NOTICE OF FORM CHANGE NO. 06-016

DATE: 1/26/2006

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: SOC 822
CAPI Notification of Inter-County Transfer

ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	☒ Free ☐ Sold		☐ Yes ☐ No
☒ New ☐ Revised	DATE OF FORM: 1/2006	REPLACES	☐ 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

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) 651-8876 or by electronic mail at LTS@dss.ca.gov.

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)
NOTIFICATION OF INTER-COUNTY TRANSFER

To: (Receiving County/Consortium)	Date:
Transferring County/Consortium and Address:	Case Name:
	SSN: / Sending Case No.:
	Spouse Name:
Date Moved/Date Notified:	SSN: / Sending Case No.:
CAPI Discontinuance Date:	Participant's New Residence Address:
Prior Living Arrangement: Independent ☐ Shared ☐ Living with Adult Child ☐ Other ☐	Participant's Mailing Address (if different)
Current Living Arrangement (after move), if known: Independent ☐ Shared ☐ Living with Adult Child ☐ Other ☐	Participant's Phone Number: Contact Person (if Different) Relationship to Participant: Phone:

DOCUMENTATION SENT		OVERPAYMENT INFORMATION	
		Balance Owed	**Adjustment**
☐ SAWS 1	☐ DAPD Verification	$	$
☐ IAR (SOC 451)	☐ Copy of whole file		
☐ Latest Statement of Facts	☐ Sponsorship Verification		
☐ Redetermination Form	☐ Noncitizen status verification		
☐ State IAR (SOC 455)	☐ Other		

OTHER INCOME

Name	Source	Amount
		$
		$

Transferring Worker Name	Worker #	Phone Number	Fax Number
Receiving Worker Name	Worker #	Phone Number	Fax Number

☐ Transfer Accepted

☐ Transfer Rejected: Reason:_____

_____

_____