



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

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

March 13, 2015

ALL COUNTY LETTER NO. 15-17

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL CALFRESH COORDINATORS
ALL CONSORTIUM PROJECT MANAGERS
ALL COUNTY WELFARE-TO-WORK COORDINATORS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): REVISED NOTICE OF ACTION (NOA) MESSAGE FOR INTER-COUNTY TRANSFERS (ICT).

REFERENCE: ALL COUNTY LETTER (ACL) 14-30; WELFARE AND INSTITUTIONS CODE (WIC) SECTION 11053.

This All County Letter (ACL) transmits a copy of the revised CalWORKs ICT NOA message M40-195A. ACL 14-30, dated May 2, 2014, informed County Welfare Departments (CWDs) of changes to the CalWORKs ICT process. Receiving counties may not require or request a new SAWS 2 Plus unless the change in circumstances is such that a determination of continuing eligibility cannot be made without it. The below revised NOA message is to be used in conjunction with this new instruction. CWDs must begin using the revised NOA message as soon as administratively possible, but no later than July 1, 2015.

Revised NOA Message

M40-195A (12/14) – revised to inform recipients they must come into the nearest welfare office to complete the ICT process if they have not heard from the new county. In addition, new language has been added to inform the recipient that the new county will issue homeless aid, if eligible.

CAMERA READY COPIES AND TRANSLATIONS

For a camera-ready copy in English, contact the CDSS 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 Manual of Policies and Procedures (MPP) Section 21-115.2, 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 the CDSS 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 provide translations of a form, it is the CWD's responsibility to provide the interpreter services if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

If you have any questions or need further information regarding this letter, please contact your county consultant or call the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachment

State of California
Department of Social Services

Noa Msg Doc No.: M40-195A Page 1 of 1
Action : Inform
Issue: Other
Title: ICT Reminder

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-188.12

Use Form No. : None
Original Date : 07/01/84
Revision Date : 12/01/14

MESSAGE:

IMPORTANT REMINDER

On _____, you told us you moved to _____ County.

We have started the process to transfer your case to your new county. We will continue to pay your aid until the new county takes over the case or sends you a notice of action. If you are homeless, the new county will issue you homeless aid, if you are eligible for payments.

You must go into the nearest welfare office in _____ County where you now live before _____ to complete the transfer process. You will get a letter from _____ County with an appointment date.

Take this form with you to make the process easier.

If you have any questions, please call:

Eligibility Worker _____
Telephone Number _____

INSTRUCTIONS: Use to inform recipients who have moved from the county that they must come into the nearest welfare office in the new county to complete the ICT process.

Fill in the deadline to come into the welfare office in the new county.