

NOTICE OF FORM CHANGE NO. 06-055

DATE

5-1-2006

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 See list below

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 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 checked="" type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<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

Attached is a Reproducible Copy

The forms listed below are now Master Only, and will no longer be stored at the CDSS Warehouse

SOC 294A (3/02)
SOC 294C (11/99)
SOC 312 (5/00)

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.

IHSS INCOME ELIGIBILITY - ADULT

Name _____ Case No. _____ Month/Year _____

RECIPIENT

SPOUSE

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B).	UNEARNED	EARNED				UNEARNED	EARNED	
1. Unearned income (list) (Do not show exempt income)			1. Income of client's spouse			\$	\$	
a.	\$		2. Allowance for children not blind or disabled					
b.	\$		a. Children's needs	\$	\$	\$		
c.	\$		b. Children's income	\$	\$	\$		
2. Total unearned income (A1a to A1c)	\$		c. Net needs (a - b)	\$	\$	\$		
3. Any income exclusion	\$ 20		d. Total allowance (add B2c's)				\$	
4. Net unearned income (A2 minus A3)	\$		3. Remaining unearned income (B1 minus B2d)				\$	
5. Earned income (Do not show exempt income)		\$	4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)					\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$	5. Remaining earned income (B1 minus B4)					\$
7. Earned income exclusion		\$ 65	6. Net income of spouse (B3 plus B5)					
8. Total exclusions (A6 plus A7)		\$	-- If equal to or less than A15 is entered in C					
9. Remaining earned income (A5 minus A8)		\$	-- If greater than complete B7 through B20					
10. Net earned income (A9 x 1/2)		\$	7. IHSS client's income (From A2 and A5)				\$	\$
11. Other earned income deductions		\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)				\$	\$
12. Total net earned income (A10 minus A11)		\$	9. Any income exclusion				\$ 20	
13. Total countable income (A4 plus A12)	\$		10. Net unearned income (B8 minus B9)				\$	
14. SSI/SSP payment level	\$		11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)					\$
15. IHSS share of cost (A13 minus A14)	\$		12. Earned income exclusion					\$ 65
			13. Total exclusions (B11 plus B12)					\$
			14. Remaining earned income (B8 minus B13)					\$
			15. Net earned income (B14 x 1/2)					\$
			16. Other earned income deductions					\$
			17. Total net earned income (B15 minus B16)					\$
			18. Total countable income (B10 plus B17)				\$	
			19. SSI/SSP couple payment level				\$	
			20. IHSS share of cost (B18 minus B19)				\$	
			C. SHARE OF COST (higher of A15 or B20) **				\$	

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

WORKER

DATE

IHSS INCOME ELIGIBILITY - CHILD

NAME				CASE NUMBER	MONTH		
PARENT				RECIPIENT			
A. Income deemed to a blind or disabled child living at home who is under 18.				B. IHSS share of cost computation for blind or disabled child who is under 18.			
<input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled.				Unearned	Earned		
				Unearned	Earned		
1. Gross income			\$	\$	1. Income deemed to child (from A15 or A16)**	\$	
2. Allowance for children not blind or disabled					2. Unearned income (list) (Do not show exempt income)		
a. Children's needs					a.	\$	
b. Children's income	\$	\$	\$		b.	\$	
c. Net needs (a minus b)	\$	\$	\$		c.	\$	
d. Total allowance (add A2c's)			\$		3. Total unearned income (B1 plus B2)	\$	
3. Remaining unearned income (A1 minus A2d)			\$		4. Any income exclusion	\$ 20	
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)				\$	5. Net unearned income (B3 minus B4)	\$	
5. Remaining earned income (A1 minus A4)				\$	6. Earned income (Do not show exempt income)		\$
6. Any income exclusion			\$ 20		7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)		\$
7. Net unearned income (A3 minus A6)			\$		8. Earned income exclusion		\$ 65
8. Unused \$20 exclusion (If A6 is greater than A3, enter the difference)				\$	9. Total exclusions (B7 plus B8)		\$
9. Earned income exclusion				\$ 65	10. Remaining earned income (B6 minus B9)		\$
10. Total exclusions (A8 plus A9)				\$	11. Net earned income (B10 x 1/2)		\$
11. Earned income (A5 minus A10)				\$	12. Other earned income deductions		\$
12. Net earned income (A11 x 1/2)				\$	13. Total net earned income (B11 minus B12)		\$
13. Total income (A7 plus A12)			\$		14. Total countable income (B5 plus B13)		\$
14. Allowance for parent and spouse (1) (2)			\$		15. SSI/SSP payment level		\$
15. Income deemed to child (A13 minus A14)			\$		16. IHSS share of cost (B14 minus B15)		\$
<input type="checkbox"/> Income parent(s) where one or both are aged, blind or disabled.				** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.			
16. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)			\$				
WORKER						DATE	

IN-HOME SUPPORTIVE SERVICES SPECIAL PRE-AUTHORIZED TRANSACTIONS

RECIPIENT

1. NUMBER		
COUNTY	CASE NUMBER	CHECK DIGIT

PROVIDER

2. NUMBER

**1 - SUPPLEMENT/
EMERGENCY**

3. TYPE	4. REASON	5. NOA	REASON	CODES
		M C N		

6. FROM DATE				7. TO DATE				8. GROSS	9. HOURS	10. RATE	11. SHARE/COST								
M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y				

2 - REPLACEMENT

12. TYPE	13. REASON
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14. WARRANT#	15. WARRANT DATE	16. NET AMOUNT
	M M D D Y Y Y Y	

3 - VOID WARRANT

17. TYPE	18. REASON
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19. WARRANT#	20. WARRANT DATE	21. NET AMOUNT
	M M D D Y Y Y Y	

4 - ADJUSTMENT

22. TYPE	23. REASON	24. FROM DATE	25. TO DATE
		M M D D Y Y Y Y	M M D D Y Y Y Y

26. WARRANT#	27. PAY PERIOD	28. GROSS AMOUNT	29. F.I.C.A.	30. MED		
	M M D D Y Y Y Y					
31. SDI	32. FED	33. STATE	34. EIC	35. SOC	36. NET	37. HOURS

AUTHORIZED BY

38. NUMBER

FORCE ACCEPT?

39.

PAYEE

40. NAME

COUNTY VALIDATION

41. AUTHORIZATION	42. DATE	43. REMARKS
44. VALIDATION	45. DATE	46. REMARKS