] Free [ ] Sold

ESTIMATED PRICE

INITIAL SUPPLY SENT
[ ] Yes [ ] No

DATE OF FORM 4/02

REPLACES

REQUIRED FORM:
[ ] No Change Permitted [ ] 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

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 4/02

USE FORM IN ACCORDANCE WITH
[ ] All County Letter No. [ ] Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE
FORM IS NOW A MASTER ONLY

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.
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<th>NAME ADDRESS (if changed)</th>
<th>STATE HEARING #</th>
<th>ADOPT DATE</th>
<th>COMPLIANCE NOTIFICATION DATE</th>
<th>EFFECTIVE DATE</th>
<th>CODE(S) OR BRIEF STATEMENT</th>
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_I certify that the above compliance information is true and correct to the best of my knowledge._

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DPA 481 (4/02)
COMPLIANCE CODE OPTIONS
• Use program code (letter) for each program in which a compliance action is required.
• Use one or more action codes (number) for each program code.

PROGRAM CODES:

A. AFDC
B. FS
C. Medi-Cal
D. IHSS
E. AFDC/FC
F. OTHER: List Program

ACTION CODES:

1. Action rescinded – Benefits determined & issued as eligible.
2. Action rescinded – Benefits not determined or issued due to lack of information. Admin Close.
3. Entitlement received as aid pending, (APP).
4. No eligibility for retroactive benefits found.
5. O/P or O/I reduced / cancelled as ordered.
6. Retro benefits reduced or not issued due to balancing against existing O/P, O/I.
7. SOC changed as ordered.
8. County has offered assistance to the claimant in obtaining reimbursement for any Medi-Cal covered expenses incurred.
9. Delayed Compliance   (Brief explanation)   Wait for followup transmittal.
10. OTHER:   (Brief explanation)