



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

March 14, 2014

ALL COUNTY LETTER (ACL) NO. 14-26

TO:

ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL COUNTY CALFRESH PROGRAM SPECIALISTS
ALL COUNTY CHILD CARE COORDINATORS
ALL COUNTY REFUGEE COORDINATORS
ALL COUNTY CONSORTIUM PROJECT MANAGERS

SUBJECT:

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
KIDS (CalWORKs) AND CALFRESH PROGRAMS: REVISED
'REQUEST FOR VERIFICATION' FORM (CW 2200)

REFERENCES:

ALL COUNTY LETTER (ACL) NO. 09-01; ALL COUNTY
INFORMATION NOTICES (ACINS) I-91-88, I-45-11 AND I-45-11E;
22 CCR 50167; MANUAL OF POLICIES AND PROCEDURES
(MPP) SECTIONS 23-400.22, 40-115.22, 40-126.32 THROUGH
40-126.35, AND 63-300.5; WELFARE AND INSTITUTIONS CODE
(WIC) SECTIONS 11275.05 AND 11275.10(b)

The purpose of this ACL is to transmit a revised "Request for Verification" form (CW 2200) for verifying eligibility in the CalWORKs, CalFresh, and Medi-Cal programs. The CW 2200 was originally created by a stakeholder workgroup that included welfare advocates, representatives from the California Department of Social Services (CDSS), the California Department of Health Care Services (DHCS), and the California Welfare Directors Association, in order to ensure statewide consistency and compliance with legal requirements when requesting verification of client information. The original CW 2200 was released in ACL No. 09-01 (dated March 12, 2009) as a recommended form.

It has come to CDSS' attention that there are various forms that County Welfare Departments (CWDs) and consortia utilize to request verification of client information. To ensure that the request for verification form is both consistent and adequate in all

REASON FOR THIS TRANSMITTAL

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

counties, the CW 2200 has been revised and is being re-released as a required form, with substitutes permitted. Substitute Request for Verification forms are only allowed with CDSS written approval (see MPP Section 23-400.22).

CaWORKs VERIFICATION RULES

The CaWORKs verification rules are described below:

- MPP Section 40-115.22 states that when other verification does not exist, a sworn statement shall be considered adequate, except for verification of citizenship or alienage status and/or medical verification of pregnancy. Although the SAWS 2 Plus and SAR 7 reports do not normally suffice as an affidavit, if those documents indicate that verification does not exist (for example, a declaration of no income) CWDs must consider these signed forms as a complete affidavit.
- MPP Section 40-126.32 mandates that the CWD provide written notice to the applicant of the required evidence and examples of alternative evidence, if any, to determine eligibility, within 10 calendar days of application.
- MPP Section 40-126.331 mandates that the CWD assist the applicant or recipient in obtaining evidence of eligibility from a third party when the CWD has determined that the client has made a good-faith effort to obtain the evidence and the third party fails or refuses to provide the evidence. MPP Section 40-126.331(a) defines “good-faith” effort as when the client has attempted to comply within the limits of his or her resources.
- MPP Section 40-126.333 mandates that the client be notified in writing of the requirement that applicants and recipients must make a good-faith effort to obtain the necessary verifications and that the CWD may assist the clients if they so choose.
 - If the client asks for help getting proof and a release is needed, there are different release of information forms required for different types of information, including, but not limited to the ABCDM 228 (Applicant’s Authorization for Release of Information), the CW 60 (Release of Information – Financial Institution), and the CW 61 (Authorization to Release Medical Information).
 - Please see All County Information Notice I-91-88 for guidelines regarding the protection of the client when making third party contacts. In cases where a client is concerned about losing employment as a result of the CWD contacting the employer, the CWD must accept a sworn statement in lieu of third party verification.
 - MPP Section 40-126.34 states that the CWD shall not deny an application for failure to provide evidence of eligibility if the CWD has determined that the applicant is continuing to make a good faith effort to obtain the necessary evidence. Benefits can only be denied or discontinued when the client refuses to comply.

- W&I Code Section 11275.05 and MPP Section 40-126.35 mandate that when a recipient re-applies for aid within one year from the effective date of discontinuance, and the required verification is either not easily accessible, has a cost, or may delay the processing of the application, CWDs must review the prior case record to determine if the required verification is in the possession of the county. If the required verification is in the case file, the CWD may not require the client to resubmit it. Clients must be informed of these provisions in writing at the time of the application.

CalFresh VERIFICATION RULES

For CalFresh verification rules, please refer to MPP Section 63-300.5 and All County Information Notices I-45-11 and I-45-11E.

MEDI-CAL VERIFICATION RULES

With the implementation of Covered California in January 2014, the verification process for the Medi-Cal program will be largely accomplished electronically. DHCS policy dictates that verifications should be obtained electronically first and the “paper” verifications described in 22 CCR 50167 would only be needed if electronic verification fails to meet those standards.

PAYMENT OF FEES

W&I Code Section 11275.10(b) and MPP Section 40-126.332 state that for the CalWORKs program, if it is necessary to pay a fee imposed by a third party to obtain the verification, the CWD shall pay that fee on behalf of the applicant or recipient. Program Codes (PCs) are available to claim reimbursement for costs associated with fees paid to obtain verifications. Expenditures should be charged based on the eligibility status of the applicant/recipient as follows:

- PC 614 CalWORKs Eligibility – (on-going eligibility determination costs for the CalWORKs program only). Verification fees should be charged to Direct Costs (Program Identifier Number [PIN] 614068) or Medical Exam (PIN 614014), as appropriate.
- PC 615 CalWORKs, CalFresh, Medi-Cal Eligibility – (initial eligibility determination costs for all three programs). Verification fees can be charged to Direct Costs (PIN 615068) or Medical Exam (PIN 615014).
- PC 616 Non-Federal CalWORKs Eligibility – (on-going eligibility determination costs for non-federally eligible CalWORKs clients only such as recent non-citizens). Verification fees can be charged to Direct Costs (PIN 616068) or Medical Exam (PIN 616014), depending on what the fee is for.

- For a complete description of the program codes, please go to the following link:
http://www.dss.cahw.net.gov/lettersnotices/EntRes/getinfo/CFL_Code/PCD%20December%202013.pdf

MANDATORY ELEMENTS FOR ANY CW 2200 SUBSTITUTIONS

The CW 2200 informs clients of their responsibilities, requirements, and rights in regards to verifying their eligibility for benefits. In addition to the standard information (such as CWD contact information), to comply with the state statutes and regulations described above, all substitutions must include the following elements in order to be approved by CDSS:

- Offer to assist: It must inform clients that the CWD can assist the applicant or recipient in obtaining evidence of eligibility from a third party when the CWD has determined that the client has made a good-faith effort to obtain the evidence. Note: Clients are not required to complete the third page of the CW 2200 – Authorization for Release of Information. This is only completed at the client's option when the client desires assistance in obtaining the verification.
- Fees: It must inform clients that if it is necessary to pay a fee imposed by a third party to obtain the verification for CalWORKs, the CWD shall pay that fee on behalf of the applicant or recipient.
- Affidavit: It must inform clients that when other verification does not exist, a sworn statement shall be considered adequate, except for verification of citizenship or alienage status and/or medical verification of pregnancy.
- Examples of Proof: It must provide examples of alternative types of proof that may be acceptable, if any.
- Name: The name of the person for whom verification is required.
- Program: Identification of the program which needs each piece of verification and the due date for each program.
- Consequences: The consequences for refusing to provide the verification.

PROCESS OF REQUESTING A SUBSTITUTION

Required Form-Substitute Permitted: Forms in this category are required forms for which modifications or substitutions with prior CDSS approval are permitted. CWDs may modify these forms to add or obtain information that does not (a) conflict with program policy/regulations, or (b) change the legal content of the form. Substitute forms must be submitted to CDSS in writing and may not be used until the CWD or consortium has received written approval from CDSS (see MPP Section 23-400.22). CWDs may email their requests to Shawn Dorris, Policy Unit Manager at shawn.dorris@dss.ca.gov or via U.S. Postal mail to:

California Department of Social Services
CalWORKs Eligibility Bureau
744 P Street, MS 8-8-31
Sacramento, CA 95814
ATTN: Shawn Dorris

USE OF THE CW 2200

This form must be used to request verification for CalWORKs and CalFresh cases. CWDs may also use the CW 2200 when requesting verifications for Medi-Cal-only or cash-linked Medi-Cal cases; however, the CW 2200 is not a required form for Medi-Cal purposes. This form may be programmed into county automation systems or printed and used as hard stock, depending on CWD preference. Where the required verifications are listed, if the same document is needed for two different programs, CWDs may choose to list the verification separately for each program with the relevant due date listed for each program. Page two of the CW 2200, which lists examples of different types of proof that are acceptable, may be programmed into the automation systems so that only the pertinent items are included in each request for verification. Page three (release of information) must be included whenever verifications are requested. This form is not intended to be used to verify hours of participation in work activities. CWDs must begin using the revised CW 2200 as soon as administratively possible, but no later than September 1, 2014.

CAMERA-READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not

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provide translations of a form, it is the CWD's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

This ACL and other CDSS Letters and Notices are available on the internet at:
<http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

If you have any questions regarding this letter, please contact your CalWORKs county consultant at (916) 654-1322 or your CalFresh Policy consultant at (916) 651-8047.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachment

REQUEST FOR VERIFICATION

CASE NAME: _____

CASE NUMBER: _____

WORKER NAME: _____

WORKER PHONE/FAX: _____

DATE: _____

You have asked for CalWORKs (CW) CalFresh (CF) Medi-Cal (MC)

We need proof from you to see if you can get *(or keep getting)* cash aid or other benefits. We have listed the information we need below. We will not deny or end your benefits as long as you try to get the proof and tell us if you are having problems.

Due Date	Item #	Item	Person	Program	Check (✓) the box that applies to you
				<input type="checkbox"/> CW <input type="checkbox"/> CF <input type="checkbox"/> MC	<input type="checkbox"/> I don't have the proof <input type="checkbox"/> I tried but can't get the proof <input type="checkbox"/> I know somebody who can verify this information <input type="checkbox"/> I have filled out the Release form to get help
				<input type="checkbox"/> CW <input type="checkbox"/> CF <input type="checkbox"/> MC	<input type="checkbox"/> I don't have the proof <input type="checkbox"/> I tried but can't get the proof <input type="checkbox"/> I know somebody who can verify this information <input type="checkbox"/> I have filled out the Release form to get help
				<input type="checkbox"/> CW <input type="checkbox"/> CF <input type="checkbox"/> MC	<input type="checkbox"/> I don't have the proof <input type="checkbox"/> I tried but can't get the proof <input type="checkbox"/> I know somebody who can verify this information <input type="checkbox"/> I have filled out the Release form to get help

We have listed types of proof on the back of this form. Sometimes we can accept other proof. Call the county if you have questions on whether another type of proof you have will be acceptable.

Tell your worker or call the county if you are having problems getting the proof. We can help you try to get the proof.

- Give us whatever proof you do have.
- Check the box above that applies to you for what you can't get, and turn this form in or call the county before the date the proof is due.
- If you need the county to help get the proof, fill out the "Authorization for Release of Information" form and return it to the county.
- **For CalWORKs only:** If there is a cost to get the proof, the county can pay the fee for you.
- If proof does not exist, you may be able to sign a sworn statement instead. (A sworn statement is only allowed for certain types of proof.)
- **For CalFresh only:** If you cannot get proof someone outside of your household who knows the information (collateral contact) may be contacted by the county. (A collateral contact is only allowed for certain types of proof).

If we do not get the proof or hear from you by the due dates listed above, we may have to deny, lower, or stop your benefits.

You can get a receipt for any documents you turn in to us in person. For your records, keep a copy of this form and any proof you mail us.

TYPES OF VERIFICATION/SOURCES OF PROOF

Listed below are examples of types of proof - you do not need to provide every document listed.

If you have other types of proof not listed, please call your worker.

① **Birth/Citizenship**

- Birth certificate (original documents are required for Medi-Cal)
- U.S. Passport
- Certificate of naturalization
- Baptismal certificate (*with date and place of birth*)
- Statement of witness to birth

② **Income**

- 30 days of paycheck stub(s)
- Letter from employer with gross pay, hours worked, etc.
- Copy of child support check or payment stub
- Benefits award letter (*Social Security/Veterans/Unemployment/Disability, etc.*)
- Self-employment tax forms (*IRS Schedule C, etc.*)
- Receipts for work expenses if you are self-employed
- School grants/loans/financial aid statements
- Sponsor statement form

③ **Immigration Status (*non-citizens*)**

- Immigration papers/forms/cards (*copy of both sides*)
- Other proof from immigration (*USCIS*), such as: work authorization, letter of decision or court order, etc.

④ **Property/Resources**

- Vehicle registration
- Proof of loans or debts/liens on property
- Statement of joint ownership
- Mortgage bill(s)
- Property deed
- Bank statements
- Life insurance policy, stocks, bonds, IRAs
- Most recent retirement account statement(s)
- Sponsor statement form
- Settlements such as lawsuits and insurance claims
- Burial plots/crypts

⑤ **Other Proof**

- Child/dependent care receipts
- Statement from child/dependent care provider
- Receipts for school expenses
- Cancelled check/receipt for child/spousal support payments
- Death certificate, obituary, witness statement of death
- Court papers (*child support or spousal support order*)
- School attendance records

⑥ **Identity**

- Drivers license or Identification card
- Photo ID (*from government agency, school, etc.*)
- Passport
- USCIS (INS) documents

⑦ **Relationship**

- Marriage certificate
- Domestic partner certificate
- Birth certificate
- Court papers (*divorce, guardianship, etc.*)

⑧ **Housing and Utility Costs**

- Rental agreement or rent receipts
- Mortgage bill
- Utility bill
- Property tax statement
- Home or renter's insurance bills
- Hotel/motel receipt
- Cancelled checks or copies
- Statement explaining housing arrangement

⑨ **Residence**

- Postmarked envelope or postcard addressed to you
- Utility bill
- Rental agreement
- Bill or other document(s) with your name and address
- Driver's license or Identification card
- Eviction notice/notice to pay rent or quit

⑩ **Medical Expenses**

- Medical bills or receipts
- Medical transportation bills or receipts
- Health or dental insurance policies or premiums
- Medicare card (*for Medi-Cal only*)

⑪ **Medical Verification**

- Proof of pregnancy from doctor or clinic, with expected due date
- Doctor statement or disability finding by an agency (*SSA/SDI/VA, etc.*)
- Medical verification form (CW 61)

⑫ **Immunization Records (*for kids under age 6*)**

- Stamped shot record/Immunization card
- Statement that immunizations are against your beliefs
- Statement from parent or caretaker relative explaining why you can't get immunizations
- Statement from doctor that immunizations are not available

AUTHORIZATION FOR RELEASE OF INFORMATION
****OPTIONAL FORM****

If you cannot get the proof you need, we may be able to get it for you. Fill out this form and send it to your worker by _____. **YOU ONLY NEED TO FILL OUT THIS FORM IF YOU WANT THE COUNTY TO CONTACT SOMEONE FOR YOU TO GET THE PROOF YOU NEED.**

If you have questions about this form, or need help filling it out, ask your worker. You can also ask your worker for more copies. Use a separate "Authorization for Release of Information" form for each person or each agency to contact.

To: _____,

I, _____, at _____
(PRINT NAME) (ADDRESS)

give permission to _____ to give to _____
(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER) (COUNTY SOCIAL SERVICES DEPARTMENT)

information regarding _____ .

This permission ends by _____, or 60 days from the date signed, if no date is listed.
(DATE)

(Fill out form completely before signing.)

SIGNATURE OF APPLICANT/RECIPIENT	DATE
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IF THIS IS FOR INFORMATION OF A MINOR, ENTER RELATIONSHIP TO MINOR

