ERRATA

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: DFA 285-A2(SP) (6/85), APPLICATION FOR FOOD STAMPS-PART 2

REFERENCE: ALL-COUNTY LETTER 85-54, DATED MAY 16, 1985

This is to notify the County Welfare Departments (CWDs) of two typographical errors in the Spanish version of the DFA 285-A2 (Sp) (6/85). This errata also provides a revised page 1 of the forms instructions for the DFA 285-A2, which were transmitted in ACL 85-54.

The typographical errors occur on page 1 of the form, in the Work Exemption Codes (63-407.21), Sólo Para Uso Del Condado [County Use Only] section. Work Exemption Codes "b" and "c" should read as follows:

b. Mentally/physically disabled
c. WIN registered

As long as the correct determination of work registration exemption is made by the CWD, no error will be charged for the annotation of an incorrect code on the form.

Until the DFA 285-A2(Sp) (6/85) can be revised, the first page of the DFA 285-A2 (6/85) of the forms instructions has been revised to include a note about the errors and the CWD's responsibilities in view of the typographical errors outlined above.

Should you have any questions, please contact Elizabeth Allred, Food Stamp Forms Coordinator at (916) 445-0316.

per Robert Leitich
ROBERT A. HOREL
Deputy Director

FORM INSTRUCTIONS
(For the Eligibility Worker)

APPLICATION FOR FOOD STAMPS - PART 2

Purpose:

The DFA 285-A2 is Part 2 of the food stamp application form completed by all households when first applying for food stamps and at recertification.

Part 2 is used to gather information to determine the household's eligibility for food stamps. The application also contains information for the household concerning hearing rights, reporting responsibilities, the penalty warnings and the certification section.

Preparation:

Question	Manual Section	Information Requested	EW Action
County Use Only	63-300.1 63-300.5 63-402.1 63-402.2 63-402.3 63-403.312 63-407	N/A	Complete requested information. Date received is the date Part 2 is received in the appropriate office. Check box if application is new or recertification, and check appropriate box if applicant is eligible for expedited service. Follow verification requirements for the type of application process appropriate to the applicant. The county-use section of Question (3) is to be used as a summary of household composition completed at the end of the interview. In the space provided, enter the appropriate code or date for all persons listed in Question (3). *For all household members exempted from work registration, enter the work exemption code. For all other household members, note the date that each member registers for work. Enter the nonhousehold or excluded member code for all persons not determined to be household members.

*NOTE: Typographical errors occur at Work Exemption Codes "b" and "c" on the Spanish version only. The codes should read: "b. Mentally/physically disabled" and "c. WIN registered." Document the folder to clearly show which exemption applies.