

CalSAWS

California Statewide Automated Welfare System

Design Document

DDID 2262

CA 214045 – Annotations

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Imaging Team
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR

DRAFT

Table of Contents

1	Overview	4
1.1	Requests	4
1.2	Overview of Recommendations	4
1.3	Assumptions	4
2	Recommendations	5
2.1	Arrows	5
2.1.1	Description	5
2.2	Checkmarks	5
2.2.1	Description	5
2.3	Highlights	6
2.3.1	Description	6
2.4	Stamps	6
2.4.1	Description	6
2.5	Sticky Notes	8
2.5.1	Description	8
2.6	Text	8
2.6.1	Description	8
2.7	Rectangle (Redaction)	9
2.7.1	Description	9
2.8	Adding Annotations	9
2.8.1	Annotation Preview - Client (Left), Experience (Right)	10
2.9	Printing Options	11
2.9.1	Annotations in Perceptive Client	11
2.9.2	Annotations in Experience	11
3	Requirements	12
3.1	Migration Requirements	12
4	Appendix	13

1 OVERVIEW

1.1 Requests

Per DDID 2262, configure the imaging solution to allow users to add notes and annotations to images/documents with the ability to print with or without annotations.

1.2 Overview of Recommendations

1. Enable the following Annotations in the Imaging Solution
 - Green and Red Arrows
 - Green and Red Checkmarks
 - Approved, Expired, For Comment, Original Copied, Received, Rejected, and Urgent Stamps
 - Sticky Notes
 - Text
2. Enable the option for printing documents with and without annotations

1.3 Assumptions

- Security governing annotations will be implemented in CA – 214027 (Security)

DRAFT

2 RECOMMENDATIONS

Annotations are used to visually add notes or information to a document. The use of annotations will be defined by county business policy, and security surrounding the annotations will be outlined in CA – 214027 (Security).

In order to annotate a document, the file must be a TIF format (Default scanning format within the Imaging Solution). When viewing non-TIF image in the Client, the annotation toolbar will display greyed out icons, in Experience, the annotation toolbar will not be presented. Annotations can be applied, modified, or deleted by users with sufficient rights during or after capture.

Annotation metadata is stored as an associated set of metadata of the document in the Imaging Solution database.

All annotations using different colors will use the following:

Color	Hue	Sat.	Lum.	Red	Green	Blue
Green	85	255	64	0	128	0
Red	0	255	127	255	0	0
Blue	170	255	127	0	0	255
Black	0	0	0	0	0	0

2.1 Arrows

2.1.1 Description

The arrow button annotation lets you place a green or red arrow on an image.

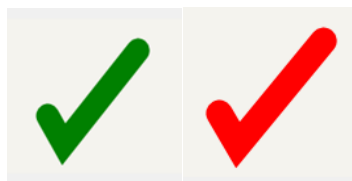


The arrows will use the colors mentioned in the recommendations, but will also need to be configured with a Line Weight of '3'.

2.2 Checkmarks

2.2.1 Description

The checkmark button annotation lets you place a green or red check on an image.



2.3 Highlights

2.3.1 Description

The highlight button annotation lets you place a green or yellow highlight on an image.

The highlights will use the colors mentioned in the table below.

Color	Hue	Sat.	Lum.	Red	Green	Blue
Green	85	255	229	204	255	204
Yellow	42	255	204	255	255	153

2.4 Stamps

2.4.1 Description

The stamps button annotation lets you place Approved, Expired, For Comment, Original Copied, Received, Rejected, & Urgent stamps on an image. The stamps will be configured using the colors mentioned in the table above.

2.4.1.1 Approved

The 'Approved' stamp will have the content of 'APPROVED %m/%d/%y' where '%m/%d/%y' defaults to the current date when the stamp was applied.



2.4.1.2 Expired

The 'Expired' stamp will have the content of 'EXPIRED %m/%d/%y' where '%m/%d/%y' defaults to the current date when the stamp was applied.



2.4.1.3 For Comment

The 'For Comment' stamp will have the content of 'FOR COMMENT %m/%d/%y' where '%m/%d/%y' defaults to the current date when the stamp was applied.



A rectangular stamp with a blue border and blue text that reads "FOR COMMENT 03/19/20".

2.4.1.4 Original Copied

The 'Original Copied' stamp will have the content of 'ORIGINAL COPIED %m/%d/%y' where '%m/%d/%y' defaults to the current date when the stamp was applied.



A rounded rectangular stamp with a green border and green text that reads "ORIGINAL COPIED 04/29/20".

2.4.1.5 Received


The 'Received' stamp will have the content of 'RECEIVED %m/%d/%y' where '%m/%d/%y' defaults to the current date when the stamp was applied.



A rounded rectangular stamp with a green border and green text that reads "RECEIVED 03/19/20".

2.4.1.6 Rejected


The 'Rejected' stamp will have the content of 'REJECTED %m/%d/%y' where '%m/%d/%y' defaults to the current date when the stamp was applied.



A rounded rectangular stamp with a red border and red text that reads "REJECTED 03/19/20".

2.4.1.7 Urgent

The 'Urgent' stamp will have the content of 'URGENT %m/%d/%y' where '%m/%d/%y' defaults to the current date when the stamp was applied.



A rounded rectangular stamp with a red border and red text that reads "URGENT 03/19/20".

2.5 Sticky Notes

2.5.1 Description

The sticky note button annotation lets you place a sticky note with user definable text on an image.



To enter text into a sticky note the user must select the placed sticky note, and then select the edit icon. Sticky notes do not display text on the note image, but instead act as an icon object to store comments.

2.6 Text

2.6.1 Description

The text button annotation lets you place a text object with user definable text on an image. In Experience, upon placing the text object on the document, the user will have the following formatting options:

- Font
- Size
- Bold Toggle
- Italic Toggle
- Text Alignment
- Color

In the Perceptive Client, the same options will be available after entering the desired text by right clicking the text object and selecting "Content...".

[The content of a text annotation can be modified after placement, with the appropriate security rights.](#)

2.7 Rectangle (Redaction)

2.7.1 Description

The rectangle (redaction) annotation lets you place a black rectangular object on an image. This will be paired with security settings defined in a separate SCR will serve as a redaction option. Security on this annotation will include limiting the users with the right to delete or move rectangle(redaction) annotations.

2.8 Adding Annotations

To add an annotation to a document the user will select the desired annotation icon from the toolbar above the document (*Figure 1*). If an annotation has multiple options (such as stamps having different templates) the user can right click the annotation icon to bring up a list of all available templates (*Figure 2*). The user will then be presented with an icon (Client) or annotation preview (Experience) to place the annotation(*Figure 3*). To review details of a placed annotation, right click (Client) or left click (Experience) the annotation, and select properties from the options presented (*Figure 4*).

Viewable details are as follows:

- Creation Date
- Creation Username
- Modified Date
- Modified Username
- Type of Annotation
- Annotation Template Name
- Annotation Description

2.8.1 Annotation Preview - Client (Left), Experience (Right)

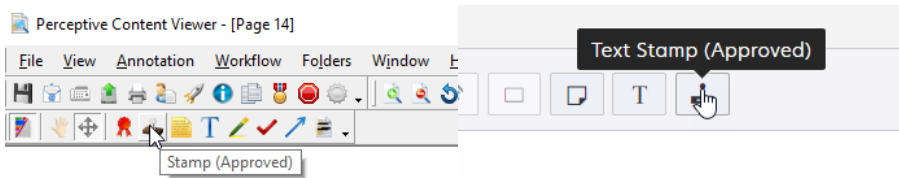


Figure 1 Annotation Selection

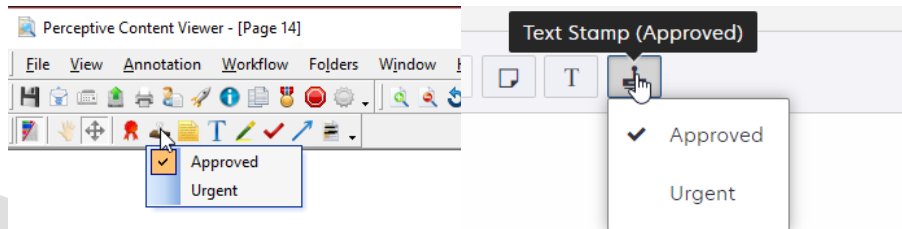


Figure 2 Annotation Options



Figure 3 Annotation Placement

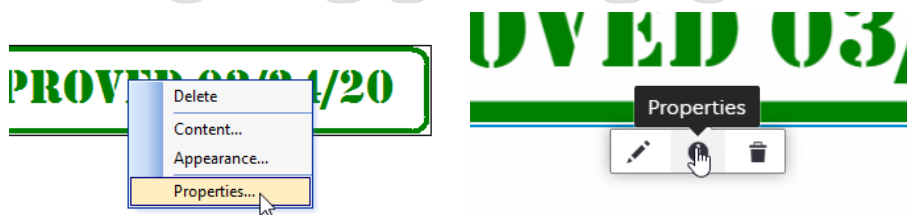
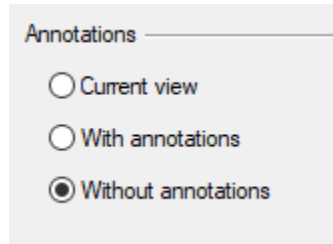


Figure 4 Annotation Properties

2.9 Printing Options

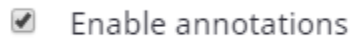
2.9.1 Annotations in Perceptive Client

To print a document with or without annotations in Perceptive Client, the user will print a document and when prompted, select the “With annotations” or “Without annotations” radio button in the print dialog.



2.9.2 Annotations in Experience

To print a document with or without annotations in Experience, the user will print a document and when prompted, check the “Enable annotations” checkbox in the print dialog.



3 REQUIREMENTS

3.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2262	The CONTRACTOR shall configure the imaging solution to allow users to add notes and annotations to images/documents with the ability to print with or without annotations.	<ul style="list-style-type: none"> • Security will be implemented in CA – 214027 (Security) 	<ul style="list-style-type: none"> • Enable the following Annotations in the Imaging Solution <ul style="list-style-type: none"> - Green and Red Arrows - Green and Red Checkmarks - Approved, Expired, For Comment, Original Copied, Received, Rejected, and Urgent Stamps - Sticky Notes - Text - Rectangle (Redaction) • Enable the option for printing documents with and without annotations

DRAFT

DRAFT

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-56515 CIV-106691 – Update Overpayment
Adjustment Logic to stop Excess Recoupments

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sidhant Garg
	Reviewed By	Kapil Santosh, Jyothirmayi Chavata, Naveen Bhumandla, Chris Larson, Himanshu Jain, Akira Moriguchi

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR

DRAFT

Contents

1	Overview	4
1.1	Current Design	4
1.2	Requests	4
1.3	Overview of Recommendations	4
1.4	Assumptions	4
2	Recommendations	4
2.1	Overpayment Adjustment Logic	4
2.1.1	Overview	4
2.1.2	Description of Changes	5
2.2	Benefit Reduction Redistribution 10-Day Cut-Off Batch EDBC Sweep	5
2.2.1	Overview	5
2.2.2	Description of Change	5
2.2.3	Execution Frequency	5
2.2.4	Key Scheduling Dependencies	5
2.2.5	Counties Impacted	5
2.2.6	Data Volume/Performance	6
2.2.7	Failure Procedure/Operational Instructions	6
3	Supporting Documents	6
4	Requirements	6
4.1	Project Requirements	6
5	Migration Impacts	6
6	Outreach	6
7	Appendix	7

1 OVERVIEW

1.1 Current Design

Currently LRS/CalSAWS system does not consider the unposted recovery account recoupments that are associated to same recovery account and to a different case when that recovery account has multiple responsible parties and those responsible parties are receiving aid under different cases for the same benefit month.

1.2 Requests

1. Update the Overpayment Adjustment Logic to consider the unposted recovery account recoupments that are associated to same recovery account and to a different case. This happens when a recovery account has multiple responsible parties and those responsible parties are receiving aid under different cases for the same benefit month.
2. Update the Benefit Reduction Redistribution Batch EDBC Sweep to consider all the responsible parties on the recovery accounts that are on different cases which are being benefit reduced.

1.3 Overview of Recommendations

1. Update the Overpayment Adjustment Logic to consider the unposted recovery account recoupments that are associated to same recovery account and to a different case. This happens when a recovery account has multiple responsible parties and those responsible parties are receiving aid under different cases for the same benefit month.
2. Update the Benefit Reduction Redistribution Batch EDBC Sweep to consider all the responsible parties on the recovery accounts that are on different cases which are being benefit reduced.

1.4 Assumptions

None.

2 RECOMMENDATIONS

2.1 Overpayment Adjustment Logic

2.1.1 Overview

The overpayment adjustment is a process where if an individual is overpaid and is eligible for benefits, then the system suggests an adjustment. This adjustment is a percentage-based calculation per the cause code of the recovery account. This helps in reducing the balance of recovery account. The transaction is posted as a Benefit Reduction.

2.1.2 Description of Changes

1. Update the Overpayment Adjustment Logic to consider the unposted recovery account recoupments that are associated to same recovery account and to a different case. This happens when a recovery account has multiple responsible parties and those responsible parties are receiving aid under different cases for the same benefit month. Please refer to 'CA-56515 Scenarios.xlsx' in Section 3.

2.2 Benefit Reduction Redistribution 10-Day Cut-Off Batch EDBC Sweep

2.2.1 Overview

Benefit Reduction Redistribution Batch EDBC Sweep runs on 10-day cut-off and it identifies the recovery accounts which are being recovered through EDBC benefit recoupments and are fully recouped or will go excessively recouped in next month. Once identified, the System automatically re-triggers the EDBC so that fresh EDBC calculations can come into effect from Next month.

There are certain recovery accounts that are being over collected on and are not being picked up by our batch EDBC process to stop/adjust recoupments. The main reason for this is when we have two responsible parties on the recovery accounts that are on different cases which are being benefit reduced.

When we suggest a benefit reduction amount, it is based on the maximum that we can take for a case and it does not take into consideration other cases that we may be collecting on from the same recovery accounts. This will cause an over collection if during the same month we take two benefit reductions from different cases that give the account a negative balance

2.2.2 Description of Change

1. Update the Benefit Reduction Redistribution Batch EDBC Sweep to consider all the responsible parties on the recovery accounts that are on different cases which are being benefit reduced.

2.2.3 Execution Frequency

No Change.

2.2.4 Key Scheduling Dependencies

No Change.

2.2.5 Counties Impacted

All CalSAWS Counties


2.2.6 Data Volume/Performance

N/A.

2.2.7 Failure Procedure/Operational Instructions

N/A.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Fiscal	CA-56515 Scenarios	 CA-56515%20Scenarios.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.13.2.9	The LRS shall initiate the termination of a case or payment reduction if the participant/caregiver has not met the Redetermination, Recertification, and/or Annual Agreement requirements within a COUNTY-specified period of time.	This requirement is met by enhancing the LRS/CalSAWS system to to consider the unposted recovery account recoupments that are associated to same recovery account and to a different case. This happens when a recovery account has multiple responsible parties and those responsible parties are receiving aid under different cases for the same benefit month.

5 MIGRATION IMPACTS

None.

6 OUTREACH

None.

7 APPENDIX

None.

DRAFT

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-202055 – Separate Case & Issuance for CAPI
Couple Case – LRS/CalSAWS Only

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Yale Yee, S Meenavalli, Matt Lower, Eric Wu, Jamie Ng, Howard Suksanti
	Reviewed By	G Chakkingal, AD Mendoza, M Arceo, T Huckaby

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
5/24/2018	1.0	Initial Draft	Yale Yee
11/5/2019	1.1	Updated the design doc with BA review comments	S Meenavalli
01/14/2020	1.2	Updated the design doc with build review comments	S Meenavalli
01/17/2020	1.3	Updated the design doc removing the C-IV design changes and making the design LRS/CalSAWS Only SCR	S Meenavalli
02/04/2020	1.4	Updated Section 2.13.3 form header, 2.13.6	Jamie Ng
02/04/2020	1.5	Updated Section 2.9 – modified the Task Details and added additional notes.	Howard Suksanti
02/04/2020	1.6	Updated Section 2.15 to include GR programs. Add section 2.16 for GR Recoverable on CAPI Intake	Eric Wu
02/20/2020	1.7	Updated the design with the comments from Region 5/6	S Meenavalli Eric Wu
4/23/2020	1.8	Added a Technical note to section 2.9.2	Howard Suksanti
4/29/2020	1.9	Added a Technical note to 2.3.2	S Meenavalli
5/05/2020	2.0	Added a design clarification to 2.3.2	S Meenavalli
5/19/2020	2.1	Reworded / removed date for worker action in 6.1 section	S Meenavalli

Contents

1	Overview	7
1.1	Current Design	7
1.2	Requests	7
1.3	Overview of Recommendations	7
1.4	Assumptions	7
2	Recommendations	9
2.1	Program Detail	9
2.1.1	Overview	9
2.1.2	Program Detail Mockup	9
2.1.3	Description of Changes	9
2.1.4	Page Location	9
2.1.5	Page Usage/Data Volume Impacts	9
2.2	Relationship Detail	9
2.2.1	Overview	9
2.2.2	Relationship Detail Mockup	10
2.2.3	Description of Changes	10
2.2.4	Page Location	10
2.2.5	Page Mapping	10
2.2.6	Page Usage/Data Volume Impacts	10
2.3	CAPI EDBC Changes	11
2.3.1	Overview	11
2.3.2	Description of Changes	11
2.3.3	Programs Impacted	17
2.3.4	Performance Impacts	18
2.4	EDBC List page informational message	18
2.4.1	Overview	18
2.4.2	Description of Changes	18
2.4.3	Programs Impacted	18
2.4.4	Performance Impacts	18
2.5	Program Configuration Override Detail Page Validation	19
2.5.1	Overview	19
2.5.2	Description of Changes	19

2.5.3	Programs Impacted	20
2.5.4	Performance Impacts	20
2.6	Program Configuration Detail page on Manual EDBC Validation.....	20
2.6.1	Overview	20
2.6.2	Description of Changes	20
2.6.3	Programs Impacted	21
2.6.4	Performance Impacts	21
2.7	Modify MEDS AP18 – Report New Application job (POXXE400) to send the correct Application Flag when trigger for CAPI program.....	21
2.7.1	Overview	21
2.7.2	Description of Change.....	22
2.7.3	Execution Frequency	22
2.7.4	Key Scheduling Dependencies.....	22
2.7.5	Counties Impacted	22
2.7.6	Data Volume/Performance.....	22
2.7.7	Failure Procedure/Operational Instructions	23
2.8	Modify MEDS EW40 – Termination Status Change job (POXXE411) to send a Term Reason of Other - '99' when a CAPI participant status is changed to Active / FRE / Spouse.....	23
2.8.1	Overview	23
2.8.2	Description of Change.....	23
2.8.3	Execution Frequency	23
2.8.4	Key Scheduling Dependencies.....	23
2.8.5	Counties Impacted	23
2.8.6	Data Volume/Performance.....	23
2.8.7	Failure Procedure/Operational Instructions	23
2.9	Add a new Batch EDBC skip to not run Batch EDBC on case that a person is associated to a CAPI couple case and change is reported.....	24
2.9.1	Overview	24
2.9.2	Description of Change.....	24
2.9.3	Execution Frequency	26
2.9.4	Key Scheduling Dependencies.....	26
2.9.5	Counties Impacted	26
2.9.6	Data Volume/Performance.....	26
2.10	Effective Date 24 CAPI NOA reasons – LRS/CalSAWS	27
2.10.1	Overview	27

2.10.2	Description of Change.....	27
2.11	Update form SOC 453- CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS – LRS/CalSAWS	27
2.11.1	Overview	27
2.11.2	Description of Change.....	28
2.11.3	Updates to the Form Verbiage	28
2.12	Update form SOC 804 – Statement Of Facts For Determining Continuing Eligibility For The Cash Assistance Program For Immigrants (CAPI) – LRS/CalSAWS	32
2.12.1	Overview	32
2.12.2	Description of Change.....	33
2.12.3	Updates to the Form Verbiage	33
2.13	Add new CAPI Form SOC 814 - Statement Of Facts Cash Assistance Program For Immigrants (CAPI) – LRS/CalSAWS	36
2.13.1	Overview	36
2.13.2	Description of Change.....	37
2.13.3	Create CAPI SOC 814 Form XDP	37
2.13.4	Add Form Variable Population.....	37
2.13.5	38
2.13.6	Add Form to Template Repository	38
2.13.7	Add Form Print Options and Mailing Requirements.....	38
2.14	LRS/CalSAWS: Add new CAPI Change NOA Reason fragment.....	38
2.14.1	Overview	38
2.14.2	Create Fragment XDP	39
	Threshold languages:	39
2.14.3	Add CAPI Reason Fragment Generation.....	40
2.14.4	Add Regulations for new CAPI Reason fragment	41
2.14.5	Add NOA Title and Footer Reference for new Reason	41
2.14.6	Translate relevant components into Threshold languages	41
2.15	GR/CAPI Recoverable Batch (PB19F216, PB19F207)	42
2.15.1	Overview	42
2.15.2	Description of Change.....	42
2.15.3	Execution Frequency	43
2.15.4	Key Scheduling Dependencies.....	43
2.15.5	Counties Impacted	43
2.16	GR Recoverable Recoupment Logic on CAPI	43
2.16.1	Overview	43

2.16.2	Description of Changes	43
2.16.3	Programs Impacted	43
2.17	Recovery Account Detail in Create Mode from EDBC	43
2.17.1	Overview	43
2.17.2	Recovery Account Detail Mockup	44
2.17.3	Description of Changes	44
2.17.4	Programs Impacted	45
3	Supporting Documents	45
4	Requirements	45
4.1	Project Requirements	45
5	Migration Impacts.....	46
6	Outreach.....	46
6.1	Lists	46
7	Appendix.....	46

DRAFT

1 OVERVIEW

1.1 Current Design

Currently LRS/CalSAWS system allows two participants to be aided in one CAPI (Cash Assistance Program for Immigrants) Case and in one program. The CAPI EDBC utilizes the CAPI Payment Standards for couples and issues a single payment for the couple.

1.2 Requests

Per MPP 49-055.3, each member of an eligible couple should receive one-half of the couples benefit amount when each member is eligible for CAPI. Each eligible participant should be evaluated in a separate Case and/or program and paid separately on their own account.

1.3 Overview of Recommendations

- Update the Program Detail page to prevent adding more than one CAPI program to a case.
- Update the Relationship Detail page to support the CAPI Couple Definition.
- Update CAPI EDBC to make the couple case non-primary applicant Status Active, Role FRE and Role Reason Spouse.
- Update CAPI EDBC to split the benefit amount in one half between both participants (identified as spouse) on their respective cases.
- Modify MEDS AP18 – Report New Application job (POXXE400) to send the correct Application Flag when trigger for CAPI program.
- Modify MEDS EW40 – Termination Status Change job (POXXE411) to send a Term Reason of Other - '99' when a CAPI participant status is changed to Active/FRE/Spouse.
- Add a new Batch EDBC skip to not run Batch EDBC on any benefit month after implementation on case that a person is associated to a CAPI couple case after the SCR implementation.
- Update GA/CAPI Recoverable Account Batch to use the benefit recipient of a GA/CAPI program as the Responsible Party for the recoverable benefits.
- Update GR Recoverable Recoupment Logic to recoup only the benefit recipient's GR benefits in a CAPI EDBC.
- Auto populate the Responsible Parties with adult CAPI program persons when creating a Non-External Regular Recovery Account from EDBC for CAPI programs.

1.4 Assumptions

- The Primary Applicant of the CAPI program should always be the participant of the CAPI program.
- Both couple cases should have both participants as program persons.
- For existing CAPI couple cases split, new CAPI couple case for the non-primary applicant need to be created by the user with the come-up month BDA.

- A CIT document will be sent out giving the details about the instructions/steps that need to be followed by the district office users on the process of existing CAPI couple cases split.
- For existing CAPI couple unrelated relationship cases, the new “CAPI Couple” check box on the Relationship Detail Page should be checked as part of CIT.
- For new CAPI couple cases going forward, the user will create two CAPI couple cases/programs with each person being primary applicant on their own case.
- For CAPI program, BDA is always the first of the following month of the application month and no changes to it.
- No YBN Changes in the scope of this SCR as no impact to CAPI.
- No changes required for the existing CAPI/CF and CAPI/MC combo couple Cases.
 - Existing CAPI/CF Couple combo cases will be split and new CAPI Case / program will be created but CF Program will have no changes and CF Program stay on the old CAPI Case.
 - Similarly, CAPI/MC Couple combo cases will be split and new CAPI Case / program will be created but MC Program will have no changes and MC Program stay on the old CAPI Case.
- The existing logic of aiding the spouse from 1st of the following month when household composition changes from one person to a couple remains unchanged.
 - If the spouse applies in a different month, the spouse will become eligible to one half of the couple benefit in their own case from first of the month following the application date.
- If the spouse is Out of Home or Deceased in the mid-month, the system will Discontinue the person in the following month and issue single person grant. There will be no change to it as part of this SCR.
- C-IV will inherit all the LRS/CalSAWS CAPI automation in this SCR at migration.
- C-IV will inherit the updates on forms updated/added in this SCR at migration.
- All verifications should be verified prior to run EDBC for both couple cases.
- The system will not skip issuances of the benefits when only one of the spouses' EDBC is accepted and saved.
- Current logic to auto-generate the RE packets after implementation will remain unchanged for newly created or separated cases. **Exception to this rule**, when the RE date coincides with the CAPI couple case separation month, the user is responsible to manually send out RE packets to each participant.
- MEDS EW20 - Add/Update Client Eligibility Record transaction should not be triggered when CAPI participant status changed from AC/MEM to AC/FRE/SPOUSE for the month that the status is changed.
- CA-47600/CIV-10060 – Update CA1037 State report Revise line 8a logic SCR is related to report changes and are out of scope of this SCR.
- The monthly auto-issuance batch logic will not be changed and will not skip separated and/or new CAPI couple cases.
- For CAPI Couple case if one case is denied/discontinued, user need to rerun the associated couple case to evaluate single person grant.

2 RECOMMENDATIONS

2.1 Program Detail

2.1.1 Overview

The Program Detail page is used to select a new program for an existing case. If only one program is allowed for a case, the option will not be available if the case already has the program. The CAPI program will be updated to only allow one instance for a case.

2.1.2 Program Detail Mockup

Program Detail

*- Indicates required fields

Select Program: *

CAPI

Figure 2.1.2 – Program Detail

2.1.3 Description of Changes

1. Update CAPI to only allow a single instance of the program on a case. This will remove the CAPI option from the Select Program field when a CAPI program already exists on the case.

2.1.4 Page Location

Global: Case Info

Local: Case Summary

Task: New Program

2.1.5 Page Usage/Data Volume Impacts

No expected page usage or data volume impacts.

2.2 Relationship Detail

2.2.1 Overview

The Relationship Detail page is used to create a relationship record between two individuals on a case. This page will be enhanced to support the CAPI couple definition.

2.2.2 Relationship Detail Mockup

Relationship Detail

*- Indicates required fields

Save and Add Another Save and Return Cancel

Change Reason

New Change Reason: *
- Select -

New Reported Date: *
[Date Picker]

First Individual: *
- Select -

Relationship: *
Unrelated

Second Individual: *
- Select -

Has Parental Control

Use Person DOB as Begin Date

CAPI Couple

Begin Date: *
[Date Picker]

End Date:
[Date Picker]

Verified: *
Pending [View]

Save and Add Another Save and Return Cancel

Figure 2.2.2a – Relationship Detail

2.2.3 Description of Changes

- Add a new field "CAPI Couple" to signify that a Relationship of 'Unrelated' qualifies as a CAPI couple when selected.
 - a. This field will dynamically display when the Relationship field has a value of 'Unrelated'.

2.2.4 Page Location

Global: Eligibility

Local: Customer Information

Task: Relationship

2.2.5 Page Mapping

The new CAPI Couple field need to be Page Mapped.

2.2.6 Page Usage/Data Volume Impacts

No expected page usage or data volume impacts.

2.3 CAPI EDBC Changes

2.3.1 Overview

Both participants in couple case will be on their own separate CAPI cases. The CAPI couples' benefit amount should be split in one half between both participants. The user should run CAPI EDBC for each case.

2.3.2 Description of Changes

- Update the Spouse determination logic for "Registered Domestic Partner" and "Unrelated (if CAPI couple is checked)" from the Relationship Detail page to support the CAPI Couple Definition in EDBC.
- Update CAPI EDBC to make the couple case non-primary applicant Status Active, Role FRE and Role Reason Spouse after evaluating the couple benefits.

Technical Note:

Update the existing status reason "Spouse" (CT73_EL) CAPI program reference columns in CT_73 Table. The table below lists the CAPI reference columns and the related details to be updated.

Status Reason	Code Num Identif	CAPI	CAPI Priority	CAPI Program Role
Spouse	EL	Y	6000	FE

- Update CAPI EDBC to FAIL the non-primary applicant with status reason "Doesn't Meet Program Req." when the relationship is not one of the following
 - Spouse
 - Common Law
 - Registered Domestic Partner
 - Unrelated (if CAPI couple is checked)
- Update CAPI EDBC to evaluate the couple Case with couple benefits and currently non-primary applicant fails with status reason "Gets Duplicate Aid" if they are already Active in their own couple case which need to be disabled.
- Update CAPI EDBC to evaluate the couple Case with couple benefits when the non-primary applicant status is either Active or pending in their own case anticipating user will run and authorize the other case when both are related as CAPI couple.
- Update CAPI EDBC to split the couple benefit amount in one half between both participants on their respective cases.
- Update EDBC benefit amount to raise half-cent if couple's payment involves an odd number of cents (resulting in a half-cent payment to each spouse), the EDBC must raise each spouse's payment by a half-cent to the next full cent. This will result in the couple receiving a total of one extra cent in benefits each month.

- **Example:** Couple benefit \$1,195.75 when split half is \$597.875 should be rounded to \$597.88 for each of the spouses'
- Add Potential Couples' Benefit line item in the EDBC Summary Page for couple cases only.
- Dynamically display the highlighted block in 1b) mockup to show half split benefit of the couple benefit for couple case and suppress this for single person case.
- Implementation date logic
 - Ongoing Active cases with BDA prior to 08/01/2020 - Update the EDBC logic to set the non-primary applicant's status as Active with a Role of FRE and Role Reason of Spouse from the come-up month (September 2020) after the implementation date (07/19/2020).
 - Intake and Ongoing cases with BDA on or after 08/01/2020 - Update the EDBC logic to set the non-primary applicant's status as Active with a Role of FRE and Role Reason of Spouse from the month (August 2020) after the implementation date (07/19/2020).
 - Rerun EDBC scenarios – Existing active couple cases (BDA prior to 08/01/2020) should follow the current logic of aiding them in a single case until the month (August 2020) after the implementation date (07/19/2020).
 - EDBC Results summary Page with the new line item should be displayed following the next month or come-up month after implementation based on the above-mentioned scenarios.

Note:

- 1) For current existing couple cases, the user needs to create new separate CAPI cases for the non-primary applicants with the come-up month BDA.
- 2) A CIT document will be sent out giving the details about the instructions/steps that need to be followed by the district office users on the process of existing CAPI couple cases split. The existing couple case list reference can be found in the Outreach Section 6.
- 3) For current existing couple unrelated relationship cases, the new "CAPI Couple" check box on the Relationship Detail Page should be checked to evaluate as couple.

1a) Couple Case CAPI EDBC Summary with Full Couple benefit Before Change:

Program Configuration

System Determination

EDBC Source: Online EDBC Rules

Aid Code: 6T - CAPI-Limited Term

Program Status: Active

Note: Overridden rows are in bold.

Name	DOB	Role	Role Reason	Status	Status Reason
<u>TEST_CASE</u>	02/09/1948	MEM		Active	
<u>TEST_SPOUSE</u>	11/29/1964	MEM		Active	

Aid Payment

Regular

Full Month Aid Payment	\$	1,582.14
Dates to Prorate		1-31
Aid Payment	\$	1,582.14
Combined Aid Payment	\$	1,582.14
Final Aid Payment	\$	1,582.14
Overridden Aid Payment	\$	
Penalties	-	<u>0.00</u>
Potential Benefit	=	1,582.14

1b) Couple Case CAPI EDBC Summary with Split Couple benefit After Change:

Program Configuration					
System Determination					
EDBC Source: Online EDBC Rules					
Aid Code: 6T - CAPI-Limited Term					
Program Status: Active					
Note: Overridden rows are in bold.					
Name	DOB	Role	Role Reason	Status	Status Reason
TEST, CASE	02/09/1948	MEM		Active	
TEST, SPOUSE	11/29/1964	FRE	Spouse	Active	

Aid Payment	Regular
Full Month Aid Payment	\$ 1,582.14
Dates to Prorate	1-31
Aid Payment	\$ 1,582.14
Combined Aid Payment	\$ 1,582.14
Final Aid Payment	\$ 1,582.14
	/ 2
Potential Couples' Benefit	= 791.07
Overridden Aid Payment	\$
Penalties	- 0.00
Potential Benefit	= 791.07

2a) Couple Case CAPI EDBC Summary with Overpayment Before Change:

Program Configuration					
System Determination					
EDBC Source: Online EDBC Rules					
Aid Code: 6T - CAPI-Limited Term					
Program Status: Active					
Note: Overridden rows are in bold.					
Name	DOB	Role	Role Reason	Status	Status Reason
TEST_CASE	02/09/1948	MEM		Active	
TEST_SPOUSE	11/29/1964	MEM		Active	

Aid Payment	Regular
Full Month Aid Payment	\$ 1,402.14
Dates to Prorate	1-31
Aid Payment	\$ 1,402.14
Combined Aid Payment	\$ 1,402.14
Final Aid Payment	\$ 1,402.14
Overridden Aid Payment	\$
	Override Payment
Penalties	- 0.00
Potential Benefit	= 1,402.14
Previous Potential Benefit	- 1,582.14
Overpayment Adjustment Amount	- 0.00
Overpayment	= 180.00

2b) Couple Case CAPI EDBC Summary with Overpayment After Change:

The overpayment will be evenly split across both the cases as shown below

Case 1: Primary Applicant CASE TEST and non-primary Applicant SPOUSE TEST

Program Configuration					
System Determination					
EDBC Source: Online EDBC Rules					
Aid Code: 6T - CAPI-Limited Term					
Program Status: Active					
Note: Overridden rows are in bold.					
Name	DOB	Role	Role Reason	Status	Status Reason
TEST, CASE	02/09/1948	MEM		Active	
TEST, SPOUSE	11/29/1964	FRE	Spouse	Active	

Aid Payment	Regular
Full Month Aid Payment	\$ 1,402.14
Dates to Prorate	1-31
Aid Payment	\$ 1,402.14
Combined Aid Payment	\$ 1,402.14
Final Aid Payment	\$ 1,402.14
	/ 2
Potential Couples' Benefit	= 701.07
Overridden Aid Payment	\$
	Override Payment
Penalties	- 0.00
Potential Benefit	= 701.07
Previous Potential Benefit	- 791.07
Overpayment Adjustment Amount	- 0.00
Overpayment	= 90.00

Case 2: Primary Applicant SPOUSE TEST and non-primary Applicant CASE TEST

Program Configuration					
System Determination					
EDBC Source: Online EDBC Rules					
Aid Code: 6T - CAPI-Limited Term					
Program Status: Active					
Note: Overridden rows are in bold.					
Name	DOB	Role	Role Reason	Status	Status Reason
TEST_SPOUSE	11/29/1964	MEM		Active	
TEST_CASE	02/09/1948	FRE	Spouse	Active	

Aid Payment	Regular
Full Month Aid Payment	\$ 1,402.14
Dates to Prorate	1-31
Aid Payment	\$ 1,402.14
Combined Aid Payment	\$ 1,402.14
Final Aid Payment	\$ 1,402.14
	/ 2
Potential Couples' Benefit	= 701.07
Overridden Aid Payment	\$
	Override Payment
Penalties	- 0.00
Potential Benefit	= 701.07
Previous Potential Benefit	- 791.07
Overpayment Adjustment Amount	- 0.00
Overpayment	= 90.00

2.3.3 Programs Impacted

CAPI

2.3.4 Performance Impacts

N/A

2.4 EDBC List page informational message

2.4.1 Overview

Both participants of the couple will be on their own separate CAPI cases. The user should run CAPI EDBC for each case.

2.4.2 Description of Changes

- The new informational message to be displayed for Regular and Manual EDBC.
- Update the CAPI EDBC to display a new message to run the spouse's CAPI case after the user accepts the EDBC for couple cases.
- Display the new message "Run EDBC for the spouse's CAPI case and any associated CalFresh Case."
- Display the message even if the associated couple case already ran EDBC on the same day.
- Implementation date logic
 - The new informational message should be displayed following the next month August 2020 contingent upon the SCR release 20.07.

EDBC List

Save and Continue Cancel

• Run EDBC for the spouse's CAPI case and any associated CalFresh Case.

Display by:
Program: [dropdown] Type Reason: [dropdown] Run Status: [dropdown] From: 07/2020 To: 08/2020 View

Search Results Summary Results 1 - 2 of 2

Begin Month	End Month	Program	Type	Run Status	Auth Amount	Date Run	EDBC Source
-------------	-----------	---------	------	------------	-------------	----------	-------------

Figure 2.4.2 – Informational message on EDBC List page

2.4.3 Programs Impacted

CAPI

2.4.4 Performance Impacts

N/A

2.5 Program Configuration Override Detail Page Validation

2.5.1 Overview

There should only be one person receiving benefits on a CAPI program.

2.5.2 Description of Changes

- This new validation message is related to the online CAPI EDBC Program Configuration Override Detail Page.
- Update the CAPI EDBC to display a new validation to not allow more than one person receiving benefits on a CAPI program.
- The validation message should be displayed when both participants are having Role "MEM" and Status "Active".
- The validation should display "More than one Active Member exists on the CAPI program."
- Update the Role Reason dropdown list to include "Spouse" in the list.
- Implementation date logic
 - The new validation message should be displayed following the next month August 2020 contingent upon the SCR release 20.07.

Program Configuration Override Detail

*- Indicates required fields

Save and Return Cancel

• **Status** - More than one Active Member exists on the CAPI program.

System Determination				
Name:	Role:	Role Reason:	Status:	Status Reason:
Test, Spouse	MEM		Active	

User Override	
Name:	Test, Spouse
Role: *	MEM
Status: *	Active
Role Reason:	Spouse
Status Reason:	
Adult Child C	Adult

Figure 2.5.2 – Validation on Program Configuration Override Detail page

2.5.3 Programs Impacted

CAPI

2.5.4 Performance Impacts

N/A

2.6 Program Configuration Detail page on Manual EDBC Validation

2.6.1 Overview

There should only be one person receiving benefits on a CAPI program.

2.6.2 Description of Changes

- This new validation message is related to the Manual CAPI EDBC Program Configuration Detail Page.
- Update the CAPI EDBC to display a new validation to not allow more than one person receiving benefits on a CAPI program.
- The validation message should be displayed when both participants are having Role “MEM” and Status “Active”.
- The validation should display “More than one Active Member exists on the CAPI program.”.
- Update the Role Reason dropdown list to include “Spouse” in the list.
- Implementation date logic
 - The new validation message should be displayed following the next month August 2020 contingent upon the SCR release 20.07.

Program Configuration Detail

*- Indicates required fields

Save and Return Cancel

• **Status - More than one Active Member exists on the CAPI program.**

System Determination				
Name:	Role:	Role Reason:	Status:	Status Reason:
Test, Spouse	MEM		Pending	

User Override	
Name:	Test, Spouse
Role: *	MEM
Status: *	Active
Claiming Code:	Non Federal
Role Reason:	Spouse
Status Reason:	
Adult Child Co	Adult

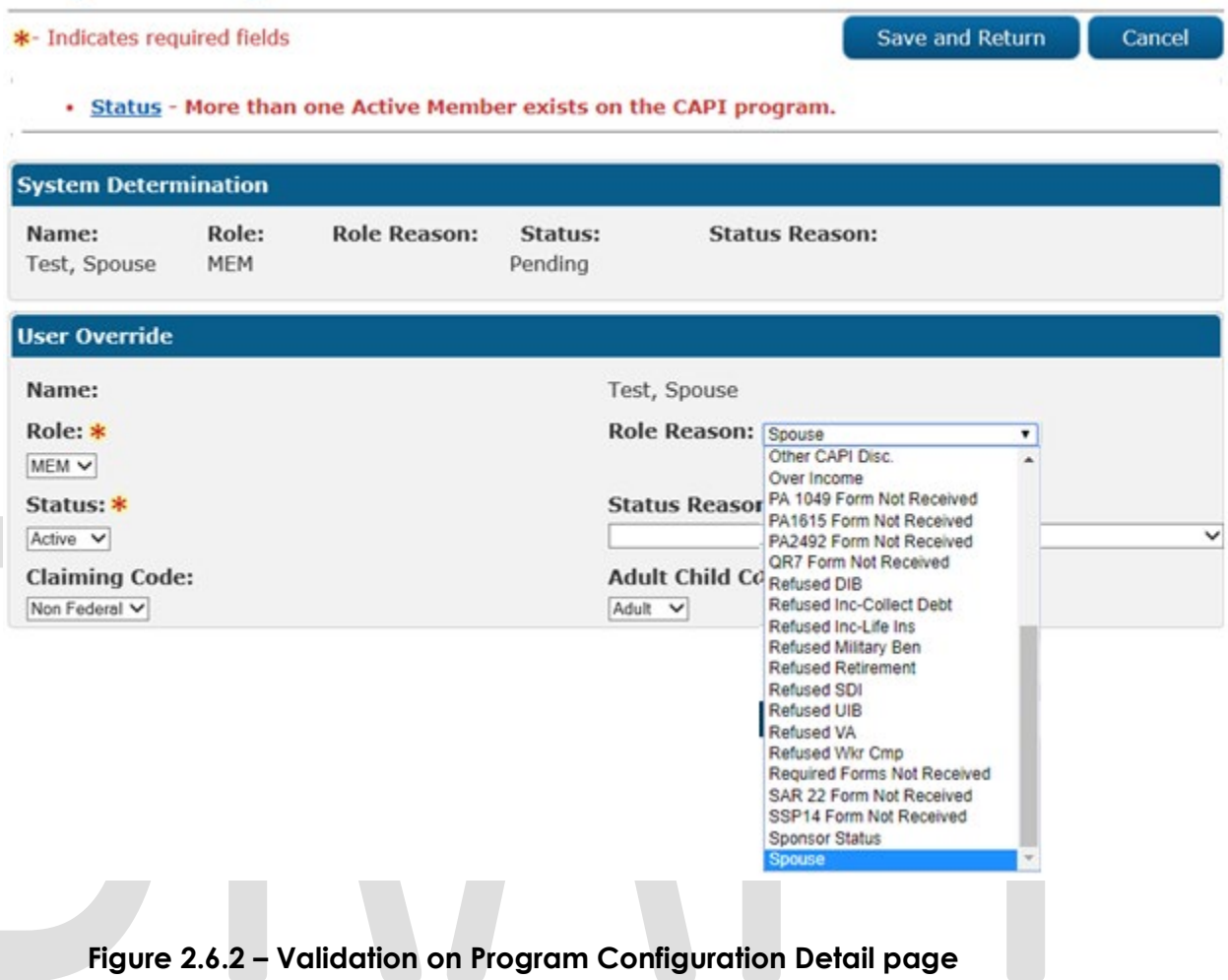
The screenshot shows a web application interface for 'Program Configuration Detail'. At the top, there are two buttons: 'Save and Return' and 'Cancel'. Below them is a red error message: '• Status - More than one Active Member exists on the CAPI program.' The main content is divided into two sections: 'System Determination' and 'User Override'. The 'System Determination' section shows a table with columns for Name, Role, Role Reason, Status, and Status Reason. The data row shows 'Test, Spouse' as Name, 'MEM' as Role, an empty Role Reason, 'Pending' as Status, and an empty Status Reason. The 'User Override' section contains several dropdown menus: Name (Test, Spouse), Role (MEM), Status (Active), Claiming Code (Non Federal), Role Reason (Spouse), Status Reason (empty), and Adult Child Co (Adult). A dropdown menu for Role Reason is open, showing a list of options including 'Spouse', 'Other CAPI Disc.', 'Over Income', 'PA 1049 Form Not Received', 'PA1615 Form Not Received', 'PA2492 Form Not Received', 'QR7 Form Not Received', 'Refused DIB', 'Refused Inc-Collect Debt', 'Refused Inc-Life Ins', 'Refused Military Ben', 'Refused Retirement', 'Refused SDI', 'Refused UIB', 'Refused VA', 'Refused Wkr Cmp', 'Required Forms Not Received', 'SAR 22 Form Not Received', 'SSP14 Form Not Received', 'Sponsor Status', and 'Spouse'. A large grey watermark 'LAW' is visible in the background.

Figure 2.6.2 – Validation on Program Configuration Detail page

2.6.3 Programs Impacted

CAPI

2.6.4 Performance Impacts

N/A

2.7 Modify MEDS AP18 – Report New Application job (POXXE400) to send the correct Application Flag when trigger for CAPI program

2.7.1 Overview

MEDS AP18 transaction is used to report a pending application. When a case has pending CAPI program, the Interface job generates a MEDS AP18 transaction with an incorrect Application Flag (Data Element (DE) 3024) of 'P'.

Application Flag definitions:

N = Pending application, no Medi-Cal, no general relief.

P = Pending application, includes Medi-Cal, no general relief.

As part of this SCR, MEDS AP18 job will be modified to trigger AP18 transaction with the correct Application Flag when trigger for CAPI program.

2.7.2 Description of Change

Modify MEDS AP18 job (POXXE400) to populate an Application Flag element based on the scenarios listed in the table below.

Scenarios	Application Flag value
When a CAPI program is pending, and there is no pending Medi-Cal (MC) program or there is no MC program on the same case.	N
When a CAPI program is pending and there is a pending MC program on the same day.	P
When a CAPI program is pending and there is an active MC program	N
When a CAPI program is pending and there is a pending CalFresh (CF) program on the same day.	N
When a CAPI program is active and there is no active or pending MC program. Note: This scenario can happen, for example, when there is a change in Alien Number on an active CAPI case	N

2.7.3 Execution Frequency

No Change.

2.7.4 Key Scheduling Dependencies

No Change.

2.7.5 Counties Impacted

All Counties

2.7.6 Data Volume/Performance

N/A.

2.7.7 Failure Procedure/Operational Instructions

N/A.

2.8 Modify MEDS EW40 – Termination Status Change job (POXXE411) to send a Term Reason of Other - '99' when a CAPI participant status is changed to Active / FRE / Spouse

2.8.1 Overview

CAPI couple case will have the non-primary person in an Active status, Role code of 'FRE', and Role Reason of 'SPOUSE' (AC/FRE/SPOUSE). MEDS Interface automatic trigger EW40 transaction to MEDS when a participant status is changed from Active/MEM to Active/FRE. As part of this SCR, MEDS EW40 transaction will use the Term Reason (DE 0185) of Other - '99' when a CAPI spouse has a status changed to AC/FRE/SPOUSE.

MEDS EW40 transaction is triggered on the night when participant status is changed from AC/MEM to AC/FRE.

2.8.2 Description of Change

Modify MEDS EW40 job (POXXE411) to use the Term reason of '99' when a CAPI participant status is updated from Active/MEM to AC/FRE/SPOUSE.

2.8.3 Execution Frequency

No Change.

2.8.4 Key Scheduling Dependencies

No Change.

2.8.5 Counties Impacted

All Counties

2.8.6 Data Volume/Performance

N/A.

2.8.7 Failure Procedure/Operational Instructions

N/A.

2.9 Add a new Batch EDBC skip to not run Batch EDBC on case that a person is associated to a CAPI couple case and change is reported

2.9.1 Overview

Add a new Batch EDBC Skip Reason 'CF/CAPI Couple' that will skip a case from Batch EDBC processing on any benefit month when a case is related to a CAPI couple case and change is reported.

2.9.2 Description of Change

1. Add a new Batch EDBC Skip reason of "CF/CAPI Couple" to the 'Not Processed Reason Codes' category (CT_707).

Category Code	Not Processed Reason Codes
New/Update	New
Category ID	707
Short Description	CF/CAPI Couple Case
Long Description	CF/CAPI Couple Case

2. Update Batch EDBC Skip logic to skip a case with a new skip reason 'CF/CAPI Couple' and trigger the following task when change is reported, and all the following are true:
 - a. When a case has CAPI program
 - i. The person is in CAPI program.
 - ii. The person has a spouse on another CAPI case.
 - iii. CAPI program is active on both the spouse cases as of the benefit run month.
 - iv. Both spouses have an Active status with Role of Member on the CAPI programs as of the benefit run month in their respective cases.
 - v. Batch EDBC is not being run for COLA.
 - b. When a case has CF program.
 - i. The person is Active with Role Member on the CF program as of the benefit run month.
 - ii. The person is in a CAPI couple case. CAPI couple cases are active as of the benefit run month. The CAPI couple case can be the same case or in a different case.
 - iii. Batch EDBC is not being run for COLA.

Note:

- CAPI couple spouse that is not the primary applicant of the program will have a status/role/reason of Active/FRE/Spouse.
- Any COLA Batch EDBC runs will not skip CAPI Couple Cases and any associated CF and/or MC Cases.

Task Details: Batch EDBC will use the existing Task – ‘Review data and run EDBC. Batch Eligibility did not process this program.’ (CT 399 - BE), when skipping on a CAPI couple case.

LRS/CalSAWS Task Details	
Trigger Condition	Trigger when Batch EDBC is skipped on an associated CAPI couple case when change is reported.
Task Type	Batch EDBC Program Skipped: Review Reason
Task Category	Batch EDBC
PR/RE Worklist Page Visible	No
Task Priority	Low
Task Due Date	N/A.
Task Expiration Date	N/A.
Task Long Description	Review data and run EDBC for {Benefit Month}. Batch Eligibility did not process this program for the following reasons: {Exclusion Reasons - CF/CAPI couple case}
Office Distribution	No
Task Initial Assignment	Current CAPI program assigned worker. Note: There will be tasks for each CAPI program assigned worker.
Task Navigation Template	Default - Case Summary.

Note:

- When a Batch EDBC is skipped on the associated CF case, for the CAPI couple reason, all active programs in that case will get skipped that can include CF, MC, or any active programs in the same case.

This can happen, for example, when a case A has CF, CW, MC programs and the person in CF program has a separate CAPI couple case B.

- If a CAPI couple has a separate case that the case doesn't have CalFresh or CAPI program, then Batch EDBC will not skip that case. For example, if the case has only Medi-Cal program.
- Batch EDBC will not skip case that was run for the benefit month prior to the SCR implementation date.

Technical Note: A new indicator (refer table column) will be added into Code Category 744 - EDBC Run Reason Code to identify COLA EDBC run reason. Batch will use the new indicator to identify COLA run.

The following existing COLA EDBC run reason will have a 'Y' on the new indicator.

EDBC Run Reason	COLA (new indicator)
CW COLA	Y
TCF COLA	Y
CF COLA	Y
FPL COLA	Y
COLA Reduc	Y
SSA COLA	Y
DCFS Annual COLA	Y
MC FPL COLA	Y
CAPI COLA	Y
CW/CF COLA	Y

2.9.3 Execution Frequency

N/A.

2.9.4 Key Scheduling Dependencies

N/A.

2.9.5 Counties Impacted

All Counties.

2.9.6 Data Volume/Performance

N/A.

2.10 Effective Date 24 CAPI NOA reasons – LRS/CalSAWS

2.10.1 Overview

There are 24 CAPI NOAs reasons in LRS/CalSAWS referring to more than one participant within the NOA currently in the system. Since couple case will be addressed individually, these NOA reasons will be no longer needed for EDBC Benefit Months after August 2020 (when the EDBC logic takes effect).

2.10.2 Description of Change

CAPI NOA reasons stated in attached document will be updated to no longer generate for Benefit Months on or after September 2020. (Supporting Documents #1)

2.11 Update form SOC 453- CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS – LRS/CalSAWS

2.11.1 Overview

SOC 453 was updated in January 2018 to reflect changes from CAPI Couple case but it was not updated in LRS.

State Form: SOC 453 (1/18) -CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS

Current Programs: CAPI

Current Attached Forms: No

Current Forms Category: Form

Existing Languages:

English, Spanish, Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, Vietnamese

New Languages:

Note: Threshold languages will be added/ updated in this SCR.

(Armenian, Arabic, Cambodian, Chinese, Farsi, Korean, Lao, Hmong, Russian, Spanish, Tagalog, Vietnamese)

Note: TL versions from CDSS are attached in JIRA. It is for translations only and header will be the standard system header and the format will match the english version.

2.11.2 Description of Change

Update SOC 453 (11/02) to the latest version (SOC 453 (1/18)) in LRS/CalSAWS.

2.11.3 Updates to the Form Verbiage

The colors represent following:

Blue – Updated Text

Red – Removed Text

Green – New Text

DRAFT

Old SOC 453 (11/02)

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

**CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)
STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS**

APPLICANT/RECIPIENT'S NAME _____ SOCIAL SECURITY NUMBER _____

SPOUSE'S NAME _____ SPOUSE'S SOCIAL SECURITY NUMBER _____

RESIDENCE ADDRESS: STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ RESIDENT TELEPHONE NUMBER _____

PART A - LIVING ARRANGEMENTS: Statement of the CAPI applicant/recipient and spouse

1. What date did you move to this address? _____
2. How many people live in this residence? (Count yourself, your spouse, children and all others.) _____
3. Do all other household members receive some type of public assistance such as CalWORKs, BIA, SSI/SSP, VA Pension, CAPI, or OASDI? Yes No
4. Do you (or your spouse) own or are you buying the home you live in? 2 Yes No
5. Do you (or your spouse) rent the home you live in? Yes No
6. Are you (or anyone who lives with you) the parent or child of the landlord or landlord's spouse? Yes No
7. a. Does any organization or person also does not live with you help you (or your spouse) pay for food, rent, mortgage, property insurance, utility bills, or other household expenses? Yes No
7. b. Item # _____ Contributor: _____ Monthly Amount: \$ _____
8. Do you buy all your own food? Yes No

PART B - TOTAL HOUSEHOLD EXPENSES: Expenses paid by entire household

9. a. Please enter the amount the entire household pays each month for the following items.

Write the total amount paid on behalf of everyone who lives in this residence, including yourself, spouse, children, and all others. Enter the full monthly rent or mortgage for the house or apartment, cost of food for everyone, etc.

12. Food unless you buy your own food separately: _____	14. Gas: _____
13. Rent or mortgage: _____	15. Electric: _____
Property insurance: _____	Water: _____
Property taxes: _____	Sewer: _____
	Garbage: _____

16. b. If you share household expenses with others who live with you, write the amount you and your spouse contribute in cash each month. \$ _____

17. c. What date did you start contributing this amount? 12/2008

PART C - SIGNATURE: If the CAPI applicant/recipient pays household expenses to another person who lives in the same residence, or shares expenses with a person who lives in the same residence, that other person (called "Head of Household") must review this form, verify that it is accurate, and sign below.

I declare, under penalty of perjury under the laws of the State of California that all answers that I have given and all statements on this form are correct and true to the best of my knowledge.

SIGNATURE OF APPLICANT/RECIPIENT _____ DATE _____ SIGNATURE OF SPOUSE _____ DATE _____

Head of Household

18. I declare, under penalty of perjury under the laws of the State of California that all the information above regarding total household expenses and the CAPI applicant/recipient's cash contributions is correct and true to the best of my knowledge.

SIGNATURE OF HEAD OF HOUSEHOLD _____ DATE _____ TELEPHONE NUMBER _____

SOC 453 (11/02) 10

Updates to SOC 453 (1/18)

State of California - Health and Human Services Agency California Department of Social Services

**CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)
STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS**

22. This form must be completed by the applicant/recipient when applying for CAPI and also at every redetermination.

Applicant's or Recipient's Name: _____ Case Number: _____

Residence Street Address (if homeless, please indicate): _____

Residence City, State and ZIP Code: _____

Telephone Number: _____ Message Telephone Number: _____

PART A: LIVING ARRANGEMENTS

1. What date did you move to this address? _____
2. How many people live in this residence? (Please count yourself, your spouse, children and all others.) _____
3. Do all other household members receive some type of public assistance such as CalWORKs, BIA, SSI/SSP, VA Pension, CAPI or General Assistance? Yes No
4. Do you or your spouse own the home you live in (or are you in the process of buying it)? 2 Yes No
5. Do you or your spouse RENT the home you live in? Yes No
6. Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse? Yes No
7. Does any organization or person who does not live with you help you (or your spouse) pay for food, rent, mortgage, property insurance, utility bills, or other household expenses? Yes No (if "no," skip to Question #9.)
8. If you answered "yes" to the above question, please list the item paid for, who pays for it, and the monthly amount paid for it.
5. Contributor's Name: _____ Monthly Amount: \$ _____
- Item #2: _____
6. Contributor's Name: _____ Monthly Amount: \$ _____
9. Do you buy all your own food? Yes No

PART B: TOTAL HOUSEHOLD EXPENSES

These are the expenses paid by the entire household, not just the applicant/recipient.

10. Please enter the amount the entire household pays each month for the following items.

Write in the total amount paid on behalf of everyone who lives in this residence, including

SOC 453 (1/18) 10 Page 1 of 2

State of California - Health and Human Services Agency California Department of Social Services

yourself, spouse, children, and all others. Enter the full monthly rent or mortgage for the house or apartment (not just what you pay), the cost of food for everyone, etc.

12. Monthly food cost for entire household (if you answered "yes" to Question 9, please enter zero) \$ _____

11. Total monthly rent or mortgage: \$ _____

13. Property insurance: \$ _____

Property taxes: \$ _____

14. Gas (for heating, cooking, etc.): \$ _____

15. Electric: \$ _____

Water: \$ _____

Sewer: \$ _____

Garbage: \$ _____

16. 11. If you share household expenses with others who live with you (other than your spouse, if any), write the amount that you (and your spouse, if any), contribute in cash each month. (If you live alone or just with your spouse, please write "0"). \$ _____

17. 12. What date did you start contributing the amount listed in Question #11(month/day/year)? _____ 19

PART C: SIGNATURE - If the CAPI applicant/recipient pays household expenses to another person who lives in the same residence, or shares expenses with a person who lives in the same residence, that other person (called "Head of Household") must review this form, verify that it is accurate and sign below.

CAPI Applicant/Recipient

I declare, under penalty of perjury under the laws of the State of California, that all answers that I have given and all statements on this form are correct and true to the best of my knowledge.

Signature of Applicant/Recipient: _____ Date: _____

Head of Household

20. I declare, under penalty of perjury under the laws of the State of California, that all the information above regarding total household expenses and the CAPI applicant's/recipient's cash contributions is correct and true to the best of my knowledge.

Signature of Head of Household: _____ Date: _____ Telephone Number: _____

FOR OFFICIAL USE ONLY

Total monthly household expenses (TMHA): \$ _____

21. To calculate pro rata share, divide TMHA by number of people (including adults and children) residing in household. \$ _____

SOC 453 (1/18) Page 2 of 2

The following is the change in verbiage:

Number	Description	Existing Text	Updated Text
1	Capitalize OWN in Question #4	own	OWN
2	Verbiage change in Question #4	Do you (or your spouse) own or are you buying the home you live in?	Do you or your spouse OWN the home you live in (or are you in the process of buying it?)
3	Capitalize RENT in Question #5	rent	RENT
4	Remove Question #7b	Item: _____ Contributor: _____ Monthly Amount: _____	(N/A)
5	Add Question #8	(N/A)	If you answered "yes" to the above question, please list the item paid for, who pays for it, and the monthly amount paid for it. Item #1: _____ Contributor name: _____ Monthly Amount: _____ Item #2: _____ Contributor name: _____ Monthly Amount: _____
6	Change Question #8 number to Question #9	8. Do you buy all your own food?	9. Do you buy all your own food?
7	Add verbiage below PART B	(N/A)	<i>These are the expenses paid by the <u>entire household</u>, not just the applicant/ recipient.</i>
8	Change Question #9a number to Question #10	9. a. Please enter the amount.	10. Please enter the amount.
9	Underline entire household in Question #10	Please enter the amount the entire household pays.	Please enter the amount the <u>entire household</u> pays.

10	Revision No/Form footer	SOC 453 (11/02)	SOC 453 (1/18)
11	Add \$ sign to amount listed in Question #10	_____	\$_____
12	Verbiage update	Food (unless you buy your food separately)	Monthly food cost for entire household (if you answered "yes" to Question 9, please enter zero)
13	Verbiage update	Rent or mortgage	Total monthly rent or mortgage
14	Verbiage update	Gas	Gas (for heating, cooking, etc.)
15	Verbiage update	Electricity	Electric
16	Change Question #9b number to Question #11	9. b. If you share...	11. If you share.
17	Verbiage update (Question 11)	If you share household expenses with others who live with you, write the amount you and your spouse contribute in cash each month. \$ _____	If you share household expenses with others who live with you (other than your spouse, if any), write the amount that you (and your spouse, if any), contribute in cash each month. (If you live alone or just with your spouse, please write "0"): \$_____
18	Change Question #9c number to Question #12	9. c. What date did you.	12. What date did you.
19	Verbiage update (Question 12)	What date did you start contributing this amount? _____ (Month/Day/Year)	What date did you start contributing the amount listed in Question #11 (month/day/year)? _____
20	Verbiage update (Head of Household)	I declare under penalty of perjury under the laws of the State of California that all that all the information	I declare, under penalty of perjury under the laws of the State of California, that all the information

		above regarding total household expenses and the CAPI applicant's/recipient's cash contributions is correct and true to the best of my knowledge.	above regarding total household expenses and the CAPI applicant's/recipient's cash contributions is correct and true to the best of my knowledge.
21	Add "FOR OFFICIAL USE ONLY" section and content	(N/A)	FOR OFFICIAL USE ONLY Total monthly household expenses (TMHA): \$ _____ To calculate pro rata share, divide TMHA by number of people (including adults and children) residing in household: \$ _____
22	Add form instructions	N/A	This form must be completed by the applicant/recipient when applying for CAPI and also at every redetermination.

2.12 Update form SOC 804 – Statement Of Facts For Determining Continuing Eligibility For The Cash Assistance Program For Immigrants (CAPI) – LRS/CalSAWS

2.12.1 Overview

SOC 804 was updated in February 2020 to reflect changes from CAPI Couple case but it was not updated in LRS.

State Form: SOC 804 (2/20) - Statement Of Facts For Determining Continuing Eligibility For The Cash Assistance Program For Immigrants (CAPI)

Current Programs: CAPI

Current Attached Forms: No

Current Forms Category: Form

Existing Languages:

English

New Languages:

Threshold languages will be added with this SCR.

(Armenian, Arabic, Cambodian, Chinese, Farsi, Korean, Lao, Hmong, Russian, Spanish, Tagalog, Vietnamese)

2.12.2 Description of Change

Update SOC 804 (11/99) to the latest version (SOC 804 (2/20)) in LRS/CalSAWS.

2.12.3 Updates to the Form Verbiage

Large part of SOC 804 has been updated and new sections have been added to latest version of SOC 804 (2/20).

The colors represent following:

Blue – Updated Text

Red – Removed Text

Green – New Text

Old SOC 804 (11/99)

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

STATEMENT OF FACTS FOR DETERMINING CONTINUING ELIGIBILITY FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

If the name and address below or on attached letter are not correct, please cross out the part that is wrong and write in the correct information.

SPONSOR NAME: _____
 CAPI SSI Ineligible
 SPOUSE SOCIAL SECURITY NUMBER: _____
 SPOUSE BIRTH DATE: _____

USE REMAINS SECTION ON PAGE 3 IF YOU NEED ADDITIONAL SPACE FOR ANY QUESTION

A. Do you have any physical or mental health problems? (For example, high blood pressure, heart problems, diabetes, asthma, osteoporosis, sight or vision, depression) if yes, please explain briefly. YES NO

B. Do you currently receive Medi-Cal? YES NO
 Do you currently receive Food Stamps? YES NO
 Do you currently receive SSI/SSP? YES NO

C. If sponsored, is your sponsor deceased or disabled? YES NO
 If sponsored, is your sponsor (or sponsor's spouse) deceased to you? YES NO

WHEN ANSWERING THE FOLLOWING QUESTIONS REFER TO THIS DATE

1. Since the date above, has your immigrant status changed, or have you become a United States citizen? If yes, explain change and attach copies of new documents. YES NO
 Change: _____ Date of change: _____

2. A) Since the date above, have you been outside of the United States? If yes, complete below and attach a copy of passport, reentry permit, or other travel documents. YES NO
 Date(s) left: _____ Date(s) returned: _____
 B) Since the date above, have you been outside California? If yes, YES NO
 Date(s) left: _____ Date(s) returned: _____

3. Since the date above, have you spent a full calendar month in a hospital, nursing home, or other institution? If yes, YES NO
 Type of institution: _____ Dates entered and left: _____

4. Since the date above, has anyone moved into or out of the place where you live? YES NO
 If yes, explain: _____

5. Since the date above, have you moved? If yes, Date of move: _____ YES NO
 New Address: _____

6. Since the date above, has anyone given you, (or your spouse living with you) any money, food, a free place to live, or helped pay your rent or household expenses? YES NO
 Type of help: _____ How often received: _____ Amount: \$ _____

SOC 804 (11/99) Page 1 of 4

7. SINCE THE DATE ON PAGE 1, have you (or your spouse living with you) earned money from working, including self-employment? If yes, please give the following information and attach proof. YES NO

NAME OF WORKER	EMPLOYEE'S NAME, ADDRESS, AND PHONE NUMBER	GROSS WAGES		DATES OF EMPLOYMENT
		AMOUNT	HOW OFTEN PAID	
		\$		FROM: _____ TO: _____
		\$		FROM: _____ TO: _____
		\$		FROM: _____ TO: _____

8. SINCE THE DATE ON PAGE 1, have you (or your spouse living with you) received payments from any sources, including from outside the United States? For example: YES NO
 • Interest/dividends Rental income
 • Other cash payments or checks (gifts, support from relatives) Pensions/Annuities
 • Unemployment or disability benefits Alimony or child support
 • Veterans benefits Social Security/SSA
 • Insurance benefits Any other money or benefits

If yes, give the following information and attach proof:

TYPE OF PAYMENT RECEIVED	PAYMENT AMOUNT	HOW OFTEN RECEIVED
	\$	
	\$	
	\$	

9. Do you (or your spouse living with you) have any checking or savings accounts or any other money in a financial institution? If yes, complete below and attach proof. Include any accounts where you have direct deposit of any money and any accounts inside or outside the United States. YES NO

NAME OF INSTITUTION AND ADDRESS	TYPE OF ACCOUNT	CURRENT BALANCE
		\$
		\$
		\$

10. Do you (or your spouse living with you) have any cash, stocks, bonds, notes, or certificates of deposit inside or outside the United States? If yes, give the following information and attach proof. YES NO

WHAT YOU HAVE	THE VALUE OF WHAT YOU HAVE
	\$
	\$
	\$

11. Do you (or your spouse living with you) own any land or buildings or does your name appear on any deed or mortgage of any property inside or outside the United States? If yes, give the following information and attach proof. YES NO

TYPE OF PROPERTY	LOCATION OF PROPERTY	VALUE
		\$
		\$
		\$

SOC 804 (11/99) Page 2 of 4

REMARKS: Use this area to add to the information you have given on the previous two pages or to give other information:

TEST
USE
ONLY

YOUR AUTHORIZATION AND CERTIFICATION STATEMENT

We give permission to state and county agencies to check the information we have given on this form, and to ask my employer(s) for information about my wages. I/we understand that these agencies will compare information given on this form with records from other county, state and federal agencies to make sure the correct amount of benefits is paid.

I/we have read and understand my/our responsibilities. **15**

We understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime that can be punished under State law.

I/we certify under penalty of perjury that the statements given on this form are the truth as I/we know it.

INDICATOR OF RESIDENT	PHONE	DATE
INDICATOR OF SPOUSE		
WITNESS (IF YOU SIGNED WITH ANY)	DATE	
SIGNATURE OF INTERPRETER (PERSON QUALIFIED FROM OTHER SOCIAL)	DATE	
RELATIONSHIP TO RESPONDENT	PHONE NUMBER	

SOC 804 (11/99)

Page 3 of 4

CHANGES TO REPORT

WHERE YOU LIVE - You must report to the County Welfare Department if:

- You move.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative. **18**
- You leave the United States for 30 days or more.
- You are released from a hospital, nursing home, etc.
- You are no longer a legal resident of the United States.

HOW YOU LIVE - You must report to the County Welfare Department if:

- Someone moves into or out of your household.
- The amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.
- Your marital status changes:
 - You get married, separated, divorced, or your marriage is annulled.
 - You separate from your spouse or start living together again after a separation.
 - You begin living with someone as husband and wife.

INCOME - You must report to the County Welfare Department if:

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.

HELP YOU GET FROM OTHERS - You must report to the County Welfare Department if:

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

THINGS OF VALUE THAT YOU OWN - You must report to the County Welfare Department if:

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
- You sell or give away anything of value. **20**
- You buy or are given anything of value.

YOU ARE BLIND OR DISABLED - You must report to the County Welfare Department if:

- Your condition improves or your doctor says you can return to work.
- You go to work.
- You stop going to or refuse any vocational rehabilitation services.

UNMARRIED AND UNDER AGE 22 - A report to the County Welfare Department must be made if:

- If you are the parent of a child who receives CAPI benefits. You are to report if you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence. **21**
- If the child starts or stops school.

YOUR IMMIGRATION AND NATURALIZATION SERVICES (INS) STATUS CHANGES - You must report any change to the County Welfare Department. **22**

SOC 804 (11/99)

Page 4 of 4

Updates to SOC 804 (2/20)

State of California – Health and Human Services Agency California Department of Social Services

STATEMENT OF FACTS FOR DETERMINING CONTINUING ELIGIBILITY FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

NOTICE

The county welfare department is authorized to collect the information on this form under Section 18940 of the Welfare and Institutions Code and the federal laws that govern the Supplemental Security Income/State Supplementary Payment (SSI/SSP) program. This information is needed to enable the county welfare department to determine eligibility or continued eligibility of an individual who is filing for or receiving CAPI benefits.

INSTRUCTIONS

Please print your answers clearly in blue or black ink. This application must be signed and dated by the applicant.

Tell your worker if you need help in getting proof or filling out this form.

CONTACT INFORMATION

A. Your name (first name, middle initial, last name): _____

B. Date of Birth: _____

C. Home Address (street address): _____ Apartment #: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Mailing Address (if different from above): _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Phone Numbers with Area Code: Cell or Mobile (____) _____
 Message Phone (____) _____

Do you give the county permission to contact you via text message in regard to your CAPI case? Yes No

If "yes," please provide the phone number to which the county should text such messages. (____) _____

USE REMARKS SECTION ON PAGE 5 IF YOU NEED ADDITIONAL SPACE FOR ANY QUESTION.

A. Do you need help reading this application? Yes No

Do you need help completing this application or establishing continuing eligibility for CAPI due to a disability? Yes No

Are you deaf or hard of hearing? Yes No

If you are deaf or hard of hearing, the county must provide effective communication at no cost to you. What communication method do you require (if any)? _____

COUNTY USE ONLY

Case Number: _____ CAPI SSI Ineligible

Reviewer's Initials: _____ Date Received: _____

SOC 804 (2/20)

Page 1 of 7

State of California – Health and Human Services Agency California Department of Social Services

2 What language do you prefer to read? _____
What language do you prefer to speak? _____

3 B. Do you have any physical or mental health problems? Yes No
(For example, high blood pressure, heart problems, diabetes, arthritis, osteoporosis, sight or vision problems, depression)

If "yes," please explain briefly: _____ **4**

5 Are you a victim of abuse? Yes No

If "yes," was the abuser your sponsor or your sponsor's spouse? Yes No

"Abuse" means assaultive or coercive behavior, including physical, sexual and psychological abuse, economic control, stalking, isolation, threats, and other types of coercive behaviors.

C. Do you currently receive Medi-Cal? Yes No

Do you currently receive CalFresh (Food Stamps)? **6** Yes No

Do you currently receive SSI/SSP? Yes No

7 Do you currently receive IHSS? Yes No

8 Do you need assistance in your personal care or hygiene? Yes No

Please answer "yes" to the above if you need help with eating, dressing, bathing, taking medication, moving around, etc.

E. If sponsored, is your sponsor deceased or disabled? Yes No

WHEN ANSWERING THE FOLLOWING QUESTIONS, REFER TO THIS DATE: _____

1. Since the date listed above, has your immigration status changed, or have you become a United States citizen? Yes No

If "yes," explain change and attach copies of new documents.

Change: _____

Date of Change: _____

2 A) Since the date above, have you been outside of the United States? Yes No

If "yes," complete below and attach a copy of passport, reentry permit or other travel documents.

Date(s) left: _____

Date(s) returned: _____

10

COUNTY USE ONLY

IHSS Referral

SOC 804 (2/20)

Page 2 of 7

B) Since the date above, have you been outside California? Yes No
 If "yes," list the date(s) you left: _____
 Date(s) returned: _____

3. Since the date above, have you spent a full calendar month in a hospital, nursing home or other institution? Yes No
 If "yes," list the type and name of institution: _____
 Dates entered and left: _____

4. Since the date on page 2, has anyone moved into or out of the place where you live? Yes No
 If "yes," please list their names, dates of birth, and the dates they moved in or out: _____

5. Since the date on page 2, have you moved? Yes No
 If "yes," date of move: _____
 New address: _____

6. Since the date on page 2, has anyone given you (or your spouse living with you) any money, food, a free place to live, or helped pay your rent or household expenses? Yes No
 Type of help: _____
 Who gave you help? _____
 How often? _____ Amount: \$ _____

7. Since the date on page 2, have you (or your spouse living with you) earned money from working, including self-employment? Yes No
 If "yes," please provide the following information and attach proof.

Job #1:
 Name of worker: _____
 Employer's name, address, and phone number: _____

 Gross wage amount: \$ _____ How often paid: _____
 Dates of employment – From: _____ To: _____

Account #2:
 Name of institution and address: _____
 Type of account: _____ Current balance: \$ _____

Account #3:
 Name of institution and address: _____
 Type of account: _____ Current balance: \$ _____

10. Do you (or your spouse living with you) have any cash, stocks, bonds, notes, or certificates of deposit inside or outside the United States? Yes No
 If "yes," please provide the following information and attach proof.
 What you have #1: _____
 Value: \$ _____
 What you have #2: _____
 Value: \$ _____

11. Do you (or your spouse living with you) own any land or buildings or does your name appear on any deed or mortgage of any property inside or outside the United States? Yes No
 If "yes," please provide the following information and attach proof.
 Type of property: _____
 Location of property: _____
 Value: \$ _____
 Type of property: _____
 Location of property: _____
 Value: \$ _____
 Type of property: _____
 Location of property: _____
 Value: \$ _____

REMARKS: Use this area to add to the information you have provided on the previous pages, or to provide other information:

Job #2:
 Name of worker: _____
 Employer's name, address, and phone number: _____

 Gross wage amount: \$ _____ How often paid: _____
 Dates of employment – From: _____ To: _____

8. Since the date on page 2, have you (or your spouse living with you) received payments from any source, including from outside the United States? Yes No
 For example:
 • Interest/dividends • Veterans benefits
 • Rental income • Insurance benefits
 • Pensions/annuities • Alimony or child support
 • Social Security/SSI • Any other money or benefits
 • Unemployment or disability benefits
 • Other cash payments or checks (gifts, support from relatives)
 If "yes," provide the following information and attach proof:

Payment #1:
 Type of payment received: _____
 Payment amount: \$ _____ How often received: _____

Payment #2:
 Type of payment received: _____
 Payment amount: \$ _____ How often received: _____

Payment #3:
 Type of payment received: _____
 Payment amount: \$ _____ How often received: _____

9. Do you (or your spouse living with you) have any checking or savings accounts or any other money in a financial institution? Yes No
 If "yes," complete below and attach proof. Include any accounts where you have direct deposit of any money and any accounts inside or outside the United States.

Account #1:
 Name of institution and address: _____
 Type of account: _____ Current balance: \$ _____

YOUR AUTHORIZATION AND CERTIFICATION STATEMENT

15 I give permission to state and county agencies to check the information I have provided on this form. I understand that these agencies will compare information provided on this form with records from other county, state and federal agencies to make sure the correct amount of benefits is paid. I have read and understand my responsibilities. I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime that can be punished under state law. I certify under penalty of perjury that the statements given on this form are the truth as I know it.

Signature of Recipient: _____ Phone Number: _____ Date: _____
 Witness if you signed with an "X": _____ Date: _____
 Signature of interpreter or person completing form on your behalf: _____ Date: _____
 Relationship to Recipient: _____ Phone Number: _____

CHANGES TO REPORT

REPORTING RESPONSIBILITIES
 You must tell us about any change within 10 days after the change occurs. Failure to report any change within 10 days after it occurs could result in an overpayment that must be repaid. ¹⁷

WHERE YOU LIVE – You must report to the County Welfare Department if:

- You travel:
 - You leave the United States for 30 days or more.
 - You are no longer a legal resident of the United States.
 - You are released from a hospital, nursing home, etc.
 - You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.

¹⁸

HOW YOU LIVE – You must report to the County Welfare Department if:

- Someone moves into or out of your household.
- Someone in your household dies or a baby is born into your household.
- The amount of money you pay toward household expenses changes.
- Your marital status changes:
 - You get married, separated, divorced, or your marriage is annulled
 - You separate from your spouse or start living together after a separation.
 - You begin living with someone as husband and wife.

¹⁹

INCOME – You must report to the County Welfare Department if:

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.

HELP YOU GET FROM OTHERS – You must report to the County Welfare Department if:

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- Someone stops helping you
- Someone starts helping you.

THINGS OF VALUE THAT YOU OWN – You must report to the County Welfare Department if:

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
- You sell or give away any things of value.
- You buy or are given anything of value.

²⁰

YOU ARE BLIND OR DISABLED – You must report to the County Welfare Department if:

- Your condition improves or your doctor says you can return to work.
- You go to work.
- You stop going to or refuse any vocational rehabilitation services.

UNMARRIED AND UNDER AGE 22 – A report to the County Welfare Department must be made:

- If you are the parent of a child who receives CAPI benefits and you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence.
- If the child starts or stops school.

²¹ ²²

YOUR UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) STATUS ²³
 CHANGES – You must report any change to the County Welfare Department within 10 days.

2.13 Add new CAPI Form SOC 814 - Statement Of Facts Cash Assistance Program For Immigrants (CAPI) – LRS/CalSAWS

2.13.1 Overview

The effort is adding the new SOC 814 Form (revision 5/19) in LRS and C-IV. This new form is to be used as statement of facts for the CAPI program. This was provided with ACIN NO. I-35-19

State Form: SOC 814 (5/19) - Statement Of Facts Cash Assistance Program For Immigrants (CAPI)

Programs: CAPI

Forms Category: Form

New Languages:

English, Armenian, Arabic, Cambodian, Chinese, Farsi, Korean, Lao, Hmong, Russian, Spanish, Tagalog, Vietnamese

Note: Threshold Languages will be added with this SCR.

Note: TL versions from CDSS are attached in JIRA. It is for translations only and header will be the standard system header and the format will match the english version.

2.13.2 Description of Change

Create the SOC 814 revision date May 2019 in all threshold languages under "Client Correspondence-Templates-CAPI" in LRS/CalSAWS.

2.13.3 Create CAPI SOC 814 Form XDP

Form Header: Existing CAPI Header (Header_3-1.xdp)

Form Title: STATEMENT OF FACTS

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

Form Number: SOC 814

Include NA Back 9: No

Form Mockups/Examples: See Supporting Documents #2

2.13.4 Add Form Variable Population

The new SOC 814 Form has 3 variables that will be populated when generated in template repository.

Form Body Variables:

Variable Name	Population	Formatting	Template Repository Population	Populates with Form Generation
<CASE_NAME>	Name of the Case For example, "John Doe CAPI".	Arial Font Size 10 bold	Y	N/A
<CASE_NUMBER>	CAPI Case Number For example, "1234567".	Arial Font Size 10	Y	N/A
<WORKER>	Name of Case Worker For example, "John Doe".	Arial Font Size 10	Y	N/A

2.13.5

2.13.6 Add Form to Template Repository

The SOC 814 Form will be added to Template Repository in LRS/CalSAWS and C-IV.

Required Document Parameters:

Case Number, Program, Customer Name, Language

2.13.7 Add Form Print Options and Mailing Requirements

The following Print Options will be included for the SOC 814 Form:

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Y	Y	Y	N	Y	N

Mailing Requirements:

Mail-To (Recipient): Primary Applicant of the CAPI Program

Mailed From (Return): District Office Address

Mail-back-to Address: District Office Address

Outgoing Envelope Type: Standard

Return Envelope Type: Pre-Paid Envelope

2.14 LRS/CalSAWS: Add new CAPI Change NOA Reason fragment

2.14.1 Overview

This effort will update the NOA to generate on an individual basis instead of on a household basis. Each CAPI spouse will be noticed individually.

To address change in individual benefit amount we will need to add a new CAPI reason fragment. The CAPI change NOA with the new reason fragment will be generate for EDBC Benefit Months on or after September 2020 (This matches when the EDBC updates take effect).

State Form/NOA: Taken from State Form NA-692C (12/17)

Program(s): CAPI

Action Type: Change

Fragment Level: Program

Repeatable: No

Include NA Back 9: Yes

New Languages:

English

Note: Threshold languages will be added with this SCR.

(Armenian, Arabic, Cambodian, Chinese, Farsi, Korean, Lao, Hmong, Russian, Spanish, Tagalog, Vietnamese)

2.14.2 Create Fragment XDP

Add new CAPI Reason Fragment.

NOA Mockups/Examples: See Supporting Documents #3

Description	Text	Formatting*
Static	Each member of an eligible couple must receive one-half of the couple's benefit amount when each member is eligible for CAPI.	Arial Font Size 10

Threshold languages:

English	Each member of an eligible couple must receive one-half of the couple's benefit amount when each member is eligible for CAPI.
Armenian	Իրավասու զույգի յուրաքանչյուր անդամ պետք է ստանա զույգի նպաստի զումարի մեկ կեսը, երբ յուրաքանչյուր անդամ իրավասու է CAPI-ի համար:
Cambodian	សមាជិកម្នាក់ៗនៃប្តី/ប្រពន្ធដែលមានលក្ខណសម្បត្តិគ្រប់គ្រាន់ទទួលបានអត្ថប្រយោជន៍មួយកន្លះ: ម្នាក់ៗនៃចំនួនទឹកប្រាក់របស់ប្តី/ប្រពន្ធនៅពេលដែលសមាជិកនីមួយៗមានលក្ខណសម្បត្តិគ្រប់គ្រាន់ទទួលបានកម្មវិធី CAPI ។
Chinese	當夫婦雙方都符合領取CAPI的資格時， 每一位成員都必須領取夫婦福利的一半金額。
Farsi	هر یک از اعضای یک زوج واجد شرایط وقتی که هر یک از اعضا واجد شرایط CAPI باشند، باید نیمی از میزان مزایای زوج را دریافت کنند.

Korean	자격이 있는 부부의 각 구성원은 각자 CAPI에 대한 자격이 있는 경우 부부의 혜택 금액의 절반을 받아야 합니다.
Russian	Каждый член правомочной пары должен получить половину суммы пособия, если каждый участник имеет право на CAPI.
Spanish	Cada miembro de una pareja elegible para CAPI debe recibir la mitad de la cantidad de los beneficios cuando cada miembro es elegible.
Tagalog	Ang bawat miyembro ng isang karapat-dapat na mag-asawa ay dapat tumanggap ng kalahati ng halaga ng benepisyo ng mag-asawa kapag ang bawat miyembro ay karapat-dapat sa CAPI.
Vietnamese	Mỗi thành viên của một cặp vợ chồng hội-đủ-điều-kiện phải được nhận lãnh một nửa số lượng phúc lợi của cả hai vợ chồng, khi mỗi thành viên này hội-đủ-điều-kiện để được nhận hưởng trợ cấp CAPI.

2.14.3 Add CAPI Reason Fragment Generation

Generate the new CAPI Reason Fragment when there is a change in benefit amount of the participant in CAPI Couple case and following conditions are true:

- There is a person with the status of 'FRE' and type of 'Spouse'
- There is no previously existing EDBC for the program for the current Benefit month or the previous month
- EDBC Benefit Month is on or after September 2020.

Action Fragment:

Action Type	Fragment	Fragment ID
Change	CI_CH_ACTION2	4083

Message Fragment:

This Fragment will have an associated Message Fragment "Reporting Responsibilities". (See supporting documents #3)

Ordering on NOA: This reason fragment will generate immediately following the Action Fragment.

2.14.4 Add Regulations for new CAPI Reason fragment

The new reason fragment has associated Regulations. The following Regulations will be added when the Reason is generated on an NOA:

New Regulations: MPP 49-055.4

Existing Regulations will be translated into Threshold languages.

2.14.5 Add NOA Title and Footer Reference for new Reason

The following are the references that will be included for the new Reason Fragment.

NOA Reference on Document List Page: CAPI Couple Change NOA

NOA Title: NOTICE OF CHANGE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

NOA Title Requires Translations: Yes (Arabic, Cambodian, Chinese, Farsi, Lao, Hmong, Russian, Tagalog, Vietnamese)

NOA Footer: NA-692C (12/17)

NOA Footer Requires Translations: No

2.14.6 Translate relevant components into Threshold languages

Translate and add threshold languages version of all relevant components that will be generated with Threshold languages version of this reason fragment.

Type	Fragment Name	Fragment ID	Current Languages	Languages to add
Action-Change	CI_CH_ACTION2	4083	Armenian, English, Korean, Spanish, Russian	Arabic, Cambodian, Chinese, Farsi, Lao, Hmong, Tagalog, Vietnamese
Message	CI_CH_MESSAGE1	5079	Armenian, English, Korean, Spanish, Russian	Arabic, Cambodian, Chinese, Farsi, Lao, Hmong, Tagalog, Vietnamese
Template	CI_NOA_TEMPLATE	3029	Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese	Arabic, Lao, Hmong

NA Back 9	NA_BACK9_FRAGME NT	670	Armenian, Arabic, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese	Lao, Hmong
Regulations	REGULATIONS_SECTIO N	1308	Armenian, Arabic, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese	Lao, Hmong
NOA Title	CI_CH_NOA_TYPE	3117	Armenian, English, Korean, Spanish	Arabic, Cambodian, Chinese, Farsi, Lao, Hmong, Russian, Tagalog, Vietnamese

2.15 GR/CAPI Recoverable Batch (PB19F216, PB19F207)

2.15.1 Overview

This batch is to create or update GR/CAPI Recoverable Accounts to track how much GR/CAPI benefits are issued to an individual. When a CAPI couple's benefits are issued in one single payment, the batch splits the payment amount and posts it to each spouse's CAPI Recoverable Account.

Per MPP 49-055.3, each spouse should be paid separately for their CAPI benefits. Below describe required changes for the batch to track separate CAPI couple payments.

2.15.2 Description of Change

In both GR and CAPI programs, a benefit recipient has Role 'Mem' and Status 'Active'. Update batch to use the benefit recipient as the responsible party for issued GR/CAPI benefits. When there is one benefit recipient, post the whole payment amount to his or her GR/CAPI Recoverable Account.

Note: If couple benefits are issued for Retro months of old CAPI couple cases or for GR programs where both spouses are benefit recipients, the batch will follow current logic to post half of the payment amount to each spouse's CAPI Recoverable Account.

2.15.3 Execution Frequency

No Change

2.15.4 Key Scheduling Dependencies

No Change

2.15.5 Counties Impacted

Los Angeles County Only.

2.16 GR Recoverable Recoupment Logic on CAPI

2.16.1 Overview

While an individual's CAPI is pending, the individual may apply for GR in the interim. If GR is approved, the individual can receive benefits until CAPI is approved, and a GR Recoverable Account will be used to keep track of how much GR benefits were issued to the individual. When the CAPI are approved afterwards, the GR benefits will be recouped in the CAPI EDBC.

For a CAPI EDBC with both spouses aided in one program, the system will try to recoup both spouses' GR benefits. Below describe required changes for separate CAPI couple EDBC.

2.16.2 Description of Changes

In a CAPI EDBC, a benefit recipient has Role 'Mem' and Status 'Active'. Update system to recoup only the benefit recipient's GR benefits.

Note: For a retro month EDBC of old couple cases where both spouses are benefit recipients, the system will follow current logic to recoup issued GR benefits for both spouses.

2.16.3 Programs Impacted

CAPI only.

2.17 Recovery Account Detail in Create Mode from EDBC

2.17.1 Overview

When creating a Non-External Regular Recovery Account from EDBC, the system will automatically suggest Responsible Parties for CalWORKs, CalFresh, and General Assistance. Below describe the required changes to add automation of suggesting the Responsible Parties for CAPI programs.

2.17.2 Recovery Account Detail Mockup

Recovery Account Detail

*- Indicates required fields

Save and Return
Cancel

Recovery Account Number:	Recovery Account Type: Regular	Created By:
Creation Date:	Case Number: * 000000	Case Name: Case Name
LEADER Claim Number:		

Account Details

Program Type: CAPI	Discovery Date: * <input type="text"/>	Assigned To: * Staff Name Select
Cause: * <input type="text" value="Select -"/>		Cause Date: 02/01/2020
Reason: * <input type="text"/>		Expiration Date:
Status: * Pending	Status Reason: * In-Process	Status Date: 02/01/2020
Is this an ICT: * <input type="text" value="No"/>	Originating County: <input type="text"/>	External: No
Investigations: * <input type="text" value="Select -"/>	Fraud Identification Date:	

Account Balance

Original Balance: \$ 0.00
Total Recovered: \$ 0.00
Current Balance: \$ 0.00

Activities

Type	Status	Begin Date	End Date
Select			

Responsible Party

Persons:

Name	SSN	Tax Intercept	Status	TTC Account Number
Person 01	000-00-0001		Active	
Person 02	000-00-0002		Active	

Resources:

Name	Tax ID	Status

Figure 2.1.1 – Non-External Recovery Account Detail in Create Mode from EDBC

2.17.3 Description of Changes






On the Recovery Account Detail page when in Create Mode from EDBC and Program Type is CAPI, update the Responsible Party section to auto populate with all Program Persons age 18 or older.

Note: Currently the system applies the same logic to populate Responsible Parties when creating GA Recovery Accounts from EDBC.

2.17.4 Programs Impacted

CAPI only.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	List of 24 CAPI NOA reasons no longer needed	 24 CAPI NOA reasons not needed_c
2	Correspondence	SOC 814 mockup	 SOC814.pdf
3	Correspondence	CAPI reason fragment (MPP 49-055.4)	 CAPI%20Fragment% 20.docx
4	Correspondence	SOC 453 mockup	 SOC453.pdf
5	Correspondence	SOC 804 mockup	 SOC804.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.1.15	The LRS shall determine the effective start and end date of eligibility and the Redetermination, Recertification, and/or Annual Agreement period for all individuals for all applicable programs.	The System will PASS the CAPI Couple individuals on their own cases and issue the grants individually.

5 MIGRATION IMPACTS

NONE

6 OUTREACH

6.1 Lists

Provide a list of all Active couple CAPI cases. Additional columns to include CAPI Case Relationship, CAPI RE Due Date and associated CalFresh program case if the CAPI participant is active and in common. The workers need to take the action on these cases as per the instructions listed in the CIT based on the SCR release 20.07.

List Name:

CA-202055 Active CAPI Program couple Cases

Standard Columns:

- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker ID

Additional Column(s):

- Primary member name
- Primary member's CIN #
- Non-primary member name
- Non-primary member's CIN #
- CAPI Relationship
- CAPI RE Due Date
- Associated CalFresh Case Number
- Payment Method

Frequency: One-time after the implementation of the SCR

The list will be posted to the following locations:

System	Path
CalSAWS	CalSAWS Web Portal>System Changes>SCR and SIR Lists>2020>CA-202055
C-IV	N/A

7 APPENDIX

NONE