STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

August 4, 1981

ALL-COUNTY INFORMATION NOTICE I-96-81

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FORM CA 51 (CHILD SUPPORT GOOD CAUSE CLAIM FOR NON-COOPERATION, FORMERLY GOOD CAUSE CLAIM AND DETERMINATION TRANSMITTAL)
REFERENCE: ALL-COUNTY LETTER NO. 80-20

Attached is a copy of form CA 51 which has been revised to meet the federal regulatory requirement of record keeping (45 CFR 232.48). The revised CA 51 now provides for complete claim documentation to assist the counties in collecting Child Support Good Cause data for statistical reporting purposes. A Statistical Summary Section has been added to simplify the reporting process.

All-County Letter 80-20 dated March 18, 1980, recommended an interim procedure for collecting good cause data. The revised CA 51 now replaces that procedure by including the necessary statistical information and thus providing more efficient and uniform reporting.

In addition to the Statistical Summary Section, other revisions made to the CA 51 are:

1. Separated reason of physical harm from emotional harm for child and parent.

2. Added a line in each section of county use area for the appropriate representative to enter the good cause reason from the above part of the form.

3. Added area to note AFDC status at time of final determination.

4. Added a "no investigation" box in county use column.

5. Added a "no evidence provided" box in county use column.

6. Made the form bilingual, using a two-column format.

7. Added a fourth copy.

8. Added instructions for completing the Statistical Summary Section on the reverse side of the fourth copy. Future printings of this form will have the instructions on the reverse side of all four copies.

Input for the revision of this form was received from a variety of sources, including the CWDA Family Eligibility and Grant and Research and Statistics subcommittees, AFDC County Forms Advisory Committee and several counties.

This advance copy is being provided for counties who do their own printing and to allow for training of staff. Regular supplies of the CA 51 are expected to be available by mid-September 1981. The order form (GEN 727B) procedure should be used for ordering supplies of this form. All counties should be using the revised CA 51 effective October 1, 1981, although counties may begin using the form before then. With implementation of the revised CA 51 the form CA 1003 is no longer needed.

Questions about the collection and reporting of Child Support Good Cause statistical data should be directed to Ray Bacon of the Statistical Services Bureau at (916) 322-5462. For questions regarding completion and use of the form in general, contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,

Kyle S. McKinsey

KYLE S. McKINSEY
Deputy Director

Attachment

cc: CWDA

STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

CHILD SUPPORT – GOOD CAUSE CLAIM FOR NONCOOPERATION
SOSTENIMIENTO DE NIÑOS–RECLAMACIÓN DE MOTIVO JUSTIFICADO PARA NO COOPERAR

I feel that cooperating in establishing paternity and obtaining support would not be in the best interests of the child(ren) for whom aid is requested because:

I expect it to result in: A) ☐ Physical B) ☐ Emotional harm to the child(ren).

I expect it to result in: C) ☐ Physical D) ☐ Emotional harm to me which is so serious that it reduces my ability to adequately care for the child(ren).

E. ☐ The child(ren) were conceived due to incest or forcible rape.

F. ☐ Court proceedings are going on for the adoption of the child(ren).

G. ☐ I am working with a social agency helping me decide whether to place the child(ren) for adoption and the counseling sessions have not gone on for more than three months.

Creo que el cooperar para establecer la paternidad y obtener sostenimiento sería perjudicial para el niño(s) para el que se está solicitando ayuda porque:

Temo que resulte en daño: A) ☐ Físico B) ☐ Emocional para el niño(s).

Temo que resulte en daño: C) ☐ Físico D) ☐ Emocional en mí el cual es tan grave que reduce mi capacidad para poder cuidar al niño(s) adecuadamente.

E. ☐ El niño(s) fue concebido como resultado de incesto o violación.

F. ☐ Actualmente se está gestionando en la corte la adopción del niño(s).

G. ☐ Estoy laborando con un trabajador social para que me ayude a decidir si coloco al niño(s) para adopción, y las sesiones de orientación no se han llevado a cabo por más de tres meses.

County Use Only
Sólo para el uso del condado

CASE NAME

CASE NUMBER

NAME OF CHILD(REN) INVOLVED

ABSENT PARENT INVOLVED

EVIDENCE PROVIDED

- ☐ No investigation
- ☐ No evidence provided
- ☐ Birth certificate
- ☐ Medical records
- ☐ Court documents
- ☐ Social agency letter
- ☐ Mental health professional letter
- ☐ Sworn statement from other person
- ☐ Other

PUTATIVE FATHER CONTACT

- ☐ Applicant/Recipient informed in advance
- Applicant/Recipient
- ☐ provided more evidence
- ☐ withdrew application
- ☐ requested discontinuance
- ☐ requested claim be denied

DATE PUTATIVE FATHER CONTACTED

"I want to claim Good Cause for refusing to cooperate for the reason(s) checked above. I understand that I may be asked to prove that I have Good Cause for refusing to cooperate."

"Quiero invocar un motivo justificado para negarme a cooperar por las razones marcadas arriba. Entiendo que se me puede pedir que demuestre que tengo un motivo justificado para negarme a cooperar."

SIGNATURE OF APPLICANT OR RECIPIENT
FIRMA DEL SOLICITANTE O RECIPIENTE

DATE
FECHA

County Use Only / Sólo para el uso del condado

TO: DA REPRESENTATIVE

IF APPLICANT/RECIPIENT IS NOT PARENT INDICATE RELATIONSHIP

DATE OF APPLICATION

PROPOSED DETERMINATION

Good Cause: ☐ does not exist ☐ does exist based on (Enter A, or B, or C . . . from above): _____

COMMENTS:

Child Support Enforcement ☐ may ☐ may not proceed without applicant's or recipient's participation

REPLY TO: COUNTY WELFARE DEPARTMENT REPRESENTATIVE | WORKER NUMBER | TELEPHONE | DATE

DISTRICT ATTORNEY REVIEW OF PROPOSED DETERMINATION

Based on a review of the findings and the proposed determination, it's believed:

DA FILE NUMBER

Good Cause: ☐ does not exist ☐ does exist based on (Enter A, or B, or C . . . from above): _____

COMMENTS:

Child Support Enforcement ☐ may ☐ may not proceed without applicant's or recipient's participation

DA REPRESENTATIVE'S SIGNATURE | TELEPHONE | DATE

FINAL DETERMINATION

Good Cause: ☐ does not exist ☐ does exist based on (Enter A, or B, or C . . . from above): _____

AFDC status at the time of Good Cause determination: ☐ Applicant ☐ Recipient

☐ Applicant has withdrawn application for AFDC.

☐ This case has been discontinued effective _____ (DATE). Reason(s):

Child Support Enforcement ☐ may ☐ may not proceed without applicant's or recipient's participation

COUNTY WELFARE DEPARTMENT REPRESENTATIVE SIGNATURE | DATE OF DECISION | SUPERVISOR'S SIGNATURE | DATE OF DECISION

STATISTICAL SUMMARY *(Instructions for completing section are on the back side of the fourth copy.)*

☐ CLAIM OR APPLICATION WITHDRAWN OR AID DISCONTINUED (COMPLETE 1 AND 2 ONLY) — DATE WITHDRAWN

☐ FINAL DETERMINATION (COMPLETE 1–6 IF GOOD CAUSE EXISTS OR 1,2,7 AND 8 IF GOOD CAUSE DOES NOT EXIST) — DATE OF DETERMINATION

1. AFDC STATUS AT TIME OF CLAIM

☐ APPLICANT ☐ RECIPIENT _____ (DATE OF CLAIM)

2. WAS CLAIM BASED ON PHYSICAL HARM WITHOUT EVIDENCE? ☐ YES ☐ NO

3. ☐ GOOD CAUSE EXISTS BASED ON: (✓ ONE ONLY)

- A ☐ PHYSICAL HARM TO CHILD(REN)
- B ☐ EMOTIONAL HARM TO CHILD(REN)
- C ☐ PHYSICAL HARM TO CARETAKER
- D ☐ EMOTIONAL HARM TO CARETAKER
- E ☐ INCEST OR FORCIBLE RAPE
- F ☐ LEGAL ADOPTION BEFORE COURT
- G ☐ PREADOPTION SERVICES

4. WAS DETERMINATION BASED ON PHYSICAL HARM WITHOUT EVIDENCE? ☐ YES ☐ NO

5. WAS DETERMINATION BASED SOLELY ON EXAMINATION OF EVIDENCE WITHOUT INVESTIGATION? ☐ YES ☐ NO

6. MAY ENFORCEMENT PROCEED WITHOUT APPLICANT/RECIPIENT PARTICIPATION? ☐ YES ☐ NO

7. ☐ GOOD CAUSE DOES NOT EXIST.

8. WAS CLAIMANT AN APPLICANT AT TIME OF CLAIM, BUT A RECIPIENT AT FINAL DETERMINATION? ☐ YES ☐ NO

INSTRUCTIONS

INDIVIDUAL CASE REPORT

The statistical summary section is to be completed when a final claim determination is made or when a claim is withdrawn. A claim is considered withdrawn if the applicant/recipient withdrew the claim; withdrew the AFDC application; requested AFDC discontinuance; or if the county cancelled or otherwise disposed of the claim **before** a final claim determination is made.

CLAIM WITHDRAWN - If claim or AFDC application was withdrawn or AFDC aid discontinued, check (✓) box and enter date when claim was withdrawn. Complete Items 1 and 2 and leave rest of items blank.

FINAL DETERMINATION - If a final determination was made, check (✓) box and enter date when the final determination was made. Complete Items 1 - 6 if determined that good cause exists **or** items 1, 2, 7 and 8 if determined that good cause does not exist.

1. Enter date when claim was made and check (✓) appropriate status box.
   - check "applicant" for a new AFDC application or restoration.
   - check "recipient" for an AFDC redetermination or intercounty transfer.

2. Based on the claim made, determine if YES or NO and check (✓) appropriate box.
   - check YES if reason given was physical harm to child and/or caretaker and **no** evidence was available, i.e., evidence does not exist.
   - otherwise, check NO.

   NOTE: If more than one reason was given and one of the reasons was physical harm to child and/or caretaker, then:
   - check YES if the final determination was based **solely** on the physical harm to child and/or caretaker **without** any evidence.
   - otherwise, check NO.

3. If determined that good cause exists, check (✓) box.

3A - 3G. Check (✓) only one box for the good cause circumstance (reason). The good cause circumstance is the one upon which the **county's findings** determines that good cause exists. If based on more than one circumstance, check the most significant.

4. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box.
   - check YES if based **solely** on physical harm to child and/or caretaker **without** any evidence.
   - otherwise, check NO.

   NOTE: If checked YES, then item 2 must be checked YES and item 5 must be checked NO.

5. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box.
   - check YES if based on evidence only, i.e., no investigation was conducted.
   - otherwise, check NO.

   NOTE: If checked YES, then items 2 and 4 must be checked NO.

6. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box.
   - check YES if determined that enforcement may proceed without applicant/recipient participation.
   - otherwise, check NO.

7. If determined that good cause does not exist, check (✓) box.

8. Based on the final determination that good cause does not exist, determine if YES or NO and check (✓) appropriate box.
   - check YES if determined that good cause does not exist but claimant's AFDC application or restoration request already had been approved.
   - otherwise, check NO.