

## CalACES Enhancement Request

PPOC: Please send the completed request to [CER@CalACES.org](mailto:CER@CalACES.org) with a cc to your RPM.

<b>Region #: 1</b>	<b>County: Riverside</b>	<b>Date Submitted:</b>
<b>Submitter's Name:</b> Robin Zeno-Jackson	<b>Phone:</b> 951-358-4991	<b>Email:</b> rozenoja@rivco.org

<b>Title: NOAs denial reason location</b>			
<b>Program(s) Impacted:</b>			
<input type="checkbox"/> Adoptive Services	<input type="checkbox"/> ARC	<input type="checkbox"/> CalFresh	<input type="checkbox"/> Cal-Learn
<input checked="" type="checkbox"/> CalWORKS / RCA	<input type="checkbox"/> CAPI	<input type="checkbox"/> Child Care	<input type="checkbox"/> CMSP
<input type="checkbox"/> Foster Care	<input type="checkbox"/> GA/GR	<input type="checkbox"/> GAIN/REP/WTW	<input type="checkbox"/> GROW
<input type="checkbox"/> Kin-GAP	<input type="checkbox"/> Medi-Cal / RMA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other – specify			

<b>Area(s) Impacted:</b>			
<input type="checkbox"/> Call Center	<input type="checkbox"/> Case Assignment	<input type="checkbox"/> Client Correspondence	<input type="checkbox"/> Eligibility
<input type="checkbox"/> Fiscal / Collections	<input type="checkbox"/> Hearings	<input type="checkbox"/> Imaging	<input checked="" type="checkbox"/> Lobby Management
<input type="checkbox"/> Reports	<input type="checkbox"/> Resource Data Bank	<input type="checkbox"/> Schedule Appt	<input type="checkbox"/> Security
<input 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			
Denial NOAs			

**Justification / Request Summary:**

**Issue:**  
Certain CIV Notices of Action (NOA) list the reason(s) for the denial of a program or other pertinent information on the last page of the NOA instead of the first. Please see attached NOAs with the issue.

**Proposed Recommendation:**

List the reason(s) for the denial of of the program or other pertinent information on page 1 of the NOA. It will make it easier for the customer to identify the reason for the denial.

**Priority/Implementation Consideration(s):**

**CalACES Response:**

CER Tracking #: (automatically generate by JIRA)

SCR #

**Rejected By:**

**Date:**

**Rejection Reason(s) or other Comments:**