STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY

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

September 9, 1994

ALL-COUNTY INFORMATION NOTICE
NO. I-31-94

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[X] Clarification Requested by One or More Counties
[ ] Initiated by CDSS

SUBJECT: REINFORMING LETTER (CA 87)

The purpose of this letter is to transmit a copy of the CA 87, Reinforming Letter/Add a Person(s) form in English and Spanish.

Pursuant to regulations at 44-355.11 counties must reinform the assistance unit that the unreported mandatorily included person should be included on the appropriate statement of facts. At the request of several counties, the California Department of Social Services (CDSS) developed the CA 87 to meet this requirement.

The CA 87 is a recommended form and will not be stocked by the CDSS. A camera-ready copy of the CA 87 in Cambodian, Chinese, Lao and Vietnamese will be sent to the county Forms Coordinators under separate cover by the Language Services Bureau. Counties that need a camera-ready copy in English and Spanish of the CA 87 should call the Forms Management Unit at (916) 657-1907 or CALNET 437-1907.

Sincerely,

MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachment

REINFORMING LETTER/ADD A PERSON(S)

CASE NAME
CASE NUMBER
DATE

We understand that _____ is in the home.

The rules say that this person must be included on your Statement of Facts form and, if eligible, be added in your Assistance Unit. If you do not include this person on the Statement of Facts form, your cash aid may be stopped.

☐ An appointment has been scheduled on _____ at _____.
You must complete the enclosed forms and bring the following checked (✓) items to the scheduled appointment.

☐ You must complete the enclosed forms and mail the following checked (✓) items to your eligibility worker.

- ☐ JA 2/SAWS 2, Statement of Facts
- ☐ CA 8 or CA 8A, Statement of Facts
- ☐ CA 2.1Q, Questionnaire and CA 2.1, Notice and Agreement.
- ☐ Social Security card(s) or proof of application for Social Security card(s) for: _____
- ☐ Birth Certificate(s) for: _____
- ☐ Citizenship/Immigration verification for: _____
- ☐ UIB/DIB Handbook and/or California Award Letter
- ☐ Other: _____

If you don't give us this information, your cash aid may be stopped. If you cannot keep this appointment, please call your worker.

Comments: _____

ELIGIBILITY WORKER NAME	ELIGIBILITY WORKER NUMBER	PHONE NUMBER

CARTA DE NUEVO AVISO/AGREGAR PERSONAS

NOMBRE DEL CASO
NUMERO DEL CASO
FECHA

Tenemos entendido que _____ está en el hogar.

Las reglas indican que esta persona tiene que estar incluida en su forma de Declaración de Datos, y si reúne los requisitos, tiene que ser agregada a su Unidad que Recibe Asistencia. Si no incluye a esta persona en su forma de Declaración de Datos, es posible que pare la asistencia de usted.

☐ Se ha concertado una cita para el _____ a las _____.
Usted tiene que completar las formas que se adjuntan y traer a la cita que se concertó, las cosas que se marcaron (✔).

☐ Usted tiene que completar las formas que se adjuntan y enviar por correo a su trabajador(a), las cosas que se marcaron (✔).

- ☐ JA 2/SAWS 2, Declaración de Datos
- ☐ CA 8 o CA 8A, Declaración de Datos
- ☐ CA 2.1Q, Cuestionario y CA 2.1, Aviso y Convenio.
- ☐ Tarjeta(s) del Seguro Social o pruebas de que se ha(n) solicitado(s) tarjetas del Seguro Social para:_____
- ☐ Acta(s) de nacimiento para:_____
- ☐ Verificación de ciudadanía/inmigración para:_____
- ☐ Folleto de UIB/DIB y/o carta de otorgamiento de beneficios de California
- ☐ Otro:_____

Si usted no nos da esta información, es posible que pare su asistencia monetaria. Si no puede asistir a esta cita, por favor llame a su trabajador(a).

Comentarios:_____

NOMBRE DEL TRABAJADOR(A) DE ELEGIBILIDAD	NUMERO DEL TRABAJADOR(A) DE ELEGIBILIDAD	NUMERO DE TELEFONO