

E R R A T A

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY AUDIT CONTROLLERS
ALL PROBATION DIRECTORS

SUBJECT: EMERGENCY ASSISTANCE FOR COUNTY WELFARE DEPARTMENTS
FOR EMERGENCY SHELTER CARE AND NON-FEDERAL FOSTER CARE

REFERENCE: ALL-COUNTY LETTER (ACL) NO. 93-64

The purpose of this errata is to provide corrected information for All-County Letter No. 93-64 which transmitted instructions regarding the Title IV-A Emergency Assistance (EA) Program. Corrections are as follows:

- o **Page 1, Subject title:**
Delete "AFTER CARE" from the program title.
- o **Page 2, Matching Ratios:**
At this time, federal monies for emergency shelter care provided after 30 days cannot be passed through to counties. Section 31-415.2 of the Division 31 regulations states that "in no event shall federal and/or state funds appropriated for the purposes of providing any of the child welfare services specified in Division 31 be provided for emergency shelter care beyond 30 calendar days in any one episode." However, the California Department of Social Services (CDSS) has decided to pass on the federal EA funds for emergency shelter care costs beyond 30 days as soon as emergency regulations have been implemented providing the CDSS with the authority to do so. Costs beyond 30 days cannot be paid for any periods prior to the effective date of this legal authorization.
- o **Page 3, Definition of an Emergency for Probation:**
The phrase "judicial" should be deleted from the definition.
- o **Page 4, Definition of Emergency, second bullet should read:**
The family has not been authorized for assistance during the previous 12 months in California. If the family had received assistance during the previous 12 months the next eligibility period begins 12 months after the date of removal/effective date of service.

- o Page 6, Records Retention, after the last sentence insert:
Additionally, counties should retain denied EA applications for a period of five years. Denied EA applications may result in appeals of denials and, therefore, are subject to audits.
- o Page 11, Attachment I, delete Item 3.
This information is provided on Page 13, Attachment II, Item 3.
- o Page 13, Attachment II, Item 3, last sentence should read:
This requirement is satisfied when the EW's signature is dated no more than 30 calendar days from the date of application.
- o Attachment IV, Request For A Hearing & Procedures, second paragraph, first sentence should read:
A copy of the Emergency Assistance Application will be given or mailed to you in thirty (30) judicial days, etc.

We regret any inconvenience this may have caused and appreciate your cooperation in this matter.

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



September 1, 1993

ALL-COUNTY LETTER NO. 93-64

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY AUDIT CONTROLLERS
ALL PROBATION DIRECTORS

REASON FOR THIS TRANSMITTAL	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law or Regulation Change
<input type="checkbox"/>	Court Order or Settlement Agreement
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input checked="" type="checkbox"/>	Initiated by CDSS

SUBJECT: EMERGENCY ASSISTANCE FOR COUNTY WELFARE DEPARTMENTS
FOR EMERGENCY SHELTER CARE, NON-FEDERAL FOSTER CARE
AND AFTER CARE

REFERENCE: COUNTY FISCAL LETTER (CFL) NO. 93/94-04

The purpose of this transmittal is to provide information regarding the implementation of an Emergency Assistance Program in California, and to outline information on Phase II of the program. This letter is also intended to enable county welfare departments to accept and process applications for Emergency Assistance.

Emergency Assistance (EA) is a federally funded program under Title IV-A of the Social Security Act. Based upon approval of the Title IV-A State Plan amendment by the Regional Office of the Administration for Children Youth and Families, the state may claim costs for the Emergency Assistance program. The program will provide funding for assistance that can be offered to families in crisis. The California Department of Social Services (CDSS), in conjunction with county representatives and the County Welfare Directors Association, is designing an EA program that will ultimately provide emergency assistance for the purpose of preserving the family through family-based, child-focused services.

Phase I focuses on county probation, and includes juvenile assessment centers, residential treatment facilities, non-federal foster care for wards, and after care. Phase I was implemented on July 1, 1993. Detailed information on Phase I is available in County Fiscal Letter No. 93/94-04. Phase II represents the child welfare services component of the program, and includes emergency shelter care and non-federal foster care for dependents and voluntary placements. Phase II will be implemented effective September 1, 1993. Phase III, the family preservation component, is being planned for implementation at a later date.

Phase II is the component that provides emergency shelter care and non-federal foster care for dependents and voluntary placements, within county welfare departments (CWDs). The implementation of Phase II will add these services to the existing range of services that can be funded through Title IV-A. EA allows for federal and state funds to match state and county funds for the cost of emergency shelter care and non-federal foster care. Counties should continue to use Title IV-E, federal Aid to Families with Dependent Children - Foster Care (AFDC-FC), in those situations where cases are eligible for foster care that could be funded under either source.

MATCHING RATIOS

Assistance available through EA will receive 50 percent federal financial participation for a period of up to six months, or until the emergency is over, whichever is less. These costs would include the cost of shelter care and foster care, and can be claimed from the date of physical removal. For foster care and emergency shelter care provided by relatives and licensed county care facilities, the State established rate shall be used. Instructions for claiming for county-operated shelter care as well as administrative support staff activities and related claiming information for EA Phase II will be included in a forthcoming fiscal claiming transmittal.

The State and counties currently share the non-federal share of costs as follows: administrative costs are covered by State 70 percent and County 30 percent; assistance costs are State 40 percent and County 60 percent; emergency shelter care for the first 30 days is split State 70 percent and County 30 percent; and, emergency shelter care after 30 days is funded by the County 100 percent.

Administrative costs for EA will be covered by Federal 50 percent, State 35 percent, and County 15 percent. Assistance costs for EA foster care will be Federal 50 percent, State 20 percent, and County 30 percent. EA emergency shelter care for the first 30 days will be split Federal 50 percent, State 35 percent, and County 15 percent. EA emergency shelter care after 30 days will be split Federal 50 percent and County 50 percent, allowing for the pass through of federal funds for the purpose of funding more than 30 days of emergency shelter care. Counties, however, should be aware that any potential State General Fund savings resulting from the utilization of EA funding of shelter care costs in the first 30 days will not be passed through to the counties.

DEFINITION OF EMERGENCY

Federal requirements state that an emergency must exist within the family in order for the child to be considered eligible for assistance. For EA program purposes, family is defined as the head of household and anyone living with the head of household. In the amendment to California's Title IV-A State Plan submitted to implement Phase I of the Emergency Assistance program for probation, an emergency is defined as:

". . . a child's behavior that results in the child's removal from the home and a judicial determination that the child must remain in out-of-home care for more than seventy-two judicial hours"

In the amendment to California's Title IV-A State Plan that will be submitted to implement Phase II of the Emergency Assistance program for child welfare services, an emergency is defined as:

". . . a child is at risk of abuse, neglect, abandonment or exploitation"

If it is determined that an emergency exists within the family, an application for assistance should be completed within one workday of the signing of the voluntary placement agreement or the judicial determination. If the family is determined eligible, the eligibility worker shall use the application to authorize assistance. The application shall be completed and signed by a parent, or where a parent is unavailable or unwilling to apply on behalf of a child(ren), the application may be completed and signed by a relative or county worker. A county worker, i.e., a social worker or a probation officer, can only sign an application if the parent is unable or unwilling to sign the application. Assistance must be authorized within 30 days of the date of application or prior to termination of services, whichever is sooner.

A child can be considered eligible for EA if a county worker signs the application on behalf of the family because a parent or relative was unavailable or unwilling to sign the application. The county worker must first obtain specific knowledge that the family meets the eligibility criteria, including verifying income. If a county worker is signing the application on behalf of a child, they must note in the "parent signature" block why the parent or a relative did not sign the application.

The following federal eligibility criteria must be met before a family can be determined eligible for assistance.

- o The child is living with, or within the past six months has lived with their father, mother, brother, sister, half-brother, half-sister, uncle, aunt, first cousin, nephew, niece, stepfather, stepmother, stepbrother, stepsister, adoptive parent, or any such person of a preceding generation denoted by the prefixes grand, great, or great-great. This can include the spouse of any person named above, even after the marriage has been terminated by death or dissolution.
- o The family has not been authorized for assistance during the previous 12 months in California. If the family had received assistance during the previous 12 months, the next eligibility period begins 12 months after the ending date of the previous period.
- o The total family income cannot exceed 200% of California's median family income, as certified by the applicant. This amounts to \$89,200 for fiscal year 1993/94. This amount will be recalculated every fiscal year.
- o The emergency did not arise because an adult family member refused without good cause to accept employment or training.

LIST OF EMERGENCY ASSISTANCE PARTICIPATION SYSTEM

The List of Emergency Assistance Participation System (LEAPS) will be used to verify if assistance had been authorized to a family within the previous 12 months. Information on LEAPS and instructions on accessing the system is contained in attachments to this letter. LEAPS information is also contained in the County Fiscal Letter No. 93/94-04.

Amnesty aliens are not eligible for assistance. Federal policy indicates that undocumented or illegal aliens are eligible for assistance. The social security number of the head of household must be documented for LEAPS processing. County workers should assist a family in applying for social security numbers as needed. Until the social security numbers are provided, a temporary number can be established for aliens. United States citizen's applying for assistance must have a social security number. To create a temporary number, follow these steps.

RECORDS RETENTION

The eligibility case file and services case file shall be accessible to state and federal staff for review for a period of five years following termination of EA benefits. Counties are required to make all files available for review for a period of five years following termination of EA benefits. Failure to provide access to cases for review or failure to maintain documented case files could result in the disallowance of federal and state funds.

COUNTY TRANSFERS

In the event that an EA case is transferred to another county, the sending county must document what EA eligibility is still available and provide the documentation to the receiving county. Documentation of the ending date in the sending county and the beginning date in the receiving county does not constitute a new emergency episode, and is not a means for providing additional services. In the event of an interprogram status change, a separate application shall be completed for the new program.

CHILD SUPPORT REFERRAL

Child support referrals will not be required for EA program purposes. Existing child support requirements for AFDC-FC cases should be followed.

MONITORING/TECHNICAL ASSISTANCE/TRAINING

CDSS is the agency responsible for ensuring county and state compliance with federal Title IV-A requirements. Training on EA program regulations, and ongoing technical assistance will be provided as needs in these areas are more clearly defined. CDSS will be developing these training systems, in conjunction with the counties, and will monitor county compliance after technical assistance has been provided.

IMPLEMENTATION

Timelines for implementing Phase I and Phase II have been established so that counties may realize revenue at the earliest possible date. The effective date for Phase I was July 1, 1993. The effective date for funding for emergency shelter care and non-federal foster care for dependents or voluntary placements is September 1, 1993. Costs cannot be claimed for children who entered out-of-home care until all EA procedures are in place within the county. Counties must be in compliance with program requirements, and have established the following to be able to claim under Title IV-A.

X
 1 2 3 4 5 6 7 8 9

- 1) This space is always shown with an "X".
- 2) First number of county ID (refer to attachment VI).
- 3) Second number of county ID (refer to attachment VI).
- 4) First number of month of child's birthday.
- 5) Second number of month of child's birthday.
- 6) First number of day of child's birthday.
- 7) Second number of day of child's birthday.
- 8) Third number of year of child's birthday.
- 9) Fourth number of year of child's birthday.

For example, X34020988 would represent a temporary number for an alien born on February 9, 1988, who has requested assistance from a Sacramento county worker.

ELIGIBILITY CASE FILE DOCUMENTATION

The eligibility case file must include the following to be considered eligible for FFP under Title IV-A:

- o A completed, signed application, including documentation of eligibility;
- o Authorization of EA by the CWD;
- o Copies of the voluntary placement agreement or the judicial order, if the child is ordered detained at the judicial hearing; and,
- o Documentation of effective date and ending date of EA.

SERVICES CASE FILE DOCUMENTATION

The services case file must include the following to be considered eligible for FFP under Title IV-A:

- o Documentation of the assessment, with services authorized within 30 calendar days of the date of application or prior to termination of services, whichever is sooner;
- o A copy of the completed, signed application;
- o Documentation of the units of service and assistance provided;
- o Documentation of entry and exit dates for each shelter care or foster care placement; and,
- o Copies of the voluntary placement agreement or the judicial order, if the child is ordered detained at the judicial hearing.

- o transportation related to the above; and,
- o documentation of the above.

Please note that unlike the services offered under Phase I for probation, after care services are not included in Phase II of the EA program for child welfare services. Consideration will be given in the future of the inclusion of this service in Phase III.

NOTICE OF ACTION

The application for emergency assistance is a four-part form that provides a copy for the parent/relative applying for services. The notice of action (NOA) is printed on the reverse of the application copy that the parent/relative receives (refer to attachment IV). CWDs will not be required to notify families when their assistance has terminated, but must mail the NOA page of the application to the family even if assistance has been requested by a county worker on behalf of a child. The head of household must receive a notice of the final EA eligibility determination regardless of approval or denial of application. Reasons for denial, if denied, and notice of appeal rights shall be provided in all applicable cases. In those situations where a county worker is applying on behalf of a child, a notice of the final EA eligibility determination must be mailed to the address provided on the application.

CDSS is committed to developing a program that will benefit families in crisis in California. In an effort to facilitate the initiation of the program, as well as the future redirection of funding for family preservation efforts, CDSS will provide more clarification on program goals and objectives as the information is developed. CDSS is looking forward to the growth of a successful program in California. Information on Phase III, the family preservation component will be forthcoming.

STATE INTENT/FEDERAL REVIEW

The Emergency Assistance Title IV-A State Plan amendment must be approved by the Regional Office of the Administration for Children Youth and Families. However, once the plan amendment is submitted for approval, the state may claim costs back to the first day of the quarter in which the state plan was submitted provided that the plan requirements were met on that date. Counties should not incur additional costs until the state plan is approved.

- o The county has established a mechanism for claiming that is consistent with information that will be provided in a forthcoming fiscal transmittal.
- o A complete application is taken following the date on which the child is ordered detained by the court or placed through a voluntary placement agreement.
- o It has been determined that the child is eligible for EA benefits because the family had not received assistance within the previous 12 months, the family meets the income requirement, and the child has lived with a specified relative within the previous 6 months.

EMERGENCY SHELTER CARE AND FOSTER CARE SERVICES

Counties are required to provide assistance as needed to alleviate the emergency situation that exists within the family, to all families determined eligible for assistance. Assistance can be provided directly, or through contract(s) with other agencies or organizations, for a period of up to six months.

In addition to the primary needs of food, clothing, shelter, hygiene care and supervision, assistance provided in emergency shelter care and foster care facilities may include the following:

- o case management, including assessment, service planning, and arrangements for services;
- o counseling;
- o information and referral;
- o training of child or family members in behavior management, parenting skills, hygiene, coping skills, interpersonal skills, self-esteem and social responsibility;
- o health care, health evaluation and screening, and health education (unless provided with funding under the Medi-Cal program), including mental health, psychological, psychiatric, and behavior modification services, and preventive and remedial services related to drug and alcohol abuse and sexually transmitted disease;
- o case planning and case management services to prepare children and families for reunification, return to the community, or independent living, and to assure successful resolution of the emergency;
- o pre-vocational, vocational, or employment-related services;

The effective date established for claiming for Phase I is the first day of the quarter, which was July 1, 1993. The effective date established for claiming for Phase II is not the first day of the quarter, but is September 1, 1993, which is the date this transmittal was issued.

LIST OF ATTACHMENTS

Attachment I	EA County Worker Responsibilities
Attachment II	EA Eligibility Worker Responsibilities
Attachment III	EA Application
Attachment IV	Request for a Hearing (NOA)
Attachment V	Request for Verification
Attachment VI	County Identification Numbers

Should you have any questions regarding the program, please contact Lou Del Gaudio at (916) 445-2890.



MARJORIE KELLY
Deputy Director
Children and Family Services

Attachments

c: County Welfare Directors Association

EMERGENCY ASSISTANCE - COUNTY WORKER RESPONSIBILITIES

The County Worker's (CW) primary tasks in the Emergency Assistance (EA) Program are to:

- o assist children and families in applying for EA, including making assessments of whether an emergency exists;
- o coordinate assistance as necessary to alleviate the emergency; and,
- o arrange and provide authorization for emergency shelter care and non-federal foster care for dependents or voluntary placement.

INITIATE APPLICATION

The CW processes an EA application for child coming into care as a result of an emergency, defined as:

". . . a child is at risk of abuse, neglect, abandonment or exploitation"

The application should be prepared within one workday of the signing of the voluntary placement agreement or the judicial determination if the child is ordered detained by the court at the detention hearing.

EXAMPLE 1) A child enters emergency shelter care and 72 hours later is ordered detained by the court. The CW should process an EA application within one workday of the court order, recording the date of removal (effective date of service) as the child's date of entry into the emergency shelter care.

EXAMPLE 2) A child enters emergency shelter care, is returned home after 48 hours, and one month later is committed by the court to a foster care facility for 3 months. The CW should process an EA application within one workday of the court's ordering the child to a foster care facility, recording the date of removal/effective date of service as the first day the child is in out-of-home care pursuant to the court order.

The CW assists the child and family in completing the application. The worker should complete the application using information obtained during discussions with the child and family. The application will not be accepted by the Eligibility Worker (EW) for eligibility determination if any of the following elements are missing from the application.

1. The name of the child.
2. The date of birth of the child.
3. Assistance must be authorized within 30 days of the date of application or prior to termination of services, whichever is sooner. This requirement is satisfied when the parent/relative or county worker's signature is dated no more than 30 days from the date of the removal/effective date of service.
4. The CW has verified that an emergency exists and that the child has lived with a relative within the previous 6 months, and indicates this verification by checking box #1 and #2.
5. The relative the child has lived with in the previous 6 months must be circled under box #2. A more complete list of relatives is available in the All County Letter. If the child had lived with an eligible relative not listed, that relative should be written into the space provided under box #2 on the application.
6. Either box #3 or box #4 is checked.
7. If box #3 has been checked, the parent/relative signature is completed and dated. The head of household's name, date of birth, address, and social security number must also be provided.
8. If box #4 has been checked, the child's social security number is entered at the top of the form.
9. The CW's signature is entered and dated, and an explanation as to why the parent/relative could not sign is written in the signature block provided for the parent/relative signature.
10. A copy of the documentation of the voluntary placement agreement relating to the emergency episode must be attached to the application.

The CW is responsible for obtaining the initial application information and signatures. Completed applications should then be routed to the EW.

CASE DOCUMENTATION

The CW certification and information required for eligibility verification sections of the EA application should be completed when the child enters emergency shelter care or foster care. An assessment/service plan should also be completed, and a copy of a detention order or voluntary placement agreement should be attached to the application.

The CW should forward the application to the EW, keeping a photocopy of the application. The CW should also retain the copy of the completed application form when received from the EW.

Copies of the court order made subsequent to the filing of the petition authorizing continued removal of the child from the child's current living arrangements must also be sent to the EW and maintained by the CW. Routinely, this will be the detention hearing minute order or other documentation completed by the court office at the time of the detention hearing, although it could be the result of a subsequent court order if the child is placed in custody due to an emergency situation at a later date.

The CW must document any updates to the assessment or service plan. This may be in either a court report or chronological narrative form, noting the dates of applicable court reports.

EMERGENCY ASSISTANCE - ELIGIBILITY WORKER RESPONSIBILITIES

The Eligibility Worker's (EW) primary tasks in the Emergency Assistance (EA) program are to:

- o review the application for completion, including necessary signatures;
- o request and receive verification through the List of Emergency Assistance Participation System (LEAPS);
- o sign the application, approve or deny EA eligibility, authorize assistance, and forward copies of the application; and,
- o Retain in the individual case eligibility file the original application/authorization form, copies of any attachments, and LEAPS transmittals.

LEAPS clearance and EW authorization of assistance must be completed within 30 days of the application date. Assistance must be authorized within 30 days of the date of application or prior to termination of services, whichever is sooner. If assistance is not authorized within that time, the family will not be eligible for EA benefits.

TASK 1: PROCESS APPLICATION

The EW will receive an application and review the information to verify that the following elements were completed by the CW:

1. The name of the child.
2. The date of birth of the child.
3. Assistance must be authorized within 30 days of the date of application or prior to termination of services, whichever is sooner. This requirement is satisfied when the parent/relative or county worker's signature is dated no more than 30 days from the date of the removal/effective date of service.
4. The CW has verified that an emergency exists and that the child has lived with a relative within the previous 6 months, and indicates this verification by checking box #1 and #2.
5. The relative the child has lived with in the previous 6 months must be circled under box #2. A more complete list of relatives is available in the All County Letter. If the child had lived with an eligible relative not listed, that relative should be written into the space provided under box #2 on the application.

6. Either box #3 or box #4 is checked.
7. If box #3 has been checked, the parent/relative signature is completed and dated. The head of household's name, date of birth, address, and social security number must also be provided.
8. If box #4 has been checked, the child's social security number is entered at the top of the form.
9. The CW's signature is entered and dated, and an explanation as to why the parent/relative could not sign is written in the signature block provided for the parent/relative signature.
10. A copy of the documentation of the voluntary placement agreement relating to the emergency episode must be attached to the application.

If any of these elements are missing, the EW shall return the application to the CW who initiated the application, indicating which elements are incomplete, request that they be completed, and that the application be resubmitted. The CW is responsible for obtaining the initial application information and signatures. The EW may, given available time and resources, assist the CW in completing the application.

TASK 2: LIST OF EMERGENCY ASSISTANCE PARTICIPATION SYSTEM

After the application is reviewed for completeness, the EW must determine whether the applicant family had received EA in California within the previous 12 months. This can be done by querying the List of Emergency Assistance Participation System (LEAPS). A county may also establish an internal system for verifying prior eligibility by keeping records for those EA eligible cases that were authorized services by the EW within the county. However, under no circumstances can an application be approved without querying LEAPS. County systems established for this purpose may only be used to deny an application, and cannot be used to approve the application or authorize assistance.

For example, if the EW maintains a county database of EA eligible families and identifies that a family received assistance in the prior 12 months, the EW shall deny eligibility. The EW cannot approve eligibility based on records contained in the county database without also receiving statewide clearance through LEAPS.

To query the LEAPS system, the request for LEAPS verification (refer to Attachment V) must be completed and submitted by mail or facsimile. Information transmission through modem will be available at a later date, and detailed instructions will be transmitted once the modem is established. The request for LEAPS

verification should be submitted within five workdays of the EW's receipt of the completed initial application. LEAPS response will indicate either a prior episode where assistance was authorized within the previous 12 months, or no prior episode. The EW shall approve or deny based on the LEAPS response.

On occasion a LEAPS response will be erroneous. A response can indicate a prior episode by referencing an incorrect database record. For example, a social security number may reference another head of household at a different name and address than listed on the request for verification, suggesting that the social security number is incorrect. If an error is detected, a correction can be requested by the EW by submitting a correction notice. The correction notice should be signed by the EW, and will update the LEAPS database with the correct information. The EW will be notified when the database has been updated with the correct information. The EW shall retain a copy of the correction notice in the applicable case file, and the original will be retained by LEAPS staff.

Detection and correction of LEAPS database records is the responsibility of the county welfare department.

TASK 3: ELIGIBILITY DETERMINATION AND AUTHORIZATION

The EW shall approve or deny eligibility and, if eligibility is approved, the EW shall authorize assistance within one workday of receipt of LEAPS response. The EW shall forward copies of the completed application with justification, including any information of a prior episode provided by LEAPS, to the CW who initiated the application.

Applications that have been approved by the EW will note a "not to exceed" date supplied by LEAPS. The EW shall also check the required verification boxes on the application based on provided by the CW, sign and date the application, forward copies as required, and file copies as appropriate.

TASK 4: ELIGIBILITY FILE MAINTENANCE

All EA case information collected, distributed, and filed is confidential.

The EW shall establish a unique file folder indexed to the head of household and their corresponding social security number for every initial application received. The EW shall maintain a list to cross reference each child to their corresponding head of household file, showing the authorization date and the not to exceed date for every case.

The eligibility file shall contain the original of every initial application received, the final eligibility determination, the authorization if approved, and the EW's signature. A signed copy

of a LEAPS correction notice pertaining to the case, if any, shall also be filed in the eligibility file. If incomplete initial applications are returned to CW's, a copy of the incomplete application shall be retained in a holding file until a completed application is received, or for 30 days from the original date of application, then destroyed.

COUNTY _____

EMERGENCY ASSISTANCE APPLICATION (TITLE IV-A)

ID# _____

ENTER/CHECK ALL APPLICABLE INFORMATION (PLEASE PRINT)

NAME OF PRIMARY SERVICE CHILD	SSA#	DOB	DATE OF REMOVAL/EFFECTIVE DATE OF SERVICE
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COUNTY WORKER CERTIFICATION: (Please check all that apply)

1. An emergency exists meeting the definition of Emergency Assistance because the child is at risk of abuse, neglect, abandonment, or exploitation.
 2. This application was made on behalf of a child under age 21 living with, or within the past six (6) months having lived with, a relative (parent, grandparent, adoptive parent, stepparent, sibling, aunt, uncle, or cousin). Circle appropriate relative.
 3. The applicant certifies that the total family income does not exceed \$89,200 per year.
- OR
4. This application is made by a county worker on behalf of a child whose parents are unavailable or will not apply for emergency assistance for this child and certifies that this child meets the income limit.

COUNTY WORKER SIGNATURE	DATE	OFFICE	TELEPHONE
PARENT/RELATIVE SIGNATURE (If available)			DATE

INFORMATION REQUIRED FOR ELIGIBILITY VERIFICATION:

PARENT OR RELATED HEAD OF HOUSEHOLD	DOB	HEAD OF HOUSEHOLD SSA#
STREET ADDRESS		TELEPHONE #
CITY, STATE, ZIP CODE		WELFARE CASE # (IF ANY)
HEAD OF HOUSEHOLD SPOUSE	DOB	SSA#

ELIGIBILITY WORKER VERIFICATION: (Please complete all that apply)

1. Reviewed signed application and county worker certification of emergency.
2. The emergency did not arise because an adult family member refused without good cause to accept employment or training.
3. This family meets the income criteria for Emergency Assistance as certified by the applicant.
4. Verified that no members of family group on this application have been authorized to receive Emergency Assistance for the twelve (12) months prior to the authorized effective date on the application for Emergency Assistance. Date Emergency Assistance database was queried: _____
5. Emergency Assistance is denied for the following reason(s): _____ Denial date: _____
6. Last date services can be provided under this authorization: _____
7. I authorize that from the effective date stated above, until the case is closed, or for a period not to exceed six months from the authorized effective date, this family is eligible for all all assistance and services covered under the California State Plan for Title IV-A Emergency Assistance, as determined to be appropriate and necessary to meet the needs of the child and his family.

ELIGIBILITY WORKER SIGNATURE	FILE #	DATE	SUPERVISOR SIGNATURE	DATE
OFFICE NAME & ADDRESS			TELEPHONE	

EA1-CWS

CASE RECORD COPY

Cancel: 7/1/94

STATE OF CALIFORNIA

COUNTY _____

EMERGENCY ASSISTANCE APPLICATION (TITLE IV-A) ID# _____

ENTER/CHECK ALL APPLICABLE INFORMATION (PLEASE PRINT)

NAME OF PRIMARY SERVICE CHILD	SSA#	DOB	DATE OF REMOVAL/EFFECTIVE DATE OF SERVICE
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COUNTY WORKER CERTIFICATION: (Please check all that apply)

1. An emergency exists meeting the definition of Emergency Assistance because the child is at risk of abuse, neglect, abandonment, or exploitation.
 2. This application was made on behalf of a child under age 21 living with, or within the past six (6) months having lived with, a relative (parent, grandparent, adoptive parent, stepparent, sibling, aunt, uncle, or cousin). Circle appropriate relative.
 3. The applicant certifies that the total family income does not exceed \$89,200 per year.
- OR
4. This application is made by a county worker on behalf of a child whose parents are unavailable or will not apply for emergency assistance for this child and certifies that this child meets the income limit.

COUNTY WORKER SIGNATURE	DATE	OFFICE	TELEPHONE
PARENT/RELATIVE SIGNATURE (if available)			DATE

INFORMATION REQUIRED FOR ELIGIBILITY VERIFICATION:

PARENT OR RELATED HEAD OF HOUSEHOLD	DOB	HEAD OF HOUSEHOLD SSA#
STREET ADDRESS		TELEPHONE #
CITY, STATE, ZIP CODE		WELFARE CASE # (IF ANY)
HEAD OF HOUSEHOLD SPOUSE	DOB	SSA#

ELIGIBILITY WORKER VERIFICATION: (Please complete all that apply)

1. Reviewed signed application and county worker certification of emergency.
2. The emergency did not arise because an adult family member refused without good cause to accept employment or training.
3. This family meets the income criteria for Emergency Assistance as certified by the applicant.
4. Verified that no members of family group on this application have been authorized to receive Emergency Assistance for the twelve (12) months prior to the authorized effective date on the application for Emergency Assistance. Date Emergency Assistance database was queried: _____
5. Emergency Assistance is denied for the following reason(s): _____ Denial date: _____
6. Last date services can be provided under this authorization: _____
7. I authorize that from the effective date stated above, until the case is closed, or for a period not to exceed six months from the authorized effective date, this family is eligible for all all assistance and services covered under the California State Plan for Title IV-A Emergency Assistance, as determined to be appropriate and necessary to meet the needs of the child and his family.

ELIGIBILITY WORKER SIGNATURE	FILE #	DATE	SUPERVISOR SIGNATURE	DATE
OFFICE NAME & ADDRESS			TELEPHONE	

EA1-CWS

PARENT/RELATIVE COPY

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PAGE 2 OF 4

REQUEST FOR A HEARING & PROCEDURES

Receipt of this form shall constitute a Notice of Action to the parent/relative of the child(ren) noted on the reverse side of this form that Emergency Assistance Services have been applied for and upon eligibility worker verification, will be authorized upon the effective date noted on the reverse of this form.

A copy of the Emergency Assistance Application will be mailed to you within thirty (30) days after your child is removed from the home because of his or his parents' behavior and the court determines that the child will remain in out-of-home care for a specified period of time.

If you as the parent/relative disagrees with this action you may file a request for a hearing with your County Welfare Department (in Los Angeles County, the Department of Children's Services) within fourteen (14) calendar days of the date the Emergency Assistance Application (Notice of Action) was received. Upon the filing of a request for hearing, the intended action shall be suspended until the review process is complete, the appeal process has been exhausted or when you abandon the appeal process.

Within ten (10) calendar days following the receipt of the request for a hearing, the County Welfare Department Appeals Section staff will notify you of the time and place of the hearing. The time and place of the hearing shall, to the extent possible, be convenient for you.

The hearing will be conducted by an administrative staff person who shall be referred to as "the hearing officer." The hearing officer will be at a staff level higher in authority than the county worker who made the contested decision. You or your authorized representative is required to attend the hearing. If you or your authorized representative fail to appear at the hearing, you will be deemed to have abandoned your appeal. Only persons directly affected by the hearing will be allowed to attend.

The hearing officer will arrange for the presence of an interpreter at the hearing, if one is requested by you.

The hearing officer will explain to you, the legal, regulatory, or policy basis for the intended action. During the hearing, you will have an opportunity to explain the reason(s) you believe the Department's decision was incorrect. The Department's staff will present any material facts omitted by you. The hearing officer will mail or deliver to you, a written decision within ten (10) calendar days after the hearing.

If you disagree with the written decision from the Department, you have fourteen (14) calendar days in which to appeal to the California Department of Social Services. If you do not submit an appeal request within fourteen (14) calendar days, your appeal process shall be deemed abandoned and the Department will implement the intended action.

Upon receipt of an appeal request, the California Department of Social Services may request copies of the basic data file and other relevant materials from the Department. The California Department of Social Services may also conduct any investigations, interviews or mediation necessary to resolve the appeal. The decision of the California Department of Social Services will be mailed or delivered to you and to the County Welfare or Probation Department within thirty (30) calendar days after receipt of the appeal request. If the Department's determination that you are ineligible is upheld by the Child Development Division, payment for child care services will cease upon receipt of the decision by the Department.

If you want to request a hearing because you are in disagreement with the proposed actions of the Department regarding Emergency Assistance services being provided to your child(ren), send a copy of the Emergency Assistance Application that you disagree with along with a written request for a hearing to your County Welfare Department.

EMERGENCY ASSISTANCE APPLICATION (TITLE IV-A)

ID# _____

ENTER/CHECK ALL APPLICABLE INFORMATION (PLEASE PRINT)

NAME OF PRIMARY SERVICE CHILD	SSA#	DOB	DATE OF REMOVAL/EFFECTIVE DATE OF SERVICE
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COUNTY WORKER CERTIFICATION: (Please check all that apply)

- An emergency exists meeting the definition of Emergency Assistance because the child is at risk of abuse, neglect, abandonment, or exploitation.
 - This application was made on behalf of a child under age 21 living with, or within the past six (6) months having lived with, a relative (parent, grandparent, adoptive parent, stepparent, sibling, aunt, uncle, or cousin). Circle appropriate relative.
 - The applicant certifies that the total family income does not exceed \$89,200 per year.
- OR
- This application is made by a county worker on behalf of a child whose parents are unavailable or will not apply for emergency assistance for this child and certifies that this child meets the income limit.

COUNTY WORKER SIGNATURE	DATE	OFFICE	TELEPHONE
PARENT/RELATIVE SIGNATURE (if available)			DATE

INFORMATION REQUIRED FOR ELIGIBILITY VERIFICATION:

PARENT OR RELATED HEAD OF HOUSEHOLD	DOB	HEAD OF HOUSEHOLD SSA#
STREET ADDRESS		TELEPHONE #
CITY, STATE, ZIP CODE		WELFARE CASE # (IF ANY)
HEAD OF HOUSEHOLD SPOUSE	DOB	SSA#

ELIGIBILITY WORKER VERIFICATION: (Please complete all that apply)

- Reviewed signed application and county worker certification of emergency.
 - The emergency did not arise because an adult family member refused without good cause to accept employment or training.
 - This family meets the income criteria for Emergency Assistance as certified by the applicant.
 - Verified that no members of family group on this application have been authorized to receive Emergency Assistance for the twelve (12) months prior to the authorized effective date on the application for Emergency Assistance. Date Emergency Assistance database was queried: _____
 - Emergency Assistance is denied for the following reason(s): _____ Denial date: _____
- _____
- Last date services can be provided under this authorization: _____
 - I authorize that from the effective date stated above, until the case is closed, or for a period not to exceed six months from the authorized effective date, this family is eligible for all all assistance and services covered under the California State Plan for Title IV-A Emergency Assistance, as determined to be appropriate and necessary to meet the needs of the child and his family.

ELIGIBILITY WORKER SIGNATURE	FILE #	DATE	SUPERVISOR SIGNATURE	DATE
OFFICE NAME & ADDRESS			TELEPHONE	

EA1-CWS

ELIGIBILITY COPY

Cancel: 7/1/94

STATE OF CALIFORNIA

COURT

EMERGENCY ASSISTANCE APPLICATION (TITLE IV-A)

ID# _____

ENTER/CHECK ALL APPLICABLE INFORMATION (PLEASE PRINT)

NAME OF PRIMARY SERVICE CHILD	SSA#	DOB	DATE OF REMOVAL/EFFECTIVE DATE OF SERVICE
-------------------------------	------	-----	---

COUNTY WORKER CERTIFICATION: (Please check all that apply)

1. An emergency exists meeting the definition of Emergency Assistance because the child is at risk of abuse, neglect, abandonment, or exploitation.
2. This application was made on behalf of a child under age 21 living with, or within the past six (6) months having lived with, a relative (parent, grandparent, adoptive parent, stepparent, sibling, aunt, uncle, or cousin). Circle appropriate relative.
3. The applicant certifies that the total family income does not exceed \$89,200 per year.
- OR
4. This application is made by a county worker on behalf of a child whose parents are unavailable or will not apply for emergency assistance for this child and certifies that this child meets the income limit.

COUNTY WORKER SIGNATURE	DATE	OFFICE	TELEPHONE
PARENT/RELATIVE SIGNATURE (if available)		DATE	

INFORMATION REQUIRED FOR ELIGIBILITY VERIFICATION:

PARENT OR RELATED HEAD OF HOUSEHOLD	DOB	HEAD OF HOUSEHOLD SSA#
STREET ADDRESS		TELEPHONE #
CITY, STATE, ZIP CODE		WELFARE CASE # (IF ANY)
HEAD OF HOUSEHOLD SPOUSE	DOB	SSA#

ELIGIBILITY WORKER VERIFICATION: (Please complete all that apply)

1. Reviewed signed application and county worker certification of emergency.
2. The emergency did not arise because an adult family member refused without good cause to accept employment or training.
3. This family meets the income criteria for Emergency Assistance as certified by the applicant.
4. Verified that no members of family group on this application have been authorized to receive Emergency Assistance for the twelve (12) months prior to the authorized effective date on the application for Emergency Assistance. Date Emergency Assistance database was queried: _____
5. Emergency Assistance is denied for the following reason(s): _____ Denial date: _____
6. Last date services can be provided under this authorization: _____
7. I authorize that from the effective date stated above, until the case is closed, or for a period not to exceed six months from the authorized effective date, this family is eligible for all assistance and services covered under the California State Plan for Title IV-A Emergency Assistance, as determined to be appropriate and necessary to meet the needs of the child and his family.

ELIGIBILITY WORKER SIGNATURE	FILE #	DATE	SUPERVISOR SIGNATURE	DATE
OFFICE NAME & ADDRESS			TELEPHONE	

EA1-CWS

FISCAL COPY

Cancel: 7/1/94

INSTRUCTIONS FOR COMPLETING EMERGENCY ASSISTANCE APPLICATION (TITLE IV-A)

This form must be completed as soon as it is determined that a child will be in out-of-home care for more than 72 judicial hours.

All identifying information must be completed including the child's social security account number, if the parent or relative is unable or unwilling to sign the application and the county worker is going to sign the application on behalf of the child. Without this number, it is impossible to process the application.

COUNTY WORKER CERTIFICATION:

Items 1. and 2. must be completed by the county worker, including circling the appropriate relative in item 2.

Item 3. must be completed by the parent or relative if they are signing the application. If this item is not completed, the child and family will be determined to be ineligible for EA services.

Item 4. must be completed by the county worker if the parent is unable or unwilling to sign the application. If the worker is applying on behalf of the child, only the child's resources count as income, as a family of one.

INFORMATION REQUIRED FOR ELIGIBILITY VERIFICATION:

If the parent or relative is signing the EA application, all information in this section must be completed. If the county worker is applying on behalf of the child, as much of this information must be completed as possible, in order to determine if this family has received EA services within the past twelve months.

ELIGIBILITY WORKER VERIFICATION:

This section is completed by the eligibility worker and can not be completed by the probation worker.

Upon completion of this form, make a photocopy and file it in the case record. Send the entire form to CWD Eligibility for processing. Upon receipt of the completed form, mail the parent/relative's copy to them, if they signed the application, forward the Fiscal copy and file the Case Record copy in the child's file.

In the event that an application is taken on a child who does not remain in out-of-home care more than 72 judicial hours, write "Not Processed" across the bottom of the form and mail the parent/relative's copy to them if they signed the application.

**STATE OF CALIFORNIA
REQUEST FOR VERIFICATION OF
EMERGENCY ASSISTANCE ELIGIBILITY**

[] INITIAL REQUEST
[] REVISIONS

COUNTY IDENTIFIER	TODAY'S DATE		
APPLICANT NAME (FIRST/MI/LAST)			
APPLICANT SSA#	APPLICANT DATE OF BIRTH (MM/DD/YR)		
OTHER ID	DATE OF REMOVAL/EFFECTIVE DATE OF SERVICE		
APPLICANT ADDRESS	CITY	STATE	ZIP CODE
HEAD OF HOUSEHOLD (FIRST/MI/LAST)			
HEAD OF HOUSEHOLD SSA#			
HEAD OF HOUSEHOLD SPOUSE (FIRST/MI/LAST)			
HEAD OF HOUSEHOLD SPOUSE SSA#			
WELFARE CASE # (IF ANY)	APPLICATION DATE (DATE OF PARENT/WORKER SIGNATURE)		
FOR USE BY LIST OF EMERGENCY ASSISTANCE PARTICIPANTS SYSTEM (LEAPS) STAFF ONLY			
TRANSACTION CODE			
TRANSACTION DATE	REFERENCE # (ONLY FOR DENIALS & CONTINUATIONS)		
CLEARANCE NUMBER	NOT TO EXCEED DATE		

PLEASE FAX REQUEST FOR VERIFICATION:

ATTN: Margo Morales
(213) 626-7836

PLEASE FAX COMPLETED VERIFICATION TO:

ATTN:
FAX #: ()

PLEASE DO NOT FAX BETWEEN 8 A.M. AND 5 P.M.!

OR

OR

MODEM TO: NOT YET AVAILABLE

MODEM TO: NOT YET AVAILABLE

Receipt of this form shall constitute a Notice of Action to the parent/relative of the child(ren) noted on the reverse side of this form that Emergency Assistance Services have been applied for and upon eligibility worker verification, will be authorized upon the effective date noted on the reverse of this form.

A copy of the Emergency Assistance Application will be given or mailed to you three (3) judicial days after your child is removed from the home because of his or his parents' behaviour and the court determines that the child will remain in out-of-home care for a specified period of time.

If the Court or the Child Welfare Department determines that there is no longer a need for Emergency Assistance services, you will be notified by the Department. This also constitutes a Notice of Action that the Child Welfare Department will not pay for out-of-home care or after care services for your child past this date.

If you as the parent/relative disagrees with this action you may file a request for a hearing with your County Welfare Department (in Los Angeles County, the Department of Children's Services) within fourteen (14) calendar days of the date the Emergency Assistance Application (Notice of Action) was received. The review upon the filing of a request for hearing, the intended action shall be suspended until the review process is complete when the appeal process has been exhausted or when you abandon the appeal process.

Within ten (10) calendar days following the receipt of the request for a hearing, the Department of Children's Services Appeals Section staff will notify you of the time and place of the hearing. The time and place of the hearing shall, to the extent possible, be convenient for you.

The hearing will be conducted by an administrative staff person who shall be referred to as "the hearing officer." The hearing officer will be at a staff level higher in authority than the County Social Worker who made the contested decision. You or your authorized representative is required to attend the hearing. If you or your authorized representative fail to appear at the hearing, you will be deemed to have abandoned your appeal. Only persons directly affected by the hearing will be allowed to attend.

The hearing officer will arrange for the presence of an interpreter at the hearing, if one is requested by you.

The hearing officer will explain to you, the legal, regulatory, or policy basis for the intended action. During the hearing, you will have an opportunity to explain the reason(s) you believe the Department's decision was incorrect. The Department's staff will present any material facts omitted by you. The hearing officer will mail or deliver to you, a written decision within ten (10) calendar days after the hearing.

If you disagree with the written decision from the Department, you have fourteen (14) calendar days in which to appeal to the California Department of Social Services. If you do not submit an appeal request within fourteen (14) calendar days, your appeal process shall be deemed abandoned and the Department will implement the intended action.

Upon receipt of an appeal request, the California Department of Social Services may request copies of the basic data file and other relevant materials from the Department. The California Department of Social Services may also conduct any investigations, interviews or mediation necessary to resolve the appeal. The decision of the California Department of Social Services will be mailed or delivered to you and to the County Welfare or Probation Department within thirty (30) calendar days after receipt of the appeal request. If the Department's determination that you are ineligible is upheld by the Child Development Division, payment for child care services will cease upon receipt of the decision by the Department.

If you want to request a hearing because you are in disagreement with the proposed actions of the Department regarding Emergency Assistance services being provided to your child(ren) care for your child(ren), send a copy of the Emergency Assistance Application that you disagree with along with a written request for a hearing to your County Welfare Department.

COUNTY IDENTIFICATION NUMBERS

Alameda	01	Orange	30
Alpine	02	Placer	31
Amador	03	Plumas	32
Butte	04	Riverside	33
Calaveras	05	Sacramento	34
Colusa	06	San Benito	35
Contra Costa	07	San Bernardino	36
Del Norte	08	San Diego	37
El Dorado	09	San Francisco	38
Fresno	10	San Joaquin	39
Glenn	11	San Luis Obispo	40
Humboldt	12	San Mateo	41
Imperial	13	Santa Barbara	42
Inyo	14	Santa Clara	43
Kern	15	Santa Cruz	44
Kings	16	Shasta	45
Lake	17	Sierra	46
Lassen	18	Siskiyou	47
Los Angeles	19	Solano	48
Madera	20	Sonoma	49
Marin	21	Stanislaus	50
Mariposa	22	Sutter	51
Mendocino	23	Tehama	52
Merced	24	Trinity	53
Modoc	25	Tulare	54
Mono	26	Tuolumne	55
Monterey	27	Ventura	56
Napa	28	Yolo	57
Nevada	29	Yuba	58