



CDSS

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

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ARNOLD SCHWARZENEGGER  
GOVERNOR

August 17, 2009

ALL COUNTY INFORMATION NOTICE NO: I-50-09

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALWORKs PROGRAM SPECIALISTS  
ALL FOOD STAMP PROGRAM COORDINATORS  
ALL CONSORTIA PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO  
KIDS (CaIWORKs) REFERRAL TO EMPLOYMENT DEVELOPMENT  
DEPARTMENT (EDD) FOR UNEMPLOYMENT INSURANCE  
BENEFITS (UIB)

REFERENCE: MANUAL OF POLICIES AND PROCEDURES (MPP) SECTIONS  
82-610.1, 40-107, AND ACIN I-27-07

The purpose of this letter is to remind the County Welfare Departments (CWDs) of the appropriate procedures used when referring a CalWORKs applicant or recipient to apply to EDD for UIB. In addition, this letter provides the CWDs with a form that may be used as part of the referral process.

In order to be eligible for CalWORKs, an applicant or recipient is required to seek or accept potentially available income (MPP Section 82-610.1). The CWDs shall assist the applicant or recipient as needed in establishing their eligibility, pursuant to MPP Section 40-107. An example may include assisting the applicant or recipient in applying for UIB, if needed, to the extent CWDs have the ability to do so.

Before the CWD requires an applicant or recipient to apply for UIB, the CWD shall review the EDD on-line, real-time UIB claims database for wage and claims information via the Income and Eligibility Verification System. If the CWD does not have access to the internet, the CWD may request an abstract of the wage and claim information, via form DE 8720. Please see ACIN I-27-07 for additional details on the process to access the EDD data to make this determination.

This process has been designed to avoid unnecessarily referring clients to EDD. If the information indicates the applicant or recipient may be eligible for UIB, the CWD shall then require the applicant or recipient to apply for those benefits.

REASON FOR THIS TRANSMITTAL

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

The attached recommended form, *CW 2201 (06/09) Unemployment Insurance Benefits Referral Form* can be used by the CWD to facilitate the referral to EDD. The form contains space for the applicant or recipient to provide the CWD with a statement that an application for UIB has been filed. Upon receipt of this document, the applicant or recipient is deemed to have met this condition of eligibility.

### **Camera Ready Copies and Translations**

For a camera-ready copy of the English version of the CW 2201, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access, you may obtain this form from the CDSS web page at: [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm). When all forms translations are completed per MPP 21-115.2, including Spanish forms, they are posted on an ongoing basis on our web site. Copies of the translated forms and publications can be obtained at: [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm). For questions on translated materials, please contact the CDSS Language Services Bureau at (916) 651-8876.

If you have any questions regarding this letter, please contact your CalWORKs county consultant or call our main CalWORKs Eligibility program number at (916) 654-1322.

Sincerely,

### ***Original Document Signed By:***

KÄREN DICKERSON, Chief  
Employment and Eligibility Branch

Attachment

**UNEMPLOYMENT INSURANCE BENEFITS REFERRAL FORM**

CASE NAME:	CASE NO.:	DATE:
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**You Must Apply for Unemployment Insurance Benefits (UIB) before you are eligible for California Work Opportunity For Kids (CalWORKs).**

The County of \_\_\_\_\_ has determined that you may be eligible to receive UIB. Because of that, you are required to contact the Employment Development Department (EDD) and apply for those benefits.

**HOW TO FILE A UIB CLAIM**

**You may apply for UIB by one of the methods listed below:**

- File on-line at [www.edd.ca.gov](http://www.edd.ca.gov), or you may print the application, complete the form, and mail to EDD for processing. You may use a personal computer or one located at the local One Stop Career Center or County Resource Center.
- File by telephone using one of the toll free numbers below:

English	1-800-300-5616	Mandarin	1-866-303-0706
Spanish	1-800-326-8937	Vietnamese	1-800-547-2058
Cantonese	1-800-547-3506	TTY (Non-Voice)	1-800-815-9387

**When you file your claim, you will need the following information:**

- Your name, address, telephone number, birth date, and Social Security number (SSN).
- Your last employer's name, address, telephone number, and last date that you were employed.
- The specific reason that you are no longer employed.
- Your citizenship status, and if applicable, your alien registration number and date of expiration.
- Your driver's license number or state issued identification number.
- Past records and dates employed, including the names, dates employed, and wages earned for all of your employers for the last 18 months, including employers in other states.

Once your claim is filed, you will receive your UIB award notice and other documents from EDD within 10 days. Send a copy of this form or EDD paperwork to your county office. Please contact your county worker at the phone number listed below if you cannot get UIB information from EDD or if you have any questions regarding this requirement.

ELIGIBILITY WORKER NAME	PHONE NUMBER	WORKER #
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**PLEASE COMPLETE AND RETURN THIS SECTION TO YOUR COUNTY WORKER EITHER IN PERSON OR BY MAIL. YOU CAN ASK FOR A COPY FOR YOUR RECORDS.**

<p>I applied for UIB on _____ by (check box below)</p> <p style="text-align: center;">(DATE)</p> <p><input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> On-line, my confirmation number is _____.</p> <p><input type="checkbox"/> Mail</p>
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PRINTED NAME	YOUR SIGNATURE	DATE
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