



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

July 2, 2018

ALL COUNTY LETTER (ACL) NO. 18-76

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALWORKS PROGRAM SPECIALISTS  
ALL COUNTY CALFRESH PROGRAM SPECIALISTS  
ALL CONSORTIUM PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO  
KIDS (CalWORKs): REVISED CW 80 SELF-CERTIFICATION  
FORM FOR MOTOR VEHICLES

REFERENCE: [ASSEMBLY BILL \(AB\) 74 \(CHAPTER 21, STATUTES OF 2013\);](#)  
[ACL NO. 13-111](#) AND [ACL NO. 15-27](#)

The purpose of this letter is to transmit the revised CalWORKs CW 80 Self-Certification Form for Motor Vehicles and provide clarifying instructions to County Welfare Department (CWD) staff for its use.

### **BACKGROUND**

The CW 80 form was released with ACL No. 13-111 on December 31, 2013, as a result of AB 74 (Chapter 21, Statutes of 2013), which changed the way motor vehicles are counted against the CalWORKs property resource limit. The form was later revised and re-released through ACL No. 15-27, dated February 28, 2015.

### **Current Revision**

The CW 80 form has been revised to remove the exemption for family members under the age of 18 who use the vehicle for the purpose of transportation to go to work, school or training, or to seek work. Upon enactment of AB 74, this exemption was not carried over into current law. In addition, this form has been revised to follow CDSS accessibility standards.

### **Use of the CW 80 Form**

The CW 80 form shall only be required when a recipient reports a vehicle that was not previously reported at the time of initial application, the previous SAR 7 or annual redetermination. For example, if a recipient reports on the SAR 7, or any other time mid-period, that he/she has acquired a vehicle and it was not reported previously, the recipient shall complete the CW 80 form.

The CDSS will be updating the vehicle information on the Appendix E (Vehicle Information and Self-Certification of Equity Value) of the SAWS 2 Plus to remove the teen exemption. In the interim, CWDs shall use the CW 80 form at application or annual redetermination. When the revised Appendix E is available, the CW 80 form will only be used in conjunction with mid-period reports; applicants and recipients shall not be required to complete both forms at the same time.

### **Automation and Implementation**

The CWDs should begin using the new CW 80 form as soon as it is received to ensure the teen exemption is not granted to Assistance Units (AU) in error. Granting the exemption to an AU in error may cause the AU to be over the resource/asset limit, thereby causing an overpayment to the AU when the error is later detected.

The Statewide Automated Welfare Systems (SAWS) should begin programming the automation of the revised CW 80 form immediately to eliminate the possibility of granting the exemption.

### **CW 80 and Form Information**

[CW 80 \(1/18\) – Self-Certification Form for Motor Vehicles](#) – This form was revised to remove the vehicle exemption for teens under 18. This is a required form with substitutes permitted.

### **Required Form - Substitute Permitted**

Forms in this category are required forms for which modifications or substitutions with prior Department approval are permitted (see [Operations Manual Section 23-400.22, Approval Procedure](#)). The CWDs may modify these forms to add or obtain information that does not (1) conflict with program policy/regulations, or (2) change the legal content of the form. Ordinarily, merely rewording the content of a form in this category will not be approved. However, such suggestions for language improvement will be considered by the Department in future revisions.

The CWDs may email their requests for substitutions by providing a draft along with the request to Shawn Dorris, Policy Unit Manager, at [shawn.dorris@dss.ca.gov](mailto:shawn.dorris@dss.ca.gov) or via U.S. Postal mail to:

California Department of Social Services  
CalWORKs Eligibility Bureau  
744 P Street, MS 8-8-31  
Sacramento, CA 95814  
ATTN: Shawn Dorris

### **CAMERA-READY COPIES AND TRANSLATIONS**

For a camera-ready copy in English, contact the CDSS Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain these publications from the [CDSS Forms and Publications](#) webpage.

When all translations are completed per [Manual of Policies and Procedures \(MPP\) Section 21-115.2](#), they are posted on an on-going basis on the [CDSS Translated Forms and Publications](#) webpage.

For questions on translated materials, please contact the CDSS Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365 – Notice of Language Services and a local contact number. <http://www.cdss.ca.gov/cdssweb/entres/forms/Multi/GEN1365MUL.pdf>

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the responsibility of the CWDs to provide interpreter services if an applicant or recipient requests for one. More information regarding translations can be found in [MPP Section 21-115](#).

This ACL and other CDSS Letters and Notices are available on the internet at <http://www.cdss.ca.gov/inforesources/Letters-and-Notices>.

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If you have any questions regarding this letter, please contact the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Family Engagement and Empowerment Division

c: CWDA

Attachment

## SELF-CERTIFICATION FORM FOR MOTOR VEHICLES - CALWORKS

**INSTRUCTIONS:** Please provide information for each vehicle that anyone owns, has use of, or has their name on the registration, even if it is not running. Vehicle means car (including truck, van, sport utility vehicle [SUV]), motorcycle, motorized scooter, snowmobile, recreational vehicle (RV), or motorboat.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

	VEHICLE (1)	VEHICLE (2)	VEHICLE (3)
Owner of vehicle			
Name of person who uses this vehicle			
Year/ Make/ Model			
Vehicle License Number			
Is this vehicle: <ul style="list-style-type: none"> <li>• used as a home?</li> <li>• used for self-employment, self-support, or business?</li> <li>• needed to transport a disabled household member?</li> <li>• used to get the household's fuel or water for home use and is the main source of fuel or water for the family?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , you may stop, sign and date this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , you may stop, sign and date this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , you may stop, sign and date this form.
Is this vehicle a gift, donation, or family transfer?  You must provide proof to the county. If you do not have proof, ask the county for help.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gift <input type="checkbox"/> Donation <input type="checkbox"/> Family transfer If <b>yes</b> , check the box that applies, attach proof from DMV and stop here, sign and date this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gift <input type="checkbox"/> Donation <input type="checkbox"/> Family transfer If <b>yes</b> , check the box that applies, attach proof from DMV and stop here, sign and date this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gift <input type="checkbox"/> Donation <input type="checkbox"/> Family transfer If <b>yes</b> , check the box that applies, attach proof from DMV and stop here, sign and date this form.
Estimated value of vehicle (how much your vehicle is worth)? We call this the fair market value.	\$ _____ <input type="checkbox"/> I don't know/I need help finding out the value.	\$ _____ <input type="checkbox"/> I don't know/I need help finding out the value.	\$ _____ <input type="checkbox"/> I don't know/I need help finding out the value.

	<b>VEHICLE (1)</b>	<b>VEHICLE (2)</b>	<b>VEHICLE (3)</b>
How I found out the fair market value:	<input type="checkbox"/> For sale ads <input type="checkbox"/> Car dealer <input type="checkbox"/> Kelley Blue Book <input type="checkbox"/> Mechanic <input type="checkbox"/> Purchase price <input type="checkbox"/> Other: _____	<input type="checkbox"/> For sale ads <input type="checkbox"/> Car dealer <input type="checkbox"/> Kelley Blue Book <input type="checkbox"/> Mechanic <input type="checkbox"/> Purchase price <input type="checkbox"/> Other: _____	<input type="checkbox"/> For sale ads <input type="checkbox"/> Car dealer <input type="checkbox"/> Kelley Blue Book <input type="checkbox"/> Mechanic <input type="checkbox"/> Purchase price <input type="checkbox"/> Other: _____
How much I owe on the vehicle:	\$ _____ <input type="checkbox"/> I don't know/I need help finding out the amount owed.	\$ _____ <input type="checkbox"/> I don't know/I need help finding out the amount owed.	\$ _____ <input type="checkbox"/> I don't know/I need help finding out the amount owed.
What I used to find the amount owed on the vehicle:	<input type="checkbox"/> Last bill <input type="checkbox"/> Lender statement <input type="checkbox"/> Estimate <input type="checkbox"/> Other: _____	<input type="checkbox"/> Last bill <input type="checkbox"/> Lender statement <input type="checkbox"/> Estimate <input type="checkbox"/> Other: _____	<input type="checkbox"/> Last bill <input type="checkbox"/> Lender statement <input type="checkbox"/> Estimate <input type="checkbox"/> Other: _____
Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I declare under penalty of perjury under the laws of the United States of America and the State of California that the information given on this form is true, correct and complete to the best of my knowledge.**

Signature:	Date:
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