

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento CA 95814
(916) 445-0813



June 16, 1977

ALL-COUNTY LETTER NO. 77-25 (Adult Prog. Mgmt.)

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CUBAN REFUGEE - DETERMINATION OF STATUS

REFERENCE:

This is to advise you that it is no longer necessary for county welfare departments to go through DBP for certification of a person's Cuban Refugee status (Specialized Programs Manual 69-105.22). Effective immediately, you may address Cuban Refugee verification requests directly to:

Mr. William T. Clifford, Director
Cuban Refugee Emergency Center
Attention: Mrs. Martha Gonzalez, Supervisor
Central Records
P. O. Box 342057
Coral Gables, FL 33134

You should continue to use Form AA 225 or other form approved by DBP for verification of registration under cover of the attached Verification Request Form (ABCD 352).

We believe this change in Cuban Refugee registration verification procedure will substantially decrease the time lag for the return of information to the counties. The Specialized Programs Manual will be revised to reflect this change in procedure.

Any questions you have concerning this change in procedure or any aspect of the Cuban Refugee Program should be directed to your County Adult Program Operations Bureau liaison at (916) 445-0813.

Sincerely,

A handwritten signature in black ink that reads "Kyle S. McKinsey".

KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

GEN 654 (2/75)

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Mr. William T. Clifford
Director, Cuban Refugee Emergency Center
Att.: Mrs. Martha Gonzalez
Central Records Unit
P. O. Box 342057
Coral Gables, FL 33134

CUBAN REFUGEE:

Enclosed is a resettlement information request on the above person(s). Please verify the registration and resettlement status of the applicant and those for whom assistance is requested. Your check in the box below will be your response.

Sincerely yours,

County Welfare Department Representative

CWD STAMP

Enclosure

CENTER RESPONSE:

- Eligible Not Eligible
 Unable to determine eligibility; additional information needed as described below.

RESETTLEMENT INFORMATION
Cuban Refugee Program

*INSTRUCTIONS: If Part A, below, is completed, send 1 copy
 If Part B is completed, send 2 copies*

COUNTY AND DISTRICT OFFICE	COUNTY CASE NUMBER	CASE NAME	DATE OF APPLICATION
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NAME AND ADDRESS OF APPLICANT OR PERSON ON WHOSE BEHALF THE APPLICATION IS MADE

FAMILY MEMBERS FOR WHOM AID IS REQUESTED

Name	Center File # *	Sex	Age	Relationship	Birthdate	Birthplace

* IF CENTER FILE NO. IS UNAVAILABLE (LOST, DESTROYED, ETC.) ENTER ALIEN REGISTRATION NO. ALSO STATE REASON WHY THE CENTER FILE NO. IS NOT AVAILABLE

A. PERSONS RESETTLED DIRECTLY TO CALIFORNIA

VOLUNTARY MIAMI AGENCY RESPONSIBLE FOR RESETTLEMENT	DATE OF RESETTLEMENT
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NAME AND ADDRESS OF CALIFORNIA SPONSOR

WERE ALL FAMILY MEMBERS RESETTLED SAME DATE? YES NO IF NO, EXPLAIN BELOW FOR ANY MEMBER(S) RESETTLED ON A DIFFERENT DATE, ATTACH COMPLETED FORM AA 225.

B. PERSONS RESETTLED TO OTHER STATES

ORIGINAL LOCATION OF RESETTLEMENT	DATE OF RESETTLEMENT
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BRIEF SUMMARY OF RESETTLEMENT HISTORY, INCLUDING REASONS FOR MOVING TO CALIFORNIA

SIGNATURE	TITLE	DATE
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