

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

July 5, 1988

ALL COUNTY LETTER NO. 88- 76

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: RUTAN COURT ORDER AND IMPLEMENTATION METHODOLOGYREFERENCES: ALL COUNTY LETTER NO. 86-45,86-55,86-84,86-90,86-117,86-129,88-33 AND  
ALL COUNTY WELFARE DIRECTOR MEDS TRANSMITTAL OF JUNE 10, 1986

On February 19, 1988, Judge Michael E. Sallachey of the Superior Court for the County of Alameda signed the final order for the retroactive portion of the Rutan v. McMahon court case. The retroactive period covered by the court case is June 1, 1983 to August 26, 1986. Rutan class members were applicants for, or recipients of AFDC during the retroactive period when they received a lump sum and spent all or part of the lump sum before receiving an adequate and timely written explanation of the lump sum rule.

The purpose of this letter is to provide you with specific instructions and materials necessary for implementation of the Rutan Retroactive Court Order. Rutan Posters (Temp 1709B) will be sent to you under separate cover on or before July 15, 1988. Attached are the following materials:

1. A copy of the Draft Emergency Regulations (8/1/88 effective date).
2. Reproducible copies of the Intent to Claim Form (Temp 1709) in English and Spanish with bullets in the other four standard languages.
3. Reproducible copies of the Claim Form (Temp 1709A) in English and the five standard languages.
4. Reproducible copies of the Notices of Action in English and the five standard languages.
5. Instructions for completing Notices of Action.
6. Statistical Reporting Form (Temp 1172).

The Rutan implementing regulations will be filed on or about July 20, 1988 and will have an effective date of August 1, 1988. The Counties should use the attached draft regulations to plan and prepare for an August 1, 1988 implementation of the regulations. The Counties will receive an adopted copy of the Rutan regulations approved by the State Office of Administrative Law as soon as they are available.

STATISTICAL REPORTS

"Face to Face" and "Mailing" Counties will have different schedules for the submission to SDSS of the court ordered statistical reports.

## A. "Mailing" CWD Report Due Dates.

First report - November 7, 1988.

Final report - May 8, 1989.

## B. "Face to Face" CWD Report Due Dates.

First report - November 7, 1988

Second report - February 6, 1989

Third report - May 8, 1989

Fourth report - August 7, 1989

Final report - February 7, 1990

If you have any questions regarding the attached Statistical Reporting form (Temp 1172) please contact Mr. Levy St. Mary at (916) 445-2135 or (ATSS) 8-485-2135.

TREATMENT OF SHAW BENEFITS

For any month for which a claimant has been found to be eligible to receive a retroactive Rutan benefit, and a Shaw benefit had already been received for that same month: (1) calculate the Rutan benefit without interest; and (2) subtract the Shaw benefit already received for that same month from the Rutan benefit calculated in step (1). The result of steps (1) and (2) is the net Rutan underpayment. Use this amount to calculate the retroactive benefit and the interest due when paying the Rutan claim. If you have any questions regarding Shaw overpayments, please call Ms. Susan Wyckoff at (916) 324-2003 or (ATSS) 8-454-2007.

If you have any questions or need any assistance regarding the Rutan Court Order or the attached materials, please contact Mr. Vincent Toolan at (916) 324-2007 or (ATSS) 8-454-2007.



ROBERT A. HOREL  
Deputy Director

Attachments

Amend Section 50-017 to read:

50-017 RUTAN v. McMAHON RETROACTIVE COURT CASE

50-107

•1 Background

The "Rutan v. McMahon Lawsuit" challenged the State Department of Social Services' (SDSS') authority to count a lump sum received by a recipient as income available to meet current and future needs without first providing an adequate and timely explanation of the lump sum rule. On August 26, 1986, the Superior Court for Alameda County ordered SDSS and County Welfare Departments (CWDs) to inform all recipients and applicants of the lump sum rule. The final judgement ordered SDSS to provide retroactive benefits to class members. On February 19, 1988, the Final Order was signed and the provisions of that order are set forth in the following regulations.

•2 Definitions

For purposes of these regulations:

- 21 "Class members" are individuals who received a lump sum on or after June 1, 1983 and as a result had their cash aid reduced, denied or terminated at some time during the retroactive period.
- 22 "Intent to Claim Form" (Temp 1709) means that portion of the Intent to Claim Forms which must be completed, signed and returned to the appropriate CWD to initiate the claim determination process.
- 23 "Claim Form" (Temp 1709A) means the form which must be completed, signed and returned to the appropriate CWD for the determination of a claimant's eligibility for retroactive benefits.
- 24 "Retroactive period" means that period of time between June 1, 1983 and August 26, 1986.
- 25 "Good Cause" means those situations when the claimant's failure to return the Intent to Claim Form (Temp 1709) or the Claim Form (Temp 1709A) was the result of: 1) a mental or physical condition, 2) an error directly attributable to the county, or 3) other extenuating circumstances determined by the county to constitute good cause.

- 26 "Mailing CWDs" are those CWDs identified in Subsection 50-017.324 which shall mail Intent to Claim Forms by August 1, 1988 to all potential claimants identified by either manually searching existing files or computer records, or through a specific computer generated report.
- 27 "Face to Face" CWDs are those CWDs identified in Subsection 50-017.325 which shall provide Intent to Claim Forms to all recipients at the time of annual redetermination, and to all applicants for AFDC benefits who had previously received such benefits at any time between June 1, 1983 and August 26, 1986.
- 28 "Informed" for the purposes of this court case means that the claimant received an adequate Notice of Action or received the Notice required by the preliminary injunction in this case.

•3 Informing Potentially Eligible Persons of the Availability of Retrospective Benefits

- 31 In order to notify potentially eligible persons SDSS shall:
- 311 Issue posters (Temp 17093) to the CWDs printed in English and Spanish with statements printed in Vietnamese, Laotian, Chinese and Cambodian. The English and Spanish on the poster will inform the general public of the availability of benefits. The statements will translate in substance as "Welfare may owe you money. You may contact your worker for a translation of this notice."
  - 312 Provide CWDs with reproducible copies of the Intent to Claim Form Temp 1709 in English and Spanish with statements in Vietnamese, Laotian, Chinese and Cambodian. The statements will translate as "Welfare may owe you money. You may contact your worker for a translation of this notice."
  - 313 Provide the CWDs with reproducible copies of the Claim Form Temp 1709A in English and the five standard languages.

•32 County Responsibilities

- 321 All counties shall post the English and Spanish informing posters in conspicuous locations in all

two offices. The posters shall be displayed from August 1, 1988 through July 31, 1989.

(a) All counties shall forward a supply of English and Spanish informing posters supplied by SSS to all food stamp issuance outlets within the county with instructions that the posters be displayed in conspicuous locations from August 1, 1988 through July 31, 1989.

-323 The "Mailing" counties identified in Subsection 50-017.324 shall identify all discontinuances and denials as a result of the receipt of lump sum income during the retroactive period through the use of computer generated reports or by manually searching through case records.

-324 The "Mailing" counties shall mail an Intent to Claim Form on or before August 1, 1988 to all potential class members. The "Mailing" counties are:

Alameda, Alpine, Amador, Contra Costa, Del Norte, El Dorado, Fresno, Kern, Madera, Marin, Mendocino, Merced, Modoc, Mono, Monterey, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Bernardino, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tehama, Tulare, Ventura, and Yuba.

-325 The "Face to Face" counties shall screen all cases at the time of application and at annual redetermination for a one year period August 1, 1988 to July 31, 1989 to determine if there had been a lump sum period of ineligibility or case aid reduction during the retroactive period. The "Face to Face" counties are:

Butte, Calaveras, Colusa, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Los Angeles, Mariposa, Napa, San Benito, San Diego, Shasta, Sierra, Siskiyou, Sutter, Trinity, Tuolumne, and Yolo.

-326 All counties shall reproduce an adequate supply of the English and Spanish Intent to Claim Forms specified in Subsection 50-017.312, and shall give or mail such notices to anyone upon request.

- .327 All counties shall reproduce an adequate supply of the Claim Form (Temp 1709A) in English and the five standard languages. The CWD shall give or mail such forms to anyone who has completed the Intent to Claim Form unless it is determined from case records that the claimant is not eligible for retroactive benefits.
- .328 If more than one CWD is listed on the Intent to Claim Form, the CWD shall photocopy and forward within 15 working days all claiming documents to each CWD listed and all records in their possession which may affect the claim.
- .33 All counties shall designate at least one employee to answer questions concerning this case and to provide assistance in completing the form(s). The name and telephone number of the employee will be listed on the Claim Form.

#### .4 Application for Retroactive Benefits

##### .41 Claimant Responsibilities

- .411 The claimant shall complete and sign under penalty of perjury the Intent to Claim Form.
  - (a) A Notice of Intent to Claim Form shall be considered complete when the claimant has provided a name, address, social security number, telephone number, if any and the county they were living in when they received the lump sum payment.
- .412 The claimant shall complete and sign, under penalty of perjury, the Claim Form.
  - (a) A Claim Form shall be considered complete when the claimant has provided a response to the following questions:
    - (1) The amount of the lump sum payment which was spent before he/she received written notice of the lump sum rule.
    - (2) How the money was spent.

- (12) The amount of income if any received in any month of the disqualification period, as originally determined.
- (13) whether the claimant held non-exempt resources in excess of \$1,000 during the disqualification period.
- (14) The members of the household during the disqualification period.
- (15) The manner in which the family survived during the disqualification period.
- 413 The claimant shall submit the Intent to Claim Form to his/her local CWD.
- 414 The Intent to Claim Form in the "Mailing" counties (see Subsection 50-017.324) must be submitted to the local CWD 30 days from the date of receipt unless good cause exists where up to an additional 30 days shall be permitted to return the Intent to Claim Form. If the claimant has not been notified by the CWD, the claimant shall have the same period to return the Intent to Claim Form as claimants in the "Face-to-Face" CWDs.
- 415 The Intent to Claim Form in the "Face-to-Face" counties shall be returned within 30 days unless good cause exists where up to an additional 30 days will be permitted.
- 416 The claimant shall return the Claim Form to the responsible CWD no later than 60 days after receipt unless good cause exists where up to an additional 30 days will be permitted.
- 417 The claimant shall be permitted to resubmit a previously denied claim or a portion thereof, if the date of resubmittal is within the period an original Claim Form may be submitted.
- 42 CWD Responsibilities
- 421 In the "Face to Face" counties starting August 1, 1998, the Intent to Claim Form shall be provided to all recipients of AFDC benefits at the time of annual redetermination, and to all applicants for AFDC benefits who had previously received such

benefits at any time between June 1, 1983 and July 31, 1986. CWDs shall document in the case file that the Intent to Claim Form was given.

•422 "Mailing Counties" shall mail Intent to Claim Forms by August 1, 1988. The mailing shall be to all potential class members identified by manually searching computer listings or by generating a specific computer report.

(a) If an Intent to Claim Form is returned as undeliverable, the CWD shall review the Medical Eligibility Data System (MEDS) and food stamp records to determine the most recent address available. The CWD shall then mail to the updated address within 15 working days.

•423 Unless the evidence indicates otherwise, the date of the Claim Form or the Intent to Claim Form is submitted shall be determined as follows:

- (a) The postmark date of the envelope when the claim is mailed to the CWD; or
- (b) The date stamped on the Claim Form by the CWD, when the claim is delivered in person to the CWD; or
- (c) The date the Claim Form was signed by the claimant, when the date cannot be determined by either (a) or (b) above.

•424 Within 30 calendar days after receiving the Intent to Claim Form, the responsible CWD shall make a determination of potential eligibility and provide a Claim Form to any claimant that is not clearly ineligible. If a CWD determines that a claimant is not a class member, it shall send a Notice of Action (NOA) to the claimant advising of its determination and of the claimant's right to request a hearing. If the Intent to Claim Form is returned incomplete, the CWD shall send a NOA to the claimant requesting a completed Intent to Claim Form. If the CWD does not receive a completed Intent to Claim Form within 30 days, from the date the claimant received the form the claim shall be denied.

•425 Before providing the Claim Form, Form 1707A, the CWD shall fill in the following information:

- (a) The date(s) upon which the class member received a lump sum;
- (b) The date, if any, the county sent the class member written notice of the terms of the lump sum rule;
- (c) The period of ineligibility as originally determined.

•426 When an Intent to Claim Form is submitted to the CWD by a claimant, the CWD shall attempt to locate a case record including a Medical case record for the claimant.

•427 In the event a CWD determines a form was not returned in a timely manner, it shall deny the claim and send a NDA to the claimant advising of its determination and of the claimant's right to request a hearing.

•43 When a Claim Form is returned to the claimant as incomplete and is not returned within 30 days, the CWD shall attempt a personal contact to assist in completing the form before denying the claim as incomplete.

•44 In each case where a claim is filed, the CWD shall maintain all documents until the end of the claim period.

•441 The CWD shall stamp each Claim Form with the date the form was received and shall retain all envelopes that were postmarked after the close of the claim period.

•45 There shall be a rebuttable presumption in the "Mailing" counties that if a claimant's name is on the CWDs mailing list and the Intent to Claim Form was not returned as undeliverable, that the Intent to Claim Form was timely received.

•46 There shall be no oral screening of potential claimants. This does not preclude CWDs from giving advice from which a potential claimant can conclude whether he/she is eligible or ineligible.

## •5 Claim(s) Processing

- 511 The CWD shall review each Claim Form to determine whether the claimant may be a member of the class and whether the claimant has provided a complete Claim Form pursuant to Subsection 50-017.5.
- 511 The CWD shall request further information or clarification if the form is incomplete or the information is internally inconsistent.
- 512 If the information contained on the Claim Form and the case record is sufficient to verify a claim, the county will compute retroactive benefits in accordance with Subsection 50-017.5.
- 513 Claimants may be requested to supply documentation where such documentation is in the claimant's possession. Where claimants do not have documentation in their possession, they may be asked to sign a Release of Information Form (AFDCM 228), enabling the county to obtain documentation on their behalf. A claim may be denied if the claimant fails to provide documentation in his/her possession or signs the Release of Information Form.
- 514 Where the CWD determines, based upon information in the case record or on the Claim Form, that the claimant was ineligible for cash aid due to excess income (other than the lump sum received), or excess property during all or part of the retroactive period, the claim shall be denied for those months.
- 515 If the CWD determines that the claimant is not a member of the class, the CWD shall send an NDA and deny the claim. The CWD shall review all existing records and shall deny the claim if no record can be found that the claimant applied for or received cash aid. This provision applies only when the CWD can certify that a listing of cash aid cases (such as the AFDC payroll or warrant register) was retained in addition to cash aid case records for the time period claimed. In addition, this provision can be applied to claimants who were denied cash aid only when the CWD can certify that existing cash aid case records include all denials.
- 516 Claimants who received an overpayment but failed to timely report the lump sum are not eligible for

retroactive benefits. However, the CWD shall take no further action on the recovery of the overpayment.

- 52 If a CWD receives a claim for any period in which the CWD can determine from the Claim Form or the case record that the form has been submitted to the wrong County, the CWD shall:
  - 521 Forward within 15 working days from the date of receipt, the Claim Form, or a copy thereof, to the correct CWD. A copy of the NDA shall be sent to the claimant indicating the claim period to be processed by the second CWD, when the correct CWD can be determined by the information on the Claim Form or case record. In addition, the CWD shall inform the claimant on that same NDA, that for the period in question, his/her claim has been forwarded to the correct CWD for processing.
  - 522 For the purpose of establishing a timely submission of a claim, the date the Claim Form was submitted to the first CWD, as determined in Subsection 50-017.4234 shall be considered the date of submission to the second CWD.
  - 523 The CWD shall deny that period claimed in which the correct CWD cannot be determined from the information on the Claim Form. The CWD shall return the Claim Form, or a copy thereof, together with the NDA informing the claimant of the denial and right to a hearing.
- 53 If the claimant does not return the Claim Form to the responsible CWD within 60 days from receipt without good cause, the claim shall be denied. The CWD shall send an NDA to the claimant advising of its determination and the claimant's right to a hearing.
  - 531 If the claimant fails to return the Claim Form but has good cause the claimant shall be permitted up to an additional 30 days from the date of the good cause determination to return the Claim Form. The Claim Form in no case shall be accepted later than January 31, 1990.

## • 6 Calculation of Retroactive Benefits

- 61 The information contained in the case record shall be used to determine the amount of retroactive benefits.

- 62 In the event that the information the claimant has provided on the Claim Form conflicts with the information contained in the CWD's records, the CWD shall use the information contained in the CWD's records to determine the amount of retroactive benefits.
- 63 If case record information is not available or is insufficient, the amount of the retroactive benefit will be calculated using the information on the Claim Form.
- 64 When the case record contains sufficient information or when the retroactive benefits are being computed from the information contained on the Claim Form, the CWD shall determine the amount of the retroactive benefits as follows:
- 641 For each lump sum received in the retroactive period, determine the amount of money which was still available to the claimant when he/she was informed of the lump sum rule. Any money spent by the claimant before he/she was informed of the lump sum rule shall not be counted.
- 642 The amount of money determined in Subsection 50-017.641 shall be divided by the Assistance Unit's (AU's) Minimum Basic Standard of Adequate Care at the time the lump sum was received to determine a new period of ineligibility.
- 643 For each month deducted from the original period of ineligibility (PPI) under Subsection 50-017.642, calculate the correct grant when all or part of the lump sum is not counted. See Subsection 50-017.644 for the Maximum Aid Payment (MAP) in the retroactive period.
- 644 Maximum Aid Payments (MAP) in the Retroactive Period

.644 Maximum Aid Payments (MAP) in the Retroactive Period

Size of FBU	Maximum Aid Payment				
	6/1/83- 6/30/83	7/1/83- 6/30/84	7/1/84- 6/30/85	7/1/85- 6/30/86	7/1/86- 7/31/86
1	\$ 248	\$ 258	\$ 272	\$ 288	\$ 303
2	408	424	448	474	498
3	506	526	555	587	617
4	601	625	660	698	734
5	686	713	753	796	837
6	771	802	847	895	941
7	846	880	929	982	1,032
8	922	959	1,013	1,071	1,126
9	996	1,036	1,094	1,156	1,215
10 or more	1,071	1,114	1,176	1,243	1,306

.645 Determine the amount of cash aid actually received by the claimant and compare it to the correct grant for each month identified in Subsection 50-017.643.

(a) If the cash aid received is less than the correct grant, the difference is the retroactive benefits for that month to be paid in accordance with Subsection 50-017.7.

(b) If the cash aid received is the same as the correct grant and an overpayment was previously calculated for that month due to the receipt of a lump sum, the overpayment shall be voided and any amounts previously recouped shall be considered retroactive benefits to be paid under Subsection 50-017.7.

(c) If cash aid received is the same as the correct grants and no overpayment was previously calculated or recouped for those months, the claimant is not a class member and the claim shall be denied.

.65 CWDs shall notify claimants of the disposition of their claims and pay the claimant if appropriate within 90 days from the date the completed form is received unless

If claim is submitted incomplete where an additional 30 days shall be permitted for processing.

## 2. Computation of the Total Retroactive Payment

2.1 The CBO shall compute the amount of payable retroactive benefits for each month as follows:

2.1.1 Multiply the amount of monthly retroactive benefit by the appropriate percentage for the month in which payment is authorized, as set forth in Subsection .713(a).

### Example

Month of Retroactive Benefit	February 1995	= \$555.00
Interest Percentage to be paid in payment authorization month	x September 1994	= x .3656
		Interest Amount = \$203.45

2.1.2 Add the amount of the monthly retroactive benefit to the interest as computed in Section 50-017.711 to determine the monthly retroactive payment.

### Example

$$\begin{array}{rcl} \text{Retroactive Benefit + Interest} & = & \text{Retroactive Benefit} \\ \$555.00 & + & \$203.45 \\ & & \hline & & \$758.45 \end{array}$$

2.1.3 Determine the total amount of the retroactive payment by adding together the monthly payments as computed in Section 50-017.712.

## (a) Retrospective Benefit Month - 1982

Payment Authorization	Month	6/83	7/83	8/83	9/83	10/83	11/83	12/83
	8/88	.5258	.5175	.5090	.5005	.4923	.4838	.4756
	9/88	.5340	.5258	.5173	.5088	.5005	.4921	.4838
	10/88	.5425	.5342	.5258	.5173	.5090	.5005	.4923
	11/88	.5507	.5425	.5340	.5255	.5173	.5088	.5005
	12/88	.5592	.5510	.5425	.5340	.5258	.5173	.5090
	1/89	.5677	.5595	.5510	.5425	.5342	.5258	.5175
	2/89	.5753	.5671	.5586	.5504	.5419	.5334	.5252
	3/89	.5838	.5756	.5671	.5589	.5504	.5419	.5337
	4/89	.5921	.5838	.5753	.5671	.5586	.5501	.5419
	5/89	.6005	.5923	.5838	.5756	.5671	.5586	.5504
	6/89	.6088	.6005	.5921	.5838	.5753	.5668	.5586
	7/89	.6173	.6090	.6006	.5921	.5838	.5753	.5671
	8/89	.6258	.6175	.6090	.6006	.5923	.5838	.5756
	9/89	.6340	.6257	.6173	.6088	.6006	.5921	.5838
	10/89	.6425	.6342	.6258	.6173	.6090	.6006	.5923
	11/89	.6507	.6425	.6340	.6255	.6173	.6088	.6006

## (b) Retrospective Benefit Month - 1984

Payment Authorization	Month	1/84	2/84	3/84	4/84	5/84	6/84	7/84	8/84	9/84	10/84	11/84	12/84
	8/88	.4671	.4586	.4507	.4422	.4340	.4255	.4173	.4088	.4003	.3921	.3836	.3753
	9/88	.4753	.4668	.4589	.4504	.4422	.4337	.4255	.4170	.4085	.4003	.3918	.3836
	10/88	.4838	.4753	.4674	.4589	.4507	.4422	.4340	.4255	.4170	.4088	.4003	.3721
	11/88	.4921	.4836	.4756	.4671	.4589	.4504	.4422	.4337	.4252	.4170	.4085	.4003
	12/88	.5005	.4921	.4841	.4756	.4674	.4589	.4507	.4422	.4337	.4255	.4170	.4088
	1/89	.5090	.5005	.4926	.4841	.4759	.4674	.4592	.4507	.4422	.4340	.4255	.4173
	2/89	.5167	.5082	.5003	.4918	.4836	.4751	.4668	.4584	.4499	.4416	.4332	.4252
	3/89	.5252	.5167	.5088	.5003	.4921	.4836	.4753	.4668	.4584	.4501	.4416	.4337
	4/89	.5334	.5249	.5170	.5085	.5003	.4918	.4836	.4751	.4666	.4584	.4499	.4419
	5/89	.5419	.5334	.5255	.5170	.5088	.5003	.4921	.4836	.4751	.4668	.4584	.4504
	6/89	.5501	.5416	.5337	.5252	.5170	.5085	.5003	.4918	.4833	.4751	.4666	.4586
	7/89	.5586	.5501	.5422	.5337	.5255	.5170	.5088	.5003	.4918	.4836	.4751	.4669
	8/89	.5671	.5586	.5507	.5422	.5340	.5255	.5173	.5088	.5003	.4921	.4836	.4753
	9/89	.5753	.5669	.5589	.5504	.5422	.5337	.5255	.5170	.5085	.5003	.4918	.4836
	10/89	.5838	.5753	.5674	.5589	.5507	.5422	.5340	.5255	.5170	.5088	.5003	.4921
	11/89	.5921	.5836	.5756	.5671	.5589	.5504	.5422	.5337	.5252	.5170	.5085	.5003

## (c) Retrospective Benefit Month - 1985

Payment Authorization Month	1/85	2/85	3/85	4/85	5/85	6/85	7/85	8/85	9/85	10/85	11/85	12/85
8/88	.3668	.3584	.3507	.3422	.3340	.3255	.3173	.3088	.3003	.2921	.2836	.2753
9/88	.3751	.3666	.3589	.3504	.3422	.3337	.3255	.3170	.3085	.3003	.2918	.2836
10/88	.3836	.3751	.3674	.3589	.3507	.3422	.3340	.3255	.3170	.3088	.3003	.2921
11/88	.3918	.3833	.3756	.3671	.3589	.3507	.3422	.3337	.3252	.3170	.3085	.3003
12/88	.4003	.3918	.3841	.3756	.3674	.3592	.3507	.3422	.3337	.3255	.3170	.3088
1/89	.4088	.4003	.3926	.3841	.3759	.3677	.3592	.3507	.3422	.3340	.3255	.3173
2/89	.4164	.4079	.4003	.3918	.3836	.3753	.3668	.3584	.3499	.3416	.3332	.3249
3/89	.4249	.4164	.4088	.4003	.3921	.3838	.3753	.3668	.3584	.3501	.3416	.3334
4/89	.4332	.4247	.4170	.4085	.4003	.3921	.3836	.3751	.3666	.3584	.3499	.3416
5/89	.4416	.4332	.4255	.4170	.4088	.4003	.3921	.3836	.3751	.3668	.3584	.3501
6/89	.4499	.4414	.4337	.4252	.4170	.4085	.4003	.3918	.3833	.3751	.3666	.3584
7/89	.4584	.4499	.4422	.4337	.4255	.4170	.4088	.4003	.3918	.3836	.3751	.3669
8/89	.4669	.4584	.4507	.4422	.4340	.4255	.4173	.4088	.4003	.3921	.3836	.3753
9/89	.4751	.4666	.4589	.4504	.4422	.4337	.4255	.4170	.4085	.4003	.3918	.3836
10/89	.4836	.4751	.4674	.4589	.4507	.4422	.4340	.4255	.4170	.4088	.4003	.3921
11/89	.4918	.4833	.4756	.4671	.4589	.4504	.4422	.4337	.4252	.4170	.4085	.4003

## (d) Retrospective Benefit Month - 1986

Payment Authorization Month	1/86	2/86	3/86	4/86	5/86	6/86	7/86
8/88	.2668	.2584	.2507	.2422	.2340	.2255	.2173
9/88	.2751	.2666	.2589	.2504	.2422	.2337	.2255
10/88	.2836	.2751	.2674	.2589	.2507	.2422	.2340
11/88	.2918	.2833	.2756	.2671	.2589	.2504	.2422
12/88	.3003	.2918	.2841	.2756	.2674	.2589	.2507
1/89	.3088	.3003	.2926	.2841	.2759	.2674	.2592
2/89	.3164	.3079	.3003	.2918	.2836	.2751	.2668
3/89	.3249	.3164	.3088	.3003	.2921	.2836	.2753
4/89	.3332	.3247	.3170	.3085	.3003	.2918	.2836
5/89	.3416	.3332	.3255	.3170	.3088	.3003	.2921
6/89	.3499	.3414	.3337	.3252	.3170	.3085	.3003
7/89	.3584	.3499	.3422	.3337	.3255	.3170	.3088
8/89	.3669	.3584	.3507	.3422	.3340	.3255	.3173
9/89	.3751	.3666	.3589	.3504	.3422	.3337	.3255
10/89	.3836	.3751	.3674	.3589	.3507	.3422	.3340
11/89	.3918	.3833	.3756	.3671	.3589	.3504	.3422

HANDBOOK

HANDBOOK

•72 Retroactive benefits received shall not be used to offset an overpayment incurred before February 22, 1988.

•73 Retroactive benefits received shall not be considered income or as a resource in the tenth received and the following month.

## •8 Statistical Reporting

•81 The "Mailing" CWDs identified in Subsection 50-017.329 shall submit to SDSS:

•811 A statistical report no later than November 7, 1988 indicating:

- (a) How many Intent to Claim Forms were mailed out;
- (b) If the County mailed to an overinclusive class of persons; and
- (c) A description of the class of persons to which Intent to Claim Forms were mailed.

•812 A final statistical report no later than May 5, 1989 indicating:

- (a) The total number of Intent to Claim Forms provided to claimants;
- (b) The number of Claim Forms provided to claimants;
- (c) The number of claims received;
- (d) The number of claims denied as untimely;
- (e) The number of claims denied as incomplete;
- (f) The number of claims denied because the claimant was not a member of the class;
- (g) The number of claims denied because the claimant was not substantively eligible for retroactive benefits; and
- (h) The number of claims granted in whole or part (a claim paid in part shall not be considered a denial).

- ~~• R2~~ The "Face to Face" CWDs specified in Subsection 50-017.22 shall submit to SOSC:
- ~~• R21~~ Three reports submitted on a quarterly basis with the first report due November 7, 1988 which state for each month:
- (a) The number of Intent to Claim Forms provided to the claimants;
- (b) The number of Intent to Claim Forms returned to the CWD; and
- (c) The number of Claim Forms distributed.
- ~~• R22~~ The fourth report due August 7, 1989 shall contain the same information as the final report of the "Mailing" CWDs (see Subsection 50-017.31).
- ~~• R23~~ The fifth and final report due February 7, 1990 shall be an updated version of the "Face to Face" CWDs fourth report.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Butan v. McMahon class Action Stipulated Judgement and Order Approving Settlement Regarding: Retroactive Relief-February 19, 1989.

# WELFARE MAY OWE YOU MONEY

Rutan v. McMahon

Intent to Claim Form

A court order says that we can't count any lump sum money you spent before we told you about the lump-sum rule.

Did you get a lump-sum of money between June 1, 1983 and July 31, 1986 and was your cash aid stopped, changed, or denied? If yes, fill this form out and send it to the county where this happened.

To file a claim you must get this to the county by \_\_\_\_\_, 198\_\_\_\_ or your claim will be denied.

You will get a claim form within 30 days after we get this form.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number (      ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ \* \_\_\_\_\_

Current Address  
Number/Street \_\_\_\_\_ / \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* You must give us your Social Security Number. We cannot approve your claim without it. We will use your number to get facts from other public agencies.

(SOCIAL SECURITY ACT, SECTION 402(a)(25)

Counties where you applied for or were on aid when you got the lump sum:

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---

AFDC Case Name (if you know it)

---



---



---

AFDC Case Number (if you know it):

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Signature \_\_\_\_\_

Date \_\_\_\_\_

福利所可能欠你錢，你可以和你的工作員連絡拿到一張這份通知的翻譯。

có thể Ty Xã Hội thiếu nợ quý vị tiền. Xin liên lạc với người Thêm Định Viên của quý vị để có được bản dịch của thông báo này.

ທາງຫຼອງການປະຊາສົງເຄະອາດຈະເປັນໝັ້ນງົມການ.  
ຊັງກິວກັບເຮືອນໆ ການອາດສົມາດຕິດຕໍ່ໄປຢັງມັນການ  
ສົງເຄະຂອງທ່ານ ເພື່ອຂໍເອົາຄໍປະກາດກຽວກັບເຮືອນໆ  
ທີ່ແປປັນພາສາລາວຂອງທ່ານເຮືອ.

ឧបនាយកដែករដ្ឋបាល អាជ្ញាធរក្រុងក្រសួងរោងចក្រកម្មការ  
អ្នក ឬ ទស្សនក អាជ្ញាធរក្រុងស៊ីនិច្ចនៃក្រសួង  
អ្នកដ្ឋានក្រសួង និងជំនាញបានត្រួតពិនិត្យការ  
នេះ ។

# ES POSIBLE QUE EL DEPARTAMENTO DE BIENESTAR LE DEBA DINERO

Rutan contra McMahon

Forma de Intento de Reclamo

Una orden de la corte establece que no podemos contar ninguna cantidad global de dinero que usted gastó antes que le informáramos acerca de la regla sobre cantidades globales.

¿Recibió usted una cantidad global de dinero entre el 1 de junio de 1983 y el 31 de julio de 1986, y pararon, cambiaron o negaron su asistencia monetaria? Si es así, llene esta forma y envíela al condado donde sucedió eso.

Para presentar un reclamo, esta forma debe llegar al condado a más tardar el \_\_\_\_\_ de \_\_\_\_\_ de 198 \_\_\_\_ o de lo contrario se negará su reclamo.

Usted recibirá una forma para reclamo dentro de 30 días después que recibamos esta forma.

Nombre \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Número de teléfono (      ) \_\_\_\_\_

Número de Seguro Social \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*

Dirección actual

Número/Calle \_\_\_\_\_ / \_\_\_\_\_

Ciudad/Estado/Zona Postal \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Condados donde usted presentó solicitudes o de los que recibía ayuda cuando recibió la cantidad global:

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Nombre del Caso de AFDC (si lo sabe):

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---

Número del Caso de AFDC (si lo sabe):

---

---

Firma

Fecha

\* Usted tiene que darnos su Número de Seguro Social. No podemos aprobar su reclamo sin él. Usaremos su número para obtener datos de otras dependencias gubernamentales.  
SECCIÓN 402(a)(25) DEL ACTA DEL SEGURO SOCIAL

# Rutan v. McMahon

## Claim Form

NAME:

AFDC CASE NO.:

Fill out this form the best you can. You must send it to us by \_\_\_\_\_ . If your claim is late, it will be denied.

You got \$ \_\_\_\_\_ of lump-sum money in \_\_\_\_\_ Month  
 \_\_\_\_\_ Year, then we stopped your cash aid  
 on \_\_\_\_\_ Date due to the lump sum. You couldn't get cash aid from \_\_\_\_\_ Date  
 to \_\_\_\_\_ Date

1. For the months you want back cash aid, did you spend some or all of the lump-sum money before you were told about the lump-sum rule?

YES       NO

If "YES":

- a. How much lump-sum money did you spend?
- b. How did you spend it?

DATE SPENT	AMOUNT	FOR WHAT
	\$	
	\$	
	\$	

2. List anyone who lived with you anytime in the months you are asking for back cash aid. Include those who moved in or out.

NAME	RELATIONSHIP TO YOU	DATE FROM TO

3. List all property (money in the bank, real estate or personal property, etc.) you had in the months you want back cash aid.

TYPE OF PROPERTY	HOW MUCH
	\$
	\$
	\$
	\$
	\$
	\$

4. List all income (earnings, cash gifts, social security, etc.) other than the lump-sum income you had in the months you want back cash aid.

TYPE OF INCOME	HOW MUCH
	\$
	\$
	\$
	\$
	\$
	\$

5. In the months you want back cash aid, what did you live on?

---



---



---



---

I declare under penalty of perjury under the laws of the United States of America and the State of California that to the best of my knowledge the facts in this report are true, correct and complete.

SIGNATURE

DATE

RETURN TO:

If you have any questions, call \_\_\_\_\_

# Rutan contra McMahon

## Forma de reclamo

Llene esta forma lo mejor que pueda. Debe enviárnosla a más tardar el \_\_\_\_\_. Si su reclamo llega tarde, se le negará.

Usted recibió \$\_\_\_\_\_ en una cantidad global de dinero en \_\_\_\_\_, luego paramos su asistencia

Mes \_\_\_\_\_ Ano \_\_\_\_\_  
monetaria en \_\_\_\_\_, debido a la cantidad global. Usted  
no pudo recibir asistencia monetaria de \_\_\_\_\_ a \_\_\_\_\_  
Fecha \_\_\_\_\_

1. ¿Para los meses en que usted quiere la asistencia monetaria retroactiva, gastó usted parte o toda la cantidad global de dinero antes que le informaran acerca de la regla sobre cantidades globales?

SI       NO

Si la respuesta es "SI":

- ¿Cuánto gastó de la cantidad global de dinero?
- ¿Cómo la gastó?

FECHA EN QUE LA GASTÓ	CANTIDAD	PARA QUÉ
	\$	
	\$	
	\$	

2. Enumere a todas las personas que vivieron con usted en cualquier tiempo durante los meses para los cuales está solicitando asistencia monetaria retroactiva. Incluya a las personas que se mudaron al hogar o fuera del mismo.

NOMBRE	PARENTESCO CON USTED	FECHA DE A

3. Anote toda la propiedad (dinero en el banco, bienes inmuebles, propiedad personal, etc.) que usted tenía en los meses para los cuales quiere asistencia monetaria retroactiva.

CLASE DE PROPIEDAD	CUÁNTO
	\$
	\$
	\$
	\$
	\$
	\$

NOMBRE:
NO. DEL CASO DE AFDC:

4. Enumere todos los ingresos (salarios, ganancias, regalos en efectivo, seguro social, etc.) que no sean los ingresos del pago global que recibió en los meses para los cuales quiere asistencia monetaria retroactiva.

CLASE DE INGRESOS	CUÁNTO
	\$
	\$
	\$
	\$
	\$
	\$

5. ¿De qué vivió durante los meses para los cuales quiere asistencia monetaria retroactiva?

Declaro bajo pena de perjurio en conformidad con las leyes de los Estados Unidos de América y del Estado de California que conforme a mi mejor entender, los datos contenidos en este reporte son verdaderos, correctos y completos.

FIRMA:	FECHA:
--------	--------

REGRÉSALA A:

Si tiene preguntas, llame al \_\_\_\_\_

# NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date	_____
Case Name	_____
Number	_____
Worker Name	_____
Number	_____
Telephone	_____
Address	_____

(ADDRESSEE)

Questions? Ask your Worker.

The County has approved your back cash aid for some month(s) in the period June 1, 1983 through July 31, 1986.

Here's why:

You didn't get cash aid or got less than you should have because we used your lump-sum income against your cash aid. A court order says we can't count any of this money you spent before we told you about the lump-sum rule.

Your back cash aid amount plus interest for each month is figured on this notice.

- A check will be sent soon.
- A check is enclosed.

If you are on cash aid this check will not be used as income.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Month and Year \_\_\_\_\_  
Extra Cash Aid You Could Have Had \$ \_\_\_\_\_  
Interest + \_\_\_\_\_  
Back Cash Aid Amount = \_\_\_\_\_

Month and Year \_\_\_\_\_  
Extra Cash Aid You Could Have Had \$ \_\_\_\_\_  
Interest + \_\_\_\_\_  
Back Cash Aid Amount = \_\_\_\_\_

Month and Year \_\_\_\_\_  
Extra Cash Aid You Could Have Had \$ \_\_\_\_\_  
Interest + \_\_\_\_\_  
Back Cash Aid Amount = \_\_\_\_\_

Month and Year \_\_\_\_\_  
Extra Cash Aid You Could Have Had \$ \_\_\_\_\_  
Interest + \_\_\_\_\_  
Back Cash Aid Amount = \_\_\_\_\_

Total Back Cash Aid Amount \$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office. MPP 50-017 Rutan v. McMahon.

# NOTICE OF ACTION

(Continued)

COUNTY OF

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_

Month and Year \_\_\_\_\_

Amount Your Cash \_\_\_\_\_

Aid was Adjusted \$ \_\_\_\_\_

Interest + \_\_\_\_\_

Back Cash Aid \_\_\_\_\_

Amount = \_\_\_\_\_

Month and Year \_\_\_\_\_

Amount Your Cash \_\_\_\_\_

Aid was Adjusted \$ \_\_\_\_\_

Interest + \_\_\_\_\_

Back Cash Aid \_\_\_\_\_

Amount = \_\_\_\_\_

Month and Year \_\_\_\_\_

Amount Your Cash \_\_\_\_\_

Aid was Adjusted \$ \_\_\_\_\_

Interest + \_\_\_\_\_

Back Cash Aid \_\_\_\_\_

Amount = \_\_\_\_\_

Total \$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 50-017, Rutan v. McMahon.

# NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date	_____
Case Name	_____
Number	_____
Worker Name	_____
Number	_____
Telephone	_____
Address	_____

(ADDRESSEE)

Questions? Ask your Worker.

We have denied your claim for back cash aid dated \_\_\_\_\_

Here's why:

- Your cash aid was not stopped, lowered or denied because you got a lump sum.
- You did not get the lump sum before you were told in writing about the lump-sum rule.
- You did not get a lump sum in the period between June 1, 1983 and August 26, 1986.
- You did not give us your intent to claim form by \_\_\_\_\_
- You did not give us your claim form by \_\_\_\_\_ and there was no good reason why this was late.
- We gave you extra time and you did not return a complete claim by \_\_\_\_\_ and there was no good reason why this was late.
- Other: \_\_\_\_\_

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

**Rules:** These rules apply. You may review them at your welfare office. MPP 50-017 Rutan v. McMahon.

# NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date	_____
Case Name	_____
Number	_____
Worker Name	_____
Number	_____
Telephone	_____
Address	_____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

We have denied your claim for back cash aid dated \_\_\_\_\_

Here's why:

You did not apply for or get cash aid from this county.

The claim must go to the county where you applied for or got cash aid between June 1, 1983 and August 26, 1986.

- You must send your claim to the right county by September 30, 1989.
- We have sent your claim to \_\_\_\_\_

You will get another notice from them.

Rules: These rules apply. You may review them at your welfare office. MPP 50-017 Rutan v. McMahon.

# NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date	_____
Case Name	_____
Number	_____
Worker Name	_____
Number	_____
Telephone	_____
Address	_____
_____	

(ADDRESSEE)

Questions? Ask your Worker.

The County needs more facts on your Rutan v. McMahon claim dated \_\_\_\_\_.

Fill in the circled parts of the attached claim form.

Send or bring in the completed form by \_\_\_\_\_. If we don't have it by this date, your claim will be denied.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

**Rules:** These rules apply. You may review them at your welfare office. MPP 50-017 Rutan v. McMahon.

## INSTRUCTIONS FOR COMPLETING NOTICES OF ACTION

Attached are five reproducible copies of the Notice of Action message language in English and the five standard languages to be used in informing families covered by the Rutan v. McMahon Retroactive Court Order. The language on the attached Notices of Action has been approved under the terms of the Turner Consent Decree and is mandated for use.

We have attempted to develop Notices of Action messages for the majority of case situations. However, the messages may not address every possibility. Counties may develop additional messages to meet individual case circumstances following the language pattern established in the state messages.

### M50-017At (2/88) Rutan Retroactive Approval or Change

Use for cases that were discontinued, denied, lowered, or an overpayment recouped due to the receipt of a lump sum. Insert the month and year for each month in which a lump sum was counted. Fill in the computation amounts for each month of retroactive eligibility. Use Rutan M50-017Ct as a continuation page if needed. Check the appropriate box to indicate when the check will be sent. If there is a partial approval, show the reason for the denial and the month(s) denied in the blank space in the left column (see M50-017Dt).

### M50-017Ct Rutan Computation Continuation Page

Use as an attachment to Rutan M50-017At (2/88). Insert the name of the month and year for each eligible month. Fill in the computation amounts for each month of retroactive eligibility.

### M50-017Dt (2/88) Rutan Retroactive Denial

Use to deny a claim. Check the appropriate box to indicate the reason for denial. If the reason is not listed, check the "other" box and fill in the reason for denial, e.g., excess income, excess property, principal earner working over 100 hours, etc. Fill in the date where necessary.

### M50-017Et (2/88) Rutan Retroactive Denial, Wrong County

Use when the claimant submitted the Intent to Claim to the wrong county. Fill in the county name when transmitting the claim to the correct county.

### M50-017Ft (2/88) Rutan Retroactive Request for Information

Check the box or boxes of the form(s) needed to process the claim. Fill in the date for return.

**STATISTICAL REPORT**

**SEND ONE COPY TO:** Department of Social Services  
 Statistical Services Section  
 744 P Street, M. S. 19-84  
 Sacramento, California 95814  
 (916) 924-2838

Rutan v. McMahon

A

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

(MAILING CWD)

November 7, 1988

THIS REPORT IS

 ORIGINAL SUBMISSION SUBSEQUENT REPORT REVISION NO. \_\_\_\_\_

NO. \_\_\_\_\_

**REPORTING PERIOD****FROM:** August 1, 1988**TO:** October 31, 1988

Rutan A

1. Number of Intent to Claim Forms mailed out .....

 Yes     No

2. Did the County mail to an overinclusive class of persons? .....

3. Class of persons mailed to includes: .....

a. Earnings Increased .....

b. Benefits or pensions increased .....

c. Support from person inside home increased .....

d. Support from person outside home increased .....

e. Other (*Describe Below*) .....

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

# STATISTICAL REPORT

**SEND ONE COPY TO:** Department of Social Services  
 Statistical Services Section  
 744 P Street, M. S. 19-84  
 Sacramento, California 95814  
 (916) 924-2838

Rutan v. McMahon

B

NAME OF COUNTY SUBMITTING REPORT	THIS REPORT IS DUE ON OR BEFORE:
(FACE-TO-FACE CWD)	November 7, 1988

**THIS REPORT IS**

ORIGINAL SUBMISSION       SUBSEQUENT REPORT       REVISION NO. \_\_\_\_\_  
 NO. \_\_\_\_\_

**REPORTING PERIOD**

FROM: August 1, 1988

TO: October 31, 1988

Rutan B

1. Total number of Intent to Claim forms (TEMP 1709) provided to the claimants.....	_____
2. Total number of Intent to Claim forms returned to the CWD .....	_____
3. Total number of Claim forms (TEMP 1709A) distributed.....	_____

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE
---	------------------	------

**STATISTICAL REPORT**

**SEND ONE COPY TO:** Department of Social Services  
 Statistical Services Section  
 744 P Street, M. S. 19-84  
 Sacramento, California 95814  
 (916) 924-2838

Rutan v. McMahon

C

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

(FACE-TO-FACE CWD)

February 6, 1989

THIS REPORT IS

 ORIGINAL SUBMISSION SUBSEQUENT REPORT REVISION NO. \_\_\_\_\_

NO. \_\_\_\_\_

REPORTING PERIOD

FROM: November 1, 1988

TO: January 31, 1989

Rutan C

1. Total number of Intent to Claim forms (TEMP 1709) provided to the claimants.....
2. Total number of Intent to Claim forms returned to the CWD .....
3. Total number of Claim forms (TEMP 1709A) distributed.....


PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

**STATISTICAL REPORT**

**SEND ONE COPY TO:** Department of Social Services  
 Statistical Services Section  
 744 P Street, M. S. 19-84  
 Sacramento, California 95814  
 (916) 924-2838

Rutan v. McMahon

D

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

(MAILING CWD)

May 8, 1989

THIS REPORT IS

 ORIGINAL SUBMISSION SUBSEQUENT REPORT REVISION NO. \_\_\_\_\_

NO. \_\_\_\_\_

**REPORTING PERIOD****FROM:** November 1, 1988**TO:** April 30, 1989

Rutan D

- |   |       |
|---|-------|
| 1. Total number of Intent to Claim forms provided to the claimants .....                      | _____ |
| 2. Total number of Intent to Claim forms provided to claimants .....                          | _____ |
| 3. Total number of Claims received.....   | _____ |
| 4. Total number of claims denied (A claim paid in part shall not be considered a denial)..... | _____ |
| a. Untimely .....   | _____ |
| b. Incomplete.....  | _____ |
| c. Claimant not a member of the class.....  | _____ |
| d. Claimant not substantively eligible for retroactive benefits .....                         | _____ |
| 5. Total number of claims granted in whole or part .....                                      | _____ |

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

# STATISTICAL REPORT

SEND ONE COPY TO: Department of Social Services  
Statistical Services Section  
744 P Street, M. S. 19-84  
Sacramento, California 95814  
(916) 924-2838

Rutan v. McMahon

E

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

(FACE-TO-FACE CWD)

May 8, 1989

THIS REPORT IS

 ORIGINAL SUBMISSION SUBSEQUENT REPORT REVISION NO. \_\_\_\_\_

NO. \_\_\_\_\_

REPORTING PERIOD

FROM: February 1, 1989

TO: April 30, 1989

Rutan E

1. Total number of Intent to Claim forms (TEMP 1709) provided to the claimants.....
2. Total number of Intent to Claim forms returned to the CWD .....
3. Total number of Claim forms (TEMP 1709A) distributed.....

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE
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# STATISTICAL REPORT

**SEND ONE COPY TO:** Department of Social Services  
 Statistical Services Section  
 744 P Street, M. S. 19-84  
 Sacramento, California 95814  
 (916) 924-2838

Rutan v. McMahon

F

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

(FACE-TO-FACE CWD)

August 7, 1989

THIS REPORT IS

 ORIGINAL SUBMISSION SUBSEQUENT REPORT REVISION NO. \_\_\_\_\_

NO. \_\_\_\_\_

REPORTING PERIOD

FROM: August 1, 1988

TO: July 31, 1989

Rutan E

1. Total number of Intent to Claim forms provided to the claimants .....
2. Total number of Claim forms provided to claimants .....
3. Total number of Claims received.....
4. Total number of claims denied (A claim should only be counted once) (A claim paid in part shall not be considered a denial). ....
  - a. Untimely .....
  - b. Incomplete.....
  - c. Claimant not a member of the class.....
  - d. Claimant not substantively eligible for retroactive benefits .....
5. Total number of claims granted in whole or part .....

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

# STATISTICAL REPORT

**SEND ONE COPY TO:** Department of Social Services  
 Statistical Services Section  
 744 P Street, M. S. 19-84  
 Sacramento, California 95814  
 (916) 924-2838

Rutan v. McMahon

G

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

(FACE-TO-FACE CWD)

February 7, 1990

THIS REPORT IS

 ORIGINAL SUBMISSION SUBSEQUENT REPORT REVISION NO. \_\_\_\_\_

NO. \_\_\_\_\_

REPORTING PERIOD

FROM: August 1, 1988

TO: January 31, 1990

Rutan G

1. Total number of Intent to Claim forms provided to claimants .....
2. Total number of Claim forms provided to claimants .....
3. Total number of claims received (Should be equal to Items 4 & 5).....
4. Total number of claims denied (A claim should only be counted once) (A claim paid in part shall not be considered a denial).....

  - a. Untimely .....
  - b. Incomplete.....
  - c. Claimant not a member of the class.....
  - d. Claimant not substantively eligible for retroactive benefits .....

5. Total number of claims granted in whole or part .....

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE