

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



May 23, 1996

ALL COUNTY INFORMATION NOTICE I-27-96

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation
- Change
- Court Order or Settlement
- Agreement
- Clarification Requested by
- One or More Counties
- Initiated by CDSS

SUBJECT: UNITED STATES RESIDENCY PILOT PROJECT

On November 7, 1994, the California Department of Social Services (CDSS) issued All County Information Notice I-41-94 regarding the U.S. Residency Pilot Project. On March 16, 1995, the California Department of Health Services (CDHS) issued All County Welfare Director letter (ACWD) 95-18 regarding the Medi-Cal portion of the same project. Based upon the experiences of the project over the past year, both Departments have agreed to provide clarification to the procedures contained in those two letters. However, this clarification does not change the procedures outlined in ACWD 95-18.

BACKGROUND

The U.S. Residency Project is an ongoing partnership between CDHS, CDSS and the counties of San Diego and Imperial. It was designed to identify non-residents attempting entry into the United States (U.S.) who are or have been recipients of public assistance and Medi-Cal benefits. Project staff are stationed in teams at all California Ports of Entry with Mexico. Each team is made up of at least one investigator from the CDHS and one eligibility worker from either San Diego or Imperial County. Immigration and Naturalization Services (INS) or U.S. Customs Service inspectors refer persons suspected of being on public assistance and Medi-Cal benefit recipients to these teams for investigation.

If the team determines that the person has been, or is now a recipient, the team prepares a referral packet and sends it directly to a designated County Project Manager if the person is an AFDC or Food Stamp recipient. CDHS sends a referral packet directly to the local CDHS investigative staff for an immediate investigation. Currently, the packet may contain the following information:

- o The referral for investigation
- o MEDS printouts
- o A personal affidavit completed by the person at the border
- o A polaroid photo of the person
- o Copies of documents found in possession of the person.

For AFDC and Food Stamps, the County Project Manager forwards the referral packet to the AFDC and Food Stamp Special Investigations Unit to determine if the non-resident has been receiving benefits inappropriately. (Some counties may be sending these directly to eligibility staff.) CDHS has also been conducting investigations of Medi-Cal recipients and then referring the results to the Medi-Cal eligibility worker. Based on the results of the investigations, the county takes appropriate action, including but not limited to: discontinuance of aid or Medi-Cal benefits, calculate overpayments or overissuances, mail request for restitution of benefits to the non-resident, and refer cases for prosecution or establish intentional program violations to apply disqualification sanctions in AFDC or Food Stamps cases.

The results of a referral to a county or to CDHS are to be documented on the U.S. Residency Border Project Fraud Investigation Referral Form (TEMP 2079) and sent back to the U.S. Residency Project Manager at the following address:

San Diego County Program Assistant  
1255 Imperial Ave., Room 728  
San Diego, CA 92101

Imperial County Project Manager  
P.O. Box 930  
El Centro, CA 92244

#### CHANGES

One major change is that, effective 6-1-96, the referral packets sent directly to the County Project Managers will contain a completed and signed Declaration of Residency which has been revised (draft DPA 483 attached). The information contained in the Declaration of Residency is sufficient for the Eligibility Worker (EW) to take appropriate action without any additional investigation. The person signing the declaration has indicated to INS or U.S. Customs and CDHS and CDSS that they (and/or their children) do not reside in the United States and have provided additional documentation to INS or U.S. Customs in support of their applications for a visa or border crossing card.

Thus, unless there is other overwhelming evidence available at the time the package is received by the EW that would refute the declaration of non-residence provided on the DPA 483, non-residents listed on this form who are currently receiving AFDC or Food Stamps or Medi-Cal must be discontinued immediately based on non-residency.

The appropriate notice of action should be used, with suggested wording as follows; "you are no longer eligible to receive (AFDC, Food Stamps, Medi-Cal) benefits effective ( / / ) because you do not reside in the State of California." Persons being discontinued shall maintain their rights to the fair hearing process. Cases discontinued may reapply for benefits at any time and will be subject to normal eligibility residency requirements. Such reapplications should be considered for referral for early fraud investigations.

Another change is that the attached collection notification letter (draft TEMP 2115) is being used by the project teams at the time of the investigation at the border. It will be included in the referral packet for AFDC and Food Stamp cases so that the county has a signed document that indicates the person was advised that they will have to make restitution for any benefits they have received while a non-resident. For Medi-Cal cases, this form is provided to the person at the border and returned to CDHS Investigations at the time the recipient is prepared to make restitution. In addition, the Declaration of Residency gives the county information on the period during which the person has been residing outside the U.S. so that the amount of any AFDC and Food Stamp overpayment or overissuance on current or previously discontinued cases can be easily computed.

ADDITIONAL GUIDELINES

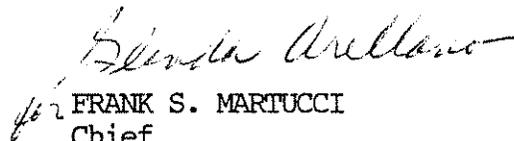
Counties are requested to ensure the following:

- o Indicate on the response document (TEMP 2079) whether a case was open or closed.
- o Indicate on the response document only actual overpayments and over-issuances.

If you have any questions or concerns, please contact Dave Hessler at (916) 445-0946.



BRUCE WAGSTAFF  
Deputy Director  
Welfare Programs Division  
Department of Social Services



FRANK S. MARTUCCI  
Chief  
Medi-Cal Eligibility Branch  
Department of Health Services

Attachments



## DECLARATION OF RESIDENCE

NAME \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_ MARRIED NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

| CHILDREN'S NAME | DATE OF BIRTH | PLACE OF BIRTH | SOCIAL SECURITY NUMBER | ABSENT PARENT |
|-----------------|---------------|----------------|------------------------|---------------|
|                 |               |                |                        |               |
|                 |               |                |                        |               |
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|                 |               |                |                        |               |

Where is your principal place of residence? Street \_\_\_\_\_ Colonia \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

How long have you been residing in the Country that you indicated above? \_\_\_\_\_

Do you intend to continue to reside in the country listed above? .....  YES  NO

Do your children live with you?  YES  NO. If NO, where is their principal place of residence and who do they live with? \_\_\_\_\_

Have you resided in California within the past 3 years? \_\_\_\_ Where? \_\_\_\_\_

I declare that I am a citizen of \_\_\_\_\_ (COUNTRY) and I presently reside in \_\_\_\_\_ (COUNTRY) and that my child(ren) \_\_\_\_\_ ( do/do not) reside with me.

I understand that as a resident of \_\_\_\_\_ I am not eligible to AFDC, Medi-Cal, Food Stamps or General Relief.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this document is true and correct.

|                 |            |
|-----------------|------------|
| SIGNATURE _____ | DATE _____ |
| WITNESS _____   | DATE _____ |



## DECLARACION DE RESIDENCIA

NOMBRE \_\_\_\_\_

NOMBRE DE SOLTERA \_\_\_\_\_ NOMBRE DE CASADA \_\_\_\_\_

FECHA DE NACIMIENTO \_\_\_\_\_ LUGAR DE NACIMIENTO \_\_\_\_\_ NUMERO DEL SEGURO SOCIAL \_\_\_\_\_

| NOMBRE DE LOS NIÑOS | FECHA DE NACIMIENTO | LUGAR DE NACIMIENTO | NUMERO DEL SEGURO SOCIAL | PADRE/MADRE AUSENTE |
|---------------------|---------------------|---------------------|--------------------------|---------------------|
|                     |                     |                     |                          |                     |
|                     |                     |                     |                          |                     |
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|                     |                     |                     |                          |                     |

¿Cuál es su lugar principal de residencia? Calle \_\_\_\_\_ Colonia \_\_\_\_\_  
 Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ País \_\_\_\_\_

¿Cuánto tiempo lleva viviendo en esta dirección? \_\_\_\_\_

¿Cuánto tiempo lleva residiendo en el país que indicó más arriba? \_\_\_\_\_

¿Piensa continuar residiendo en el país que indicó más arriba? .....  SI  NO

¿Viven sus hijos con usted?  SI  NO. Si la respuesta es NO, ¿cuál es el lugar principal de residencia de ellos y con quién viven? \_\_\_\_\_

¿Ha residido usted en California en los últimos tres años? \_\_\_\_\_ ¿Dónde? \_\_\_\_\_

Declaro que soy ciudadano(a) de \_\_\_\_\_, que actualmente resido en \_\_\_\_\_ y  
(PAIS) (PAIS)  
 que mis hijos \_\_\_\_\_ (viven/no viven) conmigo.

Entiendo que como residente de \_\_\_\_\_ no reúno los requisitos para recibir AFDC, Medi-Cal, estampillas para comida ni Ayuda General.

Declaro bajo pena de perjurio, en conformidad con las leyes de los Estados Unidos de América y del Estado de California, que la información que este documento contiene es verdadera y correcta.

|               |             |
|---------------|-------------|
| FIRMA _____   | FECHA _____ |
| TESTIGO _____ | FECHA _____ |

**Collection Notification**

You have been interviewed at a border crossing site from Mexico into the United States. Our records indicate that you do not reside in the United States but that you or a family member are receiving public assistance (welfare) benefits. As a non-resident of California, you are not eligible to receive AFDC or Food Stamps or Medi-Cal.

If you, or any member of your family, received any type of public assistance that you were not entitled to, you will be asked to repay those amounts. This indicates that you understand that you may owe California money for the benefits you received and provides your mailing address so that we can send you information on how much you owe and how you can make repayment. It may take eight to ten weeks for you to receive this information.

Once you have made full restitution of any amounts you owe, you will receive a letter showing that you have made full restitution to California for any public assistance you may have received. This may help you to re-establish your status with the Immigration and Naturalization Services or the American Consulate.

**Address**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Colonia: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Official Use Only**

|             |  |           |  |
|-------------|--|-----------|--|
| CASE NUMBER |  | CASE NAME |  |
| SSN/MEDS    |  |           |  |

**Notificación sobre cobranza**

Se le ha entrevistado en un lugar donde se cruza la frontera para pasar de México a los Estados Unidos. Nuestros documentos indican que usted no reside en los Estados Unidos, pero que usted o un miembro de su familia está recibiendo beneficios de asistencia pública (bienestar). Ya que no es residente de California, no reúne los requisitos para recibir AFDC, estampillas para comida ni Medi-Cal.

Si usted, o cualquier miembro de su familia, ha recibido cualquier clase de asistencia pública a la cual no tenía derecho, se le pedirá que reembolse esa cantidad. Este formulario indica que usted entiende que es posible que le deba dinero a California por los beneficios que ha recibido y proporciona su dirección postal para que le podamos enviar información acerca de cuánto debe y de cómo puede reembolsar ese dinero. Es posible que tardemos entre ocho y diez semanas para mandarle esta información.

Una vez que haya reembolsado todo el dinero que deba, recibirá una carta mostrando que usted le ha reembolsado a California la asistencia pública que ha recibido. Es posible que esto le ayude a restablecer su situación con los Servicios de Inmigración y Naturalización o con el Consulado Americano.

**Dirección**

Nombre: \_\_\_\_\_

Calle: \_\_\_\_\_ Colonia: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Zona postal: \_\_\_\_\_ País: \_\_\_\_\_

| Para uso oficial solamente |           |
|----------------------------|-----------|
| CASE NUMBER                | CASE NAME |
| SSN/MEDS                   |           |