December 1, 1986

E R R A T A

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLL SYSTEM (IHSS/CMIPS) AUTOMATED SHARES OF COST

REFERENCE: ALL-COUNTY INFORMATION NOTICE NO. I-102-86

The All-County Information Notice was inadvertently sent out with one incorrect example. The example of San Francisco, Link 1, has been corrected to show $25.00 in the Deduct portion of Source/Income/Deduct Field J3.

cc: CWDA

Attachment

IHSS SUPPORTIVE SERVICES ASSESSMENT

	CNTY	RECIPIENT #	CD	SEQ. #	AID CODE	SOCIAL SECURITY NO.	SEX	BIRTHDATE MONTH	DAY	YEAR
A	(1) 04	1575428		(2)	(3) 68	(4)	(5) M F	(6)		

	LAST NAME	FIRST NAME	MI
B	(1) FRANCISCO	(2) SAN	(3)

	STREET	CITY	STATE	ZIP CODE / CT
C	(1)	(2)	(3)	(4)

	TELEPHONE #			GUARDIAN / CONSERVATOR
D	(1)	(2)	(3)	(4)

	STREET	CITY	STATE	ZIP CODE / CT
E	(1)	(2)	(3)	(4)

	STATUS	REFUGEE	ETHNIC	LANG.	OTH/COV	SSNV	HIC. / R.R. #	FBU. #
F	(1) R I E L D X	(2)	(3)	(4)	(5)	(6)	(7)	(8)

	SPOUSE / PARENT	# HH	# RCP	RES	L / A	# ROOMS	YARD	WASHER	DRYER	STOVE	REFRIG.
G	(1)	(2)	(3)	(4)	(5)	(6)	(7) Y N	(8) Y N	Y N	Y N	Y N

H (1)

MOBILITY IN	MOBILITY OUT	CLIMBING STAIRS	REACHING	LIFTING	FEED SELF	BATHING	DRESSING	GROOMING	TRANSFER	BOWEL/ BLADDER	HEARING	SEEING	BREATHING	MEMORY	ORIENTATION	COOPERATION	DECISION (2)	W/O IHSS (3)	NEED PROV

	SHARE OF COST DATE	SOURCE	INCOME	DEDUCT	COUNTABLE INCOME
I	(1) 10/01/86	(2) 1 1.	610|00	|	(3)

	LINK	DEP			BENEFIT CODE / LEVEL
J	(1) 1	(2)	(3) 7 2.	580|00	25|00	(4) 04

	MODE	RATE	HOURS				SHARE OF COST
K	(1)			(2) 3.	|	|	(3)

	MODE	RATE	HOURS				RECOVERY
L	(1)			(2) 4.	|	|	(3)

	ACTION	BEGINNING DATE	ENDING DATE	GROSS AMOUNT	HOURS	SHARE OF COST	TYPE	PAY OPTION
M	(1) DEL	(2)	(3)	(4) |	(5)	(6) |	(7) S N	(8) R P M
N	(1) DEL	(2)	(3)	(4) |	(5)	(6) |	(7) S N	(8) R P M
O	(1) DEL	(2)	(3)	(4) |	(5)	(6) |	(7) S N	(8) R P M

	APPLICATION DATE	REF	ASSESSMENT DATE	COUNTY USE
P	(1)	(2)	(3)	(4)

	D / O	SERVICE WORKER NAME	SW. #	SERVICE WORKER PHONE #
Q	(1) 01	(2) ANN CORIPPO	(3) ACAC	(4) (387) 483-9274

R ALERT MESSAGE

NOA MESSAGE

S AUTHORIZATION: DATE: REMARKS:

T VALIDATION: DATE: REMARKS: