STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY EDMUND G. BROWN, JR., Governor

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 322-5475

August 24, 1979

ALL-COUNTY INFORMATION NOTICE 94-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - REVISION OF FORM DE 8435 USED FOR WORK REGISTRATION

Effective October 1, 1979, EDD employment service offices will begin utilizing a revised work registration form DE 8435. This EDD form is currently used by food stamp applicants/recipients to comply with the work registration requirement.

The revisions will not impact the current required applicant/recipient information or the current procedures employed at the county welfare department level. The revisions will impact that part of the form EDD uses for their reporting purposes. A color-coded DE 8435 will also become effective October 1, 1979, for the purpose of readily identifying unemployed veterans.

The new forms will be available in September and will be sent directly to the State Department of Social Services' warehouse. It will not be necessary for you to order the initial supply of forms because our warehouse has been instructed to immediately distribute them to you. This should ensure your receipt of the new forms in a timely manner. However, do not destroy your supply of the current DE 8435 until you receive the revised form.

If you should have any questions regarding the form, please contact your Food Stamp Program Operations Analyst at (916) 322-5475.

Sincerely,

Kyle S. McKinsey

KYLE S. McKINSEY
Deputy Director

cc: CWDA

1. LAST NAME (PRINT ONLY) FIRST

2. DATE MO. DAY YEAR

3. SEX
1 MALE
2 FEMALE

4. RACE/ETHNIC
1 WHITE NOT HISPANIC
2 BLACK NOT HISPANIC
3 HISPANIC
4 AMERICAN INDIAN & ALASKAN NATIVE
5 ASIAN & PACIFIC ISLANDERS
9 FILIPINO
6 INA

5. EX-OFFENDER (CONVICTIONS OTHER THAN TRAFFIC)
1 YES
2 NO

6. SUMMER YOUTH
1 YES
2 NO

7. HIGHEST GRADE COMPLETED (TWO DIGITS - MAX. NUMBER IS 19)

8. HEAD OF HOUSEHOLD
1 YES
2 NO

9. EMPLOYMENT STATUS
3 UNEMPLOYED, NO JOB ATTACHMENT
4 NOT WORKING, JOB ATTACHMENT
1 WORKING PART TIME
2 WORKING FULL TIME

10. HANDICAPPED
0 NO
1 PHYSICALLY DISABLED
2 MENTALLY RETARDED
3 OTHER

11. MONTH/YEAR OF BIRTH MONTH YEAR

12.

ITEMS 13 – 15 To be completed by interviewer

ITEMS 16 – 32 To be completed if appropriate

13. LOCATION NO.

14. COUNTY CODE

15. SOCIAL SECURITY NUMBER

16. FOOD STAMP RECIPIENT - WIN REGISTRATION REQUIRED
1 YES - HEAD OF HOUSEHOLD
2 YES - OTHER
3 YES - HEAD OF HOUSEHOLD JOB-SEARCH ACTIVITY
4 YES - OTHER JOB-SEARCH ACTIVITY

17. CETA PARTICIPANT
1 YES

18. VETERAN
ENTER TOTAL OF A & B BELOW
A. TYPE
1 RECENTLY SEPARATED
4 RECENTLY SEPARATED VIETNAM
7 OTHER VETERAN
B. DISABILITY
0 NO
1 OTHER DISABLED
2 SPECIAL DISABLED

19. OTHER VETERANS & ELIGIBLES
1 SPECIAL VETERAN
2 NON-VETERAN ELIGIBLE FOR VETERAN BENEFITS
3 OTHER VIETNAM ERA

20. ECONOMICALLY DISADVANTAGED
1 YES

21. PRIMARY OCCUPATION CODE

22. WELFARE STATUS
2 WIN VOLUNTEER
5 UNEMPLOYED FATHER
1 WIN MANDATORY
3 OTHER WELFARE
(WIN COUNTY CODE)

23. WIN FAMILY SIZE
-0-9-

24. SEASONAL MIGRANT
1 SEASONAL FARM WORKER
2 MIGRANT FARM WORKER
3 MIGRANT FOOD PROCESSING WORKER

25. ELIGIBLE CLAIMANT
1 UC, UI-UCFE, UI-UCX, UI-UCFE-UCX
2 ALL OTHER
3 FUTURE USE
4 FUTURE USE

26. STATION - DESK

27–31. FUTURE USE
27.
28.
29.
30.
31.
32.

DE 61 REV. 4 (10-79) APPLICANT CHARACTERISTICS STATE OF CALIFORNIA COMPLETED BY: REVIEWED BY:

A. EMPLOYMENT HISTORY – FULLY DESCRIBE YOUR JOB AND DUTIES DESCRIBE LONGEST OR MOST IMPORTANT JOBS HELD, STARTING WITH THE MOST RECENT. INCLUDE SPECIALIZED MILITARY EXPERIENCE.

EMPLOYER | JOB TITLE - DESCRIBE WHAT YOU DID - MACHINES OPERATED - TOOLS USED
CITY AND STATE
TYPE OF BUSINESS
LENGTH OF JOB | ENDING DATE | PAY
REASON FOR LEAVING JOB

EMPLOYER | JOB TITLE - DESCRIBE WHAT YOU DID - MACHINES OPERATED - TOOLS USED
CITY AND STATE
TYPE OF BUSINESS
LENGTH OF JOB | ENDING DATE | PAY
REASON FOR LEAVING JOB

EMPLOYER | JOB TITLE - DESCRIBE WHAT YOU DID - MACHINES OPERATED - TOOLS USED
CITY AND STATE
TYPE OF BUSINESS
LENGTH OF JOB | ENDING DATE | PAY
REASON FOR LEAVING JOB

B. ACTIVE MILITARY SERVICE
ENTERED (DATE) RELEASED (DATE) HAVE YOU A SERVICE-CONNECTED DISABILITY? ☐ YES ☐ NO MILITARY OCCUPATION

VERIFIED BY:

I. V1 V2 V3 V4 W WIN FS AF OC TAA

C. PRINT: LAST NAME FIRST INITIAL
STREET ADDRESS
MAILING ADDRESS
CITY STATE ZIP CODE

D. SOCIAL SECURITY NUMBER

E. PHONE NUMBER ☐ MESSAGE ☐ WILL CALL

F. U.S. CITIZEN ☐ YES ☐ NO

G. NUMBER IN FAMILY

H. FAMILY INCOME (LAST 12 MONTHS) $

I. RESIDENCE LOCATION 1 FARM 2 NON-FARM

J. EDUCATION: CIRCLE HIGHEST YEAR OF EDUCATION COMPLETED, INCLUDING GED
GRADE THROUGH HIGH SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12
COLLEGE 1 2 3 4 5 6 7
SHOW COLLEGE BUSINESS, MILITARY OR TRADE SCHOOL SUBJECTS AND DEGREES OR CERTIFICATES. INCLUDE SPECIALIZED MILITARY TRAINING.

K. IF NEEDED FOR WORK, DO YOU HAVE
WORK TOOLS ☐ YES ☐ NO
SPECIAL CLOTHING ☐ YES ☐ NO
REQUIRED LICENSE ☐ YES ☐ NO
AUTO OR TRUCK ☐ YES ☐ NO
CALIF. DRIVER'S LICENSE ☐ YES ☐ NO
KINDS

L. DO YOU HAVE ANY DISABILITIES OR HEALTH PROBLEMS WHICH MIGHT LIMIT YOUR ABILITY TO WORK, OR TO PARTICIPATE IN A TRAINING PROGRAM? ☐ YES ☐ NO

II. OCCUPATIONAL TITLES | CODE

III. SUMMARY

IV. CONTACT DATES

M. MINIMUM WAGE ACCEPTABLE:
DAYS AVAILABLE:
HOURS AVAILABLE:
TRANSPORTATION TO JOB: YES NO
WILL COMMUTE: MILES TIME
RELOCATE TO ANOTHER AREA: YES NO

N. KIND OF WORK WANTED – BE SPECIFIC

O. MONTH AND YEAR OF BIRTH

V. CLAIM IN
FO #

VI. SYS TYPE

DE 8432 REV. 4 (10-79) APPLICATION EMPLOYMENT DEVELOPMENT DEPARTMENT – STATE OF CALIFORNIA

VII. ADDITIONAL INFORMATION (INCLUDING COUNSELOR STATEMENTS)

DATE		INT.

VIII. CHECKLIST OF GENERAL INFORMATION PROVIDED TO CLIENTS:

DATE		INT.	DATE		INT.
	COLLECTION AND ACCESS INFORMATION (DE 8445 EE/UI)			JOB SEARCH WORKSHOP	
	NOTICE TO APPLICANTS (DE 8268)			COUNSELING SERVICES	
	JOB MARKET INFORMATION			TESTING SERVICES	
	JOB INFORMATION CENTER			TRAINING OPPORTUNITIES	
	HOW TO KEEP DE 8435 ACTIVE			CETA	
	UNEMPLOYMENT INSURANCE			COMPLAINT PROCEDURES	

IX. JOB REFERRAL RECORD

DATE			EMPLOYER	JOB TITLE/ORDER NUMBER	DUR.	PAY	RESULT	REMARKS	INT.
CALLED	J. DEV.	REFER.							

X. OTHER SERVICES (INCLUDING REFERRALS TO, OR SCHEDULING FOR, ANY SERVICE OTHER THAN DIRECT PLACEMENT)

DATE		INT.

XI. DISABILITY

DATE BEGAN

CONDITION PERMANENT? ☐ YES ☐ NO

IF PERMANENT, IS CONDITION ☐ PROGRESSIVE ☐ STABLE

IF TEMPORARY, EXPECTED DURATION OF DISABILITY: _____ MONTHS

WORK LIMITATIONS SPECIFICALLY RELATED TO OCCUPATION:

XII. WELFARE INFORMATION

CASE NAME: _____

INDIVIDUAL'S NAME: _____

CASE NUMBER: _____

DATE: _____

ELIGIBILITY WORKER: _____

TELEPHONE NUMBER: _____

ADDRESS:

FOOD STAMPS: ☐ YES ☐ NO