

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento 95814
(916) 322-5330



March 24, 1976

ALL-COUNTY LETTER NO. 76-55

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION AND USE OF GEN 827

REFERENCE: EAS 41-440, 41-441, 41-442

Attached is the Work Registration Referral form (GEN 827, formerly TEMP 1083). It is to be used to refer to the Employment Development Department (EDD) for Employment Services those applicants and recipients in WIN and non-WIN counties who are exempt from WIN but have a work registration requirement. Use of the GEN 827 begins April 1, 1976 when the revised WIN regulations go into effect. An interim supply of the forms is being shipped separately and should arrive prior to that date. Form MA 5-95 is for referral of WIN applicants and recipients only and is not to be used for referral for Employment Services other than WIN.

Examples of those required to register for non-WIN Employment Services include nonfederal U-fathers, U-mothers, U-fathers too remote from WIN, including those in non-WIN counties, and certain 18-21-year olds in school at least half time but less than full time.

GEN 827 is a three-copy form to be filled out by county eligibility staff in the appropriate spaces. The white and yellow copies are given to the applicant along with DE 2451 (Work Application Form). The pink copy is retained for the case folder. The applicant is to hand-carry the white and yellow copies of GEN 827 along with DE 2451 to the EDD field office for Employment Services registration. EDD will record registration, and date and sign the GEN 827. The white copy of the form will be retained by EDD and the yellow copy will be returned by the applicant to the county for inclusion in the casefolder to document registration. If at some future date the registrant fails to maintain registration, EDD will notate the white copy and mail it to the county for action.

OBSOLETE

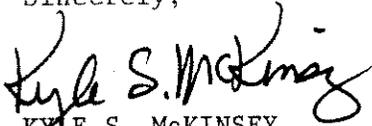
Superseded by

ACL #77-15

A supply of GEN 827 to meet ongoing needs is being printed and should be available approximately July 1, 1976. You will be notified of availability via Notice of Forms Change.

Questions regarding the use of GEN 827 should be directed to your AFDC Management Consultant at (916) 445-4458.

Sincerely,

A handwritten signature in cursive script that reads "Kyle S. McKinsey".

KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

WORK REGISTRATION REFERRAL

You are required to report to the Employment Development Department to register for work before you can be eligible for AFDC.

Please take this form to the following Employment Development Department Field Office.

EDD FIELD OFFICE ADDRESS

After registration, return the yellow copy, which EDD will give back to you, to the county welfare department.

COUNTY WELFARE DEPARTMENT OFFICE ADDRESS

COUNTY USE ONLY

CASE NAME

INDIVIDUAL'S NAME

CASE NUMBER

DATE

ELIGIBILITY WORKER

HAS THE CLIENT APPLIED FOR FOOD STAMPS?

YES

NO

EDD USE ONLY

DATE OF REGISTRATION

In the event the above named individual has failed to maintain work registration, please sign and date below and return to the county welfare office addressed above.

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

DATE

DISTRIBUTION: WHITE COPY : TO BE RETAINED BY EDD
WHILE REGISTRATION IS MAINTAINED

YELLOW COPY : TO BE RETURNED
TO COUNTY WELFARE DEPARTMENT

PINK COPY: TO BE RETAINED BY COUNTY
WELFARE DEPARTMENT