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

July 30, 1996

ALL COUNTY LETTER NO. 96-38

REASON FOR THIS TRANSMITTAL

[X] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[ ] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ELIMINATION OF THE STATE-ONLY AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PREGNANT WOMEN AND STATE-ONLY PREGNANCY SPECIAL NEED PAYMENTS

REFERENCE: SENATE BILL (SB) 1780, (CHAPTER 206, STATUTES OF 1996)

The purpose of this All County Letter (ACL) is to inform counties of the elimination of State-only AFDC for pregnant women and the State-only pregnancy special need payment. This action is mandated by Senate Bill (SB) 1780, (Chapter 206, Statutes of 1996).

Effective September 1, 1996, pregnant women, with no other eligible children, applying for AFDC may only receive AFDC and the pregnancy special need payment for the three month period immediately prior to the month in which the birth is anticipated (third trimester). There is no change for federally eligible pregnant AFDC recipients requesting the pregnancy special need payment on or after September 1, 1996. Non-federally eligible pregnant AFDC recipients who apply for the special need payment would not be eligible. Please see MPP Section 44-211.632.

CAL LEARN

Pregnant teens under the age of 19 who have not obtained a high school diploma or its equivalent are not affected by this change, see MPP Section 42-763.

Cal-Learn control group cases are treated as if part of Cal-Learn and are not impacted.

NOAs

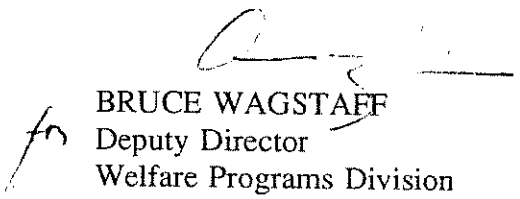
Copies of the Notice of Action (NOA) messages needed to implement this change are also attached. Camera ready copies of the NOA messages in Spanish, Cambodian, Chinese, and Vietnamese will be available approximately three weeks from the date of this letter upon request from Language Services Bureau.

CONTACTS

Regulations are currently being developed to reflect this change. If you have any questions regarding this change, please contact staff as follows:

o Regulations:	Varaniece Hall	(916) 653-6161 (CALNET 454-616)
o NOA messages:	Pam Kian	(916) 654-1801 (CALNET 464-1801)
o NOA translations:	Language Services Bureau	(916) 657-1282 (CALNET 454-1282)
o Cal-Learn:	County's Assigned Analyst	(916) 657-2144 (CALNET 454-2144)

Sincerely,



BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachment

ATTACHMENT

NOTICE OF ACTION (NOA) MESSAGES

M40-118A (8/96) Application Processing - Deny

The M40-118A message was revised to delete language regarding pregnant woman only. This checkbox was determined unnecessary.

M40-129D1 (8/96) Immediate Need - Deny

The M40-129D1 message was revised to add an extra check box for women in their third trimester. This is needed because teens under age 19 without a high school diploma are not subject to this law change.

M44-211L (8/96) Pregnancy Special Needs - Change

The M44-211L message was developed to increase the grant for women starting their third trimester who have other eligible children.

M82-820A (8/96) AU Composition - Deny

The M82-820A message was revised to clarify pregnant woman either under age 19 without a high school diploma or in their third trimester.

INSTRUCTIONS FOR UPDATING THE AFDC NOA HANDBOOK

- M40-118A (8/96) Replace prior version and insert into the AFDC NOA Handbook.
- M40-129D1 (8/96) Replace prior version and insert into the AFDC NOA Handbook.
- M44-211L (8/96) Insert into the AFDC NOA Handbook.
- M82-820A (8/96) Replace prior version and insert into the AFDC NOA Handbook.

State of California
Department of Social Services

Noa Msg Doc No.: M40-118A
Action : Deny
Issue: Application Processing
Title: Incomplete Statement of Facts Form for Mandatory AU Members

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105, 40-118, 40-126.342, 40-128, 40-171.221(d), 82-820.2

Use Form No. : NA 290
Original Date : 02/05/85
Revision Date : 08/01/96

MESSAGE:

The County has denied your application for cash aid dated _____.

Here's why:

You did not give us a completed Statement of Facts form. You must complete the Statement of Facts form and give it to us if you want cash aid.

[ ] You did not give us the Statement of Facts form.

[ ] You gave us the Statement of Facts form, but it isn't complete because _____.

You must include all the following person(s), if they live with you, on the Statement of Facts. You did not include:

[ ] All of the brothers, sisters, half-brothers and half-sisters under 19 living with the child you want aided. You must also include those children's parents who live with you.

[ ] The caretaker relative, the second parent and stepparent if living with an SSI/SSP child when the caretaker relative asks to be aided.

[ ] The caretaker relative if living with a dependent foster care child when the caretaker relative asks to be aided.

[ ] The caretaker relative, the second parent and stepparent if living with a child who is sanctioned by the GAIN program.

[ ] You did not apply for:

_____, _____.
(Name) (Name)

INSTRUCTIONS: Use to deny cash aid to a Filing Unit when the applicant fails or refuses to complete the applicable Statement of Facts.

In the action line, enter the date of application. Check the first box if the denial involves a failure to supply the applicable Statement of Facts form. Check the second box if the denial involves an incomplete Statement of Facts form and enter a statement of why the form is incomplete. If any person was not included on the Statement of Facts form check the appropriate box (3 - 6) and fill in the person's name after the seventh box.

This message replaces M40-118A dated 05/01/96

file : pkian/MSERIES/au.40118a.r

State of California
Department of Social Services

Noa Msg Doc No.: M40-129D1
Action : Deny
Issue: Immediate Need
Title: Procedural Requirements

Auto ID No.: D1101A/D11BBA
Source :
Issued by :
Reg Cite : 40-129.11; .211(a); (b); .534(c)

Use Form No. : NA 290
Original Date : 12/01/90
Revision Date : 08/01/96

MESSAGE:

The County has denied your application for Immediate Need dated _____.

Here's why:

You can not get an Immediate Need payment because you did not give us:

[ ] Proof of your family's eligible alien status.

[ ] Proof that you are pregnant.

[ ] Proof that you are in the last four months of pregnancy.

You may request an Immediate Need payment at any time before we approve or deny your cash aid. To ask for an Immediate Need payment, you must complete the Immediate Need Request form (CA 4) and give it to us.

You will get another notice about your application for cash aid.

INSTRUCTIONS: Use to deny a request for an Immediate Need payment when verification of: 1st box, alien status; 2nd box, pregnancy (for teens under age 19 without a high school diploma); 3rd box, pregnancy in the third trimester is lacking.

Enter the date of the request for an Immediate Need payment. In the body of the message, check the appropriate box.

If the CWD hand-delivers the Immediate Need notice, the CWD must include a CA 4 with the notice. Another notice about cash aid must be sent.

This message replaces M40-129D1 dated 12/01/90

file : pkian/MSERIES/in.40129d1.r

State of California
Department of Social Services

Noa Msg Doc No.: M44-211L
Action : Change
Issue: Special Needs
Title: Pregnancy Special Needs

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-211.6

Use Form No. : NA 200
Original Date : 08-01-96, new
Revision Date :

MESSAGE:

As of _____, the County is changing your cash aid from $_____ to $_____.

Here's why:

_____ is in the last four months of pregnancy. She will now get a $_____ pregnancy special need payment each month.

Your new cash aid amount is figured on this page.

INSTRUCTIONS: Use to change the cash aid when the third trimester has started. Enter the date the County is changing the cash aid and the old and new amounts. Enter the name of the pregnant woman and the special need payment amount.

file : pkian/MSERIES/pg.442111

State of California
Department of Social Services

Noa Msg Doc No.: M82-820A
Action : Deny
Issue: AU Composition
Title: No Eligible Person

Auto ID No.: D0320A
Source :
Issued by :
Reg Cite : 82-820.2

Use Form No. : NA 290
Original Date : 08/01/91
Revision Date : 08/01/96

MESSAGE:

The County has denied your application for cash aid dated _____.

Here's why:

To get aid, there must be at least one of the following persons living in the home:

An eligible child, or

A caretaker relative of an SSI/SSP child, or

A caretaker relative of a dependent foster care child, or

A pregnant teen under age 19 without a high school diploma or its equivalent, or

A pregnant woman who is in the last four months of pregnancy, or

A parent of a child who is sanctioned by the GAIN program.

INSTRUCTIONS: Use to deny AFDC when there is no eligible person in the home. In the action line, enter the date of application.

This message replaces M82-820A dated 05/01/96

file : pkian/MSERIES/au.82820a.r