STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

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

September 25, 1980

ALL-COUNTY INFORMATION NOTICE I- 107-80

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - REVISION OF FORMS DE 8435 and DE 8435V, APPLICATIONS FOR WORK REGISTRATION

REFERENCE:

Effective October 1, 1980, EDD employment service offices will begin using revised work registration forms DE 8435 and DE 8435V. These EDD forms are currently used by food stamp applicants/recipients to comply with work registration requirements. The 10-79 versions of the forms will not be accepted by EDD after September 29, 1980.

The October 1980 revisions of these forms will not impact the currently required applicant/recipient information and will only minimally impact the current procedures employed at the county welfare department. As a reminder these forms should be completed as follows:

1. The top portion of the form labeled DE 61, Applicant Characteristics, should not be completed by the applicant or the CWD. EDD will complete this information during the interview process.

2. Sections A through P should be completed by the applicant. Before sending the form to EDD, the CWD should review these sections for completeness.

3. Sections I through VI on the front should not be completed except that a notation should be made in Section III, Summary, if the applicant has difficulty understanding or speaking English. In these cases the CWD should note "Interpreter Needed" and the applicant's language.

4. On the back, only Section XII should be completed by the CWD. In completing this section counties should be careful to fold back the carbon section on the reverse side.

An initial supply of the October 1980 forms has been sent to each county. These revisions must be used beginning October 1, 1980. Additional supplies of the October 1980 forms may be ordered from the DSS warehouse through regular ordering procedures.

The existing version of these forms, DE 8435 (10-79) and DE 8435V (10-79), must continue to be used to work register applicants/recipients through September 30, 1980. After September 30, 1980 counties are directed to destroy any existing supplies of the October 1979 forms.

In the next couple of months, EDD will release a Spanish supplement (DE 8435SS) which will help Spanish-speaking individuals complete the EDD work registration form. Counties will be notified when the stock of this supplement has been received by the DSS warehouse.

Sincerely,

Kyle S. McKinsey

KYLE S. McKINSEY
Deputy Director

1. SOCIAL SECURITY NUMBER

2. LAST NAME (PRINT ONLY) FIRST

3. PRIMARY OCCUPATION CODE

4. DATE — MO. DAY YEAR

5. SEX
1 MALE
2 FEMALE

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

7. SUMMER YOUTH
1 YES
2 NO

8. HIGHEST GRADE COMPLETED
(TWO DIGITS - NEXT NUMBER IS 70)

9. HEAD OF HOUSEHOLD (JOB ASSIST CLIENT)
1 YES
2 NO

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

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

12. MONTH/YEAR OF BIRTH — MONTH YEAR

13.

14. LOCATION NO.

15. COUNTY CODE

16. FOOD STAMP RECIPIENT - WORK REGISTRATION REQUIRED
0 NO
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
0 NO
1 YES

18. VETERAN
— ENTER TOTAL OF A & B BELOW
A. TYPE
0 NOT VETERAN
1 RECENTLY SEPARATED
4 RECENTLY SEPARATED VIETNAM
7 OTHER VETERAN
B. VETERAN DISABILITY
0 NO
1 OTHER DISABLED
2 SPECIAL DISABLED

19. OTHER VETERANS & ELIGIBLES
0 NO
1 SPECIAL VETERAN
2 NON-VETERAN ELIGIBLE FOR VETERAN BENEFITS
3 OTHER VIETNAM ERA

20. ECONOMICALLY DISADVANTAGED
2 NO
1 YES

21. WELFARE STATUS
0 NO WELFARE
2 WIN VOLUNTEER
4 UNEMPLOYED PARENT
1 WIN MANDATORY
3 OTHER WELFARE
(WIN COUNTY COST)

22. WIN FAMILY SIZE
(00-9)

23. SEASONAL/MIGRANT
0 NOT SEASONAL/MIGRANT
1 SEASONAL FARM WORKER
2 MIGRANT FARM WORKER
3 MIGRANT FOOD PROCESSING WORKER

24. ELIGIBLE CLAIMANT
0 NO
1 UI, UIMUCFE, UIHUCFE, UI-UCFE-UCX
2 ALL OTHER
3 FUTURE USE
4 FUTURE USE

25-31. FUTURE USE
26 29
27 30
28 31

32.

25. STATION - DESK

DE 61 REV. 5 (10-80) 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 AFDC TAA

II. OCCUPATIONAL TITLES — CODES

LENGTH OF EXPERIENCE IN PRIMARY CODE
____ YEARS ____ MONTHS

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

III. SUMMARY

IV. CONTACT DATES

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
SHOW COLLEGE, BUSINESS, MILITARY OR TRADE SCHOOL SUBJECTS AND DEGREES OR CERTIFICATES, INCLUDE SPECIALIZED MILITARY TRAINING

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

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
KIND? ____

N. KIND OF WORK WANTED - BE SPECIFIC

V. CLAIM IN
FO #

O. MONTH AND YEAR OF BIRTH

VI. BYB TYPE

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

P. EX-OFFENDER YES ____ NO ____
(CONVICTIONS OTHER THAN TRAFFIC)

DE 8435 REV. 5 (10-80) APPLICATION — 13401-850 7-80 UGP 2903M — 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 ES/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

1. SOCIAL SECURITY NUMBER

2. LAST NAME (PRINT ONLY) FIRST

3. PRIMARY OCCUPATION CODE

4. DATE MO. DAY YEAR

5. SEX
1 MALE
2 FEMALE

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

7. SUMMER YOUTH
1 YES
2 NO

8. HIGHEST GRADE COMPLETED
(TWO DIGITS - MAX. NUMBER IS 18)

9. HEAD OF HOUSEHOLD (JOB AGENT CLIENT)
1 YES
2 NO

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

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

12. MONTH/YEAR OF BIRTH
MONTH YEAR

13. [redacted]

14. LOCATION NO.

15. COUNTY CODE [redacted]

16. FOOD STAMP RECIPIENT - WORK REGISTRATION REQUIRED
0 NO
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
0 NO
1 YES

18. VETERAN
— ENTER TOTAL OF A & B BELOW
A. TYPE
0 NOT VETERAN
1 RECENTLY SEPARATED
4 RECENTLY SEPARATED VIETNAM
7 OTHER VETERAN
B. VETERAN DISABILITY
0 NO
1 OTHER DISABLED
2 SPECIAL DISABLED

19. OTHER VETERANS & ELIGIBLES
0 NO
1 SPECIAL VETERAN
2 NON-VETERAN ELIGIBLE FOR VETERAN BENEFITS
3 OTHER VIETNAM ERA

20. ECONOMICALLY DISADVANTAGED
2 NO
1 YES

21. WELFARE STATUS
0 NO WELFARE
2 WIN VOLUNTEER
5 UNEMPLOYED PARENT
1 WIN MANDATORY
3 OTHER WELFARE
(WIN COUNTY CODE)

22. WIN FAMILY SIZE
(0-9)

23. SEASONAL/MIGRANT
0 NOT SEASONAL/MIGRANT
1 SEASONAL FARM WORKER
2 MIGRANT FARM WORKER
3 MIGRANT FOOD PROCESSING WORKER

24. ELIGIBLE CLAIMANT
0 NO
1 UI, UI-UCFE, UI-UCX, UI-UCFE-UCX
2 ALL OTHER
3 FUTURE USE
4 FUTURE USE

25. STATION - DESK

26-31. FUTURE USE
26 29
27 30
28 31

32.

DE 61 REV. 5 (10-80) 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

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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:

YEARS MONTHS AFQC YAA

B. OCCUPATIONAL TITLES CODES

C. NAME (LAST FIRST MIDDLE)

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
KIND?

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

CHARGEABLE EXPERIENCE IN PRIMARY CODE
YEARS MONTHS

M. LOWEST 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

P. EX-OFFENDER YES NO (CONVICTIONS OTHER THAN TRAFFIC)

LV. CONTACT DATES

L. CLAIM IN
FO #

M. SVS TYPE

DE 8435 V REV. 1 (10-80) APPLICATION 134034-850 7-80 400 5001 EMPLOYMENT DEVELOPMENT DEPARTMENT — STATE OF CALIFORNIA

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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

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XII. WELFARE INFORMATION

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INDIVIDUAL'S NAME: _____

CASE NUMBER: _____

DATE: _____

ELIGIBILITY WORKER: _____

TELEPHONE NUMBER: _____

ADDRESS:

FOOD STAMPS: ☐ YES ☐ NO