

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 322-5330



April 8, 1981

ALL-COUNTY INFORMATION NOTICE I-49-81

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: VETERANS' BENEFITS VERIFICATION AND REFERRAL (CA 5)

REFERENCE:

Attached is a copy of the revised Form CA 5, retitled Veterans' Benefits Verification and Referral. The CA 5 was revised to provide for a more efficient exchange of information between the County Welfare Department (CWD) and the County Veteran Service Office (CVSO).

Input was received from a variety of sources, including the CVSO and the County Forms Advisory Committee (CFAC). Attached is a list of all the changes made to the form. The most significant changes made are:

1. Deletion of all reference to wartime/nonwartime status.
2. Addition of a space for the veteran's address.
3. Addition of spaces for the name and address of the veteran's spouse and child(ren).
4. Addition of spaces for requesting benefit amount for the veteran's child(ren).

Effective immediately, a CA 5 should not be initiated unless one of the following is provided:

1. Social Security Number and date of birth,
2. Military serial number, or
3. VA claim number.

Without one of the above, the Veterans Administration will not be able to identify the veteran or process the referral.

This new procedure specifies that when a referral is not made, an entry should be made in the "County Use Only" section of the Form CA 2 (Statement of Facts Supporting Eligibility for Assistance), or the "Eligibility Worker Only" section of the Form CA 2X (Statement of Facts Supporting Eligibility for AFDC-FC). The entry should state why the CA 5 referral was not made, e.g., the recipient is unable to provide identification numbers. This change will reduce the eligibility worker's forms completion time, the filing of unnecessary documents in the case and needless referrals to the VA.

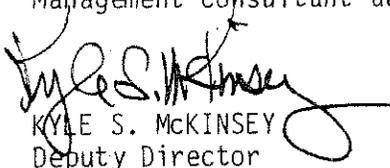
The current CA 5 will be obsolete after June 30, 1981. Counties are to begin using the revised CA 5 effective July 1, 1981. This advance copy is being provided to allow counties the time necessary to train staff and, if applicable, to print their own forms. Regular supplies of the revised CA 5 may be obtained after May 31, 1981 by sending Form 727 B to the DSS warehouse, 6150 27th Street, Sacramento, California 95822.

As with all new or revised AFDC forms your comments or suggestions for future improvement are welcome.

Please forward them to:

AFDC Forms Coordinator
AFDC Program Systems Bureau
744 P Street, Mail Station 16-31
Sacramento, CA 95814

If you have questions about the revised CA 5, please contact your AFDC Management Consultant at (916) 445-4458.



KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

FORM CA 5 CHANGES

Format and language changes have been made throughout the form to improve system efficiency and effectiveness. Following is a list of all changes.

1. Deleted all reference to "claimant" throughout the form for clarity. These areas have been reworded for a more distinct personal identification.
2. Added a space for the veteran's address. This will allow the VA to make direct contact with the veteran when necessary and expedite processing the claim.
3. Added spaces for the names and addresses of the veteran's spouse and child(ren). This information identifies the veteran's dependents for whom benefits are requested or verified.
4. Added space for requesting veteran's child(ren) benefits. This will provide the counties with the exact amount of benefits being received by each individual.
5. Added space for "lump sum payment past six months". This change will aid the counties in determining PA eligibility for current and retroactive benefits.
6. Deleted "award" and "apportionment" titles. Changed apportionment to "eligibility status" for clarification and added check boxes for types of benefit with instructions to explain in remarks block.
7. Deleted all reference to wartime/nonwartime status. The responsibility for this determination rests with the VA.
8. Relocated veteran's FBU status to consolidate all the veteran's information into one area.
9. Revised language on the back to reflect procedural changes.

Instructions on Reverse

- Original and two copies: County Veteran Service Office

- Green copy: Case File

VETERANS' BENEFITS VERIFICATION AND REFERRAL

Social Security Number (SSN) - You must provide the veteran's SSN, if known, to assist in the evidence gathering process and to explore potential benefits. The furnishing of the SSN of family members is a condition of eligibility required by Section 402(a)(25) of the Social Security Act. Failure to cooperate may result in denial or discontinuance of aid as required by Eligibility and Assistance Standards Manual Sections 40-157 and 44-103.

NOTE: DO NOT COMPLETE THIS FORM UNLESS ONE OF THE FOLLOWING IS KNOWN: VETERAN'S SOCIAL SECURITY NO. AND DATE OF BIRTH, MILITARY SERIAL NO., OR VETERANS ADMINISTRATION (V.A.) CLAIM NO.

Enter Name and Address of County Veteran Service Office

CASE NAME	
CASE NUMBER	APPLICANT/RECIPIENT TELEPHONE NUMBER

- Please verify amount, type, and beginning date of veterans' benefits being received by veteran/dependent.
- Please determine veteran's/dependent's eligibility for veterans' benefits.

RETURN TO →	ELIGIBILITY WORKER (PLEASE PRINT)	TELEPHONE NUMBER	OFFICE (IF DIFFERENT FROM CWD ADDRESS)
① VETERAN'S NAME (LAST)	(FIRST)	(MIDDLE)	BIRTHDATE
VETERAN'S ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)			LIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO FOR FG/U ONLY <input type="checkbox"/> IN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO
V.A. CLAIM NO.	MILITARY SERIAL NUMBER	SOCIAL SECURITY NUMBER	DATE ENTERED SERVICE
② NAME OF VETERAN'S SPOUSE		ADDRESS OF SPOUSE (NUMBER, STREET, CITY, STATE, ZIP CODE)	
③ NAME(S) OF VETERAN'S CHILD(REN)		ADDRESS(ES) OF CHILD(REN) (NUMBER, STREET, CITY, STATE, ZIP CODE)	
④			
⑤			

AUTHORIZATION FOR RELEASE OF INFORMATION
I hereby authorize the welfare department to release the above information to the County Veteran Service Office and the Veterans' Administration for purposes of identifying or obtaining benefits available to the persons identified above. I also authorize the County Veteran Service Office and Veterans' Administration to release their findings (to be noted below).

SIGNATURE (OR MARK) OF VETERAN/DEPENDENT/FC REP.	DATE	SIGNATURE OF WITNESS TO MARK	DATE
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-TO BE COMPLETED BY COUNTY VETERAN SERVICE OFFICE-

	① Veteran	② Spouse	③ Child	④ Child	⑤ Child
Monthly Benefit	\$	\$	\$	\$	\$
Beginning Date (Month/Day/Year)					
Ending Date (Month/Day/Year)					
Lump Sum Payment Past 6 Months	\$	\$	\$	\$	\$

If Monthly Benefit is being paid please check:

- Compensation
- Pension
- Other (G.I. Bill, etc.)
(Specify in Remarks block)

Eligibility Status:
(Please check)

- No Basic Eligibility
- Claim Initiated
- Claim Being Reviewed
- Claim Denied

Remarks:

Enter Name and Address of County Welfare Department

VETERAN SERVICE REPRESENTATIVE (PRINT)	
TELEPHONE NO.	DATE

Form CA 5 is mandatory ; no substitute permitted

USE FORM CA 5:

1. To verify the amount or status of veterans' benefits being received by any AFDC applicant or recipient.
2. To refer applicants or recipients to the County Veteran Service Office to obtain new veteran benefits when information on the CA 2 (Statement of Facts Supporting Eligibility for Assistance) or the CA 2X (Statement of Facts Supporting Eligibility for AFDC-FC) indicates possible eligibility for benefits.

DO NOT SEND FORM CA 5 WHEN:

1. The Serviceperson is still on active duty, or
2. None of the following is known: 1) Veteran's Social Security Number (SSN) AND date of birth; 2) Military Serial Number; or 3) V.A. Claim Number.

If either of the above applies, DO NOT initiate a CA 5. DO make an entry in the "COUNTY USE ONLY" section of the Form CA 2, or the "ELIGIBILITY WORKER ONLY" section of the Form CA 2X, stating why a referral was not made.

COMPLETE FORM CA 5:

TO VERIFY THE AMOUNT OF VETERANS' BENEFITS BEING RECEIVED BY FBU:

1. Complete top portion of form.
2. Check box for verifying veterans' benefits.
3. Enter the eligibility worker's name, office telephone number, county welfare agency or unit, and address.
4. Enter all veteran information if known. At least one of the following is required: 1) Veteran's SSN AND date of birth; 2) Military serial number; or 3) V.A. claim number.
5. Enter name and address if verifying benefits for veteran's dependent(s).
6. Have the veteran, dependent or Foster Care (FC) representative sign the form in the signature box.
7. Enter County Welfare Department address in space for window envelope.
8. Mail all copies of the form except the green copy (CWD copy) to the County Veteran Service Office.

TO OBTAIN NEW VETERANS' BENEFITS FOR FBU:

1. Complete top portion of form.
2. Check box for determining eligibility for veterans' benefits.
3. Enter the eligibility worker's name, office telephone number, county welfare agency or unit, and address.
4. Enter all veteran information if known. At least one of the following is required: 1) Veteran's SSN AND date of birth; 2) Military serial number; or 3) V.A. claim number.
5. Enter name and address if requesting benefits for veteran's dependent(s).
6. Have the veteran, dependent or Foster Care (FC) representative sign the form in the signature box.
7. Enter County Welfare Department address in space for window envelope.
8. Have the veteran/dependent hand carry all copies of the form, except the green (CWD copy), along with medical documents, military papers, etc., to the County Veteran Service Office to help substantiate the claim. Referral by mail may be used if the hand carry method is not possible.

The remainder of the form will be filled by the County Veteran Service Office and returned to the County Welfare Department.

DISTRIBUTION OF FORM CA 5:

Four copies of the form are to be filled out and the original plus two copies are to be sent to the County Veteran Service Office. One copy (green) shall be retained in the case file until the original is completed and returned by the County Veteran Service Office. The completed original shall then be retained as a permanent record in the welfare department. One copy will be returned to the welfare department after any further actions are completed and the remaining copy will be retained in the County Veteran Service Office.