

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



March 25, 2008

ALL-COUNTY LETTER NO. 08-16

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY FOOD STAMP COORDINATORS  
ALL COUNTY CalWORKs PROGRAM  
SPECIALISTS  
ALL COUNTY FORMS COORDINATORS  
ALL CONSORTIUM PROJECT MANAGERS

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: BE VU SETTLEMENT AGREEMENT AND SURVEY OF LANGUAGES  
REQUIRING TRANSLATION OF FOOD STAMP PROGRAM AND  
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS  
(CalWORKs) JOINT FORMS

REFERENCE: ALL COUNTY LETTER (ACL) 07-12, ALL COUNTY INFORMATION  
NOTICE (ACIN) NO. I-09-06, AND ALL COUNTY LETTER 03-56

The purpose of this letter is to advise counties that the Food Stamp Program (FSP) forms and specified forms jointly used with the CalWORKs program will be translated into the following languages: Cushite, Formosan, Japanese, Mien, Punjabi, Portuguese, Syriac, and Ukrainian. The above languages are in addition to the Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese translations of FSP forms and specified CalWORKs forms already provided by the Department.

The settlement agreement in *Be Vu et al v. Mitchell and Bolton* requires the California Department of Social Services (CDSS) Civil Rights Bureau (CRB) to annually develop an estimate of the number of low-income single-language minority households, pursuant to federal regulation, 7 C.F.R. § 272.4(b)(6). This regulation requires the State to estimate the number of low-income single language minority households, both participating and not participating in the FSP, for each project area and certification office by using census data and knowledge of project areas.

The estimate developed by the CRB indicates that the population of individuals, who speak Cushite, Formosan, Japanese, Mien, Punjabi, Portuguese, Syriac, and Ukrainian requires the translation of forms as required by 7 CFR § 272.4 (b). CDSS will translate

these forms according to the form's designated priority on the Forms Matrix, in ACL 07-12 (attached). It is anticipated that high priority forms will be translated within six months of the date of this ACL, while moderate and low priority forms should be translated within 12 months.

CDSS does not plan to provide additional funding to the Statewide Automated Welfare System due to the limited number of applicants/recipients expected to require and/or request forms in the identified languages. Counties are reminded that the translated forms must be used as necessary to ensure effective communication with applicants/recipients regardless of whether the CDSS translated forms and notices are available in the county's automated welfare eligibility system. If the translated forms are not programmed in the county's automated welfare eligibility system, the counties are expected to utilize a manual process to complete forms translated into these eight identified languages.

Counties are reminded that the Manual of Policies and Procedures (MPP) section 21-115.2 requires that when translated forms and other written material are provided by CDSS, the county shall make available and offer to the applicant/recipient the translated materials regardless of the number/percentage of non-English speaking/limited-English proficient applicants or recipients served by the county. For further information regarding language access obligations, please refer to Division 21 of the MPP.

Pursuant to MPP section 63-1250.6, counties must utilize the translated forms immediately. Additionally, counties are reminded that any state-mandated Food Stamp forms, including translated forms that are modified by the county, may not be used without the prior review and approval of the CDSS Food Stamp Branch as provided in MPP section 63-1250. CDSS will continue to monitor the counties' use of translated forms through the Civil Rights Compliance Review process, Annual Food Stamp Program Survey, and state fair hearings (through identification of translation/language barrier issues).

The CDSS Language Services Bureau will continue to provide the counties with a monthly update, which will identify the form(s) and language(s) into which the form(s) have been translated. The monthly update will be sent to counties electronically and via mail and will include the CDSS website address where the translated forms may be obtained. County staff is advised to notify the CDSS staff identified below of county staffing and/or address changes and to regularly check the CDSS website for newly translated forms.

If you have a CalWORKs Program Specialist staffing or email address change to report, please contact Owen Stewart at (916) 654-1068. If you have a Welfare Director, Food Stamp Coordinator, or Forms Coordinator staffing change or email/ mailing address

change to report or a question regarding Food Stamp forms, please contact Randy Shiroy at (916) 654-1435.

**Camera Ready Copies and Translations**

For a camera ready copy in English, contact the Forms Management Unit at (916) 657-1907. If your office has internet access, you may obtain these forms from the CDSS web page at: [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm). When all translations are completed per MPP section 21-115.2, including Spanish forms, they are posted on an ongoing basis on the CDSS website. Copies of the translated forms and publications can be obtained at: [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm). For questions on translated materials, please contact Language Services at (916) 651-8876.

Sincerely,

***Original Document Signed By:***

CHARR LEE METSKER  
Deputy Director  
Welfare to Work Division

***Original Document Signed By:***

TOM LEE  
Deputy Director  
Human Rights and  
Community Services Division













<b>Priority</b>	<b>Form #</b>	<b>Form Title</b>	<b>Cushite</b>	<b>Japanese</b>	<b>Mien</b>	<b>Portugese</b>	<b>Farsi</b>	<b>Hmong</b>	<b>Korean</b>
Lowest	FS 13 (9/99)	Notice to All Food Stamp Members who must pay Child Support	***	***	***	***	***	***	***
Lowest	PUB 13 (3/07)	Your Rights Pamphlet	***	***	***	***	***	***	***
Lowest	PUB 373 (5/07)	Food Stamp Information	***	***	***	***	***	***	***

**CALIFORNIA FOOD STAMP FORMS**  
**Listing by Priority and Translation Status as of February 10, 2008**

**Key:**

P = Translation posted (mo./yr.) (If there is no month and year, then translation was previously posted)

TP = Translation pending

**RP** = Revision pending

\* Date form sent out for translation/revision

\*\* Date of County notification

\*\*\*New form added to matrix, to be assigned

Priority	Form #	Form Title	Arabic	Armenian	CB	Chinese	Farsi	Hmong	Korean	Lao	RS	Spanish	Tagalog	Vietnamese
High	CW 8 (7/01)	Statement of Facts for An Additional Person	P 12/06	P	P 12/06	P	P 12/06	P 12/06	P 12/06	P 12/06	P	P	P 12/06	P
High	DFA 285-A1 (1/07)	Application for Food Stamp Benefits	P 4/07	P 4/07	P 4/07	P	P 4/07	P 4/07	P 4/07	P 4/07	P	P	P 4/07	P 4/07
High	DFA 285-A2 (8/06)	Statement of Facts	P 4/07	P 3/07	P 4/07	P	P 4/07	P 4/07	P 4/07	P 5/07 **7-10-07	P	P	P 5/07 **6/10/07	P 4/07
High	DFA 285-A3 QR (5/06)	Food Stamp Rights and Rights and Responsibilities	P 12/06	P 4/07	P 12/06	P	P 1/07	P 4/07	P 2/07	P 2/07	P	P	P 1/07	P 4/07
High	DFA 303 (3/05)	Replacement Affidavit/Authorization	P 12/06	P	P 12/06	P	P 12/06	P 12/06	P 12/06	P 12/06	P	P	P 12/06	P
High	DFA 377.1 (11/01)	Notice of Approval	P 12/06	P	P 12/06	P	P 12/06	P 12/06	P 12/06	P 12/06	P	P	P 12/06	P
High	CW 8A (3/00)	Statement of Facts to Add a Child Under Age 16	P 12/06	P	P 12/06	P	P 12/06	P 12/06	P 12/06	P 12/06	P	P	P 12/06	P
High	DFA 377.10 (6/04)	Food Stamp Notice of Denial/Disqualification	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P

Priority	Form #	Form Title	Arabic	Armenian	CB	Chinese	Farsi	Hmong	Korean	Lao	RS	Spanish	Tagalog	Vietnamese
High	DFA 377.11 (9/04)	Food Stamp Notice of Discontinuance (Failure to meet the ABAWDs Work Rule)	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	DFA 377.11A (9/04)	Food Stamp Notice of Discontinuance (Three Consecutive Months For ABAWDs//Non-Assistance CFAP Recipients)	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	DFA 377.1A (3/02)	Notice of Denial or Pending Status	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	DFA 377.4 QR (1/04)	Food Stamp Notice of Change for Change Reporting Household	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	DFA 377.4A (7/03)	Food Stamp Notice of Change	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	DFA 377.5 (8/06)	Food Stamp Household Change Report	P 4/07	P 4/07	P 4/07	P	P 4/07	P 4/07	P 4/07	P 4/07	P	P	P 5/07 **6/10/07	P 4/07
High	DFA 377.7F (8/01)	Food Stamp Repayment for an Intentional Program Violation (IPV) or Status Change from Inadvertent Household Error (IHE) to an IPV	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	DFA 377.7F1 (10/00)	Food Stamp Repayment Notice for an Intentional Program Violation (IPV) Only Final Notice	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	DFA 386 (3/02)	Notice of Missed Interview	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	DFA 387 (3/02)	Request For Information	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	FS 11 (8/07)	Notice to All Food Stamp Recipients: Important – Please Read	P 12/07	P 12/07	P 12/07	P	P 12/07	P 12/07	P 12/07	P 12/07	P	P	P 12/07	P 12/07

Priority	Form #	Form Title	Arabic	Armenian	CB	Chinese	Farsi	Hmong	Korean	Lao	RS	Spanish	Tagalog	Vietnamese
High	FS 17 (9/99)	Notice to All Food Stamp Recipients: Important Information for Legal Immigrants	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	FS 22 QR (12/06)	Applying for Food Stamp Benefits	P 6/07 **7-10-07	P 5/07 **7-10-07	P 7/07 **8/10/07	P	P 6/07 **7-10-07	P 6/07 **7-10-07	P 6/07 **7-10-07	P 6/07 **7-10-07	P	P	P 6/07 **7-10-07	P 6/07 **7-10-07
High	FS 23 QR (3/05)	Food Stamp Benefits: How to Report Household Changes	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	FS 26 (3/05)	Food Stamp Program Qualifying Drug Felon Addendum	P 12/06	P 4/07	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	NA 1215 (6/00)	Food Stamp Notice of Change	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	NA 1216 (4/00)	Food Stamp Notice of Change	P 12/06	P	P 12/06	P	P 1/07	P 12/06	P 1/07	P 2/07	P	P	P 1/07	P
High	NA 960X QR (7/04)	Notice of Action	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 1/07	P
High	NA 960Y QR (7/04)	Notice of Action	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 1/07	P
High	QR 22 (12/06)	Sponsored Noncitizens Applying For or Receiving Cash Aid and/or Food Stamps	P 4/07	P 4/07	P 4/07	P	P 4/07	P 4/07	P 4/07	P 4/07	P	P	P 4/07	P 4/07
High	QR 377.1 (4/04)	Food Stamp Notice of Approval	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 1/07	P
High	QR 377.2 (4/04)	Food Stamp Notice of Expiration of Certification	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 1/07	P
High	QR 377.4 (1/04)	Food Stamp Notice of Change For Quarterly Reporting Household	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 1/07	P
High	QR 377.5 (2/04)	Food Stamp Mid-Quarter Status Report	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 1/07	P
High	QR 7 ADDENDUM (4/03)	Instructions and Penalties Quarterly Eligibility /Status Report	P 12/06	P 4/07	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 1/07	P

Priority	Form #	Form Title	Arabic	Armenian	CB	Chinese	Farsi	Hmong	Korean	Lao	RS	Spanish	Tagalog	Vietnamese
High	QR 72 (12/06)	Sponsor's Quarterly Income and Resources Report	P 6/07 **7-10-07	P 6/07 **7-10-07	P 6/07 **7-10-07	P	P 6/07 **7-10-07	P 6/07 **7-10-07	P 6/07 **7-10-07	P 6/07 **7-10-07	P	P	P 6/07 **7-10-07	P 6/07 **7-10-07
High	QR 7A (4/03)	How to Fill Out Your QR 7 Quarterly Eligibility/Status Report	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 1/07	P
High	SAWS 1 (12/06)	Application For Cash Aid, Food Stamps, and/or Medi-Cal/State CMSP	P 7/07 **8/10/07	P 5/07 **7-10-07	P 6/07 **7-10-07	P	P 7/07 **8/10/07	P 7/07 **8/10/07	P 6/07 **7-10-07	P 7/07 **8/10/07	P	P	P 6/07	P 6/07
High	SAWS 2 (7/07)	Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal/34-County Medical Services Program (CMSP)	P 2/08	P 2/08	P 2/08	P	P 2/08	P 2/08	P 2/08	P 2/08	P	P	P 2/08	P 2/08
High	SAWS 2A QR (1/07)	Rights, Responsibilities, and Other Important Information	P 6/07 **7-10-07	P 6/07 **7-10-07	P 7/07 **8/10/07	P	P 7/07 **8/10/07	P 6/07 **7-10-07	P 6/07 **7-10-07	P 6/07 **7-10-07	P	P	P 6/07 **7-10-07	P 6/07 **7-10-07
High	TEMP 2201 (7/02)	Cash Aid/Food Stamp Electronic Benefit Transfer – EBT Request for a Designated Alternative Card Holder/Authorized Representative	P 2/07	P	P 2/07	P	P 1/07	P 1/07	P 2/07	P 2/07	P	P	P 2/07	P
High	TEMP 2202 (7/02)	Cash Aid/Food Stamp Electronic Benefit Transfer – EBT Service Request.	P 2/07	P	P 2/07	P	P 1/07	P 2/07	P 2/07	P 2/07	P	P	P 2/07	P
High	TEMP 2214 (1/05)	Additional Information About Electronic Benefit Transfer (EBT)	P 2/07	P	P 2/07	P	P 1/07	P 1/07	P 2/07	P 2/07	P	P	P 2/07	P
High	TEMP 2215 (7/02)	Electronic Benefit Transfer (EBT) Important Information	P 2/07	P	P 2/07	P	P 1/07	P 1/07	P 2/07	P 2/07	P	P	P 1/07	P
High	TEMP NA 1232 (3/06)	Food Stamp Notice of Action EBT Account	P 2/07	P 4/07	P 2/07	P	P 1/07	P 5/07 **7-10-07	P 2/07	P 2/07	P	P	P 2/07	P
High	TEMP NA 1238 (7/04)	Food Stamp Notice of Action EBT Account Adjustment	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
High	TEMP NA 1239 (3/04)	Food Stamp Notice of Approval/Termination Transitional Benefits	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P

Priority	Form #	Form Title	Arabic	Armenian	CB	Chinese	Farsi	Hmong	Korean	Lao	RS	Spanish	Tagalog	Vietnamese
High	TEMP QR 1 (8/03)	Important Information – Please Read: New Reporting Requirements For CalWORKs and Food Stamp Recipients	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
High	QR 7 (4/03)	Quarterly Eligibility/Status Report	P 3/07	P 3/07	P 3/07	p	P 3/07	P 3/07	P 3/07	P 3/07	P	P	P 3/07	P
Moderate	DFA 377.7B (12/03)	Food Stamp Repayment Notice for Inadvertent Household Errors Only	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Moderate	DFA 377.7B1 (10/00)	Food Stamp Repayment Notice for Inadvertent Household Errors Only Final Notice	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Moderate	DFA 377.7C (5/02)	Food Stamp Repayment Agreement for Inadvertent Household Errors Only	P 12/06	P 4/07	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Moderate	DFA 377.7D (6/01)	Food Stamp Repayment Notice for Administrative Errors Only (Use for AE over issuance occurred prior to 10/1/96)	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Moderate	DFA 377.7D1 (6/01)	Food Stamp Repayment Notice for Administrative Errors Only Final Notice (Use for AE over issuance occurred prior to 10/1/96 and prior to 3/1/00)	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Moderate	DFA 377.7D2 (10/00)	Food Stamp Repayment Notice for Administrative Errors Only Final Notice	P 12/06	P	P	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Moderate	DFA 377.7D3 (12/03)	Food Stamp Repayment Notice for Administrative Errors Only Final Notice	P 12/06	P 4/07	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Moderate	DFA 377.7E (7/04)	Food Stamp Repayment Agreement for Administrative Errors Only	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Moderate	DFA 377.7E1 (5/02)	Food Stamp Repayment Agreement for Administrative Errors Only	P 12/06	P 4/07	P 2/07	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P

Priority	Form #	Form Title	Arabic	Armenian	CB	Chinese	Farsi	Hmong	Korean	Lao	RS	Spanish	Tagalog	Vietnamese
Moderate	DFA 377.7G (5/02)	Food Stamp Repayment Agreement for an Intentional Program Violation (IPV) Only	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Moderate	DPA 353 (4/00)	Notice to Aid to Families with Dependent Children (AFDC) and/or Food Stamp Administrative Disqualification Hearing	P 12/06	P 4/07	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P 5/07	P	P 2/07	P 4/07
Moderate	DPA 435 (2/02)	County Allegation of Intentional Program Violation/Statement of Position	P 12/06	P 4/07	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P 4/07
Moderate	DFA 478 (8/01)	Disqualification Consent Agreement Food Stamp Program	P 12/06	P	P	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Lowest	DFA 285C (4/99)	Food Stamp Supplemental Application for Special Medical Deductions	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Lowest	DFA 377.7A (7/99)	Notice of Administrative Disqualification	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Lowest	DFA 377.9 (8/01)	Notice of Back Food Stamp Benefits	P 12/06	P 4/07	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P 4/07
Lowest	DFA 385 (5/99)	Application for Emergency Food Stamp Assistance	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Lowest	TEMP 2203 (7/02)	Request for Cash Aid/Food Stamp Electronic Benefit Transfer-EBT Exemption	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Lowest	QR 2 (6/04)	Reporting Changes for your Cash Aid Assistance Unit and Food Stamp Household	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P
Lowest	QR 3 (7/06)	Mid-Quarter Status Report for Cash Aid and Food Stamps	P 4/07	P 5/07 **7-10-07	P 4/07	P	P 4/07	P 4/07	P 4/07	P 4/07	P	P	P 5/07 **6/10/07	P 4/07
Lowest	FS 13 (9/99)	Notice to All Food Stamp Members who must pay Child Support	P 12/06	P	P 12/06	P	P 1/07	P 1/07	P 1/07	P 2/07	P	P	P 2/07	P 4/07
Lowest	PUB 13 (3/07)	Your Rights Pamphlet	P 8/07 **9-10-07	P 8/07 **9-10-07	P 8/07 **9-10-07	p	P 8/07 **9-10-07	P 8/07 **9-10-07	P 8/07 **9-10-07	P 8/07 **9-10-07	p	p	P 8/07 **9-10-07	P 8/07 **9-10-07
Lowest	PUB 373 (5/07)	Food Stamp Information	P 2/08 **2/9/08	P 2/08 **2/9/08	P 2/08 **2/9/08	P	P 2/08 **2/9/08	P 2/08 **2/9/08	P 2/08 **2/9/08	P 2/08 **2/9/08	P	P	P 2/08 **2/9/08	P