

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814  
(916) 445-9537



May 4, 1981

ALL-COUNTY LETTER NO. 81-49

• TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - WORK REGISTRATION FORM

REFERENCE:

As a result of the recent changes in federal regulations regarding Food Stamp Program Work Registration/Job Search requirements, EDD has developed the attached form, DE 8435 FS (3-81), for use by county welfare departments when work registering food stamp applicants. This form replaces the DE 8435 (10-80) and the DE 8435V (10-80) currently used for this purpose.

A limited supply of this form is now available from the DSS Warehouse and may be ordered using the GEN 727B, County Forms Order. The Warehouse has been instructed to fill any existing back orders for the DE 8435 or DE 8435V with this new form as the DE 8435 and DE 8435V are no longer stocked in our Warehouse. Counties will be notified by a GEN 127 when a permanent supply of the DE 8435 FS is available for ordering, approximately May 1, 1981. Some counties will receive copies of the first supply of forms provided by EDD which were not varityped. These copies are numbered DE 8435 FSX (3-81) and are otherwise identical to the DE 8435 FS (3-81).

Counties will be required to use this form beginning June 1, 1981 but may begin using it immediately. Any county supplies of the DE 8435 or DE 8435V on hand in June should be returned to the EDD Warehouse, 805 R Street, Sacramento, 95814, or to your regional EDD office. Counties should not return existing supplies prior to June 1, 1981 as the initial supply of the new form is limited.

Unlike the DE 8435 and DE 8435V, the DE 8435 FS must be completed in its entirety before sending it to EDD. The top portion is completed by the applicant and the bottom portion is completed by the county. The following clarifications are provided to assist counties and applicants in accurately completing the form:

Employment Status, No. 4 - temporary layoff and strike are examples of job attached.

Receiving Unemployment Insurance - disregard No. 3 and No. 4.

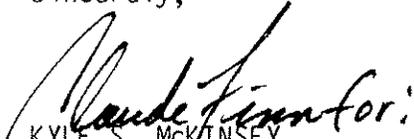
Group, No. 4, Alaskan - American Native - this section includes Native Americans.

Group, No. 6, INA - this means Information Not Available.

Date of Last Cert. - enter beginning date of last certification period, if applicable.

If you have any questions about this form, please contact your Food Stamp Program Management Consultant.

Sincerely,

  
KYLE S. MCKINSEY  
Deputy Director

Attch.

cc: CWDA

# FOOD STAMP WORK REGISTRATION

*To be completed by the applicant.*

SOCIAL SECURITY NO.		NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS																				
CITY		STATE	ZIP CODE	COUNTY	TELEPHONE NO.															
SEX 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	CIRCLE HIGHEST GRADE COMPLETED:																			
	(GRADE SCHOOL)		(HIGH SCHOOL)	(COLLEGE)	(BA) (MA) (PHD)															
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
BIRTHDATE (MO.) (YR.)	NUMBER IN FAMILY			EMPLOYMENT STATUS																
	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	1 <input type="checkbox"/> WORKING LESS THAN 30 HOURS PER WEEK																
	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8	2 <input type="checkbox"/> WORKING 30 HOURS PER WEEK OR OVER																
	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9 OR MORE	3 <input type="checkbox"/> NOT WORKING																
				4 <input type="checkbox"/> JOB ATTACHED, TEMPORARY LAYOFF, STRIKE																
RECEIVING UNEMPLOYMENT INSURANCE			DATES OF MILITARY SERVICE																	
1 <input type="checkbox"/> STATE 2 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> 4 <input type="checkbox"/>			ENTERED _____ RELEASED _____																	
DO YOU HAVE TRANSPORTATION TO A JOB? YES <input type="checkbox"/> NO <input type="checkbox"/>																				
MOST RECENT TYPE OF WORK YOU HAVE DONE _____																				

*To be completed by the food stamp office.*

FOOD STAMP CASE NO.	FOOD STAMP CASE NAME
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GROUP		NON-ENGLISH SPEAKING? LANGUAGE:
1 <input type="checkbox"/> WHITE-NOT HISPANIC	4 <input type="checkbox"/> ALASKAN-AMERICAN NATIVE	_____
2 <input type="checkbox"/> BLACK-NOT HISPANIC	5 <input type="checkbox"/> ASIAN & PACIFIC ISLANDER	
3 <input type="checkbox"/> HISPANIC	6 <input type="checkbox"/> INA	
FOOD STAMP DESIGNATION	CERTIFICATION PERIOD	REGISTRATION DATE
1 <input type="checkbox"/> HEAD OF HOUSEHOLD	_____	MONTH: _____ (DAY): _____ (YEAR): _____
2 <input type="checkbox"/> OTHER	DATE OF LAST CERT. _____	
COMMENTS:		
COMPLETED BY: _____		