

19. Services

19.1 Protective Services for Children

19.1.1 Employee Responsibility for Reporting Child Abuse/Neglect [CA Penal Code Article 2.5 Sect 11164 - 11174.3]

Employees of the Social Services Agency, regardless of their classification, are all mandated reporters and required by law to report instances of known or suspected child abuse. In Santa Clara County, reports of alleged or suspected child abuse or neglect must be reported to the Child Abuse and Neglect Reporting Center. This is accomplished by telephoning one of the following emergency numbers:

San Jose	(408) 299-2071
North County	(650) 493-1186
South County	(408) 683-0601

The mandated reporter must also complete a written report, within 36 hours, using the Suspected Child Abuse Report Form SS8572, approved by the Department of Justice. All copies of the report except the yellow copy, which is retained by the reporting person, shall be forwarded to Child Abuse Screening Unit, 373 W. Julian 3rd floor. Forms SS8572 are available in shelf stock.



Note:

Form SCD16 Community Inquiry or Report is **not** to be used to report suspected or known child abuse and neglect.

19.2 Protective Services for Adults

19.2.1 Reporting of Physical Abuse

All Social Services Agency employees are required by law to report instances of physical abuse of dependent and elder adults. The term “dependent adult” means any person between the ages of 18 and 64 who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights. “Elder” means a person 65 years or older.

As mandated reporters, we are required to "...report the known or suspected instance of physical abuse to the County Adult Protective Services Agency, or a local law enforcement agency immediately or as soon possible by telephone and shall prepare and send a written report thereof within 36 hours."

The mandated telephone report shall be made to Adult Protective Services at (408) 975-4900 or 1-800-414-2002.

The written report shall be on Form SOC 341, "Report of Suspected Dependent Adult/Elder Abuse" which is available through regular supply procedures.

The SOC 341 report shall be forwarded to the Adult Protective Services, 333 W. Julian 4th floor.

19.2.2 Reporting of Other Abusers

In addition to mandating the reporting of physical abuse, the law provides for reporting other abuses. Other abuses include sexual assault, neglect, intimidation, abandonment, mental abuse and fiduciary abuse. Any person witnessing or suspecting that a dependent or elder adult has been subject to such abuse may report such cases to Adult Protective Services at (408) 975-4900 or 1-800-414-2002. Telephone calls should be followed by submission of the SOC 341 form.

19.3 Safe at Home Program

The Safe at Home (SAH) program helps victims and survivors of domestic abuse or stalking to remain safe when they have escaped or are escaping an abusive situation.

Under the Safe at Home program, certified participants are assigned, by the state, a substitute Post Office (P.O.) address to use in place of their living address. The address shown on the Safe at Home Program card must be accepted as the substitute address for applicants and recipients of public assistance.

Eligibility

To qualify for the Safe at Home program, applicants must enroll and provide specific information regarding being a victim of domestic abuse, or stalking to a state designated agency or the Secretary of State's toll free number (1-877-322-5227). The state designated agencies in Santa Clara County are:

Agency	Location	Telephone Number
Support Network for Battered Women	Mtn. View	(650) 940-7850
Asian Americans for Community Involvement	San Jose	(408) 975-2730

Agency	Location	Telephone Number
Next Door Solutions to Domestic Violence	San Jose	(408) 279-7550
Victim/Witness Center, Santa Clara County National Conference for Community & Justice	San Jose	(408) 295-2656
Women and Their Children Housing, Inc.	San Jose	(408) 271-9422
MAITRI	Sunnyvale	(408) 730-4049

19.3.1 Confidential Post Office (P.O.) Box Process

SAH participants will have a Sacramento address. The County must accept the participant's assigned SAH P.O. Box mailing address and four digit identification (ID) number in place of a street mailing address. Existing SAH participants who do not have an ID number should contact the Secretary of State at 1-877-322-5227 or SafeAtHome@sos.ca.gov. The county where the participants are living must be the county of residence and county of responsibility.

The four digit SAH ID number that identifies the participant for mail delivery must appear on the C/O line of the mailing address. The ID number will ensure that mail is delivered to the intended SAH participant.

Example:

MAILING-ADDRESS
 ADDRESS-FLAG
 C/O ID # XXXX
 STREET P.O. Box XXXX
 CITY SACRAMENTO STATE CA ZIP-CODE 95812 + xxx-xx-x

In order to protect the SAH address in MEDS from being changed accidentally or automatically at reconciliation or renewal, the following process has been developed to protect the address and residence county fields:

- The SAH address is submitted by an EW20 transaction. After the transaction has updated MEDS:
 - The address on the INQM screen will be:
SAFE-AT-HOME CLIENT
REFER TO MAILING ADDRESS
 - On INQA screen, CURRENT RESIDENCE ADDRESS will be:
SAFE-AT-HOME CLIENT
REFER TO MAILING ADDRESS and
 - The CURRENT MAILING ADDRESS will display the SAH P.O. Box address.

The residence address for a SAH participant cannot be updated by the county. Alert 2201, Safe at Home Client, Contact DHCS for Address Change - Urgent, will be issued if a County tries to update a

SAH address. [Refer to “2201 - Safe at Home Client, Contact DHCS for Address Change - Urgent,” page 9-42] in the User’s Guide to State Systems Handbook].

The residence address can only be changed if verification is provided by the beneficiary to the county indicating when SAH program participation was terminated. The County must open a Remedy ticket and attach verification from the Secretary of State for the Medi-Cal Eligibility Division to update the participant’s residence address.

19.4 Handicapped

19.4.1 Mandated Services to Hearing-Impaired Persons

The State Department of Social Services (SDSS) Office of Deaf Access has contracted with several private non-profit agencies to provide mandated services to hearing-impaired persons in accordance with Welfare and Institutions Code 1193. At present in Santa Clara County, the Deaf Counseling, Advocacy and Referral Agency (DCARA) has contracted with SDSS to provide the following services: Communications Assistance, Advocacy, Job Development and Placement, Information Referral, Counseling, Independent Living Skills Instruction, and Community Education. DCARA's local address and telephone numbers are listed below:

Deaf Counseling, Advocacy & Referral Agency
650 North Winchester Blvd., Suite #3
San Jose, CA 95128-1511
Telephone: (408) 260-1993 (voice) and TTY: (408) 260-1973
Fax: (408) 260-1196

[Refer to the most current agency memo, “Interpreter Services Update”, for persons requiring sign language interpreters. Information is updated semi-annually.] Many services are available to county staff at no cost as SDSS is providing the funding for these services through the contractual agreement. Examples of these services include training of Social Services Agency staff regarding hearing-impaired issues, and how best to serve hearing-impaired clients who may need assistance in completing or understanding forms or other documents. The department may call on DCARA for general information, resource referrals for specific information, or assistance in crisis situations.

19.5 In-Home Supportive Services

19.5.1 Program Information

The In-Home Supportive Services Program (IHSS) provides assistance to those aged, blind and disabled individuals who are unable to remain safely in their own homes without this assistance. IHSS is an alternative to Out-of-Home care. Eligibility and services are limited by the availability of funds.

The services provided through IHSS to enable people to remain in their own homes include domestic services, meal preparation, laundry, shopping and personal services such as respiration, bowel and bladder care, feeding, bed baths, dressing, ambulation, bathing and grooming.

IHSS is staffed by social workers, eligibility, fiscal and clerical staff.

19.5.2 IHSS Individual Provider Listing

Through “CDSS Adult Programs Systems” the State of California reports the name of the IHSS recipient as the employer for the particular IHSS provider. The IHSS provider is reported on the CalWIN New Hire Registry (NHR) and the IFD 440 Report for wages of \$1,000 and above. A process is created as a preventive measure of those IHSS providers who may be in receipt of Cash Aid and Food Stamps and may have NOT reported it as income. [[Refer to Common-Place Handbook, “IHSS Individual Provider Listing,” page 19-5 for the process.](#)]

19.5.3 Referrals/Questions

Anyone requesting a referral or requiring further information should be referred to the IHSS Program at 975-4814.

19.6 New Eyes

New Eyes is a 501 (c)(3) not-for-profit, non-sectarian organization whose purpose is to improve the vision of low income individuals. This organization purchases new prescription eyeglasses through a voucher program for children and adults in the United States who cannot afford glasses on their own. Eligible clients can apply for a voucher through a social service agency. If a social service agency is not available, a primary care physician, school nurse or house of worship may submit an online application for the client.

For California residents, the voucher is only redeemable online at www.marveloptics.com/new-eyes. Marvel Optics is an online eyeglass retailer, who will fill the request for eyeglasses using the information provided by the client's eye doctor. Marvel Optics receives reimbursement directly from New Eyes.

19.6.1 Eligibility Requirements

- Income at or below U.S. federal poverty guidelines
- Have had an eye exam within the past 12 months. (New Eyes does not pay for eye exams).
- Have no other resources to pay for glasses, including insurance, federal/state programs or other charitable support.
- Have not received a New Eyes' voucher within the past 24 months.

A New Eyes voucher typically covers only the cost of a basic pair of single or lined bifocal eyeglasses.

Note: Voucher numbers expire 90 days after issuance.

19.6.2 Application Process

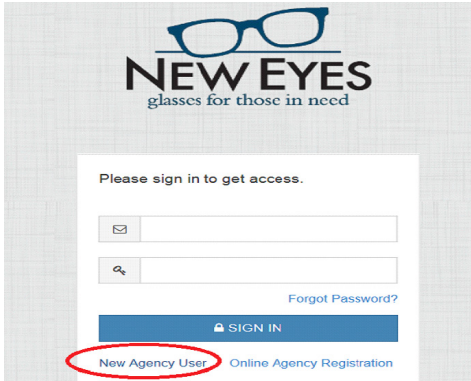
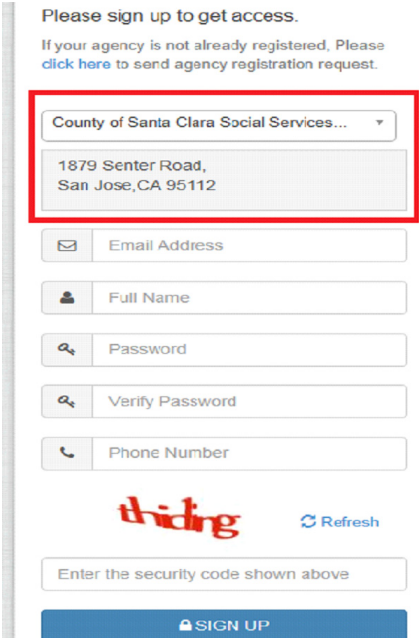
Individual applicants cannot access the New Eyes online voucher portal and must obtain assistance from a social service agency.

The following information is needed from the client:

- Contact information including name, address, phone number and e-mail (if available)
- Monthly income and expenses
- A prescription for eyeglasses from a recent eye exam (within the last 12 months).

If Client. . .	Then Employment Counselor, Eligibility Worker or Social Worker. . .
Requests New Eyes application;	Checks to see if client has an active case.
Does not have an active case;	Refers client to primary care physician, school nurse (child) or house of worship for assistance.
Has an active case;	Asks client for a copy of eyeglass prescription written within the past 12 months.
Does not have prescription;	Asks client to obtain eyeglass prescription and return.

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If Client. . .	Then Employment Counselor, Eligibility Worker or Social Worker. . .
<p>Has prescription;</p>	<ul style="list-style-type: none"> Registers with New Eyes (first time users) using the portal or signs in if already registered. Refer to www.new-eyes.org/onlineapp. Goes to bottom of screen and clicks in blue box. <div data-bbox="643 415 1218 470" style="border: 1px solid blue; background-color: #0056b3; color: white; padding: 2px; text-align: center; margin: 5px 0;"> PLEASE CLICK HERE TO ACCESS THE ONLINE VOUCHER APPLICATION </div> Clicks on the New Agency User link to enter their contact information. If already registered, enters their e-mail address and password. <div data-bbox="649 583 1117 961" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;">  </div> If not registered: Selects Agency: County of Santa Clara Social Services 1879 Senter Road San Jose, CA. and completes information. <div data-bbox="646 1113 1062 1747" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;">  </div>

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If Client. . .	Then Employment Counselor, Eligibility Worker or Social Worker. . .																				
<p>Has prescription (continued)</p>	<ul style="list-style-type: none"> • The registration request will be sent to Santa Clara County’s designated Super User for review. • Once registered or signed in, requests a voucher for the client from the menu on the right side of the screen. The selections are: <ul style="list-style-type: none"> a. Request Voucher: apply for an eyeglass voucher for the client. b. Issued Voucher: view, print or e-mail client voucher. c. Request History: view the voucher requested. d. Rejected Request: lists unapproved applications. • Clicks on “Request Voucher” to complete an application for an eyeglass voucher for the client. • Agency information is automatically filled in. Agency Tax ID = SUGH26-300009. • Enters their information in the Agency Contact Information field before client information can be entered. • Confirms client has had an eye exam within the last 12 months. • Enters information from client’s prescription in the Basic Prescription Details window. • There must be an entry in every field. Enter xxxx for any field that does not have a written value on the prescription. <div data-bbox="662 1213 1218 1444" style="text-align: center; border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">SPHERE</th> <th style="text-align: left; font-size: small;">CYLINDER</th> <th style="text-align: left; font-size: small;">AXIS</th> <th style="text-align: left; font-size: small;">PRISM</th> <th style="text-align: left; font-size: small;">ADD FOR READING</th> </tr> </thead> <tbody> <tr> <td><input style="width: 100px;" type="text" value="+1.5"/></td> <td><input style="width: 100px;" type="text" value="ODS"/></td> <td><input style="width: 100px;" type="text" value="xxxx"/></td> <td><input style="width: 100px;" type="text" value="xxxx"/></td> <td><input style="width: 100px;" type="text" value="xxxx"/></td> </tr> <tr> <td><input style="width: 100px;" type="text" value="+1.5"/></td> <td><input style="width: 100px;" type="text" value="ODS"/></td> <td><input style="width: 100px;" type="text" value="xxxx"/></td> <td><input style="width: 100px;" type="text" value="xxxx"/></td> <td><input style="width: 100px; border: 2px solid red;" type="text" value="xxxx"/></td> </tr> <tr> <td colspan="5" style="text-align: center; padding-top: 10px;"> <input style="background-color: #4a86e8; color: white; padding: 5px 15px; border: none;" type="button" value="SUBMIT"/> </td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • Completes the application with client’s information and submits application online. • Within 5 business days, receives an e-mail from New Eyes informing you if the voucher has been approved or denied. 	SPHERE	CYLINDER	AXIS	PRISM	ADD FOR READING	<input style="width: 100px;" type="text" value="+1.5"/>	<input style="width: 100px;" type="text" value="ODS"/>	<input style="width: 100px;" type="text" value="xxxx"/>	<input style="width: 100px;" type="text" value="xxxx"/>	<input style="width: 100px;" type="text" value="xxxx"/>	<input style="width: 100px;" type="text" value="+1.5"/>	<input style="width: 100px;" type="text" value="ODS"/>	<input style="width: 100px;" type="text" value="xxxx"/>	<input style="width: 100px;" type="text" value="xxxx"/>	<input style="width: 100px; border: 2px solid red;" type="text" value="xxxx"/>	<input style="background-color: #4a86e8; color: white; padding: 5px 15px; border: none;" type="button" value="SUBMIT"/>				
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If Client. . .	Then Employment Counselor, Eligibility Worker or Social Worker. . .
Application is approved;	<ul style="list-style-type: none"> • If the request has been approved, receives New Eyes e-mail with the voucher number and instructions on how to obtain glasses through Marvel Optics. • Forwards voucher number and instructions to client. • Informs clients they must use Marvel Optics' New Eyes web page portal where they will choose from an assortment of frames and complete lens prescription information online (from eyeglass prescription written by the doctor). <p style="margin-left: 20px;">Buy glasses online from Marvel.</p> <ul style="list-style-type: none"> • Under the Payment Methods section, client will fill in voucher number as payment. New Eyes will pay for the full cost of glasses. • Eye glasses may be mailed directly to the client or to the agency for client pick-up. <p style="margin-left: 20px;">Marvel Return policy.</p>
Application denied;	Receives denial e-mail from New Eyes and notifies client.

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If you have questions about the New Eyes online registration or voucher request process, contact New Eyes at info@new-eyes.org or call 973-376-4903.

