

NOTICE OF FORM CHANGE NO. 05-115

DATE

09/06/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE SOC 452A (8/05) - Cash Assistance Program For Immigrants (CAPI) Income Eligibility - Child

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 8/05	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 8/05

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

**CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)
INCOME ELIGIBILITY – CHILD**

Name			Case No.		Month/Year	
Parent(s)			Child/Recipient/Applicant			
A. Income deemed to a blind or disabled child through the month he or she reaches age 18 and living with one or both parents. ¹			B. CAPI benefit determination for blind or disabled child who is under age 18 and living with one or both parents			
Income of parent and parent's spouse where neither is a CAPI/SSI recipient		Unearned	Earned	Income of child		Earned
1. a. Social Security and other pensions				1. Income deemed to child (from A17) ⁴		
b. Other unearned income				2. Child's unearned income (list)		
c. Other unearned income				a.		
2. Total Unearned income. (Add 1a, b & c)				b.		
3. Total gross Earned income				c.		
4. Allowance for ineligible children or sponsored CAPI/SSI recipients ²				3. Total unearned income (B1 plus B2a, b, & c)		
a. Amount				4. General Exclusion		\$20
b. Children's inc.				5. Net Unearned income (B3 minus B4)		
c. Net allowance (a - b)				6. Income based on need (CalWORKs, VA Pension)		
d. Total Allowance (sum of A3c's)				7. Countable Unearned income (B5 plus B6)		
5. Remaining Unearned income (A2 minus A4d)				8. Earned income		
6. Unused allowance (if A4d is greater than A2, enter the difference)				9. Unused \$20 exclusion from above		
7. Remaining Earned income (A3 minus A6)				10. Earned income exclusion		\$65
8. General Exclusion		\$20		11. Other earned income exclusions (IRWE, student exclusion)		
9. Countable Unearned income (A5 minus A8)				12. Total exclusions (Sum of B9, 10 & 11)		
10. Unused \$20 exclusion from above				13. Subtract B12 from B8, enter result		
11. Earned income exclusion			\$65.00	14. Divide B13 by 2, enter result		
12. Total exclusions (A10 plus A11)				15. Blind work expenses and remaining self support plan		
13. Earned income (A7 minus A12).				16. Earned countable Income (B14 minus B15)		
14. Divide A13 by 2. Enter result Countable Earned Income				17. Total countable income (B7 plus B16)		
15. Total countable income (A9 plus A14).				18. CAPI payment level		
16. Allowance for parent and spouse ³ 1 parent \$ _____ 2 parents \$ _____				19. CAPI payment (B18 minus B17)		
17. Income deemed to child. (A15 minus A16) (Also enter in B1)						
<p>¹If the ineligible parent(s) is receiving assistance based on need, deeming does not apply and the CAPI payment will be based on the child's own income under column B.</p> <p>²Ineligible child's/sponsored recipient allowance equals the difference between the federal SSI individual and couple standards (\$290 in 2005). Sponsored CAPI/SSI recipients (other than child/recipient/applicant) must have income deemed from ineligible parent(s) and be eligible for CAPI or SSI/SSP.</p>						
				<p>³Allowance for 1 parent = SSI individual standard (\$579 in 2005) Allowance for 2 parents = SSI couple standard (\$869 in 2005)</p> <p>⁴ Note: If more than 1 eligible child, divide deemable income equally among them.</p>		
Supervisor's Signature		Date		Worker		Date