

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



December 8, 1988

ALL COUNTY INFORMATION NOTICE NO. I-120-88

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATEMENT OF FACTS-HOMELESS ASSISTANCE, CA 42 (10/88)

REFERENCE: ALL COUNTY LETTERS 87-163, 88-51, 88-91, 88-120

The purpose of this letter is to transmit a camera ready copy of the October 1988 revision of the Statement of Facts - Homeless Assistance (CA 42) and to discuss changes made to the form regarding the Hamilton v. Lyng Injunction and the Homeless Assistance (HA) indicator.

All County Letter #88-91 instructed counties to comply with the Hamilton v. Lyng Federal Injunction by drawing a line through the third bullet on the CA 42 (6/88). On this October 1988 revision that item has been eliminated.

Counties have expressed a need for a statewide HA tracking system which is currently being developed and is expected to be implemented by January 1989. In conjunction with the tracking system, key entry items have been included on the form. Counties may elect to key enter information found on the CA 42 in boxes A, B, C, D, E and F directly from the form; or, may elect to use a county key entry document. Instructions on implementation of the HA indicator tracking system process will be issued by the Fraud Program Management Bureau in the near future.

Several other notable changes have been made to the CA 42 (10/88) and are outlined below. The new revision has:

- o Changed and simplified wording in bullet #2;
- o Added a new bullet (#3) which gives information about the availability of seven extra days of Temporary Shelter (TS) if applicants can provide a good reason for extension of the TS payment period beyond 21 days;
- o Deleted question #7 on income;
- o Deleted question #9 on refugees, housing assistance from a voluntary agency/sponsor (refer to ACL 88-28 and the Errata for more information);

- o Expanded question #2 for the purpose of facilitating shared housing determinations;
- o Changed wording in question #8 from "your payment given directly" to "your payment made out or given directly to a shelter landlord or others for you."

STOCK

Counties may use the attached camera ready copy of the new CA 42 (10/88) for local reproduction. Counties which order directly from the Department of Social Services (DSS) Warehouse will be notified via the Notice of Forms Change (GEN 127) when stock is available.

Counties may continue to use the 6/88 version of the CA 42 in the interim pending receipt of stock or until the HA tracking indicator system is implemented, whichever comes first. If the HA indicator is implemented prior to having new stock, counties will need to locally reproduce the attached camera ready copy of the CA 42 (10/88) until stock is available from the Warehouse. If counties wish to use the 6/88 version of the CA 42 in the interim, they must continue to mark out bullet #3 (see ACL 88-91 for instructions on this procedure).

When stock is available, orders for the English and Spanish versions of the CA 42 (10/88) should be submitted to the DSS Warehouse on the GEN 727B, County Forms Order, according to normal procedures.

TRANSLATIONS

Camera ready copies of the CA 42 (10/88) translated into Spanish, Chinese, Vietnamese, Cambodian and Lao will be mailed under separate cover.

The Warehouse will not stock the Chinese, Vietnamese, Cambodian and Lao translations.

If you have any questions regarding this letter, please contact LeAnne Torres of my staff at (916) 324-2016 or ATSS at 454-2016. If you have any questions about the Homeless Assistance indicator system to be implemented in the near future, please call Bill Schmidt of the Fraud Program Management Bureau at (916) 445-2757.


 ROBERT A. MOREL
 Deputy Director

Attachment

cc: CWDA

STATEMENT OF FACTS - Homeless Assistance

Important Information

- If you have no place to stay, have \$100 or less in resources and appear eligible for AFDC, you may get Homeless Assistance. You must be seeking permanent housing. While you are looking, you may get money for temporary shelter (TS). If you find someplace to live, you may get money for permanent housing.
- You may get TS payments for up to 21 days in a row. The first day starts when you get the first TS payment. If you stay anywhere for free, you can't get a TS payment, but the free days count as part of the 21 days.
- You may get up to 7 extra days of TS payments if you have a good reason for needing more help. The extra days must start the day after your first 21 days of TS.
- You may be asked to prove that your payment was spent on shelter. If you can't, future payments will go to a shelter, landlord or others for you.

Instructions: Print all answers in ink. If you need help, ask your worker.

1. Name of Caretaker Relative (first, middle, last)

Message Phone	A	Social Security Number - -	B	Date of Birth Mo. ___ Day ___ Yr. ___
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2.A. Explain where you are staying now.

B. How long have you been there?

C. Do you pay for staying there? YES NO
If "YES," how much?

3. Explain why you have no place to stay.

4. Are you seeking permanent housing? YES NO
Explain:

5. Do you get Cash Aid? YES NO
If "YES," in which county:

6. Did you get Homeless Assistance from any county at any time? YES NO
If "YES," complete:

Which county: _____ When: _____

7. List all liquid resources you own (include cash, checks, savings or checking accounts, credit union accounts, etc.). List each item and give its value.

8. If you get Homeless Assistance, do you want your payment made out or given directly to a shelter, landlord or other for you? YES NO

COUNTY USE ONLY

DATE RECEIVED

C	CO	Aid Code	Case Number	AU
D	Case Name (Last, First)			
E	Date HA Authorized Mo. ___ Day ___ Yr. ___			
F	Type of HA (check) <input type="checkbox"/> T (Temporary) <input type="checkbox"/> P (Permanent)			

Disposition:

- Shelter arranged prior to Temp. Asst.
- Temp. Asst. Date: _____
- Permanent HA. Date: _____
- Vendor payment issued.
- HA Denied

Worker:

Total resource value:

CERTIFICATION

I understand there is a limit on how much Homeless Assistance I can get.

I understand I must provide proof of payment for housing if it is requested, and if I cannot, I must have my Homeless Assistance payments made out or given to a shelter, landlord or others for me.

I understand that providing a Social Security Number (SSN) is required by Section 402(a)(25) of the Social Security Act. The SSN will be used to check identity, to prevent duplicate participation and to verify my eligibility and benefits.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this statement of facts is true and correct.

SIGNATURE OF CARETAKER RELATIVE

DATE