



CDSS

JOHN A. WAGNER
DIRECTOR

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



ARNOLD SCHWARZENEGGER
GOVERNOR

ERRATA

November 14, 2008

ALL-COUNTY INFORMATION NOTICE NO I-62-08E

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY SPECIAL INVESTIGATIVE UNIT CHIEFS
ALL COUNTY INCOME AND ELIGIBILITY
VERIFICATION SYSTEM COORDINATORS
WELFARE INTERCEPT COORDINATORS

**SUBJECT: CORRECTION TO ALL COUNTY INFORMATION NOTICE (ACIN)
NO. I-62-08**

REFERENCE: ACIN NO. I-62-08, DATED AUGUST 26, 2008, CONFIDENTIAL TAX
INFORMATION SAFEGUARD REQUIREMENTS

The purpose of this correction notice is to rescind the use of Attachment 1 to ACIN I-62-08, Confidential Tax Information Safeguard Requirements.

Attachment 1 to ACIN I-62-08 is an Internal Revenue Service recommended template for a third party verification of employment/earnings letter and was inadvertently included in the attachments to ACIN I-62-08. County social services staff have raised concerns about the wording of this letter.

Please remove attachment 1 (enclosed voided copy). When aid recipients fail to verify employment/earnings use your county's third party employment/earnings verification system.

If you have questions concerning this ACIN, please contact June Ramos of the CDSS Fraud Bureau at (916) 263-5700.

Sincerely,

Original Document Signed By:

DEBORAH ROSE, Chief
Program Integrity Branch
Attachment

County of

DEPARTMENT OF

District Stamp

Date:
Case Name:
Case Number:
File No.:
Worker Name:
Telephone:

VERIFICATION OF EMPLOYMENT / EARNINGS

Dear Employer:

Re: _____ SSN: _____

Your tax dollars help fund public assistance programs for needy persons. Your cooperation is needed to ensure that only eligible persons receive public assistance and in the correct amount.

The above named participant has been identified by the Employment Development Department (EDD) as an employee of your firm. According to our records, this information differs from what the participant has reported to us.

To resolve this discrepancy, please complete, sign, date and return page two in the enclosed postage paid envelope within **ten (10)** days from the date of this letter. If the participant **is not** or **was never** employed by your firm, please check the box located on the bottom of page two, sign and correct your records to prevent further inquiries of this nature. Please provide all the information on the attached form and **destroy this cover letter**.

Also, for your information, unresolved information related to employment and earnings may be referred to the District Attorney's Office as required by State law.

Information contained in this letter and obtained on the attached form is confidential under federal regulations, IRC Sec. 6103 of the Internal Revenue Code. This information will not be released except as permitted or required by law or with the written consent of the participant.

Thank you for your cooperation.

Sincerely,

IEVS/IFDS Eligibility Worker

() _____
Telephone Number

Enclosures

COUNTY OF _____

DEPARTMENT OF _____

VERIFICATION OF EMPLOYMENT / EARNINGS

Case Name: _____

Case Number: _____

PLEASE COMPLETE THE FOLLOWING FROM YOUR EMPLOYMENT RECORDS:

EMPLOYEE INFORMATION

Name: _____
(LAST/FIRST/MIDDLE)

Birth date: _____ - _____ - _____
MONTH DAY YEAR

Also Known As (AKA): _____

Soc. Sec. #: _____ - _____ - _____

RESIDENCE ADDRESS AT THE TIME OF EMPLOYMENT:

(NUMBER AND STREET)

(CITY/STATE)

(ZIP CODE)

Marital Status: _____

Number of Dependents: _____

Health Insurance Coverage: _____

EMPLOYMENT STATUS:

CURRENTLY EMPLOYED

DATE EMPLOYMENT BEGAN: _____

FORMERLY EMPLOYED

FROM _____ TO _____

TERMINATED

DATE: _____ REASON: _____

Please include all income, such as regular, overtime, tips, vacation, sick and any bonus pay.

Period Ending	Date Paid	Hours Worked	Gross Pay		Period Ending	Date Paid	Hours Worked	Gross Pay

Completed by (Print): _____

Date: _____

Signature: _____

Title: _____

Telephone #: _____

Firm Name: _____

____ The individual listed above is not or was never employed by my firm. Our records have been corrected.

Company Representative Signature, Title

Date

Attachment 1 (Rev. 09-04-06) Third Party Verification Letter (Rev.09-04-06).docx

VOID