



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



EDMUND G. BROWN JR.  
GOVERNOR

June 19, 2015

ALL COUNTY LETTER NO. 15-54

TO:

ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALWORKS PROGRAM SPECIALISTS  
ALL COUNTY CALFRESH COORDINATORS  
ALL COUNTY WELFARE TO WORK COORDINATORS  
ALL COUNTY CONSORTIUM PROJECT MANAGERS  
ALL COUNTY CHILD WELFARE SERVICES PROGRAM MANAGERS  
ALL COUNTY PROBATION OFFICERS  
ALL COUNTY ELIGIBILITY SUPERVISORS  
ALL FOSTER CARE MANAGERS  
ALL COUNTY SFIS COORDINATORS  
ALL COUNTY EBT PROJECT MANAGERS  
CHILD WELFARE SERVICES NEW SYSTEM  
TITLE IV-E AGREEMENT TRIBES  
JUDICIAL COUNCIL STAFF

SUBJECT:

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO  
KIDS (CalWORKs): REVISED NOTICE OF ACTION (NOA)  
MESSAGES FOR THE APPROVED RELATIVE CAREGIVER  
(ARC) FUNDING OPTION PROGRAM

REFERENCE:

SENATE BILL (SB) 855 (CHAPTER 29, STATUTES OF 2014);  
WELFARE AND INSTITUTIONS CODE (WIC) SECTION 11461.3;  
ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-42-14; ALL  
COUNTY LETTER (ACL) NO. 14-89; ACL 15-20.

This ACL transmits copies of the revised CalWORKs NOA messages M40-171D, M82-832E and M82-832F. These NOA messages were revised due to the implementation of the Approved Relative Caregiver (ARC) Funding Option Program, effective January 1, 2015. The ARC Program gives County Welfare Departments (CWDs) the option to make the amount paid to an approved relative caregiver for the care and supervision of a child who is under the jurisdiction of the California juvenile court—and who is *ineligible* for federal Aid to Families with Dependent Children-Foster

REASON FOR THIS TRANSMITTAL

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

Care (AFDC-FC)—equal to the basic amount the child would have received if he or she were *eligible* for AFDC-FC. CWDs must begin using the revised NOA messages as soon as administratively possible, but no later than **December 1, 2015**.

### **Revised NOA Messages**

**M40-171D (04/15)** - Use this NOA message to inform CalWORKs applicants that cash aid has been approved but does not include a child who has been approved for the ARC Program. This message informs the applicant that a separate notice will be sent when the ARC-eligible child has been approved or denied for the ARC Program. Also, the language “District Attorney/Family Support Division” has been replaced with “Department of Child Support Services.”

**M82-832E (04/15)** – Use this NOA message to inform CalWORKs recipients that the amount of cash aid is changing because a child is receiving aid from the ARC Program. Use if the relative caregiver or other children in the home receive CalWORKs benefits but do not participate in the ARC Program.

**M82-832F (04/15)** – Use this NOA message to inform CalWORKs recipients that cash aid is discontinuing because a child is receiving aid from the ARC Program. Use if the relative caregiver is non-needy and there are not other children in the home who receive CalWORKs benefits and do not participate in the ARC Program.

### **ARC Program Application**

The **ARC 1** (Statement of Facts Supporting Eligibility for the Approved Relative Caregiver (ARC) Funding Option Program) is being revised and will be released under separate cover.

### **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 forms from the CDSS webpage at:

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

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 webpage. Copies of the translated forms can be obtained at:

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm).

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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.

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.

If you have any questions or need further information regarding this letter, please contact your county consultant or call the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare to Work Division

Attachments

State of California  
Department of Social Services

Noa Msg Doc No.: M40-171D Page 1 of 2  
Action : Approve  
Issue: Application Processing  
Title: Basic Approval

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-171.2, 40-129, 44-315  
44-317, 82-510.4

Use Form No. : NA 200 or NA 1239 SAR  
Original Date : 11-01-87  
Revision Date : 04-01-15

MESSAGE:

The County has approved your cash aid and Medi-Cal. The cash aid payment for your first month of aid is \$\_\_\_\_\_.

Your first day of cash aid is \_\_\_\_\_. Your first day of Medi-Cal is the first day of the month you applied for aid.

[ ] The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, next month's cash aid will be for a full month and you will get \$ \_\_\_\_\_.

[ ] Your cash aid payment does not include \_\_\_\_\_. This is because \_\_\_\_\_ has been approved for the Approved Relative Caregiver Funding Option Program (ARC Program). You will get a separate notice telling you how much aid you will get under the ARC Program. \_\_\_\_\_ is eligible for Medi-Cal and CalFresh.

[ ] You asked for an Immediate Need payment. Your immediate need is being met with a payment of your first month's cash aid within the immediate need time limit of 1 working day.

[ ] The cash aid payment for your first month of aid has a 25 percent penalty for not helping us or the Department of Child Support Services. This amount will be subtracted from your cash aid payment each month until you help us or the Department of Child Support Services.

[ ] You got a diversion payment of \$\_\_\_\_\_ on \_\_\_\_\_ . **OR** You got diversion service(s) of \_\_\_\_\_ on \_\_\_\_\_ at the value of \$\_\_\_\_\_. You have agreed to repay the diversion payment/service(s). \$\_\_\_\_\_ will be subtracted from your cash aid payment for \_\_ month(s) until paid in full.

Your cash aid is figured on this page.

INSTRUCTIONS: Use for approvals and restorations. **Do not use for refusal to assign child/spousal support rights cases.** Check the applicable box(es). When you check the immediate need (IN) box, you do not need to send another NOA denying the IN request. Use NA 200 if the AU has no income or NA 1239 SAR if the AU has income for the correct budget.

This message replaces M40-171D dated 06-01-98

State of California  
Department of Social Services

Noa Msg Doc No.: M82-832E Page 1 of 1  
Action : Change  
Issue: Aid Payments  
Title: Eligible Person Leaving AU

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 82-820, 82-832.1e

Use Form No. : NA 200 or NA 1239 SAR  
Original Date : 05-01-87  
Revision Date : 04-01-15

MESSAGE:

As of \_\_\_\_\_, the County is changing your cash aid from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Here's why:

Some of the aid you got was for \_\_\_\_\_.

- [ ] He/She no longer lives with you.
- [ ] He/She is receiving aid from the \_\_\_\_\_ Program.

Your new cash aid amount is figured on this page.

INSTRUCTIONS: Use to change the cash aid amount when eligible person leaves the AU. Specify the name of the person and, if appropriate, the name of the program in the space(s) provided. Use NA 200 if the AU has no income or NA 1239 SAR if the AU has income for the correct budget.

This message replaces M82-832E dated 12-01-99.

State of California  
Department of Social Services

Noa Msg Doc No.: M82-832F Page 1 of 1  
Action : Discontinue  
Issue: Aid Payments  
Title: Eligible Person Leaving AU

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 82-820, 82-832.1e

Use Form No. : NA 290  
Original Date : 12-01-99  
Revision Date : 04-01-15

MESSAGE:

As of \_\_\_\_\_, the County is stopping your cash aid.

Here's why:

The aid you got was for \_\_\_\_\_.

- [ ] He/She no longer lives with you.
- [ ] He/She is receiving aid from the \_\_\_\_\_ Program.

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**CalFresh:** This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue CalWORKs case when there is no longer an eligible person in the home. Also use for non-needy caretaker relatives when a child moves to the ARC Program and there are no other CalWORKs eligible children in the home. Specify the name of the person and, if appropriate, the name of the program in the space(s) provided.

This message replaces M82-832F dated 01-08-02.