

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-211332 | CIV-105397

ACL 20-03 CalWORKs Child Care NOAs

CalSAWS	DOCUMENT APPROVAL HISTORY	
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	Reviewed By	[individual(s) from build and test teams that reviewed document]

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2/24/20	1.0	Initial Creation	Connor Gorry
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1 OVERVIEW

ACL 19-99 dated October 4, 2019 outlines three stages of CalWORKs Child Care. The changes made with this SCR are relevant to Stage One, which provides Child Care to CalWORKs families as they first engage in the program.

This change will ensure that the Stage One NOAs – NA 832, NA 833, NA 834, and NA 835 – are present, aligned, and up to date in both systems.

1.1 Current Design

Four Child Care Stage One notices currently exist in the C-IV system and will be brought up to date as a part of this change. Of these four notices, three were migrated to LRS/CalSAWS with recent migration SCRs:

- NA 832 – Child Care Services Approval (10/14) will migrate with CA-211768 in the 20.07 Release
- NA 834 – Child Care Services Denial (8/15) will migrate with CA-211776 in the 20.07 Release
- NA 835 – Child Care Services Discontinuance (10/17) will migrate with CA-211751 in the 20.09 Release

NA 833 – Child Care Services Change (10/14) – has not been migrated to the LRS/CalSAWS. Instead, the latest version (4/20) will be added to LRS/CalSAWS with this change, and it will be updated to the latest version in C-IV.

1.2 Requests

1. Revise (C-IV) or Add (LRS/CalSAWS) the CW Stage One Child Care Notices per ACL 20-03.

1.3 Overview of Recommendations

1.3.1 Update Form NA 832 to the 3/20 version in both systems

1.3.2 Update Form NA 833 to the 4/20 version in C-IV

1.3.3 Add Form NA 833 to the 4/20 version in LRS/CalSAWS

1.3.4 Update Form NA 834 to the 3/20 Version in both systems

1.3.5 Update Form NA 835 to the 3/20 version in both systems

1.4 Assumptions

1. No additional changes will be made to these Forms beyond what is described in this design. No additional variable population will be added with this change, beyond what is outlined in this design.
2. Facets such as document input parameters, form control, print options, etc. will remain unchanged from migration for all forms being updated. For details, please [see Appendix](#).
3. This change will only add/update these four Forms in English and Spanish. Threshold Languages will be added with SCRs CA-212089 and CIV-105751.
4. Automation of the current CCP 7 will be handled as a part of a future effort, through SCRs CA-217788 and CIV-107561.
5. All four NOAs will use the NA Back 9 (4/13) that is currently standard in both systems.
6. The NA 832 will maintain capability to be generated for up to four children selected from the Child Care Certificates Page. If the NOA needs to be generated for more than four children, the worker should use the same method to generate a second NA 832 NOA, this time selecting any children not included the first time the NOA was generated.

2 RECOMMENDATIONS

2.1 Update Form NA 832 to the 3/20 version in both systems

2.1.1 Overview

NA 832 is the Child Care Services Approval NOA. The 10/14 version currently exists in C-IV and was migrated to LRS/CalSAWS with CA-211768. This change will update the NA 832 to the latest version in both systems.

State Form: NA 832 – Child Care Services Approval

Current Programs: CW/Child Care (C-IV), Child Care (LRS)

Current Attached Form(s): None

Current Forms Category: NOA (C-IV), Forms (LRS)

Existing Languages:

English and Spanish

2.1.2 Update the NA 832 XDP

NA 832 XDP will be updated to the newest state version (3/20). Revisions to the Form provide CWDs with the ability to approve Stage One Child Care services for 12 months or until the participant is transferred to Stage Two or is otherwise ineligible. This revision also includes the updated WIC Section 11323.4.

Form Title: Child Care Services Approval*

Form Number: NA 832

Forms Category: NOA (C-IV), NOA** (LRS)

Include NA Back 9: Yes (4/13 version)

Form Mockups/Examples: See [Supporting Documents #1](#)

Updated Languages:

English and Spanish

*Form Title in LRS is currently "Child Care Certificates (Stage 1)". Form Title in C-IV is currently "Child Care Approval (Stage 1)". These will be updated to the above for clarity and to match the State-provided title.

**NA 832 is currently categorized as "Forms" in LRS/CalSAWS

Order of impressions:

- NA 832 page 1 (Page 1 of 3)
- NA Back 9 (4/13) (Page 2 of 3)
- NA 832 page 2 (Page 3 of 3)

State of California – Health and Human Services Agency
NOTICE OF ACTION
CHILD CARE SERVICES APPROVAL

California Department of Social Services
 COUNTY OF _____

Notice Date : _____
 Case Name : _____
 Case Number : _____
 Worker Name : _____
 Worker Number : _____
 Telephone Number: _____
 Address : _____

(Addressee)

Questions? Ask your Worker.
State Hearing: If you think this action is wrong, you can ask for a hearing. Your benefits may not be changed if you ask for a hearing before this action takes place. If you and the county disagree or if you have not heard back from your worker, do not wait to ask for a hearing. You must ask for the hearing before a certain number of days. See the back of this notice for more information and to find out how to ask for a hearing.

CHILD CARE SERVICES

You are approved for child care services from _____ through _____ for _____
 Date Date

 Name of Child(ren)

You are an exempt volunteer and the continuance of your child care services is dependent on signing a Welfare-to-Work plan. Your child care services will be discontinued if you do not sign a Welfare-to-Work plan. If you sign a Welfare-to-Work plan but do not participate in an activity, you are still eligible for 12 months of child care.

CHILD CARE REIMBURSEMENT

You have chosen an eligible licensed child care provider, or a license-exempt provider who is TrustLine-registered, or who is exempt from TrustLine.

The county may reimburse child care services only for the hours and days that services are rendered, up to the reimbursement limit, as follows.

Child Name:	Child Name:
Provider Name:	Provider Name:
Child Care Hours:	Child Care Hours:
Rate:	Rate:
Reimbursement Limit:	Reimbursement Limit:
Child Name:	Child Name:
Provider Name:	Provider Name:
Child Care Hours:	Child Care Hours:
Rate:	Rate:
Reimbursement Limit:	Reimbursement Limit:

The child care rate, type and reimbursement limit are based on information you provide. The rate is the most we can reimburse on what your child care provider charges for your area's child care costs, which may be above this rate.

NA 832 (3/20) Required Form - Substitutes Permitted

The new NA 832 (3/20) has had the previous version's right column moved onto a second page; The left column has been expanded into two columns on the first page.

The variables in the "Child Care Services" section have been shifted, but their logic remains unchanged from the previous version.

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

NOTICE
 The county will only reimburse for child care providers who are licensed, are registered with TrustLine, or are TrustLine-exempt. If you have selected a new provider who is required to register with TrustLine, this provider cannot be paid until they are registered. Once your provider is TrustLine-registered, the county will only pay for child care up to 120 calendar days from the date child care services were requested or provided, whichever is later.

REMINDERS
 You must tell us before you change child care providers (except in an emergency) or we may not be able to approve and reimburse the new provider for child care services.
 If you choose child care in your home (in-home child care), you are considered the employer. This means you may be responsible for paying at least the state's minimum wage, social security tax, Medicare taxes and state worker's compensation insurance for your provider. You may also be responsible for unemployment taxes.
 If you do not choose in-home child care, the provider is responsible for reporting income and payment of any federal or state income taxes.

For more information contact your local child care resource and referral program at (800) 543-7793.

Rules: These rules apply. You may review them at your welfare office: CDSS All County Letter 19-99; CalWORKs MPP Sections 47-260, 47-430, 47-620, 47-630; Education Code Sections: 8350-8353, 8357; Welfare & Institutions Code Sections 11323.1-11323.4, 11323.6, 11323.8, and 11324; or visit www.cdss.ca.gov or www.leginfo.ca.gov.

Notes

NA 832 (3/20) Required Form - Substitutes Permitted Page 3 of 3

Significant verbiage changes in the "Notice" Section. Added "Notes" Section per county request.

New variable logic:

1. End Date
2. Child(ren) Name(s)

2.1.3 Updates to Form Generation (LRS Only)

NA 832 can only be generated from the LRS Template Repository for the Child Care Program.

New Program Generation: Child Care

2.1.4 Updates to Form Variable Population

Currently, variables populate by with the information for up to four children from the Service Arrangement. In the **Child Care Services** section, the begin date currently populates from the Service Arrangement Page for all children. The new version adds the population for an End-date as well.

The below table details new variable population logic. For a full table of NA 832's variable population, including variables whose population is not being updated, [see the Appendix](#).

#	Variable Name	Population	Formatting	Editable	Template Repository Population	Populates with Form Generation
1	End Date	SERV_ARRGMT.PERIOD_END_DATE	Arial, Size 9	Y	N	Y
2	Child(ren) Name(s)	Populate each line with the name of up to four children. This/These will be the same name(s) that populate in the boxes in the right-hand column.	Arial, Size 9	Y	N	Y

Variables requiring translation: None.

2.2 Update Form NA 833 to the 4/20 version in C-IV

2.2.1 Overview

NA 833 is the Child Care Services Change NOA. The purpose of this revision to the NA 833 is to provide additional clarity regarding TrustLine retroactive payments. NA 833 currently has no variable population outside of the standard header and customer information, and no additional population will be added with this change.

State Form: NA 833 – Child Care Services Change

Current Attached Form(s): None

Current Forms Category: NOA (C-IV)

Existing Languages:

English and Spanish

2.2.2 Update the NA 833 XDP

Form Title: Child Care Services Change*

Form Number: NA 833

Forms Category: NOA

Include NA Back 9: Yes

Form Mockups/Examples: See [Supporting Documents #2](#)

Updated Languages:

English, Spanish

*Form Title currently reads "Child Care Amendment NOA". This will be updated to match State title.

Order of impressions:

- NA 833 page 1 (Page 1 of 3)
- NA Back 9 (4/13) (Page 2 of 3)
- NA 833 page 2 (Page 3 of 3)

2.3 Add NA 833 (4/20) in LRS/CalSAWS

The NA 833 Form must also be added to the LRS/CalSAWS template repository.

2.3.1 Overview

Add NA 833 – Child Care Services Change – to the LRS/CalSAWS Template Repository in English and Spanish.

State Form: NA 833

Programs: Child Care

Attached Forms: N/A

Forms Category: NOA

Form Mockups/Examples: See Supporting Documents #2

2.3.2 Create NA 833 Form XDP

NA 833 is the Child Care Services Change NOA. It is a two-page Form, and the NA Back 9 attached. It will also have a 'Notes' section on the right-hand column of its first page.

Form Header: Use the same header as NA 832

Form Title: Child Care Services Change

Form Number: NA 833

Include NA Back 9: Yes

Order of impressions:

- NA 833 page 1 (Page 1 of 3)
- NA Back 9 (4/13) (Page 2 of 3)
- NA 833 page 2 (Page 3 of 3)

2.3.3 Add NA 833 (4/20) to the CalSAWS Template Repository

Required Document Parameters: Case Number, Customer Name, Language, Program

2.3.4 Add Form Control

Add an Imaging Barcode to NA 833.

Due Date: N/A

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

2.3.5 Add NA 833 Form Print Options and Mailing Requirements

The following Print Options will be included for the NA 833:

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
X	X	X	X	X	X

Mailing Requirements:

Mail-To (Recipient): Customer Selected from the drop-down

Mailed From (Return): Worker assigned to the program selected on the Document Parameters Page

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: None

Additional Requirements:

Special Paper Stock: N/A

Enclosures: No

Electronic Signature: No

Post to YBN/C4Y: Yes

2.4 Update NA 834 to the 3/20 version in Both Systems

2.4.1 Overview

Update NA 834 – Child Care Services Denial – to the 3/20 version in both systems.

State Form: NA 834

Programs: Child Care

Attached Forms: N/A

Forms Category: NOA (C-IV and LRS/CalSAWS)

Form Mockups/Examples: See Supporting Documents #3

2.4.2 Update the NA 834 XDP

Form Title: Child Care Services Denial

Form Number: NA 834

Forms Category: NOA

Include NA Back 9: Yes (attach the 4/13 version of the NA Back 9 as Page 2)

Form Mockups/Examples: See Supporting Documents #3

Updated Languages:

English, Spanish

Order of impressions:

- NA 834 page 1 (Page 1 of 3)
- NA Back 9 (4/13) (Page 2 of 3)
- NA 834 page 2 (Page 3 of 3)

2.4.3 Updates to Form Generation (LRS Only)

NA 834 can only be generated from the LRS Template Repository for the Child Care Program.

New Program Generation: Child Care

2.5 Update NA 835 to the 3/20 version in Both Systems

2.5.1 Overview

Update Form NA 835 – Child Care Services Discontinuance NOA – to the 3/20 version in both systems.

State Form: NA 835 – Child Care Services Discontinuance

Programs: Child Care

Attached Forms: N/A

Forms Category: NOA (C-IV and LRS/CalSAWS)

Form Mockups/Examples: See Supporting Documents #4

2.5.2 Update the NA 835 XDP

Form Title: Child Care Services Discontinuance

Form Number: NA 835

Forms Category: NOA

Include NA Back 9: Yes

Form Mockups/Examples: See [Supporting Documents #4](#)

Updated Languages:

English, Spanish

Order of impressions:









- NA 835 page 1 (Page 1 of 3)
- NA Back 9 (4/13) (Page 2 of 3)
- NA 835 page 2 (Page 3 of 3)

2.5.3 Updates to Form Generation (LRS Only)

NA 835 can only be generated from the LRS Template Repository for the Child Care Program.

New Program Generation: Child Care

3 SUPPORTING DOCUMENTS

Ref #	Document	Functional Area	Description	Attachment
1	NA 832 (3/20)	CC	State Updated Version of the NA 832 – Child Care Services Approval	 NA 832 (3/20) w/ NA Back 9
2	NA 832 (3/20) Spanish	CC	State Updated Version of NA 832, Spanish	 NA 832 (3/20) SP
3	NA 833 (4/20)	CC	State Updated Version of the NA 833 – Child Care Services Change	 NA 833 (4/20) w/ NA Back 9
4	NA 833 (4/20) Spanish	CC	State Updated Version of NA 833, Spanish	 NA 833 (4/20) SP
5	NA 834 (3/20)	CC	State Updated Version of the NA 834 – Child Care Services Denial	 NA 834 (3/20) w/ NA Back 9
6	NA 834 (3/20) Spanish	CC	State Updated Version of NA 834, Spanish	 NA 834 (3/20) SP
7	NA 835 (3/20)	CC	State Updated Version of the NA 835 – Child Care Discontinuance NOA	 NA 835 (3/20) w/ NA Back 9
8	NA 835 (3/20) Spanish	CC	State Updated Version of NA 835, Spanish	 NA 835 (3/20) SP

4 REQUIREMENTS

Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.6 CAR-1242	The LRS shall support the central production and mailing of notices, NOAs, forms, letters, stuffers, and flyers by program.	This change updates and adds support for four notices pertaining to Child Care Programs.
2.18.1.2 CAR-1206	The LRS shall generate written material, including notices, NOAs, forms, flyers, letters, and stuffers, to applicants, participants, caregivers, sponsors, authorized representatives, and/or any other entities, in English, all threshold languages, and any other language for which the State has provided a translation.	This change updates/adds four Forms to the latest state version(s).

5 MIGRATION IMPACTS

N/A

6 OUTREACH

N/A

7 APPENDIX

7.1 NA 832 Additional Information

Required document parameters, imaging barcode, print options, mailing requirements, and portal posting information for NA 832 as written in migration SCR CA-211768:

1. Add the NA 832 – Child Care Approval (Stage 1) form to Template Repository. The following parameters will be required:

Required Form Input: Case Number, Customer Name, Program, and Language.

2. Add the following barcode options to the NA 832 Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. Add the following print options to the NA 832 Form:

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

Mailing Requirements:

Mail-To (Recipient): Primary Applicant of the Child Care Program
Mailed From (Return): Office Address of the worker assigned to the Child Care Program

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: N/A

Post to YBN/C4Y: Yes

7.2 NA 834 Additional Information

Required document parameters, imaging barcode, print options, mailing requirements, variable population, and portal posting information for NA 834 as written in migration SCR CA-211776:

1. Add the NA 834 – Child Care Denial NOA to Template Repository. The following parameters will be required:

Required Form Input: Case Number, Customer Name, Program, and Language.

2. Populate the following elements on the NA 834 when the form is triggered from Template Repository.

Section	Field	Description
NA 834 Page 1	Starting on – Date Field	Will be populated with Begin Date of a Child Care program with Denied status.

3. Add the following barcode options to the NA 834 Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

4. Add the following print options will for the NA 834 Form:

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

Mailing Requirements:

Mail-To (Recipient): Primary Applicant of the Child Care Program
 Mailed From (Return): Office Address of the worker assigned to the Child Care Program

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A
 Electronic Signature: N/A
 Post to YBN/C4Y: Yes

7.3 NA 835 Additional Information

Required document parameters, imaging barcode, print options, mailing requirements, variable population, and portal posting information for NA 835 as written in migration SCR CA-211751:

1. Add the NA 835 – Child Care Discontinuance NOA to Template Repository. The following parameters will be required:

Required Form Input: Case Number, Customer Name, Program, and Language.

2. LRS/CalSAWS Standard Header will be populated with worker and case information. Apart from that, the following elements on the NA 835 will be populated when the form is triggered from Template Repository.

Section	Field	Description
NA 835 Page 1	Stop on – Date Field	Will be populated with Begin Date of a Child Care program with Discontinued status. Format: MM/DD/YYYY

3. Add the following barcode options to the NA 835 Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

4. Add the following print options for the NA 835 Form:

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

Mailing Requirements:

Mail-To (Recipient): Customer selected from the drop-down

Mailed From (Return): Office Address of the worker assigned to the Child Care Program
 Mail-back-to Address: N/A
 Outgoing Envelope Type: Standard
 Return Envelope Type: N/A

Additional Requirements:
 Special Paper Stock: N/A
 Enclosures: N/A
 Electronic Signature: N/A
 Clock Indicator: N
 Post to YBN/C4Y: Yes

7.4 Full NA 832 Variable Population Table

This table, taken from Migration SCR CA-21 1768, contains info on variable population for all variables on the NA 832 NOA. The two new variables with logic added in this SCR are in **highlighted and bold**.

Section	Field	Description	Editable?	Template Repository Population	Populates with Form Generation
NA 832 Page 1	You are approved for child care services starting on – <i>Checkbox Field</i>	If SERV_ARRGMT.PERIOD_BEG_DATE exists	Y	N	Y
NA 832 Page 1	You are approved for child care services starting on – <i>Date Field</i>	SERV_ARRGMT.PERIOD_BEG_DATE	Y	N	Y
NA 832 Page 1	...through – Date Field	SERV_ARRGMT.PERIOD_END_DATE	Y	N	Y
NA 832 Page 1	Child(ren) Name(s)	Populates in-line with the names of all child(ren) – up to four – using CERT_DETL.PERS_ID	Y	N	Y
NA 832 Page 1	You have chosen an eligible child care provider – <i>Checkbox Field</i>	Checked - If at least one record is selected on Child Care Certificates List page.	Y	N	Y

NA 832 Page 1	Child Name	CERT_DETL.PERS_ID	Y	N	Y
NA 832 Page 1	Provider name	ORG.ORG_NAME	Y	N	Y
NA 832 Page 1	Child Care Hours	Calculate Number of Hours using CHILD_SCHED.END_TIME and CHILD_SCHED.BEG_TIME and CHILD_SCHED.TYPE_CODE = "RE"	Y	N	Y
NA 832 Page 1	Rate	CHILD_CARE_RATE.RATE_AMT	Y	N	Y
NA 832 Page 1	Reimbursement Limit	CHILD_CARE_RATE.RATE_AMT and CHILD_CARE_RATE.CARE_TYPE_CODE IN ('WE', 'MO') which will be populated in \$0.00/frequency format. For example, if the RATE_AMT is \$3.00 and the frequency is hourly, the field will be populated with \$3.00/hour. Frequency Type: hour, day, week, month	Y	N	Y

CalSAWS

California Statewide Automated Welfare System

Design Document

CIV-106555

County Funded Add General
Assistance/General Relief (Managed) Program
NOAs and Forms Part 2

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	Prepared By	Phong Xiong
	Reviewed By	

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7/30/2020	1.0	Initial Draft	Phong Xiong
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8/26/2020	1.2	Updates as per Build review	Phong Xiong

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1 OVERVIEW

Currently the only General Assistance/General Relief (GA/GR) NOA available in C-IV is a blank template in CIV Template Repository. Several GA/GR NOAs and Forms (Issuance Method Change, GA/GR Time Limit, Supportive Services, GA/GR Timing Out, GA/GR Aid Code Change, & GA/GR Overpayment) have been requested to be added to CIV Template Repository for the GA/GR program. This is Phase 2 of this effort, as Phase 1 was completed with SCR CIV-4400/CA-201377.

1.1 Current Design

General Assistance/General Relief (Managed) program functionality was added in Release 16.07 with SCR 1093 (Tracker SCR). Notices of Action (NOAs) and Forms were not part of the General Assistance/General Relief (Managed) program functionality when it was released.

1.2 Requests

C-IV counties have requested that GA/GR NOAs and Forms be added for their GA/GR solution. Counties have prioritized 'NOAs' (Ability to send out Notices for Approvals, Denials, Benefit Change, Issuance Method Change, etc.) as their #3 enhancement to the General Assistance/General Relief (Managed) program.

1.3 Overview of Recommendations

1. Add the following new NOAs/Forms to CIV Template Repository in C-IV and migrate to CalSAWS:
 - GAGR – 298 – Issuance Method Change NOA
 - GAGR – 299 – GA/GR Time Limit NOA
 - GAGR – 300 – Supportive Services NOA
 - GAGR – 301 – GA/GR Timing Out NOA
 - GAGR – 302 – GA/GR Aid Code Change NOA
 - GAGR – 303 – GA/GR Overpayment NOA
2. Add the GA Free Format NOA (GA FF NOA) to the CIV Template Repository in Spanish.
3. Update the GA/GR Periodic Report to include "REPORT MONTH"

4. Update all Phase 1 (CIV-4400) NOAs with verbiage changes of any reference to "General Assistance" and "GA" to General Assistance/General Relief" and "GA/GR"
5. Update all Phase 1 form numbers and titles from "GA ### - GA <Text>" to "GAGR ### - GA/GR <Text>"

1.4 Assumptions

1. The new GA/GR NOAs/Forms will be made available only to the C-IV counties and will be migrated to CalSAWS.
2. SCR CA-216360/CIV-106555 has been created to migrate the GA/GR NOAs/Forms into LRS/CalSAWS.
 - a. CA-216360 will be moved to a future release. No "Project Requirements" section needed for this design.
3. The new GA/GR NOAs/Forms will only be added in English and Spanish. There are currently no plans to implement these NOAs in other threshold languages in the future.
4. No variables will be populated on the new GA/GR NOAs/Forms (aside from the standard header and footer information).
5. The GA FF NOA will not have any updates to its trigger conditions/content.
6. No other updates (including variable population, trigger conditions, etc.) is needed for the update to GAGR 297 – GA/GR Periodic Report. Only adding free filled field "REPORT MONTH" into the NOA.
7. C-IV: 'Print' button will always be available on the forms.
8. Customers with electronic communications will still receive a paper copy of this correspondence in the mail.
9. All updates to Phase 1 NOAs will only include verbiage, form number and title changes. There will be no impacts to trigger conditions and content as a result of these updates.
10. All the Phase 2 NOAs will use the NOA HEARING RIGHTS HEADER (please see section 2.1.2.1).
 - a. **The Spanish Version header is named "HEADER_STANDARD_TDD_CMSP_SP.xdp"**
11. SCR CIV-107890 has been created to update the headers of the Phase 1 NOAs to match the headers of this SCR.
 - a. The header for the GA FF NOA will also be updated with this SCR.

2 RECOMMENDATIONS

2.1 Add GAGR 298 – Issuance Method Change NOA to CIV Template Repository

2.1.1 Overview

This recommendation will add the GAGR 298 – Issuance Method Change NOA to CIV Template Repository.

State Form: N/A, this is a C-IV specific GA/GR Form
Programs: General Assistance/General Relief (C-IV)
Attached Forms: GA/GR NA BACK 9
Forms Category: NOA

Languages:
 English and Spanish

2.1.2 Description of Change

2.1.2.1 Create GAGR 298 – Issuance Method Change NOA XDP

A new XDP will be created for the Issuance Method Change NOA. This GA/GR NOA will have the GA/GR NOA BACK 9 that was added with SCR CIV-104855/CA-201377 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

Form Header: Existing C-IV Hearing Rights Header
 (HEADER_STANDARD_TDD_NOA_HEARING_RIGHTS_EN.xdp)

	Worker Name:
	Worker ID:
	Worker Phone Number:
	Notice Date:
	Case Name:
	Case Number:
	Office Hours:
	TDD - For Hearing Impaired:

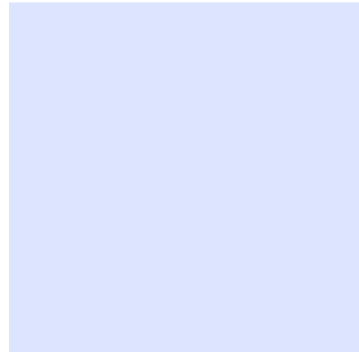
Form Title: Issuance Method Change
Form Number: GAGR 298
Include NA Back 9: Yes, the GA/GR NA BACK 9
Form Mockups/Examples: See Supporting Documents #1

NOTICE OF ACTION

Questions? Ask your Worker

Hearing Rights: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, your issuance method for your General Assistance/General Relief (GA/GR) benefits have changed from _____ to _____.



Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. Keep using your plastic Benefits Identification Card(s). You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office:



GAGR 298 (07/2020)



2.1.2.2 Add Form Control for GAGR 298

Add an Imaging Barcode for GAGR 298.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

2.1.2.3 Add GAGR 298 – Issuance Method Change NOA to CIV Template Repository

Add the GAGR 298 – Issuance Method Change NOA to the CIV Template Repository.

Required Document Parameters: Case Number, Customer Name, Program, Language

2.1.2.4 Add GAGR 298 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GAGR 298 – Issuance Method Change NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in LRS/CalSAWS.

Mailing Requirements:

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

2.1.2.5 Imaging Barcode Mapping

The GAGR 298 – Issuance Method Change NOA should be mapped to **Notification/NOA**

2.2 Add GAGR 299 – GA/GR Time Limit NOA to CIV Template Repository

2.2.1 Overview

This recommendation will add the GAGR 299 – GA/GR Time Limit NOA to CIV Template Repository.

State Form: N/A, this is a C-IV specific GA/GR Form

Programs: General Assistance/General Relief (C-IV)

Attached Forms: GA/GR NA BACK 9

Forms Category: NOA

Languages:

English and Spanish

2.2.2 Description of Change

2.2.2.1 Create GAGR 299 – GA/GR Time Limit NOA XDP

A new XDP will be created for the GA/GR Time Limit NOA. This GA/GR NOA will have the GA/GR NOA BACK 9 that was added with SCR CIV-104855 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

Form Header: Existing C-IV Hearing Rights Header
(HEADER_STANDARD_TDD_NOA_HEARING_RIGHTS_EN.xdp)

Form Title: GA/GR Time Limit

Form Number: GAGR 299

Include NA Back 9: Yes, the GA/GR NA BACK 9

Form Mockups/Examples: See Supporting Documents #2

NOTICE OF ACTION

Questions? Ask your Worker
Hearing Rights: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Approved recipients are potentially eligible to receive General Assistance/General Relief (GA/GR) benefits for a maximum of _____ in any twelve (12) month period.

Your GA/GR benefits time limit started as of _____ and you now have _____ left.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office:

GAGR 299 (07/2020)

2.2.2.2 Add Form Control for GAGR 299

Add an Imaging Barcode for GAGR 299.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

2.2.2.3 Add GAGR 299 – GA/GR Time Limit NOA to CIV Template Repository

Add the GAGR 299 – GA/GR Time Limit NOA to the CIV Template Repository.

Required Document Parameters: Case Number, Customer Name, Program, Language

2.2.2.4 Add GAGR 299 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GAGR 299 – GA/GR Time Limit NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in LRS/CalSAWS.

Mailing Requirements:

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

2.2.2.5 Imaging Barcode Mapping

The GAGR 299 – GA/GR Time Limit NOA should be mapped to **Notification/NOA**

2.3 Add GAGR 300 – Supportive Services NOA to CIV Template Repository

2.3.1 Overview

This recommendation will add the GAGR 300 – Supportive Services NOA to CIV Template Repository.

State Form: N/A, this is a C-IV specific GA/GR Form

Programs: General Assistance/General Relief (C-IV)

Attached Forms: GA/GR NA BACK 9

Forms Category: NOA

Languages:

English and Spanish

2.3.2 Description of Change

2.3.2.1 Create GAGR 300 – Supportive Services NOA XDP

A new XDP will be created for the Supportive Services NOA. This GA/GR NOA will have the GA/GR NOA BACK 9 that was added with SCR CIV-104855 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

Form Header: Existing C-IV Hearing Rights Header
(HEADER_STANDARD_TDD_NOA_HEARING_RIGHTS_EN.xdp)

Form Title: Supportive Services

Form Number: GAGR 300

Include NA Back 9: Yes, the GA/GR NA BACK 9

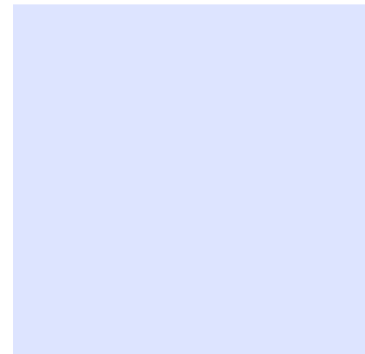
Form Mockups/Examples: See Supporting Documents #3

NOTICE OF ACTION

Questions? Ask your Worker

Hearing Rights: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You are now eligible for General Assistance/General Relief (GA/GR) supportive services for _____ starting from _____ to _____.



Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office:



GAGR 300 (07/2020)

2.3.2.2 Add Form Control for GAGR 300

Add an Imaging Barcode for GAGR 300.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

2.3.2.3 Add GAGR 300 – Supportive Services NOA to CIV Template Repository

Add the GAGR 300 – Supportive Services NOA to the CIV Template Repository.

Required Document Parameters: Case Number, Customer Name, Program, Language

2.3.2.4 Add GAGR 300 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GAGR 300 – Supportive Services NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in LRS/CalSAWS.

Mailing Requirements:

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

2.3.2.5 Imaging Barcode Mapping

The GAGR 300 – Supportive Services NOA should be mapped to **Notification/NOA**

2.4 Add GAGR 301 – GA/GR Timing Out NOA to CIV Template Repository

2.4.1 Overview

This recommendation will add the GAGR 301 – GA/GR Timing Out NOA to CIV Template Repository.

State Form: N/A, this is a C-IV specific GA/GR Form

Programs: General Assistance/General Relief (C-IV)

Attached Forms: GA/GR NA BACK 9

Forms Category: NOA

Languages:

English and Spanish

2.4.2 Description of Change

2.4.2.1 Create GAGR 301 – GA/GR Timing Out NOA XDP

A new XDP will be created for the GA/GR Timing Out NOA. This GA/GR NOA will have the GA/GR NOA BACK 9 that was added with SCR CIV-104855 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

Form Header: Existing C-IV Hearing Rights Header
(HEADER_STANDARD_TDD_NOA_HEARING_RIGHTS_EN.xdp)

Form Title: GA/GR Timing Out

Form Number: GAGR 301

Include NA Back 9: Yes, the GA/GR NA BACK 9

Form Mockups/Examples: See Supporting Documents #4

NOTICE OF ACTION

Questions? Ask your Worker

Hearing Rights: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Your General Assistance/General Relief (GA/GR) benefits will be discontinued as of _____.

You have reached your time limit. Employable adults are eligible to receive GA/GR benefits for _____ in any 12-month period. You may re-apply for GA/GR on or after _____ if you are still in need of assistance at that time.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. Keep using your plastic Benefits Identification Card(s). You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply, you may review them at your welfare office:

GAGR 301 (07/2020)

2.4.2.2 Add Form Control for GAGR 301

Add an Imaging Barcode for GAGR 301.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

2.4.2.3 Add GAGR 301 – GA/GR Timing Out NOA to CIV Template Repository

Add the GAGR 301 – GA/GR Timing Out NOA to the CIV Template Repository.

Required Document Parameters: Case Number, Customer Name, Program, Language

2.4.2.4 Add GAGR 301 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GAGR 301 – GA/GR Timing Out NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in LRS/CalSAWS.

Mailing Requirements:

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

2.4.2.5 Imaging Barcode Mapping

The GAGR 301 – GA/GR Timing Out NOA should be mapped to **Notification/NOA**

2.5 Add GAGR 302 – GA/GR Aid Code Change NOA to CIV Template Repository

2.5.1 Overview

This recommendation will add the GAGR 302 – GA/GR Aid Code Change NOA to CIV Template Repository.

State Form: N/A, this is a C-IV specific GA/GR Form

Programs: General Assistance/General Relief (C-IV)

Attached Forms: GA/GR NA BACK 9

Forms Category: NOA

Languages:

English and Spanish

2.5.2 Description of Change

2.5.2.1 Create GAGR 302 – GA/GR Aid Code Change NOA XDP

A new XDP will be created for the GA/GR Aid Code Change NOA. This GA/GR NOA will have the GA/GR NOA BACK 9 that was added with SCR CIV-104855 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

Form Header: Existing C-IV Hearing Rights Header
(HEADER_STANDARD_TDD_NOA_HEARING_RIGHTS_EN.xdp)

Form Title: GA/GR Aid Code Change

Form Number: GAGR 302

Include NA Back 9: Yes, the GA/GR NA BACK 9

Form Mockups/Examples: See Supporting Documents #5

NOTICE OF ACTION

Questions? Ask your Worker

Hearing Rights: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, your General Assistance/General Relief (GA/GR) aid code has changed from _____ to _____.

Here's why:

- You are no longer considered an employable recipient of the GA/GR program.
- You are no longer considered an unemployable recipient of the GA/GR program.
- Other: _____

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. Keep using your plastic Benefits Identification Card(s). You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office:

GAGR 302 (07/2020)

2.5.2.2 Add Form Control for GAGR 302

Add an Imaging Barcode for GAGR 302.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

2.5.2.3 Add GAGR 302 – GA/GR Aid Code Change NOA to CIV Template Repository

Add the GAGR 302 – GA/GR Aid Code Change NOA to the CIV Template Repository.

Required Document Parameters: Case Number, Customer Name, Program, Language

2.5.2.4 Add GAGR 302 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GAGR 302 – GA/GR Aid Code Change NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in CalSAWS.

Mailing Requirements:

Mail-To (Recipient): Person selected in the Document’s Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

2.5.2.5 Imaging Barcode Mapping

The GAGR 302 – GA/GR Aid Code Change NOA should be mapped to **Notification/NOA**

2.6 Add GAGR 303 – GA/GR Overpayment NOA to CIV Template Repository

2.6.1 Overview

This recommendation will add the GAGR 303 – GA/GR Overpayment NOA to CIV Template Repository.

State Form: N/A, this is a C-IV specific GA/GR NOA

Programs: General Assistance/General Relief (C-IV)

Attached Forms: Yes, the GA/GR NA BACK 9

Forms Category: NOA

Languages:

English and Spanish

2.6.2 Description of Change

2.6.2.1 Create GAGR 303 – GA/GR Overpayment NOA XDP

A new XDP will be created for the GA/GR Overpayment NOA. This GA/GR NOA will have the GA/GR NOA BACK 9 that was added with SCR CIV-104855 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

Form Header: Existing C-IV Hearing Rights Header
(HEADER_STANDARD_TDD_NOA_HEARING_RIGHTS_EN.xdp)

Form Title: GA/GR Overpayment

Form Number: GAGR 303

Include NA Back 9: Yes, the GA/GR NA BACK 9

Form Mockups/Examples: See Supporting Documents #6

NOTICE OF ACTION

Questions? Ask your Worker

Hearing Rights: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You were overpaid from _____ to _____.
The total amount of the overpayment is \$ _____.

The overpayment was:

County caused

Customer caused

Here's why:

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office:

GAGR 303 (07/2020)

2.6.2.2 Add Form Control for GAGR 303

Add an Imaging Barcode for GAGR 303.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

2.6.2.3 Add GAGR 303 – GA/GR Overpayment NOA to CIV Template Repository

Add the GAGR 303 – GA/GR Overpayment NOA to the CIV Template Repository.

Required Document Parameters: Case Number, Customer Name, Program, Language

2.6.2.4 Add GAGR 303 NOA Print Options and Mailing Requirements

The following are the print and mailing requirements for the GAGR 303 – GA/GR Overpayment NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in LRS/CalSAWS.

Mailing Requirements:

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the NOA)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

2.6.2.5 Imaging Barcode Mapping

The GAGR 303 – GA/GR Overpayment NOA should be mapped to **Notification/NOA**.

2.7 Add GA FF NOA – General Assistance Free Format NOA to CIV Template Repository

2.7.1 Overview

A translation of the GA_FF_NOA.xdp will need to be translated into Spanish and added into the CIV Template Repository.

State Form: N/A, this is a C-IV specific NOA

Current Programs: General Assistance/General Relief

Current Attached Form(s): NA Back 9

Current Forms Category: NOA

Existing Languages:

English

2.7.2 Description of Change

2.7.2.1 Add GA FF NOA – General Assistance Free Format NOA to Template Repository Spanish XDP

The General Assistance Free Format NOA XDP will be translated into the following “Updated Languages” and added into the CIV Template Repository.

Updated Languages:

Spanish

2.8 Update GAGR 297 – GA/GR Periodic Report

2.8.1 Overview

A field for “REPORT MONTH” is missing from GAGR 297 when it was implemented with CIV-4400 in Version 20.07. Adding this free fill field to the form.

State Form: N/A, this is a C-IV specific NOA

Current Programs: General Assistance/General Relief

Current Attached Form(s): NA Back 9

Current Forms Category: NOA

Existing Languages:

English and Spanish

2.8.2 Description of Change

2.8.2.1 Updates to GAGR 297 – GA/GR Periodic Report XDP

Adding free fill field for "REPORT MONTH" to GAGR 297 – GA/GR Periodic Report. There is no variable population.

Note: The existing Spanish translation for "Report Month" in the SAR7 will be used for the Spanish version of this form.

Spanish Translation of "Report Month": "Mes Del Reporte"

Form Mockups/Examples: See Supporting Documents #11

The mockup shows a form with several blue-shaded input fields. On the left, the text "GENERAL ASSISTANCE ELIGIBILITY REPORT" is displayed. On the right, a list of fields includes "Worker Name:", "Worker ID:", "Worker Phone Number:", "Date:", "Case Name:", and "Case Number:". Below these, a field labeled "REPORT MONTH" is circled in red with a red "1" next to it, indicating a new or updated field.

You must complete this form in order to continue receiving benefits.

Complete all questions, sign, date, and return this form by _____.

Your benefits may go up, down, or be stopped based on the facts you give.

Your benefits may be delayed or stopped if this form is not received, late, or incomplete.

1. Did anyone in your household receive any money, income, or benefits this Month? Yes No

If yes, complete below and attach proof. Attach more pages if you need more space.

Who Got the Income?	Source of Money (If earnings, list employer)	Gross Amount	Date Received

Number	Existing Text	Updated Text
1	Blank	REPORT MONTH

2.9 Updates to Verbiage Phase 1 NOAs

2.9.1 Overview

The NOAs implemented in Phase 1 (CIV-4400) will have verbiage updates. All of the terms "General Assistance" and "GA" will be replaced with "General Assistance/General Relief" and "GA/GR," respectively. The Phase 1 NOAs that needs to be updated are the following:

- GAGR291 – GA/GR Benefit Change
- GAGR292 – GA/GR Approval
- GAGR293 – GA/GR Denial
- GAGR294 – GA/GR Discontinuance
- GAGR295 – GA/GR Supplemental
- GAGR297 – GA/GR Periodic Report Form

The following Phase 1 NOA do **not** need any verbiage updates within the body of the form:

- GAGR296 – GA/GR Reimbursement Agreement Form

2.9.2 Description of Change

All verbiage of "General Assistance" and "GA" will be replaced with "General Assistance/General Relief" and "GA/GR" since some counties refer to the program as General Assistance while others refer to the program as General Relief.

GAGR291 – Benefit Change

NOA Mockups/Examples: See supporting document #12

As of [redacted] the County is changing your monthly
 General Assistance/General Relief from [redacted]
 to [redacted].

Here's why:

Number	Existing Text	Updated Text
1	As of <date> the County is changing your monthly General Assistance from <amount> to <amount>.	As of <date> the County is changing your monthly General Assistance/General Relief from <amount> to <amount>.

GAGR292 – GA/GR Approval

NOA Mockups/Examples: See supporting document #7

As of [redacted] the County has approved your
General Assistance/General Relief (GA/GR).¹
Your first day of GA/GR.²
Your monthly amount is [redacted].

Here's why:



Number	Existing Text	Updated Text
1	As of <date> the County has approved your General Assistance.	As of <date> the County has approved your General Assistance/General Relief (GA/GR).
2	Your first day of General Assistance is <date>.	Your first day of GA/GR is <date>.

GAGR293 – GA/GR Denial

NOA Mockups/Examples: See supporting document #8

As of [redacted] the County has denied your
application for General Assistance/General Relief.¹

Here's why:

Number	Existing Text	Updated Text
1	As of <date> the County has denied your application for General Assistance.	As of <date> the County has denied your application for General Assistance/General Relief.

GAGR294 – GA/GR Discontinuance

NOA Mockups/Examples: See supporting document #9

As of [redacted] the County is stopping your General Assistance/**General Relief**.¹

Here's why:

Number	Existing Text	Updated Text
1	As of <date> the County is stopping your General Assistance.	As of <date> the County is stopping your General Assistance/General Relief.

GA295 – GA Supplemental

NOA Mockups/Examples: See supporting document #10

Your **General Assistance/General Relief** was underpaid in the amount of [redacted]¹ for [redacted].

Here's why:

Number	Existing Text	Updated Text
1	Your General Assistance was underpaid in the amount of <amount> for <month>.	Your General Assistance/General Relief was underpaid in the amount of <amount> for <month>.

GAGR297 – GA/GR Periodic Report Form

NOA Mockups/Examples: See supporting document #11

**1 GENERAL ASSISTANCE/GENERAL RELIEF
ELIGIBILITY REPORT**

You must complete this form in order to continue receiving bene
 Complete all questions, sign, date, and return this form by
 Your benefits may go up, down, or be stopped based on the fac
 Your benefits may be delayed or stopped if this form is not rece
 1. Did anyone in your household receive any money, income, or
 If yes, complete below and attach proof. Attach more pages if yc

Number	Existing Text	Updated Text
1	GENERAL ASSISTANCE ELIGIBILITY REPORT	GENERAL ASSISTANCE/GENERAL RELIEF ELIGIBILITY REPORT

2.10 Updates to Form Numbers and Titles of Phase 1 NOAs

2.10.1 Overview

All of the NOAs implemented in Phase 1 (CIV-4400) will have their form numbers and titles updated from "GA ### - GA <Text>" to "GAGR ### - GA/GR <Text>".

2.10.2 Description of Change

All of the NOAs implemented in Phase 1 (CIV-4400) will have their form numbers and titles updated as shown below:

Existing Form Number & Title	Updated Form Number & Title
GA 291 – GA Benefit Change	GAGR 291 – GA/GR Benefit Change
GA 292 – GA Approval	GAGR 292 – GA/GR Approval
GA 293 – GA Denial	GAGR 293 – GA/GR Denial

GA 294 – GA Discontinuance	GAGR 294 – GA/GR Discontinuance
GA 295 – GA Supplement	GAGR 295 – GA/GR Supplement
GA 296 – GA Reimbursement Agreement	GAGR 296 – GA/GR Reimbursement Agreement
GA 297 – GA Periodic Report	GAGR 297 – GA/GR Periodic Report

NOA Mockups/Examples: See supporting documents #7-13

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	Issuance Method Change NOA Mockup	See GAGR298 IMC.pdf
2	Form	GA/GR Time Limit NOA	See GAGR299 TL.pdf
3	Form	Supportive Services NOA Mockup	See GAGR300 SS.pdf
4	Form	GA/GR Timing Out NOA Mockup	See GAGR301 TO.pdf
5	Form	GA/GR Aid Code Change NOA Mockup	See GAGR302 ACC.pdf
6	Form	GA/GR Overpayment NOA Mockup	See GAGR303 OP.pdf
7	Form	GA/GR Approval Mockup	See GAGR292.pdf
8	Form	GA/GR Denial Mockup	See GAGR293.pdf
9	Form	GA/GR Discontinuance Mockup	See GAGR294.pdf
10	Form	GA/GR Supplemental Mockup	See GAGR295.pdf

11	Form	GA/GR Periodic Report Form Mockup	See GAGR297.pdf
12	Form	GA/GR Benefit Change Mockup	See GAGR291.pdf
13	Form	GA/GR Reimbursement Agreement Mockup	See GAGR296.pdf

CalSAWS

California Statewide Automated Welfare System

Design Document

CIV-107250

CCP Enhancements: Add Keypad and change
End button during Conference Calls

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Jared Kuester
	Reviewed By	Michael T. Wright, Raji Sanuvala, Danielle Benoit, Darcy Alexander, and Logan Pratt

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
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1 OVERVIEW

1.1 Current Design

The Call Control Panel (CCP) does not give access to the keypad while on a three-way conference call, and when an agent presses the end button it hangs up on all parties.

1.2 Requests

Add the keypad to the CCP and add a leave button to the left of the End button while on a conference call.

1.3 Overview of Recommendations

1. Add access to the keypad while on a conference call
2. Add a Leave button to the left of the End button
 - a. When the agent presses leave the other two parties will remain on the call.

1.4 Assumptions

3. Any logic and/or CCP components not mentioned in this SCR will retain its current functionality.

2 RECOMMENDATIONS

2.1 Add Keypad to Conference Calls

2.1.1 Overview

When on a conference call the Keypad isn't available. If the Agent connects with an IVR or any other system that requires them to make DTMF entries, they need to disconnect from the three-way call. This update will allow agents to connect to an IVR or any other system that requires them to make a DTMF entry of any kind to proceed to the next menu.

2.1.2 Conference Call Mockup

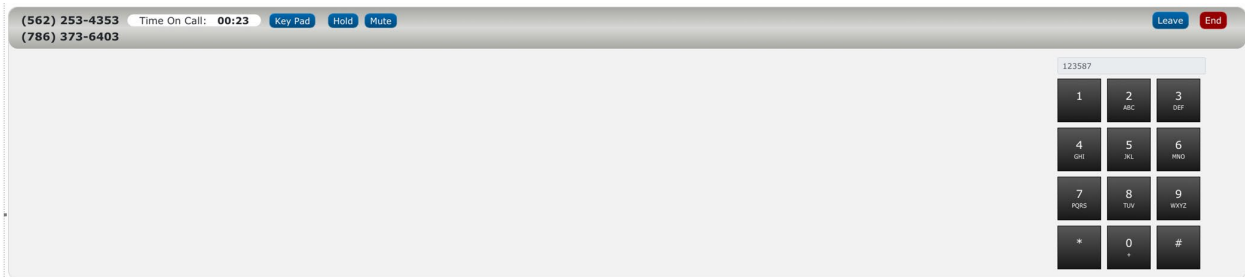


Figure 2.1.1 – Conference Call Keypad.

2.1.3 Description of Changes

1. Add access to the keypad while on a conference call

2.1.4 Page Location

NA

2.1.5 Security Updates

1. Security Rights

Security Right	Right Description	Right to Group Mapping

2. Security Groups

Security Group	Group Description	Group to Role Mapping

2.1.6 Page Mapping

No impact to this section.

2.1.7 Page Usage/Data Volume Impacts

No impact to this section.

2.2 Leave Button Change

2.2.1 Overview

When an agent presses the End button, the CCP hangs up on all parties. This change will allow the Agent to start a conference call, inform the customer and the added party to the line that they will be transferring the call and that they can continue the conversation without them. Once the agent presses Leave, they will hang up the call on their side and be placed into Wrap Up, while the other two parties remain on the line.

2.2.2 Team Performance Panel Mockup



Figure 2.2.1 – Team Performance Panel.

2.2.3 Description of Changes

1. Add a Leave button to the left of the End button.
 - a. When the agent presses leave the other two parties will remain on the call.

2.2.4 Page Location

NA

2.2.5 Security Updates

3. Security Rights

Security Right	Right Description	Right to Group Mapping

4. Security Groups

Security Group	Group Description	Group to Role Mapping

2.2.6 Page Mapping

No impact to this section.

2.2.7 Page Usage/Data Volume Impacts

No impact to this section.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

SCR Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?

6 OUTREACH

7 APPENDIX
