

DEPARTMENT OF SOCIAL SERVICES

44 P Street, Sacramento, CA 95814
(916) 322-5330



November 26, 1979

ALL-COUNTY INFORMATION NOTICE I-132-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: NEW FORM FOR REQUESTING UI/DI AND WAGE VERIFICATION FROM EDD

REFERENCE: DSS OPERATIONS MANUAL SECTION 29-007

The following forms now used to request UI/DI and wage verification from EDD will be incorporated into a new form entitled, Request for Information (DE 8720):

DE 4773 - Request for Wage and UI/DI Claim Information and/or Employer Address Information for One Time Only

DE 4204 - Request for Wage and UI/DI Claim Information and/or Employer Address Information for Five Quarters

DE 8028 - UI Claimant Abstract Request Form

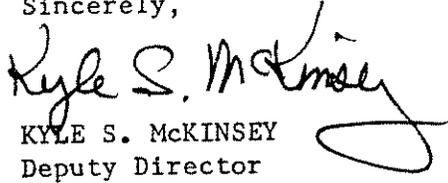
You should begin using the DE 8720 on March 1, 1980. EDD will not accept nor return DE 4204, DE 8028, and manually prepared DE 4773 forms received by EDD after April 1, 1980, but will continue to process DE 4773s submitted as pre-punched data cards indefinitely. Obsolete forms should be destroyed after March 1, 1980.

An initial supply of the forms will automatically be provided to counties as soon as they become available. Additional forms may be obtained by sending the standard order form 727B to the DSS Warehouse, 6150 - 27th Street, Sacramento, 95822.

A copy of the DE 8720 is attached to this notice along with instructions for its use, so that you may begin immediately to modify your procedures and instruct county personnel in the use of the form. These same instructions will be included in a forthcoming revision of the DSS Operations Manual, Division 29.

If you have any questions regarding the DE 8720 or its implementation, contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,


KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

EDD FORM DE 8720, REQUEST FOR INFORMATION
(Replaces Forms DE 4204, DE 8028 and manually prepared DE 4773)

The DE 8720 below is used by eligibility, quality control, and special investigations personnel to obtain a Wage and Claim Abstract (DE 507) or employer address information, either on a one-time basis or for five consecutive quarters. It may also be used to obtain a UI Claimant Abstract (EDD 586-A).

STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT		FOLLOW SAMPLE 		1 2 3 4 5 6 7 8 9 0	
REQUEST FOR INFORMATION					
TO: EMPLOYMENT DEVELOPMENT DEPARTMENT 800 CAPITOL MALL, MIC 58-1 SACRAMENTO, CA 95814		A REQUESTER CODE Complete all six blocks		B IDENTIFIER (Optional)	
FROM: (NAME OF DEPT., AGY., DIV., FO, ETC.)		C SELECT TRANSACTION AND ENTER CORRESPONDING NUMBER HERE. 			
ADDRESS: (NUMBER, P.O. BOX, STREET NAME)		1. UI/DI WAGE CLAIM INFO ONLY		4. UI/DI WAGE AND CLAIM INFO FOR FIVE QUARTERS	
CITY		2. EMPLOYER ADDRESS INFO ONLY		5. EMPLOYER ADDRESS INFO FOR FIVE QUARTERS	
ZIP CODE		3. BOTH OF THE ABOVE		6. BOTH OF THE ABOVE	
REQUESTER'S NAME: (PRINT)		TELEPHONE ()		D UI PAYMENT HISTORY ABSTRACT. ENTER 7 FOR 24 MONTHS  ENTER 8 FOR 48 MONTHS	
E SSA NUMBERS		E SSA NUMBERS			

INSTRUCTIONS FOR THE COMPLETION OF FORM DE 8720

Use either pen or pencil to complete the following form sections as outlined below:

Department, Address, Requestor

This information is provided for EDD to contact the requestor should processing problems arise.

A. Requestor Code

- First position - W, indicating welfare request
- Second and third positions - County code number
- Fourth, fifth and sixth positions are for county use; fourth and fifth positions can be alpha or numeric; sixth positions must be numeric.

Use the following coding conventions when filling out the requestor code:

- All six positions of the code must be completed. Fill unused positions with zeros.
- Z's and alpha O's must be slashed. Example: Z Ø
- Two's and zero's are not slashed. Example: 2 0

B. Identifier (optional)

This section was included for future possible extension of requestor and/or case identification, but is not applicable at the present time.

C. Enter the number corresponding to the type of verification desired.

Enter the number "9" if you wish to terminate a prior request of 4, 5 or 6 for automatic quarterly information.

D. Claimant Abstract (ECC 586-A). Requests for information from the 24 month UI Payment History Abstract File are processed daily. Information from 48 month file usually takes longer to provide, because requests are processed weekly.

- Enter the number "7" when you want information not older than 24 months.
- Enter the number "8" when you want all information on income obtained within the last 48 months.

(Requestor may ask simultaneously for a DE 507 and an ECC 586-A for all persons whose Social Security Numbers are listed on the DE 8720.)

E. Enter up to 16 claimant social security numbers. Remember that the options selected in sections C and D apply to ALL SSA's entered.