

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

March 8, 1989



ALL COUNTY INFORMATION NOTICE NO. I-16-89

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: NOTICE OF WITHDRAWN APPLICATION, CA 10 (1/89)

REFERENCE: MPP 40-171.23, MPP 63-300.36

The purpose of this letter is to transmit a reference copy of the Notice of Withdrawn Application, CA 10 (1/89). This form will replace the Notice to Applicant Who Withdraws Application, DPA 8 (4/85), and is used to document the applicants' voluntary withdrawal of their application for welfare benefits.

The new form was developed with the assistance of the CWDA Forms Subcommittee members and has been changed from the old version DPA 8 (4/85) in several ways:

- o the language has been simplified;
- o check boxes have been added to indicate from which program the application is withdrawn;
- o the CA 10 will be printed in two part NCR sets with a tear-away strip at the top;
- o the form number has been changed from DPA 8 to CA 10 to bring it up-to-date and for compatibility with the CA forms number series.

STOCK

Stock is expected to be available in the DSS Warehouse by May 1, 1989. Stock of the Spanish translation is expected shortly afterward. DPA 8 stock on hand will be depleted prior to releasing the new version of the CA 10. Counties will be notified on the Notice of Forms Change (GEN 127) when stock is available. Orders should be submitted to the Department of Social Services Warehouse on the County Forms Order, GEN 727B, according to normal procedures.

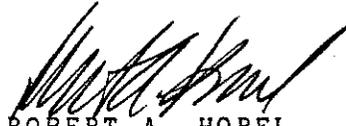
For counties which print their own stock, a camera-ready copy of the CA 10 can be requested from the Forms Management Bureau at (916) 322-8738.

#### TRANSLATIONS

Camera-ready copies of the CA 10 translated into Cambodian, Chinese, Lao, Spanish, and Vietnamese will be sent under separate cover from the Language Services Bureau to county coordinators who currently receive language translations.

The Cambodian, Chinese, Lao, and Vietnamese translations will not be stocked in the DSS Warehouse.

If there are any questions regarding the new Notice of Withdrawn Application, CA 10 (1/89), please call Le Anne Torres, of my staff at, (916) 324-2016 or ATSS 454-2016.



ROBERT A. HOREL  
Deputy Director

Attachment

cc: CWDA

# NOTICE OF WITHDRAWN APPLICATION

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

County: \_\_\_\_\_

TO:

You told us on \_\_\_\_\_ that you wanted the County to stop your application for:

AFDC

Food Stamps

Medi-Cal

Other \_\_\_\_\_

Because you asked, we did so.

You have the right to apply again at any time.

\_\_\_\_\_  
Eligibility Worker Signature

\_\_\_\_\_  
Phone Number

Comments:

Although you have withdrawn your application, you and your family may be able to get family planning services. If you want help, ask the County or a family planning agency for more information.