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

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EDMUND G. BROWN JR.
GOVERNOR

December 23, 2014

ALL COUNTY LETTER NO. 14-98

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

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CaWORKs): IMMUNIZATION GOOD CAUSE REQUEST FORM – CW
2209

REFERENCE: WELFARE AND INSTITUTIONS (W&I) CODE SECTION 11265.8 and
MANUAL OF POLICIES AND PROCEDURES (MPP) SECTIONS 40-105.4
and 40-107(a).

The purpose of this All County Letter (ACL) is to introduce the new Immunization Good Cause Request Form (CW 2209) to County Welfare Departments (CWDs).

The Immunization Good Cause Request Form will provide applicants and recipients an avenue to request a good cause exemption to the CalWORKs immunization requirements. Caretaker relatives can use the CW 2209 form to explain why one or all of the eligible children in the assistance unit have not been immunized by checking one or more boxes or describing why their child(ren) under the age of six have not received up-to-date vaccinations/shots.

BACKGROUND

The law provides that families shall not be penalized for failing to immunize their children, if they have good cause. Pursuant to MPP section 40-105.4 (d), applicants/recipients shall provide verification of immunization for all children in the Assistance Unit (AU) under the age of six as follows:

- (1) Applicants, if applying for CalWORKs and Medi-Cal simultaneously, within 30 days of determination of eligibility for Medi-Cal; or, if applying for CalWORKs and already receiving Medi-Cal benefits, within 45 days;
- (2) Recipients, within 45 days of redetermination of eligibility; or

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

(3) Children under the age of six being added to the AU if applying for CalWORKs and Medi-Cal simultaneously, within 30 days of determination of eligibility for Medi-Cal; or, if applying for CalWORKs and already receiving Medi-Cal benefits, within 45 days.

GOOD CAUSE REQUEST FORM

The new CW 2209 allows applicants and recipients to identify each child for whom good cause from immunization requirements would be requested. The form lists each type of good cause reason identified in CalWORKs regulations at MPP section 40-105.4. Applicants and recipients are to list each child for whom good cause is requested, circle the good cause exemption they are claiming, and indicate the corresponding number after each child's name.

The CW 2209 is a required form, substitutes permitted, that must be provided to CalWORKs applicants upon application, at redetermination, and any time the CWD is requesting the family to provide proof of immunizations. In addition, the CW 2209 form must be sent with notice of action (NOA) messages pertaining to grant changes due to the failure to meet immunization requirements. Clients will be asked to fill out, sign, date, and return the CW 2209 form to the CWD if they want to claim a good cause exemption for not immunizing their child(ren) pursuant to MPP section 40-105.4. Clients will also be allowed to verbally inform the worker of their good cause request. Making a verbal request is the same as completing the CW 2209 form and the CWD should suspend any penalty being imposed. A signed note from the doctor that the child(ren) should not be immunized or proof that their immunization records were corrected is still required to avoid a new penalty.

If clients are in the process of working with the doctor's office to correct an error in their child(ren's) immunization records, the CWD must ask the client for a current record once the immunization record has been corrected.

CWDs must begin using the new CW 2209 as soon as administratively possible, but no later than March 1, 2015. This form may be programmed into county automation systems or printed and used as hard stock, depending on CWD preference.

PROCESS OF REQUESTING A SUBSTITUTION

Required Form-Substitute Permitted: Forms in this category are required forms for which modifications or substitutions with prior CDSS approval are permitted. CWDs may modify these forms to add or obtain information that does not (a) conflict with program policy/regulations, or (b) change the legal content of the form. Substitute forms must be submitted to CDSS in writing and may not be used until the CWD or consortium

has received written approval from CDSS (see MPP Section 23-400.22). CWDs may email their requests to Shawn Dorris, Policy Unit Manager at 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 camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact 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.

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 CWD's responsibility to provide the interpreter services if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

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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
Welfare to Work Division

Attachment

IMMUNIZATION GOOD CAUSE REQUEST FORM

CLIENT NAME	CASE NUMBER	DATE
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All children on your CalWORKs grant who are under the age of six must have up-to-date immunizations. These are shots or vaccines. You must give us proof of the immunizations. If you have a good reason for not immunizing your child(ren), you do not have to have this proof. This is called "good cause."

List the child(ren) you are requesting good cause for:

_____	_____	_____
_____	_____	_____

Instructions: If you have a good reason for not immunizing your child(ren), fill out this form and indicate which child that you are claiming a "good cause" exemption for by placing the circled number below next to the name of each child listed above. Make a copy of the form for you to keep and mail or take the form back to your worker.

Circle the number that applies to each child listed above:

1. You do not believe in immunizing your child(ren).
2. The doctor said that your child(ren) should not be immunized. You will need to give us a statement from the doctor's office.
3. You could not get the immunizations because of transportation problems.
4. You could not get an appointment to get the immunizations.
5. The immunization your child(ren) needed was not available.
6. The doctor does not speak your language or there was another language access problem.
7. You or the child(ren) were sick and could not go to the doctor.
8. The records do not correctly show all the immunizations your child(ren) got and you are trying to correct the records. You will need to show us the corrected records.
9. You have other good cause reason, which is _____ .

I declare under penalty of perjury that the above statement(s) is true.

CLIENT SIGNATURE	DATE	PHONE
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WORKER'S NAME	DATE	PHONE
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