

CalSAWS | Enhancement Request (CER)

PPOCs: Please send the completed request to CER@CalSAWS.org and cc your RM.

Submission Date	12/1/20
Title	Upload Revised PA 1918 To LRS and YBN

Region #: 6	County: Los Angeles	
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Program(s) Impacted:			
<input type="checkbox"/> Adoptive Services	<input type="checkbox"/> ARC	<input checked="" type="checkbox"/> CalFresh	<input type="checkbox"/> Cal-Learn
<input checked="" type="checkbox"/> CalWORKS / RCA	<input checked="" type="checkbox"/> CAPI	<input type="checkbox"/> Child Care	<input type="checkbox"/> CMSP
<input type="checkbox"/> Foster Care	<input checked="" type="checkbox"/> GA/GR	<input type="checkbox"/> GAIN/REP/WTW	<input type="checkbox"/> GROW
<input type="checkbox"/> Kin-GAP	<input checked="" type="checkbox"/> Medi-Cal / RMA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other – specify			

Area(s) Impacted:			
<input type="checkbox"/> Call Center	<input type="checkbox"/> Case Assignment	<input type="checkbox"/> Client Correspondence	<input checked="" type="checkbox"/> Eligibility
<input type="checkbox"/> Fiscal / Collections	<input type="checkbox"/> Hearings	<input type="checkbox"/> Imaging	<input type="checkbox"/> Lobby Management
<input type="checkbox"/> Reports	<input type="checkbox"/> Resource Data Bank	<input type="checkbox"/> Schedule Appt	<input type="checkbox"/> Security
<input checked="" type="checkbox"/> Self Service Portal	<input type="checkbox"/> Special Investigation	<input type="checkbox"/> Task Mgmt	<input type="checkbox"/> Time Limits
<input type="checkbox"/> Training			
<input type="checkbox"/> Interface(s) - specify			
<input checked="" type="checkbox"/> Other – specify			
Notices of Action (NOA's)/Forms and Office Operations			

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Justification / Request Summary:

- Replace the current PA 1918 (05/16) in the LRS Template Repository with the revised version (11/20).
- Replace the current PA 1918 (05/16) in YBN with the revised version (11/20).

Issue:

CAPI applicant(s)/participant(s) will not be able to obtain certain benefits/assistance due to CAPI program not being listed on the previous version of the PA 1918 (05/16).

Proposed Recommendation:

1. Replace the existing version of the PA 1918 (05/16) with the revised version (11/20) on LRS and YBN.
2. LRS and YBN is to pre-populate the following information on the PA 1918 (11/20) in LRS.

Section A: VERIFICATION:

- Monthly grant amount – For each specific program, insert the total monthly grant amount that the AU/HH is receiving and indicate the number of people in HH.

Section B: ASSISTANCE UNIT MEMBERS:

- List the first and last name of each AU/HH Member in the case. #1 must be the primary applicant/participant.
- Insert the AU/HH member's relationship to the primary applicant/participant, identified as #1.

Section C:

- If initiated by staff in LRS, leave this field blank.
- If initiated by participant in YBN, insert the Agency/Institution data from YBN "Agency/Institution" field. (Refer to LCR #2196)

Priority/Implementation Consideration(s):

High

CalSAWS Response:

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CER Tracking #: (automatically generate by JIRA)	SCR #
Rejected By:	Date:
Rejection Reason(s) or other Comments:	