

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 2, 2000

COUNTY FISCAL LETTER (CFL) NO. 99/00-60

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: REVISED ASSISTANCE CLAIM INSTRUCTIONS FOR THE CASH
ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

REFERENCE: CFL No. 99/00-36, All County Letter (ACL) No.00-11, ACL No. 99-56

This letter provides revised claiming instructions for reporting CAPI assistance payments. All County Letter No. 99-56, dated August 30, 1999, advised counties of recent changes in State law (Assembly Bill 1111 and Senate Bill 708, chapters 147 and 148, respectively) that extended the program indefinitely and established a fourth category of recipients retroactive to October 1, 1999. Aid code 6T has been assigned to the new category which includes the following population:

Aid Code 6T: Non-citizens who entered the United States on or after August 22, 1996, who do not meet the sponsor restrictions in the definition of Aid Code 6M but do meet either the federal definition of qualified alien or the previous Supplemental Security Income/State Supplemental Payment (SSI/SSP) Permanent Resident Under Color of Law (PRUCOL) requirements.

The CA 45 Invoice, State Issued Benefit Checks, Cash Assistance Program for Immigrants, has been revised to reflect the new category. The CA 46, Attachment to Invoice Form CA 45, Cash Assistance Program for Immigrants, added a "Total" row to columns G and H. The new forms are effective May 2000. Sample forms are attached.

Camera ready copies are available upon request through the Forms Management Unit.
Please contact:

California Department of Social Services
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, CA 95814
Telephone Number: (916) 657-1907

If you have any questions regarding this letter, please contact your Fiscal Policy Analyst at (916) 657-3440.

MARGE DILLARD, Chief
Fiscal Policy Bureau

C: CWDA

INVOICE
STATE ISSUED BENEFIT CHECKS
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS

TO: CA DEPARTMENT OF SOCIAL SERVICES
 FINANCIAL SERVICE BUREAU
 744 P STREET, MS 13-79
 SACRAMENTO, CA 95814

FROM: COUNTY/COUNTY CONSORTIUM NAME	INVOICE NO.:
COUNTY/COUNTY CONSORTIUM ADDRESS	COUNTY/COUNTY CONSORTIUM CONTACT
COUNTY, CITY, STATE, ZIP CODE	CONTACT'S PHONE NUMBER

SUMMARY OF BENEFIT PAYMENTS (SEE ATTACHED LISTING)

AMOUNT QUALIFIED ALIENS (Before 8/22/96) Aid Code 1A	AMOUNT NON-QUALIFIED ALIENS (Before 8/22/96) Aid Code 6K	AMOUNT SPONSORED ALIENS (On or After 8/22/96) Aid Code 6M	AMOUNT QUALIFIED or PRUCOL ALIENS (On or After 8/22/96) Aid Code 6T	TOTAL

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the Official responsible for the Cash Assistance Program for Immigrants in and for aforesaid county/county consortium; that I have not violated any provisions of Sections 1090 to 1096, inclusive, of the Government code; that the amounts reported herein have been incurred and are properly chargeable as expenditures for administration of the Welfare programs in accordance with all provisions of the Welfare and Institutions code and the rules and regulations of the California Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE
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CDSS USE ONLY:

APPROVED BY:	AMOUNT APPROVED:
DATE APPROVED:	AMOUNT CUT:
PAYMENT PERIOD:	PAYMENT MADE ON SCHEDULE #:

**ATTACHMENT TO INVOICE FORM CA 45
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS**

COUNTY/COUNTY CONSORTIUM NAME:

REQUEST PAYMENT DATE FOR BATCH:

	A	B	C	D	E	F	G	H	I	J	K	Check if Appropriate		
	Recipient's Name	Social Security Number	Recipient's Address	Case Number	Aid Code	Pay Periods	Initial Payment Amount *	Future Monthly Payment Amount	Beginning Date of Future Monthly Payment Amount	County of Residence	Date Aid Discontinued	Name Change	Address Change	Change in Payment Amount
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														

* Includes the first full month of CAPI payments plus amounts owed for prior months less GA/GR emergency payments.

Total