

5. Applicant/Agency Responsibility

5.1 Confidentiality

5.1.1 Rule

All applicant/recipient information is confidential and is released only upon written request.

5.1.2 Release of Confidential Information

When the applicant/recipient is present with his authorized representative, no written authorization is required for that particular occasion.

The written authorization must be dated and expires one year later or sooner if the applicant withdraws his authorization in writing. Any limitation or conditions imposed by the client in his authorization must be honored.

5.1.3 Release to Other Agencies

Confidential information may be released to other welfare departments or health agencies without the authorization of the applicant or recipient, provided such agency's records are confidential and the information is necessary to serve the applicant/recipient.

Confidential information may also be released to the following officials without the authorization of the applicant or recipient, providing the request relates to administration of public welfare:

- Grand Jury members
- District Attorney
- County Counsel, and
- Legislative committees.

5.1.4 Release by Telephone Call

If information is released by telephone, the EW must be certain of the identity of the caller.

Information can be released by telephone only if the client and their representative are both on the telephone at the same time.

5.1.5 Release by Court Order

Information may be released by Court Order. The EW must produce the records, advising the legal officer receiving them that they are confidential in nature.

5.1.6 Limited Information Sharing

With the implementation of CalWORKs and the increased involvement of various community partners who are assisting our families in becoming self-sufficient, it is necessary to use an acknowledgment of limited information sharing. An acknowledgment informs our clients that we may share limited information about them and/or the persons for whom they are receiving CalWORKs. The information shared is directly connected to the administration of the CalWORKs program and eligibility to services or benefits provided by community partners.

5.1.7 Acknowledgment Form SCD 103

As part of the Intake and Redetermination (RD) process, it is required that all CalWORKs clients be given an “Acknowledgment of the Limited Sharing of Information for the Administration of the CalWORKs Program” (SCD 103). The client and the Eligibility Worker (EW) are both required to sign and date the SCD 103. The original is to be scanned and indexed to the case and a copy given to the client.

The signing of the SCD 103 is not a condition of CalWORKs eligibility and therefore not mandatory. The client must be informed that refusal to sign will NOT jeopardize their CalWORKs or Medi-Cal benefits.

If the client refuses to sign the SCD 103 after being informed of the benefits other agencies may provide, the EW must document their refusal on the bottom of the form.

5.1.8 Information Sharing between Healthy Families, Healthy Kids and Medi-Cal (CalWORKs)

With the implementation of the Children’s Health Initiative, it has become necessary for our Agency to share Medi-Cal information with others involved in the application process. A consent to release information is to be used to allow the sharing of specific information between the Santa Clara County Social Services Agency, Valley Health and hospital System, and the Santa Clara Family Health Plan to ensure that children access medical insurance through the program that is most advantageous to the family.

5.2 Time Frames (EAS 40-126)

The determination of eligibility, including the gathering of any necessary evidence, must be completed promptly. One of the following must be provided to the applicant within 45 days from the date of application:

- An aid payment.
- A notice of denial.
- An approval notice.

5.2.1 Notification

Within ten calendar days of the date of application, the EW must provide to the applicant a written notification of the required verifications and examples of alternate evidence, if any, which would also be acceptable. This generally occurs during the initial intake interview. The “Request for Verification Form” (CW 2200) must be used to document that the client has received written notification of the necessary verifications.

If the applicant fails to attend the initial interview or requests that the interview be rescheduled beyond the ten days, then the ten-day requirement will be waived.

5.2.2 Delay Beyond 45 Days

The inability to complete the eligibility determination within the 45-day period is not a basis for denying the application, unless the delay is caused by the applicant's refusal to participate in the gathering of the required evidence. The specified time limit may be exceeded in situations where completion of the determination of eligibility is delayed due to circumstances beyond the control of the EW. These situations include:

- The inability on the part of the applicant to provide necessary clarification.
- The application was made prior to the date that the applicant meets the eligibility requirements and the 45-day period terminates before the application is processed.
- The failure or delay on the part of the examining physician to provide the needed information.

5.2.3 “Agency” Caused

“Agency caused” delays are defined as:

- Failure of the EW to timely request essential verification information.
- Failure by the EW to timely review the applicant's application.
- Failure by the Agency to timely schedule the applicant's interview.

5.2.4 “Other” Cause

Any other reason for the delay in processing the application is defined as “Other”.

5.2.5 Combination

When the failure to process the application timely is a result of a combination of “agency” delay and “other” delay, the EW must determine if the application would have been processed in a timely manner but the agency caused the significant delay. If the agency was a significant cause of the delay, the incident would be reported as an agency caused delay.

5.3 Common Case Referrals

Individuals working with a Partnership Employment Technician (ET) or Department of Family and Children Services (DFCS) Social Worker (SW) who are not receiving CalWORKs cash aid may be referred to DEBS Intake offices to apply for cash aid and or other benefits including CalWORKs Employment Services (CWES) services under Family Reunification AB 429.

5.3.1 Priority Case Assignment

If an intake appointment is not available within three to five working days, referrals from the DFCS SW or CWES Partnership ET MUST be given priority assignment.

5.3.2 CalWORKs/DFCS Intake Referral (SCD 1812)

The CalWORKs/DFCS Intake Referral (SCD 1812) is the form used by the Partnership ET and the DFCS SW to refer an individual to apply for benefits.

Once an eligibility determination is made, the Intake Worker must complete the "County Use Only" section of the SCD 1812 and fax the completed SCD 1812 to the designated Partnership ET listed on the SCD 1812.

5.3.3 Request for EW Special Review

If it is believed cash aid was denied in error, the Partnership ET or the DFCS SW Supervisor will contact the DEBS Intake office to request a special case review.

5.4 Deferrals

General

When the individual, family, or child is ineligible at the time of application but it appears there will be eligibility within 60 days, action on the application is withheld (case kept in pending status).

The EW must notify the applicant in writing of the pending status and of the date when we expect to take action (by the end of 60 days or prior, if known). If the applicant is subsequently determined to be eligible, the beginning date of aid (BDA) is determined as provided, [Refer to “Beginning Date of Aid,” page 3-1]] and an approval NOA sent effective that date. If ineligibility results, then the appropriate denial notice must be sent.



Example:

MONTH 1	MONTH 2	MONTH 3
Status: Ineligible	Ineligible	Eligible
Action: Pending	Pending	Pay according to BDA rules.

5.5 Denials

An application is denied when:

- Proof of ineligibility for CalWORKs or for certification for Medi-Cal as medically needed is obtained.

This does not apply when the applicant will become eligible within 60 days of the application. [Refer to “Deferrals,” page 5-5].

- All reasonable facts concerning eligibility are examined without being able to establish eligibility.

- The applicant's whereabouts are unknown (i.e., mail returned, FRED notification).
- The applicant fails to sign the completed SAWS 2.
- The parent refuses to accept reasonable employment or employment related training when either is appropriate.
- The parent who is available for employment and is physically and mentally able to work refuses to participate with Employment Services.
- The applicant establishes residence in another state before the determination of eligibility is completed.
- Failure to cooperate.
- Refusal to cooperate.
- Ineligibility occurs after the legal beginning date of aid but before action is taken to grant aid.

**Example:**

The applicant applies in April, meets eligibility conditions for April, but does not meet eligibility conditions in May. If verifications are not received until May and the EW cannot grant aid in May (because the applicant became ineligible on May 1st) then aid is denied for April and May.

On the other hand, if verifications were received in April and the EW is ready to authorize aid, aid should be granted for April. The approval notice must be returned to the EW and a notation made that eligibility exists for one month only. A discontinuance notice should also be sent effective the end of April as there is no eligibility in May.

5.5.1 Refusal to Cooperate

If the applicant refuses, either orally or in writing, to cooperate in the investigation of eligibility, the EW must deny the application for refusal to cooperate.

5.5.2 Failure to Cooperate

An application must be denied for failure to cooperate when a presumption of noncooperation is made, unless the applicant made an obvious refusal.

The EW must allow sufficient time for the applicant to secure and provide the requested verification. The applicant must be allowed at least 10 days from the date of the request/notification to provide the verification.

5.5.3 Rescission of Denial [EAS 40-126.342]

Rule

The applicant's beginning date of aid is based upon the initial application date when:

- The initial application was denied for failure to cooperate, and
- The applicant reapplies within 30 calendar days from the date of the initial denial, and
- The applicant provides the requested verification.



Example:

An individual applies for CalWORKs on August 5, and it is determined that they own property which may cause the family to be ineligible. The EW gives the individual a "Verification Checklist" (CSF 78), stating that they must provide evidence of the value of the property. A return appointment is scheduled for two weeks (August 19), based upon the applicant's statement that the evidence could not be secured until that date.

The applicant does not keep that appointment, however the following day the applicant calls and reschedules the appointment for August 27. The applicant misses the second appointment and the EW sends another CSF 78, stating what is needed and giving the applicant an additional ten days, until September 6th.

The applicant does not respond to the EW's letter, so the EW denies the application for failure to cooperate.

If the applicant were to reapply within 30 days from the date of the denial (before October 6), eligibility must be cleared and the beginning date of aid is based upon the original application.

5.6 Withdrawals/Cancellations

5.6.1 Withdrawals

An application can be withdrawn only upon the voluntary initiative of the applicant or person applying on his behalf. The "Informal Application Refusal" (SCD 166) must be completed and the proper denial Notice of Action (NOA) sent.

If the applicant refuses to sign anything, the application can still be withdrawn; however, the EW must provide a proper NOA.

5.6.2 Cancellations

An application shall be considered canceled if the applicant dies before the determination is completed. A NOA denying the application must be sent.

5.7 Verification

Documentation of verification to support linking and non-linking factors of eligibility must be made in the **Maintain Case Comment** window of CalWIN. The EW must only require verification necessary to establish current or past CalWORKs eligibility, grant amount or the delivery of a current aid payment.

Any verification obtained from the Federal Hub and already on file for Medi-Cal purposes may also be used as verification for the CalWORKs program. However, verification cannot be requested solely for CalWORKs purposes.

5.7.1 "Request for Verifications" form CW 2200

The "Request for Verification" form CW 2200 must be given to the applicant/recipient when verification is needed to establish eligibility for CalWORKs.

5.7.2 Payment of Fees (W & I Code Section 11275.10(b) and EAS 40-126.332

For the CalWORKs program, if it is necessary to pay a fee imposed by a third party to obtain the verification, the County must pay that fee on behalf of the applicant or recipient.

5.7.3 Securing Verification

Securing verification is the joint responsibility of the applicant and the EW. The following steps must be taken:

STAGE	WHO DOES IT	WHAT HAPPENS
1.	Eligibility Worker	Informs the applicant of what verification is needed, why it is needed, and how it will be used.
		Gives this information verbally. Uses the "Request for Verification Form" CW 2200, to request the information in writing and the date the verification is due.

STAGE	WHO DOES IT	WHAT HAPPENS
2.	Applicant	Cooperates with the EW to fullest extent possible.
		Makes a good faith effort to obtain the requested verification.
		Notifies the EW of problems which occur in securing the necessary verification.
3.	Eligibility Worker	Assists the applicant in obtaining necessary verification of eligibility from a third party. Pays any applicable fees to the third party on behalf of the applicant.
		Follows current procedures to secure necessary birth verification or financial institution balances.
		Keeps the application pending as long as the applicant is assisting in the verification process.
		Approves the application when the family provides all necessary verification and complies with all eligibility requirements.
		Denies the application when the applicant refuses or fails to cooperate.

5.7.4 Return of Documents

All personal documents received from the applicant must be promptly returned to the applicant after the pertinent information has been scanned and indexed to the case.

5.7.5 Release of Information

An “Authorization to Release Information” (SCD 1029), signed by the applicant and, if necessary, by the spouse, must be obtained for each outside contact. This release must list the specific purpose of the contact as well as the name of the individual or agency contacted. Verification obtained from public records does not require a release of information.

5.7.6 SCD109 "Clerical Check Sheet"

The EW must complete the “Clerical Check Sheet” (SCD 109) and give it to the designated clerk who will request copies of the verification. Tickle the case or use the flash form for the continuing EW to follow-up.

5.7.7 SCD 101 "General Affidavit"

For certain types of verification, the applicant/recipient may sign a “General Affidavit” (SCD 101). The EW must:

- Document the justification for the use of the affidavit on the **Maintain Case Comments** window of CalWIN.
- Explain to the client the purpose of the SCD 101 and the penalty for perjury.

**Note:**

When a client completes the SCD 101, the EW must sign and date the bottom left hand section as the witness to the client's statement and signature. If this is not completed in the presence of the EW, it should be notarized by a notary public. When the witness section is not completed it is not truly an affidavit.

See individual sections in this handbook for the type of evidence which must be obtained for proper verification.

5.7.8 Collateral Contacts

Well-documented collateral contacts are acceptable verification under some circumstances. When the client is unable to obtain verification of any fact, the EW must assist the client by making a collateral contact. A signed SCD 1029 authorizing the contact must be on file. The EW must document the following:

- Why the client is unable to get the information,
- To whom they spoke and the individual's title,
- The date of the conversation, and
- The information received or any other pertinent details.

Whenever possible, the EW must follow up the telephone conversation by getting written verification of the facts. The EW must create a user alert within CalWIN to ensure receipt of the requested information and for any other necessary follow-up.

5.8 Verification needed to Establish Eligibility

5.8.1 Deprivation

When determining deprivation, EWs must explore eligibility under ALL possible aid categories.

Deceased

Verification of death (death certificate or other) must be in the case record.

If the only available verification is the client's affidavit (e.g., the parent died in Vietnam and no records are available), the affidavit must be approved by the District Office Manager.

Explore the possibility of Social Security Survivor's Benefits with the applicant. [\[Refer to "Deprivation of Parental Support or Care \[41-400\]," page 11-1\]](#).

Incapacity

Current medical verification must be on file. [\[Refer to "Deprivation," page 11-1\]](#).

Absence

CW 2.1's must be completed and signed for each absent parent and for the parents of minor parents.

Referrals to the Local Child Support Agency (LCSA) must be made, unless the applicant wishes to claim good cause.

If less than a 30-day break in aid, no LCSA referral is needed unless new information is available.

Unemployed

All U-parents must file a claim for UIB. Verification of the claim must be on file.

A "Request for Information From Employer" (SCD 549) must be on file if the parent has quit or lost a job within last 6 months.



Note:

The applicant U-parent must have worked less than 100 hours in the four weeks (28 calendar days) prior to the beginning date of aid.

5.8.2 Age, Residence and Citizenship

Verification of age, residence, citizenship and/or "qualified alien" status for each individual must be provided and on file. All school age children (aged 6 - 17, 18, if applicable) must meet the school attendance requirement.

The unmarried minor parent under the age of 18 must live in an appropriate adult supervised living arrangement, or meet an exception in order to receive CalWORKs for themselves and their child.

5.8.3 Birth Certificates

Birth certificates or other acceptable verification must be on file for all AU members.

If the applicant's/recipient's birth certificates are viewed, but cannot be scanned, the pertinent information listed below must be recorded on a blank sheet of paper and scanned and indexed to the case.

- The issuing authority (state, county, church, etc.)
- Name of child
- Name of father and mother
- Date of birth
- Place of birth
- Any identifying information including all identifying numbers.

If unable to provide acceptable verification at the time of application, a "General Affidavit" (SCD 101) must be obtained from the parent for all children in the AU. Birth certificates can be obtained by our agency, following the procedures in "Clerical Check Sheet" SCD 109.

Set up the case giving the applicant 90 days in which to obtain birth certificates for all family members included in the AU. Create a User Alert in CalWIN to follow up prior to the due date.

5.8.4 Identification

The identity of all adult CalWORKs applicants must be verified **in person** to complete the application and eligibility determination process with limited exceptions. The identity requirement also applies to CalWORKs application interviews completed telephonically or through other electronic means.

Exceptions to In-Person Identification

CalWORKs applicants who received CalFresh, Medi-Cal, or CalWORKs prior to July 1, 2018, who are already known to the Statewide Automated Welfare System (SAWS) and whose photo identification is part of their electronic case records, are not required to come in-person to the office to resubmit their photo identification as part of the verification process, unless the worker has reason to request in-person identity verification in the course of gathering of documentation necessary to make an eligibility determination. Continuing current practice, when evidence of identity is conflicting, inconsistent or incomplete, workers must require in-person identity verification of applicants, even if already known to the SAWS, to confirm eligibility.

Immediate Needs

A county may issue benefits to a CalWORKs applicant prior to the applicant presenting his or her photo ID in person, under limited circumstances:

- If the applicant is in immediate need of benefits, the county shall verify the applicant’s eligibility for aid and verify their identity within 15 working days from the date of receipt of the Immediate Need payment request.
- When acceptable photo ID does not exist, an applicant’s sworn statement under penalty of perjury regarding identity will be considered sufficient temporarily. The applicant must still present his or her photo identification in-person within 15 working days for benefits to be continued.

5.8.5 Employment Services

The “Welfare to Work Core and Non-Core Activities” form (SCD 298) must be given to all CalWORKs applicants and recipients at intake and redetermination.

5.8.6 Income Eligibility

Income eligibility must be established prior to approval of aid. The client must apply for all sources of potential income. [Refer to “Potentially Available Income [EAS 82-610, 44-103],” page 26-5]]. Verification of income must be on file.

5.9 Case Record Forms

5.9.1 Mandatory Forms

The following forms must be scanned and indexed into each case as appropriate:

FORM NUMBER	FORM NAME
CW 2200	"Request for Verification"
SCD 41	"Identification & Intake Record"
SAWS 1	"Application for Cash Aid, Food Stamps, and/or Medical Assistance"
SAWS 2A	"Important Information (Rights & Responsibilities)"
SAWS 2	"Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal/CMSP"
SCD 1264	"Language Survey-Interpreter/Translation Request"
IEVS Abstract	Individual Inquiry Screen

FORM NUMBER	FORM NAME
SCD 103	"Acknowledgment of the Limited Sharing of Information for the Administration of the CalWORKs Program"
SCD 115	"Consent to Exchange/Release Information"
WTW 5	"Welfare to Work Informing Notice"

5.9.2 Other Forms

The following forms may or may not be required in the case record: (This list is not intended to be all inclusive.)

FORM NUMBER	FORM NAME
CW 2.1	"Child/Spousal and Medical Support Notice and Agreement"
CW 2.1Q SCD 95 CW 371	"Support Questionnaire" "Paternity Affidavit" "Referral to DA for Action" Reminder: These forms MUST be completed and a referral made to the LCSA when a child's parents are unmarried, living together and paternity has never been established by court order.
CW 22	"Alien Sponsor Statement of Facts Regarding Income and Resources"
CW 23	"Statement of Facts - Senior Parent"
CW 24	"Sponsoring Agency or Organization's Statement of Facts Regarding Ability to Meet the Alien's Needs"
CW 25	"Supplemental Statement of Facts - Minor Parent"
CW 25A	"Payee Agreement for Minor Parent"
CW82	"Agreement to Sell Property"
SCD 173	"Time on Aid Screening Form"
SCD 298	"Welfare to Work Core and Non-Core Activities"
SCD 549	"Request for Information From Employer" (for ANY parent who has quit or lost a job within last 6 months)

5.10 Loss of Contact/Whereabouts Unknown

When whereabouts of the AU are unknown, the EW must attempt to contact the applicant/recipient to verify residency. If the AU does not report a change of address verbally, in writing, or on their SAR 7 form, and mail sent to the only known address returns as undeliverable or without any forwarding address, the EW must attempt to reach the AU to resolve the conflicting information. If mail has been

returned as “undeliverable” or “addressee unknown” and the client submits a SAR 7 without reporting a change of address, the EW must send a notice of incomplete SAR 7 form. After this notice, and the documented Balderas attempt at personal contact, the EW shall discontinue cash aid at the end of the reporting period.

Mid-quarter action can be taken to terminate aid when mail has been returned as “undeliverable” or “addressee unknown” if it is determined after notice and the documented Balderas attempt at personal contact that the client has moved out of California. If it is determined after notice and the documented Balderas attempt at personal contact that the client has moved to another county, an Inter-County Transfer (ICT) should be initiated. If the EW is unable to contact the client to verify whereabouts, then deny or discontinue cash aid by the end of the month in which contact is attempted. A 10-day Notice of Action (NOA) is not required.

The EW must document the following:

- How the contact was made,
- The outcome of the contact,
- To whom the EW spoke and the individual’s relationship with the client,
- The date of the contact and or conversation, and
- Any information pertinent to the contact.

5.10.1 Returned Mail

When mail sent to a client is returned from the Post Office due to an unknown forwarding address, the EW must attempt to contact the client by phone and take actions as follows:

STAGE	WHO	ACTION		
1.	EW	<ul style="list-style-type: none"> Receives returned mail from Post-Office Scans returned mail in IDM under "F6" Attempts to contact the client by telephone, if available 		
		IF.....	AND....	THEN ...
2.	EW	There is a phone number on file,	Contact is made with the client and he/she still lives in the same address,	<ul style="list-style-type: none"> Informs the client of returned mail and ask her/him to contact the post office. Documents any new information received.
		There is a phone number on file,	Contact is made with the client and the client has moved,	<ul style="list-style-type: none"> Changes the client's address. Initiates the ICT process if the client has moved to another county. [Refer to CalWORKs H.B. Chapter 10]. Documents case comments.
		There is a phone number on file,	Phone contact is unsuccessful,	<ul style="list-style-type: none"> Discontinues the CalWORKs program by the end of the month for "Whereabouts Unknown." <p>Note: A 10-day NOA is not required.</p> <ul style="list-style-type: none"> Documents all action taken in the Maintain Case Comments window.
		There is NO phone number on file,		<ul style="list-style-type: none"> Discontinues the CalWORKs program by the end of the month for "Whereabouts Unknown." <p>Note: A 10-day NOA is not required.</p> <ul style="list-style-type: none"> Documents all action taken in the Maintain Case Comments window.

5.10.2 CWES Mailer Returned

When a CalWORKs Employment Service (CWES) mailer is returned, the following steps must be taken
 When a CWES mailer is returned, the following steps must be taken:

:

STAGE	WHO	ACTION		
1. 2.	CWES	<ul style="list-style-type: none"> Receives returned mail from Post-Office Scans returned mail in IDM under "CWES F10" Attempts to contact the client by telephone, if available 		
		IF.....	AND....	THEN....
		There is a phone number on file,	Contact is made with the client,	<ul style="list-style-type: none"> Forwards an email to the EW and EW Supervisor with any new address information. Documents any new information received.
		There is a phone number on file,	Phone contact is unsuccessful,	<ul style="list-style-type: none"> Forwards an email to the EW and EW Supervisor to discontinue for "Whereabouts Unknown", if appropriate. Documents outcome of phone contact and request to discontinue the case.
		There is NO phone number on file,		<ul style="list-style-type: none"> Forwards an email to the EW and EW Supervisor to discontinue for "Whereabouts Unknown", if appropriate. Documents outcome of phone contact and request to discontinue the case.
2.	Eligibility Worker	<ul style="list-style-type: none"> Receives an email from CWES that the client's whereabouts is unknown." Discontinues the CalWORKs program by the end of the month., or takes appropriate action as indicated by CWES worker (Responds to the initial CWES email if CalWORKs is not being discontinued and the reason). Note: A 10-day NOA is not required for a discontinuance. Initiates 'ex parte' review for the Medi-Cal program and ensures that Transitional Food Stamps (TFS) is established in CalWIN. [Refer to CalWORKs Handbook Section 5.9.6], [Refer to Medi-Cal Handbook Section 8.10]. 		

5.11 Medi-Cal Eligibility

One of the EW's responsibilities is to explore actual and potential Medi-Cal needs of each applicant/recipient, and assist the recipient in arranging for needed health care from the appropriate sources.

Frequently there are instances in which cash aid is not authorized until the month following the month of application. Even though cash is not authorized until the 2nd month, Medi-Cal should be authorized for that initial month, if eligible.

5.11.1 Retro Medi-Cal

As part of the Intake process, the EW is responsible for exploring the possibility of retro Medi-Cal needs, which may have occurred within 3 months prior to the date of application/reapplication.

IF the applicant...	THEN the EW...
Has incurred medical treatment within that time span,	Must offer to take a retro Medi-Cal application. Use the "Supplement to Statement of Facts for Retroactive Coverage/Restoration" (MC 210 A).
Does not wish to apply for retro Medi-Cal,	Should have an "Informal Application Refusal" (SC 166) signed, scanned and indexed to the case. Document the clients declining of retro Medi-Cal benefits in the "Case Comments" window of CalWIN.

5.11.2 "Ex Parte" Review

"Ex Parte" means that the Medi-Cal-Only eligibility determination is made based on the information contained in the case record WITHOUT THE INVOLVEMENT OF THE CLIENTS unless the EW cannot make an accurate determination of Medi-Cal eligibility during the "ex parte" process due to insufficient information/verification. All reasonable efforts must be made by only using information/verification from ALL case information available (i.e., Food Stamp, General Assistance, Foster Care, In Home Supportive Services, Medi-Cal, etc.).

Medi-Cal coverage under *Edwards* must be continued during the "ex parte" review process during which time, individuals must be evaluated for ongoing Medi-Cal and transferred to the appropriate Medi-Cal program." Ex parte" review has replaced the *Edwards* process for CalWORKs and Medi-Cal cases.



Exception:

When a CalWORKs case is denied at intake and an "ex parte" review is required, the case is NOT set up on *Edwards*. Follow the "ex parte" time frames.

"Ex Parte" Review Required

The "ex parte" review process will now be utilized for all of the following:

- Cases in *Edwards* Status
- CalWORKs denials/discontinuances
- Diversion approvals/denials
- Medi-Cal Annual Redeterminations.

"Ex Parte" Review NOT Required

No "ex parte" review is necessary when persons are discontinued from CalWORKs for one of the following reasons:

- Death
- Recipient's written request to discontinue Medi-Cal benefits
- Incarceration
- Loss of California Residency
- The individual is transitioning into another PA program that provides Medi-Cal benefits.



Note:

Other family members in the case must be reviewed for ongoing Medi-Cal eligibility.

Information Sources

Information/verifications available to the EW through the following resources must be used in the "ex parte" process when determining Medi-Cal eligibility:

- Income Eligibility Verification System (IEVS)
- Systematic Alien Verification for Entitlements System (SAVE)
- Employment Development Department/State Disability Insurance (EDD)/(SDI)
- State Data Exchange (SDX)
- Beneficiary Data Exchange (BENDEX).

5.11.3 Cash Aid Denied

The EW must make every effort to determine eligibility for Medi-Cal Only benefits when the:

- CalWORKs application is denied

- Diversion application is approved or denied
- Applicant has withdrawn the CalWORKs application.

In situations where cash applicants do not qualify for cash, Medi-Cal eligibility must be explored.

If ...	And	Then ...
The client wishes to receive Medi-Cal,	The CalWORKs denial is due to failure to complete the CalWORKs interactive interview and/or sign the SAWS 2,	No "ex parte" review of Medi-Cal Only eligibility will be conducted.
The client wishes to receive Medi-Cal,	They have completed the interactive interview and signed the SAWS 2,	The EW is responsible for denying the cash aid application.
		The EW must review the client's information through the "ex parte" review process.
		The EW must set up Medi-Cal based on the "ex parte" process. Note: Once the "ex parte" is completed and eligibility for Medi-Cal Only benefits is established, the annual redetermination date will be 12 months from the date of the CalWORKs application.
The client wishes to receive Medi-Cal,	The CalWORKs denial is due to the applicant's failure to provide information and/or verification,	The EW must determine if the missing information/verification is relevant to an accurate Medi-Cal ONLY eligibility determination.
		The EW must evaluate for other Medi-Cal program eligibility without the additional or missing information/verification.
The applicant does not wish to pursue Medi-Cal,		The EW should obtain an "Informal Application Refusal" (SC 166) signed by the applicant and scan and index to the case.
Aid is discontinued for a family due to financial ineligibility or excess property, or due to lack of deprivation,		It is the EW's responsibility, as part of the Intake or Continuing process, to explore continued Medi-Cal eligibility.
The family desires continued Medi-Cal coverage,		They must be evaluated for ongoing Medi-Cal eligibility.

5.11.4 Cash Aid Discontinued

Appropriate actions must be taken for all discontinued CalWORKs cases.

If...	Then...
CalWORKs is discontinued for a reason that does NOT affect Medi-Cal eligibility,	Immediately convert the case to Section 1931(b) and continue Medi-Cal eligibility.
CalWORKs is discontinued for a reason that DOES affect Medi-Cal eligibility,	Allow the case to convert to <i>Edwards v. Kizer</i> , but do NOT send an <i>Edwards</i> packet to the client.
A Medi-Cal case is in <i>Edwards v. Kizer</i> status,	Complete an "ex parte" review and transfer individuals to the appropriate programs prior to MEDS Cut-Off of the second <i>Edwards</i> month. REMINDER: DO NOT ALLOW CASES TO REMAIN IN <i>Edwards v. Kizer</i> STATUS LONGER THAN TWO MONTHS.

Evaluation Chart

The chart below describes the appropriate action required when CalWORKs is discontinued:

Reason For CalWORKs Discontinuance	Section 1931(b)	Edwards v. Kizer	"Ex Parte" Review Required
Failure to Provide the SAR 7	Yes	No	No
Non-Cooperation with the following requirements <ul style="list-style-type: none"> • Immunization • School attendance • Welfare-to-Work Requirements • Statewide Fingerprint Imaging System (SFIS) 	Yes	No	No
Excluded because the individual is: <ul style="list-style-type: none"> • A fleeing felon • Convicted of Intentional Program Violation (IPV). 	Yes	No	No
Expiration of CalWORKs Time Limits	Yes	No	No
Failure to Complete the CalWORKs Redetermination (RD)	No	Yes	Yes
Loss of Contact/Whereabouts Unknown	No	Yes	Yes
The Only Eligible Child Leaves the Home	No	Yes	Yes
Change in Household Composition that has resulted in non-cooperation with the information gathering requirements for the CalWORKs AU	No	Yes	Yes
Change in Household Circumstances that affect Medi-Cal Eligibility	No	Yes	Yes
Property Exceeds the Limits	No	Yes	Yes
Income Exceeds the Limits	No	Yes	Yes
Failure to Cooperate with Child Support Requirements	No	Yes	Yes

5.11.5 Transfer to Section 1931(b) Medi-Cal

The implementation of welfare reform, January 1, 1998, de-linked the CalWORKs and Medi-Cal programs and created the Section 1931(b) Medi-Cal Program. When CalWORKs is approved, Medi-Cal eligibility under Section 1931(b) is established. However, a discontinuance of CalWORKs benefits does not always mean discontinuance from Section 1931(b) Medi-Cal is appropriate.

Persons who are discontinued from CalWORKs must continue to receive ongoing Medi-Cal benefits under Section 1931(b) when the CalWORKs discontinuance reason does NOT affect Medi-Cal eligibility.

CalWORKs cases discontinued for reasons that do not affect Section 1931(b) Medi-Cal program eligibility must continue eligibility until the next annual redetermination. These cases must not be allowed to convert into *Edwards*. The following reasons DO NOT affect ongoing Section 1931(b) Medi-Cal eligibility, and discontinuance is NOT appropriate.

- Non-cooperation with the following requirements:

- Immunization
 - School attendance
 - Welfare to Work participation
 - “Statewide Fingerprint Imaging System” (SFIS).
- Excluded because the individual is:
 - A fleeing felon
 - Convicted of an Intentional Program Violation (IPV)
 - Failure to provide the SAR 7
 - Expiration of the 48 month time limit for receipt of CalWORKs benefits.

**Note:**

Incomplete SAR 7s must be evaluated for the appropriate action. If the incomplete/missing information only affects CalWORKs eligibility and does not affect ongoing Medi-Cal eligibility, then the case must be converted to Section 1931(b).

**Example:**

Missing check stubs or missing signatures do not affect Section 1931(b) Medi-Cal eligibility. Only one pay stub is needed for Medi-Cal. If the income has not changed, then no check stubs are necessary.

Missing bank statements are only necessary to continue Medi-Cal for parents. Allow two months of *Edwards* for parents and transfer children to the property waiver program.

CalWORKs cases discontinued for reasons that affect the Section 1931(b) Medi-Cal program eligibility will be converted into *Edwards*. After *Edwards*, the CalWORKs worker must determine on going Medi-Cal eligibility by completing an “ex parte” review.

5.11.6 ***Edwards* Medi-Cal**

When a CalWORKs case is discontinued the case is automatically converted to *Edwards* by the fifth working day of the following month.

Edwards continues to be a “transitional” program for persons discontinued from CalWORKs. However, the completion of an *Edwards* packet is NO LONGER REQUIRED for continuation of Medi-Cal. Instead, an ex-parte review is required for discontinued CalWORKs cases that are in *Edwards* Medi-Cal.

**Note:**

Foster Care must use the MC 210 RV in the *Edwards* process.

CalWORKs cases discontinued due to "Loss of Contact/Whereabouts Unknown" must continue under *Edwards* and an "ex parte" review is required.

Procedures for Cases in *Edwards* Status

The "ex parte" review process has replaced the *Edwards* process. An "ex parte" review to determine ongoing Medi-Cal eligibility is ALWAYS required whenever former CalWORKs individuals are placed into *Edwards*.

Follow the procedures below for discontinued CalWORKs cases:

REASON FOR CALWORKS DISCONTINUANCE	REQUIRED ACTION
Failure to complete the annual CalWORKs Redetermination	Complete a Medi-Cal annual redetermination using the "Medi-Cal Redetermination" (MC 210 RV) to request the necessary information.
Increase in Income	Evaluate for Section 1931(b), TMC, Four-month Continuing, FPL Programs, CEC or AFDC-MN/MI.
Loss of Contact/Whereabouts Unknown (Returned Mail)	Attempt to contact the client by phone.
	Send a "Request for Information" (MC 355) to the last known address following the procedures described below. Advise the client to contact the EW to update their current living situation.
	If a change of address is posted on the returned envelope by the Post Office, use the new address.
	If the "ex parte" process and all attempts to contact the client are unsuccessful, discontinue the case. Mail the 10-day NOA to the last known address.
The only eligible child leaves the home	Review for linkage under all other Medi-Cal aid categories, including disability. If the client alleges disability, send a referral to DAPD. If no linkage exists, discontinue with a 10-day NOA.
<p>A change in household composition that results in non-cooperation with CalWORKs AU requirements</p> <p>Example: Absent parent returns to the home and fails to provide information/verifications to the CalWORKs EW. The correct grant amount for the AU cannot be calculated.</p>	<p>Attempt to obtain information and/or verifications necessary for an accurate eligibility determination.</p> <p>The reason for contacting the individual must be documented in the "Case Comments" window of CalWIN.</p>

5.11.7 Annual Medi-Cal Redetermination

The next Medi-Cal annual redetermination date will remain unchanged from the CalWORKs redetermination date, and should be no earlier than 12 months from the date of the most recent CalWORKs annual redetermination. If no such annual CalWORKs redetermination has been conducted, then the next Medi-Cal annual redetermination date will be 12 months from the date cash aid was granted.



Example:

CalWORKs case is approved for cash aid in February. The case is discontinued July 31, due to failure to provide the semi-annual income report (SAR 7). Case is then converted to Section 1931(b) Medi-Cal effective August 1. The annual redetermination for Section 1931(b) is due in February which is 12 months from the date cash aid was granted.

5.11.8 Clients Alleging Disability

When an individual discontinued from CalWORKs or Medi-Cal alleges that he/she is disabled, and there is no other basis for ongoing eligibility, EWs must continue Medi-Cal benefits and pursue linkage by initiating a referral to "State Programs - Disability and Adult Programs Division" (SP-DAPD).



Note:

Clients must meet the "Disability and Adult Programs Division" (DAPD) referral criteria (i.e. "Substantial Gainful Activity" [SGA]) before initiating a DAPD referral and continuing Medi-Cal on the basis of alleged disability. Refer to Medi-Cal Handbook Chapter 27.

IMPORTANT: Verification of Incapacitated Parent deprivation does not necessarily mean disability criteria exists.

STEP	ACTION
1.	Complete the "Screening Form/SP-DAPD Applicants" (SC 96).
2.	Determine if the individual has a share-of-cost by completing the MC 176 M. Note: Do NOT allow "Aged, Blind and Disabled" (ABD) income deductions. Only after the SP-DAPD determines that the client is disabled will the ABD income deductions be allowed.
3.	Enter the share-of-cost amount in the appropriate CalWIN window.
4.	Transfer the individual into the appropriate program.
5.	Begin the process of making a referral to SP-DAPD immediately, by having the client complete the "Applicant's Supplemental Statement of Facts for Medi-Cal" (MC 223) and "Authorization for Release of Medical Information" (MC 220).
6.	Transfer the individual into the appropriate disability-based program if the disability is confirmed by SP-DAPD, and send an approval NOA.
7.	Discontinue Medi-Cal with a 10 day NOA if the disability is denied, or the recipient fails to supply requested information to the EW or the SP-DAPD within the applicable time frames, provided that all other eligibility linkage factors have been exhausted.



Reminder:

EWs must provide assistance to the client in completing the necessary forms, if requested.

The following applies when clients claim disability and a DAPD referral is initiated.

If the DAPD referral is initiated at...	Then the individual ...
Intake,	Is set up on a pending status DAPD program.
	Follow current procedures in transferring cases to continuing.
Continuing,	Is transferred into the appropriate program.
	Continue Medi-Cal benefits during the DAPD evaluation period.

5.11.9 Request for Information

When there is insufficient information on file to determine ongoing Medi-Cal eligibility, the EW must first contact the client by phone to request the needed information. If the phone contact is unsuccessful, the EW must send a written request using the “Medi-Cal Request for Information” (MC 355) which includes an informational cover letter required by SB 87.



Reminder:

The written request for information/verification must NEVER be combined with a discontinuance notice.

EWs may not request information/verifications from clients that:

- Has been provided within the last 12 months
- Is not subject to change (i.e., Identification, Social Security Card, etc.)
- Is available for verification by eligibility staff
- Is not necessary for completing a Medi-Cal eligibility determination.



Note:

This includes information/verifications currently on file in ALL active case records of the individual and their immediate family members and/or any case records that have been closed within the last 45 days.

Follow the procedures below if additional information is needed in order to determine ongoing Medi-Cal eligibility. The exact reason for contacting the client must be documented in the Case Comments window of CalWIN.

If...	Then...
The EW is unable to make an accurate eligibility determination through the "ex parte" process,	An attempt must be made to reach the family by phone to request the necessary information/verification.
The "ex parte" process and attempted phone call are unsuccessful,	Send the MC 355 requesting the information needed to complete the Medi-Cal eligibility review.
The individual fails to respond to the request for information or does not provide the necessary information/verification within the required time frames listed below,	Evaluate for other Medi-Cal program eligibility without the additional information/verification (i.e., Property Waiver Program).

"Ex Parte" Time Frames

Allow twenty (20) calendar days from the date the MC 355 or MC 210 RV is sent for the client to respond.



Note:

MC 355 is used to request additional information/verification if the EW cannot make an accurate Medi-Cal eligibility determination through the "ex parte" process. The MC 355 is NOT used in place of the MC 210 RV or the SAWS 2. Completion of an MC 210 RV is required for CalWORKs cases discontinued for failure to complete annual reinvestigation. Completion of SAWS 2 is required at intake to conduct an "ex parte" review.

If...	Then...
The requested information is not received within the 20 day time frame,	The intake EW evaluates Medi-Cal eligibility without the additional information/verification.
	Deny the Medi-Cal application if the missing information/verification affects Medi-Cal and eligibility cannot be established.
	The continuing EW must follow current procedures to begin adequate and timely discontinuance of Medi-Cal benefits.
The requested information is received incomplete within the 20 day time frame,	The EW must attempt to contact the client either by telephone or by sending a "Notice to Communicate With Client" (SC 50).
	Allow an additional ten (10) days for clients to provide the requested information.
The client does not comply within 10 days from the date of the EW contact,	The intake EW denies the Medi-Cal application.
	The continuing EW must follow current procedures to begin adequate and timely discontinuance of Medi-Cal benefits.

If...	Then...
The requested information is received but the MC 210 RV is not returned,	The EW must attempt to contact the client either by telephone or by sending a "Notice to Communicate With Client" (SC 50).
	Allow an additional ten (10) days for clients to provide the requested MC 210 RV. Note: MC 13 and MC 219 are also required if not yet on file.
The requested information is received AFTER the Medi-Cal case has been discontinued, but within 30 days from the discontinuance/denial date,	Evaluate ongoing Medi-Cal eligibility using the information received and rescind the discontinuance/denial if eligibility exists, otherwise case remains discontinued/denied.
The requested information is received and eligibility does not exist,	The intake EW denies the Medi-Cal application.
	The continuing EW must follow current procedures to begin adequate and timely discontinuance of Medi-Cal benefits.
The reason for the Medi-Cal eligibility review is loss of contact and the MC 355 or MC 210 RV is returned with no forwarding address/marked undeliverable,	The EW will discontinue the Medi-Cal case and send an immediate discontinuance NOA to the last known address.

5.11.10 Exhausting All Avenues of Eligibility

When conducting a review of eligibility caused by a change in circumstances, EWs must consider eligibility under ALL possible aid categories, beginning with no share-of-cost Medi-Cal categories.



Reminder:

Children are protected under Continuous Eligibility for Children (CEC) if the "ex parte" review reveals a change in circumstances resulting in a share-of-cost or ineligibility for Medi-Cal, until the next annual redetermination or their 19th birthday, whichever occurs first.

If, after completion of the "ex parte" process, eligibility under all categories fails, the EW must send an MC 355 explaining that new information/ verification such as pregnancy, incapacity, or disability may provide a potential basis for eligibility which was not apparent in the "ex parte" review.

5.12 Determining County of Responsibility

The county where the applicant lives is responsible for:

- Accepting the application, and
- Taking all actions necessary to determine eligibility or ineligibility, and

- Granting or denying aid benefits.

The county where the applicant is physically present when the application is made is considered to be where the applicant lives.

Exceptions

The following exceptions apply:

IF an applicant ...	THEN the individual is considered ...
Is in one county but has previously resided in another county and expects to return to the other county within 45 days,	A resident of the other county.
<p>Example: Applicant applies in Santa Clara County. She left Sonoma County 3 days ago and plans on returning to Sonoma County in 3 weeks. She is considered a resident of Sonoma County.</p>	

IF an applicant ...	THEN the individual is considered ...
Is an inpatient in a state hospital or who has been released from inpatient status from such a hospital for a period of less than three years,	To live in the county from which the individual was admitted.
<p>To determine the three year period:</p> <ul style="list-style-type: none"> • The three years start on the day following the patient's release from the hospital and this period is not considered to be interrupted by a temporary period of rehospitalization in a state hospital which is for 10 days or less. • At the end of the three-year period following release from the state hospital, the county of residence is determined in the same manner as for any other applicant. 	

IF an applicant ...	THEN the individual is considered to ...
Is an inpatient in a public or private institution,	Live in the county from which they were admitted for as long as inpatient status continues.
Has had to secure treatment and is currently receiving care in a medical facility which is outside of the county the client normally resides,	Live in the county in which a living arrangement was maintained outside of a medical facility.
Is absent from the state but retains California residency,	Reside in the county where living prior to leaving the state.

5.13 Client Resides in Another County

5.13.1 Informing

The applicant must be informed of:

- The correct county where the application is to be processed, and
- The time frames involved, should the applicant wish to complete the process here.

**Note:**

The applicant should be given sufficient information to locate the appropriate office in the correct county.

5.13.2 Courtesy Application

When the applicant wishes to make the application in this county, the EW must take a courtesy application (date-stamped) and forward it to the correct county of residence.

- This includes securing the application, SAWS 1, the Statement of Facts, SAWS 2, and any other pertinent information or verification.
- The EW must also assist in determining initial and continuing eligibility as requested.

The county of responsibility must accept the application, determine eligibility and grant aid if eligibility is established.

When the applicant applies in this county and indicates they may move to another county, the application is processed in this county. When the client then moves to a new county the ICT procedures are followed.

5.14 Quality Control Cooperation Requirements

5.14.1 Quality Control Review

The QC review is a state-mandated system for determining the extent of and reasons for errors in the determination of eligibility and payments.

5.14.2 Annual Review Period

For QC purposes the annual review period is October 1 through September 30.

5.14.3 Rules

A CalWORKs applicant/recipient is responsible to cooperate with Quality Control (QC) should their eligibility case be selected for review.

The EW must inform the client of this requirement during:

- Each initial application interview.
- Each annual redetermination interview.

When an individual in the AU or a non-needy caretaker relative refuses to cooperate in a QC review the entire AU is ineligible and the case discontinued.

5.14.4 Failure to Cooperate — Good Cause

Good cause for failure to cooperate includes, but is not limited to:

- Illness or incapacity.
- Court-required appearances or temporary incarceration.
- Family crisis or other change in circumstances.
- Other substantial and compelling reasons.



Note:

Good cause is determined by the QC reviewer.

5.14.5 Refuse to Cooperate — Without Good Cause

The refusal to cooperate without good cause is determined when the individual:

- States directly to the QC reviewer that he/she is refusing to cooperate, or
- Fails to respond in a timely manner to QC's request for cooperation, or
- Fails to attend any scheduled interviews (as determined by the QC reviewer), or
- Fails to meet the requirements of providing necessary information or signing the required release of information forms as required by the QC reviewer.

5.14.6 Discontinuance

When a determination is made that an applicant or recipient failed to cooperate with QC without good cause, an adequate and timely notice of action must be sent discontinuing the entire AU.

Ineligibility begins the first of the month after the month in which the noncooperation with QC occurs.



Example:

A recipient refuses to cooperate with QC on February 26. The QC reviewer notifies the EW on February 27, but a timely and adequate Notice of Action cannot be given for March 1. The EW shall provide a notice to take appropriate action on March 31. The CalWORKs amount received for March 1, is declared an overpayment.

If the recipient cooperates with QC before the effective date of the discontinuance, the EW must rescind the discontinuance action.

5.14.7 Client Reapplies

When an individual has refused to cooperate with QC, a request for a restoration or reapplication may be made, but the AU is not determined eligible until:

- The AU subsequently cooperates and meets all eligibility conditions, or
- The AU reapplies for aid at least 95 calendar days after the end of the annual review period in which the refusal to cooperate occurred and meets all eligibility conditions. (After January 3rd of the following year.)



Note:

Immediate need payments are not available to a family which is ineligible for CalWORKs because of noncooperation with Quality Control. Until the appropriate family member cooperates with QC, the family remains ineligible for any CalWORKs benefits, including Immediate Need, Special Needs, etc.



Example:

A recipient refuses to cooperate with QC on January 7, 2006. The EW is notified by the QC reviewer and the case is discontinued January 31, 2006.

The client reapplies on June 23, 2006, but is still ineligible as she refuses to cooperate. She will remain ineligible as long as she refuses to cooperate.

She may reapply on January 4, 2007 and have her eligibility determined without agreeing to provide QC with the items needed (this is 95 days after the end of the Annual Review Period).

5.15 Verifications

5.15.1 CalWORKs Verification Chart

This chart only provides a verification summary and is not intended to be all inclusive. Before eligibility can be cleared, the EW must verify ALL of the client's statements on the "Statement of Facts-Cash Aid and Food Stamps" (SAWS 2) as well as any pertinent information received during the interactive interview.

Verification provided should be entered in the appropriate CalWIN window(s). When there are changes and documentation is required for the explanation, use the **Maintain Case Comments** window in CalWIN.

Mandatory Verifications	When Required	Documentation Required
Social Security numbers or application for Social Security numbers. [Refer to "Social Security Numbers," page 7-1].	Prior to payment <ul style="list-style-type: none"> Newborn Exception: [Refer to "Immediate Medi-Cal Authorization For Newborn," page 4-3.] 	<ul style="list-style-type: none"> Social Security card. "SSA Referral Notice" (MC 194). IEVS Abstract. Any official notification from Social Security.
Residency [Refer to "Residence," page 18-1].		<ul style="list-style-type: none"> Client's written statement. For minor parents, CW 25 needed.
Citizenship and/or "qualified alien" status. [Refer to "Citizenship Verification [EAS 42-431.1, 42-433]," page 19-1].		<p>For citizenship primary documentation:</p> <ul style="list-style-type: none"> Birth certificate, baptismal certificate, U.S. passport, or certificate of citizenship or naturalization. <p>For "qualified alien" status:</p> <ul style="list-style-type: none"> I-94 or I-551 for appropriate "qualified alien" status or proof of "exception criteria" being met. Correspondence from INS [Refer to "Qualified Non-Citizens," page 19-3].

Mandatory Verifications	When Required	Documentation Required
Time On Aid	Prior to payment	For each adult applicant: <ul style="list-style-type: none"> • Current [TSUM] screen. • Current [PTOA] screen. • Documentation of all Out of State TOA information.
Income		[Refer to “Evidence of Income,” page 26-5] .

Mandatory Verifications	When Required	Documentation Required
Unearned	Prior to payment	<ul style="list-style-type: none"> • Checks or copies of checks • Award letters. • “Veteran's Benefit Referral” (CW 5). • IEVS Abstract • Signed statement from person or organization providing the income • Statement from checking or savings account if income is directly deposited into bank. • SCD 101 if unable to obtain other verification.
Income-in-Kind	Prior to payment	Client will provide the EW with verification to document the actual cost if it is less than the Cal-WORKs in-kind chart value.
Earned	Prior to payment	<ul style="list-style-type: none"> • Paycheck stubs. • Statement from employer. • “Request for Information from Employer” (SCD 549). • IEVS Abstract. • SCD 101 if unable to obtain other verification.
Deprivation	Prior to payment	[Refer to “Deprivation,” page 11-1]
Deceased		<ul style="list-style-type: none"> • Copy of death certificate. • OASDI award letter. • Newspaper account of death. • Other reliable information, such as physician's statement who treated deceased, family Bible records, SSPM signed affidavit, etc.
Incapacity	Prior to payment OR within 30 days pending medical verification	<ul style="list-style-type: none"> • “Medical Report Verification of Physical/Mental Incapacity” (CSF 24) or “Medical Report” (CW 61). • Written statement from licensed physician, certified psychologist or staff member including diagnosis describing employment and child care limitations and duration. • Copy of disability award letter. • DM 1 - DM 3 if permanent disability. • IEVS Abstract.
Absence	Prior to payment	<ul style="list-style-type: none"> • “Support Questionnaire” (CW 2.1Q). If questionable, obtain written statement from A/P or other persons with prior knowledge of marriage relationship, or • Document evidence of client's actions that indicate absence.

Mandatory Verifications	When Required	Documentation Required
Unemployment	Prior to payment. Aid shall not be granted until a completed SC 549 is on file. [Refer to “Definitions [41-440.1],” page 12-1] for exceptions.]	<ul style="list-style-type: none"> • “Request for Information from Employer” (SCD 549), or Statement from employer giving hours worked, date, reason for leaving and any work offered. • “Notice of Computation, UIB” (DE 429) • “Disqualification Notice, DIB” (DE 1080) • IEVS Abstract
Property		[Refer to “Property - General,” page 14-1].
Real Property	Prior to Payment	<ul style="list-style-type: none"> • Copy of current county tax statement. • Copy of documents showing encumbrances, such as payment books payment receipts, notes, mortgages, etc. If unwritten encumbrance, copy of sworn statement giving initial and maturity dates, balance owed and signature of both parties. • Receipts for expenses on rental property.
Personal Property Motor Vehicles	Prior to payment	<ul style="list-style-type: none"> • Current DMV registration. • Documentation of DMV contact. • Documentation of evaluation of county property specialist. • 3 appraisals by auto dealers, insurance adjustors or property appraisers. • Documentation/Verification if another method used.
Other personal property	Prior to payment	<ul style="list-style-type: none"> • Bank statements, or • “Release of Information-Financial Institution” (SCD 1280) if verification questionable or not supplied by client. Checkbooks are not acceptable verification. • Copies of loan balance statements, credit union statements, purchase contracts, stock certificates, U.S. bonds, etc. • Evaluation by county property specialist. • 3 appraisals by dealers, adjustors, property appraisers, etc. To be used when value questionable or appreciates.
Age All children in the AU	Prior to payment • Newborn Exception: [Refer to “Immediate Medi-Cal Authorization For Newborn,” page 4-3.]	<ul style="list-style-type: none"> • Photocopy of birth certificate or other acceptable evidence of age. [Refer to “Age, School Attendance and Immunization Requirements,” page 13-1] for complete list.] If photocopy unobtainable, record on SCD 163 & file in permanent record section.

Mandatory Verifications	When Required	Documentation Required
School Age children	At Intake. At Annual Redetermination. When a child age 6-17 is added to an existing AU. Any time when EW determines that it is necessary to verify school attendance.	<ul style="list-style-type: none"> • “School/Educational Institution Attendance Verification ” (CSF 37).
Pregnancy [Refer to “Pregnancy Special Needs,” page 35-1]].	Prior to payment	<ul style="list-style-type: none"> • Written statement from a physician, physician's assistant, state certified nurse midwife, nurse practitioner or by designated medical or clinic personnel with access to the medical record that provides diagnosis and estimated due date.
Work Registration Informing Notice Exemption	Eligibility clear and prior to payment.	<ul style="list-style-type: none"> • “Welfare to Work Core / Non-Core Activities” (SCD 298). • Under 16. • 16-18 in school. • Age 60 or older. • Disabled. • Nonparent Relative caring for a child who is at risk. • Cares for ill household member. • Caretaker of child under 12 months. • Caretaker for subsequent child. • Pregnancy.

Mandatory Verifications	When Required	Documentation Required
Special Need Recurring	Prior to payment until date physician specifies	<ul style="list-style-type: none"> • "Special Diet Request" (SCD 61) • Statement from physician. • "Statement of Facts - Homeless Assistance" (CW 42).
Nonrecurring	Prior to payment	<ul style="list-style-type: none"> • "Special Needs Requisition" (SCD 414)