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

October 22, 1996

ALL COUNTY INFORMATION NOTICE I-58-96

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: NOTIFICATION OF INTERCOUNTY TRANSFER (CA 215)

REFERENCE: ACL 94-39

The purpose of this notice is to transmit the revised CA 215 (9/96), Notification of Intercounty Transfer. This revision reflects the changes in the Intentional Program Violation (IPV) penalties for Aid to Families with Dependent Children (AFDC) as well as the new restrictions for Homeless Assistance. In addition, the recent federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 requires new Food Stamp (FS) penalties to be effective September 22, 1996, that are reflected on the revised form. The revised form will encourage the transferring county to provide more information regarding incapacity exemptions and facilitate usage in Refugee Cash Assistance (RCA) cases. Attachment I provides an outline of the specific changes.

STOCK

The CA 215 is designated as a required form and no substitutes are permitted. State produced stock of the CA 215 is expected to be available in four to six weeks from the date of this letter.

CONTACTS

Counties that need a camera-ready copy of the CA 215 should call the Forms Management Unit at (916) 657-1907 or CALNET 437-1907.

If you have questions regarding the CA 215 form, you may contact Donna Morgan of the AFDC Policy Implementation Bureau at (916) 654-5709 or CALNET 464-5709.

Bruce Wagstaff

BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

c: CWDA

Attachment

Attachment I

Revisions made to the CA 215 Form:

Instructions at the top of the page are now included to remind workers to either complete each space or mark it with N/A symbol.

LEFT-HAND COLUMN

The "CASE STATUS" section is revised to include "RCA" along with "AFDC/CAAP" in the "DISC. DATES." In the "END DATES" row a box is added for "GAIN."

The section "OVERPAYMENTS" is retitled "OVERPAYMENTS TRANSFERRED." In this section "FOOD STAMP OI" is renamed to "FOOD STAMP OVERISSUANCE" and includes check boxes for 10% and 20% adjustment.

A new section titled "FOOD STAMP SHELTER" includes areas to document the amounts for "BUDGETED HOUSING" and "BUDGETED UTILITIES."

The "SANCTIONS" section time-periods are revised as follows:

- AFDC IPV sanction is changed from "FIRST," "SECOND," and "THIRD" to "6 MO," "12 MO," "2 YRS," "4 YRS," and "PERMANENT;"
- "GAIN" is now listed second and "THIRD" is changed to "SUBSEQUENT;" and
- "FS IPV" is listed third and "FIRST," "SECOND," and "THIRD" is changed to "1 YR," "2 YR," and "PERMANENT."

The "AFDC CASE INFORMATION" section is retitled "AFDC/RCA CASE INFORMATION" and is revised as follows:

- "GRANT PRIOR MONTH, CURRENT MONTH" and "AMOUNT" is reformatted;
- Items in the "HOMELESS ASSISTANCE" section are changed from "TEMPORARY RECEIVED" and "PERMANENT RECEIVED" to "ONCE IN A LIFETIME EXHAUSTED" and "MET 24-MONTH EXEMPTION TO OLT," and a blank is added for the "AUTH. DATE;"
- The "PERIOD OF INELIGIBILITY" area is revised to delete "ENDING DATE" for "LUMP SUM" and "RESTRICTED ACCOUNTS" and add blanks for inserting time period after "PERIOD OF INELIGIBILITY" and blank for providing name after "LUMP SUM;" and
- The area for recording "08 EXEMPTION" information is moved to the bottom of the "CAL-LEARN/GAIN CASE INFORMATION" section.

The "CAL-LEARN/GAIN CASE INFORMATION" section is revised as follows:

- "C-L BONUS DUE" is deleted since that information is at the top of the form in the "OVERPAYMENTS TRANSFERRED" section;
- A blank is included to name the "CAL-LEARN ELIGIBLE" person;
- A blank is included to indicate if there is a "SANCTION FOR REPORT CARD" and "NAME OF PERSON" being sanctioned; and
- Adds "PERIOD ENDING," "1st MONTH COMPLETED," or "2nd MONTH COMPLETED," and "DATE" blanks.

RIGHT-HAND COLUMN

The first section is revised to add the "RECIPIENT'S MAILING ADDRESS (IF DIFFERENT)," as well as the "DATE MOVED" and "SSN."

In the "RESEARCH COUNTIES ONLY" section the first line is changed to "APDP/CWPDP CONTROL" and "APDP/CWPDP EXPERIMENTAL;" in the second line "LINK UP, CONTROL" and "EXPERIMENTAL" are deleted and replaced with "CAL-LEARN COHORT (Circle One) L M F N" (L - full Cal-Learn, M - case management only, F - financial sanctions or incentives only, and N - nothing). This section is for GAIN workers only.

The "DOCUMENTATION SENT" section is revised to include separate entries for "INCAP VERIFICATION" and "DED VERIFICATION," and adds entries for "RCA TIME EXPIRE DATE" and "TCC APPLICATION and AFDC DISC DATE."

Regarding "OP/OI RECORDS" transferring county is requested to include applicable Notices of Action (NOA) and verifications of OP/OI balances.

In the "SUMMARY OF ELIGIBILITY" section the following changes are made:

- "EARNED" is deleted from "INCOME;"
- "WHO" and "WHAT MONTH" are added after "INCOME;"
- "(List with current value)" is inserted after "PROPERTY;" and
- "WHERE" and "CURRENT BALANCE" are inserted after "RESTRICTED ACCOUNT(S)".

The "OTHER" section is retitled "OTHER INFORMATION" and adds a check box and "EXEMPT FROM MAP CUTS."

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

NOTIFICATION OF INTERCOUNTY TRANSFER

Instructions: Workers should complete each space. If the information requested does not pertain to this case, indicate with N/A symbol.

SENDING COUNTY AND ADDRESS

RECEIVING COUNTY

CASE NAME | CASE NUMBER

RECIPIENT ADDRESS | NUMBER/STREET | CITY | ZIP CODE

RECIPIENT'S MAILING ADDRESS (IF DIFFERENT)

RECIPIENT'S PHONE NUMBER(S) | DATE MOVED

PAYEE'S NAME (IF DIFFERENT) | SSN

PAYEE'S RELATIONSHIP TO AIDED CHILD(REN)

CASE STATUS

DISC. DATES:	AFDC/RCA/CAAP	FS	MC
END DATES:	NET/TCC	TMC	GAIN

OVERPAYMENTS TRANSFERRED

PROGRAM	BALANCE OWED	ADJUSTMENT
AFDC	$	☐ 90% ☐ 95%
CHILD CARE PROGRAMS. (SCC/CAAP/NET/TCC/GAIN/C-L)	$	_____%
GAIN (Other Supportive Services)	$	☐ 90% ☐ 95%
CAL-LEARN BONUS	$	☐ 90% ☐ 95%
FOOD STAMP OVERISSUANCE	$	☐ 10% ☐ 20%

TYPE OF FS OI: ☐ IPV ☐ INADVERTENT HOUSEHOLD ERROR ☐ AGENCY ERROR

FOOD STAMP SHELTER

BUDGETED HOUSING $ | BUDGETED UTILITIES $

SANCTIONS

☐ AFDC IPV ☐ 6 MO ☐ 12 MO ☐ 2 YRS ☐ 4 YRS ☐ PERMANENT

☐ GAIN ☐ FIRST ☐ SECOND ☐ SUBSEQUENT

☐ FS IPV ☐ 1 YR ☐ 2 YRS ☐ PERMANENT

NAME OF SANCTIONED INDIVIDUAL(S) | ENDING DATE(S)

AFDC/RCA CASE INFORMATION

PRIOR MONTH	GRANT AMOUNT	CURRENT MONTH	GRANT AMOUNT
	$		$

SPECIAL NEEDS: NAME | TYPE | AMOUNT

HOMELESS ASSISTANCE

☐ ONCE IN A LIFETIME EXHAUSTED

☐ MET 24 MONTH EXEMPTION TO OLT_____ AUTH. DATE

PERIOD OF INELIGIBILITY: _____TO_____ REMAINDER $_____

☐ LUMP SUM NAME _____

☐ RESTRICTED ACCOUNT(S):

CAL-LEARN/GAIN CASE INFORMATION

CAL-LEARN ELIGIBLE: NAME_____

SANCTION FOR REPORT CARD: NAME_____

PERIOD ENDING: ☐ 1st MONTH COMPLETED: DATE_____

☐ 2nd MONTH COMPLETED: DATE_____

08 EXEMPTION: CHILD'S NAME | PARENT'S NAME

MEDI-CAL ONLY CASE INFORMATION

☐ SOC: NAME AND AMOUNT | NAME AND AMOUNT | WHO AND AMOUNT

☐ COURT CASES: ☐ *HUNT V. KIZER* ☐ *SNEEDE V. KIZER*

☐ PERCENT/FPL PROGRAM % | ☐ LTC: CSRA $

☐ PERIOD OF INELIGIBILITY | ☐ CONTINUED ELIGIBILITY (SPECIFY)

☐ NAME:_____ | ☐ NAME:_____

☐ LTC MONTHS:_____ | ☐ NAME:_____

RESEARCH COUNTIES ONLY

☐ APDP/CWPDP CONTROL ☐ APDP/CWPDP EXPERIMENTAL

CAL-LEARN COHORT (Circle One) L M F N

RESEARCH COUNTIES AND MEDI-CAL ONLY

	NAME	FROM	TO
☐ $30 1/3 RECEIVED			
☐ $30 1/3 RECEIVED			
☐ $30 - 8 MONTHS			

DOCUMENTATION SENT

☐ MOST RECENT CA 1/SAWS 1

☐ PE/FED ELIG. DETERMINATION (Work History Page from JA 2/SAWS 2/MC 210 that establishes work quarters)

☐ DED VERIFICATION

☐ **INCAP VERIFICATION**

☐ OP/OI RECORDS

☐ RCA TIME EXPIRE DATE _____

☐ TCC APPLICATION and AFDC DISC. DATE_____

☐ OTHER (List)_____

SUMMARY OF ELIGIBILITY

INCOME:	NAME:	WHAT MONTH:
$		

OTHER INCOME:	UIB	DIB	SSA
	$	$	$
SSI	VETERANS	OTHER: (Specify)	
$	$	$	

PROPERTY: (List with current value)

☐ RESTRICTED ACCOUNT(S)

WHERE: CURRENT BALANCE $

OTHER INFORMATION:

☐ EXEMPT FROM MAP CUTS

NAME	WORKER NUMBER	PHONE HOURS

PHONE NUMBER	FAX	DATE COMPLETED
( )	( )	

ABBREVIATIONS SUMMARY

AFDC: ..... Aid to Families with Dependent Children
APDP: ..... Assistance Payments Demonstration Project
CAAP: ..... California Alternative Assistance Program
C-L: ..... Cal-Learn
CSRA: ..... Community Spouse Resource Allowance
CWPDP: ..... California Work Pays Demonstration Project
DED: ..... Disability Evaluation Division
DIB: ..... Disability Insurance Benefits
DISC. DATES: .... Discontinuation Dates
FPL: ..... Federal Poverty Level
Fed Elig.: ..... Federal Eligibility
FS: ..... Food Stamps
GAIN: ..... Greater Avenues to Independence
INCAP: ..... Incapacity
IPV: ..... Intentional Program Violation
LTC: ..... Long Term Care
MC:..... Medi-Cal
NET: ..... Non-Gain Education and Training
OI: ..... Overissuance
OLT:..... Once in a Lifetime
OP: ..... Overpayment
PE: ..... Principal Earner
RCA: ..... Refugee Cash Assistance
SCC: ..... Supplemental Child Care
SSA: ..... Social Security Administration
SSI: ..... Supplemental Security Income
SSN:..... Social Security Number
SOC: ..... Share of Cost
TCC: ..... Transitional Child Care
TMC: ..... Transitional Medi-Cal
UIB: ..... Unemployment Insurance Benefits

NOTE FOR RESEARCH COUNTIES ONLY:

L:..... Full Cal-Learn
M:..... Case Management Only
F:..... Financial Sanctions or Incentives Only
N: ..... Nothing