

# CRFI 20-003 Imaging - County Documents and Forms Indexing Response

														Recommendation		
C W	C F	M C	G A / R	W T W	C C	F C	A P	K G	H e a r i n g s	G e n e r a l	Document Number	Document Name	Description of Document/Form Content to a CalSAWS Document)	Number/comment	Name	
			x								8	GA Disc and Sanction [08] 008-2 Notice of Action (NOA) General Assistance Termination	GA Disc and Sanction [08] 008-2 Notice of Action (NOA) General Assistance Termination	General Assistance	New Rec.	Manual <Program> NOA
			x								12	Notice of Action (NOA) General Assistance Termination - GA Disc Left Facility [012]	Notice of Action (NOA) General Assistance Termination - GA Disc Left Facility [012]	General Assistance	New Rec.	Manual <Program> NOA
			x								40	General Assistance Fail to Provide	Notice of Action (NOA) General Assistance Termination -- GA Disc-Failure to Provide Incapacity Verification [040] 040-1	General Assistance	New Rec.	Manual <Program> NOA
				x							110	CCRE Stage 2 Referral	Refer CC from Stage 1 to Stage 2	Refer CC from Stage 1 to Stage 2 - no state form	New Rec.	Child Care Referrals and Forms
			x								759	Notice of Action (NOA) General Assistance Termination --GA Disc-3 Month Time Limit [0759] 759-2	Notice of Action (NOA) General Assistance Termination --GA Disc-3 Month Time Limit [0759] 759-2	General Assistance	New Rec.	Manual <Program> NOA
			x								761	GA Information Letter to Vendor	GA Information Letter to Vendor [0761] 761-1 "Sonoma County will be responsible for the items authorized and in the amount indicated below for the above named individual..."	General Assistance	New Rec.	Vendor Agreements and Forms
			x								762	GA Disc Letter to Vendor [0762] 762-2 General Assistance	GA Disc Letter to Vendor [0762] 762-2 General Assistance	General Assistance	New Rec.	Vendor Agreements and Forms
											x 801	Bank account information request and authorization		The Bank Account Authorization to Release information is used in situations where the client is unable to obtain assets verifications independently. Where the client is not able to obtain verifications, the county must attempt and assist the client in obtaining such verifications. This release of information form is	CW 60	Release of Information - Financial Institution
			x								972	General Assistance (GA) appointment letter + cover letter [0972]	General Assistance (GA) appointment letter + cover letter [0972]	General Assistance	CSF XXX	Appointment Letter
			x								1990	Post Card Pocket Reminder	Reminder to clients about their Goals	This form is sent to clients to remind them that they have an appointment coming up and they need to indicate how they will get to the appointment and what their child care plans will be. There are also reminders that can be listed for that appointment. There is no form on the CalSAWS listing that has information close to what this	Is this imaged? New Rec.	WTW Agreements, Assessments, etc.

x	1991	CalMAP: Taking a look at the whole picture so we can best serve you	Assesment for clients life areas	This form indicates either areas of significant need or areas of stability in client's life. This allows wokers to focus in on those areas that may have a higher priority. There is no form on the CalSAWS listing that has information close to what this form is	New Rec.	WTW Agreements, Assessments, etc.
x	1992	MY Goal-Plan-Do-Review	Review of clients goals	Clients complete this form to remind them of what their goals are, what it will take to accomplish the goal, how they will do it, and then a review of when it's done. There is no form on the CalSAWS listing that has information close to what this form is	New Rec.	WTW Agreements, Assessments, etc.
x	1993	My Road Map	Map of how to reach the client's ultimate goal	Clients use this form to indicate what their ultimate goals are and what they will need to do to accomplish those. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	WTW Agreements, Assessments, etc.
x	1994	Potholes & Detours	Anticipating barriers to completing goals	Clients complete this form to anticipate what barriers they will face in the process of completing their goals and indicate what they can do to navigate those barriers. There is no form on the CalSAWS listing that has information close to what this	New Rec.	WTW Agreements, Assessments, etc.
x	2152	CAAP Warning - Act of Negligent Failure	Warning for the 1st and 2nd failure for CAAP requirements and/or eligibilities.	There is no GA/GR index for warning of negligent failure.	New Rec.	GA/GR Other Forms
	2175	1st Unreported Income/Assets/Duplicate Aid	Inform customer for possible collection of an overpayment for the 1st time unreported income and/or asset.	There is no GA/GR index for 1st first income and/or asset did not report to the county.	ABP 4023 C	General Relief (GR) Overpayment
	2185	Immigration Documentation Verification	Deadline and/or appointment for customers to submit document for their immigration status.	There is no GA/GR index for immigration.	New Rec.	GA/GR Other Forms
	2217	Notice of Proposed Action Benefit Held	To Hold Customer benefits for appointments or homeless residency verification.	There is no GA/GR index for holding custmer benefits for appointments and homeless residency verification.	New Rec.	GA/GR Other Forms
x	2300	client affidavit		The Client Affidavit form is a county cross program form that allows the client to verify in wirting, information for which the client cannot submit documentation. The form provides important language that conforms to policy requirements. In the absence of this form, clients often times submit written statements that do not conform to policy and are not considered valid. This form makes it easier for the client to provide	CSF XXX	Sworn Statement
	2315	Request for Check - DMV I.D. Card Fee	Request distribution to print check for DMV ID card fee.	There is no index for distribution to print check for DMV ID Card fee	New Rec.	DMV/ID Referrals and Verification Requests
	2323	Reduced Earned / Unearned Income - Supplemental Payment Request	Calculation to issue supplemental benefits to customers when their income reduced.	There is no index for GA Supplemental benefits when customer's income reduced.	New Rec.	Program Budgets & Worksheets

x	x	x	2510	Authorization for Co-Payment	Autorization for two party payee.	There is no index for authorization for two party payment	New Rec.	HSP and Homeless Assistance Forms
		x	4030	Request for Investigation	County form	This is completed by Program staff to request a client investigation	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
			6105	Interview Follow Up	Provides clients with nexts steps in their application proress	This document is used at interviews to provide clients with their Rights and Responsibilities, next steps in their application process, etc.	PUB 13	Your Rights Under California Welfare Programs
			6405	Form 6405	Agreement to Receive Optional Email & Text Messaging Service (Text & Email Consent)	generic local form - no existing index code in CalSAWS	NA 1273	Electronic Notification Agreement and Courtesy Confirmation Receipt
	x		6925	CAAP Discontinuance: Failed to Keep Employability Appointment	CAAP Discontinuance: Failed to Keep Employability Appointment	There is no index for GA	New Rec.	Manual <Program> NOA
			7073	HSP Screening Tool	CalWORKs Housing Support Program Housing Assistance Assessment Tool	local Housing Support Program - no existing index code in CalSAWS	New Rec.	HSP and Homeless Assistance Forms
			7075	HSP Housing Plan / ETO HSP Intake and Case Management Response Form		local Housing Support Program - no existing index code in CalSAWS	New Rec.	HSP and Homeless Assistance Forms
			7085	CalWORKs Housing Support Program Case Tracking Checklist		local Housing Support Program - no existing index code in CalSAWS	New Rec. New Rec.	HSP and Homeless Assistance Forms Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x			8026	employment and wage information		Employment and Wage Information Authorization to Release is a county cross program form that is used in situations where the client is unable to obtain earned income verifications independently. Where the client is not able to obtain verifications, the county must attempt and assist the client in obtaining such verifications. This release of information form is specific to earned wages. The CalSAWS Documents and Form file shows form CF QC Notice 10, which sounds similar to the form in question. If form CF QC Notice 10 includes authorization of release of information language, we would be willing to combine. However, if this language is missing, then we would	CSF XXX CSF XXX CSF XXX Other county drawer - QC/QC	Employment Statement Request Verification of Employment/Earning Employment Questionnaire
			8037	Report of Lost check/benefits or non-receipt	County form	This form is completed by Program staff and sent to Investigations when a client claims they did not receive or lost their benefits	CSF XXX	Affidavit To Obtain Duplication Of Lost/Stolen/Destroyed Warrant
		-		Bridge - Final 03.07.17-EN	"MY JOURNEY TO CROSS THE BRIDGE TO WELL-BEING"	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
		-		FaR Admision LTR	Families Rising Admission Letter	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
		-		FaR Case Closure LTR-E	Families Rising Case Closure Letter (from Enrollment)	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
		-		FaR Case Closure LTR-R	Families Rising Case Closure Letter (from Recruitment)	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
		-		FaR Disengagement LTR	Families Rising Disengagement Letter	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	

-	FaR Non-Admission LTR	Families Rising Non-Admission Letter	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
-	FaR Opting Out LTR	Families Rising Opting Out Letter	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
-	FaR Unable to Reach LTR	Families Rising Unable to Reach Letter	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
-	FC_-_ph_-_welcome_to_pat; RF_ParticipationAgreementAndCo nsentForServices-Fillable-U	Welcome to <b>Parents as Teachers</b> ; Participation Agreement and Consent for Services	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
-	HSA PHOTO RELEASE FORM	Photo Release Form	local Home Visiting Program - no existing index code in CalSAWS	New Rec.	Other Contact Authorization Forms
x	-	QIA Test	Quick Informal Assessment	Used in assessment to identify language proficiency.	New Rec. WTW Agreements, Assessments, etc.
-	-	text/email consent form	By signing the text/email consent form client gives the county permission to send emails or cell phone messages about reminders for appointments, renewals, and other information. This form also allows the client to opt out of text/emails	NA 1273	Electronic Notification Agreement and Courtesy Confirmation Receipt
x	TEH 843	Specialized Care Rate (SCR) Assessment Form	Foster Care Assessment Form	Specific to county business process for Foster Care	New Rec. FC Forms
x	TEH 844	Specialized Care Rate Quarterly Provider Log	Foster Care SCR Provider Log	Specific to county business process for Foster Care	New Rec. FC Forms
x	TEH 966	Preponderance of Evidence Model (POEM) Worksheet	FC/CW Preponderance of Evidence Worksheet	Specific to county business process for Foster Care/CW Determination	New Rec. Program Budgets & Worksheets
x	001	Medi-Cal Screen Form	The Medi-Cal Health connections screening form allows the Records Management team to quick assess the individual's household and whether or not an application can be submitted. Additionally, the screening form allows the expeditious registration of a clients application, as clients do not have to complete the lengthy MC application form to be registered. Lastly, the screening form serves to inform the EW's ex parte efforts before the EW completes interview/application for the household. The screening form is	New Rec.	Application, Intake, or Screening Tools
x	001 1	CAAP Discontinuation: Death	CAAP Discontinuation: Death	There is no index for GA	New Rec. Manual <Program> NOA
x	002 1	CAAP Discontinuation: Moved Out of County	CAAP Discontinuation: Moved Out of County	There is no index for GA	New Rec. Manual <Program> NOA
x	003 1	CAAP Discontinuation: Client's Request	CAAP Discontinuation: Client's Request	There is no index for GA	New Rec. Manual <Program> NOA
x	007	Intake Checklist	Intake Checklist--County Use Only	Screening tool used by staff, during interviews.	New Rec. Application, Intake, or Screening Tools
x	007 0 (09/03)	CALM Discontinuation - Not Eligible for ABD Medi-Cal	CALM Discontinuation - Not Eligible for ABD Medi-Cal	There is no index for GA	New Rec. Manual <Program> NOA
x	015 1	CAAP Discontinuation: Ineligible Student	CAAP Discontinuation: Ineligible Student	There is no index for GA	New Rec. Manual <Program> NOA
x	019 1	CAAP Discontinuation: Other Public Assistance	CAAP Discontinuation: Other Public Assistance	There is no index for GA	New Rec. Manual <Program> NOA
x	020 1	CAAP Discontinuation: UIB/DIB/VA Unearned Income Too Great	CAAP Discontinuation: UIB/DIB/VA Unearned Income Too Great	There is no index for GA	New Rec. Manual <Program> NOA
x	021 0	CAAP Discontinuation: On SSI/SSP	CAAP Discontinuation: On SSI/SSP	There is no index for GA	New Rec. Manual <Program> NOA

x	023 2	CAAP Discontinuance: Earned Income Too Great	CAAP Discontinuance: Earned Income Too Great	There is no index for GA	New Rec.	Manual <Program> NOA
x	025 0	CAAP Discontinuance: Excess Real Property	CAAP Discontinuance: Excess Real Property	There is no index for GA	New Rec.	Manual <Program> NOA
x	026 1	CAAP Discontinuance: Excess Personal Property	CAAP Discontinuance: Excess Personal Property	There is no index for GA	New Rec.	Manual <Program> NOA
x	027 1	CAAP Discontinuance: Residency - Failed Homeless Appointment	CAAP Discontinuance: Residency - Failed Homeless Appointment	There is no index for GA	New Rec.	Manual <Program> NOA
x	027 1a	CAAP Discontinuance: Residency - Failed to Verify Ongoing Presence	CAAP Discontinuance: Residency - Failed to Verify Ongoing Presence	There is no index for GA	New Rec.	Manual <Program> NOA
x	028 1	CAAP Discontinuance: Failed to Keep an Appointment	CAAP Discontinuance: Failed to Keep an Appointment	There is no index for GA	New Rec.	Manual <Program> NOA
x	031 1	CAAP Discontinuance: Refused Employment	CAAP Discontinuance: Refused Employment	There is no index for GA	New Rec.	Manual <Program> NOA
x	033 1	CAAP Discontinuance: Failure to Attend Evaluation	CAAP Discontinuance: Failure to Attend Evaluation	There is no index for GA	New Rec.	Manual <Program> NOA
x	037c 1	CAAP Discontinuance: Not Enough Job Searches	CAAP Discontinuance: Not Enough Job Searches	There is no index for GA	New Rec.	Manual <Program> NOA
	x 04-130	Authorization for County Payment	Authorize county only funds	Authorizes usage of funds	New Rec.	Fiscal Forms
x	042 1	CAAP Discontinuance: Failure to Apply for Other Income	CAAP Discontinuance: Failure to Apply for Other Income	There is no index for GA	New Rec.	Manual <Program> NOA
	04-228	Request for Social Security Number Verification Social Security Card of a minor	Verification of SSN by SSA	Confirms SSN when card not available and not verified on MEDS	MC 194	Social Security Administration Referral Notice
	04-314	ICPC Caregiver's Licensing/Home Approval Verification Form	Home approval	Approval for file	New Rec.	Vendor Agreements and Forms
x	04-404	Child Specific Letter (PPS Form)	Allows AFDC-FC funding	Authorizes usage of funds	New Rec.	FC Forms
x	047 1	CAAP Discontinuance: Fleeing Felon (non-fraud)	CAAP Discontinuance: Fleeing Felon (non-fraud)	There is no index for GA	New Rec.	Manual <Program> NOA
	07-237	Payment Request for Third Party Verification	Internal form used to request payment for Third Party verification form includes what type of verification is being requested, fee amount and who check will be made out to.	Form is used internally to request Third Party verification when assisting customers obtain verification for eligibility purposes. Form is completed by worker and forwarded to immediate clerk to	New Rec.	Fiscal Forms
	07-276	Deemed Income	Income contribution worksheet	Supplements eligibility determination	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
	07-340	Child Transitioned from CalWORKs to Foster Care Program Informing Notice	Form provides child's name and when CalWORKs benefits will end for that child	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to child becoming eligible to Foster Care	New Rec.	Manual <Program> NOA
	07-69	Request for Benefit Verification	Benefit verification	Allows to provide verification to of benefits received for multiple months	CSF XXX	Verification of Benefits
	07-92	Overpayment Worksheet and Referral	Records overpayment	Records overpayment	PA 30	County Referral
	08-57	Request for Aid Code Adjustment	Records aid code adjustment	verification of adjustment when not available in system		
	09-104	CalFresh Success Consent for Release of Confidential Information	Consent for release of confidential information	Fresh Success release of information, college records, Fresh Success records E&T record	New Rec.	Other Contact Authorization Forms
	09-105	Statement of Facts Notification (03/2018)	provide copy of Statement of Facts (SoF)	review SOF, and make corrections if any	SAWS 2 PLUS	Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care
	09-106	Pre Enrollment Form for Fresh Success	Fresh success pre enrollment form	to qualify a student for CF Program	New Rec. CSF XXX	CFET Forms/Agreements CalFresh Student Exemption

x	09-107	CalFresh E&T Plan Activity Assignment	CF E&T plan activity assignment	to meet E&T requirmemnt	New Rec.	CFET Forms/Agreements
	092A (12/02)	FRED Investigation Referral	FRED Investigation Referral	No available index listed in CalSAWS	New Rec.	Non-Fraud Referral or Request
x	09-43	CalFresh Claim Determination Worksheet and Benefit Recovery Status	Case Outstanding Overissuances and Referral to Revenue and Recovery for Collection	Referring Outstanding Overissuances to R&R after the case terminates	New Rec.	Program Budgets & Worksheets
	09-77	ABAWD Discretionary Exemption Request Form	Req from HSS to Exempt ABAWD	Allows County to distribute discretionary ABAWDs exemptions	New Rec.	ABAWD Forms
	09-83	Good News for CA families receiving CalFresh	Referral/Request for Medi-Cal	Outreach for CFHH to apply for MC	New Rec.	Non-Fraud Referral or Request
x	09-84	CalFresh Employment & Training	E&T rights and Responsibilities	E&T components	New Rec.	CFET Forms/Agreements
x	099-0	GR Disc Other Reasons Replacement of Food	Notice to customer of GR discontinuance	No CalSAWS document	New Rec.	Manual <Program> NOA
	09-90 E/SP	Approval/Denial Notice	Approval/Denial Notice	notify customers with their Approval/Denial of replacement	New Rec.	Manual <Program> NOA
x	09-93 HHSA	Affidavit of Loss	customer statement uner penaty of perjury for their lost food	list of food lost due to disaster or misfortune Statement from customer regarding loss of food during Disaster or household misfortune	CSF XXX	Sworn Statement
x	09-95	CalFresh Overissuance Payment Stub	CF repayment agreement notice	overissuance repayment type, cash or check	PA 1893	Calfresh Repayment Card
	09-99	USCIS Letter for Indigent Sponsored Noncitizen	has the Sponsor and Sponsored noncitzen names, to be sent to USCIS	caiming indigency to qualify for CF	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
	09-99 HHSA	USCIS Letter for Indigent Sponsored Noncitizen Reporting	Indigent /Sponsored Form	Submitted to USCIS when customer is found indigent for CalFresh.	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
x	10-13	Application Registration Request	Used for Application Registration Info	Form is used in a county-specific process	New Rec.	Application, Intake, or Screening Tools
	10-43	Special Care Rate Authorization	Authorization for supplemental payment	Authorizes usage of funds	New Rec.	FC Forms
x	10-7	Application Information Sheet	Application Summary of information	Form is used in a county-specific process	New Rec.	Application, Intake, or Screening Tools
	11-101 HHSA	Aid to First Pay Day	Computation of aid to first pay day	No CalSAWS document - County specific instructions	New Rec.	Program Budgets & Worksheets
	11-102 HHSA	GR Overpayment Status Request	Request to Revenue & Recovery on status of collection of overpayment when a customer reapplies	No CalSAWS document - County specific instructions	New Rec.	GA/GR Other Forms
	11-103 HHSA	GR Preponderance of ID	Documentation of preponderance of evidence for GR ID	No CalSAWS document - County specific instructions	New Rec.	GA/GR Other Forms
x	11-104 HHSA	GR Request for Person over 65	Request to Manager to approve GR for a customer over 65	No CalSAWS document - County specific instructions	New Rec.	GA/GR Other Forms
x	11-105 HHSA	Hardship Waiver Request	Request for Program Manager to review for a hardship waiver of GR rules	No CalSAWS document - County specific instructions	New Rec.	GA/GR Other Forms
x	11-110 HHSA	Client Instructions for Repayment of a CAPI Overpayment	Instructions on where to send payment	No CalSAWS document - County specific instructions	New Rec.	CAPI Application and Other Forms
	11-111 HHSA	GR Expedited Intake Evaluation	Evaluation to see if customer is eligbile for an expedited intake	No CalSAWS document - County specific instructions	New Rec.	Application, Intake, or Screening Tools
x	11-114 HHSA	Waitlist Attendance Log	GR log for attendance if customer is put on a watilist for Substance Abuse Services	No CalSAWS document - County specific instructions	Is this imaged to a specific case/person? New Rec.	GA/GR Work Related and Activities Forms
zx	11-116 HHSA	GR Repayment Notice	Notice to customer on amount of GR aid paid that must be repaid	No CalSAWS document - County specific instructions	CSF XXX?	Overpayment/Overissuance Letter
	11-117 HHSA	GR Aid Owed Worksheet	Worksheet to determine amount of aid to be repaid	No CalSAWS document - County specific instructions	New Rec.	Program Budgets & Worksheets

x	11-118 HHSA	GR Sponsored Alien Determination	Determination if sponsored alien is eligible to GR	No CalSAWS document - County specific instructions	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
	11-121 HHSA	Request for Temporary Administrative Exemption from GR Employable Requirements	Request form to determine if a person can be temporarily exempted from work requirements	No CalSAWS document - County specific instructions	New Rec.	GA/GR Work Related and Activities Forms
x	11-123 HHSA	MTS Pass Referral Form	Referral to Clerical to issue bus pass	No CalSAWS document - County specific instructions	New Rec.	Transportation Forms
x	11-13 HHSA	Vendor Payment Agreement	GR agreement for vendor payment	No CalSAWS document - County specific instructions	New Rec.	Vendor Agreements and Forms
x	11-14 HHSA	Third Party Verification	Documentation of third party contact for GR	No CalSAWS document	New Rec.	Non-Fraud Referral or Request
x	11-19 HHSA	Lien Information	Information for GR customer on the lien requirements	No CalSAWS document - County specific instructions	CW 81	Property Lien
x	11-21 HHSA	Computation of Need and Notification of Payment for GR	Notice to customer of GR grant approval and budget	No CalSAWS document	New Rec.	Manual <Program> NOA
x	11-22 HHSA	GR Grant of Lien	Legal document naming County as grantee of real property to repay GR	No CalSAWS document	New Rec.	GA/GR Repayment Agreements/Forms
x	11-39 HHSA	Redetermination Appointment Letter	Notice to GR customer of their redetermination appointment	No CalSAWS document - County specific instructions	ABP 1460	General Relief Opportunities For Work Case Manager Appointment
x	11-4 HHSA	Statement of GR Aid Paid	Referral to Office of Revenue & Recovery to collect GR aid paid	No CalSAWS document - County specific instructions	CSF XXX	Aid Paid Pending Informing Letter
x	11-40 HHSA	GR Employability Evaluation (GREE) Referral	Sends GR customer to their GREE appointment	No CalSAWS document - County specific instructions	New Rec.	Non-Fraud Referral or Request
x	11-43 HHSA	GR Notice of Denial	No CalSAWS document - County specific instructions	New Rec.		Manual <Program> NOA
x	11-44H HHSA	GR Affidavit of Homeless Living Situation	Statement from homeless GR customer on their living situation	No CalSAWS document - County specific instructions	CW 42	Statement of Facts - Homeless Assistance
x	11-45 HHSA	GR Medical Statement	Statement from doctor on a GR customer's ability to complete a work project	No CalSAWS document - County specific instructions	New Rec.	GA/GR Work Related and Activities Forms
x	11-45C HHSA	CAPI Verification of Sponsor's Disability	Verification of sponsor's disability	No CalSAWS document	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet CAPI Application and Other Forms
x	11-45G HHSA	GREE Medical Statement	Statement from GREE provider on customer's ability to complete a work project	No CalSAWS document - County specific instructions	New Rec.	GA/GR Work Related and Activities Forms
x	11-46M HHSA	GR Notice of MAPC Work Project Assignment	Notice to customer of their MAPC work assignment	No CalSAWS document - County specific instructions	New Rec.	GA/GR Work Related and Activities Forms
x	11-49 HHSA	GR Employable Program Responsibilities	Employable Program Responsibilities	No CalSAWS document - County specific instructions	New Rec.	GA/GR Work Related and Activities Forms
x	11-49A HHSA	Job Training Requirements	Job Training Requirements	No CalSAWS document - County specific instructions	New Rec.	WTW Agreements, Assessments, etc.
x	11-49M HHSA	GR Employable Program Requirements - MAPC	MAPC Employable Program Requirements	No CalSAWS document - County specific instructions	New Rec.	GA/GR Work Related and Activities Forms
x	11-5 HHSA	Assignment of Proceeds	Assigns proceeds from a claim to repay GR	No CalSAWS document - County specific instructions	New Rec.	GA/GR Repayment Agreements/Forms
x	11-50D HHSA	Employable Discontinuance	Notice to GR customer of Employable discontinuance	No CalSAWS document - County specific instructions	New Rec.	Manual <Program> NOA
x	11-50M HHSA	MAPC Informing Notice	Notice to GR customer of Employable discontinuance and MAPC eligibility	No CalSAWS document - County specific instructions	New Rec.	Manual <Program> NOA
x	11-53 HHSA	GR Referral/Enrollment/Attendance Verification	GR form for referral, enrollment, and attendance verification in education programs	No CalSAWS document - County specific instructions	ABP 593	General Relief/General Relief Opportunity for Work Requirement to Provide Medical Verification

x	11-57 HHSA	GR Overpayment/Underpayment From	Documentation of overpayment or underpayment and recovery	No CalSAWS document - County specific instructions	ABP 4023 QR-OP AE ABP 4023 QR-OP CE	Overpayment Agency Error Overpayment Client Error
x	11-5A HHSA	GR Referral for Assignment of Interest	Referral to Revenue & Recovery to claim against a third party for repayment of GR	No CalSAWS document - County specific instructions	New Rec.	GA/GR Repayment Agreements/Forms
x	11-61 HHSA	Employable NOA - MAPC	Approval of GR under MAPC	No CalSAWS document - County specific instructions	New Rec.	Manual <Program> NOA
x	11-65 HHSA	Applicant's Statement of Employability	Statement from customer about ability to complete a work project	No CalSAWS document - County specific instructions	New Rec.	GA/GR Work Related and Activities Forms
x	11-67 HHSA	Good Cause Determination	GR/CFET Good Cause determination	No CalSAWS document - County specific instructions	New Rec.	CFET Forms/Agreements
x	11-73 HHSA	GR/CF E&T Orientation Form	Documentation of attendance at orientation	No CalSAWS document - County specific instructions	New Rec.	CFET Forms/Agreements
x	11-74 HHSA	GR Verification Checklist	Items needed at GR Intake appointment	No CalSAWS document - County specific instructions	New Rec.	Customer Use Checklists
x	11-79 HHSA	Identification Requirements	Notification of ID requirements	No CalSAWS document - County specific instructions	DHCS 0001	U.S. Citizens and Nationals Applying for Medi-cal Must Show Proof of Citizenship and Identity
x	11-8 HHSA	GR Transportation to Resource Plan	Plan to get customer to resource	No CalSAWS document - County specific instructions	New Rec.	GA/GR Work Related and Activities Forms
x	11-89 GIN HHSA	Substance Abuse Services Information Notice	Explanation of requirements if referred for Substance Abuse Services	No CalSAWS document - County specific instructions	New Rec.	WTW Agreements, Assessments, etc.
x	11-89 HHSA	Substance Abuse Services Appointment Letter	Appointment letter for Substance Abuse Services	No CalSAWS document - County specific instructions	ABP 131	Appointment Notice for General Relief Substance Abuse Recovery
x	11-91 HHSA	Substance Abuse Services Non-Compliance Form	Notification from Substance Abuse Services provider regarding non-compliance	No CalSAWS document - County specific instructions	New Rec.	WTW Agreements, Assessments, etc.
x	x	11-93 HHSA	Alternative Job Training Enrollment/Attendance Verification	verification of attendance or enrollment in an alternate program for job training	No CalSAWS document - County specific instructions New Rec.	Tracked WTW Activities, Hours, Exemptions
x	11-94 HHSA	Documentation of Reasonable Suspicion	Documentation of reasonable suspicion of need for substance abuse services	No CalSAWS document - County specific instructions	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	11-99 HHSA	CAPI Overpayment Collection Referral	Referral to Office of Revenue & Recovery to collect overpayment	No CalSAWS document - County specific instructions	New Rec.	Non-Fraud Referral or Request
	13-1	GR & CAPI Communication with SSI Advocate	Two-Way communication with SSI Advocate	No CalSAWS document - County specific instructions	New Rec.	CAPI Application and Other Forms
x	14-10	Transmittal of CMS/Medi-Cal information	Communication form between county workers and hospitals	The county uses this form to communicate application dispositions to hospitals	New Rec.	Worker/Worker Contact
x	14-116	MC Redetermination Packet Coversheet	Informing Notice	Notifies customers of redetermination requirements	MC Redeter Packet	MC Redetermination Packet
x	14-123	MAGI Budget Worksheet	Manual Budget	Used to compute eligibility to ensure system is correct	New Rec.	Program Budgets & Worksheets
x	14-124	MCIEP Cover Letter	Transmittal	Used to notify the county when an inmate is being released and needs	New Rec.	Jail/Inmate Forms and Notices
x	14-126	MCIEP Program Registration Information	Transmittal	Used to provide the county with the information needed to start a MC application	New Rec.	Jail/Inmate Forms and Notices
	14-127	Discontinuance of Benefits for Suspended Individuals	Notice of Action	Notifies customer that they have been suspended for 12 months and are now discontinued	New Rec.	Manual <Program> NOA
	14-128	Suspension of MC Benefits - Removal of Suspension	Notice of Action	Notifies customer that they are suspended/suspension removed	New Rec.	Manual <Program> NOA
x	14-129	County Pre-Release Application Cover Letter	Transmittal	Used to notify HHSA when a jail inmate is being released and needs	New Rec.	Jail/Inmate Forms and Notices



x		14-135	MC Denial for MCIEP	Notice of Action	Notifies applicant of denial of MCIEP	New Rec.	Manual <Program> NOA
x		14-136	MCIEP Discontinuance	Notice of Action	Notifies customer of discontinuance of MCIEP	New Rec.	Manual <Program> NOA
x		14-138	Approval of Refugee Medical Assistance	Notice of Action	Notifies customer of approval of RMA	New Rec.	Manual <Program> NOA
x		14-140	IHSS-MC Communication	Transmittal	Used to communicate between FRCs and IHSS for status of MC and IHSS SOC determination	Other county drawer - IHSS	
		14-141	TLICP Premium Refund-Waiver Request	Transmittal	Used to communicate with vendor for TLICP premium refunds or premium waiver requests	New Rec.	Non-Fraud Referral or Request
x		14-144	MC Disc NOA Over Income	Notice of Action	Notifies customer of MC discontinuance for over income limits	New Rec.	Manual <Program> NOA
x		14-146	Non-MAGI Informing Letter for Applicants	Informing Notice	Notifies customer of the information needed to evaluate for Non-MAGI	PUB10	Non-MAGI Medi-Cal Information Notice
x		14-153	Referral to IHSS and HCBS Waiver Agencies	Informing Notice	Notifies customer to apply for IHSS or HCBS waiver to avoid MC discontinuance/change	Other county drawer - IHSS	
x		14-6	Request for a Letter of Authorization	Hospitals use this form to request a proof of eligibility Letter of Authorization	I don't see an appropriate match	New Rec.	Other Contact Authorization Forms
		14-84 TEMP	TMC Status Report Reminder	Informing Notice	Sent to TMC customers to avoid losing TMC due to non-receipt of	CSF XXX	MC Reminder Notice
	x	14-86	Citizenship/Identity Documentation Transmittal	Access uses form to transmit documents to FRCs	Used to send PII to FRCs.	New Rec. New Rec.	Customer/Worker Contact Other Contact Authorization Forms
		14-87	CEC Information Notice	Notice of Action	Denial of CEC for child referred from SSI discontinuance	New Rec.	Manual <Program> NOA
x		14-88	Juvenile Pre-Release MC Application Transmittal Form	Referral form for Medi-Cal	Used to notify HHSA when a juvenile is about to be released and Medi-Cal is needed	New Rec.	Jail/Inmate Forms and Notices
x		14-90	RRR for Cases Pending Over One Year	Informing Notice	Used to notify customers that are pending a DDSD decision for over one year that an RRR is due	MC 222 LA New Rec.	DDSD Pending Information Update DDSD Forms
x		14-91	No Determination Contact Form	Notice of Action	Notifies customer that they are being denied disability MC for not cooperating with DDSD	New Rec.	Manual <Program> NOA
x		14-92	No Determination Coversheet	Transmittal	Notifies FRCs of non-cooperation with DDSD	New Rec.	DDSD Forms
x		14-93	Transfer of DDSD Decision	Transmittal	Notifies FRCs of DDSD decision	MC 221 LA New Rec.	Disability Determination And Transmittal
	x	14-94	Appeals Rescinding Notice	Notice of Action	Notifies customer of rescission of denial of MC due to hearing decision	New Rec.	Manual <Program> NOA
x		14-95	Fax DDSD	Transmittal	Fax coversheet to fax DDSD referral to DDSD	New Rec. MC 221 LA	DDSD Forms Disability Determination And
x		14-96	DDSD Weekly Activity Log	Log of DDSD activity	FRCs report on weekly DDSD activity	New Rec. MC 222 LA	DDSD Pending Information Update DDSD Forms
x		14-97	DDSD Monthly Activity Log	Log of DDSD activity	FRCs report on monthly DDSD activity	New Rec.	DDSD Pending Information Update DDSD Forms
x	x						CW 2217-CalWORKs Request For Voluntary Repayment CalFresh Repayment Agreement For Inadvertent Household Errors Only Food Stamps Repayment Agreement for Administrative Errors Only CalFRESH Repayment Agreement for Administrative Errors Only
		16-102 HHSA	Authorization for Benefit Collection from EBT	Authorization from customer to allow EBT benefit collection	Allows County to collect benefits from customers EBT card to repay OI	CW 2217 DFA 377.7C DFA 377.7E DFA 377.7E1	

		Voluntary Consent for the Work Number (WN)	Grants authorization for county to view the Work Number for employment verification	Allows for additional household members to authorize the use of the Work Number to verify employment	New Rec.	Other Contact Authorization Forms
x	16-158	Request for Information	Correspondence			What info is being requested?
	184-0					
x	1901-TW	Participant Appraisal Information and Work History	Work history for WTW Participants	The participant is required to complete this form to indicate what their Education and Work history is so that this can be used for job searching. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	WTW Agreements, Assessments, etc.
x	1902TW	Request for Temporary Suspension from Participation in a Welfare to Work Activity	Client's reasoning for temporarily not cooperating with their activity	IF a client feels like they are unable to cooperate with their assigned activity or cannot be assigned an activity, they can fill this form out to potentially get a temporary waiver. There is no form on the CalSAWS listing that has information close to	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	1921 TW	Family Stabilization Progress Report	Family Stabilization Progress Report	Progress report that is completed for the case on either a daily/weekly/or monthly basis when that case is receiving Family Stabilization Services. There is no form on the CalSAWS listing that has information	New Rec.	Family Stabilization Forms and Docs
x	1924 TW	TulareWORKs - Assessment Form	Assessment of clients Employment Goals and potential barriers	This form is completed by the worker to indicate what the clients assessment test results are and their employment goals and potential barriers for the WTW program. There is no form on the CalSAWS listing that has information close to what this	New Rec.	WTW Agreements, Assessments, etc.
x	1934A TW	Family Stabilization Service Approval Notice	Approval for Family Stabilization	This is a notice that is sent to the client when they have been approved to participate in the Family Stabilization program. There is no form on the CalSAWS listing that has information close to what this form is	New Rec.	Manual <Program> NOA
x	1934D TW	Family Stabilization Services Discontinuance Notice	Discontinuance from Family Stabilization	This is a notice that is sent to the client when they have been discontinued from the Family Stabilization program. There is no form on the CalSAWS listing that has information close to what this form is	New Rec.	Manual <Program> NOA
x	1935B TW	Job Site Placement Discrimination/Sexual Harassment Policy	Equal Employment/Discrimination/Sexual Harassment Policy	Policy that is given to the client to verify that they understand their rights and obligations. There is no form on the CalSAWS listing that has information close to what this form is	Is this signed? Does it need to be imaged?	
x	1935C TW	Job Site Placement New Trainee Checklist	Job site checklist	This form is given to new trainees so that they can know what to expect and what to go over at their new Job Site. There is no form on the CalSAWS listing that has information close to what this form is requesting	Is this signed? Does it need to be imaged? New Rec.	Customer Use Checklists



x	2002-CC	Licensed Provider Statemnt	Information from the Licensed Child Care Provider	The potential Child Care provider must complete this form to inform the county of their rate information and all of their contact/licensing information. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	Child Care Referrals and Forms
x	2006-CC	TulareWORKs CHILDCARE STATEMENT	Information from the Licensed Exempt Child Care Provider	The potential Child Care provider must complete this form to inform the county of their rate information and all of their contact/licensing information. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	Child Care Referrals and Forms
x	2008-CC	TulareWORKs STAGE 1 CHILD CARE MONTHLY TIME SHEET	Provider's child care timesheet	This form is completed by the child care provider to provide an accurate record of when the child care was provided for each child. There is no form on the CalSAWS listing that has information close to what this form is	New Rec.	Child Care Referrals and Forms
x	2010-CC	Terms and Conditions	Terms and Conditions for Licensed Exempt Providers	This is a form that the Licensed Exempt Provider must sign and date indicating they understand all the necessary conditions regarding payment for child care serviced provided during the Trustline application review process. There is no form on the CalSAWS listing that has information close to what this	New Rec. New Rec.	Vendor Agreements and Forms Child Care Referrals and Forms
	20-46	Language Needs Determination	Customer to specify primary language and language need	Identify customer's preferred language - compliance with civil	New Rec.	Language Designation form
x	2133	Client's Request for Discontinuance/Withdrawal of Aid in Another County	Discontinuance/Withdrawal notice - GA (OPA)	There is no index for GA	CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
	2133 (6/24/19)	Form 2133 Statement of Facts Supporting Eligibility (CAAP)	Form 2133 Statement of Facts Supporting Eligibility (CAAP)	No available index listed in CalSAWS	GR 20	GENERAL RELIEF (GR) APPLICATION
	2133 A	Supplemental (CAAP)	Supplemental (CAAP)	No available index listed in CalSAWS	New Rec.	GA/GR Other Forms
x	2133 Supplemental Questions	CAAP Supplemental Questions	CAAP Supplemental Questions	No available index listed in CalSAWS	New Rec.	GA/GR Other Forms
	2133B	Rights and Responsibilities (CAAP)	Rights and Responsibilities (CAAP)	No available index listed in CalSAWS	PUB 13 GR 21	Your Rights Under California Welfare Programs
x	2152A	CAAP Warning - Act of Work Requirement Negligent Failure	Warning for CAAP work requirements negligent failure.	There is no GA/GR index for warning of work requirement negligent	New Rec.	General Relief Rights and GA/GR Work Related and Activities Forms
x	2155A	CAAP Denial with Payment - Excess Anticipated Income	CAAP Denial with Payment - Excess Anticipated Income	There is no index for GA	New Rec.	Manual <Program> NOA
x	2158B	Discontinuance-Failure for Workfare, Alternative WF, LDCS	Discontinuance for CAAP work activity requirements.	There is no GA/GR index for work activity requirement.	New Rec.	Manual <Program> NOA
x	2160A	CAAP Fraud Discontinuance (Duplicate Cashed Warrant)	CAAP Fraud Discontinuance (Duplicate Cashed Warrant)	There is no index for GA	New Rec.	Manual <Program> NOA
x	2160B	CAAP Fraud (Failure to Report Unearned Income)	CAAP Fraud (Failure to Report Unearned Income)	There is no index for GA	New Rec.	Manual <Program> NOA
x	2160C	CAAP Fraud Discontinuance (Failure to Report Earned Income)	CAAP Fraud Discontinuance (Failure to Report Earned Income)	There is no index for GA	New Rec.	Manual <Program> NOA

x	2160E	CAAP Fraud Discontinuance (Duplicate Aid)	CAAP Fraud Discontinuance (Duplicate Aid)	There is no index for GA	New Rec.	Manual <Program> NOA
x	2160G	CAAP Fraud Discontinuance (Fleeing Felon)	CAAP Fraud Discontinuance (Fleeing Felon)	There is no index for GA	New Rec.	Manual <Program> NOA
x	2160H	CAAP Fraud Discontinuance (Falsified Documentation)	CAAP Fraud Discontinuance (Falsified Documentation)	There is no index for GA	New Rec.	Manual <Program> NOA
x	2160I	CAAP Fraud Discontinuance (Failure to Report All Facts)	CAAP Fraud Discontinuance (Failure to Report All Facts)	There is no index for GA	New Rec.	Manual <Program> NOA
x	24-2059	Housing Support or Family Stabilization Program - Vendor Notification	form sent to BI for payment to vendor requests	Unsure if this can be indexed to CalSAWS PA320 -Vendor Service Order and Invoice.	New Rec.	Vendor Agreements and Forms
x	24-2061	Housing and Disability Advocacy Program (HDAP) - Vendor Notification of Authorization	Request sent to BI for payment to vendor	Unsure if this can be indexed to CalSAWS PA320 -Vendor Service Order and Invoice.	New Rec.	Vendor Agreements and Forms
x	24-301 HHSA (8.04)	Respite Application		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-3073	Cal-Learn Grade Form	Student Report Card and Student Evaluation	This is used for Cal-Learn participants who do not attend a traditional school where report cards are made available. For example, home school participants. Current WTW indexing is Report Card and the closest option in CalSAWS is School Attendance/Enrollment Verification	New Rec.	CalLearn Agreements and Forms
x	24-3082	WTW 24-Month Time Clock Tracking Sheets	A tracking form for the various WTW clocks	This form is used by WTW workers to track participants 24-Month Time Clock and 12-Month Vocational time clock that stays in the participants file. There is 24-Month Time clock options not directly named after a specific form title and no there are no Time Limits options in the CalSAWS list. Current county index is "Time Limits" and possible current option is "Time Limit Review/Time Limit	New Rec.	Time Limit Forms
x	24-3090	HSP Referral	Referral form to HSP that includes client information.	Client information is screened for potential program eligibility.	New Rec.	HSP and Homeless Assistance Forms
x	24-3091	HSP Exit Form	Form exiting the case file from HSP.	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3092	HSP Budgeting Packet	Budgeting Packet provided to clients	Category does not exist in CalSAWS.	New Rec.	Program Budgets & Worksheets
x	24-3093	HSP Home Visit Budgeting Packet	Home visit notes & goals	Category does not exist in CalSAWS.	New Rec.	Home Visit Forms
x	24-3094	HSP Move-in Form	Form documenting landlord information and move-in dates.	Category does not exist in CalSAWS.	CSF XXX PA 956	Address Change/ Housing CostsHousing/Utility Verification
x	24-3095	HSP Questionnaire	Survey provided to clients to gather information about the effectiveness of HSP services	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3096	HSP Checklist	Checklist to ensure accuracy with case management	Category does not exist in CalSAWS.	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	24-3104A	HSP Housing Payment Agreement – 6 Months	housing payment assistance	Capture signatures. -Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3104B	HSP Housing Payment Agreement – 12 Months	housing payment assistance	Capture signatures. -Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3105	HSP Housing Search Record	housing search record completed by client	Category does not exist in CalSAWS.	CW 74	Permanent Housing Search Document

x	24-3106	HSP Home Hunting Checklist	Checklist provided for purpose of housing search	Category does not exist in CalSAWS.	What is the difference between this and 24-3105? Is this signed by the customer? Or just info? CW 74	Permanent Housing Search Document
x	24-3107	HSP My Family Needs	Form used to calculate the rent budget	Capture signatures. -Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3108	HSP Guidelines	Form explaining program guidelines.	Capture signatures. -Category does not exist in CalSAWS.	CW 42	Statement of Facts - Homeless Assistance
x	24-3109	HSP Steps to Service	Form explaining program services	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3110	HSP Roommate Agreement	Form providing guidance regarding shared housing	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3111	HSP My Commitment	Form outlining agreement to participate in HSP	Capture signatures. -Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3112	HSP Habitability Standards Checklist	Form used to complete habitability inspections	Category does not exist in CalSAWS.	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	24-3112A	HSP Habitability Follow-Up	Form used to notate areas that need follow up for any habitability re-inspection	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3113	HSP Prepared, Professional, Persistent	Form providing guidance regarding housing search.	Category does not exist in CalSAWS.	Is this signed? Does it need to be imaged? New Rec.	HSP and Homeless Assistance Forms
x	24-3114	HSP Housing Stability Plan	Form used to set goals for the clients	Capture signatures. Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3115	HSP Request for Continued Payment	Form used to process additional months of service.	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3116	HSP Discontinuance/Denial Informing Notice	Informing notice provided to clients	Category does not exist in CalSAWS.	New Rec.	Manual <Program> NOA
x	24-3117	HSP Brochure	pamphlet overviewing HSP	Category does not exist in CalSAWS.	Is this imaged? New Rec.	HSP and Homeless Assistance Forms
x	24-3120	HSP Training and Competency Checklist	Form used to track new team member training	Category does not exist in CalSAWS.	Is this imaged? It sounds like it's used to track employee training, and not related to eligibility. New Rec.	HSP and Homeless Assistance Forms
x	24-3123	HSP Certificate of Homelessness	Form provided to community partners verifying homelessness	Captures client information and signature.-Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3127	HSP Follow-Up Home Visit	Form documenting monthly home visits	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3130	HSP Landlord Liaison Referral Form	Form used to request assistance from HSP Landlord Liaison for the client	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3132	HSP Utility Services Account Status	Form used to request client account information from utility company	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3133	HSP Initial Assessment	Form used by workers to complete assessment	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	24-3134	HSP Level of Assistance Determination Chart	Chart used to explain level of service	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms

x	24-3156	Employment Time and Attendance Activity	A monthly self-attesting time sheet for WTW Employment and Self-Employment	For Index "Progress Report - Education/Post-EMPL/WEX and Community Services" the activities listed are specific and do not include Employment. The other option available was Monthly Attendance Report Form, however, for the sake of county employee convenience it would be preferred to include the Employment T/A under a more inclusive/generic "Progress Report" option or rename it to simply "WTW Progress and Attendance" which is the current index option for Merced	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	24-3349	Cal-Learn Needs Assessment Tool	A questionnaire to determine participants needs and barriers during the Cal-Learn Assessment	This form is used by the county to determine the needs and barriers to determine Supportive Services needed at the initial Cal-Learn Assessment. There are no Cal-Learn or WTW Assessment options available in the provided CalSAWS	New Rec.	CalLearn Agreements and Forms
x	24-3350	Cal-Learn Individual Service Plan	Initial and Quarterly Assessment to review previous goals and create new or revised goals.	The county uses this form with young parents as a tool to support them in identifying family needs, barriers, and program requirement deadlines . There are no Cal-Learn or WTW Assessment options available in provided CalSAWS list.	New Rec.	CalLearn Agreements and Forms
x	24-4001	General Assistance	Brochure-GA description; eligibility and requirements	Provides client information about GA Program - Do not see similar form	Is this imaged? Or info only?	
	24-4002	Notice of Action	Approval NOA	Used to notify employable GA clients when their benefits have been approved and will begin - Do not see similar form	New Rec.	Manual <Program> NOA
	24-4002A	Notice of Action	Denial NOA	Used to notify GA applicants their application has been denied and why - Do not see similar form	New Rec.	Manual <Program> NOA
	24-4002C	Notice of Action	Discontinuance NOA	Used to notify GA clients when their benefits will end and why - Do not see similar form	New Rec.	Manual <Program> NOA
	24-4002E	Notice of Action	Approval NOA	Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar form	New Rec.	Manual <Program> NOA
x	24-4030	Aged and Disabled Medi-Cal Worksheet	NOA	To determine amount of Other Healthcare coverage that needs to be purchased in order for HH to have \$0 SOC for Medi-Cal. No similar forms	New Rec.	Manual <Program> NOA
	24-4031	Physician's Statement of Presumptive Disability	Medical	No similar forms on CalSAWS list.	Verification	
x	24-404 (03-13)	Parent- Licensed Provider Fee Agreement		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-4054	Job Search Report	2-part carbonless form	Report that employable GA clients must complete on a monthly basis that lists ten job applications client has done - Do not see similar form	CSF XXX	Employment Workshop and Job Search Notice

x	24-4060	Monthly Eligibility/Status Report for GA	Monthly report similar to SAR 7	Given to GA client to be completed each month in order to report income or other changes - Do not see	New Rec.	GA/GR Monthly Reports
x	24-4072	GA Appointment	2-part carbonless form	Used by Reception when scheduling a client for screening appointment for GA - Do not see similar form	CSF XXX	Appointment Letter
	24-4100	HDAP – Referral	Referral form to HDAP that includes client information.	Client information is screened for potential program eligibility. - Category does not exist in CalSAWS.	New Rec.	Non-Fraud Referral or Request
	24-4101	HDAP – My Commitment	Form outlining agreement to participate in HSP	Capture signatures. -Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	24-4102	HDAP – Guidelines	Form explaining program guidelines.	Capture signatures. -Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	24-4103	HDAP – Discontinuance/Denial Informing Notice	Informing notice provided to clients	Category does not exist in CalSAWS.	New Rec.	Manual <Program> NOA
	24-4104	HDAP – Required Verifications	Form requesting verifications	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	24-4105	HDAP – Assessment	Form used by workers to complete assessment	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	24-4106	HDAP – Housing Payment Agreement	form documenting housing payment assistance	Capture signatures. -Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	24-4108	HDAP – Move-In Form	Form documenting landlord information and move-in dates.	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	24-4109	HDAP – Exit Form	Form exiting the case file from HSP.	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	24-4116	Notice of Action	Discontinuance NOA	Used to notify employable GA client when their benefits will end - Do not see similar form	New Rec.	Manual <Program> NOA
x	24-417 (10-11)	Information Needed		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-418 (12-08)	Parent Choices		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
	24-4183C	GA Intake Log	Log for documenting GA applications	Intake Worker completes report that provides information about each client that applies for GA - Do not see similar form	Is this imaged? Or just a record? New Rec.	Application, Intake, or Screening Tools
x	24-420 HHSA (8.09)	Education and Training Verification Form		Form used for Child Care program, No CalSAWS document type name/substitute available	GN 6070	Progress Report - Education/Post-EMPL/WEX and Community Services
x	24-4200.4	GA Applicant Information	Client Information	Used to screen new clients who are applying for GA - Do not see similar	GR 20	GENERAL RELIEF (GR) APPLICATION
	24-4210GA	GA Required Verifications	List of required verifications - Current form needs to be revised	Given to GA applicant that lists what items and forms are required to be submitted in order to be approved for GA - Do not see similar form	Is this imaged? Or info only? CW 2200	Request For Verification
	24-4216	Indigence Determination Report	Citizenship	Notify US Citizenship & Immigration Services that client is claiming indigence. No similar forms on CalSAWS list.	Is this sent directly to USCIS? Is this imaged to a specific case/person? New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
	24-4262GA	Statement of Facts for GA	Facts to support eligibility for GA	Form completed by GA applicant to list their assests and expenses - Do not see similar form	GR 20	GENERAL RELIEF (GR) APPLICATION
x	24-4269	Monthly Record of Tips Received	Income	Tool for clients to use to track their tips from employment on a daily basis. No similar form on CalSAWS	PA 167	Monthly Earnings Report



x	24-4270 GA	Application Withdrawal Request	Form for GA applicant to complete	Form used by GA applicant to officially withdraw their application - Do not see similar form	CSF XXX	Request for Discontinuance Waiver
x	24-428 HHSA (03-13)	Seeking Employment Agreement		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
	x 24-4287	General Delivery Advisory	For clients who receive mail by General Delivery	Form with live links to all county post offices. Used to advise clients with no mailing address which post office to go to in order to receive mail - Do not see similar form	PA 1815	Important Notice about Mailing Address
x	24-436 HHSA (7.09)	Recert Checklist		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
	24-4412	GA Workfare Recipient Responsibilities	2-part carbonless form	Used to describe Employable Client's responsibilities when assigned to a county work site - Do not see similar	GR 21	General Relief Rights and Responsibilities
	24-4670	GA For Your Reporting Information	Sample Rent Receipt	Provides example of rent receipt and the information that is required in order for receipt to be acceptable - Do not see similar form.	Is this imaged? Or info only?	
	x 24-4691	Applicant Information Form	Application	Establish persons in household when CW/CF/MC application is submitted. No similar form on CalSAWS list.	SAWS 2 PLUS	Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care Programs
	x 24-4891esp	Planning With You to Avoid Fraud	Description of fraud	Required to be signed with GA client during application and RE (reverse side in Spanish) - Do not see similar	SIU Documents	SIU (Fraud) Customer Acknowledgement and Prevention
x x	24-4920	Application Withdrawal Request	Application	Written request from client to withdraw CW and/or CF application. No similar form on CalSAWS list.	CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
	24-4941	GA Job Search Requirements	2-part carbonless form	Given to Employable GA applicants that provides instructions on what is required when applying for a job - Do not see similar form	Is this imaged? Or info only? ABP 85	Job Search Assignment
x	24-522.1 HHSA (1.07)	Out of Hearing Resolution		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-523.1 HHSA (8.04)	Approval State Hearing		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-525.1 HHSA (6.05)	Stage 1 Aid Paid Pending		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-701	Justification Statement (8-04)		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-703 HHSA (11.04)	Parent-Provider Agreement		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
	24-7051	Verification of Child's Dual Agency Status	Verification form for CVRC	There are no documents with an approximate name/similar purpose.	New Rec.	Non-Fraud Referral or Request
x	24-7059	Specialized Care Increment Rate Determination	County Approved SCI Rate form	There are no documents with an approximate name/similar purpose.	New Rec.	FC Forms
x	24-707 HHSA (11.04)	Exceptional Needs		Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms

x	24-711	Stage 1 Child Care Transfer (04-01-10)	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-712 HHSA (03-13)	Recert Appt Notice	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-713 HHSA (03-13)	RELEASE OF INFORMATION	Form used for Child Care program, No CalSAWS document type name/substitute available	ABCDM 228	Applicant's Authorization for Release of Information
x	24-716 HHSA (8.04)	IRS Instruction Letter	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-723 HHSA (03-13)	Emergency Information	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-733 HHSA (3.04)	Trustline Payment Program Change	Form used for Child Care program, No CalSAWS document type name/substitute available	CSF XXX	Notification of TrustLine Registration Status
x	24-744 HHSA (1-09)	Provider Info Needed	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-745 (12-04)	Childs School Info	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-756.1 PCG (03-13)	Appointment Letter	Form used for Child Care program, No CalSAWS document type name/substitute available	CSF XXX	Appointment Letter
x	24-756.2 HHSA (03-13)	Post Aid Appointment Letter	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-757.1 HHSA (03-13)	Second Appointment Letter	Form used for Child Care program, No CalSAWS document type name/substitute available	CSF XXX	Appointment Letter
x	24-757.1 PCG (03-13)	Second Appointment Letter	Form used for Child Care program, No CalSAWS document type name/substitute available	CSF XXX	Appointment Letter
x	24-758 HHSA (08.04)	Employment Verification	Form used for Child Care program, No CalSAWS document type name/substitute available	CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
x	24-759 (05.07)	Income Calculation V1	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Program Budgets & Worksheets
x	24-760 HHSA (8 04)	3 Day Absence	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-761 HHSA (02-06)	CPS Referral	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-763 HHSA (7-08)	Absent Parent	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-765	YMCA Receipt for Program Handbook	Form used for Child Care program, No CalSAWS document type name/substitute available	Is this imaged? Is there something a customer signs noting the received the handbook? What is the purpose of this document? New Rec.	Child Care Referrals and Forms

x	24-765 PCG	Receipt for Program Handbook	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-769 HHSA (10.06)	PO Box Approval	Form used for Child Care program, No CalSAWS document type name/substitute available	PA 1815	Important Notice about Mailing Address
x	24-778 HHSA Eng (03-13)	Relationship Provider-Child	Form used for Child Care program, No CalSAWS document type name/substitute available	CSF XXX	Statement of Relationship
x	24-793 HHSA (1.07)	Statement of Exceptional Needs	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-801.1	Stage 1 Overpayment NOA	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Manual <Program> NOA
x	24-801.P (06- 11)	Active Provider Overpayment Notice	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-803.1 (06- 11)	Closed Stage 1 Overpayment NOA	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Manual <Program> NOA
x	24-803.P HHSA (06-11)	Closed Provider Overpayment Notice	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-804 HHSA (07-10)	Additional Overpayment Calculations Worksheet	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Program Budgets & Worksheets
x	24-807 HHSA (07-10)	Overpayment Computation Worksheet	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Program Budgets & Worksheets
x	24-808 HHSA (06-11)	ORR Transmittal- Stage 1 Child Care	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-811 HHSA (8- 12)	Stage 1 Child Care Provider Add_Change Request Form	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-826 HHSA _03-13 SP	Absences Best Interest Days	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-827 HHSA _03-13_Eng I	Incomplete File Notice	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-833 HHSA	Probation or Do Not Refer Response Form	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-836 HHSA _03-13 SP	Business Verification	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-841 HHSA (03-13)	Licensed Exempt Self Certification	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-842 HHSA (03-13)	Documentation of Exceptional Needs	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms
x	24-843 HHSA (03-13)	Education and Training Packet Cover Letter -356	Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms

				CHILD CARE PAYMENT ADJUSTMENT NOTIFICATION LETTER	Form used for Child Care program, No CalSAWS document type name/substitute available	NA 833	Child Care Amendment NOA	
x		24-850 HHSA (06-16)			Form used for Child Care program, No CalSAWS document type name/substitute available			
		26-12		Parent Agreement (9 09)		New Rec.	Child Care Referrals and Forms	
		27-309		Mandatory Vendor Pay	Inform customer mandatory vendor payment will be mad to landlord/property mananger			
		27-357 HHSA 278B		Employment Services Request Budget Worksheet	Used to communicate between Employment Service contractor and County worker	New Rec.	Vendor Agreements and Forms	
					Form is used to identify case actions requested by Employment Services contractors and County Worker	New Rec.	Customer/Worker Contact	
					Income Reports/Budgets	New Rec.	Program Budgets & Worksheets	
x		40-100		CalWORKs Starting Out Strong Initiative Confidential Referral	Referral form to CBO	New Rec.	Non-Fraud Referral or Request	
x	x	40-101		CalWORKs Starting Out Strong Initiative	Client request for participation in Initiative	New Rec.	Non-Fraud Referral or Request	
		x	Verification	401K Verification	Property/Liens	Verification		
x	x		x	40-53	Calworks/Calfresh Need letter	NMD form to request additional information	Form is specific to county Extended Foster Care Program	
						New Rec.	FC Forms	
x	x		x	x	40-58	Homeless Statement	Client Statement re: homeless status	Form is used in a county-specific process
						CW 42	Statement of Facts - Homeless Assistance	
x				40-93	Housing Resource Center Referral	County referral form to Housing Resource Center	Form is used in a county-specific process	Referral to Homeless Case Manager (HCM)
						PA 6036		
x				42-10	CalWORKs Child Care Request Form	Child care communication between EC and CBO	Form is used in a county-specific process	New Rec.
								Child Care Referrals and Forms
								CalFresh Unpaid Work Experience (WEX) and Unpaid Community Service Hours Worksheet
	x			42-100	Checklist for Work Experience/Community Service	EC checklist for referral s	Form is used in a county-specific process	WTW 15
	x			42-101	WECS Communication Form	EC/CDS I communication form	Form is used in a county-specific process	New Rec.
								Customer/Worker Contact
	x			42-102	Required Homework/Study Time Statement	Verification form for school completion	Form is used in a county-specific process	New Rec.
								Student/College Related Forms
	x			42-104	Learning Disability Evaluation Appointment Letter	Appointment letter	Form is used in a county-specific process	CSF XXX CSF XXX CSF XXX
								Appointment Letter WTW Appointment Letter WTW/REP Appointment Letter
	x			42-107	Job Search & Supervised Job Search Communication Referral	Internal communication document	Form is used in a county-specific process	New Rec.
								GA/GR Work Related and Activities Forms
	x			42-108	Weekly Job Search Report Form- English- 12-14	Client completed tracking of job search attempts	Form is used in a county-specific process	GN 6367 GN 6367-1 GN 6367-3
								In-House Job Search Activities In-House Job Search Timesheet In-House Job Search Employer Contact Daily Log
	x			42-109	Job Readiness Calculation Worksheet	Worker completed checklist for supervised job search	Form is used in a county-specific process	New Rec.
								Program Budgets & Worksheets
	x			42-111	Subsidized Employment Program Participant Agreement	Subsidized Employment Program Participant Agreement	Form is used in a county-specific process	GN 6386
								Welfare-To-Work Assignment Plan Acknowledgement Form
	x			42-112	Subsidized Employment Program Referral Checklist	EC Checklist for Subsidized Employment Program	Form is used in a county-specific process	New Rec.
								Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x			42-113	Subsidized Employment Program Communication Form	Subsidized Employment Program Communication Form	Form is used in a county-specific process	New Rec.
								Customer/Worker Contact
	x			42-116	Subsidized Employment Program Employer Agreement	Employer agreement for AC Hire	Form is used in a county-specific process	GN 6381
								Community Service Participant Select Worksite Agreement
	x			42-117	Employment Placement Information	Employment Placement Information	Form is used in a county-specific process	GN 6381
								Community Service Participant Select Worksite Agreement
	x			42-117P	Provider Employment Placement Information	Employment Placement Information	Form is used in a county-specific process	GN 6381
								Community Service Participant Select Worksite Agreement

			Subsidized Employment Program				
			Work Readiness Workshop Hours		Form is used in a county-specific		
	x		42-118	Report	Client completed form	process	GN 6365
							Monthly Attendance Report Form
	x		42-121	Tuition Informing Notice	Notice to client for non-payment of tuition	Form is used in a county-specific process	New Rec.
							Student/College Related Forms
	x		42-126	Employment Services Case Management Check List	Employment Services Case Management Check List	Form is used in a county-specific process	GN 6337
							Monthly GAIN Participant Contact Checklist
			42-129	Job Club Mutual Agreement	Agreement between EC and client	Form is used in a county-specific process	GN 6129
							Job Club Activity Assignment
			42-142	Work Experience/Community Service Program (Participant Initiated) Need Letter	Request for client information	Form is used in a county-specific process	GN 6070
							Progress Report - Education/Post-EMPL/WEX and Community Services
	x		42-145	Subsidized Employment Program	AC HIRE checklist	Form is used in a county-specific process	New Rec.
							Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x		42-146	Learning Disability Evaluator's Checklist	Learning Disability Evaluator's Checklist	Form is used in a county-specific process	New Rec.
							Program Budgets & Worksheets
	x		42-158	Family Stabilization Plan	Client completed form	Form is used in a county-specific process	New Rec.
					EST assessment for Family Stabilization Program	Form is used in a county-specific process	New Rec.
	x		42-159	Family Stabilization Assessment	Client request for Transportation	Form is used in a county-specific process	GN 6151
				Transportation and Child Care Questionnaire	allowance		GAIN Transportation and Ancillary School & Work-Related Expenses
			42-2				In-House Job Search Activities
x							GN 6367
	x	x	42-27	Work and Activity Report	Client completed for job search	Form is used in a county-specific process	GN 6367-1
							GN 6367-3
							In-House Job Search Timesheet
	x	x	42-3	Consent for Release of Information to Job Services	Consent for Release of Information to Job Services	Form is used in a county-specific process	New Rec.
							In-House Job Search Employer Contact Daily Log
							Other Contact Authorization Forms
							Mental Health Assessment for General Relief
x							ABP 1676-3 GRMH
	x	x	42-33	Behavioral Health Supportive Services Initial Assessment Report	EC referral to Behavioral Health Services	Form is used in a county-specific process	GN 6372
							PA 2012
							REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT
							Referral for Mental Health Services
			42-41	Welfare-to-Work Inter-County Transfer Notification	Welfare-to-Work Inter-County Transfer Notification	Form is used in a county-specific process	New Rec.
							ICT Forms
			42-45	Learning Disability Provider Request for Payment	Learning Disability Provider Request for Payment	Form is used in a county-specific process	New Rec.
							Vendor Agreements and Forms
			42-54	Clean Slate Referral Form	Clean Slate Referral Form	Form is used in a county-specific process	New Rec.
							Other Contact Authorization Forms
x			42-6	CalWORKs Employment/Eligibility Communication Form	Internal communication document between EST and EC	Form is used in a county-specific process	New Rec.
							Worker/Worker Contact
x			42-65	CalWORKs Employment / Eligibility Communication Form - SANCTION REQUEST	Internal communication document re: sanction	Form is used in a county-specific process	New Rec.
							Worker/Worker Contact
			42-92	WTW Employability Social or Health Issues Self-Appraisal	Self-Appraisal form for WTW clients	Form is used in a county-specific process	New Rec.
							WTW Agreements, Assessments, etc.
			42-96	Consent to Release Employment Plan	Release of Information form for CBO providers	Form is used in a county-specific process	New Rec.
							Other Contact Authorization Forms
			42-CL02	Alameda County Cal-Learn Program Interagency	Cal-Learn Interagency Communication Form	Form is used in a county-specific process	New Rec.
							CalLearn Agreements and Forms
			42-CL03	Cal-Learn Service Providers (SP) Authorization of Supportive	Communication form	Form is used in a county-specific process	New Rec.
							CalLearn Agreements and Forms
			42-CL11	Cal-Learn Participant's Consent for Release of Information	Cal-Learn Participant's Consent for Release of Information to CBO	Form is used in a county-specific process	New Rec.
							Other Contact Authorization Forms

					Form must be completed for every homeless payment requested. County policy is to now issue homeless payments via EBT vs via warrant. There is no form on the CalSAWS listing that has information close to what this form is requesting		
x		x	438-C	Request for Homeless Assistance to EBT Edge	Issuing Homeless via EBT	New Rec.	HSP and Homeless Assistance Forms
			48-12-57	Benefit Disposition Request	Request for immediate fiscal issuance	New Rec.	Fiscal Forms
				CalWORKs/FS to Medi-cal Referral Form	No match in the provided CalSAWS document.	New Rec.	
x		x	48-30-4	Transfer referral form to Medi-Cal only	No match in the provided CalSAWS document.	New Rec.	Non-Fraud Referral or Request
		x	48-70-228MR	Release of Information to GA unit	Release of Onformation specific to GA cases	New Rec.	Other Contact Authorization Forms
		x	48-70-32	General Assistance Verification Checklist	Verification checklist specific to General Assistance population	New Rec.	Customer Use Checklists
		x	48-70-67	Child Seperation Form	GA specific form allows client to indicate why living separate from minor children.	New Rec.	GA/GR Other Forms
			48-HSP-001	Pre Housing Inventory	Housing program assessment of inventory of HH goods at intake	New Rec.	HSP and Homeless Assistance Forms
				CalWORKs Community College Referral Form	No match in the provided CalSAWS document.	New Rec.	
x			48-WTW-002	Referral form for education	No match in the provided CalSAWS document.	New Rec.	Student/College Related Forms
				EBT Card and PIN Responsibility Statement	Form is used in a county-specific process	PUB 388	California Electronic Benefit Transfer (EBT) Card Publication
		x	50-123	Request for exemption from Cash EBT Stagger	Form is used in a county-specific process		
x			50-125	Exemption from Cash EBT Stagger	Form is used in a county-specific process	New Rec.	EBT Stagger Date
		x	50-126A	EBT card request form	Form is specific to county Extended Foster Care Program	New Rec.	FC Forms
				Internal document for production of EBT card	Form is used in a county-specific process		EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC
		x	50-126A	EBT Card Request	Form is used in a county-specific process	EBT 13	
x	x	x	50-130	Client Authorization Form	Agreement for CalFresh repayment from CalWORKS/GA	PA 1820	CalFresh Repayment Agreement Cover Notice
				EBT Cash Aid/Food Stamps Replacement Affidavit	Form is used in a county-specific process	EBT 2259 PA 853	INTRUCTIONS TO REPORT ELECTRONIC THEFT OF CASH AID Sworn Statement
			50-138	Statement re: missing EBT card	Form is used in a county-specific process		
			50-160	Internal document for referral for services	Form is used in a county-specific process	GN 6006B	CalWORKs Specialized Supportive Services Provider Referral
			50-163	Internal document for referral for SSI advocacy	Form is used in a county-specific process	SSS SSIAP	Specialized Supportive Services SSI/SSP Advocacy Program Referral
			50-164	Referral for SSI Advocacy	Form is used in a county-specific process	SSS SSIAP	Specialized Supportive Services SSI/SSP Advocacy Program Referral
				SSI Advocacy Consent Form	Client permission to release info to CBO's		
			50-172	Social Worker Determination of Good Cause, CW and WTW Domestic Violence Waiver	Form is used in a county-specific process	WTW 27	Request For Good Cause Determination
			50-173	Internal communication document	Form is used in a county-specific process		
				Referral to CBO for SSI Appeals assistance		New Rec.	Non-Fraud Referral or Request
				Request for SSI Advocacy Appeals Services			
					Form is used in a county-specific process	CSF XXX CSF XXX CSF XXX	Appointment Letter WTW Appointment Letter WTW/REP Appointment Letter
			50-177	Social Worker Appointment Letter	Appointment letter for medical condition		
			50-184	Psychological Evaluation Appointment Letter	Appointment letter for Psychological Evaluation	CSF XXX	Appointment Letter
			50-20	Case Transfer Routing Slip	Internal communication form	CSF XXX	Inter-Office Case Assignment
		x	50-20e	Employment Services Case Routing Transfer Slip	Form is used in a county-specific process	New Rec.	Worker/Worker Contact
		x	50-20FC	Internal communication form	Form is specific to county Foster care program	CSF XXX	Inter-Office Case Assignment
				Case transfer slip	FC form transferring cases between staff		

	x	50-42	Screening Sheet Questionnaire	Client completed form re: application	Form is used in a county-specific process	New Rec.	Application, Intake, or Screening Tools
	x	50-85	Language Preference Form (multi-language)	Identification of client's spoken/written language	Form is used in a county-specific process	New Rec.	Language Designation form
	x	50-96	Supervisory Eligibility Case Review	Documentation of case review	process	New Rec.	Program Budgets & Worksheets
	x	56-00-005	Client Benefit Inquiry Response	Form to provide to a client or third party a client's benefits (current and 1 yr history)	Sometimes clients need verification of benefits for other programs (such as subsidized housing). No match	CSF XXX	Verification of Benefits
		56-00-024	Employment Release Information	Form for client to authorize, and employer to provide, employment info	Possible match to PA 2419 or CSF XXX, Request for Employment Verification; form signed by client and completed by employer to identify hire and termination dates, pay frequency and amount, hours	CSF XXX CSF XXX CSF XXX	Employment Statement Request Verification of Employment/Earning Employment Questionnaire
	x	56-00-037	Waiver of 10-Day Requirement	Form to allow client to request CalWORKs be reduced or stopped without giving 10 days' notice	Form (CalWORKs only) to allow a client to waive 10-day notice for adverse action; similar to MC 215.	CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
		56-00-045	Income vs Expenses	Form to clarify/request verify if a client's income is less than their expenses	Identifies the reported income and expenses, and requests client clarification of how needs are being	CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
		56-00-088	Referral for Field Case Aide (03/17)	request for field based case aide	No match - Need for when supervised visitations are being requested, with details such as the type of visit, gender preference of the FBCA, and level of supervision	New Rec.	Non-Fraud Referral or Request
		56-00-103	MEDS Research and Clearance	used to make sure case information and MEDS case information match	No match - checklist needed to insure case information matches MEDS, also used by Foster Care	Not sure this will be necessary with virtual print. New Rec.	MEDS Related - Clearance, Updates, Requests
		56-00-124	EBT Responsibility Statement	used for CAPI, in the CAPI packet	used for CAPI, in the CAPI packet, no match	TEMP 2215; TEMP 2214	
x		56-00-127	CalWORKs/CalFresh/Medi-Cal Case Review (05/17)	contains the case review elements for a manual case review	Form is used primarily for CBS Trainees, no match	New Rec.	Program Budgets & Worksheets
		56-00-130	Periodic Reporting Worksheet CalWorks-CalFRESH-Medi-Cal	manual budget for CalFresh & CalWORKS	used outside of SAWS system to compute a client's monthly income at intake, SAR, and RRR, no match	New Rec.	Program Budgets & Worksheets
	x	56-00-134	Applicant Data Sheet (Buffy)	collects applicant and household information when an application is submitted	gathers information prior to beginning the application in SAWS/no match to CalSAWS, no	New Rec.	Application, Intake, or Screening Tools
	x	56-00-140	Policy Interpretation and Help Desk Form Request (09/16)	used by staff to submit a program question to the program analyst	form is not required for any eligibility determination, only to send program questions to the program analysts/no match to CalSAWS, no match	Is this imaged to a case or person? Sounds like clarification to a worker, not necessarily case documentation.	
	x	56-00-140A	Policy Interpretation and Help Desk Response (11/16)	used by the program analysts to provide a response to program questions	form is not required for any eligibility determination, only to send the responses to program questions submitted to the program analysts/no match to CalSAWS, no	Is this imaged to a case or person? Sounds like clarification to a worker, not necessarily case documentation.	
		56-00-141	NSDI Request	completed when a benefit needs to be issued outside of the SAWS system	submitted to BIO when CF/CW/FC/GR benefits need to be issued outside of the system, no match	EBT 13	EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC Application





x		56-02-072	CalFresh Employment & Training Program Cooperation Plan	E&T Program Agreement	E&T Agreement Plan-No Match	New Rec.	CFET Forms/Agreements
x		56-02-086	Important Work Requirement for CalFresh Recipients	Work Requirements for CalFresh recipients	Work requirement information for CalFresh recipients No match	New Rec.	CFET Forms/Agreements
		56-02-095	Release of Confidential Information Consent	Consent for the release of confidential information	Release of confidential information for outreach staff and other providers-No match	New Rec.	Other Contact Authorization Forms
x		56-02-113	CalFresh Employment & Training Program Services Appointment Notice	CalFresh Employment & Training Program Services Appointment Notice	Assessment Appointment Letter-No Match	New Rec.	CFET Forms/Agreements
x		56-02-114	CalFresh Employment & Training Program Job Verification	CalFresh Employment & Training Program Job Verification	Job Search Verification Letter-No Match	New Rec.	CFET Forms/Agreements
x		56-02-115	CalFresh Employment & Training Program Appraisal	CalFresh Employment & Training Program Appraisal	Employment Assessment form-No Match	New Rec.	CFET Forms/Agreements
x		56-02-119	CalFresh Employment & Training Program Change	CalFresh Employment & Training Program Change	Supportive Services Change NOA-No Match	New Rec.	CFET Forms/Agreements
x		56-02-120	CalFresh Employment & Training Program Transportation Denial	CalFresh Employment & Training Program Transportation Denial	Transportation Supportive Services Denial NOA-No Match	New Rec.	Manual <Program> NOA
x		56-02-139	CalFresh Sponsored Indigent Referral (07/18)	Letter to USCIS to report the indigence status of sponsored non-citizens as required by regulations. No match.	Indigence referral to USCIS- no match	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
		56-02-144	MEDS ABAWD Online Request (07/18)	MEDS Online ABAWD Request. No match.	Update ABAWD time clock in MEDS- no match	New Rec.	MEDS Related - Clearance, Updates, Requests
x		56-02-146	CalFresh Non-Citizen Eligibility Determination	Non-citizen eligibility determination	Worker tool to determine state vs federal funding and sponsorship screening and determination for non-citizen eligibility- No match	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
		56-02-149	Living Arrangement Authorized Representative Responsibilities	Group Living Arrangement Authorized Representative	Describes the responsibilities for an authorized representative of a Group Living facility- No match	WFP&I 275	Verification of Living Arrangement
x		56-02-154	CalFresh Disaster Response- Excluded Household Member Proration Worksheet	Excluded Household Members Proration Worksheet for Disaster CalFresh	Worksheet to determine the prorated amount allocated to the Disaster CalFresh case. No Match.	New Rec.	Program Budgets & Worksheets
x		56-02-156	CalFresh Medical Deduction Worksheet (08/19)	Medical Deduction Worksheet	Worker tool used to collect types of medical deduction and to calculates allowable medical deductions. No match	New Rec.	Program Budgets & Worksheets
		56-02-157	Employee Authorized Representative Request	Employee Authorized Representative Request	Allows an employee of the CWD to be an authorized representative. No match	CSF XXX	Authorized Representative Designation
x		56-02-159	CalFresh Benefit Replacement Worksheet	Benefit Replacement Worksheet	Calculates the number of days and amount of replacement benefits- No match	New Rec.	Program Budgets & Worksheets
x		56-02-160	CalFresh Work Registration Exemption Determination Worksheet (01/20)	Work Registration Exemption Determination Worksheet	Worksheet for worker to determine which Work Registration exemptions the client meets. No match	New Rec.	Program Budgets & Worksheets
x		56-02-161	CalFresh Employment & Training PrEP Referral (10/19)	CalFresh Employment & Training PrEP Referral	PrEP Referral Form-No match	New Rec.	CFET Forms/Agreements
x		56-02-162	CalFresh Employment & Training PrEP Welcome Letter (10/19)	CalFresh Employment & Training PrEP Welcome letter	PrEP Welcome Letter-No match	New Rec.	CFET Forms/Agreements
x	x	56-03-006	Homeless Assistance Control Sheet	Homeless Tracking form	Tracking of issuance of HA benefits outside the system. No Match	New Rec.	HSP and Homeless Assistance Forms
x	x	56-03-006A	Authorization to Verify Homelessness	Sworn Statement to authorize release of information for staff to verify homelessness.	To verify homelessness for initial THA payment. No match	New Rec.	HSP and Homeless Assistance Forms

x	x	56-03-006B	Verification of Homelessness	Sworn Statement to authorize release of information for staff to verify homelessness if unable to verify during first contact.	To verify homelessness for subsequent THA payments. No match	New Rec.	HSP and Homeless Assistance Forms
		56-03-007	Special Needs Verification	Verification for medical provider for special need payment request.	To verify medical condition to authorize special need payment. No match	CSF XXX	Expiration of Medical Report/Verification
x	x	56-03-011	Homeless Assistance Important Information	Used to verify prospective landlords for PHA.	Housing Verification for prospective landlords. No match	New Rec.	HSP and Homeless Assistance Forms
		56-03-035	Information for Reporting Tips	Sworn Statement for daily reporting of tip income.	Provided to recipients to verify daily tip income. No match	PA 167	Monthly Earnings Report
		56-03-093	Child Support Recoupment Tracking	Child Support Recoupment Tracking Form	Used for manual tracking of child support recoupment. Required due to issues discovered with recoupment automation. No match	New Rec.	Program Budgets & Worksheets
		56-03-094A	TANF Time On Aid Tracking Sheet	TANF Time On Aid Tracking form	Used for manual tracking of TANF TOA. No match	New Rec.	Time Limit Forms
x		56-03-094B	CalWORKs Time On Aid Tracking Sheet	CalWORKs Time On Aid Tracking form	Used for manual tracking of CalWORKs TOA. NO match	New Rec.	Time Limit Forms
x		56-03-098	CalWORKs BDOA for U-Parent Applications	CalWORKs BDOA Determination Worksheet	Used to determine the BDOA for two-parent CW applicants 100HR Rule. No match	New Rec.	Program Budgets & Worksheets
		56-03-099	CalWORKs Applicant Diversion Refusal/Withdrawal	Diversion Refusal/Withdrawal form	Used when a non-recurring special need request is requested by client.	New Rec.	Supporting CW Forms
		56-03-100	TOA 60-Month Extension Evaluation	TOA 60-Month Extension Evaluation	Used to evaluate TOA 48-Month extension. No match	New Rec.	Time Limit Forms
x		56-03-151	Exemption Request from EBT Cash Stagger	Cash aid on the 1st instead of stagger date.	Used to capture recipients' request to receive benefits on the 1st of the month. No match	New Rec.	EBT Stagger Date
		56-03-154	Important Vendor Payment Information or Property Owners, Managers, or Landlords	Vendor payment agreement and authorization form	Used to authorize the issue cash aid payment to a vendor. No match	New Rec.	Property Statement and Verification
x	x	56-03-155	Authorization to Distribute Cash Aid as Vendor Payment	Authorization on amount and whom cash aid benefits will be issued to.	Used to capture the amount and to whom cash aid benefits will be disbursed. No match	New Rec.	Vendor Agreements and Forms
	x	56-03-158	Domestic Violence Questionnaire	Questionnaire to ask about domestic violence	Used for a client to self-disclose if they are a victim of past/present domestic violence	PA 1913	Confidential Domestic Violence (DV) Information
		56-03-332	Child Support Good Cause Approval	Notice of Action for child support good cause approval	NOA approving child support good cause claim. No match	New Rec.	Manual <Program> NOA
		56-03-333	Child Support Good Cause Denial	Notice of Action for child support good cause denial	NOA denial for child support good cause claim. No match	New Rec.	Manual <Program> NOA
		56-03-334	Redetermination Telephone Appointment Letter	Telephone Appointment Letter	Telephone appointment letter to inform recipient date and time of their annual redetermination. No match	FS 29 LA 3-A	CalWORKs/CalFresh Recertification Appointment Letter - Telephone Interview
x		56-03-335	CalWORKs Housing Support Program (CHSP) Community Services Department Referral	CHSP Referral form	Used to refer a homeless CalWORKs recipient family to CHSP. No match	New Rec.	HSP and Homeless Assistance Forms
		56-03-340	TRAC Change Request	Request to change or add TRAC information	Used to request changes to TRAC. No match	Is changes can be made with this form? What is TRAC? What program does this fall under?	
		56-03-341	WICAR Data Request	Request for information from WICAR	Used to request information from the WICAR legacy system. No match	Is this still going to be used? Is this data even available?	
		56-03-342	TOA 48-Month Extension Evaluation	TOA 48-Month Extension Evaluation	Used to evaluate TOA 48-Month extension. No match	CW 2190A	CalWORKs 48-Month Time Limit Extender Request Form
		56-03-343	Notice of Action Approval of CalWORKs 3-Month Exemption	Approval NOA for 3-Month exemption of former home	Approval NOA to approve the 3-Month exemption for a former home. No match	New Rec.	Manual <Program> NOA

	56-03-344	Request For DMV Vehicle Registration Information	Request for vehicle registration	Used to request vehicle registration directly from DMV. No match	New Rec.	Property Statement and Verification
	56-03-346	Tribal TANF Case Tranfer Summary	TRIBAL TANF communication	Used to communicate and send case documents between HSA and OCVCDC. No match	New Rec.	Non-Fraud Referral or Request
	56-03-347	Tribal TANF Case Information Transmittal	TRIBAL TANF communication	Used to communicate case specific information between HSA and OCVCDC. No match	New Rec.	Non-Fraud Referral or Request
x	56-03-348	AB 557 HA Check Replenishment Request	Check replenishment for AB 557 Benefits	Used to inform fiscal on the issuance of AB 557 benefits and replenishment. No match	New Rec.	HSP and Homeless Assistance Forms
x	56-03-349	AB 557 Applicant Sworn Statement	Sworn statement for AB 557 applicants	Used for AB 557 applicants to attest to fleeing a domestic abuse situation. No match	CW 2199	CalWORKs/WELFARE-TO-WORK DOMESTIC VIOLENCE WAIVER REQUEST
x	56-03-350	CalWORKS Non-Citizen Eligibility Determination	Non-Citizen Eligibility Determination	Used to determine the State or Federal eligibility status of a CalWORKs non-citizen client. No match	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
	56-03-592	Post Office Box Verification	PO Box Verification form	Used to request to mail correspondence to a PO Box.	PA 1815	Important Notice about Mailing Address
x	56-04-003	Important Notice Cash Aid Lump Sum Notice	Notice to guardian regarding Lump Sum reporting responsibilities	Signed by guardian at intake - No Match	CW 2218	Rights, Responsibilities and other Important Information for the CalWORKs Program
x	56-04-004	Dependent/Ward Payment Plan	Contains SCI request; amount, start date; end date and description of the need	Completed by SW and signed by supervisor and manager prior to going to eligibility for processing - No match	New Rec.	Program Budgets & Worksheets
x	56-04-012	Trust Fund Ledger	Tracking sheet for Trust Fund (SSA/SSI income); included amount received, abatement amounts; amount paid out in foster care and balance of trust fund	Completed by CBS to track trust fund account and maintain monthly balance - No Match	New Rec.	FC Forms
	56-04-015	Tri-Counties Regional Center	Contains verification from regional center that child meets eligibility criteria for Dual Agency/Early Start rate; contains effective date of services	Initiated by the CBS and sent to the regional center worker to verify services - No Match	New Rec.	Non-Fraud Referral or Request
x	56-04-016	AAP Income Verification	Contains rate information; contains case information and rate	Requested by adoptive parent and provided for the purpose of verifying AAP benefits - Possible Match CSF XXX Verification of Benefits	CSF XXX	Verification of Benefits
x	56-04-017	Income Verification	Contains rate information; contains case information and rate	Requested by foster parent and provided for the purpose of verifying FC funding benefits - Possible Match DCFS 6056 Income Verification Letter for Foster Care or CSF XXX	CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
x	56-04-018	Kin-GAP Application	Request Letter; contains case information	Completed by CBS and sent to caregiver to request additional information or documentation - No match	New Rec.	KG Forms
	56-04-019	Kin-GAP School Verification	Contains rate information; contains case information and rate	Requested by guardian and provided for the purpose of verifying KG benefits - Possible Match CSF XXX Verification of Benefits	New Rec.	Student/College Related Forms
	56-04-021	Medicaid Request	Verification of Title IV-E eligibility letter for Medicaid	Completed by CBS and sent to caregiver to verify Title IV-E eligibility for out of state Medicaid - No Match	New Rec.	Non-Fraud Referral or Request
	56-04-022	NRLG Application	Request Letter; contains case information	Completed by CBS and sent to caregiver to request additional information or documentation - No match	New Rec.	FC Forms

		56-04-023	NRLG Discontinue Letter	Informing letter; contains case information	Completed by CBS and sent to caregiver to inform them of contact information in their county of residence (NRLG ICT) - No Match	New Rec.	FC Forms
x		56-04-024	Trust Fund Social Security Benefits	Informing letter; contains case information	Completed by CBS and sent to parent/caregiver to inform them that the SSA benefits exists for their child and that they need to apply to be payee - No Match	New Rec.	Non-Fraud Referral or Request
		56-04-025	SOC 155B Request	Request Letter; contains case information	Completed by CBS and sent to caregiver to request the completion of a form - No Match	New Rec.	FC Forms
	x	56-04-026	Claim Adjust Memo (Bug 1820)	Internal memo; contains case information, amount of adjustment and aid code	Completed by CBS and sent to fiscal to request an adjustment to the claim; completed when benefit can not be adjusted in the SAWS system -	New Rec.	Fiscal Forms
		56-04-027	Intra-Inter Program Transfer	Internal memo; contains case information, contact and date of transfer	Completed by FC CBS to transfer case to CalWORKs - No Match	CSF XXX	Inter-Office Case Assignment
		56-04-028	Abatement Memo (Bug 1820)	Internal memo; contains case information and abatement instructions	Completed by CBS and sent to fiscal to request an abatement of SSA benefits - No Match	New Rec.	Non-Fraud Referral or Request
x		56-04-029	Social Security Conserved Funds	External letter; contains case information and current contact information	Completed by CBS and sent to SSA to inform them of the termination of dependency; current caregiver info and conserved funds - No Match	New Rec.	FC Forms
x		56-04-030	Social Security Discontinue Payee	External letter; contains case information and current contact information	Completed by CBS and sent to SSA to inform them of the termination of dependency and current caregiver contact info - No Match	New Rec.	FC Forms
x		56-04-031	Social Security Change of Payee	External letter; contains case information and date of removal	Completed by CBS and sent to SSA to inform them of the removal of a child that is currently receiving SSA benefits - No Match	New Rec.	FC Forms
x		56-04-032	Social Security Former Payee Letter	Informing letter; contains case information	Completed by CBS and sent to current payee to inform them of the removal and need to forward SSA benefits to HSA until payee change	New Rec.	FC Forms
		56-04-033	Court Order Request	External memo; contains case information and court order requested	Completed by CBS and sent to Juvenile Courts to request a court order - No Match	New Rec.	Jail/Inmate Forms and Notices
x	x	56-04-034	Direct Deposit Authorization Form for Foster Care And AAP Providers	Contains direct deposit information; bank account and client authorization	Sent by CBS at caregivers request; completed by caregiver and returned to CBS for processing - No Match	DCFS 6041	Direct Deposit Authorization Sign-Up Form
		56-04-035	AFDC-FC Budget Work Sheet	Budget work sheet; contains placement information and rate	Completed by CBS to verify payment proration - No Match	New Rec.	Program Budgets & Worksheets
		56-04-036	Guardianship Referral Notification (Non-Related Legal Guardian)	Internal form; contains guardian and case information	Completed by CBS to inform SW of new NRLG case received; provides necessary information to set up the child welfare case - No Match	New Rec.	Non-Fraud Referral or Request
		56-04-037	Overpayment Explanation	Internal memo; contains overpayment details: dates, amount and details of what caused overpayment	Completed by CBS and provided to unit supervisor for overpayment tracking purposes; allows CFS management to monitor SW caused overpayments - No Match	New Rec.	Worker/Worker Contact

	56-04-038	Provider Maintenance Request	Internal memo; contains provider information needed to create a new provide in CalWIN	Completed by CBS and provided to BIO to request the creation of a new provider in the CalWIN system - No	RDB mode has its own doc types. What are they? Can we reuse them for this?	
	56-04-039	AFDC-FC Worksheet for Excluded/Ineligible Persons	Worksheet; contains excluded person information and income	Completed by CBS to determine income available to the child/youth in the home of removal - No Match	New Rec.	Program Budgets & Worksheets
x	56-04-040_CW51	Child Support - Best Interest Of The Child Determination Per AB 1449	Internal form; contains best interest determination made by SW	Prepared by CBS and provided to SW to determine best interest; this form is returned to the CBS who then documents the determination in CWS/CMS - No Match	New Rec.	FC Forms
	56-04-041	Adoptions and Safe Family Act Court Findings Worksheet	Worksheet; contains court order details; removal information	Created by CBS at removal and updated at each renewal; used to track court order findings that are required every 12 months for state and federal eligibility - No Match	New Rec.	Program Budgets & Worksheets
x	56-04-043	Parent Packet Letter	Informing letter; contains case information	Completed by CBS and sent to the parents along with the Parent Fact Sheet (56-04-044) - No Match	New Rec.	FC Forms
x	56-04-044	Parent Fact Sheet	Contains case info; income and resources in the home of removal	Created by CBS and sent to parents to obtain income and resources available to the child in the month of removal; the form is completed by the parents and returned to the CBS - No	New Rec.	FC Forms
x	56-04-045	Children and Family Services Data Sheet.	Contains necessary information to sent up case file in CalWIN	Created by CBS and sent to support staff for initial case set up; this would need to be revised for Cal SAWS - No	New Rec.	Application, Intake, or Screening Tools
	56-04-046	Special Needs Inquiry	Contains special needs description	Sent by CBS to caregiver; completed by caregiver and returned to CBS to document special needs; form is also provided to SW for KG rate negotiation - No Match	New Rec.	KG Forms
	56-04-053	Eligibility Options for Permanency	Contains case details; placement; rate available for KG/NRLG and AAP	Completed by CBS and provided to SW for permanency staffing to make funding options available and inform SW of possible barriers to funding -	New Rec.	KG Forms
x	56-04-062	Approved Relative Caregiver Request Form	Informing letter; contains case information	Created by CBS and sent to relative caregiver to request the completion of the ARC 1, as well as family tree and sworn statement if applicable -	CSF XXX	Statement of Relationship
x	56-04-063	Emergency Assistance Miscellaneous Research Sheet	Case information necessary for Emergency Assistance research (initial approval of EA1)	Created by CBS for Case Aid research and ACE entry for NTE date; could be scanned in with EA 1 if that is an option in Cal SAWS - No Match	New Rec.	FC Forms
	56-04-064	Children and Family Services Kin-GAP Reassessment Letter	Informing letter; contains case information	Completed by CBS and sent to relative caregiver to request reassessment documents - No Match	New Rec.	KG Forms
x	56-04-066	ARC Reassessment Letter	Informing letter; contains case information	Completed by CBS and sent to relative caregiver to request reassessment documents - No Match	New Rec.	FC Forms
x	56-04-067	Approved Relative Caregiver Income Verification	Contains rate information; contains case information and rate	Requested by relative caregiver and provided for the purpose of verifying ARC benefits - Possible Match CSF XXX Verification of Benefits	CSF XXX	Verification of Benefits

	56-04-069	Static Criteria Determination Letter	Informing letter; contains case information	Completed by CBS and sent to caregiver to inform them that the intensive rate they are receiving will be limited to 60 days - No Match	New Rec.	FC Forms
x	56-04-070	Specialized Care Increment Matrix	Worksheet	Completed by SW and provided to CBS to request a special care increment along with the LOC rate -	New Rec.	FC Forms
x	56-04-071	AB12 Court Findings Worksheet	Worksheet; contains court order details; removal information	Created by CBS at age 18 and updated at each renewal; used to track court order findings that are required every 12 months for state and federal eligibility - No Match	New Rec.	Program Budgets & Worksheets
	56-04-073	Unemployed PWE (Principal Wage Earner) Determination	Worksheet; contains employment history; used to determine the Principal Wage Earner in the home of removal	Completed by CBS based on information obtained from SW, IEVS and parents to determine the PWE in the home of removal - No Match	New Rec.	Supporting CW Forms
x	56-06-012	Employment Services Program	Release for publication	Client specific-No match	New Rec.	Other Contact Authorization Forms
x	56-06-013	CalWORKs Daily Transportation	Transportation log	Client Mileage reimbursement-no	New Rec.	Transportation Forms
	56-06-014	Bus Tokens/Passes Receipt	Transportation receipt	Proof of advance payment-no match	New Rec.	Transportation Forms
	56-06-015	Supportive Services Advance Request	Supportive services request	Fiscal notification-no match	New Rec.	Fiscal Forms
	56-06-016	Vendor Authorization Form	Vendor approval request	direct payment to vendor-no match	New Rec.	Vendor Agreements and Forms
x	56-06-017	Employment Services Program Communication	worker to worker communication	program status change-no match	New Rec.	Customer/Worker Contact
	56-06-057	SIP Evaluation Worksheet	SIP evaluation	SIP verification checklist-no match	New Rec.	SIP Agreement/Notice
x	56-06-063	CalWORKs Work Experience Program Medical Release and Emergency Contact	Medical release	Medical verification-no match	New Rec.	WTW Agreements, Assessments, etc.
	56-06-085	Stage One Child Care Referral	Child care Referral	Child Care referral to APP-no match	New Rec.	Child Care Referrals and Forms
x	56-06-087A	Work Experience And/Or Community Services Program Training Site Request	Training request	request to create WEX site-no match	New Rec. GN 6070	WTW Agreements, Assessments, etc. Progress Report - Education/Post-EMPL/WEX and Community Services
	56-06-087B	Work Experience (WEX) Training Plan & Evaluation	Training plan	Training plan outline-no match	New Rec. GN 6070	WTW Agreements, Assessments, etc. Progress Report - Education/Post-EMPL/WEX and Community Services
	56-06-091	WEX Orientation Statement	WEX orientation	Orient client to WEX-no match	New Rec.	WTW Agreements, Assessments, etc.
x	56-06-095	CalWORKs/WTW WEX Non-Financial Agreement	Non-financial agreement	Non-payment agreement-no match	New Rec.	WTW Agreements, Assessments, etc.
x	56-06-151	CalLearn Attendance/Progress Report	Attendance record	Track attendance-no match	New Rec.	CalLearn Agreements and Forms
	56-06-158	Master Employment Application (12/11)	master application	application record-no match	What is this an application for? Is it a job application or a program application? SAWS 2 PLUS	Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care Programs
	56-06-161	Work Experience Training Site Attendance	Site attendance	Attendance verification-no match	New Rec.	Tracked WTW Activities, Hours, Exemptions
	56-06-164	Important Notice To Employees (03/13)	employee notification	state required notification-no match	Is this imaged to a case? What is it notifying staff of?	
x	56-06-171	CalWORKs/Adult School Referral	School referral	Referral to Adult schools-no match	New Rec.	Student/College Related Forms
	56-06-196	Work Experience (WEX) Trainee Request	Request form	Request for trainee-no match	New Rec. GN 6070	WTW Agreements, Assessments, etc. Progress Report - Education/Post-EMPL/WEX and Community Services
	56-06-200	Stage Two Child Care Referral	Child care referral	Referral to transition to Stage II-no	New Rec.	Child Care Referrals and Forms
x	56-06-201	Appointment Letter to Cure WTW Sanction	Appointment letter	Cure sanction appointment-no match	CSF XXX	Cure Sanction Appointment Letter
x	56-06-215	Child Care ICT Letter	Notification	Notification of child care transfer-no match	New Rec.	ICT Forms

	56-06-218	Community Service WTW Job Performance Evaluation	Evaluation form	Evaluation of preformance-no match	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	56-06-219	WTW Community Service Training Site Agreement	Agreement	Community Service agreement-no match	New Rec.	Vendor Agreements and Forms
	56-06-222	Job Retention Informing Letter	Informing notice	Retention eligibility-no match	New Rec.	WTW Agreements, Assessments, etc.
x	56-06-225	Job Readiness Activity Agreement	Agreement	Agreement to participate in JR-no match	New Rec.	Tracked WTW Activities, Hours, Exemptions
	56-06-226	PrEP Welcome Letter (05/17)	Notification	PrEP letter-no match	New Rec.	GA/GR Work Related and Activities
	56-06-227	Job Readiness Referral	Referral	Referral to Job Readiness-no match	New Rec.	Non-Fraud Referral or Request
	56-06-228	Job Club Absence Form	Absence form	Attendance verification-no match	New Rec.	WTW Agreements, Assessments, etc.
x	56-06-310	Retro Stage One Child Care Request Form	Retro request	Request for Retro payment-no match	New Rec.	Child Care Referrals and Forms
	56-06-311	WTW Activity Attendance Calendar	Attendance record	Attendance verification-no match	New Rec.	Tracked WTW Activities, Hours, Exemptions
	56-06-602	Behavioral Health Referral Form	Referral	Referral to BH-no match	ABP 1467-MHS	General Relief Opportunities For Work Supportive Services Referral
	56-06-605	WTW Community Service Training Site Request	Site request	Request to create site-no match	New Rec.	WTW Agreements, Assessments, etc.
x	56-06-610	CalWORKs Community College Referral Form	Referral	Referral to CC-no match	New Rec.	Student/College Related Forms
	56-06-612	Work Participation Verification Request Form	Request form	Request for verification-no match	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	56-06-615	Family Stabilization Services (FSS) Agreement	agreement	FS plan/agreement-no match	New Rec.	Family Stabilization Forms and Docs
	56-06-617	Expanded Subsidized Employment (ESE) Referral	Referral	Referral to ESE-No match	New Rec.	Non-Fraud Referral or Request
	56-06-629	E2Lite Sample Verification Check List	Checklist	E2Lite checklist-no match	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	56-06-641	Notice for WTW 24-Month Clock Un-ticked Months	Informing notice	Notification of 24 month clock -no match	CW 2208 WTW 38	Your Welfare-To-Work (WTW) 24-Month Time Clock Welfare-to-Work 24-Month Time Clock Notice
x	56-06-652	Child Care Change Fax Transmittal	Change letter	Letter with Child care status change-no match	New Rec.	Fax/Coversheets
	56-06-653	PrEP Data Checklist	Checklist	Track completion of PrEP-No match	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	56-06-663	PrEP Job Canvass Plan (09/17)	Job Search	Job Search plan-No match	New Rec.	GA/GR Work Related and Activities
	56-06-664	Case Conference Referral Form (09/17)	Referral	Referral to case conference-No match	New Rec.	Non-Fraud Referral or Request
x	56-06-671	CalWORKs Internship Program Referral Form (04/19)	Referral	Referral to CIP-No match	New Rec.	Non-Fraud Referral or Request
x	56-06-672	WEX Background Check Request	Request form	Request for background check-No	New Rec.	WTW Agreements, Assessments, etc.
	56-06-673	CIP Work Order Form (04/18)	Workorder	CIP project request-no match	What is this form used for? What is CIP?	
	56-06-675	Ancillary-Support Services Request	Request form	Ancillary service request-no match	GN 6151	GAIN Transportation and Ancillary School & Work-Related Expenses
x	56-06-677	GPDR - Potholes & Detours	Planning	Client goal planning-no match	New Rec.	GA/GR Work Related and Activities
x	56-06-678	CalMAP (06/18)	Planning	Client goal tracking-no match	New Rec.	WTW Agreements, Assessments, etc.
	56-06-679	My Road May - Potholes & Detours (06/18)	Planning	Client goals-no match	New Rec.	WTW Agreements, Assessments, etc.
	56-06-681	24 Month Time Clock (MTC) Tracking Sheet	Tracking tool	Trak 24 month clock-No match	New Rec.	Time Limit Forms
x	56-06-682	(3/19)	Agreement	ESE guidelines-no match	New Rec.	Non-Fraud Referral or Request
x	56-06-683	Home Visiting Initiative (HVI) Program Referral (03/19)	Referral	Referral to HVP-no match	New Rec.	Home Visit Forms

	56-06-684	Job Retention Services Ending (10/19)	Notification	Notice of Job Retention ending-no match	New Rec.	Manual <Program> NOA
x	56-07-002	GR Rights & Responsibilities	GR Rights & Responsibilities	Program Specific Rights and Responsibilities-No Match	GR 21 GR RR SAWS 2 PLUS	General Relief Rights and Responsibilities SAWS II PLUS with the GR Rights and
x	56-07-010	GR Property Owner/Manager Statement	Property Owner/Manager Statement	Shelter Expense Verification Form	New Rec.	Vendor Agreements and Forms
x	56-07-015	GR Release of Information	Authorization to Release Information	GR Program Specific Authorization to Release Information	New Rec.	Other Contact Authorization Forms
x	56-07-033	GR Owner-Manager Clarification Letter	Property Owner/Manager Clarification Letter	Property Owner Clarification deadline-No Match	New Rec.	Vendor Agreements and Forms
x	56-07-038	GR Closure of Request for Admin Review	Admin Review Findings Letter	Admin Review Findings Letter-No Match	ABP 1768	Notice of Hearing Decision - General Relief & GROW
x	56-07-040	GR IPV Evaluation	IPV Case Review	IPV Findings and Recommendation-No Match	New Rec.	GA/GR Other Forms
x	56-07-042	GR Notice of Request for Administrative Review and Aid Paid Pending Order	Admin Review Request & Aid Paid Pending Order	Admin Review Communication Memo-No Match	New Rec.	GA/GR Other Forms
x	56-07-044	GR 12-Step Meeting Attendance Consent to Obtain or Release Confidential Information	12-Step Meeting Attendance Card	Attendance verification	New Rec.	GA/GR Work Related and Activities
	56-07-045		Authorization to Release Information	Behavioral Health Obtain or Release Confidential Information	New Rec.	Other Contact Authorization Forms
x	56-07-060	GR Services Appointment	Appointment Letter	Office Location Appointment Letter-No match	New Rec.	GA/GR Work Related and Activities Forms
x	56-07-061	GR Contract	Services Agreement	GR Personal Responsibility and Services Agreement-No Match	New Rec.	GA/GR Work Related and Activities Forms
x	56-07-061A	GR Contract ADP	Services Agreement	GR Personal Responsibility and Services Agreement-Drug and Alcohol Program-No Match	New Rec.	GA/GR Work Related and Activities Forms
x	56-07-061F	GR Contract PHY	Services Agreement	GR Personal Responsibility and Services Agreement-Physical	New Rec.	GA/GR Work Related and Activities Forms
x	56-07-061K	GR Contract ES	Services Agreement	GR Personal Responsibility and Services Agreement-Employment-No	New Rec.	GA/GR Work Related and Activities Forms
x	56-07-061M	GR Contract MH	Services Agreement	GR Personal Responsibility and Services Agreement-Mental Health-	New Rec.	GA/GR Work Related and Activities Forms
x	56-07-067	GR Employability Evaluation	Authorization to Release Medical Information	GR specific employability assesment-No Match	New Rec.	GA/GR Work Related and Activities Forms
x	56-07-239 Back	GR Appeals Back - Request For Hearing	Request for Administrative Review	Request for Administrative Review-No Match	Court/Hearings Document	Fair Hearing Forms
x	56-07-239A	GR NOA Approval	GR Benefits Approval Notice of Action	GR Benefits Approval Notice of Action-No Match	New Rec.	Manual <Program> NOA
x	56-07-239C	GR NOA Change	GR Benefits Change Notice of Action	GR Benefits Change Notice of Action-No Match	New Rec.	Manual <Program> NOA
x	56-07-239D	GR NOA Denial-Disc	GR Benefits Denial-Discontinuance Notice of Action	GR Benefits Denial-Discontinuance Notice of Action-No Match	New Rec.	Manual <Program> NOA
x	56-07-239F	GR NOA Discontinuance	GR Benefits Discontinuance Notice of Action	GR Benefits Discontinuance Notice of Action-No Match	New Rec.	Manual <Program> NOA
x	56-07-239H	GR NOA Change - Aid Paid	Aid Paid Pending Approval NOA	Aid Paid Pending Approval NOA-No	New Rec.	Manual <Program> NOA
x	56-07-239I	GR NOA IPV	Intentional Program Violation Disqualification NOA	GR Specific Intentional Program Violation Disqualification NOA-No	New Rec.	Manual <Program> NOA
x	56-07-239W	General Relief - Withdrawal/Request Disc	Request to Withdraw/Discontinue GR Benefits	Request to Withdraw/Discontinue GR Benefits-No Match	CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
x	56-07-467	GR Payment and Security	Lien Agreement	GR Specific Lien Agreement-No	New Rec.	GA/GR Repayment
	56-08-004	Notice of Failure to Cooperate with the Department of Child Support Services	Notice to client that benefits are discontinued for failure to cooperate with Child Support	Notice to client that benefits are discontinued for failure to cooperate with Child Support. No match	New Rec.	Manual <Program> NOA



x	56-08-061	Medi-Cal Dependent Care Expense Verification	Form to allow clients to provide information, and child care providers to confirm, expenses	Client signs to give authorization, child care provider completes, in order to verify child care expenses.	New Rec.	Child Care Referrals and Forms
	x 56-08-073	Annuity Evaluation Form	Determine countable income/property, evaluate for transfer period of ineligibility	Worker tool to evaluate an annuity for countable income and property, and determine any period of ineligibility. No match	New Rec.	Property Statement and Verification
	x 56-08-082	Trust Evaluation (05/12)	Identify the type of trust and determine countable income/property	Tool to assist worker in identifying type of trust and what income or property may need to be counted.	New Rec.	Property Statement and Verification
	56-08-084	Third Party Bank Account Verification Request	Client release and request for information from a financial institution	Signed by client and completed by financial institution, to obtain status and balances of bank accounts. No	New Rec.	Property Statement and Verification
	56-08-097	Accelerated Enrollment (AE) MEDS On-line Denial	Specific MEDS online request to term Accelerated Enrollment when MC denied	Communication from worker to MEDS operator to request an AP18 online transaction to term an 8E aid code. No match	New Rec.	MEDS Related - Clearance, Updates, Requests
	56-08-098	Craig V. Bonta MEDS Online Denial	Specific MEDS online request to term Craig v Bonta when MC denied	Communication from worker to MEDS operator to request an AP18 online transaction to term a 1E, 2E, or 6E aid code. No match	New Rec.	MEDS Related - Clearance, Updates, Requests
	56-08-099	Physician's Statement of Presumptive Disability	Allows physician to identify specific PD condition	Provides a list of Presumptive Disability conditions for the physician to choose from if applicable to the		
x	56-08-118	Courtesy Letter Regarding Your Closed Medi-Cal Case	Notifies client that we received verification, but it is incomplete and the case cannot be restored.	Notifies the client that we received verification, but it is incomplete and the case cannot be restored. No	New Rec.	Manual <Program> NOA
	56-08-124	TMC Screen Sheet (06/13)	County worksheet used for screening TMC eligibility	Screen for TMC eligibility - No Match	New Rec.	Program Budgets & Worksheets
x	56-08-126	Craig v. Bonta Information Notice (11/16)	county informational notice for Craig v Bonta referrals. Cover Letter for packet of informational notices.	Information for Craig v. Bonta beneficiaries when the County has received a referral to evaluate for Medi-Cal. Cover letter for packet of mandatory notices (MC 219, MC 007, DHS 7077) - No Match	Is the coverletter imaged? It sounds like info for customer only.	
	56-08-136	Citizenship/ID Request AP 19	MEDS form used to request CA birth match or to update DRA information	MEDS form needed to update DRA citizenship/ID record or to request CA birth match - No Match	New Rec.	MEDS Related - Clearance, Updates, Requests
x	56-08-148	Department of Developmental Services (DDS) Waiver Referral Cover Sheet	Cover letter for MC application when a DDS waiver is received	Cover letter for Medi-Cal application with due date when a DDS waiver referral is received - No Match	New Rec.	Non-Fraud Referral or Request
	56-08-151	Welcome to Medi-Cal Letter	Cover letter for MC application packet when mailed per client's request	Cover letter for Medi-Cal application when mailed per request by consumer - No Match	Is this coverletter imaged? MC 210 Mail In Instr	MC 210 Instructions
	56-08-153	Personally Identifiable Information Authorization to Release Information	Authorization for HSA to release PII to health care providers	Authorization for County Human Services Agency to release PII to health care provider - No Match	New Rec.	Other Contact Authorization Forms
x	56-08-155	Deemed Eligibility Courtesy Letter	Cover letter for Deemed Eligible beneficiaries when a request is being sent for information/verification to evaluate continued MC eligibility after age 1 or when a Healthcare application is mailed for other household members.	Cover letter for Deemed Eligible beneficiaries when a request is being sent for information/verification to evaluate continued Medi-Cal eligibility after age 1 or when a Healthcare application is mailed for other household members - No Match	What is the purpose of the cover letter? Info only to the customer? Is this imaged?	

	56-08-184	Request for Tax Household Information (RFTHI) Supplemental Form MC 210 ACA Income Deductions Supplement	Used as a supplement to the RFTHI to collect information about income, deductions, citizenship, etc.	Used as a supplement to the RFTHI to collect information about income, deductions, citizenship, preferred language, pregnancy, disability, LTC, household changes, and student status for 19-20 yr old - No Match	RFTHI	Request for Tax Household Information (RFTHI)
	56-08-263	Notice of Action-Removal of Suspension and Reinstatement of Medi-Cal Benefits	NOA to inform inmate of benefits are no longer suspended	Notice of Action used when Medi-Cal benefits are reinstated, no longer suspended (inmate beneficiary is released within one year) - No Match	New Rec.	Manual <Program> NOA
x	56-08-266	Medi-Cal Telephone Renewal Form	Used for phone redeterminations to collect the annual redetermination information when a case is closed but the client is complying during the 90 day cure period.	Used during 90 day cure period to collect annual renewal information - No Match	MC 216	Medi-Cal Renewal Form
x	56-08-270	Spousal Allowance Transfer Statement	Form to obtain the amount of spousal income allocation from LTC spouse	Form to obtain the amount of spousal income allocation from LTC spouse - No Match	MC 176 PA	Property Work Sheet/Assessment for Institutionalized Spouses
	56-08-274	Information Notice for Refugee Medical Assistance Beneficiaries	Informing RMA beneficiaries of other programs - ACWDL 14-16	NOA for RMAs - No Match	New Rec.	Manual <Program> NOA
	56-08-275	Notice of Action Approval of Medi-Cal for Refugee Medical Assistance Beneficiaries	Notice of Action for RMA beneficiaries - ACWDL 14-16	NOA for RMAs - No Match	New Rec.	Manual <Program> NOA
x	56-08-277	Notice of Action Approval of Medi-Cal Inmate Eligibility Program	NOA - ACWDL 14-24	Approval NOA for MCIEP program - No Match	New Rec.	Manual <Program> NOA
	56-08-279	Upcoming Change to Your Medi-Cal Coverage	NOA - FFY - ACWDL 15-32	NOA sent to FFY when they are approaching 26 years and need to complete the redetermination- No Match	New Rec.	Manual <Program> NOA
	56-08-283	Information About Your Health Coverage Options	Non-MAGI Cover letter	Cover letter for Non-MAGI screening packet- No Match	Is this imaged?	
	56-08-284	Confirmation of Receipt of Ward's/Inmate's Health Care Application	Letter to confirm receipt of Inmate Pre-release Healthcare Application	Per MOU between DHCS and CDCR, confirm receipt of Inmate Pre-Release Healthcare application - No Match	Is this imaged? Or only send to the center? New Rec.	Jail/Inmate Forms and Notices
	56-08-286	Notice of Action - Denial of Benefits - Over Income for MAGI Medi-Cal	NOA - MAGI Medi-Cal denial, over income	Notice of Action denying MAGI applicant due to income - No Match	New Rec.	Manual <Program> NOA
x	56-08-290	Notice of Action - Denial for Non-Modified Adjusted Gross Income Medi-Cal	NOA - Non-MAGI Denial, no linkage	Notice of Action - Non-MAGI denial for no linkage - No Match	New Rec.	Manual <Program> NOA
x	56-08-291	Notice of Action - Discontinuance for Non-Modified Adjusted Gross Income Medi-Cal	NOA - Non-MAGI Discontinuance, no linkage	Notice of Action - Non-MAGI discontinuance for no linkage - No Match	New Rec.	Manual <Program> NOA
	56-08-292	Notice of Action - Denial of Retro Benefits - Over Income for MAGI Medi-Cal	NOA - Retro Denial, over income for MAGI Medi-Cal	Notice of Action - over income for MAGI - No Match	New Rec.	Manual <Program> NOA
x	56-08-294	Discontinuance of Benefits Under the 250% Working Disabled Program	NOA - Discontinuance for 250% Working Disabled Program	Notice of Action - discontinuance for 250% Working Disabled Program - No Match	New Rec.	Manual <Program> NOA
x	56-08-295	Medi-Cal Tuberculosis Program Physician Evaluation	Physician Evaluation for TB Program	Physician evaluation for TB Program - No Match	MC 274 TB	Medi-Cal Tuberculosis Program Application
x	56-09-889	Adoptions Assistance Program Reassessment Letter	Informing letter; contains case information	Prepared by case aid and mailed to adoptive family with reassessment packet - No Match	Other county drawer - AAP	
	56-1	Statement Under Penalty of	Blank client statement form	Form is used in a county-specific	CSF XXX	Sworn Statement

x		56-12-022	CHANGE OF PLACEMENT	Contains the placement and case information necessary to enter the placement into CWS/CMS	Completed by SW and provided to CBS to inform them of a change of placement; information is then entered into CWS and a new SOC 158A is generated for SW's signature - New Rec.	FC Forms
	x	56-12-150	Initial Placement	Contains the removal, placement and case information necessary to enter an initial placement into CWS/CMS	Completed by SW and provided to CBS to inform them of a new removal; information is then entered into CWS and an intake packet (SOC158A, SAWS 1 and FC2) are generated for SW's signature - No New Rec.	FC Forms
		56-12-186	Discontinued Foster Care Referral to Medi-Cal	Internal memo; contains contact information necessary to transfer Medi-Cal to the CEC program	Completed by FC CBS to transfer case to regular Medi-Cal under the CEC program - Possible Match DCFS 6072 New Rec.	Non-Fraud Referral or Request
		56-12-308	THPP Notification of Occupancy	Contains case information and rate	Completed by SW and provided to CBS for issuing of host home funds - New Rec.	Vendor Agreements and Forms
		56-12-322	Out of State Placement Check Sheet	Worksheet; contains case information, SSA/SSI benefit status and checklist for out of state placements	Completed by CBS and utilized to work through possible options to support child/youth placed out of state that may not qualify for Medicaid or need additional funding for one on one care or other cost that are not supported by AFDC-FC - No New Rec.	Program Budgets & Worksheets
	x	56-12-425	Detention Alert E-mail Template	Contains placement and removal details	Completed by ER SW and provided to eligibility to notify them (along with others) that a child has been removed; could be scanned in with the 56-12-150 if that is an option in New Rec.	Worker/Worker Contact
	x	56-12-560	Intensive Treatment Foster Care Recommendation	Contains case information; ISFC status notes and ISFC start date	Completed by SW at ISFC staffing and provided to eligibility to confirm start date of ISFC rate - No Match New Rec.	FC Forms
		56-12-625	Resource Parent Report Tool (10/17)	Contains case information and needs of the child; informs LOC determination	Completed by caregiver to inform the SW of any special needs the child may have; supporting documentation for SOC 500 - No Match New Rec.	FC Forms
	x	56-16-013	Fraud Investigation Referral	Fraud Investigation Referral	Fraud referral sent to DAGFU-No match SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	x	56-16-023	Fraud Referral Disposition Report	Fraud Referral Disposition Report	DAGFU responds to Fraud referral-No match SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
		56-16-312	Felony / Probation / Parole Status Referral	Felony, Probation, Parole Status Referral	Request for FF and PPV status-No match New Rec.	Jail/Inmate Forms and Notices
	x	56-16-593	Intentional Program Violation Disposition Report	Intentional Program Violation Disposition Report	Disposition report sent to DAGFU for IPV-No match PA 771	Notice of Intentional Program Violation (IPV) Determination
	x	56-26-011	CAPI Sponsor Requirements Request	Request for verification from applicant/recipient about the sponsor	Request for verification from applicant/recipient about the sponsor. No match. New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet CAPI Application and Other Forms
	x	56-27-002	Household Composition (09/15)	Collateral contact for QC to verify HH composition	Completed and signed by someone outside the HH to verify HH composition for QC; no match PA 6091 Other county drawer - QC/QC	Household Member Information
		56-27-003	Quality Control Housing Statement (09/15)	Form for client to identify housing and utility expenses or in-kind	Form for client to identify housing and utility expenses or in-kind; may map to CF QC Notice 12. No match. CSF XXX Other county drawer - QC/QC	Income In-Kind/Housing Verification
x		56-27-004	WINS Employment Hours (11/15)	Form for client to report work hours on a daily basis by month, to help evaluate for WINS	QC form to report work hours on a daily basis by month, for WINS evaluation. No match New Rec. Other county drawer - QC/QC	Program Budgets & Worksheets

	56-27-005	Second Appointment Letter (11/15)	When client misses 1st appt, this form is sent to schedule a 2nd try	Notifies client of a missed QC appointment, instructs client to call and reschedule, and notifies client of consequences for not cooperating with QC. No match	Other county drawer - QC/QC	
	56-27-006	Quality Control Notice of Noncooperation (11/15)	Notice to supervisor of client's failure to cooperate with QC	Requests client be discontinued from CalFresh, and ineligible until the following Feb. 2. Possible match to CF QC Notice ??	Other county drawer - QC/QC	
	56-27-007	Quality Control Refusal to Cooperate (09/15)	Form to allow client to refuse to cooperate with QC	Client signs form to specifically refuse to cooperate with QC. No match	Other county drawer - QC/QC	
	56-27-008	Quality Control Affidavit of Birth (09/15)	Form to allow client to attest to birth info	Completed by client, identifying birthdate, birthplace, and parents' names under penalty of perjury. Used by QC when birth certificate is not available. No match	PA 853-1 Other county drawer - QC/QC	Affidavit To Document: U.S Citizenship, Identity And Birth
	56-27-009	Quality Control Child Care Expense Verification (11/15)	Collateral contact form for child care	Used by QC to verify child care expenses. No match	Other county drawer - QC/QC	
	56-27-010	Quality Control Financial Aid Verification (11/15)	Collateral contact for financial aid	Used by QC to verify financial aid income. No match	Other county drawer - QC/QC	
	56-27-011	Quality Control School Enrollment Verification (11/15)	Collateral contact for student status	Used by QC to verify student status. No match	Other county drawer - QC/QC	
	56-27-012	Quality Control Utility & Housing Verification (11/15)	Collateral contact for utilities	Used by QC to verify utility expenses. No match	PA 956 CSF XXX Other county drawer - QC/QC	Housing/Utility Verification Form Address Change/ Housing Costs
	56-27-014	Quality Control Workers' Compensation Verification (11/15)	Collateral contact for Worker's Comp	Used by QC to verify Worker's Comp income. No match	Other county drawer - QC/QC	
	56-27-017	Quality Control Verification Second Request (10/17)	Second request for verification when 1st request was unsuccessful	Same as 56-27-013 but indicates 2nd and final request. No match	Other county drawer - QC/QC	
	56-27-018	Quality Control Statement of Child Support Payment (10/17)	Collateral contact for payment of child support	Used by QC to verify child support payments made by the HH. No	Other county drawer - QC/QC	
x	6031	HOMELESS SHELTER DOCUMENTATION/ MAIL ADDRESS	Client attestation and general delivery address information form.	This document is used by clients who claim to be homeless, it is an informing document to identify the client's general delivery address. PA 1815		Important Notice about Mailing Address
x	611-G	Verification of Indigent Cremation	Cremation Payment Authorization	Form is used to certify that Tulare County HHSA has authorized a payment for cremation. There is no form on the CalSAWS listing that has information close to what this form is	New Rec.	Burial/Cremation Forms
x	618-G	Application for Indigent Burial	Application for Cremation	Application for Indigent Burial. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	Burial/Cremation Forms
x	619-G	Request for Approval of Excess Burial Expense	Request for Excess Funds for Burial	When the deceased does not have a plot and the county owned burial plot is not available, this form is completed to have them buried elsewhere. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	Burial/Cremation Forms
x	628-G	Cremation Approval	Cremation Approval	This is a notice that is sent to the client when their application for cremation has been approved. There is no form on the CalSAWS listing that has information close to what this	New Rec.	Burial/Cremation Forms

x	629-G	Indigent Burial Denial	Indigent Burial Denial	This is a notice that is sent to the client when their application for Indigent Burial has been denied. There is no form on the CalSAWS listing that has information close to	New Rec.	Burial/Cremation Forms
x	630-G	Indigent Burial Income-Resource Financial Eligibility Worksheet	Indigent Burial Budget	This is a budget that is completed to determine if the client is eligible to receive Indigent Burial Services. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	Burial/Cremation Forms
x	63-45	CFAP/Non-Citizen Determination Worksheet	EST checklist for non-citizens	Form is used in a county-specific process	New Rec. New Rec.	Program Budgets & Worksheets CFET Forms/Agreements
x	63-48	CalFresh Student Eligibility Worksheet	NMD form to identify student exemption	Form is specific to county Extended Foster Care Program	PA 136	Student Eligibility/Ineligibility For CalFresh Worksheet
	63-51	Licensed D&A FS Application Cover Sheet	Licensed Drug & Alcohol Application Cover Sheet	Form is used in a county-specific process	New Rec.	Vendor Agreements and Forms
x	63-52	expedited Services CalFresh (ESCF) Worksheet	NMD form calculating how much CF they will get. EST worksheet for expedited services	Form is specific to county Extended Foster Care Program Form is used in a county-specific process	New Rec.	Program Budgets & Worksheets
	63-58	Drug and Alcohol Treatment Facility Departure Report	Communication for from Drug and Alcohol facility	Form is used in a county-specific process	ABP 132	Treatment Provider Progress Report
	63-63	Able-Bodied Adults Without Dependents Client Exemption	ABAWD Exemption info	Form is used in a county-specific process	New Rec.	ABAWD Forms
x	658-G	Budget Work Sheet-General Assistance	GA Eligibility Budget	This is a budget that is completed to determine eligibility for the General Assistance Program. There is no form on the CalSAWS listing that has information close to what this form is	New Rec.	Program Budgets & Worksheets
	7069C	Families Rising Universal ROI	Families Rising Universal Release of Information; <b>separate page</b>	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
	7069C	Form 7069C.Families Rising Referral & ROI	Families Rising Program Enrollment and Referral form - <b>including Universal ROI</b>	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
	7069C	Addendum	Families Rising Addendum	local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program	
x	715-0	MEDI-CAL SPEND DOWN LETTER	LETTER TO CLIENT	LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN	CSF XXX	Spend Down Declaration
	751-0	Address Change	Residency		CSF XXX	Address Change/ Housing Costs
	8023C	Verification of County Adult Assistance / SF Residency Verification for DMV ID	ID Verification for DMV to issue California ID.	There is no index for GA customer ID	New Rec.	DMV/ID Referrals and Verification Requests
	80-39	PST WARNING DENIAL NOTICE	inter-agency communication document	Form is specific to county General Assistance program	New Rec.	GA/GR Other Forms
x	806-0	California Residence Questionnaire	Used to inquire on customer's whereabouts and intent to return to California	Used to send out when customers have been using their benefits outside of the state to determine if they have established residency outside of California or if they intend	CSF XXX	California Residency Questionnaire
x	90-10	CalFresh E&T Program Requirements	GA CalFresh E&T agreement	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x	90-139H	Job Search Contact Record (Hayward)	GA Job Search documentation	Form is specific to county General Assistance program	GROW 85	General Relief Opportunities for Work (GROW) Job Search
x	90-14	GA Case Information Update Request-SW	GA Internal communication document	Form is specific to county General Assistance program	New Rec.	Worker/Worker Contact

x		90-151	Informed Consent For Health Questionnaire	GA Health form	Form is specific to county General Assistance program	New Rec.	GA/GR Other Forms
x		90-152	Accommodation Request	GA Request for accommodation	Form is specific to county General Assistance program	PA 390	Special Need Request
x		90-153	GA Psychological Evaluation Referral Form	GA internal communication to SW	Form is specific to county General Assistance program	PA 2012	Referral for Mental Health Services
x		90-156	General Assistance Application for Homeless Assistance	GA Application for Homeless Assistance	Form is specific to county General Assistance program	New Rec.	HSP and Homeless Assistance Forms
x		90-16	General Assistance Application	GA Application	Form is specific to county General Assistance program	GR 20 SAWS 1	GENERAL RELIEF (GR) APPLICATION Application for Cash Aid, CalFresh, and/or Medi-Cal/34-County CMSP
x		90-19	GA/FSET Case Update by EC/ET	GA Internal communication document	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x		90-2	Medical Statement Doctors Confidential Report	GA Medical Statement from provider	Form is specific to county General Assistance program	New Rec.	GA/GR Other Forms
x		90-244	Verification of Drug and Alcohol Participation	GA Communication form from D&A facility to EST	Form is specific to county General Assistance program	GN 6008	Progress Report Mental Health/Substance Abuse/DV/Family
x		90-247	GA/FSET Drug and Alcohol Verification Informational Notice	GA Information notice to client	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x		90-248	GA/FSET Drug and Alcohol Treatment Appointment Letter	GA appointment letter	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x	x	90-251	CalFresh E&T Option to Participate	GA CalFresh E&T Option to Participate client form	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x	x	90-253	CalFresh E&T Assessment Activity Appt letter	GA Appointment letter for CalFresh E&T Assessment Activity	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x	x	90-254	CalFresh E&T Consent Form	GA CalFresh E&T Consent Form for CBO's	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x	x	90-255	CalFresh E&T Employment Plan	GA CalFresh E&T Employment Plan	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x	x	90-256	CalFresh E&T Verification of Participation	GA CalFresh E&T Verification of Participation from CBO	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x		90-28	GA CFET Questionnaire	GA CFET Questionnaire	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x		90-2A	General Assistance-Administrative Exemption	GA Exemption for Employability status	Form is specific to county General Assistance program	ABP 1461-A	General Relief Opportunities For Work Orientation Exemption Notice
x		90-2MH	Mental Health Clinicians Confidential Report	GA Mental Health Statement from provider	Form is specific to county General Assistance program	New Rec.	GA/GR Other Forms
x		90-67	Education Training Program Verification	GA Request for information from school/training program	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
x		90-88	General Assistance Program Health Questionnaire	GA Health Questionnaire	Form is specific to county General Assistance program	New Rec.	CFET Forms/Agreements
	x	964-F	Investigation Request	Fraud Investigation Request	This form is completed when a worker is initiating a request to the special investigations department to have a case or client investigated. There is no form on the CalSAWS listing that has information close to	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
		990N	Time on Aid Notice	TOA		New Rec.	Time Limit Forms
x		A100	Work Registrant and ABAWD Exemption Screening Form	Work Registrant/ABAWD Screening Form-County Use Only	Screening tool used by staff to identify Work Registrants/ABAWD	New Rec.	Application, Intake, or Screening Tools
x		A100B	CalFresh Work Activity Requirements	Work Registrant/ABAWD Screening Form-Client Use Only	Client facing form for ABAWD exemption.	New Rec.	ABAWD Forms
x		A104	Medical Exemption Form	Standard client verification form for clients to provide verification of clients mental/physical condition.	This is a county specific form, allowing clients to provide verification of a client's mental/physical condition which prevents them from meeting the	New Rec.	ABAWD Forms

x	A105	Community Service   Volunteer Verification Form	Standard client verification form for community service/volunteer hours verification.	This is a county specific form, allowing clients to provide verification of volunteer/community service hours associated with ABAWD work activity compliance.	New Rec.	ABAWD Forms
x	A106	CHANGE IN WORKFARE HOURS	Client informing notice regarding the change in the number of workfare hours the household is required to complete.	This is a county specific form, informing ABAWD clients about the change in the number of workfare hours the household is required to	New Rec.	ABAWD Forms
x	AA4	Eligibility Certification - Adoption Assistance Program	Contains required eligibility information to determine Federal AAP - Title IV-E Pathways	SW completes and provides to eligibility with necessary information to determine AAP eligibility - required for AAP (03/04) - No Match	Other county drawer - AAP	
x	AAP 2	AAP Payment Instructions	FORM REC'D FROM CFS AUTHORIZING PAYMENTS THROUGH FC	State CFS Form cannot locate on list provided and must be imaged- ie a verification	Other county drawer - AAP	
x	AAP 4 State Form	Eligibility Certification Adoption Assistance Program	Adoption Certification	Agency determination of eligibility for adoption of a child. This Form not found on Forms List	SCR CA-203681	
x	AAP 45-1	AAP Budget Authorization	FC authorization of funding	Form is specific to county Foster care program	New Rec.	Program Budgets & Worksheets
x	AAP 6	NEG BENEFIT AMT & APPROVAL	AAP BENEFIT AMOUNT WITH SIGNATURES	NEEDED STATE FORM NOT ON TIER 1 LIST USED IN ELIGIBILITY	Other county drawer - AAP	
x	AAP 8	AAP Nonrecurring Adoption Expenses Agreement	FORM REC'D FROM CFS AUTHORIZING PAYMENTS THROUGH FC	State CFS Form cannot locate on list provided and must be imaged- ie a verification	Other county drawer - AAP	
x	AAP 8	NR ADOPTION EXPENSES AGMT	AGREEMENT WITH ADOPTIVE PARENT AND US	NEEDED STATE FORM NOT ON TIER 1 LIST USED IN ELIGIBILITY	Other county drawer - AAP	
x	ABCD 239 7A	Notice of Administrative Disqualification California Work Opportunity and Responsibility To Kids (CalWORKSs) Program	Notice of Action	Notice of Action for IEVS related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	ABCD 278L	L (ABCD 278L)	Fiscal Form for Supportive Services	Fiscal Form for Supportive Services	New Rec.	FC Forms
		Ability to Work - Ltr from Client	Ability to Work - Ltr from Client	Disability/Work Reg	Verifications CSF XXX	Sworn Statement
x	ABP 4049	GYEP Pre-Screening checklist		No possible map found in listing	New Rec.	Application, Intake, or Screening
x	ABP 4060	GR and GROW Text Notification Consent Form		No possible map found in listing	NA 1273	Electronic Notification Agreement and Courtesy Confirmation Receipt
x	ABP 4442	General Relief Opportunities for Work GROW and Americas Job Center of California AJCC Reverse		No possible map found in listing	New Rec.	Non-Fraud Referral or Request
x	ABP 4443	GTEP Pre-Screening Checklist		No possible map found in listing	New Rec.	Application, Intake, or Screening
		ACAR Review Checklist	ACAR Review Checklist	OP/OI	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	AD 4320	Adoptions (AAP) Agreement	Income		SCR CA-205264	
x	AD 4320	ADOPTIONS ASSISTANCE AGREEMENT	ADOPTIONS ASSISTANCE AGREEMENT	NEEDED STATE FORM NOT ON TIER 1 LIST USED IN ELIGIBILITY	SCR CA-205264	
x		Admission Docs for LTC Facility	Admission Docs for LTC Facility	Residency	Verification	
		Adoption	Adoption Orders	Vitals	Other county drawer - AAP	
x		Adult School Request for	Adult School Request for Payment	WTW Supportive Services	New Rec.	WTW Agreements, Assessments, etc.
x	ADX-116	ADX-116 AAP Approval and Communication Form	ADX-116 AAP Approval and Communication Form	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	FC Forms
	AFDC Verif Request from	AFDC Verif Request from SSA	Correspondence		New Rec.	Non-Fraud Referral or Request

x		AIM	AIM Application	Applications/SOF/ICT		MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
x		AIM	AIM Application	Applications/SOF/ICT		MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
	x	ALL 12	Eligibility Case Checklist	Application/SOF/ICT	Eligibility and Administrative communication document, no	New Rec.	Application, Intake, or Screening Tools
		ALL 1201	FS and EBT appt re: ABAWD	Disability/Work Reg		New Rec.	CFET Forms/Agreements
		ALL 1223	Request Warrant	Fiscal/Issuance/SFIS		New Rec.	Fiscal Forms
		ALL 1274A	Universal Screening Sheet	Applications/SOF/ICT		New Rec.	Application, Intake, or Screening
x		ALL 129	Child Care Receipt	Deductions/Shelter Costs		New Rec.	Child Care Referrals and Forms
		ALL 1313	Self Employment Sworn	Income		CSF XXX	Self-Employment Income Statement
		ALL 1313 Supp	Supp for Self Employment	Income		CSF XXX	Self-Employment Income Statement
						Is this a form the customer fills out? Or something staff fills out and sends somewhere else to be completed?	
		ALL 1315	Adding Person to Active Case	Applications/SOF/ICT			
		ALL 1328	Message to My Worker	Correspondence		New Rec.	Customer/Worker Contact
		ALL 1355	TOA Event Record Request	TOA		New Rec.	Time Limit Forms
x		ALL 1356	CalWORKs Intake Appraisal	WTW Intake/Ore		New Rec.	WTW Agreements, Assessments, etc.
							Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x		ALL 1359	CalWORKs Checklist	Correspondence		New Rec.	
x		ALL 1363	MC App Pkt cover ltr-Back-Eng	Applications/SOF/ICT		MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
x		ALL 1363	MC App Pkt cover ltr-Front-Eng	Applications/SOF/ICT		MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
	x	ALL 1364	Fair Market Value-Vehicle	Property/Liens		New Rec.	Property Statement and Verification
	x	ALL 1365	Forms and Verifs Second Request	Correspondence		CW 2200	Request For Verification
	x	ALL 1367	Vehicle Valuation	Property/Liens		New Rec.	Property Statement and Verification
x	x	x	ALL 1368	MC Screening Sheet for CW Disc	Correspondence	New Rec.	Tools
x	x	x	ALL 1368b	MC Screening Sheet for CW Disc	Correspondence	New Rec.	Tools
	x		ALL 1375	Medi-Cal Mail in first Req	Correspondence	MC 355	Medi-Cal Request for Information
	x		ALL 1375-1	Medi-Cal Mail In First Request	Correspondence	MC 355	Medi-Cal Request for Information
	x		ALL 1375-2	Medi-Cal Mail In Second Request	Correspondence	MC 355 REMINDER	MEDI-CAL REQUEST FOR INFORMATION REMINDER NOTICE
	x		ALL 1377	Notice of MC Eligibility Eval	Correspondence	CSF XXX	SSA Referral to Medi-Cal
							EBT - Request for Authorized Representative/Designated Alternate Cardholder
	x	ALL 1378	Auth Representative for EBT	Fiscal/Issuance/SFIS		TEMP 2201	
x		ALL 1379A	CalWORKs Denial	Applications/SOF/ICT		New Rec.	Manual <Program> NOA
x		x	ALL 1382A	CW Non-Aided Persons Req MC	Applications/SOF/ICT	SAWS 2 PLUS	Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care
		x	ALL 1388	Language Preference Form -Eng	Applications/SOF/ICT	New Rec.	Language Designation form
			ALL 1393	Repay Agreement-Cash EBT	OP/OI	CW 2217	CW 2217-CalWORKs Request For Voluntary Repayment
x	x		ALL 1404	2 CW-FS Request to Complete RRR	Correspondence	CW/CF Reminder	CW/CF Reminder Letter
x			ALL 1405	CalWORKS Screening Sheet	Applications/SOF/ICT	New Rec.	Application, Intake, or Screening
			ALL 1406	NA Food Stamps Screening Sheet	Application/SOF/ICT	New Rec.	Application, Intake, or Screening Tools
			ALL 1426	NAFS RRR phone Interview Checklist	Correspondence	New Rec.	Application, Intake, or Screening Tools
			ALL 1447	SSA Referral	Applications/SOF/ICT	CSF XXX	SSA Referral to Medi-Cal
	x	ALL 1457	AMIH Release of Information	Homeless		New Rec.	Other Contact Authorization Forms
			ALL 1468	ABAWD Screening Sheet	Disability/Work Reg	New Rec.	Application, Intake, or Screening
			ALL 154	Non-Needy Payee Responsibility	Applications/SOF/ICT	New Rec.	Supporting CW Forms
	x	ALL 168	Sworn Stmt -OHC/TPL/MEDS1	OHC/TPL/MEDS 1		CSF XXX	Sworn Statement



					Is this requesting verifications from a customer or verifying what the customer has dropped off? Or verifying Customer documents?	
	x	ALL 184	Verification of Items	Correspondence	CW 2200 PA 2327	Request For Verification Receipt for Documents
		ALL 1931b	Self Employment Choice	Income	CSF XXX	Self-Employment Income Statement
					Residency verification for General relief, since program is county specific, there is no equivalent	
x		ALL 229	Shared Housing Statement	Deductions/Shelter Costs	CSF XXX	Address Change/ Housing Costs
		ALL 34	Self-Employment Determination	Income	CSF XXX	Self-Employment Income Statement
	x	ALL 425	Loan Agreement	Income	Verification	
x		ALL 439	CW OP Budget Worksheet	OP/OI	New Rec.	Program Budgets & Worksheets
		ALL 466	Warrant Pick-Up 1 pm or Later	Fiscal/Issuance/SFIS	New Rec.	Fiscal Forms
					ALL 564 is used for Hearings Reps to request casework to be completed by Eligibility Worker's. I could not locate a CalSAWS form that matched the	
	x	ALL 564	Assignment Sheet for State/County Hearings	Assignment sheet to Eligibility Worker's explaining case action required.	Court/Hearings Document	Fair Hearing Forms
	x	ALL 569	Daily Tip Statement	Income	PA 167	Monthly Earnings Report
		ALL 584	ABAWD Work Program referral	Disability/Work Reg	New Rec.	ABAWD Forms
	x	ALL 680	Burial Assets	Property/Liens	New Rec.	Burial/Cremation Forms
		ALL 8	Withdrawal or Disc from Programs	Applications/SOF/ICT	CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
		ALL 90	Homeless Auth	Homeless	New Rec.	HSP and Homeless Assistance Forms
		All Homeless				
	x	Asst	All Homeless Asst NOAs/verifs	Homeless	New Rec.	HSP and Homeless Assistance Forms
		All other	All other referrals	Correspondence	PA 30	County Referral
		Ancillary Voucher	Ancillary Voucher	WTW Supportive Services	Is the voucher imaged before giving it to the customer?	
x					New Rec.	WTW Agreements, Assessments, etc.
					Form is used for RRR purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	
	x	ARC 2	Approve ARC Redetermination	Redetermination/Recertification Documents	New Rec.	FC Forms
	x	AR-ID001	Authorized Representative		Possible Map: PA 1857	Designation
	x	ASH 1022	ASH Report Worksheet	ASH use only	No possible map found in listing	Fair Hearing Forms
	x	ASH 271	Acknowledgment of Request for Hearing		No possible map found in listing	Fair Hearing Forms
	x	ASH 274	ASH Request to Appear as Witness at State Hearing	ASH use only	No possible map found in listing	Fair Hearing Forms
	x	ASH 411	ASH Correction Memo/Request for Case Correction	Used by ASH to communicate requests for case correction on appeals cases.	No possible map found in listing	Fair Hearing Forms
	x	ASH 411 R	Response to ASH 411 for Case Correction	Used by ASH and the GAIN Regions/Districts to communicate responses to the ASH 411.	No possible map found in listing	Fair Hearing Forms
	x	ASH271	Hearing Request Acknowledgment	ASH use only	No possible map found in listing	Fair Hearing Forms
	x	ASH271R	Hearing Request Acknowledgment for AR	ASH use only	No possible map found in listing	Fair Hearing Forms
	x	ASH411R	Correction Memo Response form District	ASH use only	No possible map found in listing	Fair Hearing Forms
	x	Assessment	Assessment Report	WTW Assessments	New Rec.	WTW Agreements, Assessments, etc.
	x	AUD 190 Eng & SP	Request to Repay General Relief	Request to Repay GR	Notification to GR customer repayment must start - no	GA/GR Repayment Agreements/Forms

x	AUD 191 Eng & SP	Request to Repay GR; SBCo Received SSA Payment	Request to Repay GR	Notification to GR customer repayment must start - no comparable form	New Rec.	GA/GR Repayment Agreements/Forms	
x	AUD 200	Foster Care Statement for Board and Care Charges	Statement for board and care	Certifies for a specific month - no comparable form	New Rec.	FC Forms	
x	AUD 212	Foster Care or Payee Fee Refund Request	Refund request	Used to notify caretakers about refund benefits issued to the county - no comparable form	New Rec.	FC Forms	
x	B-398C	Permanent Housing and Utility Deposits	form for Landlords to complete when applicants apply for Perm HA	Gives the CWD permission to contact lanlords or AR regarding information concerning applicants permanent housing and utilities information	PA 956	Housing/Utility Verification Form	
	x Printout	Bank Account Printout	Property/Liens		Verification		
	Bank Statement						
	x Printouts	Bank Statement Printouts	Property/Liens		Verification		
	x Statements	Bank Statements	Property/Liens		Verification		
	Bankruptcy						
	x Paperwork	Bankruptcy Paperwork	Property/Liens		Verification		
x	Barsch	Barsch Inventory Test	WTW Assessments		New Rec.	WTW Agreements, Assessments, etc.	
	BCCT Program						
	x Paperwork	BCCT Program Paperwork	Applications/SOF/ICT		New Rec.	Application, Intake, or Screening Tools	
x	BCW Calfresh Screening	BCW Calfresh Screening Sheet	Applications/SOF/ICT		New Rec.	Application, Intake, or Screening Tools	
	Benefits				SAWS 1	Application for Cash Aid, CalFresh, and/or Medi-Cal/34-County CMSP	
	x CalWIN	Benefits CalWIN Application	Applications/SOF/ICT		SAWS 2 Pluc	CalWorks/CalFresh/Medi-Cal Packet - FS29LA 3A	
	Benefits Calvin						
	x Recertification	Benefits Calvin Recertification	Applications/SOF/ICT		CW/CF/MC Packet - 3A		
	BIC card (if you must scan)	BIC card (if you must scan)	Vitals		Verification		
	Birth Cert for Absent Parent	Birth Cert for Absent Parent	Absent Parent		Verification		
	x Certificates	Birth Certificates	Vitals		Verification		
	x verifications	Birth verifications	Vitals		Verification		
	Blue Book	Blue Book Copies	Property/Liens		Verification		
	Bonds	Bonds	Property/Liens		Verification		
x	x	x	x	Planning to avoid fraud for Cash Aid/CF/GA	Informational fraud informing notice	Allows the customer to acknowledge that they have been advised what constitutes fraud and perjury	SIU (Fraud) Evidence, Contact Records, Requests
	x	BU 162	Profit and loss statement for self employment	Allows customer to designation self employment expense choice	Customer chooses either standard decution or actual expenses when they are self employed	CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
x	BU 214	Gas Card Receipt Form	Gas Card Form	Gas card form	New Rec.	Transportation Forms	
	BU 27	Filed Visit Record	Field Visit Form	Field and Home Visit Form	New Rec.	Home Visit Forms	
	BU 297	HH Fact sheet	Gathers information on members of the HH to aid eligibility	This aids in eligibility infile clearance and hh composition	New Rec.	Application, Intake, or Screening Tools	
	x	BU 297	Household Fact Sheet	Contains additional HH member information not requested on the SAWS 1	Used to file clear and pend additional required HH members	New Rec.	Application, Intake, or Screening Tools
x	BU 35	Voluntary Job Quit Good Cause Determination	Job Quit Determination	Allows customer to indicate why they quit their previous employmnet	CSF XXX	Job Quit Questionnaire	
x	BU 504	Bus Pass Authorization	Bus Pass Request Form	Bus pass request form	New Rec.	Transportation Forms	
	x	BU 526	Primary Language form	Primary Language designation form	allows customer to request services in their primary language	New Rec.	Language Designation form
x	BU 543	Minor Consent Medical/Counseling	Minor Consent application	For Minor Consent applications-can't find comparable form	New Rec.	Non-Fraud Referral or Request	
x	BU 74	Report Card Bonus	Cal Learn	CL participant making progress in school earns a monetary bonus (CAL LEARN)	New Rec. New Rec.	Student/College Related Forms (Attendance, textbooks) CalLearn Agreements and Forms	

				AUTHORIZATION TO ALLOW TRANSPORTATION OF A NON-DETAINED/NON- DEPENDENT MINOR	Transportation Release	Parent signs to allow ECM to transport minor child	New Rec.	FC Forms
x	x		BU CPS-231	SIP Warning Letter	Letter	Send to SIP failed SIP clients	New Rec.	SIP Agreement/Notice
			BU CW-208	NON-PARTICIPATING SECOND PARENT	NON-PARTICIPATING SECOND PARENT	Send to SIP clients end of semester reminder letter	New Rec.	Supporting CW Forms
x			BU CW-209	SIP Reminding End of Semester	Letter	SIP Plan	New Rec.	Student/College Related Forms
x			BU CW-222	SIP Approval Hours	SIP Plan	Send to all approved Voc Edu and SIP students prior to start of a new	New Rec.	Student/College Related Forms
x			BU CW-226	New Semester Letter	Letter	Used to order Birth Certificates for CW linkage if customers are unable to do so themselves	New Rec.	Non-Fraud Referral or Request
x			BU CW-40	Birth Certificate Voucher CalWORKs	Request for Birth Certificates	Death Certificate Voucher CalWORKs	New Rec.	Non-Fraud Referral or Request
x			BU CW-40	Death Certificate Voucher CalWORKs	Death Certificate Voucher CalWORKs	Sheriff Department Voucher	What is this voucher for? What would the customer use it for?	
x			BU CW-41	Sheriff Department Voucher	Sheriff Department Voucher	SIP Packet	New Rec.	SIP Agreement/Notice
			BU CW-485	PROGRAMS LEADING TO EMPLOYMENT	SIP Packet	Email to Butte College for approved textbooks for students. Also use for Chico State Bookstore	New Rec.	Student/College Related Forms
x			BU CW-500	Butte College Bookstore Voucher	Book Voucher	Provides information on GA recipients that are actively searching for	New Rec.	GA/GR Work Related and Activities Forms
x			BU CW-522	GA Employment Contact	Employment search for GA Clients	SIP Packet attachment letter	New Rec.	SIP Agreement/Notice
x			BU CW-524	You A Student	SIP packet	Letter of informing notice	New Rec.	WTW Agreements, Assessments, etc.
x			BU CW-542	Job Retention Services	Letter	Application	New Rec.	WTW Agreements, Assessments, etc.
x			BU CW-562	Job Retention Services Request	Application	Sign with client who meeting their WTW requirements through unsubsidized employment	GN 6130	Assessment Activity Agreement
x			BU CW-563	EMPLOYMENT ASSESSMENT OPTION	EMPLOYMENT ASSESSMENT OPTION	First page of the SIP Packet or SIP Cover letter	New Rec.	SIP Agreement/Notice
x			BU CW-57	Student Participation Cover Letter	SIP Packet cover letter	SIP Packet attachment letter	New Rec.	Student/College Related Forms
x			BU CW-58	COLLEGE/TRAINING COURSE	SIP Packet	Sign with client at their orientation appointment	New Rec.	WTW Agreements, Assessments, etc.
x	x		BU CW-610	CalWORKs Supportive Services	Explain All Supportive Services	SIP Plan	New Rec.	SIP Agreement/Notice
x	x		BU CW-616	Self Initiated Student Attachment	SIP Plan	SIP Packet attachment letter	New Rec.	SIP Agreement/Notice
x	x		BU CW-62	CalWORKs Program Participant Plan Sheet	SIP Packet	Request for Good Cause Based on Remoteness/NoTransportation	WTW 27	Request For Good Cause Determination
x	x		BU CW-688	Request for Good Cause Based on Remoteness/NoTransportation	Request for Good Cause Based on Remoteness/NoTransportation	Provides clients of payment arrangements and payback options for repaying GA Loan	New Rec.	GA/GR Repayment Agreements/Forms
x			BU GA 869 Repay Attachment	Information letter explaining that Revenue and Recovery now has clients GA records	Information and gives customers details on how determining the ability to pay back loan	Used to verify customers previous landlord information and go over fraud and perjury	CSF XXX	Sworn Statement
x			Bu-113H	HA Affidavit	Statement from customer regarding previous landlord	Gives information to the applicant of what the meaning of fraud and perjury is and what they need to report and tell their worker.	SIU Documents	SIU (Fraud) Customer Acknowledgement and Prevention
	x	x	BU116	Planning with you to avoid fraud	Explains to customer the meaning of fraud and perjury	Authorization for clients to have others present with them during		
		x	BU123					

					Is this something the customer completes? If not, recommend using one of the program ICT notices/forms.	CalFresh Notification of Inter-County Transfer Notification Of Intercounty Transfer Notification of Medi-Cal Intercounty Transfer
	x	BU264	EICT Request	Form for ICT Requests		CF 215 CW 215 MC 360
	x	BU284-IFD	Statement of earnings	Statement of earnings report form for employer to complete	Gets detailed information regarding the employees dates paid, hours worked, gross earnings for the IFD	VER 104 Employment & Income Verification
	x	Bu287-IFD	Declaration of custodian of records	Statement from employer of customer stating that they are the custodian of record	Statement signed by employer under fraud and perjury stating that they sent payroll records and that they are the custodian of record.	CSF XXX Verification of Employment/Earning
	x	Bu288-IFD	Letter requesting payroll records from employers	Letter of request for employment records	Letter to employers asking them to provide employment payroll records for IFD's	CSF XXX VER 104 WFP&I 354 Employer Contact Verification Employment & Income Verification Employer identification/verification
x	x	x	Bu-398C	Permanent Housing and Utility Deposits		DRP 01 PA 956 Direct Housing Housing/Utility Verification Form
		BU558	Meds Email Request for Online	Request for Online or Emergent Meds	Advises Meds clerks that an online is needed	New Rec. MEDS Related - Clearance, Updates, Requests
x	x	x	BU87	SSI/SSP financial Arrangement?	Statement from client regarding financial arrangements when an SSI/SSP recipients resides in the HH	Used to retrieve information regarding SSI/SSP financial arrangements CSF XXX Sworn Statement
	x	BU95 A	Scenario Guide	Captures client information before intake and RE	Captures client data for reference	Is this imaged? Or for worker use only?
x		Bu-Ca-42B	HA-Important Information about HA program	Information regarding the HA Program	Used to inform customers of their rights and responsibility in regards to the CWAHA program	CW 74 Permanent Housing Search Document
		BUGA 401				Need details on this form.
	x	BUGA 407	GA Redetermination	Provides information regarding income, property and employability for RE's	To be able to accurately re-determine GA Eligibility	ABP 898-16 General Relief Annual Agreement
		BUGA 411	Lump Sum Notice	Gives Lump Sum information and rules	Used to explain Lump Sum rules and informs them of requirements	New Rec. GA/GR Other Forms
	x	BUGA 415	Release of information	Release of information for GA	Applicants authorization for release of information for the GA program	ABCDM 228 Applicant's Authorization for Release of Information
	x	BUGA 420	Agreement to Repay	Customers agreement to repay GA Loan	Statement provided to client requesting signature enusuring that they understand that they agree to repay the GA assistance received	New Rec. GA/GR Repayment Agreements/Forms
	x	BUGA 425	3-month Employable Disc NOA	NOA explaining the Disc of Employable GA	Used to notify clients of the Disc and when they might be eligible to the program again.	New Rec. Manual <Program> NOA
	x	BUGA 429	GA Grant	Informing NOA explaining that GA has been granted	Notificaion of GA grant and MAP Amounts. Also provides prorations and amounts paid.	New Rec. Manual <Program> NOA
	x	BUGA 430	Change Grant NOA	Case change notification to customer	Provides client information regarding changes such as increase/Decrease to GA Pgrm includes budget and explains the reasoning behind the	New Rec. Manual <Program> NOA
	x	BUGA 432	GA Repay NOA	Summary of GA paid to client with Month/Year	Provides the client with the amounts of GA that they have to repay and hearing rights	New Rec. Manual <Program> NOA
	x	BUGA 432a Repay page 2	Notice of intended action GA- Employment notice of repayment	Noa that gives explanation of overpayment assessed for GA program	Explains why there is an overpayment and includes summary of prior aid and hearing rights	New Rec. Manual <Program> NOA

x	BUGA 441	Disc for BUA 61 GA Disability	Notice explaining disc of GA due to disability verifications	Informs customer of disc due to disability expiration or if the customer is not disabled	New Rec.	Manual <Program> NOA
x	BUGA 448 GA OP	Notice of Action-Overpayment GA	Noa explaining GA OP	Explains why there is an overpayment and has budget and	New Rec.	Manual <Program> NOA
x	BUGA 455	Sar Disc NOA	GA Disc Noa for no Sar received or incomplete Sar	Explains discontinuance for no sar 7 or incomplete. Explains how to stop action and includes hearing rights.	New Rec.	Manual <Program> NOA
x	BUGA 94	GA Sanction Process	Information regarding the sanction process	Provides requirements for Employable adults and explains why sanctions are implemented.	New Rec.	GA/GR Other Forms
x	BUGA-408	General Assistance Budget Worksheet		Provides budget information. Map and prorations	New Rec.	Program Budgets & Worksheets
x	BUGA434	GA Lump Sum Disc NOA	NOA explaining Disc of GA due to receipt of Lump Sum	Informs customer of disc and lists budget also informs of hearing rights	New Rec.	Manual <Program> NOA
	Burial Plot Info/Verification	Burial Plot Info/Verification	Property/Liens		Verification	
	Burial Trust Information	Burial Trust Information	Property/Liens		Verification	
	Business Card	Business Card	WTW Job Readiness		Is this imaged?	
	Business Card-proof of job	Business Card-proof of job search	WTW Participation		Verification	
	Business Lic/StartUp Pkt	Business Lic/StartUp Pkt	WTW Employment		New Rec.	WTW Agreements, Assessments, etc.
	Business Start Up Paperwork	Business Start Up Paperwork Packet	WTW Employment		New Rec.	WTW Agreements, Assessments, etc.
x	C-015	GA Transfer Checklist	C-015 GA Transfer Checklist	GA- San Mateo required form. No match found from CalSAWS.	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	C-042	CAPI Screening Sheet	C-042 CAPI Screening Sheet	CAPI- San Mateo required form. No match found from CalSAWS.	New Rec.	Application, Intake, or Screening Tools
x	C-063	GA Budget	C-063 GA Budget	GA- San Mateo required form. No match found from CalSAWS.	New Rec.	Program Budgets & Worksheets
x	C-089	Foster Care Narrative for Intake/Renewal	C-089 Foster Care Narrative for Intake/Renewal	FC- San Mateo required form. No match found from CalSAWS.	DCS 151	Application for County Public Assistance Children Ineligible for
x	C-134	CAPI General Information Notice	C-134 (Eng) CAPI General Information Notice	CAPI- San Mateo required form. No match found from CalSAWS.	Is this imaged? New Rec.	CAPI Application and Other Forms
x	C-188	Foster Care Notification to Accounting	C-188 Foster Care Notification to Accounting	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	FC Forms
x	C-197	Foster Care Quality Control Review Sheet	C-197 Foster Care Quality Control Review Sheet	FC- San Mateo required form. No match found from CalSAWS.	Other county drawer - QC/QC	
x	C-204	Education or Training and Attendance Progress Report	C-204 Education or Training and Attendance Progress Report	WTW- San Mateo required form. No match found from CalSAWS.	GN 6070 New Rec.	Progress Report - Education/Post-EMPL/WEX and Community Services Tracked WTW Activities, Hours, Exemptions
x	C-243	Preliminary Action Plan Work First	C-243 Preliminary Action Plan Work First	WTW - San Mateo County required form. No match found from	New Rec.	WTW Agreements, Assessments, etc.
x	C-265	CalWORKs Transfer Checklist	C-265 CalWORKs Transfer Checklist	CW- San Mateo required form. No match found from CalSAWS.	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	C-267	Foster Care/VACS Referral Form	C-267 Foster Care/VACS Referral Form	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	Non-Fraud Referral or Request
x	C-271	Homeless Assistance Budget Worksheet	C-271 Homeless Assistance Budget Worksheet	CW- San Mateo required form. No match found from CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x	C-289	Medi-Cal Case Transfer Checklist	C-289 Medi-Cal Case Transfer Checklist	MC- San Mateo required form. No match found from CalSAWS.	New Rec.	Customer Use Checklists

x	C-312	Notice of Returned Warrant	C-312 Notice of Returned Warrant	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	FC Forms
x	C-324	Notice Regarding Method of GA Payment	C-324 (Eng) Notice Regarding Method of GA Payment	GA- San Mateo required form. No match found from CalSAWS.	New Rec.	Manual <Program> NOA
	x C-342	Grant Information Letter	C-342 Grant Information Letter	Multiple - San Mateo required form. No match found from CalSAWS.	New Rec.	Manual <Program> NOA
	x C-380F	EBT Instructions to Fiscal	Instructions for Fiscal regarding EBT	Used to provide direction to reduce EBT benefits towards on OP/OI	CSF XXX	Agreement to Reimburse
x	C-383	Fed. Medicaid Elig/Inelig (FC)	C-383 Fed. Medicaid Elig/Inelig (FC)	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	FC Forms
	x C-415	Client Repayment Authorization Form	Allows client to direct repayment of OP/OI using their EBT benefits	Used by customer to direct agency to reduce their EBT benefits towards repayment of their OP/OI.	New Rec. PA 1820	Agreement to Reimburse CalFresh Repayment Agreement Cover Notice
x	C-418	GA Grant Allocation Worksheet	C-418 (Eng) GA Grant Allocation Worksheet	GA- San Mateo required form. No match found from CalSAWS.	New Rec.	Program Budgets & Worksheets
x	C-419	Food Checks Notification	C-419 (Eng) Food Checks Notification	GA- San Mateo required form. No match found from CalSAWS.	New Rec.	GA/GR Other Forms
x	C-421	Savings for Permanent Housing	C-421 (Eng) Savings for Permanent Housing	GA- San Mateo required form. No match found from CalSAWS.	New Rec.	GA/GR Other Forms
x	C-446	SSI Payment and Medi-Cal Termination Request	C-446 SSI Payment and Medi-Cal Termination Request	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	FC Forms
x	C-475	Rights & Responsibilities for Foster Care	C-475 Rights & Responsibilities for Foster Care	FC- San Mateo required form. No match found from CalSAWS.	PUB 13	Your Rights Under California Welfare Programs
x	C-559	Cal-Learn Inter-Agency Referral	C-559 Cal-Learn Inter-Agency Referral	WTW- San Mateo required form. No match found from CalSAWS.	CSF XXX CSF XXX	Referral to Activity Service Referral to Activity
x	C-567	VRS Work Center Referral Agreement	C-567 VRS Work Center Referral Agreement	WTW- San Mateo required form. No match found from CalSAWS.	New Rec. New Rec.	Non-Fraud Referral or Request Vendor Agreements and Forms
x	C-574	SMC Works-WTW Referral	C-574 SMC Works-WTW Referral	WTW- San Mateo required form. No match found from CalSAWS.	New Rec.	WTW Agreements, Assessments, etc.
x	C-587	WtW Sanction Cured Communiqué	C-587 WtW Sanction Cured Communiqué	WTW- San Mateo required form. No match found from CalSAWS.	CSF XXX	Cure Sanction Appointment Letter
x	C-672	CAPI Compliance Communiqué	C-672 CAPI Compliance Communiqué	CAPI- SCo Mateo required form. No match found from CalSAWS.	New Rec.	CAPI Application and Other Forms
x	C-674	TCF TMC Transfer Checklist 1012	C-674 TCF TMC Transfer Checklist 1012	CF- San Mateo required form. No match found from CalSAWS.	New Rec.	Customer Use Checklists
	x C-675	Application Clearance Sheet	C-675 Application Clearance Sheet	Multiple - San Mateo required form. No match found from CalSAWS.	New Rec.	Application, Intake, or Screening Tools
x	C-701	Court Orders Tracking Sheet	C-701 Court Orders Tracking Sheet	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	FC Forms
x	C-703	SMC Works Participant Profile	C-703 SMC Works Participant Profile	WTW- San Mateo required form. No match found from CalSAWS.	New Rec.	WTW Agreements, Assessments, etc.
x	C-709	Foster Care Rates	C-709 Foster Care Rates	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	FC Forms
x	C-712	WrapAround Status Form	C-712 WrapAround Status Form	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	FC Forms
x	C-713	CalWIN Application Log Sheet for Foster Care	C-713 CalWIN Application Log Sheet for Foster Care	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	FC Forms
x	C-714	CAPI Letter to Sponsors	C-714 (Eng) CAPI Letter to Sponsors	CAPI- San Mateo required form. No match found from CalSAWS.	New Rec. New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet CAPI Application and Other Forms
x	C-730	Rep Payee Notification	C-730 Rep Payee Notification	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	FC Forms
x	C-731	Every Woman Counts	C-731 (Eng) Every Woman Counts	MC- San Mateo required form. No match found from CalSAWS.	Is this imaged? Sounds like flyer give to customer only.	
x	C-737	E-mail and Text Messaging Service Consent	C-737 (Eng) E-mail and Text Messaging Service Consent	CF- San Mateo required form. No match found from CalSAWS.	NA 1273	Electronic Notification Agreement and Courtesy Confirmation Receipt

x	C-740	OCAT Appraisal Appointment Letter	C-740 (Eng) OCAT Appraisal Appointment Letter	WTW- San Mateo required form. No match found from CalSAWS.	GN 6053-1	GAIN Appraisal Appointment Notice
x	C-741	Foster Care Budget Worksheet	C-741 Foster Care Budget Worksheet	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	Program Budgets & Worksheets
x	C-741a	C-741a Foster Care Overpayment Budget Worksheet	C-741a Foster Care Overpayment Budget Worksheet	FC- San Mateo required form. No match found from CalSAWS.	New Rec.	Program Budgets & Worksheets
x	C-742	Conlan Reimbursement Flyer	C-742 Conlan Reimbursement Flyer	MC- San Mateo required form. No match found from CalSAWS.	Is this imaged? Sounds like flyer give to customer only.	
x	C-748	Post-Aid Services Referral	C-748 Post-Aid Services Referral	WTW- San Mateo required form. No match found from CalSAWS.	New Rec.	Non-Fraud Referral or Request
x	C-749	CalWORKs Housing Support Program Participation Agreement	C-749 CalWORKs Housing Support Program Participation Agreement	WTW- San Mateo required form. No match found from CalSAWS.	CW 42	Statement of Facts - Homeless Assistance
x	C-750	CHSP Referral	C-750 CHSP Referral	WTW- San Mateo required form. No match found from CalSAWS.	New Rec.	Non-Fraud Referral or Request
x	C-755	CAPI What Now Flyer	C-755 CAPI What Now Flyer	CAPI- San Mateo required form. No match found from CalSAWS.	Is this imaged? Sounds like flyer give to customer only.	
x	C-756	CalFresh Expedited Services Information	C-756 (Eng) CalFresh Expedited Services Information	CF- San Mateo required form. No match found from CalSAWS.	Is this imaged? Sounds like flyer give to customer only.	
x	C-761	BACC Transmittal	C-761 Bay Area CAPI Consortium 56C Transmittal	CAPI- San Mateo required form. No match found from CalSAWS.	What information is in this? What is this recording? Is this imaged?	
x	C-768	CFET Client Status	C-768 CFET Client Status	CF- San Mateo required form. No match found from CalSAWS.	New Rec.	CFET Forms/Agreements
x	C-769	CFET Referral	C-769 CFET Referral	CF- San Mateo required form. No match found from CalSAWS.	New Rec.	CFET Forms/Agreements
x	C-774	15 Percent Informing Notice	C-774 15 Percent Informing Notice	CF- San Mateo required form. No match found from CalSAWS.	What info is on this?	
x	CAAP 1	CAAP Monthly Earned Income and Asset Report	CAAP Monthly Earned Income and Asset Report	No available index listed in CalSAWS	PA 167	Monthly Earnings Report
x	CALHEERS	CALHEERS Application	Applications/SOF/ICT		MAGI MC Packet	MAGI MC Packet
x	CALHEERS Transmittal	CALHEERS Transmittal Cover Sheet	Correspondence		New Rec.	Fax/Coversheets
	CalJOBS Verification/Pri	CalJOBS Verification/Printout	Disability/Work Reg		Verification	
	CalJOBS Work Reg	CalJOBS Work Reg Verif/Printout	Disability/Work Reg		Verification	
x	Cal-Learn Notices of	Cal-Learn Notices of Action ALL	WTW Cal Learn		New Rec.	CalLearn Agreements and Forms
x	CalLearn Participation	CalLearn Participation Cert	WTW Cal Learn		New Rec.	CalLearn Agreements and Forms
	CalWIN 1-San Francisco	Generic GA/GR Approval - San Francisco	Generic GA/GR Approval - San Francisco	There is no index for GA	New Rec.	Manual <Program> NOA
	CalWIN 2-San Francisco	Generic GA/GR Change - San Francisco	Generic GA/GR Change - San Francisco	No available index listed in CalSAWS	New Rec.	Manual <Program> NOA
	CalWIN 3-San Francisco	Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc	Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc	There is no index for GA	New Rec.	Manual <Program> NOA
	CalWIN 4-San Francisco	Generic GA/GR Disc for Verification Checklist (VCL) Items - San Francisco	Generic GA/GR Disc for Verification Checklist (VCL) Items - San Francisco	There is no index for GA	New Rec.	Manual <Program> NOA
x	CalWORKs/TM C to MediCal Checklist	CalWORKs/TMC to MediCal Checklist	Correspondence		New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	CAPI 1026 34F Car Insurance	CAPI APPLICATION COVER SHEET Car Insurance Bill	CONTAINS CLIENT CAPI INFORMATION Property/Liens	MAILED TO SACRAMENTO WE KEEP A COPY IN OUR FILES		CAPI Application and Other Forms
					Verification	

		Car Insurance Identification	Car Insurance Identification Card	Property/Liens		Verification	
		CASAS	CASAS	WTW Job Readiness		What information is in this? Is this imaged?	
		CCAH Aid Codes	CCAH Aid Codes	CCAH Aid Codes		What information is in this? Is this imaged?	
	x	CCP 1	Declaration Of Exemption From Trustline	Declaration of Exempt from Trustline	State Form	New Rec.	Tracked WTW Activities, Hours, Exemptions
		CCP 1	Declaration-Exempt from Trustline	WTW Supportive Services		New Rec.	Vendor Agreements and Forms
	x	CCP 4	Health & Safety Self-Certification	Health & Safety Self-Certification	State Form	New Rec.	Vendor Agreements and Forms
		CCP 4	Health and Safety Self Cert	WTW Supportive Services		New Rec.	Vendor Agreements and Forms
		CCP 6	Health & Safety Facility Checklist	Health & Safety Facility Checklist	State Form	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
				The CCP7-LA, Child Care General Information and Request Form, is used by CalWORKs Eligibility/GAIN/Contracted Case Managers (CCMs) to inform applicants/participants about: the availability of 12 months of continuous S1CC services; their child care rights; how to request child care; contact information for contracted Resource & Referral/Alternative Payment Program (R&R/APP) agencies; Stage 1 retroactive child care reimbursement policy; and TrustLine registration requirements.	Possible Map: CCP 7 - CalWORKs Stage One Child Care Request Form and Payment Rules	CCP 7	CalWORKs Stage One Child Care Request Form and Payment Rules
x	x	CCP 7 - LA	Child Care General Information and Request Form				
x	x	CCP 8	CalWORKs Stage One Child Care Authorization Form	CC Stage 1 Authorization	State Form	Added with SCR 209488	
x		CCP 8 State Form	CALWORKS STAGE ONE CHILD CARE AUTHORIZATION FORMS	Authorization to receive paid child care for child care provider selected	Authorization to pay selected child care provider. This Form not Found on Forms List	Added with SCR 209489	
	x	CCP24-LA	Stage 1 Child Care Information Transmittal		No possible map found in listing	CSF XXX	Child Care Stages Information Letter
		CD 9600	Confidential Application for Child Development	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic		
	x	CDC 181	Child Care Certificates – RCOE	RCOE's form	DPSS may receive this from a former or current RCOE customer	New Rec.	Child Care Referrals and Forms
	x	CDC 183 Eng & SP	License - Exempt Provider Checklist and Unlicensed Provider Questionnaire	Checklist for required forms and identification	Assists with obtaining required child care provider information to establish eligibility for reimbursement - no comparable	New Rec.	Customer Use Checklists
	x	CDC 184 Eng & SP	License / Trust line-Exempt Provider Checklist and Unlicensed Provider Questionnaire	Checklist for required forms and identification	Assists with obtaining required child care provider information to establish eligibility for reimbursement - no comparable	New Rec.	Child Care Referrals and Forms
	x	CDC 9607 E/S	Emergency and Identification Information (E/S)	List authorized persons to take child(ren) from a facility, or who to contact in an emergency	Used to grant permission for child care agency to take child to a hospital in care of an emergency or accident. - no comparable form	New Rec.	Child Care Referrals and Forms



	CDS 525- CalWIN (04/03)	Rescind - All Programs	Rescind - All Programs	There is no index for GA		
x	CEF C01	DDSD Medical Appointment Letter	Disability/Work Reg		New Rec.	DDSD Forms
	Cert of Completion -	Cert of Completion - Various	WTW Participation		Verification	
	Cert of Completion -	Cert of Completion -Job Readiness	WTW Job Readiness		Verification	
x	CF 215	CalFresh Notification Of Inter- County Transfer	ICT	notification of CF ICT- exisiting CAISAWS document does not meet	CF 215	CalFresh Notification of Inter-County Transfer
x	CF 37	Recertification for CalFresh		Gather information for CF Recert.	CF 37	Recertification for CalFresh benefits
				CFS 37 Stan County form AFCSD Asst. Director Memo requesting to use general funds (outside regular budget) for Foster Care. Internal	Is this imaged? It sounds like for internal rebudgeting and not necessarily case related. New Rec.	FC Forms
	x	CFS 37	All County Fund Memo (45 Funds) Request	Specialized Rate Determination		
	x	Child Care	Child Care Receipt	Deductions/Shelter Costs	New Rec.	Child Care Referrals and Forms
		Child Support Payment Verif	Child Support Payment Verif	Deductions/Shelter Costs	Verification	
x		x	x	Class Schedules	Class Schedules	School & Immunizations
		x		Class Schedules (if in WtW file)	Class Schedules (if in WtW file)	WTW School/VTR
					Internal form-This form is used for Request for Higher Level Payment for Specialized Foster Care Group Home/Foster Family Agency Staffing. Similar Form not found on Forms List	New Rec.
		x		CMS 12-A	Special Care Increments (SCI) - Big III	Specialized Rate Determination
	x			CMS 2728	MEDICAL EVIDENCE REPORT	REGISTRATION
					NEEDED FORM NOT ON TIER 1 LIST - REQUIRED	CSF XXX
					The form contains case/customer information, tracking information, date, signatures lines for eligibility staff, benefit issuance staff and the customer, identification information and EBT card information.	The form is used by eligibility staff to refer customers to benefit issuance staff for an EBT card print, pin and pickup. There is no relevant form on the list.
				CO-472	EBT Referral Form	EBT 9 TEMP 2202
					The form contains case/customer information, date, type of identification used to verify customer's identity, recovery account information, amount of EBT card debit, signatures line benefit issuance staff and the customer.	The form is used by benefit issuance staff to record and receipt the customer for EBT debit transaction. There is no relevant form on the list.
				CO-473E / CO473Sp	EBT Repayment Form	CSF XXX
					The form requests the warrant payee certify under plenty of perjury that the warrant was forged and requests information about the forged warrant.	The form is required for all forged warrants and must be completed before benefit issuance staff can replace a forged warrant. There is no relevant form on the list.
				CO-48G	Forgery Certificate Form	New Rec.
					The form contains type of action being requested on a warrant, date, case/customer information, warrant information and signatures lines for eligibility staff and benefit issuance staff, and if applicable the customer's signature.	The form is used by eligibility staff to request benefit Issuance staff take a specific action on a warrant. There is no relevant form on the list.
				CO4-E	Hold/Cancel/Release Warrant Form	New Rec.
						Fiscal Forms

			The form requests the warrant payee provide information and details about the forged warrant, and includes signature lines for the customer and a witness.	The form is required for all forged warrants and must be completed before benefit issuance staff can replace a forged warrant. There is no relevant form on the list.	New Rec.	Fiscal Forms
	CO-504 Copy of Adoptions	Forged Warrant Form Copy of Adoptions Paperwork	Vitals		Verification	
x	Corning Family Resource	Corning Family Resource Center Referral Form	Referral to Local Partner Agency	Referral to local partner agency	New Rec.	Non-Fraud Referral or Request
	Correctional Facility ID Ltr	Correctional Facility ID Ltr	Vitals		New Rec.	Jail/Inmate Forms and Notices
	Court Order - Child Custody	Court Order - Child Custody	Vitals		Verification	
	Court Order - Marriage Status	Court Order - Marriage Status	Vitals		Verification	
x	CP 1	CAAP Denial - Failed Initial Intake Appointment	Denial for Failed Intake Appt	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 10	CAAP Denial - Excess Assets in Savings/Checking Account(s)	CAAP Denial - Excess Assets in Savings/Checking Account(s)	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 12	CAAP Denial - Excess Value of Automobile	CAAP Denial - Excess Value of Automobile	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 13	CAAP Denial - Own More than One Automobile	CAAP Denial - Own More than One Automobile	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 14	CAAP Denial - Paid Expenses Exceed Monthly Income/Assets	CAAP Denial - Paid Expenses Exceed Monthly Income/Assets	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 15	CAAP Denial - Student Status Not Acceptable	CAAP Denial - Student Status Not Acceptable	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 16	CAAP Denial - 45-day Job Quit	CAAP Denial - 45-day Job Quit	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 17	CAAP Denial - CalWORKS Eligible/Recipient	CAAP Denial - CalWORKS Eligible/Recipient	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 18	CAAP Denial - CalWORKS Discontinuance due to Drug Felony Conviction	CAAP Denial - CalWORKS Discontinuance due to Drug Felony Conviction	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 20	CAAP Denial - Fleeing Felon	CAAP Denial - Fleeing Felon	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 21	CAAP Denial - SSI Recipient	CAAP Denial - SSI Recipient	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 23	CAAP Denial - Failed Requirements for Other Income	CAAP Denial - Failed Requirements for Other Income	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 27	CAAP Denial - Non-Cooperation to Secure Photo Identification	CAAP Denial - Non-Cooperation to Secure Photo Identification	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 28	CAAP Denial - Failure to Submit CID Receipt	CAAP Denial - Failure to Submit CID Receipt	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 29	CAAP Denial - Failure to Provide DMV ID	CAAP Denial - Failure to Provide DMV ID	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 3	CAAP Denial - Failure to Establish SF Residency/Intent to Reside	Denial for Failure to Establish SF Residency	There is no index for GA	New Rec.	Manual <Program> NOA

x	CP 30	CAAP Denial - Failed Social Security Card Process	CAAP Denial - Failed Social Security Card Process	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 32	CAAP Denial - Failed Final Intake Appointment	CAAP Denial - Failed Final Intake Appointment	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 33	CAAP Denial - Failure to Report Necessary Information	CAAP Denial - Failure to Report Necessary Information	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 36	CAAP Denial - Institutionalized	CAAP Denial - Institutionalized	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 37	CAAP Denial - Not Eligible for ABD Medi-Cal	CAAP Denial - Not Eligible for ABD Medi-Cal	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 4	CAAP Denial - Failed 15-day Residency Requirement	Failed 15-day Residency Requirement	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 6	CAAP Denial - Failed Residency due to Probation/Parole	CAAP Denial - Failed Residency due to Probation/Parole Restriction	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 7	CAAP Denial - Failed Residence/Immigration Requirements	CAAP Denial - Failed Residence/Immigration Requirements	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 8	CAAP Denial - On Aid in Another County/State	CAAP Denial - On Aid in Another County/State	There is no index for GA	New Rec.	Manual <Program> NOA
x	CP 9	CAAP Denial - Excess Cash Assets	CAAP Denial - Excess Cash Assets	There is no index for GA	New Rec.	Manual <Program> NOA
	x CS 909	Declaration of Paternity		No possible map found in listing	CSF XXX	Statement of Relationship
	x CSA 1	Multi-Agency Consent to Release and Exchange Information	Inter County - Dept. Sharing of Information	Inter County Use. This is not an ABDCM 228	New Rec.	Other Contact Authorization Forms
	x CSA 2	Multi-Agency Consent to Release and Exchange Information Revocatoin Form	Inter County - Dept. Sharing of Information	Revoke Consent for Inter County Use of Multi Agency Release and Exchange of Information	New Rec.	Other Contact Authorization Forms
	CSC 108	MC ANNUAL REDETERMINATION DUE	INFORMING LETTER	NEEDED FORM NOT ON TIER 1 LIST - REQUIRED	CSF XXX	MC Reminder Notice
	CSC 27	Suspected Misuse of CW	Correspondence		SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	CSC 29 (11/04)	GA/GR SSI/SSP Referral and Follow Up	Referral Follow Up for SSI/SSP	There is no index for GA	PA 1049-1	General Relief Referral for SSI/SSP Application
	CSC 31	Employment Verif When Job Ends	Income		CSF XXX	Employment Verification When Job
x	CSC 91 EN	Insurance Affordability Programs Request for Additional	Insurance Affordability Programs Request for Additional Information			
x	CSD 1511	Request for CWS/CMS Data Correction	Request to change information in CWS/CMS	Used by the ET to request Services update/correct information in CWS/CMS. No comparable form.	New Rec.	FC Forms
x	CSD 1520	Notification to Local Child Support Agency (LCSA)	Correspondence between foster care and child support	Foster care uses the form to update child support on parents referred. No comparable form.	New Rec.	FC Forms
x	CSD 1827 LG	Non-Related Legal Guardian Rights and Reporting Responsibilities	Notifies NRLG of rights and responsibilities	NRLG signs and returns a copy to acknowledge they received information. No comparable form.	New Rec.	FC Forms
x	CSD 2323 FC	Request for Issuance Adjustment or Claim	Fiscal reclaim for aid code/pay code/payee	Requests to reclaim payments made to incorrect program/aid code/payee. No comparable form.	New Rec.	FC Forms
x	CSD 2323EA	Foster Care Emergency Assistance Request for Posting Correction/Abatement/Deletion	Reclaim information for Emergency Assistance funding	Reclaim EA funding issued, abatement, or delete in ACE system. No comparable form.	New Rec.	FC Forms
x	CSD 2570	DMV Access Imformation Form	Request DMV information	ET uses to request DMV information for POEM determination. No comparable form.	New Rec.	DMV/ID Referrals and Verification Requests
x	CSD 2575	Preponderance of Evidence Model- Federal Linkage Worksheet	POEM funding determination information	Used to document POEM information for federal AFDC-FC determination. No comparabe form.	New Rec.	Program Budgets & Worksheets

x	CSD 2590	Federal Linkage	Information on the foster child's home of removal	Used to gather information on the child's home of removal for funding determination. No comparable form.	New Rec.	FC Forms
x	CSD 2752	Additional Clothing Allowance	Authorization to issue clothing allowance	Approval form to authorize clothing allowance for non-eligible facility, or child. No comparable form.	New Rec.	FC Forms
x	CSD 2953	Emergency Disenrollment for Foster Care Children	Correspondence to Health Care Options	Used to disenroll a child from insurance which blocks the foster child's Medi-Cal benefits. No comparable form.	New Rec.	FC Forms
x	CSD 3040	Notice of Incorrectly Issued Warrant to incorrect payee	Request to return warrant	Request to return warrant that was incorrectly issued to someone who did not provide care. No comparable form.	New Rec.	FC Forms
x	CSD 3397	SW Request for Managed Care Enrollment/Disenrollment	Request to change Medi-Cal benefits	Used to enroll or disenroll child from managed care Medi-Cal per social worker request. No comparable form.	New Rec.	FC Forms
x	CSD 3495	Foster Care/PMU Request Form and Information to Placement Management Unit	Correspondence between foster care and PMU	Used to request Foster Care and Medi-Cal applications from PMU. No comparable form.	New Rec.	FC Forms
x	CSD 3557	RFA Closing Summary	Correspondence from RFA unit	RFA uses to identify children placed with particular caregiver and whether tribal home. No comparable form.	New Rec.	FC Forms
x	CSD 3598	C-IV Case Number Request to Foster Care	Request case number at application	Used to completed file clearance and request case number at application. No comparable form.	New Rec.	Application, Intake, or Screening Tools
x	CSD 3634	Notification to IEHP of Placement Change or Termination of Foster Care	Correspondence between DPSS and IEHP	Used to notify IEHP Open Access of changes to child in foster care placement. No comparable form.	New Rec.	FC Forms
x	CSD 3712	Information Regarding Social Security Benefits for Children Placed in Foster Care	Internal correspondence form.	Used to correspond with Foster Care liaison when child has SSA income. No comparable form.	Is this something that is actually imaged?	
x	CSD 3966	ACF Rate Patch Approval and Termination	Authorization to issue rate patch	Approval form to authorize rate patch for Foster Care above basic rate. No comparable form.	New Rec.	FC Forms
x	CSD 3969	Rate Agreement Letter	Provides Administrative approval to continue rate patch	Approval form to authorize rate patch for Foster Care above basic rate. No comparable form.	New Rec.	FC Forms
x	CSD 400	LOC Rate Determination	Level of Care authorization	Authorizes level of care and ISFC rate from Services to Foster Care. No comparable form.	New Rec.	FC Forms
x	CSD 4077	Social Worker Request for Vital Statistic Documents	Correspondence between Social worker and ET	Social worker uses to request a birth certificate or social security card from the ET. No comparable form.	New Rec.	FC Forms
x	CSD 4253	Kin-GAP Pre-Referral Checklist	Checklist prior to Kin-GAP referral	Used by Kin-GAP staff to review with social worker prior to Kin-GAP referral. No comparable form.	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	CSD 4306	Foster Care Provider Monthly Report	Providers report children in their care	Used by STRTPs, GHs, and FFAs to report children in their care monthly. No comparable form.	New Rec.	FC Forms
x	CSD 4458	Deemed Income for AFDC-FC Programs	Budget to calculate deemed income	ET uses to calculate deemed income from undoc parent or step-parent. No comparable form.	New Rec.	Program Budgets & Worksheets
x	CSD 4579	Notification of Child Support Referral	Sent to parents to notify of child support referral	Sent by ET when referral completed to child support. Parent can dispute by returning form. No comparable form.	DCFS 5125	Notice of Referral to the Los Angeles County Child Support Services Department
x	CSD 4635	Authorization for Temporary Bed Hold	Used to authorize Bed Hold	Authorize holding a bed in a foster care placement when the youth is absent. No comparable form.	New Rec.	FC Forms

x	CSD 477	Foster Care Non-Basic Rate Authorization	Authorize rates other than basic foster care	Used by the social worker to authorize ISP, ETR, RC rates. No	New Rec.	FC Forms
x	CSD 477 A	Specialized Care Increment Authorization	SCI authorization form for Foster Care children	Notification to Foster Care of SCI approval and amount. No	New Rec.	FC Forms
x	CSD 477 K	Specialized Care Increment Authorization Kin-GAP	SCI authorization form for Kin-GAP children	Notification to Kin-GAP of SCI approval and amount. No	New Rec.	KG Forms
x	CSD 640S	Identification Form (Services and Foster Care)	Provided with foster care application	Provides information on foster care child and parents at application.	New Rec.	FC Forms
	CSF 10	Add Person Appointment Letter	Correspondence		CSF XXX	Appointment Letter
	CSF 1033	EITC Assistance Flyer	Correspondence		Is this imaged?	
	CSF 1099	EITC Assistance Flyer	Correspondence		Is this imaged?	
	CSF 12	SSN Discrepancy Letter	Vitals		Is this a letter to the customer? Or to the SSA? MC 194	Social Security Administration Referral Notice
x	CSF 13	Applicants Auth - Release of Info	Correspondence		How is this different from the other release of informations? CF QC Notice 4 ABDCM 228	Authorization To Release Information Applicant's Authorization for Release of Information
x	CSF 14	ROI - Authorized Representation	Applications/SOF/ICT		How is this different from the other release of informations? CF QC Notice 4 ABDCM 228	Authorization To Release Information Applicant's Authorization for Release of Information
x	CSF 15	Auth- Release of Conf Info	Correspondence		How is this different from the other release of informations? CF QC Notice 4 ABDCM 228	Authorization To Release Information Applicant's Authorization for Release of Information
x	CSF 17	Auth for ROI-Financial	Property/Liens		How is this different from the other release of informations? CF QC Notice 4 ABDCM 228	Authorization To Release Information Applicant's Authorization for Release of Information
x	CSF 18	Caretaker Relative Statement	Applications/SOF/ICT		CW 2219	Application For CalWORKs (Non-Needy Caretaker Relative With Relative Foster Child)
x	CSF 19	Dependent Care Receipt	Deductions/Shelter Costs		Verification	
x	CSF 2	Affidavit Deductions/Shelter Cost	Deductions/Shelter Costs		CSF XXX	Sworn Statement
x	CSF 2	Affidavit School & Immunizations	School & Immunizations		CSF XXX	Sworn Statement
x	CSF 2	Affidavit-Property/Liens	Property/Liens		CSF XXX	Sworn Statement
x	CSF 2	General Affidavit Homeless	Homeless		CSF XXX	Sworn Statement
x	CSF 2 A	Affidavit Prop/Liens-cont	Property/Liens		CSF XXX	Sworn Statement
x	CSF 2 A	con	School & Immunizations		CSF XXX	Sworn Statement
x	CSF 2 A	Affidavit-cont Deduction/Shelter	Deductions/Shelter Costs		CSF XXX	Sworn Statement
x	CSF 2 A	Gen Affidavit (cont) Homeless	Homeless		CSF XXX	Sworn Statement
x	CSF 215	Outgoing Intercounty transfer	Correspondence		CF 215	CalFresh Notification of Inter-County Transfer
x	CSF 2186A	CW-WTW Time Limit Exemption	WTW Exemptions		CW 2186A	CalWORKs Exemption Request Form
						Statement of Citizenship, Alienage, and Immigration Status Affidavit To Document: U.S Citizenship, Identity And Birth
x	CSF 3	Birth/Citizenship Stmt	Vitals		MC 13 PA 853-1	
x	CSF 30 AA	Withdrawal of Application	Applications/SOF/ICT		CW 89 LA	Application Withdrawal Request
	CSF 31 (04/16)	Request for Discontinuance/Withdrawal/Waiver	Request for Discontinuance/Withdrawal/Waiver	There is no index for GA	CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
	CSF 31 (04/16)	Withdrawal of CAAP Application	Withdrawal of CAAP Application	There is no index for GA	CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver

						Referral to what? Within county? Out of county?	
	x	CSF 39	CalWIN Referral	Correspondence		PA 30	County Referral
x	x	CSF 41	Referral for Employment Services	WTW Referrals		CSF XXX	Employment Services
		CSF 43	GR ADMIN REVIEW SCHEDULING NOTICE	INFORMING CLIENT OF SCHEDULED REVIEW	REQUIRED NOTIFICATION	ABP 4045	GR Noncompliance Review Form
	x	CSF 44	GR ADMIN REVIEW DECISION WITHDRAWAL	CLIENT REQUEST OF WITHDRAWAL	REQUIRED VERIFICATION	CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
	x	CSF 47	Shelter Cost Statement	Deductions/Shelter Costs		CSF XXX	Address Change/ Housing Costs
	x	CSF 48	Bank Verification	Property/Liens		Verifications New Rec.	Property Statement and Verification
	x	CSF 5	Vets Benefits Verif/Referral	Income		CW 5	Veterans Benefits Verification And Referral
		CSF 50	Student Aid/Work Study Req	Income		GN 6006W	Work Study Service Provider Referral Form
		CSF 50	Student Income Verification Request	Release for school to provide enrollment/financial and work study information	Used to verify enrollment status, financial aid and work study to determine eligibility to CalWORKs	New Rec.	Student/College Related Forms
		CSF 54	Certification of ID Letter	Correspondence		PA 321 PA 853-1	Affidavit of Identity Affidavit To Document: U.S Citizenship, Identity And Birth
	x	CSF 6	Appt Ltr for Public Assistance	Correspondence		CSF XXX	Appointment Letter
	x	CSF 61	Authorization to Release Med Info	Disability/Work Reg		CW 61	Authorization to Release Medical Information
		CSF 64	EBT Request for Alt/Auth Rep	Fiscal/Issuance/SFIS		TEMP 2201	EBT - Request for Authorized Representative/Designated Alternate Cardholder
		CSF 65	EBT Exemption Request	Fiscal/Issuance/SFIS		M16-325A	EBT Exemption
		CSF 66	EBT Exemption Request - Cash Aid	Fiscal/Issuance/SFIS		M16-325A	EBT Exemption
		CSF 67	EBT Card/PIN Responsibility Stmt	Fiscal/Issuance/SFIS		PUB 388	California Electronic Benefit Transfer (EBT) Card Publication
	x	CSF 7	Assessment Appointment	WTW Assessments		CSF XXX GN 6053--1	WTW Appointment Letter GAIN Appraisal Appointment Notice
		CSF 71	Approval for Direct Deposit	Fiscal/Issuance/SFIS		CSF XXX	Approved New Direct Deposit
		CSF 72	Denial for Direct Deposit	Fiscal/Issuance/SFIS		PA 1675-3	Direct Deposit Cancellation Form
		CSF 72 (10/02)	Denial for Direct Deposit	Denial for Direct Deposit	No available index listed in CalSAWS	New Rec.	Fiscal Forms
		CSF 73	Change in Direct Deposit	Fiscal/Issuance/SFIS		PA 1675-2	Direct Deposit Overview
		CSF 73 (10/02)	Change in Direct Deposit	Change in Direct Deposit	No available index listed in CalSAWS	New Rec.	Fiscal Forms
		CSF 74	Termination of Direct Deposit	Fiscal/Issuance/SFIS		PA 1675-3	Direct Deposit Cancellation Form
		CSF 74 (10/02)	Termination of Direct Deposit	Termination of Direct Deposit	No available index listed in CalSAWS	PA 1675-3	Direct Deposit Cancellation Form
		CSF 75	Notification of Direct Deposit	Fiscal/Issuance/SFIS		PA 1675-2	Direct Deposit Overview
		CSF 75 (11/09)	Notification of Direct Deposit	Notification of Direct Deposit	No available index listed in CalSAWS	New Rec.	Fiscal Forms
		CSF 82	Agreement to Sell Property	Property/Liens		CW 82	Agreement To Sell
		CSF 86	Agreement-Restricted Acct	Property/Liens		New Rec.	Property Statement and Verification
	x	CSF English	Referral for Assistance to Meet Citizenship/ID Requirements	Referral for Assistance to Meet Citizenship/ID Requirements		New Rec.	Non-Fraud Referral or Request
x		CW 13	Caretaker Relative Agreement	Applications/SOF/ICT		CW 2219	Application For CalWORKs (Non-Needy Caretaker Relative With Relative Foster Child)
x		CW 2.0-1	GETTING TO KNOW YOU	BARRIER REFERRAL DOMESTIC VIOLENCE/MENTAL HEALTH	NEEDED REFERRAL	New Rec.	CW 2.0 Forms
x		CW 2.0-2	MY GOAL-PLAN-DO-REVIEW	WTW ACTIVITY GOALS WORKSHEET	NEEDED WORKSHEET	New Rec.	CW 2.0 Forms
x		CW 2.0-3	MY ROAD MAP/SPEED BUMPS & CHANGING GEARS	WTW PROBLEM SOLVING WORKSHEET	NEEDED WORKSHEET	New Rec.	CW 2.0 Forms

				Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested		
	x	CW 2200 GA	Request For Verification	Verification request	CW 2200	Request For Verification
x		CW 2223	DEMOGRAPHIC QUESTIONNAIRE	CW REFUGEE ASSISTANCE INFORMATION	NEEDED STATE FORM NOT ON TIER 1 LIST USED IN ELIGIBILITY	SCR CA-205612 to implement form
x		CW 2223	Demographic Questionnaire for CalWORKs	Vitals		SCR CA-205612 to implement form
x		CW 2224	Home Visit Opt-In	WTW Supportive Services		SCR CA-208265 to implement form
x		CW 23	Supplemental SOF - Senior parent	Applications/SOF/ICT	SAR 23	Senior Parent Statement of Facts
x		CW 29	Intake Financial Test	Income Reports/Budgets	New Rec.	Program Budgets & Worksheets
x		CW 30	CW budget worksheet	Income Reports/Budgets	New Rec.	Program Budgets & Worksheets
x		CW 371	Referral to Local Child Support Agency (LCSA)	Transmittal	Unsure of what mapping would be appropriate, form attached	DCFS 5125
					Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	Authorization to Release Medical Information
	x	CW 61	Authorization to Release Medical Information	Verification request	CW 61	Authorization to Release Medical Information
x		CW 61	Coversheet	Provider Instructions for CW 61	Disability/Work Reg	Authorization to Release Medical Information
	x	CW 7	Monthly Eligibility Report	Income Reports/Budgets	New Rec.	GA/GR Monthly Reports
	x	CW 7	Monthly Eligibility Report	Monthly report for Employable GR recipients	No CalSAWS document	New Rec.
					Customer Reporting Form is used to determine continuing General Assistance Benefits. This Form is not listed on the Forms List	GA/GR Monthly Reports
	x	CW 7	Monthly Eligibility Report For Cash Aid and Food Stamps	Monthly Customer reporting	New Rec.	GA/GR Monthly Reports
x		CW 72	Sponsor Income Report	Income Reports/Budgets	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
x		CW DV Rule	Waiver Request	WTW Exemptions	CW 2199	CalWORKs/WELFARE-TO-WORK DOMESTIC VIOLENCE WAIVER
x	x	CW2223E	Demographic Questionnaire for Calworks, RCA, ECA, TCVAP and Calfresh Programs	Demographic Questionnaire for Calworks, RCA, ECA, TCVAP and Calfresh Programs		SCR CA-205612 to implement form
	x	CW60	Bank Verification	Property/Liens	CW 60	Release of Information - Financial Institution
	x	CWS 12	Request for Higher Level of Payment	Specialized Rate Determination	Justification of higher payment for Foster Care Family or Group Home. Similar Form not found on Forms List.	New Rec.
		CWS030	Request One Laptop per youth age 14-21 in foster care, computer, application	Request One Laptop per youth age 14-21 in foster care, computer, application		New Rec.
x		DA 1B	DV Abuse Waiver Determin	WTW Exemptions	CW 2198LA	CW 2198 Approve: Domestic Waiver
	x	DC21ES	Request for Verification From Providers	Request for Verification From Providers	New Rec.	Vendor Agreements and Forms
	x	DC29ES	Exempt Provider Rates	Exempt Provider Rates	New Rec.	Vendor Agreements and Forms
	x	DC8E	Child Care Payment Policy	Child Care Payment Policy	New Rec.	Child Care Referrals and Forms
x		DCFS 5230	Family Reunification	Gram used to communicate between the collocated Linkages GSW to notify Eligibility and GAIN staff of the FR status. The gram is also completed by the DCFS CSW.	No possible map found in listing	New Rec.
						Customer/Worker Contact

	x	DCSS 0265	Monthly Billing Statement	Deductions/Shelter Costs		Verification	
	x	DCSS 0275	Monthly Billing Stmt - by Case #	Deductions/Shelter Costs		Verification	
	x	DDS Waiver	DDS Waiver Referral	Applications/SOF/ICT		New Rec.	DDSD Forms
	x	DDS Waiver	DDS Waiver Renewal	Disability/Work Reg		New Rec.	DDSD Forms
	x	DDSD Referrals/Disability Evals	DDSD Referrals/Disability Evals	Disability/Work Reg		New Rec.	DDSD Forms
	x	DDSD Sponsor Deeming	DDSD Sponsor Deeming Referrals	Disability/Work Reg		New Rec.	DDSD Forms
	x	DDS-HCBS Waiver	DDS-HCBS Waiver Renewal	Correspondence		New Rec.	DDSD Forms
	x	DE 1101 CLMT	Notice of UIB Claim Filed	Income		Verification	
	x	DE 1180PH	UIB Claim Status/Pmt History	Income		Verification	
	x	DE 429	Notice of UIB Award	Income		Verification	
	x	DE 4581	Continued Claim Form - UIB	Income		Verification	
	x	EXT	NOA of Exhausted UIB Benefits	Income		Verification	
	x	DE 8406	Appt - Job Search Asst EDD	Disability/Work Reg		Verification	
	x	DE 8720	EDD Request for Claim and Wage Info	WFP&I View and Use only	No possible map found in listing	WFP&I 345-1	Request for Certified Photocopies of UIB/DIB Checks
	x	Certificate	Death Certificate	Vitals		Verification	
	x	Death Certificate(Absent Parent)	Death Certificate(Absent Parent)	Absent Parent		Verification	
		Decree of	Decree of Divorce	Vitals		Verification	
		DHCS 0005	Receipt for Documents	Vitals		CSF XXX	Address Change/ Housing Costs
	x	DHCS 0009	Affidavit of Identity	Vitals		PA 321	Affidavit of Identity
	x	DHCS 0009 - English	Affidavit of Identity for U.S. Citizen or National Children Under 18	Affidavit of Identity for U.S. Citizen or National Children Under 18		PA 321 PA 853-1	Affidavit To Document: U.S Citizenship, Identity And Birth
		DHCS 0011	Proof of Acceptable Docs	Vitals		New Rec.	Other State Forms
	x	DHCS 0011 - English	Proof of Acceptable Citizenship or Identity Documents	Proof of Acceptable Citizenship or Identity Documents		New Rec.	Other State Forms
	x	DHCS 6166	State Medicare Buy-In Problem Report	Other Medical	Unsure of what mapping would be appropriate, form attached	New Rec.	Other State Forms
		DHCS 7019	Pickle Worksheet	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
		DHCS 7020	Screen Work Sheet [Pickle]	Applications/SOF/ICT		New Rec.	Application, Intake, or Screening
	x	DHCS 7020	SCREENING WORKSHEET	SCREENING WORKSHEET	SCREEN ABD PERSONS FOR POTENTIAL PICKLE ELIGIBILITY	New Rec.	Application, Intake, or Screening Tools
		DHCS 7029	Disregard Computation	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
		DHCS 7045	Worker Observations - Disability	Disability/Work Reg		New Rec.	Other State Forms
	x	DHCS 7112	DHCS 7112 Denial for Trafficking and Crime Victims Assistance Program.docx	TCVAP denial NOA	denial NOA for participant - no equivalent	New Rec.	Manual <Program> NOA
	x	DHCS 7113	DHCS 7113 Approval for Trafficking and Crime Victims Assistance Program.docx	TCVAP approval NOA	approval NOA for applicant - no equivalent	New Rec.	Manual <Program> NOA
	x	DHCS 7114	DHCS 7114 Discontinuance for Trafficking and Crime Victims Assistance Program.docx	TCVAP disc. NOA	Disc. NOA for participant	New Rec.	Manual <Program> NOA
	x	DHCS 9094	Providers Referred to DHCS for Mandatory Provider Suspension	Mandated State form	Required form sent to the State for IHSS provider fraud investigation	New Rec.	Other State Forms
	x	Disability Income Verif	Disability Income Verif	Income		Verification	
		Divorce	Divorce Certificates	Vitals		Verification	
	x	DL 937	Reduced Fee Identification Card Eligibility Verification	Used to request reduced fee for California Identification Card.	No possible map found in listing	New Rec.	DMV/ID Referrals and Verification Requests



		DL 937	Verification for Reduced Fee ID	DMV reduced fee ID voucher	Created by DMV-Not on list	New Rec.	DMV/ID Referrals and Verification Requests
	x	DL 937	Verification for Reduced Fee Identification Card	Verification for Reduced Fee Identification Card		New Rec.	DMV/ID Referrals and Verification Requests
		DL 993	Verification for Free ID card	DMV Free ID card voucher	Created by DMV-Not on list	New Rec.	DMV/ID Referrals and Verification Requests
	x	DMV Record	DMV Record	WTW Trans & Mileage		Verification	
	x	Doctors Note - Ability to Work	Doctors Note - Ability to Work	Disability/Work Reg		Verification	
	x	document	Court Petition	Petition filed to remove child from home	Reviewed for date child removed from their home and person residing with at removal. No comparable	New Rec.	FC Forms
	x	document	Minute order-Detention Hearing	Court minute order when children are detained from parent	Reviewed for required court findings to help determine foster care funding source. No comparable document.	Court/Hearings Document	Fair Hearing Forms
	x	document	Minute order-Review Hearing	Court minute order required every six months	Reviewed for required court findings to maintain federal funding. No comparable document.	Court/Hearings Document	Fair Hearing Forms
	x	x	DPA 435	State hearing Request Form	SIU - Documentation of State Hearing requests	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
			DPS 524	Disqualified Recipient Report	Fraud/Felons	New Rec.	Jail/Inmate Forms and Notices
		x	DPSS 1203 A	Fraud Prevention Confirmation Letter	Appt Ltr	SIU to customer appt ltr	SIU (Fraud) Evidence, Contact Records, Requests
		x	DPSS 1203 C	Fraud Prevention Confirmation Letter	Reschedule Appt Ltr	SIU to customer appt ltr	SIU (Fraud) Evidence, Contact Records, Requests
	x	x	DPSS 169	Evidence Review Summary	Verifies staff viewed original document Transfer of CLETS information	Verifies information appears on original documentary used by SIU and mainted in customer case file	SIU (Fraud) Evidence, Contact Records, Requests
		x	DPSS 1703	Change of Address Request - Revenue and Recovery	request address details	DPSS to local Post Master	PA 4024 CSF XXX
	x		DPSS 1727	DPSS Stop Notice	Correspondence from Probation to Foster Care	Request to terminate AFDC-FC from Probation. No comparable form	New Rec.
		x	DPSS 1764	Customer Contact Communication Record (RVSD)	Fill-in the blank questionnaire about language services	Staff must use to record and image to customer case file	New Rec.
	x		DPSS 1863	Foster Care Budget Worksheet	Budget to manually calculate rates	Calculates prorated benefits not completed automatically in C-IV. No comparable form.	New Rec.
	x		DPSS 1866	Dependent Children Notice to Recovery	Used for children with Social Security income	Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form.	New Rec.
	x		DPSS 1885	Authorization Request for SSI/SSP Medi-Cal Card Record	Request BIC card for SSI/SSP recipient	Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form.	New Rec.
	x		DPSS 224	Vital Statistics and Property Search	Use to request birth certificates	Ets use the form to request birth certificates for foster children. No comparable form.	New Rec.
x			DPSS 228 HVP	CalWORKs Home Visiting Program (HVP) Authorization for Release of Information	Customer acknowledges release of info	used to allow DPSS to communicate customer information with RUHS - PH.	New Rec.
x	x		DPSS 2323	Posting Correction Request – CalWORKs/ CalFresh	Program to Fiscal re: benefit correction	ET or ESC completes DPSS 2323 and sends to MRU. The DPSS 2323, is used for these posting corrections as well as several other corrections for state reporting that MRU would	New Rec.

x	DPSS 2349 KG	Referral to ILP for a Kin-GAP Recipient	Request for ILP services	Provided to Kin-GAP caregiver to request ILP services for child. No comparable form.	New Rec.	Referral to Other Department
x	DPSS 2407	FAX Transmittal	same as title	Semi-letterhead County Specific	New Rec.	Fax/Coversheets
x	DPSS 2570	DMV Access Information	DMV Access Information	Staff use this form to request DMV Information to verify customer property information from staff authorized to access DMV system	New Rec.	DMV/ID Referrals and Verification Requests
x	DPSS 2590 PWE	Primary Wage Earner and Unemployment Linkage Determination	Determines which parent is PWE	Used to determine unemployment deprivation for federal AFDC-FC determination. No comparable form.	New Rec.	Supporting CW Forms
x	DPSS 2720	Parent/Caretaker Agreement	Parent/Caretaker R&R	Used by CalLearn workers to communicate with DPSS staff to impose sanctions and penalties	New Rec.	CalLearn Agreements and Forms
x	DPSS 2750	Cal-Learn Transmittal Form (Cal-Learn Consent Form can also be captured together with	CalLearn case manager recommendations	Used by CalLearn workers to communicate with DPSS staff to impose sanctions and penalties	New Rec.	CalLearn Agreements and Forms
x	DPSS 2752	Request for Interpreter/Translator	Request form	Staff use this form to request certified "in person" interpreter or translator from 3rd party vendor	CSF XXX	Free Interpreter Service Waiver and Confidentiality Agreement
x	DPSS 2815	Non-related Legal Guardian AFDC-FC Case Transmittal Information	Request to open NRLG Services case	Used to correspond with NRLG Services the need to open a case. No comparable form.	New Rec.	FC Forms
x	DPSS 2985	Child Care Transfer to RCOE (part of DOC 0615)	DPSS CC transfer to RCOE CC	Staff provide to RCOE, DART tracks transfer in ETO.	New Rec.	Child Care Referrals and Forms
x	DPSS 3011	Child Care Referral/Change	Referral form , CC info	Request for CC from a program with no access to CIV, treated as a Plan 103 CIV information to CC staff.	CSF XXX	Service Referral to Activity
x	DPSS 3015	Timesheet	timesheet to record counseling/treatment sessions	Used to record all time/hours spent in counseling/treatment sessions, completed by BH and sent to CW WTW Case Manager.	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	DPSS 3021	Education Consent	Customer authorizes release of info DPSS/Ed provider	County specific used for customer to consent to the release of inform from DPSS to education/vocational institution and from institution to	New Rec.	Student/College Related Forms
x	DPSS 3042	I'm Employed	New employment details form	Customer self declares new employment details when worker is not available for F2F	CSF XXX CSF XXX CSF XXX	Employment Statement Request Verification of Employment/Earning Employment Questionnaire
x	DPSS 3069	Parent Determination of In-Home Child Care Provider Status (part of DOC 0615)	In home provider declaration status	Used for the in-home provider to identify if they are exempt from FLSA or non-exempt from FLSA.	New Rec.	Child Care Referrals and Forms
x	DPSS 3085	Request to Enter/Modify Child Care Provider Information	add or modify resource in RDB	ET sends to Fiscal STAR	New Rec.	Child Care Referrals and Forms
x	DPSS 3167	Declaration of Language	Used by caregivers to advise their primary language	Caregivers declare which language they want correspondence provided in. No comparable form.	New Rec.	Language Designation form
x	DPSS 3218	Important Information for Native American Indians (part of DOC 0612 )	Customer declare Native American, requests for Tribal TANF	Provides information regarding Tribal TANF, contact information and the option to choose to receive benefits/information from a Tribal TANF located in Riverside County. The form is also used for the customer to authorize the sharing of information between Tribal TANF and DPSS for purposes of determining	Is this something that is actually imaged? PA 14	PA 14-Important Notice for Native American Indians

x		DPSS 3274	CalWORKs Assessment (part of DOC 0613)	Employment Questionnaire	Used when C-IV is not functional.	New Rec.	WTW Agreements, Assessments, etc.
	x	DPSS 3275	Diversion Repayment Preference Form	Customer acknowledge of Diversion services	Documents customers choice for recoupment method.	New Rec.	Supporting CW Forms
	x	DPSS 3288	ACF Request Tracking Document	Track ACF request in sign off	Track ACF request in sign off phase. No comparable form.	New Rec.	FC Forms
	x	DPSS 3288 A	ACF Request Tracking Document	Track ACF request in sign off	Track ACF request in sign off phase. No comparable form.	New Rec.	FC Forms
	x	DPSS 3322	EBT Responsibility Statement			TEMP 2215; TEMP 2214	
	x	DPSS 3365	Expenditure Listing - Lump Sum Diversion	Fill-in the blanks item list	County specific, customer required proof forms needed for the Diversion	New Rec.	Supporting CW Forms
	x	DPSS 3366	ICCM Lump Sum Diversion Proof Request	Customer acknowledgement of Diversion verification request	form description	New Rec.	Supporting CW Forms
	x	DPSS 3390	Personal Budget	Budget form	Used to complete a personal monthly budget	New Rec.	Program Budgets & Worksheets
	x	DPSS 3452	ET Memo to Request All County Funds	Form to request ACF.	ET uses to describe the reason and amount of an ACF request. No comparable form.	New Rec.	FC Forms
	x	DPSS 3523	Appraisal Information	Customer info to complete WTW appraisal	Record customers information: employment, education, SIP, Skills, strengths and needs.	New Rec.	WTW Agreements, Assessments, etc.
x		DPSS 3568	Money Management Vendor Information	Customer/landlord fill-in info	ET use when initiating Money Management, can be accepted as verification for MM housing payments, and helps establish identify of the vendor.	New Rec.	Vendor Agreements and Forms
	x	DPSS 3602	Request to Create a Resource Databank Entry	request to add a resource in C-IV's RDB	Provide RDB Administrao details to add new resource	RDB mode has its own doc types. What are they? Can we reuse them for this?	
	x	DPSS 3602	Request to Create a Resource Databank Entry	Request to create RDB Resource.	Foster Care uses to add funeral home to RDB for direct payments.	RDB mode has its own doc types. What are they? Can we reuse them for this?	
x		DPSS 3654	CalWORKs/APP Licensed Provider Placed on Probation	Need to update director name	County specific informing	New Rec.	Vendor Agreements and Forms
	x	DPSS 3656	Notification of Suspended or Revoked License	Need to update director name	County specific informing	New Rec.	Vendor Agreements and Forms
x		DPSS 3704	IHSS Summary/Change Notification	ASD	County specific correspondence from one division to another.	Other county drawer - IHSS	
	x	DPSS 3801	Standard Media/Publication Release Form	Authorization Form	Used to authorize DPSS to use staff for video/audio recordings, photos, testimonials, printed materials, etc.	New Rec.	Other Contact Authorization Forms
x	x	DPSS 383 TRS	CalWORKs and Foster Care Termination Referral Slip	same as title	Used to notify worker of termination for individuals on case	New Rec.	Non-Fraud Referral or Request
	x	DPSS 3841	AP 19 – Report Citizenship and Identity to MEDS	MEDS request form	to request MEDS staff to update Citizenship information for a client into MEDS	New Rec.	MEDS Related - Clearance, Updates, Requests
	x	DPSS 3841 A	AP 10 – Request for California Birth Record	MEDS request form	to request MEDS staff to request a California Birth Record Match in MEDS for a client	New Rec.	MEDS Related - Clearance, Updates, Requests
	x	DPSS 3862	Trustline Certification	Part of TL application	customer acknowledgement of TL rules, if denied no payment is	CSF XXX	Notification of TrustLine Registration Status
	x	DPSS 3907	Temporary Employment Activities Eligibility	WEX/CS/ESE customer questionnaire & placement info	Used by ESC, Workforce Connection, & customer	New Rec.	Tracked WTW Activities, Hours, Exemptions
	x	DPSS 3950	Confidentiality – WEX/Community Service	Customer acknowledgement of DPSS confidentiality	county specific for the WEX customers	New Rec.	WTW Agreements, Assessments, etc.
x	x	DPSS 3959	Eligibility Diversion Screening Tool	Checklist	ET screens interested applicants for Diversion.	New Rec.	Application, Intake, or Screening Tools

x	DPSS 3960	WTW Diversion Screening Tool	Checklist	ESC screens interested applicants for Diversion.	New Rec.	Application, Intake, or Screening Tools
	x DPSS 3971	Request for Information from the Social Security Administration	Request form	Staff use this form to request client information from Social Security Administration	MC 194	
x	DPSS 4005	Child Care PRI Referral (part of DOC 0615)	CC PFI request	CC staff request Child Care Preventative Fraud Review Referral	New Rec.	Child Care Referrals and Forms
x	DPSS 4009	STEP Informing and Release	Customer acknowledged of release of info re: ESE	SSD to TAP and vice versa		
x	DPSS 4017	SSI Advocacy Referral Checklist - GAIN ESC	Referral from WTW to RUHS BH Clinician	WTW uses to communicate w/ Behavioral Health	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	x DPSS 4020	Warrant Cancellation Request	same as title	received	New Rec.	Fiscal Forms
x	DPSS 4071	Household Composition - for EAS	same as title	EAS uses this for a 3rd party response for collateral contact on HH	PA 6091	Household Member Information
	x DPSS 4096	Request for Certified Telephone Interpreter	Request form	Staff use this form to request certified "telephone" interpreter or translator from 3rd party vendor	CSF XXX	Free Interpreter Service Waiver and Confidentiality Agreement
x	DPSS 4112	Homework Hours	Customer self reporting estimated hours	WTW customer self declares homework hours for meeting participation requirement	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	DPSS 4150	Licensed Child Care Providers Non-Operational Days - Declaration and Understanding Form	Sample calendar and calendar template	customer tool	New Rec.	Child Care Referrals and Forms
x	DPSS 4162	Continuation of Services for 11 and 12 Year Olds	Referral informing to other provider agency	DPSS correspondence to external agency re: CC	New Rec.	Non-Fraud Referral or Request
x	DPSS 4211	Sponsored Indigent Referral	same as title	ET makes an indigent sponsored non-citizen referral to USCIS.	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
x	DPSS 4284	Probation Only Medi-Cal Form to the ES	Correspondence from Probation to Foster Care	Request for Medi-Cal only for Probation youth. No comparable	New Rec.	FC Forms
x	DPSS 4342	GAIN Activity Time Card	Employment Services (CFET/WTW) Activity time card	Employment Services staff sign off on supervised activities for customers	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	DPSS 4351	Monthly Documentation of Hours	Employee work schedule	Employer confirms customer's work hours	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	DPSS 4355	Assessment Discussion and Decision Guide (part of DOC 0613)	Customer tool use prior to completing the Plan 107 & WTW2	ESC resource and f/up questions for the customer to complete in setting realistic goals. • an interview summary section for the development of the Plan 107 and the WTW 2.	New Rec.	WTW Agreements, Assessments, etc.
x	DPSS 4395	Subsidized Employee Monthly Evaluation in C-IV	ESE employee eval	Form used to conduct monthly evaluation with subsidized employee.	New Rec.	WTW Agreements, Assessments, etc.
x x	DPSS 4399	P-Food Request	Documents customer request	Used for Pfood inventory		
x	DPSS 4404	Family Stabilization Plan Worksheet	same as title	FSS & BH staff complete for customer's housing stability plan.	New Rec.	Program Budgets & Worksheets
x	DPSS 4406	CalFresh Employment and Training Program (CFET) Customer Profile	assessment questionnaire	CFET staff capture additional appraisal/assessment questions not in C-IV	New Rec.	CFET Forms/Agreements
x	x DPSS 4451	Housing Support Program Application	Customer questionnaire	FSS & BH staff complete after customer answers questions.	CW 42 New Rec.	Statement of Facts - Homeless Assistance
x	x DPSS 4452	Rapid Rehousing Referral	Referral to services	FSS & BH staff complete.	New Rec.	Non-Fraud Referral or Request
x	x DPSS 4453	Housing Support Program Intake Request for Approval of Housing	Intake form	FSS & BH staff complete.	New Rec.	HSP and Homeless Assistance Forms
x	x DPSS 4463	Support Program (HSP) Funds	Authorization letter	DPSS informing to Housing Authority or contracted vendor.	New Rec.	HSP and Homeless Assistance Forms

x		DPSS 4476	Job Readiness External Activities	Customer timecard	used as an acceptable verification for daily attendance in external JS	GN 6367-1	In-House Job Search Timesheet
x		DPSS 4511	WPR Checklist	checklist	County specific, Workforce Connection Unit utilizes.	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x		DPSS 4629	Acknowledgement of Program Guidelines (HSP)	Program guidelines	Customer consent/acknowledgement of services	New Rec.	HSP and Homeless Assistance Forms
x		DPSS 4654	Welfare-to-Work (WTW) Activities Waiver of Liability	same as title	Disabled/exempt customer volunteers to participate.	New Rec.	Tracked WTW Activities, Hours, Exemptions
x		DPSS 4662	Vulnerability Index Decision Assistance Tool	Program info & customer consent	FSS ESC obtain customer consent & acknowledgement of Homeless Management Info System	New Rec.	Other Contact Authorization Forms
x		DPSS 4697	Housing and Disability Advocacy Program Application	App, program guidance & consent for ROI	Required when referring eligible HDAP customers	New Rec.	HSP and Homeless Assistance Forms
x		DPSS 4698	Housing and Disability Advocacy Program Screening	Screening tool	Staff capture form and send to HDAP Coordinator.	New Rec.	Application, Intake, or Screening Tools
	x	DPSS 485 E	Quality Control Review Board Decision	QC sample case review results	explains QC review significant findings, corrective action, staff must sign and date confirming corrective action complete. Upload to CDSS QC	Other county drawer - QC/QC	
	x	DPSS 485 N	Quality Control Findings	QC sample case review results	explains QC review procedural/new information findings and corrective action.	Other county drawer - QC/QC	
	x	DPSS 512 B	Planning with You to Avoid Fraud	customer acknowledgement	County SIU specific, used as justification in court	SIU Documents	SIU (Fraud) Customer Acknowledgement and Prevention
x	x	DPSS 512 C	Child Care Fraud is a Crime (part of DOC 0615)	Customer acknowledgement	County specific SIU	SIU Documents	SIU (Fraud) Customer Acknowledgement and Prevention
	x	DPSS 640	CIV Data Input & MEDS Research Document (part of DOC 0612 )	C-IV and MEDS research form for customers	Office Support's internal process. Used to review customer collected information.	Not sure this will be necessary with virtual print. New Rec.	MEDS Related - Clearance, Updates, Requests
	x	DPSS 750 A	Affidavit of Relatedness	Affidavit explaining relatedness	Used when the customer is a caretaker relative that's not the parent of a child in the program HH.	CSF XXX	Statement of Relationship
x		DPSS 750C	Affidavit of Relatedness	Affidavit explaining relatedness	Used to explain how the CCP is related to the child(ren) for location. No comparable form.	CSF XXX	Statement of Relationship
	x	DPSS 901 P	Benefit Pick Up	Form to authorize pick up of warrant	Provides information on person authorized to pick up warrant and the location. No comparable form.	New Rec.	FC Forms
	x	DSS 1021	Request for Copies	Customer Note	Unsure of what mapping would be appropriate, form attached	CW 2200	
		DSS 16.3	Message Memo.docx	Template to record phone messages	no equivalent	New Rec.	Customer/Worker Contact
		DSS 28.1	Request for Translation of Case Correspondence.docx	Request to translate	Translation to Eng/Sp for document review. No equivalent	CSF XXX	Free Interpreter Service Waiver and Confidentiality Agreement
x	x	DSS 5080	Alcohol & Drug Referral	Transmittal	Unsure of what mapping would be appropriate, form attached	ABP 131	Appointment Notice for General Relief Substance Abuse Recovery
	x	DSS 568	Linkages Current Services Checklist.docx	County services/resources list	Coordinate efforts with partner agencies, county specific	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
		DSS 800	CSEC Screening Tool for SLO County.docx	Commercial Sexual Exploitation of Children screening tool	County specific, no equivalent	Is this imaged? Or just a doc to assist the worker?	
x		DSS 8000 CWUP	CW Unemployment Parent Beg Date of Aid Worksheet	Deprivation	Unsure of what mapping would be appropriate, form attached	New Rec.	Program Budgets & Worksheets
	x	DSS 8000 WH	Work History	Other Employment & Training	Unsure of what mapping would be appropriate, form attached	SAWS 2 PLUS - APPENDIX D	Employment History
	x	DSS 8063	Statement of Paternity	Declaration of Paternity	Unsure of what mapping would be appropriate, form attached	CSF XXX	Statement of Relationship

x		DSS 8077	Shasta County Property Evaluation	Car Value Verification	Unsure of what mapping would be appropriate, form attached	CW 80 SAWS 2 PLUS - APPENDIX E	Self-Certification Form For Motor Vehicles - CalWORKs Vehicle Information And Self Certification of Equity Value
x	x	DSS 8102	Employment Questionnaire	Other Employment & Training	Unsure of what mapping would be appropriate, form attached	CSF XXX CSF XXX CSF XXX	Employment Statement Request Verification of Employment/Earning Employment Questionnaire
	x	DSS AAP 255	AAP Informing Letter.docx	Informing parent of potential extended Adoption Assianct Payments	No document about AAP extension of payments	Other county drawer - AAP	
	x	DSS AAP 256	Request for Extended AAP Benefits.docx	Request to extend AAP	No document to request extension of AAP payments	Other county drawer - AAP	
	x	DSS AAP 258	EFC Information for AAP before Age 16.docx	Request to extend AAP for child <16	No document to request extension of AAP payments	Other county drawer - AAP	
	x	DSS ACA 105	Availability of Other Public Assistance.docx	Potential eligibility to other PA, CW, CF	Informing notice to applicants of other potential eligibility, no	Is this imaged?	
	x	DSS ACA 106	Covered California Plan Selection.docx	MAGI/MC discontinuance, Covered CA plan selection and premium assistance amount	Notifies participants to take action to select a Covered CA plan and process to create an on line account. No	Is this imaged?	
	x	DSS ACA 108	CalHEERS Verification Transmittal Coversheet.docx	Fax coversheet, County, Case name, contact info phone/email and CalHEERS case number	Transmittal of case documents to Covered California. No equivalent	New Rec.	Fax/Coversheets
	x	DSS ACA 109	CalHEERS Red Tag External Referral Checklist.docx	Applications received through External Referral, case number determination	Tracking history and research of how a referral received through CalWIN was assigned a CalWIN case number.	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x	DSS ACA 110	Information Needed to Access Covered California Account.docx	Covered CA credentials and security info	Document for clients to record security inforamtion to access	Is this imaged if it has the customer's Cov CA info?	
	x	DSS ACA 30	MAGI Welcome Letter.docx	Covered Ca. to MC approval, reporting responsiblities and worker contact info	Explanation of Covered CA. application to County MC approval	MC 018	Medi-Cal Information for Applicants
	x	DSS ACCT 252	Ride-On Transportation Voucher Program.docx	Participant Case info and destination one time/multiple	No equivalent form for vouchers	New Rec.	Transportation Forms
		DSS ACCT 253	Ride-On Confirmation.docx	Schedule of transportation dates	Verification of scheduled transportation dates, County specific	New Rec.	Transportation Forms
	x	DSS ACCT 336	Authorization for Hand-Typed Checks.docx	Manual case issuance of benefit	Request of Fiscal Services for manual check - County specific	New Rec.	Fiscal Forms
	x	DSS ACCT 376	Forgery Certificate.docx	Case information for benefit replacement	Fiscal Services documentation for non-receipt of benefits. County	New Rec.	Fiscal Forms
	x	DSS ACCT 467	Bus Pass Request.docx	Case information to issue bus passes	Clerical tracking of issues bus passes for clients. County specific	GN 6151	GAIN Transportation and Ancillary School & Work-Related Expenses
x	x	DSS ACCT 526	Authorization for Collection from EBT Account.docx	Case information for collection of benefits	Client voluntarily requesting benefits to be deducted from CF or CW benefits. OI/OP	CW 2217 DFA 377.7C DFA 377.7E DFA 377.7E1	CW 2217-CalWORKs Request For Voluntary Repayment CalFresh Repayment Agreement For Inadvertent Household Errors Only Food Stamps Repayment Agreement for Administrative Errors Only CalFRESH Repayment Agreement for Administrative Errors Only
	x	DSS ACCT 542	Forgery Certificate Needed.docx	Fiscal Services to Supervisor for stop payment	Fiscal business process, acting on report of stolen benefits	New Rec.	Fiscal Forms
	x	DSS ACCT 543	Possible Forged Warrant.docx	Report to SIU potential benefit fraud with case info and benefit info	Memo to SIU requesting investigation from Fiscal Services, County business process	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	x	DSS ACCT 75	Authorization for Disbursing Order for GA Transients.docx	Authorization to authorize GA payments for emergency assistance	Tracking document fo Fiscal Dept.	New Rec.	GA/GR Other Forms

x	x	DSS CAP 10	CAPI ERS Checklist.docx	Pending application checklist	Worker tool for eligibility determination, County specific tool	New Rec.	Application, Intake, or Screening Tools
x		DSS CF 110	CF Medical Transportation Mileage Log.docx	Client mileage log - dates, destination, purpose, miles driven	Transportation verification for mileage due to medical conditions.	New Rec.	Transportation Forms
x		DSS CF 216	Calfresh ICT Update.docx	Notice to County of updated information since ICT sent.	Allows participants to continue to report changes timely when ICT has been initiated.	CF 215	CalFresh Notification of Inter-County Transfer
x		DSS CF 515	CalFresh Income Proration Worksheet for Participants.docx	Proration worksheet of income by month	Recipients can calculate prorated income for ineligibility CF HH members to determine IRT. No equivalent. Used to verify CalWIN	New Rec.	Program Budgets & Worksheets
x		DSS CF 517	CalFresh Income Proration.docx	Proration worksheet of income for eligible and ineligible HH members.	Workers can calculate prorated income for CF HH members. No equivalent and used to verify CalWIN	New Rec.	Program Budgets & Worksheets
x		DSS CF 517-B	CalFresh Expense Proration.docx	Proration worksheet of expenses for eligible and ineligible HH members.	Workers can calculate prorated expenses for CF HH members. No equivalent and used to verify CalWIN	New Rec.	Program Budgets & Worksheets
x		DSS CF 599	CFET Orientation.docx	CFET rights and responsibilities	Signed statement by CF applicant. No equivalent	New Rec.	CFET Forms/Agreements
x		DSS CF 600	CFET Questionnaire.docx	CFET and ABAWD questionnaire for each applicant	Staff can determine if applicants are required to comply or exempt with CFET and ABAWD programs. County specific tool	New Rec.	CFET Forms/Agreements
x		DSS CF 602	Privacy Act and Disclosure.docx	Privacy Act and Disclosure acknowledgement	Applicants/Recipients read sign that they have been notified of privacy and use of provided information.	PUB 13	Your Rights Under California Welfare Programs
x		DSS CF 676	ABAWD Waiver NOA.docx	ABAWD waiver NOA - SLO exempt from requirement	NOA to applicant/participant informing of SLO exemption, may be required to comply in other counties.	New Rec.	Manual <Program> NOA
x		DSS CW 217-B	AB 236 Temporary Homeless Assistance Eligibility and Tracking.docx	AB236 Homeless Assistance tracking eligibility, payments and supervisor approval	Worker tool to record all steps needed issue and record AB236 Housing assistance payments. County	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x		DSS CW 167	Unemployed Deprivation Determination for PE.xls	Automated income worksheet for CW	U Parent deprivation automated worksheet to determine CW eligibility. Calculates 24 months prior to app for parents. County created	New Rec.	Supporting CW Forms
x		DSS CW 183	Diversion Denial.docx	CW Diversion denial and reason NOA	No diversion NOAs available	New Rec.	Manual <Program> NOA
x		DSS CW 217	Homeless Assistance Eligibility and Tracking.docx	THP and PHP tracking eligibility, payments and supervisor approval	Worker tool to record all steps needed to issue PSP and/or TSP.	New Rec.	HSP and Homeless Assistance Forms
x		DSS CW 218	AB 557 Expanded Temporary HA Eligibility and Tracking.docx	AB557 Temporary Homeless Assistance tracking eligibility, payments and supervisor approval	Worker tool to record all steps needed issue and record AB557 Temporary Housing assistance payments. County specific	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x		DSS CW 220-A	Meeting Needs Sanctioned Adult.docx	Meeting needs following CW sanction notice	Informs recipients that County will review how sanctioned adult is meeting their needs since CW sanction. County business process	New Rec.	WTW Agreements, Assessments, etc.
x		DSS CW 229	Keys to Unlock Your Future.docx	Resource check list	County can identify which resources family currently has and resources that are needed to be successful. County specific form	New Rec.	Customer Use Checklists
x		DSS CW 245	Transfer of Assets Period of Ineligibility.docx	POI transfer of property information	Used to determine period of ineligibility for CalWORKs. Worksheet calculates property reserve information and POI time period	Is this imaged? Or just a doc to assist the worker? New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists

x		DSS CW 43	Sanction Vendor Payment Informing.docx	Vendor payment informing notice	Information to participant of why vendor payment is started, how it works and length of time. This is in addition to NOA, County specific	New Rec.	Vendor Agreements and Forms
x		DSS CW 43	Vendor Payment Informing Notice.docx	Sanction vendor payment notice. Rent and landlord info.	Inform recipients of vendor payment due to sanction and request to verify landlord info. County specific, prior to NOA	New Rec.	Vendor Agreements and Forms
x		DSS CW 525	Request for Exemption from Staggered Issuance.docx	EBT		New Rec.	EBT Stagger Date
x		DSS CW 59	Pregnancy Special Need Worksheet.docx	Pregnancy informaiton about 1-3 trimester and due date. Actions to be taken	CalWORKs pregnancy special needs - eligibility and grant amount starting time. County specific	New Rec.	Program Budgets & Worksheets
x		DSS CW 771	Diversio Denial - Child Care Not Available.docx	CW Diverison denial and reason NOA	No diversion NOAs availaible	New Rec.	Manual <Program> NOA
x		DSS CW 109	Diversio Denial - Child Care Not Available (Sp).docx	CW Diverison denial and reason NOA	No diversion NOAs availaible	New Rec.	Manual <Program> NOA
	x	DSS ES 10	WTW Reengagement for Reimbursed Child Support or Extender.docx	TOA notice - 48 months, child support recoupment/extendors	Notice to recipient of additional months of CW eligiblity due to child support collection or extender/waiver granted. This is not	New Rec.	WTW Agreements, Assessments, etc.
	x	DSS ES 16	WTW Case Review Summary.docx	WTW document maintenance checklist	Worker tool to review that required documentation is on file. County created	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	x	DSS ES 259	CW Required Discussion Handbook.docx	WTW Requirements and Services notification	Outlines time limits, WTW requirements, activity option, supportive services, exemptions, CalLearn, Domestic Abuse, Financial Sacntions and applicant signs to	New Rec.	WTW Agreements, Assessments, etc.
x		DSS ES 324	PAS Employed Initial Notification.docx	Post CW informing notice	Inform disc. Participatns of Post CW services and time frames	New Rec.	Manual <Program> NOA
x		DSS ES 325	PAS Employed Follow Up Notification.docx	Post CW informing notice -employed at disc.	Inform disc. Participatns of Post CW services and time frames	New Rec.	Manual <Program> NOA
x		DSS ES 326	PAS Newly Employed Notification.docx	Post CW informing notice -new job, following disc. Of case	Inform disc. Participatns of Post CW services and time frames	New Rec.	Manual <Program> NOA
x		DSS ES 327	PAS Unemployed Initial Notification.docx	Post CW informing notice of unemployed at CW disc.	Inform disc. Participatns of Post CW services and time frames	New Rec.	Manual <Program> NOA
x		DSS ES 328	PAS Unemployed Follow Up Notification.docx	2nd notice - Post CW informing notice of unemployed at CW disc.	Inform disc. Participatns of Post CW services and time frames	New Rec.	Manual <Program> NOA
x		DSS ES 406	CW 2.0 Participant Road Test Survey.docx	Participant survey for CW 2.0	Request feedback from CW applicant/participants for new CW 2.0 tools	New Rec.	CW 2.0 Forms
	x	DSS ES 60	Employability Assessment.docx	Evluation of needed/not needed resources for WTW compliance	Workers use to determine need and barriers of participants to comply with WTW. County created form	New Rec.	WTW Agreements, Assessments, etc.
x		DSS ES 750	4-Month Rental Assistance Approval.docx	4 month rental assistance approval NOA	County specific NOA, no 4 month rental assistance NOAs	New Rec.	Manual <Program> NOA
x		DSS ES 751	4-Month Rental Assistance Denial.docx	4 month rental assistance denial NOA	County specific NOA, no 4 month rental assistance NOAs	New Rec.	Manual <Program> NOA
x		DSS ES 752	4-Month Rental Assistance Discontinuance.docx	4 month rental assistance disc. NOA	County specific NOA, no 4 month rental assistance NOAs	New Rec.	Manual <Program> NOA
x		DSS ES 753	4-Month Rental Assistance Reinstatement.docx	4 month rental assistance reinstatement NOA	County specific NOA, no 4 month rental assistance NOAs	New Rec.	Manual <Program> NOA
	x	DSS FC 110	Notificacion of Termination of DSS Representative Payee.docx	Informing letterand referral to SSA	Information regarding benefits of a FC child, DSS no longer Rep. payee	DCFS 210	Cover Letter to Social Security Administration
	x	DSS FC 110	Verification of Youth in Foster Care.docx	FC youth placement information	DSS confirms FC placement of child with time frames. County specifc	New Rec.	FC Forms



	x	DSS FC 16-CR	Foster Care Case Review Checklist.docx	Worker eligibility checklist for approval/denial	Worker tool/checklist to ensure all eligibility conditions have been met to approve or deny. County specific worker tool	Is this imaged? Or just a doc to assist the worker? New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x	DSS FC 16-EA	Emergency Assistance Case Summary.docx	Worker eligibility checklist for approval/denial	Worker tool/checklist to ensure all eligibility conditions have been met to approve or deny. County specific worker tool	Is this imaged? Or just a doc to assist the worker? New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x	DSS FC 17	Foster Care Case Checklist to ERS.docx	Communication tool for processing	FC SW communication to eligibility worker. County specific	Is this imaged? Or just a doc to assist the worker? New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x	DSS FC 357	Notification to SSA and VA Regarding Child in Foster Request for Termination or Withdrawal of DSS Payee	Transmittal to SSA	Information regarding benefits of a FC child, reporting to SSA.	DCFS 210	Cover Letter to Social Security Administration
	x	DSS FC 629	Non-Related Legal Guardian Referral.docx	Transmittal to SSA	Information regarding benefits of a FC child, reporting to SSA.	New Rec.	FC Forms
	x	DSS FC 659	LOC Resource Parent Tool.docx	Transmittal between FC and eligibility	FC placement with non-related guardian, approval and payment process requirement. County created	New Rec.	Non-Fraud Referral or Request
	x	DSS FC 690	Payee Status Follow up Request to SSA.docx	RFA parent activities in support of child information	Tool to determine ability of RFA parents to care for children. County created questionnaire.	New Rec.	FC Forms
	x	DSS FC 785	7-Day Notification of Placement Change.docx	Transmittal to SSA from DSS, FC child information	Transmittal to request DSS be made the Representative Payee for a child under jurisdiction of SLO Co. County	New Rec.	FC Forms
	x	DSS FC 842	Approval of FC.docx	FC change NOA	Change of placement for FC child and payments ending. No equivalent	New Rec.	Manual <Program> NOA
	x	DSS FC 849	Denial of FC.docx	FC approval NOA	no equivalent	New Rec.	Manual <Program> NOA
	x	DSS FC 851	Discontinuance of FC.docx	FC denial NOA	no equivalent	New Rec.	Manual <Program> NOA
	x	DSS FC 852	FC Relative-Guardian RV Letter.docx	FC disc. NOA	no equivalent	New Rec.	Manual <Program> NOA
	x	DSS FC 853	Specialized Foster Care rate approved NOA	FC Redetermination coverletter	FC Redetermination due and notification with due date of packet. County created, no equivalent	New Rec.	FC Forms
	x	DSS FC 856	Specialized Foster Home Payment.docx	Specialized Foster CareHome payment approved NOA	NOA for approved specialized FC rate with time frames of adjustment. No equivalent	New Rec.	FC Forms
	x	DSS FC 857	FC Regional Center Supplement.docx	FC supplmenet request approval/denial NOA	NOA for approved specialized FC Home rate with time frames of adjustment. No equivalent	New Rec.	FC Forms
	x	DSS FC 862	Dual Agency Supplemental Rate Coverletter.docx	Informing notice for FC rates for children with extraordinary care and supervision needs.	NOA informing determination of requested supplement to FC aid with timeframes. County created, no equivalent.	New Rec.	FC Forms
	x	DSS FC 865	SILP Income Verification.docx	Verification provided to youth of payment amount	Coverletter of information and request to complete the forms included with this letter. County	New Rec.	FC Forms
	x	DSS FC 919	Family Stabilization Questionnaire.docx	CW AU completes indicating interest and issues	Provides 3rd party verification from DSS for SILP youth receiving grant. Can be provided by youth as proof of income. County created, no	New Rec.	FC Forms
x		DSS FSS 1	Family Stabilization Services Plan.docx	FSS plan and agreement contract	Worker tool to gather information and inquire if CW AU elects to participate in FSS services. No	New Rec.	Program Budgets & Worksheets
x	x	DSS FSS 2			Worker tool that outlines request and need for FSS services. Outlines goal and activities and due dates. Signed by participant. No equivalent	New Rec.	Program Budgets & Worksheets

				In SLO Co. only one office manages GA cases. Tool for outer office workers to screen GA applications that will then be forwarded to GA office. Applicants do not need to travel a particular office in SLO Co.		
x	DSS GA 1	Courtesy Application Tool.docx	GA consult screen worksheet	County specific worker tool.	New Rec.	Program Budgets & Worksheets
x	DSS GA 16	GA Intake Processing Checklist.docx	Worker tool/checklist of all information and verification needed for approval/denial	Required for authorization of GA case.	If this is a worker tool, is it imaged? New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	DSS GA 189	GA SDA Consult Guide.docx	GA Same Day Appt. consult guide	Worker tool to determine if GA application meets requirements for same day appointment. County	New Rec.	GA/GR Other Forms
x	DSS GA 190	GA Consult Guide.docx	GA generic consult guide	GA consult guide used for face to face consult and request for GA benefits. County created worker tool	If this is a worker tool, is it imaged? New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	DSS GA 200.4	County Cremation Responsible Relative Information.docx	GA cremation research and fact finding	Worker tool to screen relatives for potential payment of cremation costs. County specific tool	New Rec.	Burial/Cremation Forms
x	DSS GA 226 A	GA Employable Program Approval Notice.docx	County specific GA approval NOA	County created NOA action. For use outside of CalWIN and imaged	New Rec.	Manual <Program> NOA
x	DSS GA 226 B	GA Disabled Program Conditional Approval Discontinuance	County specific GA NOA	County created NOA action. For use outside of CalWIN and imaged	New Rec.	Manual <Program> NOA
x	DSS GA 226 C	GA Denial Discontinuance Receiving SSI.docx	County specific GA denial/disc in receipt of SSI NOA	County created NOA action. For use outside of CalWIN and imaged	New Rec.	Manual <Program> NOA
x	DSS GA 239	County Cremation Approval Notice.docx	County specific GA approval NOA	County created NOA action. For use outside of CalWIN and imaged	New Rec.	Manual <Program> NOA
x	DSS GA 239-D	GA Denial-Discontinuance Notice.docx	County specific GA disc./denial NOA	County created NOA action. For use outside of CalWIN and imaged	New Rec.	Burial/Cremation Forms
x	DSS GA 250	GA Proof of RSDI Retirement Application.docx	Informing notice to GA applicant informing of requirement to apply for RSDI	County specific informing notice for GA applicants/recipients with due date	Since this is an informing notice, is this actually imaged? Verification? GR 6	Unemployment Insurance Benefits Referral Form
x	DSS GA 253	GA Disabled Status After SSA Disability Denial.docx	Request for verification following SSI/SSP denial	SLO County process for GA applicants. Required to comply with SLO GA rules following SSI/SSP denial. Noncompliance results in	New Rec.	GA/GR Other Forms
x	DSS GA 3	GA Approval Disabled Program Notice.docx	SLO GA approval NOA for GA disabled program	County specific NOA	New Rec.	Manual <Program> NOA
x	DSS GA 30	Case Info Letter.docx	Informaiton letter for GA informing of Case#, GA/CF stagger dates and periodic report cycles	County specific informing notice for GA applicants/recipients. Includes worker contact information	New Rec.	GA/GR Other Forms
x	DSS GA 300	Cremation Cost Determination.docx	Worker determination tool to determine which party is responsible to pay for cremation costs.	County specific tool created.	New Rec.	Burial/Cremation Forms
x	DSS GA 310	GA Cremation Reimbursement Request.docx	Contact letter to request cremation reimbursement.	Workers mail out letter informing family of the cost of cremation and requesting repayment. County	New Rec.	Burial/Cremation Forms
x	DSS GA 311	County Cremation Denial Notice.docx	County specific GA NOA	County created NOA action. For use outside of CalWIN and imaged	New Rec. New Rec.	Manual <Program> NOA Burial/Cremation Forms
x	DSS GA 36	Request for County Cremation.docx	Documentation of facts and research when County cremation has been requested	Worker tool to review and document if County is responsible for payment of cremation.	New Rec.	Burial/Cremation Forms
x	DSS GA 4	GA Change in Income Notice.docx	SLO GA change NOA income increase/decrease	County specific NOA	New Rec.	Manual <Program> NOA

x	DSS GA 404	Withdrawal-Conditional of Evidentiary Hearing.docx	Participant request to withdraw hearing	County specific request to withdrawal/conditional withdraw of evidentiary hearing for GA. GA specific form	DPA 315	Withdrawal/Conditional Withdrawals of Request for Hearing
x	DSS GA 405	SSI Administrative Law Judge Hearing Level.docx	Informing notice to GA applicant about SSA hearing. DSS unable to represent	County created correspondence to GA recipient and information to contact list of advocates and attorneys for SSA hearing. County created letter to inform recipients that GA disc. Results in DSS Benefit Advocate no longer representing client. Provides references to advocates and	Court/Hearings Document	Fair Hearing Forms
x	DSS GA 408	GA SSI Claim No Active GA Case.docx	Informing notice to GA recipients and Benefit Advocate can no longer represent.	SLO Co. splits GA payments based on compliance (job search).	New Rec.	Manual <Program> NOA
x	DSS GA 48	GA Employable Split Payment Worksheet.docx	GA worker tool to issue and record split payments	Medical exemption forms tracked and reminders for request of expiring medical exemptions. Also used to determine eligibility time frames.	New Rec.	Program Budgets & Worksheets
x	DSS GA 50	GA Disability Tracking.docx	GA worker tracking tool for disabilities and exemption form dates.	County specific NOA	New Rec.	GA/GR Work Related and Activities Forms
x	DSS GA 7	GA Employable Discontinuance Notice.docx	SLO GA employable disc. NOA	County created NOA action. For use outside of CalWIN and imaged	New Rec.	Manual <Program> NOA
x	DSS GA 901	GA Discontinuance Notice Not Disabled.docx	County specific GA approval NOA	County created NOA action. For use outside of CalWIN and imaged	New Rec.	Manual <Program> NOA
x	DSS GA 902	GA Disabled Program Non-Compliance Denial-Discontinuance Notice.docx	County specific GA approval NOA	County specific tool created to document case assignment for applications received through MyBenefits CalWIN and other	New Rec.	Manual <Program> NOA
x	DSS GEN 121	External Referral e-HIT Research.docx	Applications received through CalWIN external referral research tool	County created tool to track consult conversation and referral to programs. County created worker tool. Required for all face to face consults. Summary for assigned	New Rec.	Application, Intake, or Screening Tools
x	DSS GEN 163	Universal Consult Guide.docx	Generic program consult guide at time face to face consult. - All programs	County created tool to track medical coverage history. Helps determine which case numbers to link to existing or issuing new case numbers.	New Rec.	Application, Intake, or Screening Tools
x	DSS GEN 164	Consult Research for Medical Coverage.docx	Tracking document for MC, CalHEERS, Covered CA history for applicants	County created form to allow individuals that meet certain criteria to use 3rd party mailing addresses or specific mail delivery type.	Is this imaged to a specific case? New Rec.	Application, Intake, or Screening Tools
x	DSS GEN 209	Alternate Correspondence Option for Domestic Abuse.docx	Request from participant/applicant to have alternate mailing address. Has mailing options and requires signature - All programs	County created document used by all programs to request verification of good cause.	PA 1815	Important Notice about Mailing Address
x	DSS GEN 22	Good Cause Verification Request.docx	Generic program request for verifications to determine Good Cause from DCSS	Document for doctor/medical office to complete verifying SDI application. County specific form for all programs. Verification	WTW 27 CW 2200	Request For Good Cause Determination Request for Verification
x	DSS GEN 246	Verification of SDI Application.docx	Request verification of SDI application - All programs	County created form for all programs. Applicant/participant declaration of expense type used for eligibility calculation for all programs. Actual vs. 40%	CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
x	DSS GEN 254-B	Information and Expense Deduction Choice for Self Employment.docx	All program declaration of self employment expenses and self employment information	Worker tool to determine if students loans and grants are countable or exempt. Used for all programs	CSF XXX	CalFresh Student Exemption Checklist
x	DSS GEN 270	Loan and Grant Worksheet.docx	Student loan and grant information			

x	DSS GEN 271	Educational Loans and Grants Worker Tool.docx	Student loan and grant information	Worker tool to determine if students loans and grants are countable or exempt. Used for all programs,	CSF XXX	CalFresh Student Exemption Checklist
x	DSS GEN 313	Reception Inquiry.docx	Information document completed by applicants for all programs. Collects applicant and HH members information	Collections informaiton for application request for all programs. Used all all SLO Co. offices	New Rec.	Application, Intake, or Screening Tools
x	DSS GEN 314	Reception Information Request.docx	Information document completed by applicants for all programs. Collects applicant and HH members information	Collections informaiton for application request for all programs. Used all all SLO Co. offices - continuation sheet for additional HH	New Rec.	Application, Intake, or Screening Tools
x	DSS GEN 320	Value of Personal Property.docx	All program request for value of property. Release of info and 3rd party verificaiton section	Document used for all programs when needing to determine value of personal property. Form has release of info and section for business person to provide fair market value to determine 3rd party value.	New Rec.	Property Statement and Verification
x	DSS GEN 400	Home Visit Pre-Interview Questionnaire.docx	Generic pre-interview checklist and information for home visits.	Document used by Eligibility and CWS to gather facts prior to home	New Rec.	Home Visit Forms
x	DSS GEN 422	Incarceration Letter.docx	All program informing notice to a CDC/Jail/Prison	Informing that depent children have applied for benefits and need to verify length of incarceration with estimated release and request to be informed if released or transferred.	New Rec.	Jail/Inmate Forms and Notices
x	DSS GEN 465	Explanation of Deposits Appearing on Bank Statement.docx	Form asks applicants/participants to explain income deposits into bank accounts.	Workers can request informaiton about bank deposits to determine if there is undeclared income that could be countable. Used for all	New Rec.	Property Statement and Verification
x	DSS GEN 466	Statement of Facts Coverletter.docx	Generic coverletter for application when request received by telephone call.	Coverletter and follow up to telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all	New Rec.	Customer/Worker Contact
x	DSS GEN 468	Disbursing Order Request.docx	All program request for dispursing order.	Document for eligibility worker or SW to request disbursing order. Clerical processes and signs off, form used as tracking.	What is being disbursed? EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request
x	DSS GEN 528	EBT Request.docx	Participant request change to EBT - add/delete person, replace card.	Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs.	EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request
x	DSS GEN 532	Request for EBT Emergency Actions.docx	Request by worker to set up a new EBT account to process emergency request.	Staff complete the EBT form to create an EBT account for participant. Form is forwarded to clerical for processing. Requires worker, supervisor and clerical signatures to	EBT 13	EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC Application
x	DSS GEN 533	EBT Benefit Availability Information.docx	Informing notice to participants about stagger date of approved programs.	Form issued to CW, GA, CAPI and CF recipients informing them of their stagger issuance date for each program. County created	New Rec.	EBT Stagger Date
x	DSS GEN 56	Instructions to Pick up Benefits.docx	Generic program informing notice to participants to pick up warrant. Provides date of pick up and verifications needed	County created document for business process of participant services and fiscal.	Since this is an informing notice, is this actually imaged?	

	x	DSS GEN 688	Spouse Moved In.docx	Contact about participant reporting that spouse has moved into home. List of requirements needed.	County form for all programs used when a spouse has moved into the home. List information needed, verifications and interviewed	WFP&I 275	Verification of Living Arrangement
	x	DSS GEN 689	Non-Spouse Moved In.docx	Contact about participant reporting that non-spouse has moved into home. List of requirements needed.	County form for all programs used when a non-spouse has moved into the home. List information needed, verifications and interviewed	WFP&I 275	Verification of Living Arrangement
	x	DSS GEN 92	Hearing Granted with Information Needed.docx	SLO Co. notice of action for decision based on State Hearing - All programs	SLO Co. NOA informing recipient of State hearing decision, adoption date, and action to be taken by the	Court/Hearings Document	Fair Hearing Forms
x	x	DSS HDAP 401	Housing Disability and Advocacy Program opt In letter.docx	Form for GA/CW participants to opt into HDAP.	SLO Co. housing program for GA or CW linked individuals/families.	New Rec.	HSP and Homeless Assistance Forms
x		DSS HOME 105	BFH and HSP Step Down.docx	Approval NOA for housing programs informing participant of rental obligation	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	Manual <Program> NOA
x		DSS HOME 105A	BFH and HSP Step Down - Roommate.docx	Approval NOA for housing programs informing participant of rental obligation with roommate	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	Manual <Program> NOA
x		DSS HOME 107	BFH and HSP Step Down Extension.docx	Change NOA for housing programs informing participant rental subsidy extension and amounts by month	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	Manual <Program> NOA
x		DSS HOME 107A	BFH and HSP Step Down Extension - Roommate.docx	Change NOA for housing programs informing participant rental subsidy extension and amounts by month (with roommate)	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted into.	New Rec.	Manual <Program> NOA
x		DSS HOME 108	BFH and HSP Notice of One-Month Rental Subsidy.docx	Approval NOA for housing programs informing participant of rental obligation, 1 month subsidy	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	Manual <Program> NOA
x		DSS HOME 163	HOME Consult Guide.docx	Consult guide to screen application for SLO Co. housing programs	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	Since this is a guide, is this actually imaged? New Rec.	HSP and Homeless Assistance Forms
x		DSS HOME 19	BFH and HSP Trailer Addendum.docx	R&R for BFH and HSP housing programs.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x		DSS HOME 20	BFH and HSP Prerequisites for Taking Tenancy.docx	Information notice (terms and conditions) for BFH and HSP housing programs.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x		DSS HOME 202	Landlord Informing Letter.docx	Notice to landlord about tenant's enrollment into SLO Co. subsidized housing program.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x		DSS HOME 203	BFH and HSP Conclusion Letter to Landlord.docx	Notice to landlord about tenant's disenrollment into SLO Co. subsidized housing program.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x		DSS HOME 204	BFH and HSP Home Visit Guide.docx	Home visit consult guide for BFH and HSP programs	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x		DSS HOME 205	BFH and HSP Program Rent Extension Request.docx	Form for housing program participants to extend subsidy payments for rent.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x		DSS HOME 206	Program Rent Extension Agreement BFH and HSP.docx	Agreement/Contract for extension of housing program rent subsidy.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x		DSS HOME 207	BFH and HSP Habitability-Landlord Mitigation Request.docx	Request by new landlords or existing landlords to assist with maintenance of homes.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms

x	DSS HOME 209	BFH and HSP Habitability Landlord Mitigation Denial Letter.docx	Denial of request by new landlords or existing landlords to assist with maintenance of homes.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x	DSS HSP 1	CW Housing Support Program HSP Application.docx	Applicatoin for HSP program. CalWORKS linked families	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x	DSS HSP 101	HSP Eligibility Acknowledgment Notice.docx	NOA for approval to housing program with referral to partner agency Family Care Network	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x	DSS HSP 102	CW HSP Denial NOA.docx	Application denial NOA for CW housing support program.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec. New Rec.	Manual <Program> NOA HSP and Homeless Assistance Forms
x	DSS HSP 103	CW HSP Notice of Program Discontinuance.docx	Discontinuance noa for CW housing support program.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec. New Rec.	Manual <Program> NOA HSP and Homeless Assistance Forms
x	DSS HSP 11	Notice of Noncompliance.docx	Noncompliance letter for failure to meet CW HSP requirements. Includes appt. Failure to comply can result in disc. From program	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted into.	New Rec.	HSP and Homeless Assistance Forms
x	DSS HSP 12	HSP Housing Search Log.docx	Permanent housing search log	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	CW 74	Permanent Housing Search Document
x	DSS HSP 13	Housing Support Needs Request.docx	Form for applicants/recipients to request assistance (credit reports, credit checks, childcare, etc.)	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x	DSS HSP 17	Staffing Questionnaire.docx	Worker tool to summarize applicants needs, resources and barriers for housing programs	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x	DSS HSP 210	One-Time HSP Exception Assistance Approval.docx	Approval NOA for 1 time housing assistance payment.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec. New Rec.	Manual <Program> NOA HSP and Homeless Assistance Forms
x	DSS HSP 5	Client Informed Consent and Release of Information for HMIS.docx	Informing and release for participant information to be added to HMIS database for tracking and statistics	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted into.	New Rec.	HSP and Homeless Assistance Forms
x	DSS HSP 6	Housing Barrier Assessment.docx	SLO Housing support intake form. Gathers all needed info and barriers of applicant and family members.	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x	DSS HSP 7	Housing Support Program Agreement.docx	Agreement of conditions when approved and accepting assistance from housing programs	Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x	DSS KG 110	EFC Information for Kin-GAP before Age 16.docx	Participant informing letter for extended Kin-GAP	County created form to inform recipients about extended Kin-GAP and qualification requirements.	New Rec.	KG Forms
x	DSS KG 255	Kin-GAP Informing Letter.docx	Informing notice potential eligibility to extended KinGap benefits	Informing notice to applicants of potential eligibility to extended benefits, criteria and how to inquire.	New Rec.	KG Forms
x	DSS KG 256	Request for Extended Kin-GAP Benefits.docx	Participant request for extended KinGap benefits and verification requested.	County created form no CalSAWS or State equivalent	New Rec.	KG Forms
x	DSS KG 257	Kin-GAP Extension Determination.docx	Worker decison tool to detmine if Kin-GAP benefits extend beyond 18 yrs.	County created worker tool to determine if recipient qualifies for extended Kin-GAP payments. Requires supervisor and RM	New Rec.	KG Forms

x	DSS KG 854	Kin-Gap RV Letter.docx	Kin-GAP informing notice for participants that redertmination is due.	County created informing notice that Kin-GAP redetermination is due. Coverletter is provided with each redetermination packet	New Rec.	KG Forms
x	DSS MC 118	TMC Worksheet.docx	Tracking tool for TMC eligibility, month 1-12	Worker tool to track when TMC begins and ends for MC. Whe QSRs due and questions for continued	New Rec.	Program Budgets & Worksheets
x	DSS MC 157	LTC Facility Trust Account.docx	Document to verify LTC facility trust account	County created form that is a release of information as well as requesting if LTC individual has a trust account with the facility and the balance.	New Rec.	Property Statement and Verification
x	DSS MC 16-LTS-INT	LTC-INT Long Term Care Intake Checklist.docx	Checklist of all criteria needed to approve/deny MC LTC case.	County created worker tool required by SLO Co. Checklist of all program requiements and also requires worker date and signature.	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	DSS MC 16-LTS-RRR	LTC-RRR Long Term Care RRR Checklist.docx	Checklist of all criteria needed to process MC LTC case redetermination.	County created worker tool required by SLO Co. Checklist of all program requiements and also requires worker date and signature.	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	DSS MC 176-I	I Earned Income Worksheet.docx	MC earned income calucation tool	Staff can enter information about checks received, dates, apportionment and allowable deductions. Automated worksheet	PA 167	Monthly Earnings Report
x	DSS MC 176-IA	IA Self Employment Worksheet.docx	Self employment worksheet to determine net average monthly income for MC	Staff can enter income and expenses by month to determine the net average monthly income using Tax or self employment documents	CSF XXX CSF XXX	Self-Employment Income Statement Notice to Self-Employed Individuals
x	DSS MC 197	Courtesy Application Coversheet.docx	Courtesy application information letter for non SLO Counties.	County created for to inform other counties that a courtesy application was taken in SLO Co. and provide worker, worker contact, applicant	New Rec.	Fax/Coversheets
x	DSS MC 199	LTC Approval - POI Expired.docx	Informing letter regarding POI for LTC	Staff can inform applicant/recipient of POI ending date and date MC without restrictions begins.	New Rec.	Manual <Program> NOA
x	DSS MC 209	Board and Care Expense Verification.docx	Request for information from Board and Care facility	Worker request Board and Care rate, prior rate, facility name. From Minor vs. Rank lawsuit	CSF XXX	Board and Care Statement
x	DSS MC 222	DDSD Checklist.docx	MC DDSD checklist	County created document to track DDSD appliations and checklist that proper paperwork was received and correct processing of application.	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	DSS MC 238	Fair Market Value - POI.docx	POI for LTC application, transfer of property	NOA created to send applicants/recipients that a transfer of property created a POI for LTC facilities. Information about the item, value of transferred property and ineligibility period.	New Rec.	Property Statement and Verification
x	DSS MC 473	RRR Completed.docx	Informing notice that MC annual determination has been completed.	Informing notice that MC annual redetermination has been completed. CalWIN will generate change NOAs, nothing if no changes	New Rec.	Manual <Program> NOA
x	DSS MC 473-M	M MAGI MC RRR Completed.docx	Informing notice that MAGI MC annual determination has been completed.	Informing notice that MAGI MC annual redetermination has been completed. CalWIN will generate change NOAs, nothing if no changes	New Rec.	Manual <Program> NOA

x		DSS MC 489	Record of Bills Hunt vs Kizer.docx	Participant/Applicant statement of unpaid bills	County created form for applicants/recipients to submit unpaid medical bills to reduce SOC.	HK App Letter	Hunt V. Kizer Medical Bills Approval Letter
x		DSS MC 657	DDS Waiver Approval.docx	Approval NOA for MC DDS Waiver program	County specific NOA	New Rec.	Manual <Program> NOA
x		DSS MC 734	Minor Consent Approval Notice.docx	MC Minor Consent approval	County specific NOA for Minor Consent, includes benefits approved	New Rec.	Manual <Program> NOA
x		DSS MC 735	Coverletter for TMC Status Report.docx	Coverletter provided with TMC QSR	County specific informing notice of TMC QSR submitting requirement	MC 325	Request For Transitional Medi-Cal (TMC) Or Four Month Continuing
x		DSS MC 841	Approval of 4M for Former FC Children.docx	Approval NOA for Former Foster Care Children	County created NOA informing youth of approval to Former Foster Care Children until at 26.	New Rec.	Manual <Program> NOA
x		DSS MCI 101	Inmate Medi-Cal Suspension.docx	MC NOA for suspension of benefits	County created NOA to inform recipient that MC is suspended due being an inmate of a public	New Rec.	Manual <Program> NOA
x		DSS MCI 201	Inmate Medi-Cal Suspension Removed.docx	MC NOA for suspension of benefits removed.	County created NOA to inform recipient that MC is suspended due being an inmate of a public institution has been removed	New Rec.	Manual <Program> NOA
x		DSS TCV 001	Trafficking and Crime Victim Declaration.pdf	(TCVAP) Trafficking & Crime Victim declaration form	County form created for individuals to self declare they have been a victim of human trafficking. County	CW 2213	Response to Request to Inspect Cash Record CalWORKs, CalFresh, TCVAP, and Refugee Programs
x		DSS TCV 101	MC TCVAP Approval.docx	TCVAP approval NOA and services approved.	County created NOA for TCVAP approval. Indicates SOC or no SOC	New Rec.	Manual <Program> NOA
x		DSS TCV 201	MC TCVAP Discontinuance.docx	TCVAP discontinuance NOA	County created disc NOA for TCVAP and listing reason for disc.	New Rec.	Manual <Program> NOA
x		DSS TCV 301	MC TCVAP Denial.docx	TCVAP denial NOA	County create denial NOA for TCVAP and denial reason	New Rec.	Manual <Program> NOA
		DSS52	Message To My Worker.docx	applicant/Recipient can leave written to to assigned worker	no equivalent	New Rec.	Customer/Worker Contact
	x	DSS72	Preferred Language Designation.docx	Choice of English or Spanish	Written/signed statement selecting language for case.	New Rec.	Language Designation form
x	x	DSS827	Needs Budget Worksheet.docx	automated worksheet to determine available income (income vs. expenses)	no equivalent - Used to determine if app/ recip. Can afford to pay for a requested services	New Rec.	Program Budgets & Worksheets
	x	DSS828	Communication between DSS and Behavioral Health.docx	communication tool for shared client information	Document communication between County departments, no equivalent	New Rec.	Behavioral/Mental Health Forms and Referrals
x	x	E 18A	CFET ORIENTATION NOTICE	CFET ORIENTATION NOTICE	NEEDED FORM NOT ON TIER 1 LIST	New Rec.	CFET Forms/Agreements
	x	E 41A	FSET PARTICIPATION AGREEMENT	FSET PARTICIPATION AGREEMENT	NEEDED FORM NOT ON TIER 1 LIST	New Rec.	CFET Forms/Agreements
	x	E 4A	GR FSET WORK HISTORY	GR FSET WORK HISTORY	NEEDED FORM NOT ON TIER 1 LIST	New Rec.	GA/GR Work Related and Activities
	x	E 61	REFERRAL TO JOB SERVICES	REFERRAL TO JOB SERVICES	NEEDED FORM NOT ON TIER 1 LIST	ABP 432	Job Fair Referral
x		E2Lite TANF RADEP	Employers Verification of Actual Worked Hours	Used to verify actual hours worked.	No possible map found in listing	New Rec.	Tracked WTW Activities, Hours, Exemptions
	x	EA 1	Emergency Assistance Application	Emergency Assistance-Child removed	Child Removed from home, emergency placement and assistance. Foster Care only. Similar Form not found on Forms List.	New Rec.	FC Forms
	x	EA 1	Emergency Assistance Application for Child Welfare Services	Contains required eligibility information to determine Emergency Assistance eligibility	Completed by head of household or SW and provided to eligibility with necessary information to determine eligibility to the emergency assistance program - required for Emergency Caregiver Funding (5K/5L and Emergency Assistance (5K) - No	New Rec.	FC Forms
	x	EA_Abatement _Req	Emergency Assistance/EA Abatement Request	Emergency Assistance Abatement Request (joint form used by FC and CFS)	Emergency Assistance Abatement Request (joint form used by FC and CFS)	New Rec.	FC Forms



				Required form that notifies clients who use their EBT card at stores that no longer are certified to accept EBT. These come to our Division to be investigated as possible trafficking.		
	x	EBT 3508	EBT ALERT	Mandated State form	The current iFiles index is 1508 FS	New Rec.
		EDD	Work registration card	Disability/Work Reg		Fiscal Forms
		Emergency MC Update Form	CCAH Emergency MC Update Form	CCAH Emergency MC Update Form		Verification
		Employee	Employee Timesheet	WTW Participation		New Rec.
				The form provides customers information on how and where to submit payments.	This is an informational notice to customers. There is no relevant form on the list.	MEDS Related - Clearance, Updates, Requests
		Eng/Sp	Payment Informing Notice			If this is an informational notice, is it imaged?
	x	ES FS 1A	Family Stabilization Screening	WTW Exemptions		New Rec.
	x	ES FS 1B	Family Stabilization Determination	WTW Exemptions		Family Stabilization Forms and Docs
	x	ES FS 2	Family Stabilization Plan	WTW Plans		New Rec.
	x	ESEPWEX	Paid Work Experience	WTW Participation		New Rec.
		ETA 9062	Conditional Certification - WOTC	WOTC	State Form	WTW Agreements, Assessments, etc.
						New Rec.
x		ETA Form 9062	Work Opportunity Tax Credit	Work Opportunity Tax Credit	State Form	Vendor Agreements and Forms
						Verification
						Dept. of labor form
x		Eviction Docs with Homeless	Eviction Docs with Homeless App	Homeless		New Rec.
	x	Exparte M/C Referral- Disc	Exparte M/C Referral- Disc FC	Applications/SOF/ICT		HSP and Homeless Assistance Forms
						New Rec.
x		F063-02-382	Home Call Letter	HVP Program	Assembly Bill 1811	FC Forms
	x	F063-02-747	Backward Mapping	GOAL SETTING TOOL	CW 2.0	New Rec.
c		F063-02-748	Getting to Know You	GOAL SETTING TOOL	CW 2.0	New Rec.
		F063-02-749	Goal Storming	GOAL SETTING TOOL	CW 2.0	New Rec.
		F063-02-750	My Goal Plan	GOAL SETTING TOOLS	CW 2.0	New Rec.
		F063-02-751	My Road Map	GOAL SETTING TOOLS	CW 2.0	New Rec.
		F063-02-752	Needs Assessment	GOAL SETTING TOOLS	CW 2.0	New Rec.
		F063-02-753	Quality of Life	GOAL SETTING TOOLS	CW 2.0	New Rec.
						CW 2.0 Forms
	x	F063-29-141	ACE Request	Emergency Assistance Abatement Request (e-form used by FC Intake)	e-form used by Foster Care Intake ETs internally to request for Emergency Assistance funding abatements	New Rec.
						FC Forms
	x	F063-29-38	Adoption and Sate Family Act/ASFA Court Findings Worksheet	Adoption and Safe Family Act Court Findings Worksheet	Form not available from the state. Used for tracking compliance of initial court findings required for all state and federal FC cases	New Rec.
						Program Budgets & Worksheets
	x	F063-29-39	Adoption and Sate Family Act/ASFA Ongoing Court Findings	Adoption and Safe Family Act Permanency Planning Hearing Worksheet	Form not available from the state. Used for tracking ongoing court permanency planning findings required for all federal FC cases	Court/Hearings Document
						Fair Hearing Forms
	x	F063-29-41	Adoption Assistance Program/AAP Intake Case Recording Sheet	AAP Intake Case Recording Sheet	Form not available from the state. Used by Intake ET as a checklist when initiating the case to ensure all required	Other county drawer - AAP
	x	F063-29-56	Adoption Assistance Program/AAP Case Recording Sheet	AAP Reassessment Case Recording Sheet	Form not available from the state. Used by ET as a RRR checklist to ensure all required documents/actions are in the case	Other county drawer - AAP
	x	F063-29-80	Adoption Assistance Program/AAP GH Payment Report	Adoption Assistance Program (AAP) Group Home Payment Report	Form not available from the state. Form is used by Group Homes (GH) to record the number of days the adopted child is in their facility. GH send to ET for payment request.	Other county drawer - AAP

			Adoption Assistance Program/AAP		Form not available from the state. Used by CFS Social Workers to notify Eligibility of a Wraparound application for a foster child		
x	F063-29-88	Wraparound Application Request	AAP Wraparound Application Request			Other county drawer - AAP	
					Assembly Bill 1811 (Chapter 35, Statutes of 2018) appropriates funding for the implementation of the HVP within the CalWORKs program. The HVP will provide an opportunity to demonstrate the impact of home visiting services with		
x	F063-30-968	Home Visiting Program (HVP)	HVP Program			New Rec.	Home Visit Forms
			Foster Care Payment Proration Worksheet		Calculates FC Prorated payment	New Rec.	Program Budgets & Worksheets
x	F063-31-12	Budget Proration Worksheet					
		Home Visiting Program (HVP)	Attendance form for providers to complete and allow WTW hours for participating in HVP		Home Visiting Program (HVP) WTW Attendance	New Rec.	Home Visit Forms
x	F063-41-440	WTW Attendance					
		Managed Care Disenrollment request	Disenrollment request		Used to enroll/disenroll FC children form managed healthcare plans - no comparable form.	New Rec.	FC Forms
x	FC 110						
		EFC Transmittal Form	Communication form		Used to communicate between FC EW and SW. no comparable form	New Rec.	Worker/Worker Contact
x	FC 120	Unemployment Deprivation worksheet	Worksheet		Used to determine unemployment deprivation - no comparable form	New Rec.	FC Forms
		FC 3 A (Supplement)	AFDC-FG/U Worksheet		Used to determine correct FC payment - no comparable form	New Rec.	Program Budgets & Worksheets
x	FC 282				Form is specific to county Foster care program	New Rec.	FC Forms
		Clothing Allowance Authorization	FC form when a clothing allowance is requested				
x	FC 30-26	Legal Guardianship Service Referral	FC form when referring LG to service worker		Form is specific to county Foster care program	New Rec.	Non-Fraud Referral or Request
		Trust Referral	FC form used to become rep. payee of benefits		Form is specific to county Foster care program	New Rec.	FC Forms
x	FC 34-4	Stepparent included parent Budget worksheet	FC form when a stepparent reside with family		Form is specific to county Foster care program	New Rec.	Program Budgets & Worksheets
			FC form for caregivers that want funding deposited directly into their bank accounts.		Form is specific to county Foster care program	DCFS 6040	Direct Deposit Application Instructions
x	FC 40-79	Direct Deposit Application form					
		Foster Budget Authorization	FC authorization of funding		Form is specific to county Foster care program	New Rec.	Program Budgets & Worksheets
x	FC 45-16	Renewal Determination	FC form when re-determining eligibility		Form is specific to county Foster care program	FFY PACKET	Former Foster Youth Packet
		Eligibility Referral	FC form when case is approved		Form is specific to county Foster care program	New Rec.	FC Forms
x	FC 45-3	Add Provider	FC form to enter new caregivers in Calwin		Form is specific to county Foster care program	RDB? New Rec.	FC Forms
		LG Application Clearance Sheet	FC form used for application registration		Form is specific to county Foster care program	New Rec.	Application, Intake, or Screening Tools
x	FC 45-41	Verification of Receipt of Foster Care Income	FC caregivers need income verification of funding		Form is specific to county Foster care program	New Rec.	FC Forms
		FC 50-10	FC form to send case documents to webfiles		Form is specific to county Foster care program	New Rec.	FC Forms
x	FC 50-20	Imaging Form					
		Foster Care/Kin-GAP/ARC/Medi- Cal communication	Communication form		Used to communicate between EWs and SW. no comparable form	New Rec.	FC Forms
x	FC 700 FC 701				Used to communicate between SIA unit and EW regardign receipt of SSI/SSA - no comparable form	New Rec.	FC Forms
		Notification of Supplemental Income	Communication form				
x	FC 808A						

x	FC 920	Auditing Referral - Unable to Locate Debtor	Communication form	Used to inform auditing a provider was sent a NOA and it was returned - no comparable form	New Rec.	Non-Fraud Referral or Request
x	FC 930	Informal Hearing Narrative	Tracks hearing information	Used by district manager to track information in regards to the informal hearing process - no	Court/Hearings Document	Fair Hearing Forms
x	FC 960	Informal Hearing Request	Communication form	Used by Supervisor to communicate request for a hearing by a provider - no comparable form	Court/Hearings Document	Fair Hearing Forms
x	FC 964 Eng & SP	Repayment Agreement	Repayment	Used for voluntary repayment of Foster Care payment - no	DCFS 6025	FISCAL Voluntary Repayment Agreement
x	FC 970	Balancing Notice	Overpayment balance	Used to inform auditing of need to balance an overpayment with an underpayment - no comparable form	New Rec.	FC Forms
x	FC ETR 1	EDUCATIONAL TRAVEL REIMBURSEMENT	EDUCATIONAL TRAVEL REIMBURSEMENT	REIMBURSEMENT OF TRAVEL EXPENSE FOR FOSTER CARE	New Rec.	Transportation Forms
x	FC LOC 1	LOC FORM	LEVEL OF CARE SCORE SHEET	DETERMINE LEVEL OF CARE NEEDED FOR CHILD IN FOSTER CARE	New Rec.	FC Forms
x	FC NMD	Non Minor Dependent Needs Letter	NMD form to request additional information	Form is specific to county Foster care program	New Rec.	FC Forms
x	FC Q1	FOSTER CARE QUESTIONNAIRE	LISTS INCOME/ASSETS OF PARENTS OF CHILD	USED IN DETERMINING ELIGIBILITY FOR THE FOSTER CARE PROGRAM	New Rec.	FC Forms
x	FC REL 9	NREFM PLACEMENT AGREEMENT	PLACEMENT AGREEMENT	ACCEPTANCE OF RESPONSIBILITY OF CHILD IN FC PLACEMENT	New Rec.	FC Forms
x	FC RS 1	COUNTY RATE SHEET	CURRENT FOSTER CARE RATES	COUNTY AUDITORS REQUIREMENT	New Rec.	FC Forms
x	FC SB 163	REQUEST FOR WRAP SERVICES	REQUEST FOR WRAP SERVICES	DETERMINE ELIGIBILITY FOR WRAP SERVICES	New Rec.	FC Forms
x	FC SSA 11	SSA PAYEE REQUEST	SSA PAYEE REQUEST	REQUEST FOR COUNTY TO BECOME SSA PAYEE FOR FOSTER CARE CHILD	New Rec.	FC Forms
x	FC18	Notification of AFDC-Foster Care Transfer	Contains case status information for eligibility transfer from one county to another; provides contact information, case level information and date of transfer	Completed by CBS when the jurisdiction of the case was transferred from one county to another - No Match	New Rec.	FC Forms
x	x	FH Template	Fair Hearings Template	Fair Hearings Template	Court/Hearings Document	Fair Hearing Forms
x	x	FH-002	Fair Hearings Outline	FH-002 Fair Hearings Outline	Court/Hearings Document	Fair Hearing Forms
x	x	FH-014	Fair Hearings Decision Interoffice Memo	FH-014 Fair Hearings Decision Interoffice Memo	Court/Hearings Document	Fair Hearing Forms
x	x	FH-017	Fair Hearings Compliance Form	FH-017 Fair Hearings Compliance Form	Court/Hearings Document	Fair Hearing Forms
x	Fictitious Business Name	Fictitious Business Name Stmt	WTW Employment	Verification		
	Fiscal	30-Day Notice	States that payment is 30 days late	For collection purposes - no match	CSF XXX	Demand Letter for Overpayment
	Fiscal	Monthly Statement Generated By VACS	Billing statement generated by VACS	Statement of Collections - Possible match with "Billing Statement"	New Rec.	Fiscal Forms
	Fiscal	Notice Receipt of Intercept	Informs that the Fed Tax Refund has been intercepted	Needed to begin collection process - No Match	New Rec.	Fiscal Forms
	Fiscal	Notice of Action	Notification of overissuance (generated by VACS)	Notification of overissuance to begin the collections process - No match	New Rec.	Manual <Program> NOA
x	Fiscal	Repayment agreement	Captures terms of repayment agreement	Needed to capture terms of agreement - Possible match	New Rec.	GA/GR Repayment Agreements/Forms
	Fiscal	60-Day Notice	States that payment is 60 days late	For collection purposes - no match	CSF XXX	Demand Letter for Overpayment
x	Form # 45-51	Guardian Responsibilities and Rights	FC information of reporting responsibilities	Form is specific to county Foster care program	New Rec.	FC Forms
x	Form # 45-57A	Foster Care Need Letter-Relatives	Request for verifications from relative placement	Form is specific to county Foster care program	New Rec.	FC Forms

x	Form # 56-1	Statement under Penalty of Perjury	Used for substitution for a missing Birth certificate	Form is specific to county Foster care program	PA 853-1	Affidavit To Document: U.S Citizenship, Identity And Birth
x	Form 078	Initial contact with claimant	County form	This form documents Initial contact with Appeals claimant	Court/Hearings Document	Fair Hearing Forms
x	Form 2128 REV 10-01-18	CAAP Intake Checklist	CAAP Intake Checklist	No available index listed in CalSAWS	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	Form 2146 REV 05-23-19	CAAP TB Screening Referral	CAAP TB Screening Referral	There is no index for GA	New Rec.	Application, Intake, or Screening Tools
x	Form 2274 REV 01-01-19	CAAP Homeless Client Agreement	CAAP Homeless Client Agreement	No available index listed in CalSAWS	New Rec.	GA/GR Other Forms
x	Form 2275 REV 01-11-19	CAAP Benefit Package Disclosure	CAAP Benefit Package Disclosure	No available index listed in CalSAWS	New Rec.	GA/GR Other Forms
	Form 2502 REV 08-01-18	VIP Outcome Report	VIP Outcome Report	No index for GA		
x	Form 4010	State Hearing/ Aid Paid Pending Status	County form	This form documents State Hearing/ Aid Paid Pending Status	Court/Hearings Document	Fair Hearing Forms
x	Form 6105	CalFresh Interview Followup		Inform customer of their responsibilities post-interview.	PUB 13	Your Rights Under California Welfare Programs
	x Form 801	Asset Distribution Verification	County Form	This form is mailed out to company to request verification regarding Asset distribution for IRS Asset Match	CW 60	Release of Information - Financial Institution
	x Form 926	Bank Verification	County Form	This form is mailed out to Bank to request verification regarding bank accounts for IRS Asset Match	CW 60	Release of Information - Financial Institution
	Form 963 FTI	FTI Asset Match Client Letter	County Form	This form is a client contact letter for IRS Asset Match on unearned income reported by businesses such as banks for out-of-state asset accounts, interest, dividends, lottery winnings, stocks, bonds, IRAs, mortgage income and other unearned income not reported by the Franchise Tax Board.	New Rec.	Fiscal Forms
	Form 963 SelfEmployed	BEER Match Cleint Letter	County Form	This form is a client contact letter for BEER Match on out-of-state wages, military wages, federal wages and self-employment wages.	Can employment verification forms be used? New Rec.	Customer/Worker Contact
	Form 975	Out of State EBT Transaction Response form	County Form	The form is based on a State match in the SARS system that is uploaded by Investigations staff and sent along with 975 to notify the Eligibility worker the investigation results of clients who consistently use their EBT outside of California. The worker sends the form back to indicate what case action was taken	New Rec.	Fiscal Forms
x	Free Medical and Dental	Free Medical and Dental Exams	Applications/SOF/ICT		What info is on this? Is this imaged? Is it a MC application?	
x	FSP 4	FSP Progress Report	WTW Plans		New Rec.	Family Stabilization Forms and Docs
x	G-845	Prucol	FC form used for undocumented youth	Form is specific to county Foster care program	G-845	Document Verification Request
x	GA 1	Affidavit and Promissory Note Application for General Assistance (English/Spanish)	Legal Document-Promise to Pay	Repayment of potential SSA, Pension, etc. Monies granted to customer to repay County of Stanislaus for monies used from General Fund	New Rec.	GA/GR Repayment Agreements/Forms
x	GA 1		GA Application	Specific to county business process for GA	New Rec.	GA/GR Application

x	GA 1	Application for GA	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	GA/GR Application
x	GA 10	General Assistance Budget Worksheet	Budget Worksheet	manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Program Budgets & Worksheets
x	GA 10 H	General Assistance Budget Worksheet – Homeless	Budget Worksheet	manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Program Budgets & Worksheets
x	GA 100	Statement Of Facts For General Assistance	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	GA/GR Application
x	GA 10d	Disabled Discontinuance NOA (English/Spanish)	GA Disabled Disc NOA	Specific to county business process for GA	New Rec.	Manual <Program> NOA
x	GA 10e	Employable Discontinuance NOA (English/Spanish)	GA Employable Disc NOA	Specific to county business process for GA	New Rec.	Manual <Program> NOA
x	GA 1123	Non-Automatic GA Hearing- Appointment Slip	GA Hearing	General Assistance Hearing appointment; existing CalSAWS Documents are too specific to other GA/GR programs and do not meet	Court/Hearings Document	Fair Hearing Forms
x	GA 157	General Assistance Overpayment Computation Worksheet	Overpayment/Overissuance/Underpayment/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Program Budgets & Worksheets
x	GA 16	SSI Advocacy Communication Form	SSI Advocacy	Form is used for SSI Advocacy purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Customer/Worker Contact
x	GA 18	General Assistance Mandatory Billing Form	Miscellaneous	There needs to be a generic miscellaneous category for documents that do not index to any of the existing existing CalSAWS Documents and it does not make business sense to create a new	New Rec.	GA/GR Repayment Agreements/Forms
	GA 18 A	Notice to Facility Operator	Notice of Action	Notice of Action for County specific program (GA); existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	GA 2	GA Appointment Letter (English/Spanish)	GA Appointment Letter	Specific to county business process for GA	New Rec.	GA/GR Application
x	GA 20	Request For General Assistance Hearing	GA Hearing	Client's request for General Assistance Hearing; existing CalSAWS Documents are too specific to other GA/GR programs and do not	Court/Hearings Document	Fair Hearing Forms
x	GA 201	GA- Transportation Approval	Notice of Action	Notice of Action for County specific program (GA); existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA

x	GA 21	Withdrawal Request for GA Hearing	GA Hearing	Clients withdrawal of General Assistance Hearing request; existing CalSAWS Documents are too specific to other GA/GR programs and do not meet the needs of Santa Clara	DPA 315	Withdrawal/Conditional Withdrawals of Request for Hearing
x	GA 239	General Assistance Program	Notice of Action	Notice of Action for County specific program (GA); existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	GA 3	Job Search and Video (English/Spanish)	Job Search and Video Verif	Specific to county business process for GA	New Rec.	GA/GR Work Related and Activities Forms
x	GA 30	GA Budget Worksheet	GA Budget Worksheet	Specific to county business process	New Rec.	Program Budgets & Worksheets
x	GA 30	General Assistance Job Search Control	Vocational Sevices	Form is used for Vocational Services purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	GA/GR Work Related and Activities Forms
x	GA 3300	Non-Automatic GA Hearing	GA Hearing	notice to the client of General Assistance Hearing outcome; existing CalSAWS Documents are too specific to other GA/GR programs and do not meet the needs of Santa	ABP 1768	Notice of Hearing Decision - General Relief & GROW
x	GA 3a	Job Search Requirements (English/Spanish)	Job Search Requirements	Specific to county business process for GA	New Rec.	GA/GR Work Related and Activities Forms
x	GA 4	Rights and Responsibilities (English/Spanish)	Rights and Responsibilities	Specific to county business process for GA	GR 21 GR RR SAWS 2 PLUS	General Relief Rights and Responsibilities SAWS II PLUS with the GR Rights and
x	GA 40	General Assistance Administrative Review by Director	GA Hearing	General Assistance Hearing Admin review decision document; existing CalSAWS Documents are too specific to other GA/GR programs and do not meet the needs of Santa Clara	Court/Hearings Document	Fair Hearing Forms
	GA 5	Director's Exception Request - Individual	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	GA/GR Other Forms
x	GA 5	EDD Registration Verification (English/Spanish)	EDD Registration Verification	Specific to county business process for GA	New Rec.	GA/GR Work Related and Activities Forms
	GA 5 F	Director's exception Request - Family	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	GA/GR Other Forms
x	GA 53	Eligibility Worker/Vocational Services Communication	Vocational Sevices	Form is used for Vocational Services purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Worker/Worker Contact
x	GA 54	Sponsorship Questionnaire	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	Sponsor Related Forms
x	GA 56	Notification to Sponsor	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	Sponsor Related Forms

				Sponsored Non Citizen Control Sheet	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	Sponsor Related Forms
	x		GA 60			This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	Home Visit Forms
	x		GA 66	Home Visit Request	Client Request/Agreement	Form is used for Vocational Services purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	GA/GR Monthly Reports
	x	x	GA 68	Monthly Attendance Report	Vocational Sevices	Specific to county business process	New Rec.	Manual <Program> NOA
	x		GA 8	Grant NOA (English/Spanish)	GA Grant NOA	Notice of Action for County specific program (GA); existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
			GA 8	Standard failure to respond Letter	Notice of Action	Specific to county business process	New Rec.	Manual <Program> NOA
	x		GA 9	Denial NOA (English/Spanish)	GA Denial NOA	Form is used for Vocational Services purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	GA/GR Work Related and Activities Forms
	x	x	GA 9	Public Works Job Assignment and Time Sheet	Vocational Sevices	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	Appointment Letter
			x	GA 919	Appointment Notice for Medical Verification	Verification request	Specific to county business process for GA	SSS SSIAP
	x		GA 936	SSI/SSP Referral Letter	GA SSI/SSP Referral Letter	County created automated excel worksheet to determine GA grant	New Rec.	Program Budgets & Worksheets
x		x	GA Budget Worksheet	GA Budget Worksheet.xlsx	GA grant determination worksheet	Used to request authorization from a participant to facilitate provision of Job Development services and referrals to employers.	No possible map found in listing	ABCDM 228
		x	GAIN 251	GAIN REP Job Development Authorization for Release of Information		No possible map found in listing	New Rec.	Property Statement and Verification
		x	GAIN 51	GAIN Property Statement		Used to request documentation from a private school of its accreditation or exempt status.	No possible map found in listing	New Rec.
		x	GAIN 64	BPPE Exemption Status Request Letter		Form must be completed when a participant makes a repayment using the EBT card.	Possible Map: EBT 9 - EBT Service Request	EBT 9 TEMP 2202
		x	GAIN EBT -9	EBT Service Request		Letter of Guardianship and Conservatorships Probate. Similar Form not Found on Forms List.	New Rec.	FC Forms
			GC 150	Guardianships and Conservatorships Probate	Court Documents	Request reimbursment to provider for IHSS wages due to decrease in Medi-Cal SOC.	Other county drawer - IHSS	
			Gen 1384	IHSS Retroactively Adjusted Medi-Cal Share of Cost; IHSS Provider Wage Reimbursement Claim Form	Mandated State form			
	x		GIS 803	EW Note - Exemption Status	WTW Exemptions		New Rec.	Customer/Worker Contact
		x	GN 106	Family Reunification Housing Support Moving Assistance Request Part - 1 and Family Reunification Support Moving	Request for Family Reunification participants to apply for Housing Support and Moving Assistance.	No possible map found in listing	PA 2124	Emergency Assistance to Prevent Eviction & Moving Assistance Programs Application

x	x	GN 2016	Identification of a Participant with Family Reservation Program Needs	Used by the DCFS Community Based Liaison to notify the DPSS Family Preservation (FP) Liaison of a CalWORKs participant who is receiving FP services or is scheduled to start services. It is also used by the FP representative to notify the FP GSW of a subsequent Multi-Disciplinary Case Planning Committee meeting.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	x	GN 45	Important Notice to Transitional Subsidized Employment Participants	Form used to notify participants that falsifying timecards is considered fraud.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	x	GN 5-2	Educational Plan	Document received from educational service providers indicating the participants required educational courses.	No possible map found in listing	New Rec.	Student/College Related Forms
	x	GN 6007	Notification of Change from Service Provider	GN 6007 is completed by contracted service providers to notify the GSW/CCM of participation changes for all CalWORKs participants.	No possible map found in listing	New Rec.	Manual <Program> NOA
	x	GN 6007A	Notification of Change from Specialized Supportive Services Provider	Form is completed by service providers to notify WTW staff of changes in the participant's ability to participate full-time or concurrently in other WTW activities.	No possible map found in listing	New Rec.	Manual <Program> NOA
x	x	GN 6007B	CalWORKs Supportive Services Enrollment Termination Notice	This form is completed by the treatment service providers to notify the GSW / CCM whenever a CalWORKs participant is no longer receiving treatment services at their agency, such as dropped-out, change of provider, or completed.	No possible map found in listing	New Rec.	Manual <Program> NOA
	x	GN 6013	GAIN Vocational/Career Assessment Disposition	This form is completed by the contracted service provider indicating the participant's employment plan which includes two employment goals.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	x	GN 6014	GAIN Vocational Assessment Summary and Employment Plan	This form is completed by the contracted service provider indicating the participant's employment plan, including any disclosed barriers.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	x	GN 6014A	GAIN Career Assessment Summary and Career Plan	Used by the contracted service provider indicating the participant's Career Assessment Summary and Career Plan.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	x	GN 6042	Inter-region transfer transmittal	Used when the case is being transferred from one Region to another.	No possible map found in listing	CSF XXX	Inter-Office Case Assignment
	x	GN 6044	GAIN Inter-County Transfer Notification Document	This document is completed when a participant is going to be transferred to another county.	No possible map found in listing	New Rec.	ICT Forms
	x	GN 6046-T	Overpayment Notice: Transportation Expenses	Notice sent when a participant fails to provide a receipt for specific transportation issueances.	No possible map found in listing	New Rec.	Manual <Program> NOA



	x	GN 6046-TN	Underpayment/Overpayment Notice: Transportaion Expenses	Notice sent when a participant is a no show to a WtW activity and transportation was issued.	No possible map found in listing	New Rec.	Manual <Program> NOA
	x	GN 6143-1	Practice Application	The Practice Application is administered to participants during Orientation by the Appraisal and Motivation Services contractor to identify participants who may be illiterate.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	x	GN 6162	Ancillary Checklist/Gram	This is a gram used by GAIN and REP contracted staff and DPSS County Issuance Approval (CIA) staff for authorizing participant's ancillary request.	No possible map found in listing	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x	GN 6164	Potential Exemption Gram	This is a gram used by GAIN and REP contracted staff and DPSS County Issuance Approval (CIA) staff for authorizing participant's exemption request.	No possible map found in listing	New Rec.	Tracked WTW Activities, Hours, Exemptions
	x	GN 6175	Early Compliance Phone Call Tracking Sheet	Tracking sheet used by GSWs/CCMs to track early compliance calls.	No possible map found in listing	New Rec.	Customer/Worker Contact
x	x	GN 6184	CalWORKs Notice of Change	Used between the GAIN Regions and District Offices to communicate participant changes.	No possible map found in listing	New Rec.	Worker/Worker Contact
	x	GN 6189	48 Month Time Limit Evaluation	Used to evaluate GAIN participant's CalWORKs 48-Month Time Clock.	No possible map found in listing	New Rec.	Time Limit Forms
	x	GN 6198	Time Limit Invitation letter	Used to invite and inform participants of Time Limit and Post-Time Limit services piror to and after exhausting the CalWORKs 48-Month Time Clock.	No possible map found in listing	New Rec.	Time Limit Forms
	x	GN 6323	Post-Employment Services Invitation Letter	This letter is used to invite employed participants to attend a seminar to learn about information on Post-Employment Services.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	x	GN 6331	Request for Review of Months Counted Toward the 48-Month Time Limit	Completed by participants to request a review of months that they don't think should have counted toward the CalWORKs 48-Month Time Clock.	No possible map found in listing	New Rec.	Time Limit Forms
	x	GN 6336	Vehicle Diagnosis Repair Expense Request Checklist	This form is used as a checklist of the required supporting documentation needed to evaluate the current GAIN/Cal-Learn/REP expense request for Ancillary, Transportation and/or Vehicle Repair Diagnosis and Repair Program (VDRP).	No possible map found in listing	New Rec.	Property Statement and Verification
	x	GN 6346	Telephone Follow-Up Form	Used to record the results of follow-up telephone calls to participants who fail to show for Appraisal, Orientation/Job Club, Flex Job Club, and Job Search.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.

x	GN 6384	E2Lite TANF RADEP Recommended Homework Study Time Form	This form is sent to contracted service providers to notify them that a participant was selected for an E2Lite/TANF RADEP review in a specified month.	No possible map found in listing	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	GN 6392	Family Stabilization WtW Plan Agreement	The Family Stabilization (FS)/WtW Plan form records the requirements and details of a participant's FS activity and allows the FS GSW to develop a comprehensive plan that assists the family in resolving the identified barriers.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
x	GN 6393	Request for Family Stabilization Services Part I or Waiver of Family Stabilization Services Part II	Utilized to document a participant's decision to accept or decline Family Stabilization Services.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
x	GN 6395	Mental Health Substance Abuse Use Disorder Treatment for Children Provider Referral Mental Health Substance Use Disorder Treatme	Form used to refer children of participants enrolled in Family Stabilization to Treatment Services provider and for providers to record the results.	No possible map found in listing	New Rec. New Rec.	Family Stabilization Forms and Docs Behavioral/Mental Health Forms and Referrals
x	GN 6396	Mental Health Substance Abuse Use Disorder Treatment for Children Service Provider Progress Report	Quarterly progress report for children of participants enrolled in Family Stabilization who are receiving treatment services.	No possible map found in listing	New Rec. New Rec.	Family Stabilization Forms and Docs Behavioral/Mental Health Forms and Referrals
x	GN 6397	Family Stabilization Referral and outcomes	This form tracks the outcomes, identified barriers, and any community resource referrals made as a result of the FS participant's consultation with a Care Coordinator.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
x	GN 6398	Family Stabilization Care Coordinator Consultation Referral And Outcomes Addendum Page	Addendum to GN 6397. This Form Provides Additional Space for the FS Care Coordinator to Document Barriers and Treating Agency's Contact Information.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
x	GN 6405	Family Stabilization Health Coordinator Consultation Referral and Outcomes	This form tracks the outcomes, identified barriers, and any community resource referrals made as a result of the FS participant's consultation with a Health Coordinator.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
x	GN 6406	Family Stabilization Health Coordinator Consultation Referral And Outcomes Addendum Page	Addendum to GN 6405. This Form Provides Additional Space for the FS Health Coordinator to Document Barriers and Treating Agency's Contact Information.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
x	GN 6407	GAIN Transportation Type Eligibility Worksheet	Used to determine travel time for public transportation or mileage.	No possible map found in listing	New Rec.	Transportation Forms
x	GN 6410	Overpayment Repayment Gram	This is a gram used by GAIN and REP contracted staff and DPSS County Issuance Approval (CIA) staff to create, activate, adjust, or resolve an overpayment recovery account.	No possible map found in listing	New Rec.	Worker/Worker Contact

x	GN 6414	HOME VISITATION WELFARE-TO-WORK PARTICIPANT ENROLLMENT RESULTS FORM	This form is completed by the Home Visitor and sent to the GSW/CCM/RCM to advise of the Home Visiting Program Enrollment Disposition	No possible map found in listing	New Rec.	Home Visit Forms
x	GN 6415	HOME VISITATION WELFARE-TO-WORK PARTICIPANT PROGRESS REPORT	This form advises GSWs/CCMs/RCMs of the status of the participant's Home Visiting activity quarterly.	No possible map found in listing	New Rec.	Home Visit Forms
x	GN 6417	NOTIFICATION OF CHANGE FROM HOME VISITING PROGRAM PROVIDER	This form is completed by the Home Visitor to advise the GSW/CCM/RCM of a change in the activity or a participant need.	No possible map found in listing	New Rec.	Home Visit Forms
x	GR 100 Eng & SP	RE Letter	appointment letter	General Relief RE appointment letter - no comparable form	CSF XXX	Appointment Letter
x	GR 127	General Relief Application Summary Sheet (E/S)	Intake tool	use to set orientation appointments, return appts and inform GR customers of verifs due - no	New Rec.	Application, Intake, or Screening Tools
x	GR 17	Bridges for Veterans Referral Form and SSV Referral Process		No possible map found in listing	New Rec.	GA/GR Other Forms
x	GR 200	General Relief Budget Worksheet	Budget worksheet	Manual budget used to determine grant amount - no comparable form	New Rec.	Program Budgets & Worksheets
x	GR 260	TAD Referral To DAAS For Socially Employable Evaluation	Referral to DAAS	Referral for services - no comparable form	New Rec.	Referral to Other Department
x	GR 502 Eng & SP	Weekly Community Work Experience Timesheet	Community service tracking	weekly tracking of community service - no comparable form	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	GR 515 Eng & SP	Work Registration Verification for GR (E/S)	WDD work registration	weekly tracking of work employ work requirements - no comparable form	New Rec.	GA/GR Work Related and Activities Forms
x	GR 520 Eng & SP	Volunteer Work Information Sheet For General Relief	Community service tracking	Weekly tracking of volunteer service - no comparable form	New Rec.	GA/GR Work Related and Activities Forms
x	GR 711	Authorization For Payment Of General Relief	Authorizes GR payment	Used to authorize emergency GR payments - no comparable form	New Rec.	GA/GR Other Forms
x	GREAT 1	Comm Volunteer Participation Agmt	CFET	This form is customized to our CF E&T Program	New Rec.	CFET Forms/Agreements
x	GREAT 10A	Orientation Appointment Letter	CFET	This form is customized to our CF E&T Program	New Rec.	CFET Forms/Agreements
x	GREAT 10S	Orientation Appointment Letter	CFET	This form is customized to our CF E&T Program	New Rec.	CFET Forms/Agreements
x	GREAT 11	Informing Notice	CFET	This form is customized to our CF E&T Program	New Rec.	CFET Forms/Agreements
x	GREAT 15	CF Program Unpaid Comm Vol Hrs	CFET	This form is customized to our CF E&T Program	New Rec.	CFET Forms/Agreements
x	GREAT 2	Referral and Participation Agmt	CFET	This form is customized to our CF E&T Program	New Rec.	CFET Forms/Agreements
x	GREAT 29	Community Volunteer Site Referral	CFET	This form is customized to our CF E&T Program	New Rec.	CFET Forms/Agreements
x	GREAT 36	Employer Contact Log	CFET	This form is customized to our CF E&T Program	New Rec.	CFET Forms/Agreements
x	GREAT 7	Community Volunteer Time Card	CFET	This form is customized to our CF E&T Program	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	GREAT 818	Notice of Action	CFET	This form is customized to our CF E&T Program	New Rec.	Manual <Program> NOA
x	GREAT 818A	Notice of Action	CFET	This form is customized to our CF E&T Program	New Rec.	Manual <Program> NOA
x	GROW 23 WIOA	Workforce Innovation and Opportunity Act Two-Way Referral Form		No possible map found in listing	New Rec.	GA/GR Other Forms

		GAIN Sanction Home Visit Outreach Checklist	A cover sheet used by GSHVO staff to ensure all actions were taken on home visit cases.			Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x		GSHV DOC001		No possible map found in listing	New Rec.	
x		HCM 74	HCM Housing Search Document	Possible Map: CW 74	New Rec.	HSP and Homeless Assistance Forms
		Health Ins Correspondence	Health Ins Correspondence	OHC/TPL/MEDS 1	Verifications Virtual Print CSF XXX	Request for Insurance Information
		Health Ins Premium Pmt	Health Ins Premium Pmt Verif	Deductions/Shelter Costs	Verifications CSF XXX	Request for Insurance Information
		Health Ins Verif Letter	Health Ins Verif Letter	OHC/TPL/MEDS 1	Verifications Virtual Print CSF XXX	Request for Insurance Information
		Health Insurance ID Card	Health Insurance ID Card	OHC/TPL/MEDS 1	Verifications Virtual Print CSF XXX	Request for Insurance Information
x		High School	High School Diploma	WTW Cal Learn	Verification	
x		HMIS	Authorization form	release	Allows staff to gather information for HMIS	Other Contact Authorization Forms
x		HMIS	Assessment	information regarding homelessness	Data entry information for the HMIS	HSP and Homeless Assistance Forms
		Homestart	Homestart Client Signature Sheet	WTW Participation		HSP and Homeless Assistance Forms
x		Homestart Monthly	Homestart Monthly Schedule	WTW Participation		HSP and Homeless Assistance Forms
x	x	Housing	Housing Vouchers	Deductions/Shelter Costs		HSP and Homeless Assistance Forms
		HSD 1003/HSD1003 A	SonomaWORKS TextBook&Supply Voucher	Voucher for the authorization of Textbook and Supplies for SRJC/CalWORKS Students	This form is specific to our partnership with Santa Rosa Junior College	Student/College Related Forms
x		HSD 1022	Information for Participants Substance Use Disorder Services	Guidance for SonomaWORKS clients entering into SUDS/MHS	This form is specific to our partnership with Sonoma County's Health Services programs	WTW Agreements, Assessments, etc.
x		HSD 1313	SonomaWORKS Expense Authorization Request	Authorization for SRJC Expense	This form is specific to our partnership with Santa Rosa Junior	Student/College Related Forms
x		HSD 1322	SRJC CalWORKS Request for a pre-college review	Guidance for SonomaWORKS clients contemplating SRJC enrollment	This form is specific to our partnership with Santa Rosa Junior	Student/College Related Forms
x		HSD 1390	Attendance Record	Attendance Form	No attendance documents listed on CalSAWS Document list	Tracked WTW Activities, Hours, Exemptions
x		HSD 1391	Attendance Record	Attendance Form	No attendance documents listed on CalSAWS Document list	Tracked WTW Activities, Hours, Exemptions
x		HSD 1616	Statement of Employment Hours	Employment Hours Verification Form	No similar document listed on CalSAWS Document list	Tracked WTW Activities, Hours, Exemptions
x		HSD 846	Job Seach/Community Service Attendance Record	Attendance Form	No attendance documents listed on CalSAWS Document list	Tracked WTW Activities, Hours, Exemptions
x		HSD 848	Employment Attendance Record	Attendance Form	No attendance documents listed on CalSAWS Document list	Tracked WTW Activities, Hours, Exemptions
x		HSD 883	New Student Guide to SRJC CalWORKS Office	Overview of SRJC enrollment	This form is specific to our partnership with Santa Rosa Junior	Student/College Related Forms
x		HSD 892	School Attendance Record	Attendance Form	No attendance documents listed on CalSAWS Document list	Student/College Related Forms
x		HSD 989	Health Services Attendance Record	Attendance Form	No attendance documents listed on CalSAWS Document list	Tracked WTW Activities, Hours, Exemptions
x		HSD 990	SRJC CalWORKS Program Student Release of Information	Release of Information for SRJC/CalWORKS student	This form is specific to our partnership with Santa Rosa Junior	Other Contact Authorization Forms
x		HSD12	General Assistance Rental Agreement [12]	General Assistance Rental Agreement [12]	General Assistance	GA/GR Other Forms

x		HSD1292D	Request for Fiscal Action - Request for Disaster CalFresh Non-System Determined Issuance. For Use when Benefit Determination is not made in CalWIN. (10/2017)	Request for Fiscal Action - Request for Disaster CalFresh Non-System Determined Issuance. For Use when Benefit Determination is not made in CalWIN. (10/2017) [1292D]	Disaster NSDI	DFA 390	Notice of Approval / Denial for Disaster CalFresh
	x	HSD13	Responsibilities of Persons Requesting General Assistance	Responsibilities of Persons Requesting General Assistance [13]	General Assistance	GR 21	General Relief Rights and Responsibilities
	x	HSD1309	Service Center Task Checklist; EA Task Checklist [1309]	Service Center Task Checklist; EA Task Checklist [1309]	Service Center	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x	HSD1320	GA Facility Rent Tracking [1320]	GA Facility Rent Tracking [1320]	General Assistance	New Rec.	GA/GR Other Forms
	x	HSD1323	Eligibility Worker- Social Worker Communication [1323]	Eligibility Worker- Social Worker Communication [1323]	Cross Division Communication	New Rec.	Worker/Worker Contact
	x	HSD1330	Work Crew Information [1330]	Work Crew Information [1330]	General Assistance	New Rec.	GA/GR Work Related and Activities
	x	HSD1348	General Assistance and/or CalFresh, Acknowledgement of Benefits, Rights & Responsibilities and Forms [1348]	General Assistance and/or CalFresh, Acknowledgement of Benefits, Rights & Responsibilities and Forms [1348]	General Assistance	GR 21	General Relief Rights and Responsibilities
	x	HSD1380	Facility General Assistance Turning Point 31 Day Notice [1380]	Facility General Assistance Turning Point 31 Day Notice [1380]	General Assistance	New Rec.	GA/GR Work Related and Activities Forms
	x	HSD19	Work Project and Work Requirements [19]	Work Project and Work Requirements [19]	General Assistance	New Rec.	GA/GR Work Related and Activities Forms
	x	HSD2	General Assistance Incapacitated Persons Agreement [2]	General Assistance Incapacitated Persons Agreement [2]	General Assistance	New Rec.	GA/GR Work Related and Activities Forms
	x	HSD24	General Assistance Verification of Physical / Mental Incapacity [24]	General Assistance Verification of Physical / Mental Incapacity [24]	General Assistance	ABP 4029	Mental Health Screening Form
	x	HSD29B	Statement of Facts Supporting Eligibility for General Assistance [29B]	Statement of Facts Supporting Eligibility for General Assistance [29B]	General Assistance	New Rec.	GA/GR Application
	x	HSD308	Assignment of General Assistance Benefits [308]	Assignment of General Assistance Benefits [308]	General Assistance	New Rec.	GA/GR Other Forms
	x	HSD33	General Assistance Verification Checklist (County) [33]	General Assistance Verification Checklist (County) [33]	General Assistance	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x	HSD34	Supply Room Work and Conduct Rules [34]	Supply Room Work and Conduct Rules [34]	General Assistance	New Rec.	GA/GR Work Related and Activities Forms
	x	HSD54	General Assistance Grant Allocation Distribution [54]	General Assistance Grant Allocation Distribution [54]	General Assistance	New Rec.	GA/GR Other Forms
	x	HSD579	Food Stamp Employment and Training (FSET) Reimbursement Form [579]	Food Stamp Employment and Training (FSET) Reimbursement Form [579]	FSET	New Rec.	CFET Forms/Agreements
	x	HSD7	Grounds Crew Work Rules [7]	Grounds Crew Work Rules [7]	General Assistance	New Rec.	GA/GR Work Related and Activities
x	x	HSP	Denial form	NOA	Housing Support Program denial- Homeless	New Rec.	Manual <Program> NOA
		HSP	Move in Checklist	Check list for housing	Housing support specialist's move in check list	New Rec.	HSP and Homeless Assistance Forms
x	x	HSP 1	Housing Application	Homeless		New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	x	HSP 101	Housing Info Flyer-Call Center	Homeless		New Rec.	HSP and Homeless Assistance Forms
x	x	HSP 101A	Housing Info Flyer-ES Counselor	Homeless		New Rec.	HSP and Homeless Assistance Forms
x	x	HSP 381	Housing Support Approval/Denial	Homeless		New Rec.	HSP and Homeless Assistance Forms
x	x	HSP 382	Housing Support Discontinuance	Homeless		New Rec.	HSP and Homeless Assistance Forms
		HSP10	housing preference worksheet	What they are looking for in housing	HSP form to determine what is needed housing wise	New Rec.	HSP and Homeless Assistance Forms
		HSP11	rental verification form	verification of housing obtained	Gather information for their housing	New Rec.	HSP and Homeless Assistance Forms

		HSP12	housing statement	verification of the amount of rent	Gathers information and housing costs/who to make checks payable	New Rec.	HSP and Homeless Assistance Forms
		HSP14	PG&E account activation notice	PGE form	Verifies that they turned on PGE in their name	New Rec.	HSP and Homeless Assistance Forms
		HSP15	rental reminder form	HSP rent amounts	sent monthly to remind them their portion of the rent due	New Rec.	HSP and Homeless Assistance Forms
		HSP16	home visit log	HSP home visits	to log visits to HSP customers	New Rec.	Home Visit Forms
		HSP17	survey	HSP after move in information	gather information on their experience with HSP	New Rec.	HSP and Homeless Assistance Forms
		HSP2	homeless affidavit	Verify homelessness	for customer to verify that they are currently homeless/HSP intake	CSF XXX	Sworn Statement
		HSP3	release of information	HSP release of information	used for HSS and SW to make contacts regarding housing search	New Rec.	HSP and Homeless Assistance Forms
		HSP4	temp housing agreement	temp housing agreement	used at intake for rules of conduct while at the hotel	New Rec.	HSP and Homeless Assistance Forms
x	x	HSP5	overview and expectation	informational	used at orientation to inform customers of the program	New Rec.	WTW Agreements, Assessments, etc.
		HSP7	housing search verification	verification	used to verify housing searches	CW 74	Permanent Housing Search
		HSP8	mutual expectations agreement	informational	informs customer of what is expected from them for the HSP program	New Rec.	HSP and Homeless Assistance Forms
		HSP9	tenant housing services contract	orientation	HSP assistance with obtaining	New Rec.	HSP and Homeless Assistance Forms
		Hunt v Kizer SOC Docs	Hunt v Kizer SOC Docs	Income Reports/Budgets		HK App Letter	Hunt V. Kizer Medical Bills Approval Letter
	x	HVI 1	Referral	WTW Supportive Services		PA 30	County Referral
	x	HVI 381	Approval/Denial	WTW Supportive Services		Approval/denial of what? Is this a NOA? Or for the approval of an agreement or services?	WTW Agreements, Assessments, etc.
		HVI 382	Discontinuance	WTW Supportive Services		New Rec.	Manual <Program> NOA
		I 130	Petition for Alien Relative	Income		Verification	
	x	I 797	App to Replace Alien Card	Vitals		Verification	
		I-551	Permanent Resident Card		No possible map found in listing	Verification	
		I-797 A	Notice of Action from INS		No possible map found in listing	Verification	
		I-914	USCIS Notice of Action - Application for T Nonimmigrant		No possible map found in listing	Verification	
		I-918	USCIS Notice of Action - Petition for U Nonimmigrant Status		No possible map found in listing	Verification	
	x	I-94	Arrival Departure Record		No possible map found in listing	Verification	
	x	ICAMA Form 7	Interstate Compact Adoption and Medical Assistance	Adoption Document-Medicaid	Required Form to receive Medi-Cal for AAP Child. Similar Form not found on Forms List	Other county drawer - AAP	
		ID for Absent	ID for Absent Parent	Absent Parent		Verification	
		IHSS Fingerprint	IHSS Fingerprint Voucher	Voucher to Pay Livescan for IHSS	Voucher to pay IHSS livescan for participant	Other county drawer - IHSS	
		Immunization	Immunization Record	School & Immunizations		Verification	
		Incoming ICT	Incoming ICT	Applications/SOF/ICT		New Rec.	ICT Forms
	x	INF 252	DMV Request Form	WFP&I View and Use only	No possible map found in listing	New Rec.	DMV/ID Referrals and Verification Requests
		In-Kind Housing Statement	In-Kind Housing Statement	Deductions/Shelter Costs		CSF XXX	Income In-Kind/Housing Verification
		INS Documentation	INS Documentation - Alien status	Vitals		Verification	
		Insurance	Insurance Receipt	WTW Supportive Services		Verification	
		Inter - office memo	Suspension of Collection Order	County form	This form documents Suspension of Collection Orders	New Rec.	Fiscal Forms
		Inter - office memo	Witness request	County form	This form documents Witness requests for a Hearing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests

x	IPW-1	IHSS Plus Waiver Medi-Cal Dispositon	Used at MC intake by Eligibility Worker (EW) to communicate to the IHSS Social Worker (SW) the final results of an applicant's MC determination.	No possible map found in listing	Other county drawer - IHSS	
x	IPW-2	IHSS Plus Waiver (IPW) Medi-Cal Exchange of Information	Exchanges MC informatin between MC EW and IHSS SW.	No possible map found in listing	Other county drawer - IHSS	
x	Job App/email-proof of job	Job App/email-proof of job search	WTW Participation		Verification	
x	Job Change Ltr from Client	Job Change Ltr from Client	Income		Verification	
x	Job Search	Job Search	WTW Participation		GN 6367-3	In-House Job Search Employer Contact Daily Log
	x JV 330	Letter of Guardianship - Juvenile	Guardianship	Juvenile under age of 18 years. Similar Form not found on Forms List	PA 137B	Senior Parent (SR.P)/Legal Guardian (LG)/Stepparent (SP) Worksheet
x	KCDHS 100-Gen	Foster Care Transitional Services Brochure			Is this imaged?	
	KCDHS 102-	The Employment Zone Brochure			Is this imaged?	
	KCDHS 105-	Through the Eyes Brochure			Is this imaged?	
x	KCDHS 108-FC	Foster Care Ombudsman Brochure			Is this imaged?	
	x KCDHS 117-Pers	Sexual Harassment Policy			Is this used for customers or staff?	
	KCDHS 118-Pers	Acknowledgement of Reporting Responsibility			SAWS 2A SAR	Rights & Responsibilities & other Important Information
	x KCDHS 125-Pers	County Vehicle Dispatch Policy			Is this used for customers or staff?	
	x KCDHS 127-Pers	Jury & Witness Duty			Is this used for customers or staff?	
x	KCDHS 128-FC	FP Inventory List			New Rec.	FC Forms
	KCDHS 12-GS	Supplies Request			Is this requesting supplies for an office? Is this imaged to a case?	
	KCDHS 135-JC	Jamison Brochure			Is this imaged?	
	KCDHS 139-	MTFC Brochure			Is this imaged?	
x	KCDHS 13-CW	CW Home Visitation (HYP) Timesheet			New Rec.	Tracked WTW Activities, Hours, Exemptions
x	KCDHS 143-Serv	Authorization for Less Than Monthly Visits			New Rec.	FC Forms
x	KCDHS 144-Serv	Authorization for Less Than Monthly Caretaker Contact			New Rec.	FC Forms
	KCDHS 145-Serv	Permanent Placement Program Reassessment			New Rec.	FC Forms
	KCDHS 146-Serv	Permanent Placement Plan – Legal Guardianship			New Rec.	FC Forms
	KCDHS 148.1-	Photo/Video Release (Children)			New Rec.	Other Contact Authorization Forms
	KCDHS 148-	Photo/Video Release Form			New Rec.	Other Contact Authorization Forms
	KCDHS 14-IAU	KC Student Helping Student			New Rec.	Student/College Related Forms
x	KCDHS 154-Gen	Relative & Non-Relative Extended Caregiver Checklist			New Rec.	Customer Use Checklists
	KCDHS 155-	Domestic Violence Brochure			Is this imaged?	
x	KCDHS 156-Gen	Orientation Flyer (Employment Services)			ABP 1461	General Relief Opportunities For Work Orientation Appointment

	KCDHS 15-Gen	KC Family Resource Center Directory (Book)	Is this imaged?	
	KCDHS 166-HG	Heart Gallery – Photographer’s Statement of Agreement	New Rec.	Other Contact Authorization Forms
	KCDHS 167-Serv	Parent’s Guide to Children’s Services in Kern County Brochure	Is this imaged?	
	KCDHS 16-Adop	10 Commandments for Good Parenting	Is this imaged?	
x	KCDHS 171-CW	CalWORKs Brochure	Is this imaged?	
	KCDHS 175-FC	Basic Requirements for Licensing	New Rec.	FC Forms
	KCDHS 177-Gen	Eligibility & Verification Due Dates	CW 2200	Request For Verification
	x	Redacting Corrections Needed	Is this imaged?	
	KCDHS 190-Gen	WDTIP Update Instructions	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 194-Gen	Kern County Review Sheet	What information is on this form? Is it imaged	
	KCDHS 196-Gen	Random Drug Testing		
	KCDHS 1-A Reg	Client Information for GA Packet	New Rec.	GA/GR Other Forms
	KCDHS 1-Reg	CPS Folder Request	Is this imaged?	
	KCDHS 203.1-Reg	Split Case Folder		
	KCDHS 203-Reg	Instructions to Registrar	What info is on this? Is this to verify birth certificate?	
	KCDHS 204-HG	Medi-Cal & FS Program Brochure	Is this imaged?	
	KCDHS 205-HG	Photo/Video Release – Heart	New Rec.	Other Contact Authorization Forms
	KCDHS 206-HG	Heart Gallery Brochure	Is this imaged?	
	KCDHS 207-HG	Heart Gallery Location Handout	Is this imaged?	
	KCDHS 208-PHN	Public Health Nurse (CalWORKs) Brochure	Is this imaged?	
	KCDHS 209.1-Reg	Messenger Routing Slip (Cash		
	KCDHS 209.2-AFDC	Messenger Routing Slip (Cash Denied)		
	KCDHS 209.4-Reg	Messenger Routing Slip		
x	KCDHS 209.5-Reg	CalWORKs Routing Slip	New Rec.	Supporting CW Forms
	KCDHS 209-Reg	Messenger Routing Slip		
	KCDHS 210-Reg	1931(b) Screening	New Rec.	Application, Intake, or Screening
	KCDHS 211-Pers	Employee Self Identification	Is this used for customers or staff?	
	KCDHS 212-HG	Heart Gallery Adoption Facts Handout	Is this imaged?	
	KCDHS 213.1-Reg	Foster Care Interest Card	New Rec.	FC Forms
	KCDHS 213-HG	Heart Gallery Informational Contact Card	Is this imaged?	
	KCDHS 215-HG	Heart Gallery Info Brochure	Is this imaged?	
	KCDHS 216-Gen	Program for Children in Foster Care Brochure	Is this imaged?	
x	KCDHS 217-Reg	CalWORKs Welfare to Work	Is this imaged?	
	KCDHS 218-HG	Heart Gallery Table Top Display	Is this imaged?	
x	KCDHS 222-CW	CalWORKs Behavioral Health	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 224-Gen	MC Citizenship/ID Documentation Summary	DHCS 0001	U.S. Citizens and Nationals Applying for Medi-cal Must Show Proof of Citizenship and Identity
	KCDHS 226-LIC	Letter Requiring Fingerprints & TB Tests		
	KCDHS 232-Pers	Safety Rules Booklet Receipt	Is this used for customers or staff?	
	KCDHS 233-Pers	County Vehicle Dispatch Policy & Procedures...	Is this used for customers or staff?	
	KCDHS 237-SIU	Teletype	What info is on this?	



		Excluded Household SSI/SSP		
x	KCDHS 241-CF	Recipiant (CalFresh)		
x	KCDHS 242-CF	5 Point CF Flyer (CalFresh)	Is this imaged?	
x	KCDHS 243-CF	General SSI/SSP CF Flyer	Is this imaged?	
	KCDHS 244-CF	IHSS CF Flyer	Other county drawer - IHSS	
x	KCDHS 245-CF	SSI/SSP CF Pass It On Card	Is this imaged?	
	KCDHS 247-Reg	Borrowed Case Form	What is this form?	
x	KCDHS 248-CF	CF Medical Expense	CF 31	CalFresh Supplemental Form for Special Medical Deductions
	x	KCDHS 251-PL	Relative – NREFM Placement Decision	New Rec. FC Forms
	x	KCDHS 252-Pers	Automobile Insurance Memo	Is this used for customers or staff?
	x	KCDHS 255-Pers	Interview Guidelines (Traits)	Is this used for customers or staff?
x	KCDHS 256A-SDev	Attendance Form	New Rec.	Tracked WTW Activities, Hours, Exemptions
	KCDHS 256B-SDev	Trainers Report	Is this tracking training for Staff?	
			For customers?	
x	KCDHS 256C-SDev	Attendance Form	New Rec.	Tracked WTW Activities, Hours, Exemptions
	KCDHS 256-	Staff Training Report	Is this imaged?	
	x	KCDHS 257-Pers	County Vehicle Policy	Is this used for customers or staff?
x	KCDHS 260-	Volunteer Opportunities Brochure	Is this imaged?	
	KCDHS 262-Gen	Quality Review Checklist for E-File Returns	Other county drawer - QC/QC	
	KCDHS 263-	Safety Plan (Pages 1 & 2)		
	KCDHS 265-	Sanction Orientation	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 269-	Bus Pass Postcard	New Rec.	Transportation Forms
	KCDHS 270.1-	Business Card	Is this imaged?	
	KCDHS 270-	Eligibility Worker Business Card	Is this imaged?	
		CalWORKs Employment Services		
x	KCDHS 272-CW	Filing Guide	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 274.1-	Vehicle Check-Out Record	Is this for customers or staff?	
	KCDHS 274-	Stop & Think	What info is on this?	
	KCDHS 276-	Important Application Information	What info is on this?	
	KCDHS 282-Gen	Health Screening Report – Relative/Non-Relative	New Rec.	Application, Intake, or Screening Tools
	KCDHS 287.1-Gen	District Health Care Options Presentations	Is this imaged?	
	KCDHS 287-Gen	Important Medi-Cal Information Health Care Referral	What info is on this?	
	KCDHS 289-	Archive Sheet	Is this imaged?	
	KCDHS 290.3-WE	Work Experience Site Supervisor Responsibilities	New Rec. GN 6070	WTW Agreements, Assessments, etc. Progress Report - Education/Post-EMPL/WEX and Community Services
	KCDHS 290-WE	Work Experience Interview Introduction	New Rec. GN 6070	WTW Agreements, Assessments, etc. Progress Report - Education/Post-EMPL/WEX and Community Services
	KCDHS 294.1-			
	x	KCDHS 294-Pers	Rate of Accrual of Sick Leave	Is this used for customers or staff?
	x	KCDHS 294-Pers	Rate of Accrual of Vacation	Is this used for customers or staff?
	KCDHS 295-			
	x	KCDHS 295-Pers	Conflict of Interest	Is this used for customers or staff?
	x	KCDHS 295-Pers	Sexual Harassment Policy	Is this imaged?

	KCDHS 297-Pers	Release of Medical Information	ABCDM 228	Applicant's Authorization for Release of Information
x	KCDHS 298-Pers	New Employee Checklist	Is this used for customers or staff?	
	KCDHS 299-Pers	Outside Employment Approval Request	Is this for a SIP? Or for county staff to have outside jobs? GN 6146	Self-Initiated Program Notice
x	KCDHS 302-Pers	Authorization to Acknowledge Signature	Is this used for customers or staff?	
	KCDHS 303-Gen	Checklist for Supervisor of New/Transferred Employees	Is this imaged? New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	KCDHS 305.1-	Court Hearing Form	Court/Hearings Document	Fair Hearing Forms
	KCDHS 305-	Court Hearing Form	Court/Hearings Document	Fair Hearing Forms
	KCDHS 307-YES	YES Program – Did You Know?	What info is on this?	
	KCDHS 308-	Online Job Search Resources	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 309-	Time To Network		
	KCDHS 310-Gen	Achieving Success With Your Job Search	New Rec.	GA/GR Work Related and Activities Forms
	KCDHS 311-	Helpful Tips Form	Is this imaged?	
	KCDHS 312-	Online Tips	What info is on this?	
	KCDHS 313-CU	Certified Mail Return Receipt Requested	Is this imaged?	
	KCDHS 314-Gen	Master Application	SAWS 2 PLUS	Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care
	KCDHS 315.1-	Storeroom Request Form	Is this imaged?	
	KCDHS 315.24-Coll	Civil Action: Witness Fee Computation	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	KCDHS 315.25-Coll	Witness Fee Computation	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	KCDHS 315.41-	Relative Placement	New Rec.	FC Forms
	KCDHS 315.53-IAU	Issuance Accounting Unit – ATP Routing Slip	New Rec.	Fiscal Forms
	KCDHS 315.81-	Jamison Center to Caretaker	What info is on this?	
	KCDHS 315-	Maintenance Request Form	Is this imaged?	
	KCDHS 316-	Request for Purchase	Is this imaged?	
	KCDHS 317-Pers	Employee Resp. for Leave of Absence	Is this imaged? Is this form completed for a county employee? Or an eval of something else?	
x	KCDHS 318-	Professional Resume	Is this imaged?	
	KCDHS 319-ER	Emergency Response Referral	New Rec.	Non-Fraud Referral or Request
	KCDHS 31-Gen	Important Message	What info is on this?	
	KCDHS 320-	Chronological Resume	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 321-	Functional	What info is on this?	
x	Gen	References	What info is on this?	
	KCDHS 323-	Sample Resume	Is this imaged?	
	KCDHS 324-Adop	Adopting Parents Own Report on Health	Other county drawer - AAP	
x	KCDHS 325-	Sample Cover Letter	Is this imaged?	
	KCDHS 326-	Emailing Your Resume	Is this imaged?	
x	KCDHS 327-	Professional Attire	Is this imaged?	
	KCDHS 328-Gen	Incident Report	What type of incident? In office? At a customer job site?	
	KCDHS 329-	Dress To Impress		
	KCDHS 32-Gen	PII Sweep	What info is on this?	
	KCDHS 330-	What Do Employers Really Want?	Is this imaged?	

	KCDHS 331-	Taking Control Of The Interview	Is this imaged?	
	KCDHS 332-Gen	Important Notice for Native American Indians	PA 14	PA 14-Important Notice for Native American Indians
	KCDHS 334-	What Are Your Greatest	Is this imaged?	
x	Gen	60 Second Commercial	Is this imaged?	
	KCDHS 336-Gen	Educational Rights for Foster Parents Brochure	Is this imaged?	
	KCDHS 337-	Two Minute Pitch	What's on this form?	
x	KCDHS 338-	Medical Report on Applicant	Other county drawer - AAP	
	KCDHS 339-Serv	Clothing & Personal Property Inventory	New Rec.	Property Statement and Verification
	KCDHS 340-FC	158 & Renewal Control Log	What info is on this?	
	KCDHS 341-FC	Medically Fragile Flyer for Foster Parents	New Rec.	FC Forms
	KCDHS 343-	Interview Checklist	New Rec.	Application, Intake, or Screening
	KCDHS 344-	20 Interview Questions	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 345-	Most Dreaded Questions of All	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 347-Gen	Resource Directory Service Referral Form	What info is on this?	
	KCDHS 348-Gen	Domestic Abuse Services and Information	Is this imaged?	
	KCDHS 349-	Resource Directory	What info is on this?	
	KCDHS 350-	Answers That Stand Out	What info is on this?	
	KCDHS 351-			
x	Pers	Helpful Phone Numbers	Is this used for customers or staff?	
	KCDHS 353-Serv	Acknowledgement by Parent(s)/Guardian(s)	New Rec.	FC Forms
x	KCDHS 354-	Placement Spec. Referral Form	New Rec.	FC Forms
	KCDHS 355-	You Hold The Key	What info is on this?	
	KCDHS 356-	Transporting Our Littlest Babies		
	KCDHS 357-	Congratulations You Got The Job	New Rec.	WTW Agreements, Assessments, etc.
x	KCDHS 358-PL	Assessment Info for Foster Parent or Group Home	New Rec.	FC Forms
	KCDHS 360-			
x	Pers	Cell Phone Policy and Procedures	Is this used for customers or staff?	
	KCDHS 361-	EASE Brochure	Is this imaged?	
x	KCDHS 36-Pers	Report of Safety Hazard	Is this used for customers or staff?	
	KCDHS 370-	Authorization for Release of Information	ABCDM 228	Applicant's Authorization for Release of Information
x	x Adop			
	KCDHS 374-FC	FC Placement Change Hotline	New Rec.	FC Forms
	KCDHS 376-	SSW Hotline Message	New Rec.	Customer/Worker Contact
	KCDHS 377-	Family to Family Brochure	Is this imaged?	
	KCDHS 378-YES	YES Brochure	Is this imaged?	
	KCDHS 381-	Differential Response Brochure	Is this imaged?	
	KCDHS 384-Gen	Healthy Kids Kern County Hardship Fund Application		
	KCDHS 387-JC	Medication Receipt/Instructions	Verification	
x	KCDHS 388-PL	Placement Application	New Rec.	FC Forms
		How to Complete the Semi-Annual Report (SAR 7)		How To Fill Out Your SAR 7 Semi-Annual Eligibility/Status Report
	KCDHS 3A-Gen		SAR 7A	
	KCDHS 3-Gen	You Have Rights...	What info is on this?	
x	Gen	Assignment Sheet	New Rec.	Tools
	KCDHS 400-WTW	New Beginnings – WTW Services Orientation Book	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 405-	Child Abuse Reporting Brochure	Is this imaged?	

	KCDHS 406.1-MC	Import. Info. ~ MC Citizen Requirements Have Changed	DHCS 0001	U.S. Citizens and Nationals Applying for Medi-cal Must Show Proof of Citizenship and Identity
	KCDHS 406.2-MCCIT	Info for MC Application ~ Born in California	DHCS 0001	U.S. Citizens and Nationals Applying for Medi-cal Must Show Proof of Citizenship and Identity
	KCDHS 407-	Review Hearing Notice Worksheet	New Rec.	Program Budgets & Worksheets
	KCDHS 408-Gen	Administrative Review Hearing Notice Worksheet	Court/Hearings Document	Fair Hearing Forms
x	KCDHS 409-	Bridges to Success Orientation	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 410-Gen	CDF Destroyed ½ sheet	What information is in this? Is this imaged?	
	KCDHS 413-Gen	Notice of Child Abuse Central Index Listing	What info is on this?	
	KCDHS 415-ICS	Vendor Project Report	New Rec.	Vendor Agreements and Forms
	KCDHS 416-	Workstation Ergonomic	Is this imaged?	
	KCDHS 419.3-FP	Frequently Asked Questions About Foster Parenting Brochure	Is this imaged?	
	KCDHS 419-FC	Questions & Answers for New Caregivers Brochure	Is this imaged?	
	KCDHS 41-Gen	Supervisor Meeting Notes (Tressa Hooks)	Is this imaged to a case? What is it used for?	
x	KCDHS 420.1-PHN	Foster Care Public Health Nursing Brochure	Is this imaged?	
	KCDHS 420-FHN	Emergency Response Public Health Nurses Brochure	Is this imaged?	
	KCDHS 422-SOC	SSW Recruitment Brochure	Is this imaged?	
	KCDHS 42-Gen	Visitation Brochure	Is this imaged?	
	KCDHS 431-	V.V.P.	What is this form?	
	KCDHS 434-F2F	Family to Family Brochure	Is this imaged?	
	KCDHS 435-GA	GA Brochure	Is this imaged?	
	KCDHS 436-Gen	Customer Service Complaint/Complaint of Discrimination	New Rec.	Customer/Worker Contact
x	KCDHS 437-JC	Change of Placement	New Rec.	FC Forms
	KCDHS 443-	FP Autobiography and CW Assistance for Domestic Abuse	New Rec.	FC Forms
x	KCDHS 448-DV	Victims	PA 1914	Domestic Violence Referral Sheet
	KCDHS 451-FP	Foster Parent Ombudsman Form	New Rec.	FC Forms
	KCDHS 452-FS	Food Stamp Recertification Packet Letter	CF Packet - 1A	CalFresh Packet - FS29LA 1A
	x Gen	Generic Letter to Client Re: 694	What info is on this?	
	KCDHS 456-JC	Jamison Center Visitor Register	What info is on this?	
	KCDHS 457-HG	FAQ Brochure	Is this imaged?	
	KCDHS 459-CL	Cal Learn Computer Workshop Brochure	Is this imaged?	
x	KCDHS 460-FC	Foster Parent Orientation Card	New Rec.	CalLearn Agreements and Forms
	KCDHS 463-JC	Runaway Notification Letter	New Rec.	FC Forms
	KCDHS 464-IVR	IVR System Flyer	Is this imaged?	
	KCDHS 465-	Health Care Reform Flyer	Is this imaged?	
x	KCDHS 466-	Health Care Reform Contact Card		
	KCDHS 468-HCR	Health Care Reform Coverage for All Poster	Is this imaged?	
x	KCDHS 469-	Immunization Records	Verification	
	KCDHS 474-Gen	Parent Leadership Task Force Brochure	Is this imaged?	

	x	KCDHS 475-Gen	Authorization for Release of Information	ABCDM 228	Applicant's Authorization for Release of Information
		KCDHS 480-CU	Petition Information Worksheet	New Rec.	Program Budgets & Worksheets
		KCDHS 481-Gen	Community Resource Page		
		KCDHS 482-Gen	Consent & Authorization for Legislators	New Rec.	Other Contact Authorization Forms
		KCDHS 484-CG	Cal Grad Brochure	Is this imaged?	
	x	KCDHS 485-Pers	Receipt of Employee Handbook	Is this used for customers or staff?	
	x	KCDHS 486-Pers	Computer Policy Statement	Is this used for customers or staff?	
		KCDHS 487-Gen	Call Center Brochure	Is this imaged?	
		KCDHS 488-Gen	When a Child Dies in Out-of-Home Care Brochure	Is this imaged?	
		KCDHS 489-SCC	Transfer of Custody to KCDHS		
		KCDHS 494-Gen	Why Visitation Packet		
		KCDHS 498-Gen	DHS Family Planning Resources Guide	Is this imaged?	
	x	KCDHS 4-Adop	Adoptive Families Needed	Other county drawer - AAP	
		KCDHS 501-MC	Important Medi-Cal Information	What info is on this?	
		KCDHS 506-Gen	Child Information	Other county drawer - CWS	
		KCDHS 507-Gen	Set Up Your C 4 Yourself Account	Is this imaged?	
		KCDHS 509-Gen	Linkages Case Data Sheet	New Rec.	Application, Intake, or Screening
			Jamison Center Intake Information Sheet		
		KCDHS 516-JC		What info is on this?	
		KCDHS 521-Gen	School Records	CSF XXX Verifications?	School Attendance / Enrollment Verification
	x	KCDHS 525-Gen	Records Destruction Certification Memo	Is this imaged?	
		KCDHS 530-FC	Intake Log	Is this imaged? New Rec.	Application, Intake, or Screening Tools
	x	KCDHS 532-SCF	CF Recertification Info Packet	CW/CF/MC Packet - 3A	CalWorks/CalFresh/Medi-Cal Packet - FS29LA 3A
	x	KCDHS 535-SCW	CW Recertification Info Packet	CW/CF/MC Packet - 3A	CalWorks/CalFresh/Medi-Cal Packet - FS29LA 3A
		KCDHS 536-JC	Jamison Special Incident Report	What info is on this?	
		KCDHS 539-GA	GA Info Packet	New Rec.	GA/GR Application
		KCDHS 540-GA	GA Signature Packet	New Rec.	GA/GR Application
		KCDHS 545-Gen	Relative Assessment Brochure	Is this imaged?	
		KCDHS 549-Gen	Important Info for Caregivers	What info is on this?	
		KCDHS 54B-Reg	Boxing Card	What is this form?	
	x	KCDHS 549-Serv	Application Checklist	New Rec.	Tools
		KCDHS 570-Gen	App/Re Packet Order Form	Is this to order more of the paper applications themselves?	
	x	KCDHS 572-CF	Cal Fresh CR Renewal Info. Packet	CF Packet - 1A	CalFresh Packet - FS29LA 1A
	x	KCDHS 573-CF	Cal Fresh CR Renewal Signature Packet	CF Packet - 1A	CalFresh Packet - FS29LA 1A
	x	KCDHS 574-CF	CF Quarterly Reporting Renewal Info. Packet	SAR 7/SAR 2	Semi-Annual Eligibility Status Report / Reporting Changes For Cash Aid And CalFresh
	x	KCDHS 575-CF	CF Quarterly Reporting Renewal Signature Packet	SAR 7/SAR 2	Semi-Annual Eligibility Status Report / Reporting Changes For Cash Aid And CalFresh
	x	KCDHS 576-CF	CF Signature Packet	SAWS 2 PLUS	Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care

x	KCDHS 577-CF	CF Information Packet	SAWS 2 PLUS	Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care
x	KCDHS 578-CW	CW Cash Application ~ Info. Packet	SAWS 2 PLUS	Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care
x	KCDHS 579-CW	CW Cash Application ~ Signature Packet	SAWS 2 PLUS	Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care
	KCDHS 585-MC	Medi-Cal Application Informational Packet	MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
	KCDHS 586-MC	Medi-Cal Application Signature Packet	MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
x	KCDHS 587-TCF	Transitional CF Recertification Info. Packet	CF Packet - 1A	CalFresh Packet - FS29LA 1A
x	KCDHS 588-TCF	Transitional CF Recertification Signature Packet	CF Packet - 1A	CalFresh Packet - FS29LA 1A
x	KCDHS 593-SCF	CalFresh Supplemental Packet	CF 303	Replacement or Supplement Affidavit/Authorization
x	KCDHS 595-CW	CalWORKs/Cal Fresh RE Info Packet	CW/CF/MC Packet - 3A	CalWORKs/CalFresh/Medi-Cal Packet - FS29LA 3A
x	KCDHS 596-CW	CalWORKs/Cal Fresh RE Signature Packet	CW/CF/MC Packet - 3A	CalWORKs/CalFresh/Medi-Cal Packet - FS29LA 3A
	KCDHS 597-GA	GA Packet	New Rec.	GA/GR Application
x	KCDHS 598-SCW	CalWORKs Supplemental Packet	Is this for intake? Or for specific information?	
	KCDHS 599-	FAX Cover	New Rec.	Fax/Coversheets
x	KCDHS 604-WTW	Referral to EDD – Employment Services	CW 2201 GR 6	Unemployment Insurance Benefits Referral Form
x	KCDHS 607-Serv	Application for Child Placement for Caregivers	New Rec.	FC Forms
x	KCDHS 608-	Approval for Caregiver Placement	New Rec.	FC Forms
	KCDHS 609-Serv	Caregiver Assessment & Agreement	New Rec. WTW 2	Vendor Agreements and Forms
	KCDHS 610-	Child's Personal Rights		Welfare-to-Work Activity Assignment
	KCDHS 611-Serv	Request Assessment of Relative Home...		
	KCDHS 612-	Table of Consanguinity	What info is on this?	
	KCDHS 613-	Verification of Non-Relative...	CSF XXX	Statement of Relationship
x	KCDHS 614-	Approval of Caregiver Placement	New Rec.	FC Forms
	KCDHS 615-Serv	Safety Checklist of Health & Safety Standard	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	KCDHS 623-Gen	Resource Family Presentation – Survey	New Rec.	FC Forms
	KCDHS 624-SDev	Request for Training from Staff Development	Is this imaged?	
	KCDHS 625-ER	Request for ER Fund		
	KCDHS 626-ER	ER Fund Budget		
	KCDHS 627-	Paging Number for Lobby Clients	Is this imaged?	
	KCDHS 628-RFA	Resource Family Friendly Business - Directory	New Rec.	FC Forms
	KCDHS 629-RFA	Resource Family Friendly Business - Brochure	Is this imaged?	
	KCDHS 630-RFA	Resource Family Friendly Business - Mailer (Directory)	New Rec.	FC Forms
x	KCDHS 632-Serv	Authorization to Release Information	ABCDM 228	Applicant's Authorization for Release of Information

	KCDHS 633-Serv	Legal Guardianship Questionnaire	KG 2	Statement Of Facts Supporting Eligibility For Kinship Guardianship Assistance Payment Program
	KCDHS 634-	Parent's Questionnaire	New Rec.	Supporting CW Forms
	KCDHS 642-Gen	Supervisor Review	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	KCDHS 643-Serv	Helpful Info. For Relative & Extended Family Members	Is this imaged?	
	KCDHS 644-	Children's Safety Issues Brochure	Is this imaged?	
	KCDHS 645-	Verification of Non-Relative...	CSF XXX	Statement of Relationship
	KCDHS 646-Serv	Safety Checklist of Health & Safety	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	KCDHS 647-	Request to Withdraw	CW 10	Notice of Withdrawn Application
	KCDHS 648-	Request for Assessment of		
	KCDHS 650-	Deficiency Notification...		
	KCDHS 651-Serv	Comprehensive Assessment for Placement...	New Rec.	FC Forms
x	KCDHS 652-	Assessment Disposition	New Rec.	WTW Agreements, Assessments, etc.
	KCDHS 653-Serv	Application for Child Placement for Caregivers	New Rec.	FC Forms
	KCDHS 654-Serv	Relative Assessment Checklist	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	KCDHS 655-	Emergency Evacuation Plan	Is this imaged?	
	KCDHS 656-LIC	Foster Family Licensing Brochure	Is this imaged?	
	KCDHS 659-Gen	Request for Criminal Record Exemption		
x	KCDHS 660-Gen	Child Care Provider Background Check	New Rec.	Child Care Referrals and Forms
	KCDHS 661-	Criminal Record Statement	New Rec.	Jail/Inmate Forms and Notices
	KCDHS 662-	Health Screening Report	New Rec.	Application, Intake, or Screening
	KCDHS 663-Gen	Relative Assessment Grievance Review	New Rec.	FC Forms
	KCDHS 664-Gen	Grievance Review Procedure	Internal form? Not case related?	
	KCDHS 668-	Safely Surrender Baby Brochure	Is this imaged?	
	KCDHS 670-CPS	Request for Dissemination of CPS Records (Att. A)		
x	KCDHS 676-RFA	Post Adoption Sibling Contact	Other county drawer - AAP	
	KCDHS 677-Gen	Parenting Tips (14 different color flyers) .1 through .13		
x	KCDHS 678-RFA	AAP Re-Assessment Cover Letter	Other county drawer - AAP	
	KCDHS 679-	Special Immigrant Status		
	KCDHS 67-Gen	Building Evacuation Map	Is this imaged?	
x	KCDHS 680-DV	CW Assistance for Domestic Abuse Victims	PA 1914	Domestic Violence Referral Sheet
	KCDHS 690-	Visitation Packet		
	KCDHS 691-	Contact Data Entry Worksheet	New Rec.	Program Budgets & Worksheets
	KCDHS 693-SOC	Family Decision Meeting Brochure	Is this imaged?	
	KCDHS 697-GA	CA Department of Rehabilitation Flyer	New Rec.	GA/GR Other Forms
	KCDHS 698-GA	Mental Health Information Flyer	New Rec.	Behavioral/Mental Health Forms and Referrals

	x	KCDHS 706-Gen	Application – Request Packet Order Form	Is this to order more of the paper applications themselves?	
x		KCDHS 707-	Voluntary Relinquishment	Other county drawer - AAP	
		KCDHS 70-CWS	Clothing and Personal Property Inventory	New Rec.	Property Statement and Verification
			Emergency Foster Home Program		
x		KCDHS 712-JC	Brochure	Is this imaged?	
		KCDHS 713-LIC	Problem with a Child		
		KCDHS 718-	How to Apply C4 Yourself Handout	Is this imaged?	
			Parental Consent to Administer		
		KCDHS 723-CU	Psychotropic Drugs		
		KCDHS 724-	Successful Application Stipend		
		KCDHS 727-GA	Voucher Vendor List	New Rec.	GA/GR Other Forms
			Documents That Will be Needed with an Application		
x		KCDHS 729-GA		New Rec.	GA/GR Other Forms
		KCDHS 738-		What info is on this? Is this a verification request?	
	x	Gen	Generic Pending Information List	CW 2200	Request For Verification
		KCDHS 740-	Bed Hold Request Letter	New Rec.	HSP and Homeless Assistance Forms
		KCDHS 747-GA	Need Help Flyer/Poster	New Rec.	GA/GR Other Forms
		KCDHS 748-Serv	Request for Criminal Record Exemption		
		KCDHS 75-	Welfare to Work Handbook	New Rec.	WTW Agreements, Assessments, etc.
		KCDHS 761-GA	We May Owe you Money	New Rec.	GA/GR Other Forms
		KCDHS 765-	Request for Analysis	What info is on this?	
		KCDHS 766-	Toxicology Client Card		
		KCDHS 768-			
	x	Pers	Confidentiality Policy	Is this used for customers or staff?	
			Consider Becoming a Foster Parent for a Child w/Special Needs		
		KCDHS 782-FC		New Rec.	FC Forms
		KCDHS 787-	National Toxicology Lab Referral	New Rec.	Non-Fraud Referral or Request
		KCDHS 791-Coll	Mail Collections Detail Sheet	PA 1815	Important Notice about Mailing
		KCDHS 793-Lic	Child Abuse Reporting		
		KCDHS 795-GA	GA Supervisor Review Sheet	New Rec.	GA/GR Other Forms
x		KCDHS 796-	Building Evacuation Form	Is this imaged?	
		KCDHS 801-Gen	Choices Transitional Housing Program Brochure	Is this imaged?	
		KCDHS 802-	Building Blocks Brochure	Is this imaged?	
		KCDHS 804-	C4 Yourself Mobile App	Is this imaged?	
		KCDHS 808-	Health Screening	New Rec.	Application, Intake, or Screening
		KCDHS 809-	Need to Apply for Assistance Flyer	Is this imaged?	
		KCDHS 818-	Emergency Information Card	Is this imaged?	
		KCDHS 831-HG	Heart Gallery Handout	Is this imaged?	
		KCDHS 833-Gen	Safely Surrendered Newborns – Order Sheet	Is this imaged?	
			Important Info for Families		
		KCDHS 834-RFA	Considering Placement of a Child	What info is on this?	
		KCDHS 848-Gen	Read Me – Notice of Computer Systems	Is this imaged?	
	x	KCDHS 84-KF	Commitments for Parents		
		KCDHS 857-JC	Letter Re: Donated Items Value		
		KCDHS 85-KF	Children Learn Best...		
		KCDHS 863-DV	Signs of an Abusive Relationship		
			Effects of Domestic Violence on Children		
		KCDHS 864-DV			
		KCDHS 865-JC	_____ Sheet for Field Intake	New Rec.	Application, Intake, or Screening



	KCDHS 868-Gen	Career Development & Succession Planning Tool			New Rec.	WTW Agreements, Assessments, etc.
x	KCDHS 877-	Developmental Evaluation			Other county drawer - AAP	
x	KCDHS 878-Coll	Foster Care Benefit Instructions Sheet			New Rec.	FC Forms
x	KCDHS 879-Pers	Notice of Driver's License Expiration			Is this used for customers or staff?	DMV/ID Referrals and Verification Requests
x	KCDHS 880-Pers	Notice of Mileage Authorization...			Is this used for customers or staff?	
x	KCDHS 881-Pers	Notice if Automobile Insurance Expiration			Is this used for customers or staff?	
	KCDHS 886-HT	Human Trafficking Brochure			Is this imaged?	
	KCDHS 895-	Keep Your EBT & BIC Card Safe			TEMP 2215; TEMP 2214	
	KCDHS 921-Maint	Request for Service from Facilities Management			Is this imaged?	
	KCDHS 923-SIU	Cashed Warrant Signature			New Rec.	Fiscal Forms
	KCDHS 925-	Temporary Emergency Placements			New Rec.	FC Forms
	KCDHS 92-ER	SCAR Screening Form			New Rec.	Application, Intake, or Screening
	KCDHS 930-	Healthy Choices Brochure (SNAP)			Is this imaged?	
	KCDHS 935-CF	Deduct Medical Expenses			CF 31	CalFresh Supplemental Form for Special Medical Deductions
	KCDHS 937-	Early Intervention Services			Is this imaged?	
	KCDHS 939-	Child and Family Team Meetings				
x	KCDHS 942-FC	Emergency Foster Home Program			New Rec.	FC Forms
x	KCDHS 945-FC	5 Steps Toward Beginning Adoption/FFH			Is this imaged?	
x	KCDHS 953-MC	Free Health Insurance – 3-up card				
	KCDHS 954-MC	You Have Applied for Medi-Cal, Now What's Next Flyer			Is this imaged?	
	KCDHS 955-MC	Need H.R. Insurance Appointment Card – 4-up card				
	KCDHS 956-MC	Need H.R. Insurance Flyer			Is this imaged?	
	KCDHS 957-MC	CBO Partner in the MO&E/MRA Project			New Rec.	Vendor Agreements and Forms
	KCDHS 966-	Unit Template Scheduler			New Rec.	Student/College Related Forms
	KCDHS 979-FRA	Families Formed with Love			What is on this?	
	KCHDS 372-	I Speak Cards			Is this imaged?	
	Kelley Blue Book Copies	Kelley Blue Book Copies	Property/Liens		Verification	
x	KG 30	Kin-GAP budget worksheet	Manuall budget	Manually budget form - no comparable form	New Rec.	Program Budgets & Worksheets
x	KG 45-1	KinGAP Budget Authorization	FC authorization of funding	Form is specific to county Foster care program	New Rec.	Program Budgets & Worksheets
	LAK 000686	Residence Rent and Utility Verif	CalWorks	Lake County form-Found rent verif but it says Section 8 and nothing for utility verif on list	CSF XXX	Address Change/ Housing Costs
	LAK 00579	Relatedness Chart	CalWorks	Lake County form-not found on list	CSF XXX	Statement of Relationship
x	LAK 00801 D	Denial 30 Day	General Relief	Lake County form-not found on list- only has NSA denial & termination	New Rec.	Manual <Program> NOA
	LAK 00804	GR Work Project Assignment	General Relief	Lake County form-not found on list	ABP 1463	Work Welfare-To-Work Plan Activity Assignment
x	LAK 00809 & LAK00810	Purchase order	General Relief	Lake County form-not found on list	What is that purchasing? Textbooks? Clothes? County forms?	

					Is this for WTW, GR or CFET? What are they appraising on this form?	
	LAK 00945	Self-Appraisal	Employment and Training	Lake County form-not found on list	GN	Self-Initiated Program Identification
					EBT 9	EBT Service Request
	LAK 1160	EBT Card Pick up	CalWorks/CalFresh	Lake County form-not found on list	TEMP 2202	Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request
	LAK01030	Mieage Claim Route sheet	CalWorks/Welfare to Work	Lake County form-not found on list	New Rec.	Transportation Forms
					Is this like a case review sheet? Or an Interview checklist?	
x	LAK01489	Comprehensive discussion	WTW	Lake County form-not found on list		
	Landlord					
x	House/Apt	Landlord House/Apt Rental Stmt	Deductions/Shelter Costs		Verification	
	Learning Style					
x	Preference	Learning Style Preference Form	WTW Assessments		Verification	
	Legal Perm					
x	Resident Alien	Legal Perm Resident Alien Card	Vitals		Verification	
				License issued to a Foster Family Home who meet Health and Safety standards to have Foster Care child placed in their home. Similar Form not found on Forms List		
x	LIC 203 a	Placement License	Foster Care Certification		New Rec.	FC Forms
x	LIC 229	Certificate of Approval	Not a county form.		New Rec.	FC Forms
				Treasurer-Tax Collector's Office Form is used for General Assistance recipients		
	Lien 1	Grant Lien to County of Stanislaus (W&I Code 17109)	Property Lien		New Rec.	GA/GR Repayment Agreements/Forms
x	Los Rios CW Aid Verif Form	Los Rios CW Aid Verif Form	Correspondence		Verification	
			Used to notify client of change to their penalty	State NOA, not found in CalWIN. penalty change	New Rec.	Manual <Program> NOA
	M20-353C	Penalty Applied to AU NOA			New Rec.	Manual <Program> NOA
x	M40-129A	M40-129A Immediate Need Denial - Needs Met.docx	CW immediate new NOA	SLO Co. version of State Notice of Action Documents M series	New Rec.	Manual <Program> NOA
x	M40-129B	M40-129B Approve IN Full Payment.docx	CW immediate new NOA	SLO Co. version of State Notice of Action Documents M series	New Rec.	Manual <Program> NOA
x	M40-129C	M40-129C Immediate Need Denial - Ineligible to CalWORKs or	CW immediate new NOA	SLO Co. version of State Notice of Action Documents M series	New Rec.	Manual <Program> NOA
x	M40-129D	M40-129D Immediate Need Denial - No Emergency.docx	CW immediate new NOA	SLO Co. version of State Notice of Action Documents M series	New Rec.	Manual <Program> NOA
x	M40-171D	M40-171D Basic CW Approval with SB 380 Child.docx	CW immediate new NOA	SLO Co. version of State Notice of Action Documents M series	New Rec.	Manual <Program> NOA
x	M42-69	Cal-Learn bonus			New Rec.	CalLearn Agreements and Forms
x	M42-69a	Cal-Learn penalty			New Rec.	CalLearn Agreements and Forms
x	M42-769	Approve Cal-Learn Bonus		No possible map found in listing	New Rec.	Manual <Program> NOA
	M43- 119.221	Sponsored Eligible Non-Citizen, Indegence Exemption (Change)		No possible map found in listing	New Rec.	Manual <Program> NOA
	M43- 119.221A	Sponsored Eligible Non-Citizen, Indegence Exemption (Approval)		No possible map found in listing	New Rec.	Manual <Program> NOA
	M43- 119.222	Sponsored Eligible Non-Citizen, Battery Exemption End (Change)		No possible map found in listing	New Rec.	Manual <Program> NOA
	M43- 119.222A	Sponsored Eligible Non-Citizen, Indegence Exemption (Approval)		No possible map found in listing	New Rec.	Manual <Program> NOA
	M43- 119.222T	Sponsored Eligible Non-Citizen, Indegence Exemption End (Discontinuance)		No possible map found in listing	New Rec.	Manual <Program> NOA
	M43- 119A LA	Sponsored Non-Citizen - Excluded From AU (Approval)		No possible map found in listing	New Rec.	Manual <Program> NOA
	M43- 119A LA (C)	Sponsored Non-Citizen - Excluded From AU		No possible map found in listing	New Rec.	Manual <Program> NOA

	M43-119.221T LA	Sponsored Eligible Non-Citizen, Indegence Exemption End (Discontinuance)		No possible map found in listing	New Rec.	Manual <Program> NOA
	M44- 211 (A) (THAP+14 (LA)	Temporary Homeless Assistance Program (THAP) +14 Approval		No possible map found in listing	New Rec.	Manual <Program> NOA
	M44- 211 (A)	Rental Assistance (RA)- Approval		No possible map found in listing	New Rec.	Manual <Program> NOA
	M44- 211 (D) (THAP+14 (LA)	Temporary Homeless Assistance Program (THAP) +14 Denial		No possible map found in listing	New Rec.	Manual <Program> NOA
x	M69- 202T LA	RCA Termination		No possible map found in listing	New Rec.	Manual <Program> NOA
x	M69- 205C	RCA/MC - Decrease /Expiration (Time- Expiration) - Iraqi and Afghan Special Immigrant Visa		No possible map found in listing	New Rec.	Manual <Program> NOA
x	M69- 210A LA	RCA Add Household Member (Change)		No possible map found in listing	New Rec.	Manual <Program> NOA
x	M69- 210C LA	RCA Change In Income		No possible map found in listing	New Rec.	Manual <Program> NOA
x	M69- 210D	RCA Application Denial - - Iraqi and Afghan Special Immigrant Visa Holders		No possible map found in listing	New Rec.	Manual <Program> NOA
x	M69-202A LA	RCA Application (Approval)		No possible map found in listing	New Rec.	Manual <Program> NOA
x	M69-202A.1 LA	RCA Application Approval - Iraqi /Afghan Special Immigrant Visa Holders		No possible map found in listing	New Rec.	Manual <Program> NOA
x	M69-202D LA	RCA Application (Denial)		No possible map found in listing	New Rec.	Manual <Program> NOA
x	M69-202P LA	RCA Partial Approval		No possible map found in listing	New Rec.	Manual <Program> NOA
	M70- 100A	TCVAP Application Approval		No possible map found in listing	New Rec.	Manual <Program> NOA
	M70- 100B	TCVAP (RCA) Partial Approval		No possible map found in listing	New Rec.	Manual <Program> NOA
	M70- 100C	TCVAP Change In Benefits/Temp (LA)		No possible map found in listing	New Rec.	Manual <Program> NOA
	M70- 100D	TCVAP Application Denial		No possible map found in listing	New Rec.	Manual <Program> NOA
	M70- 100E (LA)	Change SB 1569/TCVAP (Change)		No possible map found in listing	New Rec.	Manual <Program> NOA
	M70- 100T	TCVAP Discontinuance		No possible map found in listing	New Rec.	Manual <Program> NOA
x	M82-812	M82-812 Family Reunification Zero Grant NOA.docx	CW immediate new NOA	SLO Co. version of State Notice of Action Documents M series	New Rec.	Manual <Program> NOA
	M82-820A	No Eligible Person	Notice of Action	Notice of Action for MC-related changes; exisiting CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	M82-832G	M82-832G Eligible Mandatory Optional Person Leaving AU (SB 380).docx	CW immediate new NOA	SLO Co. version of State Notice of Action Documents M series	New Rec.	Manual <Program> NOA
x	M82-832H	M82-832H Child Does Not Meet Requirements (SB 380).docx	CW immediate new NOA	SLO Co. version of State Notice of Action Documents M series	New Rec.	Manual <Program> NOA
	Master Application	Master Application	WTW Job Readiness		Assuming application submitted by participants to jobs. Verifications	
x	Mature I	Notice Two-Months Prior EDC	First reminder notice mailed the two months prior to the expected birth to remind MC beneficiary to report the birth of the baby.	No possible map found in listing	CSF XXX	Important Notice About Your Baby - First Notice
x	Mature II	Notice One-Month Prior EDC	Second reminder notice mailed the month prior to the expected birth to remind MC beneficiary to report the birth of the baby.	No possible map found in listing	CSF XXX	Important Notice About Your Baby - Second Notice
x	MC 0337	Notice of Action Approval Of Medi-Cal Inmate - Fullscope	Notice of Action	Notice of Action for MC-related changes; exisiting CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA

x	MC 0377-2B	MEDI-CAL BENEFITS REMOVAL OF SUSPENSION	INFORMING LETTER	NEEDED FORM NOT ON TIER 1 LIST - REQUIRED	New Rec.	Manual <Program> NOA
	MC 171	MC LTC Admission/Discharge	Residency			
x	MC 175 P	Sneede PropertyScreening	Property/Liens		New Rec.	Program Budgets & Worksheets
x	MC 175-2	Sneede- Responsible Relative	Applications/SOF/ICT		PA 528	Statement of Responsible Relative
x	MC 175-3 P	Sneede PropertyWorksheet	Property/Liens		New Rec.	Program Budgets & Worksheets
x	MC 175-3I	Sneede Net Nonexempt Income	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
x	MC 175-3I.1	Sneede Net Nonexempt Income	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
x	MC 175-3I.2A	1931(b) Sneede - Applicant	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
x	MC 175-3I.2R	1931(b) Sneede - Recipient	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
x	MC 175-4	Sneede v. Kizer: MBUs	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
x	MC 175-5	Sneede FPL Programs	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
x	MC 175-I	Sneede Income Screening	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
x	MC 176 AD	A&D FPL Financial Elig Form	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
						Share of Cost Determination MFBUs with LTC Person Included - LTC
x	MC 176 M	SOC Determination - No LTC	Income Reports/Budgets		MC 176M-LTC	
x	MC 176 M-A	1931b Program Worksheet	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
						Share of Cost Determination MFBUs with LTC Person Included - LTC
x	MC 176 M-LTC	SOC Determination -With LTC	Income Reports/Budgets		MC 176M-LTC	
	MC 176 P	Property Reserve	Property/Liens		New Rec.	Property Statement and Verification
	MC 176 P-A					MEDI-CAL PROPERTY ASSESSMENT APPLICATION
	QMB/SLMB/QI	QMB Property Adult	Property/Liens		MC 176 PA-A	
	MC 176 PA-	PropertyWorksheet/Assess	Property/Liens		New Rec.	Program Budgets & Worksheets
	MC 176 P-C					MEDI-CAL PROPERTY ASSESSMENT APPLICATION
	QMB/SLMB/QI	QMB Property Child	Property/Liens		MC 176 PA-A	
						Period of Ineligibility for Nursing Facility Level-of- Care Worksheet
	MC 176 PI	POI -Nursing Facility Care	Income Reports/Budgets		MC 176 P I	
	MC 176 P-V	Vehicle Worksheet-1931	Property/Liens		New Rec.	Property Statement and Verification
x	MC 176 S	Medi-Cal Status Report	Income Reports/Budgets		New Rec.	Other State Forms
x	MC 176 W	Allocation/SpecDed Wksht	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
		MC 176M Calculation	Autmated worksheet to determine MC share of cost	County version of the MC 176 M Share of Cost Determination		
x	MC 176M	Worksheet.xlsx			New Rec.	Program Budgets & Worksheets
						What is being authorized? An authorized rep? Benefit authorization?
	MC 180	Elig Ltr of Authorization	OHC/TPL/MEDS 1			
	MC 210	New Mail-In App and Instructions	Applications/SOF/ICT		MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
x	MC 210 B	Supplement to SOF (Pickle)	Applications/SOF/ICT		RFTHI	Request for Tax Household Information (RFTHI)
x	MC 210 S-C	Add Children to M/C SOF	Applications/SOF/ICT		MC 371	Additional Family Members Requesting Medi-Cal
x	MC 210 S-E	Student Expenses-Supp to SOF	Applications/SOF/ICT		RFTHI	Request for Tax Household Information (RFTHI)
x	MC 212	Medi-Cal Residency Declaration	Residency		MC 214	Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet
	MC 224 A-S	MC 224 A Supplemental	OP/OI		MC 224 A	
	MC 224 B-S	MC 224 B Supplemental	OP/OI		MC 224 B	Medi-Cal Potential Overpayment Reporting Work Sheet
x	MC 239 A LIS Denial	Medi-Cal Notice of Action Denial of Benefits	Notice of Action	Notice of Action for MC-related changes; exisiting CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	MC 239 A MAGI Denial	MAGI Medi-Cal Notice of Action Denial of Benefits	Notice of Action	Notice of Action for MC-related changes; exisiting CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	MC 239 A MAGI Discontinuance	MAGI Medi-Cal Notice of Action Discontinuance of Benefits	Notice of Action	Notice of Action for MC-related changes; exisiting CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA

x	MC 239 A Non-MAGI Discontinuance	Non-MAGI Medi-Cal Notice of Action Discontinuance of Benefits	Notice of Action	Notice of Action for MC-related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	MC 239 MC DENIAL	MC DENIAL NON-MODIFIED ADJUSTED GROSS INCOME-NO LINKAGE	INFORMING NOTICE	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	New Rec.	Manual <Program> NOA
x	MC 239 MC DISC	MC DISCONTINUANCE FOR NON-MODIFIED ADJUSTED GROSS INCOME-NO LINKAGE	INFORMING NOTICE	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	New Rec.	Manual <Program> NOA
x	MC 239 SOCR PART B	REDUCTION IN SHARE-OF-COST DUE TO PAYMENT OF PART B	INFORMING NOTICE	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	New Rec.	Manual <Program> NOA
	MC 239 TMC-2	TMC DENIAL OR DISCONTINUANCE	INFORMING NOTICE	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	New Rec.	Manual <Program> NOA
x	MC 239A	MC239A Denial Discontinuance of Medi-Cal Benefits.docx	MC denial/discontinuance NOA	County created MC denial/discontinuance NOA - Hearing info refers to State Hearings Division,	New Rec.	Manual <Program> NOA
x	MC 250 A	App/SOF-Over 18/Under 21 Prior FC	Applications/SOF/ICT	MC 250A		Application for Medi-Cal for Former Foster Care Youth
	MC 263 PE	MC Application for Pregnancy	Applications/SOF/ICT	MC 209		Pregnant Women Flyer
x	MC 272	SGA Work Sheet	Income Reports/Budgets	New Rec.		Program Budgets & Worksheets
	MC 321 HFP	HF / MC Joint Application	Applications/SOF/ICT	MC 210 Mail In App		MC 210 Medi-Cal Mail-In Application
x	MC 322	Real/Personal Prop-Supp to MC	Applications/SOF/ICT	MC 210 PA		Property Assessment Statement of
x	MC 324	1931(b) Sneede Property	Property/Liens	CW 60		Release of Information - Financial Institution
x	MC 326 A	SSI Methodology Adult	Income Reports/Budgets	New Rec.		Program Budgets & Worksheets
x	MC 326 C	SSI Methodology Child	Income Reports/Budgets	New Rec.		Program Budgets & Worksheets
x	MC 327 A	SSI Property Adult	Income Reports/Budgets	New Rec.		Program Budgets & Worksheets
x	MC 327 C	SSI Property Child	Income Reports/Budgets	New Rec.		Program Budgets & Worksheets
	MC 330	Newborn Referral Form	Applications/SOF/ICT	CSF XXX		Important Notice About Your Baby - First Notice
	MC 337	PWE 100 Hrs Worksheet	Income Reports/Budgets	New Rec.		Program Budgets & Worksheets
x	MC 338	250% Income Test	Income Reports/Budgets	New Rec.		Program Budgets & Worksheets
x	MC 338 A	SSI/SSP Income Test	Income Reports/Budgets	New Rec.		Program Budgets & Worksheets
x	MC 338 B	250% & SSI/SSP IncomeTest	Income Reports/Budgets	New Rec.		Program Budgets & Worksheets
x	MC 338 C	SSI/SSP Property Test 250%	Property/Liens	New Rec.		Program Budgets & Worksheets
x	MC 338 G	MC 250 PERCENT WORKING DISABLED DENIAL NOA	MC 250 PERCENT WORKING DISABLED DENIAL NOA	SCR CA-20338 to add		
x	MC 338 J	MC 250 PERCENT WORKING DISABLED DISCONTINUANCE NOA	MC 250 PERCENT WORKING DISABLED DISCONTINUANCE NOA	SCR CA-20338 to add		
	MC 338 J	Premium Differential	Income Reports/Budgets	New Rec.		Program Budgets & Worksheets
x	MC 351 MEC	Denial or Discontinuance of a Parent Caretaker Relative	Notice of Action	Notice of Action for MC-related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	MC 354	Medi-Cal Contact Update	Correspondence	New Rec.		Customer Use Checklists
	MC 364	CDA Waiver Referral	Applications/SOF/ICT	New Rec.		Non-Fraud Referral or Request
	MC 368	NOA&Supp Form-Express Enroll	Applications/SOF/ICT	New Rec.		Manual <Program> NOA
x	MC 381	Cancellation or Change to a Medic-Cal Authorized Representative Appointment		Inform of AR cancellation/change	SCR CA-206898 to add form	
x	MC 383	Appointment of Authorized Representative (Organization)		Establish Auth Rep for MC	SCR CA-206898 to add form	
x	MC 4604	Supp -MC/Medicare Savings App	Applications/SOF/ICT	RFTHI		Request for Tax Household Information (RFTHI)
	MC 604 IPS	Additional Income and Property Information Needed for Medi-Cal		Gather information for MC eligibility determination (Non-MAGI)	MC 604 IPS PACKET	MC 604 IPS PACKET

		Doctor's Verification for Home and Community Based Services Under Spousal Impoverishment	Verify that customer is in need of HCBS waiver	SCR CA-203671 to add form	
	MC 604 MDV MC App Verification	MC App Verification Request List	Correspondence	New Rec.	Customer Use Checklists
x	MC P 176	MC 176 P.xls	Automated worksheet to determine MC Property reserve	County version of the MC 176 P Property Reserve Worksheet	Program Budgets & Worksheets
	MC01-2014	Request for Additional Information (RFTHI)	Request for Additional Information (RFTHI)	RFTHI	Request for Tax Household Information (RFTHI)
	MC01-2014 (SP)	Request for Additional Information (RFTHI)	Request for Additional Information (RFTHI)	RFTHI	Request for Tax Household Information (RFTHI)
x	MC01-2014 APDX	APDX Request for Additional Information (RFTHI)	APDX Request for Additional Information (RFTHI)	RFTHI	Request for Tax Household Information (RFTHI)
x	MC01-2014 APDX	APDX Request for Additional Information (RFTHI)	APDX Request for Additional Information (RFTHI)	RFTHI	Request for Tax Household Information (RFTHI)
	x MC13	Statement of Citizenship, Alienage, and Immigration Status	Citizenship verification	Citizenship verification	Statement of Citizenship, Alienage, and Immigration Status
	MC380	Notice of Authorized	Inform of AR appointment	SCR CA-206898 to add form	
x	MC382	Appointment of Authorized Representative (Individual)	Establish Auth Rep for MC	SCR CA-206898 to add form CSF XXX	Authorized Representative Designation
x	MCDSS 1153	EFAS Screening Sheet	Provides specific individual information to help staff screen for emergency services	This form is used for every face to face application received in county offices. This form is part of the application process and increases the workload for staff imaging/indexing documents to a case.	Application, Intake, or Screening Tools
	x MCDSS 1154	Civil Rights Information	Provided to all customers applying, reapplying or recertifying their benefits for all programs	This form collects information about a customer's special need for language and/or disability services. This form is used for all applications and recertification of benefits for all programs. The usage of this form impacts the workload of staff imaging/indexing documents to the	Civil Rights Information Notice
	x MCDSS 2022A	Benefits Issuance Service Request Form	Benefit Issuance staff uses this form to document services provided to customers. Such as requesting a new EBT card, BIC, Voucher, passport, etc.	This form is used as a record of benefits requested by a customer and provided by the county. This form is used frequently by staff and increases the workload for staff imaging/indexing documents to a	Customer/Worker Contact
	MCDSS 576	Master Index Checklist	Provides specific individual information to help staff register applications for customers	This form is used for every face to face application received in county offices. This form is part of the application process and increases the workload for staff imaging/indexing documents to a case.	Application, Intake, or Screening Tools
	MCDSS 672	Goldenrod	Form is used by customers to communicate with eligibility specialists	This form is used as a communication tool between customers and eligibility specialists. Customers are able to use this form to report information, ask questions, or request services. Review of the CalSAWS document did not have an	Customer/Worker Contact

			This form provides MEDS and EBT staff with customer information and eligibility specialist requests to issue benefits to customers	This form is a communication tool between eligibility specialist and account specialists to service customers quickly and efficiently. This document is used everyday and impacts the workload of staff imaging/indexing documents to the	TEMP 2202 MEDS Request	Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request
x	MCDSS 823	BI Update Request				
	MCDSS 845	In-Person Inter County Transfer Request	Provides information about a customer applying for benefits in Mendocino County and transferring from another county	This form is used with every recipient coming into the county office requesting assistance to transfer the case from another county. This form is part of the application process and increases the workload for staff imaging/indexing documents to the	New Rec.	ICT Forms
	MCSP 219	Rights and Responsibilities	Applications/SOF/ICT		PUB 13	Your Rights Under California Welfare Programs
	MCSP 22A	MCSP 22A	Applications/SOF/ICT		What info is on this? What is the form used for?	
	Medical Bills	Medical Bills	Deductions/Shelter Costs		Verification	
x	Medi-Cal	Medi-Cal Checklist	Correspondence		New Rec.	Customer Use Checklists
	Medical Info - Letter from	Medical Info - Letter from Client	Disability/Work Reg		Verification	
x	Medical	Medical Information	Disability/Work Reg		Verification	
	Medical Information	Medical Information from WebMD	WTW Exemptions		Verification	
	Medical Insurance	Medical Insurance Premiums Verif	Deductions/Shelter Costs		Verification	
	Medi-Cal Referral - Foster Care	Medi-Cal Referral from Foster Care Unit to be completed by Eligibility Worker	Medi-Cal Referral from Foster Care Unit to be completed by Eligibility Worker		New Rec.	Non-Fraud Referral or Request
	Medical Referral /	Medical Referral / Doctors Note	Disability/Work Reg		Verification	
	Medicare Correspondence	Medicare Correspondence	OHC/TPL/MEDS 1		Verification	
	Medicare Health Ins Card	Medicare Health Ins Card	OHC/TPL/MEDS 1		Verification	
	MEDS2	Req for Replacement BIC	OHC/TPL/MEDS 1		PA 6078	MEDS On-Line Transactions Request-Issuance, Add, and Term
	MEDS3	CIN Correction in SCI	OHC/TPL/MEDS 1		PA 6079	MEDS On-Line Transaction Request Change/Modify MEDS Record
x	MH 1	CW Mental Health Assessment	WTW Exemptions		GN 6140	Screening For Mental Health and Substance Abuse
	MH 2A	Mental Health Referral Results	WTW Exemptions		PA 2012	Referral for Mental Health Services
	Military Service Information	Military Service Information	Vitals		Verification	
	x	x Minute Orders	Court Minute Order	Placement Authority Detail	Court Verification of placement, and other court ordered information.	FC Forms
	ML 4846	Consolidated Omnibus Budget			New Rec.	Program Budgets & Worksheets
	MoneyGram Money Order	MoneyGram Money Order Receipt	WTW Employment		Verification	
	Motel Receipt (for HA	Motel Receipt (for HA Program)	Homeless		Verification	
	MRD04	MRD04	DPH BHS ROI		What info is on this?	
x	MSC 529	DDSD Request for More Info	Disability/Work Reg		New Rec.	DDSD Forms
	x N/A	Applicant Clearance	Application information supplemental to SAWS 1	No match in the provided CalSAWS document.	New Rec.	Application, Intake, or Screening Tools

x	N/A	Assessment Referral	content includes client information	No match in the provided CalSAWS document.	New Rec.	Non-Fraud Referral or Request
				Required form sent to the State for IHSS fraud investigation results. Please ask the vendor to provide a list of IHSS reports and other forms that will be or need to be in the system		
x	N/A	DHCS IHSS County Investigation Quarterly Report	Mandated State form		Other county drawer - IHSS	
	N/A	Face Sheet Appeals unit	County form	This form documents Intakes for the Appeals Unit	New Rec.	Application, Intake, or Screening Tools
	N/A	HSA Cleint's Affidavit	County Form	This form is giving to client during FTF interview or mailed to cleint to request sworn statement regarding earned or unearned income received. Used for both IRS Assest match or	CSF XXX PA 167	Sworn Statement Monthly Earnings Report
	N/A	HSA declaration under penalty of perjury	County Form	This form is giving to client during FTF interview or mailed to cleint to request sworn statement regarding earned or unearned income received. Used for both IRS Assest match or	CSF XXX PA 168	Sworn Statement Monthly Earnings Report
	N/A	HMIS intake	Form for HSP clients to consent to be entered into HMIS	No match in the provided CalSAWS document.	New Rec.	HSP and Homeless Assistance Forms
	N/A	Housing Stability Plan	Housing Program assesment and plan for stable housing	No match in the provided CalSAWS document.	New Rec.	HSP and Homeless Assistance Forms
x	N/A	Resonable Accomodations	General Assistacnce form allows for client to request a phone intake	No match in the provided CalSAWS document.	New Rec.	GA/GR Other Forms
	N/A	Text messaging authorization	Authorization for client to receive text messages	No match in the provided CalSAWS document.	NA 1273	Electronic Notification Agreement and Courtesy Confirmation Receipt
	N/A	Textbook Voucher	authorization of books for students	No match in the provided CalSAWS document.	Is this a NOA or an actual voucher that is redeemed? If voucher--is this imaged after it's created or after it's redeemed? New Rec.	Student/College Related Forms
x	N/A	Application Clearance Form	used to assist application registration	No match in the provided CalSAWS document.	New Rec.	Application, Intake, or Screening Tools
	N/A	HMIS ROI	Housing Program ROI through HMIS system sharing	No match in the provided CalSAWS document.	New Rec.	HSP and Homeless Assistance Forms
	N/A	Housing Program Case Plan	Housing Program planning form/agreement	No match in the provided CalSAWS document.	New Rec.	HSP and Homeless Assistance Forms
	N/A	Housing Programs Communication	Communication template for correspondence between housing programs	No match in the provided CalSAWS document.	New Rec.	HSP and Homeless Assistance Forms
	N/A	HSP Final Contact Letter	Housing Support Program final contact before discontinuance	No match in the provided CalSAWS document.	New Rec.	HSP and Homeless Assistance Forms
	N/A	HSP Home Furnishings List	Housing Program assessment of inventory of HH goods once housing is found	No match in the provided CalSAWS document.	New Rec.	HSP and Homeless Assistance Forms
	N/A	HSP Informed Consent	Housing program specific consent form for client ROI	No match in the provided CalSAWS document.	New Rec.	HSP and Homeless Assistance Forms
	N/A	Letter to Landlord	Housing Program letter to landlord regarding HSP program assistance	No match in the provided CalSAWS document.	New Rec.	HSP and Homeless Assistance Forms
x	x	VI-SPDAT	Housing vulnerability assessment tool	No match in the provided CalSAWS document.	New Rec.	HSP and Homeless Assistance Forms
	N/A	ODAS Supplemental Questionnaire	Supplemental questionnaire specific to ODAS population	No match in the provided CalSAWS document.	Other county drawer - IHSS	
	NA	HSP Discontinuance NOA (english)	Notice that informs client of discontinuance of HSP assistance	No match in the provided CalSAWS document.	New Rec.	Manual <Program> NOA



x	NA 1261	Notice of Action for Group Homes and Foster Family Agencies Only	Notice of Action	Notice of Action for FC related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	NA 1261 A	Notice of Action for Approved Relatives, Non-Relative Extended Family Members	Notice of Action	Notice of Action for FC related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	NA 1261 B	Notice of Action for Kinship-Guardians Only	Notice of Action	Notice of Action for FC related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	NA 844	Notice of Action - CalLearn Adequate Progress	Notice of Action	Notice of Action for employment and supportive services related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	NA 9	HSP denial NOA (english)	Notice that informs client of denial of HSP assistance	No match in the provided CalSAWS document.	New Rec.	Manual <Program> NOA
x	NA AAP 791	NA 791 AAP Adoption Notice of Action.pdf	AAP notice of action	County created NOA for Adoption Assistance Payments - approval, change. Discontinuance, overpayment, potential fraud	New Rec.	Manual <Program> NOA
x	NA Back 9	Your Hearing Rights	Appeals	Contains county specific information regarding hearing rights- existing CalSAWS Documents do not meet these needs	NA Back 9 is automatically sent on all system generated NOAs. Court/Hearings Document	Fair Hearing Forms
	NA-844	No Bonus, no penalty-Cal Learn			New Rec.	Manual <Program> NOA
x	No form #	AAP Intake dictation sheet	AAP approval information	Form is specific to county Foster care program	Other county drawer - AAP	
	x No Form #	Declaration To Obtain Lost or Stolen Warrant	Statement of Fact/Affidavit	Auditor's Office Form from Child Welfare Services to Stanislaus County Auditor Controller. County Form.	CSF XXX	Sworn Statement
x	No form #	KinGAP Denied Application Summary	KG form when denying funding	Form is specific to county Foster care program	Other county drawer - AAP	
x	No form #	KinGAP Application Summary	KG form when approving funding	Form is specific to county Foster care program	KG 2	Statement Of Facts Supporting Eligibility For Kinship Guardianship Assistance Payment Program
	x No Form #	Letter RE: Phone Numbers/Contact Information	Correspondence	Correspondence AAP, FC, KinGap. Internal Form only. Similar Form not found on Forms List	Is this confirm the customer's info, or providing the worker's info? CSF XXX	New Worker Letter
x	No form #	POEM Cover sheet	FC cover sheet mailed to parents	Form is specific to county Foster care program	New Rec.	FC Forms
x	No form #	POEM Worksheet	FC document when parents do not work or getting any form of aid.	Form is specific to county Foster care program	New Rec.	FC Forms
x	No Form #	Tribal TANF Time Limits	Time Limit Certification	Form is sent by Tribal TANF for Time Limits verification. There is no similar form on Forms List	New Rec.	Time Limit Forms
x	No Form Number	General Claim	Emergency Assistance for Foster Care placement.	Delivered to Fiscal to pay emergency placement foster care	New Rec.	FC Forms
x	NO NUMBER	Cal Learn Individual Service Plan	Cal Learn	Individual Service Plan for client (CAL LEARN)	New Rec.	CalLearn Agreements and Forms
x	NO NUMBER	Housing and Disability Advocacy Program Application (HDAP)	Application	Application	New Rec.	HSP and Homeless Assistance Forms
x	NO NUMBER	CalWORKs Housing Support Program Application	CalWORKs Housing Support Program Application	CalWORKs Housing Support Program Application	CW 42	Statement of Facts - Homeless Assistance
x	NO NUMBER	CAREER RESEARCH WORKSHEET	Career Research	Assign to client during Assessment	New Rec.	Program Budgets & Worksheets
x	NO NUMBER	Comprehensive Baseline Assessment	Cal Learn	Assessment for new CL participants (CAL LEARN)	New Rec.	CalLearn Agreements and Forms

				Resource Data Bank Request to add form	Is this going to be needed with electronic RBD request functions?
x	NO NUMBER	RDB Resource Request	Request		
x	NOA 992	Vehicle Repair NOA	This NOA is used to approve GAIN participants' Vehicle Diagnosis/Repair.	No possible map found in listing	New Rec. Manual <Program> NOA
	NOA from Native TANF	NOA from Native TANF program	Correspondence		New Rec. Manual <Program> NOA
x	NOD 02	DENIAL OVER INCOME	INFORMING NOTICE	NEEDED FORM NOT ON TIER 1 LIST - REQUIRED	New Rec. Manual <Program> NOA
	Non Standard	Non Standard Docs	WFP&I View and Use only	No possible map found in listing	Verification
	Non Standard Screen Prints	Non Standard Screen Prints	WFP&I View and Use only	No possible map found in listing	Not sure this will be necessary with virtual print.
	Notice of Action/CalWOR	Notice of Action/CalWORKs - All	Correspondence		New Rec. Manual <Program> NOA
	NS-DOC034	MEDS Prints	MEDS Print Outs	No possible map found in listing	This might not be necessary with virtual print. New Rec. MEDS Related - Clearance, Updates, Requests
x	NS-DOCCL1	Cal-Learn Student Academic Report School Issue Report Card		No possible map found in listing	Verification
x	NS-DOCCL2	Cal-Learn Good Cause Document		No possible map found in listing	New Rec. CalLearn Agreements and Forms
x	NS-DOCCL3	Cal-Learn School Enrollment Verification and Proof of		No possible map found in listing	New Rec. Student/College Related Forms
x	NS-DOCCL4	Misc. Action Requests from Contractors		No possible map found in listing	New Rec. Vendor Agreements and Forms
	NS-HOME001	Eviction Notice 3 Day pay or Quit		No possible map found in listing	Verification
x	NS-NOA001	Manually Generated Notice of Actions		No possible map found in listing	New Rec. Manual <Program> NOA
x	NS-NOA001	Manually Generated Notice of Actions		No possible map found in listing	New Rec. Manual <Program> NOA
x	NS-SUPP016	College CalWORKs Coordinator Ancillary Request		No possible map found in listing	New Rec. Student/College Related Forms
x	NS-SUPP017	College CalWORKs Coordinator Statement		No possible map found in listing	New Rec. Student/College Related Forms
x	NS-SUPP017A	Education Extension Request		No possible map found in listing	New Rec. Student/College Related Forms
x	NS-SUPP018	Adult School Ancillary Request		No possible map found in listing	New Rec. Student/College Related Forms
x	NS-SUPP019	Request for Ancillary Items Uniform - Printout of Employer		No possible map found in listing	
x	NS-SUPP024	Survey Letter for E2Lite and TANF		No possible map found in listing	New Rec. Supporting CW Forms
x	NS-SUPP025	Bonus Sanction Adequate Recommendation from Cal-Learn Contractors		No possible map found in listing	New Rec. CalLearn Agreements and Forms
x	NS-SUPP027	GAIN Employment Plan LD Evaluation Amendment Request		No possible map found in listing	New Rec. WTW Agreements, Assessments, etc.
x	NS-SUPP028	GAIN Program Learning Disability evaluation and summary		No possible map found in listing	New Rec. WTW Agreements, Assessments, etc.
x	NS-SUPP029	Third-party alternate verification of enrollment		No possible map found in listing	New Rec. Non-Fraud Referral or Request
x	NVCSS Referral	NVCSS Referral Form	Referral to Local Partner Agency	Referral to local partner agency	New Rec. Non-Fraud Referral or Request
	NVRA	Voter Preference Form	Form used by the county to assist clients to register to vote.	NVRA document	CSF XXX Would You Like to Register to Vote?
x	NVRA English	NVRA Voter Preference Form	NVRA Voter Preference Form		CSF XXX Would You Like to Register to Vote?
x	OCAT-ASR	Appraisal Summary and Recommendations		No possible map found in listing	New Rec. OCAT Forms and Info
	OCAT-Online CW Appraisal	OCAT-Online CW Appraisal Tool	WTW Intake/Ore		New Rec. OCAT Forms and Info

				Screening form used to provide support to clients with ADA and other accommodations.		
	OCR 2	HSA Invitation to Disclose	ADA Accomodations Support Document			
	One-Stop Card - Golden Sierra	One-Stop Card - Golden Sierra	Disability/Work Reg		Verification	
	Oth Health Coverage Card	Oth Health Coverage Card	OHC/TPL/MEDS 1		Verification	
x	Other County Forms	CalMAP Identifying Family Needs and Assessing Progress CalWORKS 2.0 Getting to Know You CalWORKS 2.0 Quality of Life	These are State suggested forms for WTW to use with clients as a part of their Assessment	Current county policy is to Index these under "Assessment," however, there are no Cal-Learn or WTW Assessment options available in the provided CalSAWS list.	New Rec.	CW 2.0 Forms
	P-02	CC	WTW Supportive Services		What information is in this?	
	P-06	LD Appt	WTW LD		CSF XXX CSF XXX	Appointment Letter WTW Appointment Letter
	P-08	Self Employment Questionnaire	WTW Employment		CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
x	P-09	Ancillary tracking	WTW Supportive Services		New Rec.	Tracked WTW Activities, Hours, Exemptions
	P-1	Sanction Info for NA817	Correspondence		New Rec.	Manual <Program> NOA
x	P-10 Cal-Learn	Cal-Learn Orientation			CL 1	Cal-Learn Registration/Program Information/Orientation Appointment Notice
	P-10A	WTW Program Info-Auburn	WTW Correspondence		What is this? Is this imaged? New Rec.	WTW Agreements, Assessments, etc.
	P-10S	WTW Program Info-Sunset	WTW Correspondence		What is this? Is this imaged? New Rec.	WTW Agreements, Assessments, etc.
	P-10T	WTW Program Info-Tahoe	WTW Correspondence		What is this? Is this imaged? New Rec.	WTW Agreements, Assessments, etc.
	P-11A	P-11A	WTW Correspondence	Rarely used flier	What is this? Is this imaged?	
	P-11S	P-11S	WTW Correspondence	Rarely used flier	What is this? Is this imaged?	
	P-12	WTW Case Checklist	WTW Intake/Ore		New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	P-14	Referral Form Dress for Success	WTW Referrals		New Rec.	Non-Fraud Referral or Request
	P-15	RAS Referral	WTW Referrals		What is this a referral to? New Rec.	Non-Fraud Referral or Request
	P-16	Placer Adult Referral	WTW Referrals		What is this a referral to? New Rec.	Non-Fraud Referral or Request
	P-17	Request to Pay Ancillary Expense	WTW Supportive Services		New Rec.	WTW Agreements, Assessments, etc.
	P-18	ES General Appointment Letter	WTW Correspondence		CSF XXX	WTW Appointment Letter
x	P-19	Deregistration Notification	WTW Correspondence		New Rec.	Manual <Program> NOA
	P-20	ES Information Request	WTW Correspondence		Is this a verification request? Or is it requesting something else?	
x	P-21	Assessment Referral	WTW Assessments		GN 6006A GN 6130	CalWORKs Clinical Assessment Provider Referral Assessment Activity Agreement
x	P-224	Verification of Welfare to Work Participation Hours			GN 6005A	Verification of Welfare to Work Participation Hours
	P-224-41	Monthly Activity Report	WTW Participation		GN 6005A	Verification of Welfare to Work Participation Hours
	P-225	Incomplete Monthly Activity Rpt	WTW Correspondence		New Rec.	Tracked WTW Activities, Hours, Exemptions
	P-226	Transportation Verif Request	WTW Correspondence		GN 6322	Forms/Documents Needed to Support Transportation/Ancillary

	P-23	Career Exploration-Job Search Rpt	WTW Assessments		GN 6367-1 GN 6367-3	In-House Job Search Timesheet In-House Job Search Employer Contact Daily Log
	P-27	Release of Information	WTW Intake/Ore		ABCDM 228	Applicant's Authorization for Release of Information
	P-29	Community Volunteer Site	WTW Referrals		CSF XXX	Service Referral to Activity
	P-3	ES Information Request	WTW Intake/Ore		What informatin is being requested? Info from the customer or worker?	
	P-31	College Attendance	WTW Participation		GN 6070 CSF XXX	Progress Report - Education/Post- EMPL/WEX and Community Services School Attendance / Enrollment Verification
	P-35	Job Search Plan Worksheet	WTW Participation		GN 6367-3	In-House Job Search Employer Contact Daily Log
	P-4	Text Book Cost Verification	WTW Supportive Services		New Rec.	Student/College Related Forms
	P-41	Mileage Claim	WTW Trans & Mileage		New Rec.	Transportation Forms
	P-44	Community Svc Resource Request	WTW WEX		GN 6070	Progress Report - Education/Post- EMPL/WEX and Community Services
	P-53	Intercounty Transfer	WTW Correspondence		New Rec.	ICT Forms
	P-54	SIP Application Packet	WTW School/VTR		GN 6004	Self-Initiated Program Identification
	P-54A	SIP App Criteria for Approval	WTW School/VTR		Is this imaged? GN 6004	Self-Initiated Program Identification
x	p-55	Volunteer Student E&T	WTW School/VTR		Is this imaged?	
	P-57	Request to Traffic Court	WTW Referrals		Is this imaged?	
	P-61	Student Ed Training Plan	WTW School/VTR		Is this imaged?	
	P-65Q	Remoteness Questionnaire	WTW Correspondence	Rarely used flier	Is this imaged?	
x	P-75	Voucher Request	WTW Supportive Services		What type of voucher is this requesting? Bus pass? Clothing? Something else?	
x	P-9	Ancillary Costs/Adjustments	WTW Supportive Services		GN 6322	Forms/Documents Needed to Support Transportation/Ancillary
	x	PA 1022	State Hearing Report Worksheet	No possible map found in listing	Court/Hearings Document	Fair Hearing Forms
x	x	PA 129	Child Care General Information	No possible map found in listing	New Rec.	Child Care Referrals and Forms
x	x	PA 129-1	Child Care Information Payments	No possible map found in listing	New Rec.	Child Care Referrals and Forms
	PA 1325	Record of Eligibility Activity	Log used to manually document all actions taken on MC 180 issuance for beneficiaries who do not have a case with the County (i.e., SSI/SSP Recipients).	No possible map found in listing	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	PA 1349	Teen Parent Referral		No possible map found in listing	New Rec.	Non-Fraud Referral or Request
x	PA 137	CW Budget Worksheet		No possible map found in listing	New Rec.	Program Budgets & Worksheets
x	PA 1610	Social Security PA Agency Information Request and Report		No possible map found in listing	New Rec.	Non-Fraud Referral or Request
x	PA 1653	Immunization Medical Exemption Statement		No possible map found in listing	CW 2209	Immunization Good Cause Request Form
x	PA 1672-1	Employment Verification Form		Unable to determine possible map	CSF XXX CSF XXX	Employment Statement Request Verification of Employment/Earning
x	x	PA 1672-1	Request for Employment Verification	This form is used to request employment verification.	CSF XXX CSF XXX	Employment Statement Request Verification of Employment/Earning
x		PA 1728-B	Receipt PT for Child Care Services	No possible map found in listing	New Rec.	Child Care Referrals and Forms

						Is this imaged? It the guide only given to customers as FYI Only? Is there an acknowledgement that's signed?
x		PA 175	Child Support Guide		No possible map found in listing	
x		PA 1853	Student Income Verification		No possible map found in listing	New Rec. Student/College Related Forms
x		PA 1853A	Student Income Verification Form		No possible map found in listing	New Rec. Student/College Related Forms
x		PA 1923	CalWORKs Treatment Services Verification		No possible map found in listing	New Rec. WTW Agreements, Assessments, etc.
x		PA 1923	CalWORKs Treatment/Services Verification (Reverse Referral)	Form is completed by service providers when a participant receiving or eligible to CalWORKs begins receiving services at their facility with no direct referral from DPSS.	No possible map found in listing	New Rec. WTW Agreements, Assessments, etc.
x		PA 1930	CalWORKs Substance Abuse Screening Instrument		No possible map found in listing	New Rec. Application, Intake, or Screening Tools
x		PA 1933	CalWORKs Mental Health Screening Instrument		No possible map found in listing	New Rec. Behavioral/Mental Health Forms and Referrals
x		PA 1953	CalWORKs Time Limits Informing Notice		No possible map found in listing	New Rec. Time Limit Forms
x	x	PA 199	Cover Letter Request for Hearing Withdrawal		No possible map found in listing	DPA 315 Withdrawal/Conditional Withdrawals of Request for Hearing
	x	PA 199	Withdrawal Cover Letter	ASH use only	No possible map found in listing	DPA 315 Withdrawal/Conditional Withdrawals of Request for Hearing
x		PA 2322	Manual Documents Needed		No possible map found in listing	CW 2200 Request For Verification
x		PA 2322-A	Forms/Documents Needed from CalWORKs		No possible map found in listing	CW 2201 Request For Verification
x		PA 2418	IEVS Participant Income Verification Letter		No possible map found in listing	CSF XXX Self-Employment Income Statement CSF XXX Notice to Self-Employed Individuals PA 167 Monthly Earnings Report
x	x	PA 245-1	Food Stamp Fraud Claim Determination Report	WFP&I View and Use only	No possible map found in listing	SIU Documents SIU (Fraud) Evidence, Contact Records, Requests
x		PA 2481	Notice to Families Requesting AFDC for Foreign-Born Person		No possible map found in listing	New Rec. Supporting CW Forms
x		PA 355	Request for Information		No possible map found in listing	Request for what information and from who?
x		PA 371	Nonrecurring Special Need Worksheet		No possible map found in listing	New Rec. Program Budgets & Worksheets
	x	PA 373	Record of Participant/Advocate Inquiry		No possible map found in listing	New Rec. Customer/Worker Contact
x		PA 4040	Disability Packet Review Checklist	The form used to ensure packets contain the necessary information needed for DDSD-SP to conduct the evaluation process. The reverse side of the PA 4040 provides detailed instructions for completing the checklist.	No possible map found in listing	New Rec. DDSD Forms
x		PA 4043	DPSS CalWORKs Housing		No possible map found in listing	New Rec. HSP and Homeless Assistance Forms
	x	PA 4046	New Rules for U.S. Citizens		No possible map found in listing	Rules for what program? Is this similar to Right and responsibilities? Is it signed?
		PA 4048	DPSS MC Letter of Authorization (LOA)/MC 180 Request Form	Certifies that the MC 180 request has been reviewed and approved.	No possible map found in listing	New Rec. Manual <Program> NOA

x	PA 4049	DPSS MC Letter of Authorization (LOA)/MC 180 Checklist	Records the MC approval effective date and the Medical service date. Also, identifies the condition for issuing the MC 180 and the required documentation.	No possible map found in listing	New Rec.	Manual <Program> NOA
	x PA 481	Language Designation Form	Used by the participant to designate their written and spoken language preferences.	No possible map found in listing	New Rec.	Language Designation form
	x PA 481A	Interpreters Services Statement	Used by the participant to request an interpreter.	No possible map found in listing	CSF XXX	Free Interpreter Service Waiver and Confidentiality Agreement
x	PA 5040	Notice of Evaluation For CalWorks		No possible map found in listing	New Rec.	Supporting CW Forms
x	PA 5063	Receipt/Assignment of Disability Packet	Transmittal form used by EW to verify receipt of packet sent to DDSD-SP	No possible map found in listing	MC 222 LA New Rec.	DDSD Pending Information Update DDSD Forms
	x PA 5203	Earned Income Worksheet		No possible map found in listing	PA 167	Monthly Earnings Report
	x PA 5203-SE	Self-Employment		No possible map found in listing	CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
	x PA 5801	Exchange of Information Lettergram		No possible map found in listing	What information is being exchanged? What programs?	
x	x x	PA 6019	Homeless Case Management Assessment Form	No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
x	x	PA 6030-1	Voluntary Participants Important Information about Direct Rent Payments	No possible map found in listing	PA 6030	IMPORTANT INFORMATION ABOUT DIRECT RENT PAYMENTS
x	x	PA 6046	Homeless Case Management GAIN Services Worker Two Way Gram	No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
		PA 6048	Unable to Process Direct Rent Payment	No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
	x	PA 6053	Barriers to Permanent Housing Assessment	No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
x	PA 6061	Referral for Probate Conservatorship Investigation	Used to request information from the Office of Public Guardian regarding a person's Conservatorship.	No possible map found in listing	New Rec.	Non-Fraud Referral or Request
x	PA 6064	Permanent Homeless Assistance Arrearages Checklist		No possible map found in listing	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	PA 6090	CalWorks Presumptive Disability Certification		No possible map found in listing	New Rec.	Supporting CW Forms
x	PA 6090	Medi-Cal Presumptive Disability Certification	It is provided with the DDSD-SP packet, to the Medi-Cal applicant/beneficiary or their representative to certify Presumptive Disability (PD). Form is completed by a doctor or medical source to certify PD for a Medi-cal applicant.	No possible map found in listing	MC 222 LA New Rec.	DDSD Pending Information Update DDSD Forms
x	PA 6115	DPSS - CES for Families Participant Eligibility Form		No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
x	PA 6116	Referral for Mental Health or Substance Use Disorder Screening		No possible map found in listing	GN 6140	Screening For Mental Health and Substance Abuse
x	PA 6117	GRHSCMP Tenant and Landlord Property Certification		No possible map found in listing	CSF XXX PA 956	Address Change/ Housing Costs Housing/Utility Verification Form
x	PA 6142	GRHSCMP Ineligible Notice		No possible map found in listing	New Rec. New Rec.	Manual <Program> NOA GA/GR Other Forms

			GR Housing Subsidy & Case Management Project-Checklist		No possible map found in listing	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x		PA 6145			No possible map found in listing	New Rec.	Application, Intake, or Screening
x		PA 6146	GRHSCMP " Pre-Screening		No possible map found in listing	New Rec.	
			GRHSCMP Move-In Assistance				
x		PA 6152	Funds Request Form		No possible map found in listing	New Rec.	GA/GR Other Forms
x		PA 6153	GRHSCMP Two-Way Gram		No possible map found in listing	ABP 1468	Two-Way Referral Gram
x		PA 6155	Moving Assistance MA Program Application		No possible map found in listing	PA 2124	Emergency Assistance to Prevent Eviction & Moving Assistance Programs Application
						New Rec.	Manual <Program> NOA
x		PA 6156	GRHSCMP TERMINATION NOTICE		No possible map found in listing	New Rec.	GA/GR Other Forms
			GRHSCMP MOVE-IN ASSISTANCE			New Rec.	Manual <Program> NOA
x		PA 6157	INELIGIBILIE NOTICE		No possible map found in listing	New Rec.	GA/GR Other Forms
			DPSS Criminal Background Declaration and Consent Form		No possible map found in listing		
		PA 6158					
			GRHSCMP MOVE-IN ASSISTANCE APPROVAL NOTICE		No possible map found in listing	New Rec.	Manual <Program> NOA
x		PA 6165			No possible map found in listing	New Rec.	GA/GR Other Forms
			GRHSCMP Landlord Vendor Payment Notice Of Approval		No possible map found in listing	New Rec.	Vendor Agreements and Forms
x		PA 6166			No possible map found in listing	New Rec.	Manual <Program> NOA
			GRHSCMP Approval Notice		No possible map found in listing	New Rec.	GA/GR Other Forms
						CSF XXX	Appointment Letter
x		PA 6168	GRHSCMP Appointment Notice		No possible map found in listing		
			GRHSCMP PA 4144 and W-9 Control Form		No possible map found in listing	New Rec.	GA/GR Other Forms
x		PA 6169			No possible map found in listing		
			Notice of Landlord/Vendor Termination		No possible map found in listing	New Rec.	Vendor Agreements and Forms
		PA 6173					
			INTERPRETER SERVICES STATEMENT AND CONFIDENTIALITY AGREEMENT	Used by the participant to request an interpreter.	Possible Map: CSF XXX - Free Interpreter Service Waiver and Confidentiality Agreement	CSF XXX	Free Interpreter Service Waiver and Confidentiality Agreement
x		PA 6181			No possible map found in listing	New Rec.	GA/GR Other Forms
			GRHSCMP Agreement				
			Important Information ForLandlord About Direct Rent Payments		No possible map found in listing	PA 6031	IMPORTANT INFORMATION FOR LANDLORD ABOUT DIRECT RENT PAYMENTS
x		PA 6183					
			PHASE Homeless Consent and Release Agreement		No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
x	x	PA 6187					
			HOME VISITATION PROGRAM TERMINATION	This completed by the Home Visitor to advise the GSW/CCM/RCM or GAIN Program staff that the participant is no longer participating in the Home Visiting Program.	No possible map found in listing	New Rec.	Home Visit Forms
x		PA 6204					
			Property Investigation Request	Used to request the Property Unit within DPSS to query all property owned by an applicant	No possible map found in listing	New Rec.	Property Statement and Verification
x		PA 621			No possible map found in listing	New Rec.	Property Statement and Verification
			Property Report				
			Documentation of Principal Wage Earner		No possible map found in listing	New Rec.	Supporting CW Forms
x		PA 751			No possible map found in listing	CSF XXX	Sworn Statement
			UIB Affidavit				
		PA 853-2					
			PCG SSA-827 Authorization to Disclose Information to the SSA	PCG SSA-827 Authorization to Disclose Information to the SSA	GA- San Mateo required form. No match found from CalSAWS.	New Rec.	Other Contact Authorization Forms
x		PCG SSA-827				CSF XXX	Action Plan
			Placer Cal-Learn Plan	WTW Cal Learn			
		PCLP 2					
			PCOE Approved Child Care Schedule	WTW Supportive Services		New Rec.	Child Care Referrals and Forms
			Peace for Families				
			Peace for Families Tracking Sheet	WTW Participation		New Rec.	WTW Agreements, Assessments, etc.

	Peace for Families	Peace for Families Verification	WTW Exemptions		New Rec.	WTW Agreements, Assessments, etc.
	Period Attendance	Period Attendance Report	WTW Cal Learn		New Rec.	CalLearn Agreements and Forms
	Permanent Resident Alien	Permanent Resident Alien Card	Vitals		Verification	
	Placer County Needs	Placer County Needs Assessment	WTW Assessments		New Rec.	WTW Agreements, Assessments, etc.
	Placer CW Case Quick Ref -	Placer CW Case Quick Ref - WTW	WTW Intake/Ore		What info is on this? Is this imaged?	
x	PLAY 0	PLAY Program	Informing of potential PLAY program eligibility	This form is sent to all clients who may be eligible to participate in Tulare county's PLAY program (Home Visiting Initiative Program). There is a section on the form for clients to complete and return that shows they are wanting to opt in to the program. There is no form on the CalSAWS listing that has information close to		
x	PLAY 1	Tulare WORKs PLAY Referral	Referral for the PLAY program	This form is completed by a worker to refer a potential client for the PLAY program. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	Non-Fraud Referral or Request
x	PLAY 2	Provider Communication - PLAY Program	Provider progress report	This is a progress report for the PLAY program provider to complete that indicates the amount of home visits done and what referrals/services were completed or are needed. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	Vendor Agreements and Forms
x	PLAY 3	TulareWORKs - Reply Summary	Relay pertinent case information to service providers	This form is used to notify PLAY service providers when there is a change in case status or that the family becomes ineligible for PLAY services. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	Vendor Agreements and Forms
x	PLAY 4	Public Health Referral - PLAY program	agreement from home educator to release pertinent case information	This form is an agreement for the home educator to release all pertinent case information to the referred Service Provider and/or Tulare County Public Health Nurse. There is no form on the CalSAWS listing that has information close to	New Rec.	Non-Fraud Referral or Request
x	PLAY 5	Public Health Reply - PLAY Program	Reply received from Public Health Worker	This form is completed by the Public Health Worker after that they have received a referral. They update the referral information and the status of the referral. There is no form on the CalSAWS listing that has information close to what this form is requesting	New Rec.	Non-Fraud Referral or Request
	Police Report	Police Report	WTW Exemptions		Verification	
	Proof of	Proof of Insurance	WTW Trans & Mileage		Verification	
x	PWEX 1	Production Center Expectations	WTW WEX		New Rec.	WTW Agreements, Assessments, etc.



	QMB Referral Form	QMB Referral Form	Correspondence	MC 176 QMB-3	Qualified Medicare Beneficiart (QMB) Referral
x	RCA Budget	RCA Budget	Income Reports/Budgets	New Rec.	Program Budgets & Worksheets
	Receipt for	Receipt for Books	WTW Supportive Services	Verification	
	Receipts for Self	Receipts for Self Employment	Income	Verification	
	Receipts-support	Receipts-support services - WtW	WTW Supportive Services	Verification	
	Referral to other agency	Referral to other agency	WTW Referrals	PA 30	County Referral
	Rental	Rental Agreement	Deductions/Shelter Costs	Verification	
	Rental Income Worksheet	Rental Income Worksheet	Income	PA 167	Monthly Earnings Report
x	REP DOC 007	Certification Letter From ORR	Certification Letter from ORR.	No possible map found in listing	What is on this form? Is this used as verification for something?
x	REP DOC002	Older Refugee Discretionary Program (ORDG) Request for	Request for Services to Older Refugees (SOR).	No possible map found in listing	If this is requesting something, is it imaged?
x	REP DOC004	Social Security Number Disclosure (for REP CalWORKs cases)	The Social Security Number disclosure form is requested by the DPSS to assist in the administration of Refugee Employment Program and/or other employment services.	No possible map found in listing	REP 3 PA 6066 Social Security Number Disclosure Form
x	REP DOC005	Targeted Assistance Discretionary (TAD) Job Search Log	Used to log TAD Job Search records.	No possible map found in listing	GN 6367-3 In-House Job Search Employer Contact Daily Log
x	REP DOC006	Targeted Assistance Discretionary (TAD) -Request for Services and Enrollment Form	Used for TAD request for services and enrollment.	No possible map found in listing	WTW Agreements, Assessments, etc.
	Report Card	Report Card	School & Immunizations	Verification	
	Request for	Request for Live Scan	WTW Employment	Verification	
	Request for Reconsider -	Request for Reconsider - SSA	Income	Verification	
	Residency Stmt for Homeless	Residency Stmt for Homeless HHs	Residency	PA 146	Homeless Shelter Allowance Questionnaire
	Resident Alien	Resident Alien Card	Vitals	Verification	
	Restraining	Restraining Order	Absent Parent	Verification	
	Revocable	Revocable Trust	Property/Liens	New Rec.	Property Statement and Verification
	RFA 05 A	Resource Family Approval Certificate	Contains certification information for county approved providers (i.e. foster homes, relatives and NREFM's). Provides verification of the date of approval and address of the home	Completed by RFA SW once the home has met necessary requirements for approval. Is provided to eligibility to verify completion of the RFA process. Required documentation for Foster	New Rec. FC Forms
	RFA 05A	Resource Family Approval	Health and Safety	Health and Safety Requirement have been met. Similar Form not Found on Forms List	New Rec. FC Forms
	Room Rental	Room Rental Forms	Income	Verification	
x	RS 2/3	Enrollment and Status Change:	RCA	Form is used for RCA purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec. WTW Agreements, Assessments, etc.
	RS 36	E&T Requirements RCA	WTW Plans		Rights & Responsibilities & other Important Information

x	RS 4	PLACEMENT and PLACEMENT FOLLOW-UP	RCA	Form is used for RCA purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	WTW Agreements, Assessments, etc.
x	RVCL 3298	Trustline Payment Program Change Form	CCP status details	County Specific correspondence from DPSS to CA CC R&R	CSF XXX	Notification of TrustLine Registration Status
x	RVCL 3579	Child Care Provider Rate Information	CC provider details	Staff send to RDB maintainer to update resource details	RDB mode has its own doc types. What are they? Can we reuse them for this?	
	Sample	Sample Affidavit for Hurricane Maria Evacuees	Sample Affidavit for Hurricane Maria Evacuees		Is this imaged?	
x	SAVE	Alien Verification	IEVS/SAVE		Verification	
	x SCD 109	Verification Of Birth, Death, Marriage, Divorce	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	Is this verification requested from the customer? Or is this a form sent to a government agency to complete and verify?	
	x SCD 1121 FC	Eligibility Verification Checklist	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	CW 2200	Request For Verification
x	SCD 1148 FC	Sub-Payee Supplemental Disbursement Authorization or Action Request	SSI Advocacy	Form is used for SSI Advocacy purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Fiscal Forms
x	SCD 1175	Medi-Cal Out of State Provider Letter	Miscellaneous	There needs to be a generic miscellaneous category for documents that do not index to any of the existing existing CalSAWS Documents and it does not make business sense to create a new		
x	SCD 1225	Medi-Cal Notice of Action - Approval/Termination of One-Month Medi-Cal	Notice of Action	Notice of Action for MC-related changes; existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	x SCD 1233	Request for Immediate Need Paper BIC	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	MEDS virtual print?	
	x SCD 1264	LANGUAGE SURVEY – INTERPRETER/TRANSLATION REQUEST	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	Language Designation form
	x SCD 1296	Request for Online Transaction	Miscellaneous	There needs to be a generic miscellaneous category for documents that do not index to any of the existing existing CalSAWS Documents and it does not make business sense to create a new	Is this a MEDS request? New Req.	MEDS Related - Clearance, Updates, Requests

			Request for SOCO (Share of Cost SCD 1296 SOCO Obligation) Transaction	Miscellaneous	There needs to be a generic miscellaneous category for documents that do not index to any of the existing existing CalSAWS Documents and it does not make business sense to create a new	New Rec.	Fiscal Forms	
	x		SCD 13	Foster Care Overpayment Report	Overpayment/Overissuance/Underpaym ent/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	FC Forms
x	x	x	SCD 130	Redetermination of Eligibility	Redetermination/Recertification Documents	Form is used for RRR purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	CW/CF/MC Packet - 3A	CalWorks/CalFresh/Medi-Cal Packet - FS29LA 3A
			SCD 1304	Textbook Voucher	Supportive Services	Forms in this category are related to various supportive serivces; CalSAWS forms/ categories do not meet business needs	New Rec.	Student/College Related Forms
x			SCD 1308	CalWORKs U-Parent Beginning Date of Aid Worksheet	Budget Worksheet	manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Program Budgets & Worksheets
	x		SCD 1354	CalFresh Intentional Program Violation (IPV) Notification	Fraud	Internal notification of client IPV disqualification; existing CalSAWS Documents do not meet this need	PA 771	Notice of Intentional Program Violation (IPV) Determination
		x	SCD 1363	Pickle Screening & Title II Disregard Computation Worksheet	Budget Worksheet	manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Program Budgets & Worksheets
		x	SCD 1374	Newborn Referral Notice	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	Assuming for is related to MC for newborns. CSF XXX	Important Notice About Your Baby - First Notice
x			SCD 14	CalWORKs Intercounty Overpayment Adjustment Request	Overpayment/Overissuance/Underpaym ent/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	ICT Forms
		x	SCD 140	Collection Data Sheet	Miscellaneous	There needs to be a generic miscellaneous category for documents that do not index to any of the existing existing CalSAWS Documents and it does not make business sense to create a new	New Rec.	Application, Intake, or Screening Tools
		x	SCD 143	Consent to Release Social Services Records to An Authorized Representative for a State Hearing	Appeals	For Appeals purpses allows clients to consent to release to an AR- existing CalSAWS Documents do not meet these needs	Court/Hearings Document	Fair Hearing Forms
x			SCD 1438	Diversion Budget Worksheet	Budget Worksheet	manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Supporting CW Forms

	x	SCD 144	Request For Subpayee Trust Account	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	Fiscal Forms
		SCD 1449	QUALITY CONTROL REQUEST FOR CASE ACTION	QA/QC	Form is used for Quality Assurance and Quality Control; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is	Other county drawer - QC/QC	
	x	SCD 1449 A	QC Sanction LIFT	Notice of Action	Notice of Action for QC related changes; existing CAISAWS forms do not meet business needs.	Other county drawer - QC/QC	
	x	SCD 1456	Warrant Replacement Five- Day Waiver	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	Fiscal Forms
	x	SCD 1460 A	1st Notice of Reinvestigation Due	Notice of Action	Notice of Action for FC related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	x	SCD 1460 B	2nd Notice of Reinvestigation Due	Notice of Action	Notice of Action for FC related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	x	SCD 1460 C	3rd Notice of Reinvestigation Due	Notice of Action	Notice of Action for FC related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	x	SCD 1461	Foster Care Redetermination Appointment	Redetermination/Recertification Documents	Form is used for RRR purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	FC Forms
	x	SCD 1468	VOLAG/Sponsor	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec. PA 203-1	Sponsor Related Forms Refugee/Entrant Programs: VOLAG Assistance Statement
	x	SCD 1483	SOCIAL SERVICES MAIL REQUEST/AGREEMENT	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	PA 1815	Important Notice about Mailing Address
	x	SCD 1489 A	Child Welfare Intake for Non-Dep Children w/Guardians	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	Possibly DCFS 5122CL	Cover Letter to Relative Caregiver
	x	SCD 1527	General Assistance Job Search Verification	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	GA/GR Work Related and Activities Forms
	x	SCD 1533	Information Regarding Foster Care Eligibility	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	FC Forms

	x	SCD 1540	Consent to release of patient information	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	CW 61	Authorization to Release Medical Information
	x	SCD 1541	SSI Advocacy Unit Intake	SSI Advocacy	Form is used for SSI Advocacy purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Application, Intake, or Screening Tools
x		SCD 1554	CALWORKS - Domestic Abuse PARTICIPATION STATUS	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x		SCD 1555	CalWORKs Domestic Abuse (DA) Service Plan	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	x	SCD 1564	Daily Tip Statement	Income & Expense	form for clients to record and report tip income; existing CalSAWS documents do meet this need	PA 167	Monthly Earnings Report
x		SCD 157 CW	CalWORKs Overpayment Computation Worksheet	Overpayment/Overissuance/Underpayment/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Program Budgets & Worksheets
	x	SCD 1594	Letter Of Authorization (LOA) Request	LOA	request for a letter of authorization for MC to be issued; existing CalSAWS documents do meet this	CSF XXX	Verification of Benefits
	x	SCD 1596	SOC Adjustment Worksheet (Hunt v. Kizer)	Budget Worksheet	manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Program Budgets & Worksheets
	x	SCD 16	Confidential Community Inquiry or Report	Miscellaneous	There needs to be a generic miscellaneous category for documents that do not index to any of the existing existing CalSAWS Documents and it does not make business sense to create a new	New Rec.	Non-Fraud Referral or Request
	x	SCD 1604	IEVS Communication	Miscellaneous	There needs to be a generic miscellaneous category for documents that do not index to any of the existing existing CalSAWS Documents and it does not make business sense to create a new	New Rec.	Customer/Worker Contact
	x	SCD 1615	Student Income Budget	Budget Worksheet	manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Student/College Related Forms
	x	SCD 1623	School/ESL Attendance Form	Vocational Services	Form is used for Vocational Services purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Student/College Related Forms

	SCD 163 C	Contact-Action Summary Closed Case	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	SCD 163 GO	Contact Action Summary Group Orientation	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	SCD 163 T	CONTACT – ACTION SUMMARY CASE TRANSFER	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 1638	TMC Status Report Worksheet	Budget Worksheet	manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Program Budgets & Worksheets
x	SCD 1656	CalFresh Employment and Training Program - Participation Agreement	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	CFET Forms/Agreements
	x SCD 166	Withdrawal Application	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	CW 10	Notice of Withdrawn Application
x	SCD 1680	Newborn Requirements	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	Assuming for is related to MC for newborns. CSF XXX	Important Notice About Your Baby - First Notice
x	SCD 1718	ChildCare Request Form	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Child Care Referrals and Forms
x	SCD 1723	Welfare To Work Activity Referral Form	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 1723 A	Cal-Learn Service/Information Form	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	CalLearn Agreements and Forms
x	SCD 1725	County Specific Exemption/Extender Review Form	TOA	Form is used for Time on Aid purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 1736	Child Care Payment Adjustment Notice	Notice of Action	Notice of Action for employment and supportive services related changes; existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	SCD 174	GA Repayment Agreement	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	GA/GR Repayment Agreements/Forms

x		SCD 1750	Family Conference Referral CalWORKs	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	x	SCD 1752	Licensed Provider Registration and All Provider Changes	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Vendor Agreements and Forms
	x	SCD 1753	License-Exempt Home Certification/Registration	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Vendor Agreements and Forms
	x	SCD 1755 B	Child Care Billing	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Child Care Referrals and Forms
	x	SCD 1758	Education Plan	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	x	SCD 1766	Participation and Attendance Alert	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	x	SCD 1768 A	CalWORKs Progress Report for Adult Ed Sites	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	x	SCD 1771	WTW Self-Assessment	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	x	SCD 1772	Getting to Know You	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	x	SCD 1773	CalWORKs - Employment Plan Report	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	x	SCD 1775	Child Care Checklist	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Child Care Referrals and Forms
		SCD 1779	CWES Notice of Missed Participation Problem Cause Determination and Compliance Appointment Failed Telephone	Notice of Action	Notice of Action for employment and supportive services related changes; existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	x	SCD 1782	Doctor Verification	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	CW 61	Authorization to Release Medical Information

x	SCD 1788	Child Care Provider Overpayment Notice	Overpayment/Overissuance/Underpayment/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Vendor Agreements and Forms
x	SCD 1789	SCC Works Worksite Referral	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 18	Foster Care Checklist	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	SCD 180	Notification of Parental Choice with TrustLine Registration	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Child Care Referrals and Forms
x	SCD 1807	SCC Works Participant Worksite Agreement	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 1811 A	Activity Tracking	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Tracked WTW Activities, Hours, Exemptions
	SCD 1826	Child Support/Overpayment Exemption review Summary	Overpayment/Overissuance/Underpayment/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	Is this related for FC, KG, or AAP?	
	SCD 1827	County Alert to complete Child Support/Overpayment Exemption Review	Overpayment/Overissuance/Underpayment/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	Is this related for FC, KG, or AAP?	
x	SCD 1834	Incomplete Child Care Registration	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Child Care Referrals and Forms
	SCD 1851	Cancellation of Supportive Services Overpayment	Overpayment/Overissuance/Underpayment/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Manual <Program> NOA
	SCD 1853	Notice of Temporary Delay in Supportive Services Overpayment Collection	Overpayment/Overissuance/Underpayment/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Fiscal Forms
x	SCD 1948	Direct Deposit Enrollment Form (40-79)	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	Fiscal Forms



	x	SCD 196	Requirement to Provide Social Security Cards	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	Is this imaged? Is this a form the SSA completed? Notice to customer only? PA 6066	Social Security Disclosure Form
x		SCD 197	Confidentiality Agreement	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x		SCD 209	Trustline Informing Notice	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Child Care Referrals and Forms
	x	SCD 21	KinGAP Information Sheet	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	KG Forms
x		SCD 2169 A	Employment Participation Requirements Agreement	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x		SCD 2178	Welfare-to-Work Program Information Checklist	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Program Budgets & Worksheets
	x	SCD 22	KinGAP Application Notice	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	KG Forms
	x	SCD 2201	EBT On-Line Request	Miscellaneous	There needs to be a generic miscellaneous category for documents that do not index to any of the existing CalSAWS Documents and it does not make business sense to create a new	New Rec.	Fiscal Forms
	x	SCD 2202	Client Electronic Benefit Transfer (EBT) Request	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	Fiscal Forms
x		SCD 2205	SSI Denial/Medi-Cal Application Coverletter	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	CSF XXX	SSA Referral to Medi-Cal
	x	SCD 2213	Out of State/ County Request for Information	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	ICT Forms
x		SCD 2223	ICAMA Reminder	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	Other county drawer - AAP	
	x	SCD 2227	Daily Wage Statement	Income & Expense	form for clients to record and report daily wage income; existing CalSAWS documents do meet this need	PA 167	Monthly Earnings Report

	x	SCD 2254	Vendor Payment Agreement	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	Vendor Agreements and Forms
x		SCD 2255	Landlord File Communication (for CalWORKs Sanctioned Client Vendor Payment)	Miscellaneous	There needs to be a generic miscellaneous category for documents that do not index to any of the existing existing CalSAWS Documents and it does not make business sense to create a new	PA 4144	Direct Rent - Landlord Agreement Verification Request
	x	SCD 2257	SSI Advocacy Data Form	SSI Advocacy	Form is used for SSI Advocacy purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Application, Intake, or Screening Tools
	x	SCD 2263	Consent to Release Public Assistance Information for Health Services Reimbursement	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	Other Contact Authorization Forms
	x	SCD 2269	Important Information on Medi-Cal and Medicare Savings Programs	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	MSP Packet	MSP Packet
	x	SCD 2270	Supplemental Questions for Medi-Cal Savings Programs Application	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	MSP Packet	MSP Packet
	x	SCD 2272	Individual Intake Request	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	x	SCD 2293	Compliance Response to Conditional Withdrawal	Appeals	For Appeals purposes - conditional withdrawal- Existing CalSAWS Documents do not meet these needs	DPA 315	Withdrawal/Conditional Withdrawals of Request for Hearing
	x	SCD 2294	Notice from the State Appeals Representative	Appeals	Appeals purposes- notice of action; existing CalSAWS Documents do not meet these needs	Court/Hearings Document	Fair Hearing Forms
	x	SCD 2296	Appeals Case Review Check List	Appeals	Appeals purposes checklist for client; existing CalSAWS Documents do not meet these needs	Court/Hearings Document	Fair Hearing Forms
	x	SCD 23	KinGAP Checklist	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	KG Forms
	x	SCD 23 A	AAP Eligibility Checklist	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x	SCD 2322	EBT Repayment Authorization Form	Overpayment/Overissuance/Underpayment/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	Fiscal Forms

x	SCD 2330	Notice of Action Approval of Medi-Cal Benefits	Notice of Action	Notice of Action for MC-related changes; existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	SCD 2339 A	MEMORANDUM	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	What is on this form? What is it used for?	
x	SCD 2340	Medi-Cal Early Fraud Detection Program	Fraud	Referral to Medi-Cal Early Fraud Detection Program; existing CalSAWS documents do not meet this	MC-1 Fraud	MEDI-CAL EARLY FRAUD DETECTION PREVENTION REFERRAL
	x SCD 2343	Reporting Indigent Sponsored Noncitizens	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	Sponsor Related Forms
x	SCD 2350	Request for Tax Household Information (RFTHI)	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	RFTHI	Request for Tax Household Information (RFTHI)
x	SCD 2350 Supplemental	Request for Tax Household Information (RFTHI) Supplemental	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	RFTHI	Request for Tax Household Information (RFTHI)
x	SCD 2353	MC 210 ACA Income and Deduction Supplement	Income & Expense	form for clients to record and report income and deductions; existing CalSAWS documents do not meet this	MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
x	SCD 2356	CalHEERS Verification Transmittal Cover Sheet	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	MC 355	Medi-Cal Request for Information
	x SCD 2367	AAP Eligibility Case Summary Sheet	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	Other county drawer - AAP	
x	SCD 2368	Notice of Action Approval of Medi-Cal for Refugee Medical Assistance Beneficiaries	Notice of Action	Notice of Action for MC-related changes; existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	SCD 2369	Information Notice for Refugee Medical Assistance Beneficiaries	Notice of Action	Notice of Action for MC-related changes; existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	x SCD 2371	Need Additional Assistance	Reasonable Accommodation	Form is used for reasonable accommodation requests; existing CalSAWS categories do not meet this need		
x x	SCD 2375	IN/ES Determination Sheet	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	Supporting CW Forms
	x SCD 2385	RRR and CEC Cover Letter	Redetermination/Recertification Documents	Form is used for RRR purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	SAWS 2A SAR	Rights & Responsibilities & other Important Information



x	SCD 2446	Adoption Pending Finalization Rate Verification	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	Other county drawer - AAP	
	x	SCD 2463	Client Update: Address or Phone	Client Request/Agreement	CSF XXX	Address Change/ Housing Costs
	x	SCD 2473	Notification of Completed Phone Interview	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	Is this imaged?
		SCD 2491	RRR Notice to SW	Redetermination/Recertification Documents	Form is used for RRR purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec. Customer/Worker Contact
		SCD 2492	RRR (NMD) Notice to SW	Redetermination/Recertification Documents	Form is used for RRR purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec. Customer/Worker Contact
x		SCD 2493	NDLG RRR Notice	Redetermination/Recertification Documents	Form is used for RRR purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec. FC Forms
x		SCD 2495	ABAWD SCREENING AND CFET REFERRAL	CFET/CFES	Used to screen for ABAWD exemption and referral to CFET; existing CalWIN Documents do not tracks CFET activity attendance;	New Rec. ABAWD Forms
x		SCD 2499	CalFresh Employment Services Attendance Form	CFET/CFES	existing CalWIN Documents do not	New Rec. CFET Forms/Agreements
	x	SCD 25	KinGAP Redetermination Notice	Redetermination/Recertification Documents	Form is used for RRR purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec. KG Forms
x		SCD 2503	My Road Map, Potholes & Detours	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec. WTW Agreements, Assessments, etc.
x		SCD 2508	Job Readiness Placement Plan of Action	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec. WTW Agreements, Assessments, etc.
		SCD 2509	CFES Appointment/Verification Notice	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	CSF XXX Appointment Letter
x		SCD 2511	HCBS Spousal Impoverishment Budget	Budget Worksheet	manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec. Program Budgets & Worksheets

x	SCD 2517	CalWORKs Social Work Action Plan	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2519	CALFRESH-ABAWD REQUEST FOR MEDICAL INFORMATION	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	ABAWD Forms
x	SCD 2521	Intern & Earn Checklist	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2525	Request For Certification For Non-Cash Clients	RCA	Form is used for RCA purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	What certification is being requested?	
x	SCD 2526	Intern & Earn Participant Application	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2529	Client Emergency Information Card	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	Is this imaged? New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2532	Employment Connection Program Client Notification	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2533	Job Search Client Agreement	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	GA/GR Work Related and Activities Forms
x	SCD 2534	Job Search Activity Log	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	GA/GR Work Related and Activities Forms
x	SCD 2535	CFES Activity Assignment Plan	CFET/CFES	contains client CFET Activity plan; existing CalWIN Documents do not	New Rec.	CFET Forms/Agreements
x	SCD 2539	PWEX Evaluation Month 2	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2540	PWEX Evaluation Month 4	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2541	PWEX Evaluation Month 6	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2542	Tier I Monthly Evaluation Month 1	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.

				Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2543	Tier I Monthly Evaluation Month 2	Supportive Services			
				Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2544	Tier I Monthly Evaluation Month 3	Supportive Services			
				Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Child Care Referrals and Forms
x	SCD 2549	Request for Attendance/Child Care Information	Supportive Services			
				form for clients to record and report deduction dependent care costs; existing CalSAWS documents do	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	SCD 2550	Medical Deduction/Dependent Care Checklist	Income & Expense			
				This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	NA 1273	Electronic Notification Agreement and Courtesy Confirmation Receipt
x	SCD 2551	CONSENT TO RECEIVE ELECTRONIC COMMUNICATIONS FROM THE COUNTY OF SANTA CLARA	Client Request/Agreement			
				Form is used for Vocational Services purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2553	Vocational Services Document Submission Face Sheet	Vocational Services			
				This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	HSP and Homeless Assistance Forms
x	SCD 2555	Housing and Disability Advocacy Program Participation Agreement	Client Request/Agreement			
				Notifies client of pending CAPI application; existing CalSAWS Documents do not meet this need	New Rec.	CAPI Application and Other Forms
x	SCD 2556	CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) PENDING APPLICATION INFORMATION	CAPI			
				Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2558	WTW Child Care Voucher	Supportive Services			
				Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2559	Family Self-Sufficiency Plan	Supportive Services			
				Form is used for RCA purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 26	Employment & Training Requirements Refugee Cash Assistance (RCA)	RCA			
				There needs to be a generic miscellaneous category for documents that do not index to any of the existing existing CalSAWS Documents and it does not make business sense to create a new	New Rec.	Fiscal Forms
x	SCD 270	NSDI Entry Request	Miscellaneous			
				Internal tracking of client IPV disqualification; existing CalSAWS Documents do not meet this need	PA 771	Notice of Intentional Program Violation (IPV) Determination
x	SCD 271	CalWORKS Intentional Program Violation Tracking	Fraud			

			Fax Request For Benefits Issuance Action	Miscellaneous	There needs to be a generic miscellaneous category for documents that do not index to any of the existing CalSAWS Documents and it does not make business sense to create a new	New Rec.	Fax/Coversheets
x	SCD 274						
	SCD 28		Notice of Non-Payment	Notice of Action	Notice of Action for FC related changes; existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
					manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Program Budgets & Worksheets
x	SCD 30		Foster Care Budget Worksheet	Budget Worksheet			
					manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Program Budgets & Worksheets
	SCD 32		Wraparound Budget Worksheet	Budget Worksheet			
	SCD 321 Supplement		Healthy Kids Supplemental Enrollment Application	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
					Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 325		Congratulations on Becoming Employed (Packet form)	Supportive Services			
					This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	Sponsor Related Forms
x	SCD 355 SA		Agreement to reimburse-sponsor	Client Request/Agreement			
					Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	FC Forms
x	SCD 36		ICAMA and ICPC Benefit Verification	Verification request			
					form for clients to record and report self-employment income and profit income; existing CalSAWS documents do meet this need	CSF XXX	Profit and Loss Statement
x	SCD 380		Income/Profit and Loss Statement	Income & Expense			
					Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 384		Attention Off Aid Clients	Supportive Services			
					Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	CAPI Application and Other Forms
x	SCD 385		Notification Of CAPI Overpayment Adjustment Activity	Overpayment/Overissuance/Underpayment/Underissuance			
					Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	CAPI Application and Other Forms
x	SCD 390		CAPI Intercounty Overpayment Adjustment Request	Overpayment/Overissuance/Underpayment/Underissuance			



	x	SCD 41	Identification and Intake Record	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	Application, Intake, or Screening Tools
	x	SCD 41 FC	Foster Care Identification and Intake Record	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	Application, Intake, or Screening Tools
	x	SCD 41 FC A	Intake Record	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	Application, Intake, or Screening Tools
		SCD 414	Special Need Requisition	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	What info is on this?	
	x	SCD 446	IPV Flash	Fraud	Internal tracking of client IPV disqualification; existing CalSAWS Documents do not meet this need	PA 771	Notice of Intentional Program Violation (IPV) Determination
x	x	SCD 46	One Time Exemption for a Caretaker of a Child Under Six Months (6 months)	TOA	Form is used for Time on Aid purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	CW 2186B	CalWORKs Exemption Determination
x		SCD 473	CalWORKs Sanction/Penalty Action	Notice of Action	Notice of Action for CWES sanction related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	x	SCD 48	Consent Form (AFLP)	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	CalLearn Agreements and Forms
	x	SCD 502	CWES Attendance Sheet	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	x	SCD 508	Would You Like to Register to Vote?	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	CSF XXX	Would You Like to Register to Vote?
	x	SCD 523	General Assistance Cooperation Agreement	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	GA/GR Repayment Agreements/Forms
	x	SCD 523 U	GA Cooperation Agreement	Client Request/Agreement	This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	New Rec.	GA/GR Repayment Agreements/Forms
	x	SCD 532	Trustline/Child Care Approval NA 832) Notice of Action	Notice of Action	Notice of Action for employment and supportive services related changes; existing CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA

x	SCD 533	Checklist for Trust Line and Health and Safety Self-Certification	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
	x SCD 54	IEVS Fraud Referral to SIU	Fraud	Internal referral to conduct fraud investigation; existing CalSAWS Documents do not meet this need	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	x SCD 555	Notice Of Filing Of Fair Hearing	Appeals	Appeals purposes- notice of action; existing CalSAWS Documents do not meet these needs	Court/Hearings Document	Fair Hearing Forms
x	SCD 558	Statement Of Need For Mental Health Services Medi-Cal Minor Consent	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	Non-Fraud Referral or Request
x	SCD 568	Compliance Transmittal Form	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 569	Refugee Services Information Transmittal	RCA	Form is used for RCA purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	Non-Fraud Referral or Request
x	SCD 574	Important Information About Required Verification (CAPI)	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	CAPI Application and Other Forms
	x SCD 58 (DFCS SCZ 58)	Application For Verification Of Birth, Death or Marriage as Required for Social Services Agency Programs	Verification request	Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	Is this verification requested from the customer? Or is this a form sent to a government agency to complete and verify? New Rec.	Non-Fraud Referral or Request
x	SCD 692	Federal Medi card/Title IV - Elig./Inelig. And Medi-Cal/Financial Plan	Notice of Action	Notice of Action for MC-related changes; existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
	x SCD 75	Title IV-E Foster Care, Kin-GAP & Adoption Assistance Children Residing Outside California	Notice of Action	Notice of Action for FC related changes; existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	SCD 823	Medi-Cal Application 2nd Notice	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	What is this notice about? Request verifications?	
x	SCD 836	Important Notice Cash Aid Lump Sum Notice	Notice of Action	Notice of Action for FC related changes; existing CalSAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
x	SCD 84	Trustline	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Child Care Referrals and Forms
x	SCD 9	License -Exempt Trustline Pending Child Care Worksheet	Budget Worksheet	manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS Documents do meet these needs	New Rec.	Child Care Referrals and Forms

					This form is a client request or agreement; county business needs require a generic category; existing CalSAWS documents do contain a general request and/or agreement	What info is on this form? What purpose does the form serve?	
		SCD 90	Good News for CA Families	Client Request/Agreement			
x		SCD 912	Cal-Learn Progress Report	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	CalLearn Agreements and Forms
x		SCD 93	Medi-Cal Application Coverletter	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	What info is on the coverletter that it needs to be scanned separately? MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
x		SCD 93 A	Medi-Cal Application Coverletter	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	What info is on the coverletter that it needs to be scanned separately? MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
x		SCD 93 B	Medi-Cal Application Coverletter	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	What info is on the coverletter that it needs to be scanned separately? MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
x		SCD 93 C	Medi-Cal Application Coverletter	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	What info is on the coverletter that it needs to be scanned separately? MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
x		SCD 957	CalWORKs Stage II Screener	Supportive Services	Forms in this category are related to various supportive services; CalSAWS forms/ categories do not meet business needs	New Rec.	Child Care Referrals and Forms
x		SCD 96	Screening/SP-DDSD Applicants	Application	Application related documents; existing CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec.	DDSD Forms
x		SCD 99	CAPI Redetermination Notice	Redetermination/Recertification Documents	Form is used for RRR purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	CAPI Application and Other Forms
		School	School Transcripts	WTW School/VTR		Verification	
x	x	SCI 1	SPECIALIZED CARE INCREMENT MATRIX	LIST OF CONDITIONS/FACTORS WORKSHEET THAT SHOWS THE LEVEL OF CARE NEEDED FOR CHILD	USED TO DETERMINE SPECIALIZED SUPPLEMENTAL PAYMENTS FOR THE AAP, FOSTER CARE AND KIN-GAP	New Rec.	FC Forms
		Screening Sheets - All	Screening Sheets - All Programs	Applications/SOF/ICT		New Rec.	Application, Intake, or Screening Tools
		SDI Verification	SDI Verification	Income		Verification	
x		SDRC 076	AFDC-FC Payment for Residential Placement of Regional Center	Authorization for placement/payment	Authorizes usage of funds	New Rec.	FC Forms
x		SDRC 077	Dual Agency SDRC Eligibility Status	Authorization for placement/payment	Authorizes usage of funds	New Rec.	FC Forms
		SDS Self Directed Search	SDS Self Directed Search	WTW Assessments		New Rec.	WTW Agreements, Assessments, etc.
		Self Employment Receipts	Self Employment Receipts	Income		CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report

					gathers information for family stabilization on past due rents, current rent, deposits due and who to make checks payable to	CW 42	Statement of Facts - Homeless Assistance
	SES FS 1	housing statement	FS rental amount				
	SES59	Supportive services arrangement	appraisal document		supportive services information	GN 6386	Welfare-To-Work Assignment Plan Acknowledgement Form
	SES79	Yuba College parking permit	Supportive services		form for reduced fee parking pass	New Rec.	Student/College Related Forms
					tracks customer for 6 months to determine if they will be meeting WPR with self employment or need additional activities		
	x SES82	self employment participation worksheet	self employment tracking			New Rec.	Tracked WTW Activities, Hours, Exemptions
	x SG-SSA-16	Application for SSA Letter	Income			Verification	
	Shot/Immunization Records	Shot/Immunization Records	School & Immunizations			Verification	
	Sierra College CW Elig Verif	Sierra College CW Elig Verif	WTW School/VTR			Verification	
					This form is a communication tool between eligibility specialist and the customer applying for benefits. This document is part of every face to face application interview and impacts the workload of staff imaging/indexing documents to the case.		
	x SIU 615	Helping You to Avoid Fraud	Provides information to the customer about fraud prevention			SIU Documents	SIU (Fraud) Customer Acknowledgement and Prevention
	x SOC 152	Transitional Housing Placement Plus Foster Care Provider	Extended Foster Care		Extended Foster Care for 18 years of age and older. Form not found on	New Rec.	FC Forms
	x SOC 153	Foster Agency Agreement	Extended Foster Care		Over 18 years of Age Foster Family and Agency agreement. Similar Form not Found on Forms List	New Rec.	FC Forms
	x SOC 154	AGENCY GROUP HOME AGREEMENT	AGENCY GROUP HOME AGREEMENT		NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	New Rec.	FC Forms
	x SOC 154	Group Home Agreement	Group Home Placement		Under Age of 18 Group Home Placement. Similar Form not found	New Rec.	FC Forms
	x SOC 154 A	Placement Agency/ Foster Family Agreement	Child Placement		Required form for Foster Care Family and child placement. Form not found on Forms List	New Rec.	FC Forms
	x SOC 154 B	Group Home Agreement Non-Minor Dependent	Group Home Placement		Agency Placement in Foster Care Group Home. Form not found on	New Rec.	FC Forms
	x x SOC 155	Voluntary Placement Agreement - Placement Request	Contains agreement between biological parents and Title IV-E agency to allow placement of a child without a court order		Completed by biological parents and Title IV-E agency to allow place of a child without court order. Required documentation for Foster Care - No	New Rec.	FC Forms
	x SOC 155 B	Mutual Agreement for 18 Year Olds	Contains agreement information between the Non-Related Legal Guardian (NRLG) youth and agency		Completed by Non-Related Legal Guardian (NRLG) youth who were subject to a probate guardianship and agency; will allow NRLG benefits to continue up to age 19 if expected to graduate. Probate guardianships do not qualify for Extended benefits	New Rec.	FC Forms
	x SOC 155 C	Voluntary Placement Agreement - Parent/Agency (Indian Child)	Contains agreement between biological parents and Title IV-E agency to allow placement of an Indian child without a court order		Completed by biological parents and Title IV-E agency to allow place of a Indian child without court order. Required documentation for Foster	New Rec.	FC Forms
	x SOC 156	AGENCY FOSTER PARENT AGREEMENT	AGENCY FOSTER PARENT AGREEMENT		NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	New Rec.	FC Forms

x	SOC 156	Foster Parents Agreement Foster Home Placement	Child Placement	Agreement between parent and Stanislaus County CWS placement agreement. Similar Form not Found on Forms List.	New Rec.	FC Forms
x	SOC 157 A	Supervised Independent Living Placement (SILP)	Approval and Placement Agreement	Supervised Extended Foster Care. Similar Form not found on Forms List	New Rec.	FC Forms
x	SOC 157 A	Supervised Independent Living Placement (SILP) Approval and Placement Agreement	Contains agreement information between NMD and agency regarding the SILP, as well as the youths payment instructions	Completed the NMD and the agency; provided to eligibility to inform them of the agreement and who is the payee (per the agreement) - No	New Rec.	FC Forms
x	SOC 157 B	SILP Inspection: Checklist of Facility Health and Safety Standards	Contains SILP approval requirements; verifies that SILP meets eligibility standards	The SOC 157 B is completed by the SW to verify that the home the youth is residing in meets SILP standards; required documentation for Extended Foster Care (AB12) - No	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x	SOC 157B	Supervised Independent Living Placement (SILP)	Inspection Checklist Health and Safety	Supervised Extended Foster Care. Similar Form not found on Forms List	New Rec.	FC Forms
x	SOC 161	Six-Month Certification of Extended Foster Care Participation	Contains agreement information between the NMD and agency; also provides participation criteria; required for Extended Foster Care (AB12)	The SOC 161 is an agreement between the NMD and agency to allow FC benefits to continue up to age 21 - No Match	New Rec.	FC Forms
x	SOC 161	Six Month Certification of FC Participation	Extended Foster Care	Over 18 yrs of age 6 Month Extended Foster Care	New Rec.	FC Forms
x	SOC 162	Non Minor Dependence Agreement		Mutual Agreement for Extended Foster Care	New Rec.	FC Forms
x	SOC 163	Voluntary Re-Entry Agreement for Extended Foster Care	Same as SOC 161, but for re-entry youth.	Same as SOC 161, but for re-entry youth - No Match	New Rec.	FC Forms
	SOC 2247	In-Home Supportive Services Unannounced Home Visit findings report	Mandated State form	Required form to send to the State outcomes of Unannounced Home visits by an Investigator; the State sends the roster of recipients to visit	Other county drawer - IHSS	
x	SOC 2248	IHSS Complaint of Suspected Fraud	Mandated State form	Required form for IHSS staff to refer for client/provider investigation	Other county drawer - IHSS	
x	SOC 369	Agency-Relative Guardianship Disclosure	Disclosure agreement between relative legal guardian and agency; required for KG eligibility	Completed by SW and relative guardian prior to guardianship - No Match	New Rec.	KG Forms
x	SOC 369	Agency Relative Guardianship Disclosure	Gguardianship	Required form for relative prior to established guardianship for KinGAP. This Form is not listed on Forms List	New Rec.	KG Forms
x	SOC 369 A	KinGap Program Agreement		KinGAP agreement that established relationship (Relative Type) of family member. This Form is not listed on Forms List	New Rec.	KG Forms
x	SOC 369 A	Kinship Guardianship Assistance Payment (Kin-GAP) Program Agreement Amendment	Agreement between relative guardian and agency; contains rate date of agreement	Completed by SW and relative guardian prior to guardianship and at each reassessment or change of benefits - No Match	New Rec.	KG Forms
x	SOC 500	Level of Care (LOC) Digital Scoring Form	Provides the level of care rate	Completed by SW based on child/caregiver scoring and provide to eligibility to verify the rate - No	New Rec.	FC Forms
x	SOC 500	Level of Care Manual Scoring Form	Assessment	Assessment of Social Worker. Similar Form not found on Forms List	New Rec.	FC Forms
x	SOC 500A	Level of Care Digital Scoring Form	Assessment	Assessment of Social Worker. Similar Form not found on Forms List	New Rec.	FC Forms
x	SOC 814	CAPI STATEMENT OF FACTS	USED IN DETERMINING CAPI ELIGIBILITY	NEEDED STATE FORM NOT ON TIER 1 LIST USED IN ELIGIBILITY	New Rec.	CAPI Application and Other Forms

					Social Worker Determination that Caregiver Home is safe. Similar Form not found on Forms List	New Rec.	FC Forms
x		SOC 815	Approval Family Caregiver Home	Caregiver Home Assessment	Checklist to determine if home is Healthy and Safe. Similar Form Not Found on Forms List	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x		SOC 817	Checklist of Health and Safety	Checklist to determine home is safe and healthy for child			
			Relative or Non Relative Extended Family Member Caregiver Assessment		All answers must be answered to approve the caregiver. Similar Form not Found on Forms List	New Rec.	FC Forms
x		SOC 818		Caregive Assessment			
					Dual Agency Rate plus supplement for either AAP, FC, KinGAP. Dual Agency Rate Form is SOC 835. Form not found on Forms List	New Rec.	FC Forms
x	x	x		Supplement to Rate Eligibility Form	Determine eligibility for Supplement		
					Completed by SW and regional center worker to determine the appropriate Dual Agency supplemental to the rate for the child - No Match	New Rec.	FC Forms
		SOC 836	Supplement to the Rate Eligibility Form	Provides scoring details for the Dual Agency supplemental to the rate determination; required for this rate			
		SOC 837	SUPPLEMENT TO THE RATE QUESTIONNAIRE	SUPPLEMENT TO THE RATE QUESTIONNAIRE	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	Supplement to what rate? What is this form asking for?	
					This notifies IHSS recipients that their Provider has committed Tier 2 crimes e.g. sex offender, other felonies, Welfare Fraud	Other county drawer - IHSS	
		SOC 855B	IHSS Program notice to Recipient of Provider Ineligibility	Mandated State form			
			Case Assistance Program for Immigrants (CAPI) Sponsor Statement of Fact Income and Resources		Sponsor's Income and Resources. This Form is not listed on Forms List	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
x		SOC 860		Sponsor Statement of Fact		New Rec.	CAPI Application and Other Forms
			Placement Agency - Foster Family Agency Agreement	Placement Agency - Foster Family Agency Agreement			
x		SOC153 English				New Rec.	FC Forms
		Social Security	Social Security Card	Vitals		Verification	
					No possible map found in listing (This is for ASH Use Only)	What information is on this form? What does it clarify or prove for ASH?	
	x		x	SOP	Statement of Position	ASH use only	
x		SP2 DDSD 221R	DDSD - Response to MC 221	Disability/Work Reg		New Rec.	DDSD Forms
		SP4 DAPD 221R	DAPD -Response to MC 221	Disability/Work Reg		New Rec.	DDSD Forms
		Spend Down					
		Documentation	Spend Down Documentation	Property/Liens		CSF XXX	Spend Down Declaration
					Notice of Action for MC-related changes; exisiting CAISAWS forms do not meet business needs.	New Rec.	Manual <Program> NOA
		Splrtr 744	Notice of requirement to apply for Medicare insurance benefits	Notice of Action			
		Spousal Allocation	Spousal Allocation Statement	Income		Verification	
					This is the name of form from Social Security. This form is intended for County when applying to become payee of Social Security Benefits	New Rec.	Fiscal Forms
		SSA 11 BK	Request to be Selected as Payee	Correspondence			Social Security Administration Referral Notice
	x	SSA 1610-U2	PUBLIC ASSISTANCE AGENCY INFORMATION REQUEST	WFP&I View and Use only	No possible map found in listing	Verifications MC 194	
		SSA 40 Quarters	SSA 40 Quarters Verification	Income		Verification	
		SSA 8125	Letter from SSA or DRR	Fiscal/Issuance/SFIS		Verification	
	x	SSA 827	Auth to Disclose Info to SSA	Disability/Work Reg		Verification	
		SSA					
		Adjudication	SSA Adjudication Decision NOA	Disability/Work Reg		Verification	
		SSA Income / Award Letters	SSA Income / Award Letters	Income		Verification	
		SSA L8155	SSA Letter of Planned Action	Income		Verification	

	SSA MediCare Award Letter	SSA MediCare Award Letter	OHC/TPL/MEDS 1	Verification	
	SSA Notice of Denied Claim	SSA Notice of Denied Claim	Income	Verification	
	SSA/SSI Award Ltrs/Printouts	SSA/SSI Award Ltrs/Printouts	Income	Verification	
	SSA/SSI On-Line App PrintOut	SSA/SSI On-Line App PrintOut	Income	Verification	
x	SSA-795 (QMB)	SSA Statement of Claimant	Income	MC 176 QMB-3	Qualified Medicare Beneficiart (QMB) Referral
	SSI/SSA	SSI/SSA Printout	Disability/Work Reg	Verification	
	SSN Verif Printout from	SSN Verif Printout from SSA	Vitals	Verification	
	SSP 22	Authorization for Nonmedical Out-Of-Home Care (Board and Care)	SSI Advocacy	Form is used for SSI Advocacy purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	CSF XXX Board and Care Statement
	SSSD 1000	Phone Message		Is this a notice to the worker the customer called? Or record that the worker call the customer? Either way is this imaged?	New Rec. Customer/Worker Contact
x	SSSD 1004	CMSP Review Checklist		New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	SSSD 1018	Cope Family Center Referral		New Rec.	Non-Fraud Referral or Request
	SSSD 2005	Direct Deposit Information & Authorization		DCFS 6042 PA 1675	Direct Deposit Authorization Sign-Up Form Direct Deposit Authorization Sign-Up Form
	SSSD 2006	Insurance Information Request		What is this used for? To request info from the customer, insurance agency, SSA? To send MC info to another agency?	
x	SSSD 2007	Declaration of Loan/Gift		Verification	
	SSSD 2008	Drug Referral		New Rec.	Non-Fraud Referral or Request
x	SSSD 2011	Waiver of Ten-Day Notice / Request for Discontinuance		CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
	SSSD 2012	Hospital Release		Verification	
	SSSD 2017	Income vs. Expense		CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
	SSSD 2018	Employment Termination Info Sheet		Is this completed by the customer, employer or worker? Or is this a notice to the customer what happens w/ eligiblity when they quit? An evaluation of good cause?	CSF XXX Job Quit Questionnaire
	SSSD 2021	Whole Person Care Release of Information		Is this just info to the customer? Is it signed?	CW 61 Authorization to Release Medical Information
	SSSD 2023	Daily Tip Statement		PA 167	Monthly Earnings Report
	SSSD 2025	Relationship Grid		CSF XXX	Statement of Relationship

			CSF XXX CSF XXX CSF XXX PA 167	Income In-Kind/Housing Verification Self-Employment Income Statement Income and Eligibility Verification Form
		SSSD 2026	Income Verification Form	
		SSSD 2029	Landowner Notification of Voucher Payment	
			New Rec.	Property Statement and Verification
			CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
x		SSSD 2030	Self Employment Income Questionnaire	
			What is this asking to verify? Identity? Citizenship? Is it used for SIU investigations?	
		SSSD 2032	Collateral Contact Sheet	
		SSSD 2033	HSP Referral	New Rec. HSP and Homeless Assistance Forms
		SSSD 2034	HSP Housing Plan	New Rec. HSP and Homeless Assistance Forms
		SSSD 2035	HSP Payment Approval	New Rec. Manual <Program> NOA
		SSSD 2039	HSP Landlord Agreement	New Rec. HSP and Homeless Assistance Forms
			HSP Discontinuance - Landowner Notification	
		SSSD 2040	HSP Customer Contact	New Rec. HSP and Homeless Assistance Forms
		SSSD 2042	HSP Customer Discontinuance Notification	New Rec. HSP and Homeless Assistance Forms
		SSSD 2043	MC Telephone Information Sheet	New Rec. HSP and Homeless Assistance Forms
		SSSD 2044	Request for Updated Information	Info only?
		SSSD 2046	EBT Stagger Exemption Request	What type of information? What programs?
x		SSSD 2048	Cal-Learn Referral	New Rec. EBT Stagger Date
	x	SSSD 2050	Request for Social Services - Third Party Query (TPQY)	New Rec. CalLearn Agreements and Forms
			What does V/V stand for? Is this for housing?	
		SSSD 2052	Third Party Query (TPQY) - Pickle Amendment Questionnaire	Is this something received from another department for status on MC?
		SSSD 2053	Third Party Query (TPQY) - Disabled Adult Child (DAC)	Is this something received from another department for status on MC?
		SSSD 2054	Third Party Query (TPQY) for Disabled Widow(er)	Verifications?
		SSSD 2055	CF Medical Deductions	Is this something received from another department for status on MC?
		SSSD 2056	Tax Filing Information	Verifications?
x		SSSD 2057	Clarification of Deposits	Is this something received from another department for status on MC?
		SSSD 2062	MC Property Spend Down	Verifications?
		x	CalFresh Student Exemption Checklist	CalFresh Supplemental Form for Special Medical Deductions
		SSSD 2063	Homeless Affidavit	Request for Tax Household Information (RFTHI)
		SSSD 2064	60-Month Clock Tracking Sheet	New Rec. Property Statement and Verification Sworn Statement
		SSSD 2066	60-Month Clock Calculations:	CSF XXX Spend Down Declaration
		SSSD 2067	TANF and CalWORKs	CSF XXX CalFresh Student Exemption Checklist
x		SSSD 2068		CSF XXX Sworn Statement
x		SSSD 2069		New Rec. WTW Agreements, Assessments, etc.



			Is this a verification of benefits? Or aid received in another county or state?	
	SSSD 2070	Statement of Aid Received	CSF XXX	Verification of Benefits
x	SSSD 2071	DDSD Referral Communique	MC 222 LA New Rec.	DDSD Pending Information Update DDSD Forms
	SSSD 2072	Calculation Grid	Calculation of what? Program benefits? A customer's income? Their income v expenses? Is this program specific? Is it completed by the worker or the customer?	
	SSSD 3000	Monthly Participant Timecard	Is this for WTW or IHSS? Job Club? New Rec.	Tracked WTW Activities, Hours, Exemptions
	SSSD 3002	Payment Authorization	Is this for homeless payment only?	
	SSSD 3003	Job Search Schedule	Is this something the worker completes and the customer signs? Or something the customer completes on their own?	In-House Job Search Timesheet
	SSSD 3005	Participant History Questionnaire	History of what? Employment? Education?	
	SSSD 3007	Job Search Log	Is this to record a customer's job apps? Or something staff provide to customers with job availability/activities?	In-House Job Search Employer Contact Daily Log
	SSSD 3009	Master Application	Is this an application for all programs? SAWS 2 PLUS	Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care Programs
x	SSSD 3036	Subsidized Employment Job Performance Review	New Rec.	WTW Agreements, Assessments, etc.
	SSSD 3048	LD Evaluation Appointment Card	What does LD stand for?	
	SSSD 3051	SIP Request	GN 6004	Self-Initiated Program Identification
	SSSD 3053	Exempt Volunteer Agreement	CW 2186A	CalWORKs Exemption Request Form
	SSSD 3055	Family Stabilization Plan	New Rec.	Family Stabilization Forms and Docs
	SSSD 3056	SB 1041 Comprehensive Discussion Info	What is this discussing? Is this signed by the customer?	
	SSSD 3058	Behavioral Health Referral	ABP 1467-MHS	General Relief Opportunities For Work Supportive Services Referral
	SSSD 3059	Limited Release of Information for the CW Program	ABCDM 228 CW 60 CW 61	Applicant's Authorization for Release of Information Release of Information - Financial Institution Authorization to Release Medical Information
	SSSD 3066	SIP Discontinuance NOA	New Rec.	Manual <Program> NOA
	SSSD 3076	Family Stabilization Referral to	New Rec.	Family Stabilization Forms and Docs
	SSSD 3077	Opt Out for WTW Early Engagement Education Activities	New Rec.	Tracked WTW Activities, Hours, Exemptions

					Is this a request for reimbursement? For upfront funds? A voucher? Dose the county have an agreement with this store?
	SSSD 3078	Ross Dress For Less Form			
	SSSD 3079	Quinn's Uniforms Merchandise Requisition Form			Is this a request for reimbursement? For upfront funds? A voucher? Is this the county's agreement with this store?
x	SSSD 4000	GA Employment Plan		ABP 1608	GROW Vocational Assessment Summary/Employment Plan
x	SSSD 4001	GA Discontinuance NOA		New Rec.	Manual <Program> NOA
x	SSSD 4002	GA Repayment Agreement		New Rec.	GA/GR Repayment
x	SSSD 4003	GA Household Reporting & Benefit Issuance		DRP 01	Direct Housing
x	SSSD 4004	GA Rental Agreement		New Rec.	GA/GR Other Forms
x	SSSD 4005	General Assistance Application		SAWS 2 PLUS - APPX C	Assistance with Completing This Application
x	SSSD 4006	GA Statement of Facts		New Rec.	GA/GR Application
x	SSSD 4007	GA Notice of Denial		New Rec.	Manual <Program> NOA
x	SSSD 4008	GA Good Cause Claim		ABP 592	General Relief Good Cause Determination Checklist
x	SSSD 4009	GA Screening Tool		New Rec.	Application, Intake, or Screening
x	SSSD 4010	GA Rights and Responsibilities		GR 21 GR RR SAWS 2 PLUS	General Relief Rights and Responsibilities SAWS II PLUS with the GR Rights and
x	SSSD 4011	GA Application Coversheet		GR 20	What info is on this that isn't included on the application? Is it signed by the customer? Is it imaged? GENERAL RELIEF (GR) APPLICATION
x	SSSD 4012	GA Exemption Treatment Plan		ABP 1461-A	General Relief Opportunities For Work Orientation Exemption Notice
x	SSSD 4013	GA Sponsor Repayment Agreement		ABP 1073	Sponsor's Income and Resources Report and Reimbursement
x	SSSD 4014	GA SSI Lump Sum Repayment Agreement		New Rec.	GA/GR Repayment Agreements/Forms
x	SSSD 4015	GA Notice of Intended Action and Right to Request a Hearing		Court/Hearings Document	Fair Hearing Forms
x	SSSD 4016	GA Notice of GA Decrease		New Rec.	Manual <Program> NOA
x	SSSD 4017	GA Grant & Eligibility Computation		Included on NOA New Rec.	Program Budgets & Worksheets
x	SSSD 4018	GA Overpayment Balance Sheet		New Rec.	GA/GR Other Forms
x	SSSD 4019	GA Time Limit Tracking Sheet		New Rec.	Time Limit Forms
x	SSSD 4020	GA Withdrawal of Application		CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
x	SSSD 4022	GA Notice to Applicants		New Rec.	Manual <Program> NOA
	SSSD 6000	IEVS/Income Asset Notification Letter			What is the purpose of this? To let the customer know of changes based on IEVS? Request IEVS verification or proof?
x	ST1-01	Child Care	This form is used to request child care services.	No possible map found in listing	New Rec. Child Care Referrals and Forms

				This form is used by CalWORKs Stage 1 Child Care staff to inform the County of changes which may affect a participant's child care or welfare case or to request participant information from the County.	No possible map found in listing	CSF XXX	Child Care Stages Information Letter		
x	x	ST1-07	Stage 1CC Notification to County						
x		ST1-07A	Stage 1CC Change Transmittal Fax	CalWORKs Stage 1 Child Care Change Transmittal Fax - Time Sensitive	No possible map found in listing	New Rec.	Child Care Referrals and Forms		
x	x	x	x	ST1-20	Request for Employment Verification	This form is used to verify participant's employment by the R&R Agencies.	No possible map found in listing	CSF XXX	Employer Contact Verification
	x	ST1-20A	Verification of WTW Participation Hours	Used to verify WtW participation hours.	No possible map found in listing	New Rec.			Tracked WTW Activities, Hours, Exemptions
x		ST1-21	Monthly Variable Schedule Calendar	This form is used for the participant to verify his/her work/school/training schedule when he/she does not have a fixed or set work/school/training schedule.	No possible map found in listing	New Rec.			Tracked WTW Activities, Hours, Exemptions
	x	ST1-23	Verification of Hours for A Welfare to Work Activity	Used to verify hours for a WtW activity.	No possible map found in listing	New Rec.			Tracked WTW Activities, Hours, Exemptions
	x	STAN 261	Authorization to Start, Stop, or Change	Eligibility change	Form is used to Stop, Start or Change FC benefits. Similar Form not found on Forms list	New Rec.			FC Forms
	x	STAN 426 A	Placement Transmittal	Internal Correspondence	Social Worker to Foster Care Correspondence	New Rec.			FC Forms
	x	STAN 426 AC	Probation Change	Probations changes that impact FC payments	Form initiated from Probation to Child Welfare Services. Similar Form not listed on the Forms List	New Rec.			FC Forms
	x	STAN FC 203	Legal Guardian (LG) Statement	(LG) Statement used for Foster Care	Statement taken from Legal Guardian for Foster Care Program. Similar Form not found on Forms List.	New Rec.			FC Forms
	x	STAN FC 98	Miller vs Youkim (MY) Packet	Right & Respponsibilities	Required document must be signed. Similar Form not found on Forms List	New Rec.			FC Forms
	x	STAN GA 2	General Assistance (GA) Program Voucher Request	Work Related Shoes or Clothing Requested	Payment Voucher to be used for Customer's purchase. Similar form is not listed on Forms List	New Rec.			GA/GR Other Forms
		STAN GA 960	Notice of Action General Assistance Program	General Assistance Discontinuance	Stop General Assistance Benefits due to Monthly Report not received. Similar Form not listed on Forms List	New Rec.			Manual <Program> NOA
		STAN GEN 106	Self-Employment Instructions	Self Employment	CW/CF/Welfare to Work Self Employment. There are no Self-Employment Forms listed on the Forms List	If these are instructions, are they imaged? CSF XXX CSF XXX PA 167			Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
		STAN GEN 106 A	Self-Employment Screening Tool	Self Employment	CW/CF/Welfare to Work Self Employment. There are no Self-Employment Forms listed on the Forms List	New Rec.			Application, Intake, or Screening Tools
		STAN GEN 106 B	Statement of Profit or Loss	Self Employment	CW/CF/Welfare to Work Self Employment. There are no Self-Employment Forms listed on the Forms List	CSF XXX			Self-Employment Income Statement

		STAN GEN 106 C	Self-Employment Packet	Self Employment	CW/CF/Welfare to Work Self Employment. There are no Self-Employment Forms listed on the Forms List	If these are instructions, are they imaged? CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
		STAN GEN 106 E	Treatment of Expenses	Self Employment	CW/CF/Welfare to Work Self Employment. There are no Self-Employment Forms listed on the Forms List	CSF XXX CSF XXX	Self-Employment Income Statement Notice to Self-Employed Individuals
		STAN GEN 106 G	Guide To Self-Employment	Self Employment	CW/CF/Welfare to Work Self Employment. There are no Self-Employment Forms listed on the Forms List	If these are instructions, are they imaged?	
		STAN GEN 106 I	Information Regarding Self-Employment Forms	Self Employment	CW/CF/Welfare to Work Self Employment. There are no Self-Employment Forms listed on the Forms List	CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
x		STAN GEN 106 P	Self-Employment Property Statement	Self Employment	CW/CF/Welfare to Work Self Employment. There are no Self-Employment Forms listed on the Forms List	CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
x		STAN GEN 111 A	Applicant's Authorization for Release of Information	Vitals Records Request: Birth, Death, Marriage, Divorce, Other	Used when vital records are needed from a County Clerk Recorder Office that are not certified. Similar Form Not found on Forms List	New Rec.	Other Contact Authorization Forms
		Stan Gen 210	Request for Sponsor's Income and Resources	Benefit Recipient's Sponsor Information	Required Form to grant benefits. Similar Form not listed on the Forms List	New Rec.	Sponsor Related Forms - Indigence, Repayments, Responsibility Agreements, Worksheet
x		STAN GEN 30	Authorization to Release and Obtain Information from Equifax/TALX	Authorization to Release Secific Information	To obtain information from Federal State and Government Databases. Unable to locate similar document for obtaining specific information stored in specific data bases. Similar Form not listed on the Forms List	New Rec.	Other Contact Authorization Forms
x		STAN GEN 400	Degrees of Relationship	Relationship Mapping to a Child	Form is used to determine degrees of relationship. There is no comparable option on the forms list provided	CSF XXX	Statement of Relationship
		STAN WTW 2.0A	Goal Plan Do Review	WTW	CalWORKs 2.0 Program. There are no similar Forms found for this program on the Forms List	New Rec.	CW 2.0 Forms
		STAN WTW 2.0B	Getting to Know You	WTW	CalWORKs 2.0 Program. There are no similar Forms found for this program on the Forms List	New Rec.	CW 2.0 Forms
		STAN WTW 2.0C	Your Life Index	WTW	CalWORKs 2.0 Program. There are no similar Forms found for this program on the Forms List	New Rec.	CW 2.0 Forms
x		STAN WTW 2.0D	CALMAP	WTW	CalWORKs 2.0 Program. There are no similar Forms found for this program on the Forms List	New Rec.	CW 2.0 Forms
		STAN WTW 2.0E	Goal Storming	WTW	CalWORKs 2.0 Program. There are no similar Forms found for this program on the Forms List	New Rec.	CW 2.0 Forms
x		STAN WTW 2.0F	Backward Mapping	WTW	CalWORKs 2.0 Program. There are no similar Forms found for this program on the Forms List	New Rec.	CW 2.0 Forms

x	STAN WTW 2.0G	CW 2.0 Postcard	WTW	CalWORKs 2.0 Program. There are no similar Forms found for this program on the Forms List	New Rec.	CW 2.0 Forms
	Stan-TANF 124	Child Support Recoupment	For Time Limits	Permanent Retention - Lime Limits Similar form not listed on Forms List	New Rec.	Time Limit Forms
	STD 204	Payee Data Record	Payee Data Record	State Form	Verification	
	Student ID Card	Student ID Card	Vitals		Verification	
	Student Semester	Student Semester Progress Report	WTW School/VTR		Verification	
	SU 503	Message for your PAS	Message for your Public Assistance Specialisst	This form is utilized in the reception area. Customers use this form to leave a message for their worker regarding their case.	New Rec.	Customer/Worker Contact
	SU 721	Homeless/Mailing Statement	Homeless residency specifics	Form mandatory to verify homelessness for all customers applying for GR. Form is used to verify homelessness when	PA 1815	Important Notice about Mailing Address
x	x SU 942	Alta Fax	Fax cover letter containing eligibility questions for HCBS Waiver	Form is used for the CWD to fax to Alta Regional to confirm an individual's eligibility to the HCBS Waiver program. Could not match to an existing CalSAWS document.	New Rec.	Fax/Coversheets
	x SU 943	Language Service Rights	Customer provides their own interpreter	The form requires customers signature in which the customer understands the risks of providing his own interpreter and is aware of the potential problems associated with ineffective communication.	New Rec.	Language Designation form
x	SU 947	Medi-Cal Application Transmittal Information Form - Sutter County	Medi-Cal Application Transmittal for children in Juvenile Hall	This form is sent by the Probation department to the CWD when a child has been sentenced to Juvenile Hall and will be released- CWD uses as a Medi-Cal application for the child. Unable to match to an existing	New Rec.	Jail/Inmate Forms and Notices
x	SU1001	FC Unemployment Deprivation Worksheet	A manual worksheet used to determine deprivation for Foster Care benefits.	A manual worksheet used to determine deprivation for Foster Care benefits. Could not find any appropriate manual worksheets	New Rec.	FC Forms
x	SU1002	FC Employment History	A manual worksheet used to obtain employment history to determine Linkage for Foster Care benefits.	A manual worksheet used to obtain employment history to determine Linkage for Foster Care benefits. Could not find any appropriate manual worksheets listed in the	New Rec.	Program Budgets & Worksheets
	x SU416	Investigation Referral	A manual referral used to request an investigation of potential fraud from SIU.	A manual referral used to request an investigation of potential fraud from SIU. Could not find any appropriate manual referrals listed in the	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	SU492	Addendum to Work Quarters	A manual worksheet used to determine qualifying quarters for documented non-citizens.	A manual worksheet used to determine qualifying quarters for documented non-citizens. Could not find any appropriate manual worksheets listed in the provided list.	New Rec.	Program Budgets & Worksheets

	SU494	100 Hour Rule Worksheet	A manual worksheet used to determine the beginning date of aid for CW when unemployed/underemployed deprivation exists.	A manual worksheet used to determine the beginning date of aid for CW when unemployed/underemployed deprivation exists. Could not find any appropriate manual worksheets	New Rec.	Program Budgets & Worksheets
	SU501	Permanent Housing Statement-Deposit	A request for the deposit payment for CW Permanent Housing benefits.	Client has the potential landlord complete form listing the rent and deposit amounts requested for CW Permanent Housing Assistance. The form supplements the CW 42 Homeless Application. Could not find any appropriate manual homeless documents listed in the provided list.	New Rec.	HSP and Homeless Assistance Forms
	SU714	Permanent Housing- Arrears	A request for the rent arrears payment for CW Permanent Housing benefits.	Client has the landlord complete form listing the rent due and any additional fees required for CW Permanent Housing Assistance. The form supplements the CW42 Homeless Assistance Application. Could not find any appropriate manual homeless documents listed in	New Rec.	HSP and Homeless Assistance Forms
	SU914	Vehicle Value Determination	A form the client can have a 3rd party complete to value their vehicle.	A form the client can have a 3rd party complete to value their vehicle. Could not find any appropriate manual documents listed in the	New Rec.	Property Statement and Verification
	SU921b	DMV Memo	A form the client can take to DMV to verify if a vehicle is still in their name.	A form the client can take to DMV to verify if a vehicle is still in their name. Could not find any appropriate manual documents listed in the	New Rec.	Property Statement and Verification
x	SU938	FC Vehicle Value Worksheet	A manual worksheet used to determine the value of a vehicle for Foster Care.	A manual worksheet used to determine the value of a vehicle for Foster Care. Could not find any appropriate manual worksheets	New Rec.	DMV/ID Referrals and Verification Requests
x	SU962	WRAP Fed/Non-Fed Eligibility Determination Form	A manual referral used to request WRAP services for Foster Care.	A manual referral used to request WRAP services for Foster Care. Could not find any appropriate manual documents listed in the provided list.	New Rec.	Property Statement and Verification
	SU964	CAREGIVER AGREEMENT AND AUTHORIZATION FOR REIMBURSEMENT OF EDUCATIONAL TRAVEL	A manual referral used in Foster Care to request payments for Educational Reimbursements.	A manual referral used in Foster Care to request payments for Educational Reimbursements. Could not find any appropriate manual documents listed in the provided list.	New Rec.	FC Forms
	Subsidized Employment	Subsidized Employment Referral	WTW Referrals		New Rec.	Other Contact Authorization Forms
	Substance Abuse	Substance Abuse Completion Cert	WTW Participation		GN 6008	WTW Agreements, Assessments, etc.
x	SW Extention	Extention to Search Warrant	WFP&I View and Use only	No possible map found in listing	SIU Documents	Progress Report Mental Health/Substance Abuse/DV/Family
x	SW Face Sheet	Search Warrant	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	SW Letter	Social Worker Letter RE: Trial Visit	Correspondence	Court Visit Similar Form not listed on the Forms List	New Rec.	SIU (Fraud) Evidence, Contact Records, Requests
x	SW Return DA-289-A-76R454T	Return to Search Warrant	WFP&I View and Use only	No possible map found in listing	SIU Documents	FC Forms
x	Table of Contents	Table of Contents - Exempt Provider Packet	Checklist for Exempt CC Provider	Checklist for Exempt CC provider packet	New Rec.	SIU (Fraud) Evidence, Contact Records, Requests
						Child Care Referrals and Forms

x		Table of	Table of Contents - Trustline	Checklist for Trustline CC Provider	Checklist for Trustline CC provider	New Rec.	Child Care Referrals and Forms
		x TAD 126 NDCF	Disaster Narrative	Documents customers circumstances	Documents customers circumstances for disaster CalFresh - no comparable	CSF XXX	Sworn Statement
x		TAD 282	Unemployment Deprivation worksheet	Worksheet	Used to determine unemployment deprivation - no comparable form	New Rec.	Supporting CW Forms
		x TAD 377.4 D	Disallowance of Deduction	Disallowance form	informs custoerm of expense disallowance - no comparable form		
		TAD CC RDB		Requests to add, update or correct a providers information in the Resource Databank	To request for a provider to be added, updated or corrected in the Resource Databank (RDB) - no	RDB mode has its own doc types. What are they? Can we reuse them for this?	
x		x 101	RDB Request: Child Care Provider				
		TAD CF 711	CalFresh Employment and Training Checklist	Checklist	Used to determine E&T eligibility - no comparable form	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
x		TAD CF 715	Engagement Letter	Referral letter	Used to refer customers to E&T	New Rec.	CFET Forms/Agreements
x	x	TAD QA 2	NonCitizen Eligibility Determination and Work Quarter Calculation	Worksheet	Used to determine eligibility to CalWORKs/CalFRESH for non-citizens - no comparable form	New Rec.	Program Budgets & Worksheets
		TAD WTW FS 10	Tattoo Removal - Referral form	referral for Tattoo removal at local hospital	allows for list of tattoos and approval/denial of services -no comparable form	New Rec.	Non-Fraud Referral or Request
		TAD WTW FS 1224 Eng & Sp	Welfare-to-Work (WTW) Family stabilization (FS) Vehicle Repair Request	request for vehicle repair	outlines eligible repairs and assistance limit - no comparable form	New Rec.	Property Statement and Verification
		x TAD/CS 2.1 E/S	Department of Child Support Services Contact	Informational	used to inform custoemrs about contact with the Department of Child Support - no comparable form	New Rec.	Customer/Worker Contact
		TAP Report	TAP Report	WTW Cal Learn		New Rec.	CalLearn Agreements and Forms
		x TEH 20	Profit and Loss	Profit and Loss Form	time	CSF XXX	Self-Employment Income Statement
		x TEH 54	Manual Appointment Letter (English/Spanish)	Appointment Letter	Specific to county business process	CSF XXX	Appointment Letter
x		TEH 620	Immunization Verification	CW Immunization Verification Form	Prefer county specific form over system form for ease of use	CSF XXX	Immunization Verification Children Immunization Status
		TEH 727	Fiscal Case Plan TLC	Coordination of CWS & WTW	Coordination of CWS & WTW services	New Rec.	Customer/Worker Contact
x	x	TEH 732	Homeless Assistance (English/Spanish)	Checklist for Homeless Requirements	No comparable form in new system/state forms	New Rec.	HSP and Homeless Assistance Forms
		x TEH 733	Statement of Separation	Used to verify separation of partners	No comparable form in new system/state forms	CSF XXX	Statement of Relationship
x		TEH 734	Permanent Housing Statement (English/Spanish)	Permanent Housing Statement	No comparable form in new system/state forms	New Rec.	HSP and Homeless Assistance Forms
x		TEH 735	Utility Deposit Verification (English/Spanish)	Utility Deposit Verification	No comparable form in new system/state forms	PA 956	Housing/Utility Verification Form
		TEH 739	Voluntary Vendor Voucher	Vendor Voucher Form	No comparable form in new system/state forms	New Rec.	Vendor Agreements and Forms
		x TEH 747	Alternative Mailing Address (English/Spanish)	CW Verification of Alt Mailing Address	No comparable form in new system/state forms	PA 1815	Important Notice about Mailing Address
		x TEH 779	Self Employment Questionnaire (English/Spanish)	Self Employment Questionnaire	No comparable form in new system/state forms	CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
x	x	TEH 787	Vendor Voucher Informing Notice (English/Spanish)	Vendor Voucher Informing Notice	No comparable form in new system/state forms	New Rec.	Vendor Agreements and Forms
x	x	TEH 789	Income In Kind Verification for Cash Aid	IIK Verification for CW	No comparable form in new system/state forms, specific to	CSF XXX	Income In-Kind/Housing Verification
x	x	TEH 792	Misuse of County Funds Letter (English/Spanish)	Misuse of County Funds Perjury Stmt	No comparable form in new system/state forms, specific to county business process	WFP&I 397	Notification of Potential Intentional Program Violation (PIPV) Claim And Grant Adjustment
		TEH 802	Education Transportation Reimbursement Agreement	Foster Care Reimbursement Form	Specific to county business process for Foster Care	New Rec.	Student/College Related Forms

	x	TEH 822	Slip	Next Day Appointment Referral Slip	Specific to county business process	New Rec.	Non-Fraud Referral or Request
	x	TEH 827	Application Triage Form (English/Spanish)	Application Triage Form	Specific to county business process	New Rec.	Application, Intake, or Screening Tools
	x	TEH 852	Application by Phone	Application by Phone	Specific to county business process	New Rec.	Tools
	x	TEH 864	NNR Contribution Form (English/Spanish)	NNR Contribution Form	No comparable form in new system/state forms, specific to	New Rec.	Supporting CW Forms
	x	TEH 881	Request and Authorization to Share Information Electronically	ROI for Electronic Sharing	ROI for Electronic Sharing	New Rec.	Other Contact Authorization Forms
x		TEH 923	Tribal Income Verification	Tribal Income Verification	No comparable form in new system/state forms, specific to	Verification	
	x	TEH 944	Tax HH Information	Tax HH Information Form	Specific to county business process	RFTHI	Request for Tax Household Information (RFTHI)
	x	TEH 975	CalFresh Student Exemption Worksheet	CF Student Exemption Worksheet	Specific to county business process	CSF XXX	CalFresh Student Exemption Checklist
	x	TEH 995	ABAWD Exemption Screening Tool	ABAWD Exemption Screening Tool	Specific to county business process	New Rec.	Application, Intake, or Screening
		x	TEH AAP 688B	Adoption Assistance Direct Deposit Request	Adoption Assistance Direct Deposit Request	Specific to county business process for Foster Care	Other county drawer - AAP
				Voluntary Agreement to Remain in Cal Learn	CalLearn Voluntary Agreement	CalLearn voluntary agreement	CalLearn Agreements and Forms
	x	TEH CL 1	Cal Learn	Cal Learn Education Referral	Cal Learn Education Referral	New Rec.	CalLearn Agreements and Forms
	x	TEH CL 10	Cal Learn Education Referral	Cal Learn Education Referral	ROI for CalLearn Program - no state form	New Rec.	Other Contact Authorization Forms
	x	TEH CL 2	Cal Learn Authorization Release	Release of Information for CalLearn	Cal Learn Individual Service Plan	New Rec.	CalLearn Agreements and Forms
	x	TEH CL 3	Cal Learn Individual Service Plan	Cal Learn Individual Service Plan	Cal Learn Comprehensive Baseline Assessment	New Rec.	CalLearn Agreements and Forms
	x	TEH CL 4	Cal Learn Comprehensive Baseline Assessment	Cal Learn Individual Service Plan	Cal Learn Individual Service Plan Worksheet	New Rec.	Program Budgets & Worksheets
	x	TEH CL 5	Cal Learn Individual Service Plan Worksheet	Cal Learn Case Management Guideline	Cal Learn Case Management Guideline	New Rec.	CalLearn Agreements and Forms
	x	TEH CL 6	Cal Learn Case Management Guideline	Cal Learn Permission for Transportation	Cal Learn Permission for Transportation	New Rec.	CalLearn Agreements and Forms
	x	TEH CL 7	Cal Learn Permission for Transportation	Cal Learn Supportive Services Authorization	Cal Learn Supportive Services Authorization	New Rec.	CalLearn Agreements and Forms
	x	TEH CL 8	Cal Learn Supportive Services Authorization	Consistency for Appraisal appointment - no state form	Review Participant's Career Goal - no state form	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	x	TEH WTW 10	Appraisal Packet Checklist	Checklist for Appraisal Forms	Review Participant's Career Goal - no state form	New Rec.	Application, Intake, or Screening Tools
	x	TEH WTW 102	Career Assessment Screening Tool	Review Career Goal w/Participant	Worksheet for participant	New Rec.	Program Budgets & Worksheets
	x	TEH WTW 103	Occupational Assessment	Worksheet for Assessment	Participant guidelines for WTW transportation	New Rec.	Transportation Forms
	x	TEH WTW 106	Transportation Guidelines	Guidelines for Transportation	LD referral to local partner	New Rec.	Non-Fraud Referral or Request
	x	TEH WTW 108	LD Eval Referral	Learning Disability Referral	Local education provider specific	New Rec.	Non-Fraud Referral or Request
	x	TEH WTW 11	ABE GED and VESL Referral	Education Referral	Work Experience application	New Rec.	WTW Agreements, Assessments, etc.
	x	TEH WTW 110	WEX Application (TEH WTW 110)	Work Experience Application	Referral to local partner agency	New Rec.	Non-Fraud Referral or Request
	x	TEH WTW 111	Drug Screen Referral - Lane Chiropractic	Referral to Local Partner Agency	Participant consenting to drug screen for work site placement	ABP 1676-2	Authorization for Use and Disclosure of Protected Health Information
	x	TEH WTW 112	Consent to Drug Screen	Participant Consent to Drug Screen	Refer to FSP/HSP - no state form	New Rec.	Application, Intake, or Screening Tools
	x	TEH WTW 119	Additional Services Screening Referral Form	FSP/HSP Referral			
	x	TEH WTW 18	Transportation Mileage Sheet	Request for Mileage Reimbursement	Request for mileage reimbursement	New Rec.	Transportation Forms
	x	TEH WTW 24	Community College Referral	Referral to Local College	Referral to local college	New Rec.	Student/College Related Forms
	x	TEH WTW 25	Shasta College Work Study	Referral to Local College Workstudy	Referral to local college workstudy	New Rec.	Student/College Related Forms
	x	TEH WTW 27	ICT Request for Info	Request WTW Information from Other County	Request WTW information from previous county	New Rec.	ICT Forms
	x	TEH WTW 29	Shasta College Book Voucher	Voucher for Voc Ed Supplies	Voucher for Voc Ed supplies	New Rec.	Student/College Related Forms



	x	TEH WTW 33	Career Assessment Report	Participant's Assessment Report	Summary of assessment/career goal - no state form	WTW 2	Welfare-to-Work Activity Assignment
	x	TEH WTW 34	Informed Choice Agreement	Participant Stating Career Goal	Participant stating their career goal	New Rec.	WTW Agreements, Assessments, etc.
	x	TEH WTW 35	Voluntary Agreement to Remain in BOOST	FSP Voluntary Agreement	FSP voluntary agreement	New Rec.	WTW Agreements, Assessments, etc.
	x	TEH WTW 37	Career Research Worksheet	Participant Researches Careers	Participant researches career options - no state form	New Rec.	Program Budgets & Worksheets
	x	TEH WTW 43	WEX Evaluation (TEH WTW 43)	Work Experience Evaluation	Work Experience evaluation	New Rec.	WTW Agreements, Assessments, etc.
	x	TEH WTW 44	Authorization for Release of Information	Release of Information	ROI - specific to local partners	ABCDM 228	Applicant's Authorization for Release of Information
	x	TEH WTW 45	WEX Worksite schedule (TEH WTW 45)	Work Experience Schedule	Work Experience site schedule	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	x	TEH WTW 47	CWES Job Search Participant Summary	Summary of Job Search Activity	Summary/verification of participant's job search activity	GN 6367-3	In-House Job Search Employer Contact Daily Log
	x	TEH WTW 48	Job Search Report	List Job Searches	Verification of participant's job searches	GN 6367-3	In-House Job Search Employer Contact Daily Log
	x	TEH WTW 5	Orientation Invitation	Invitation to Orientation	Invitation to Orientation	GN 6010	GAIN/REP Appointment Letter
x	x	TEH WTW 50	CWES Job Search Guidelines	Guidelines & Dates for Job Search	Guidelines & dates fro job search activity	Is this signed? Does it need to be imaged?	
	x	TEH WTW 52	WEX Time Sheets (TEH WTW 52)	Work Experience Time Sheet	Work Experience time sheet verification	New Rec. GN 6070	WTW Agreements, Assessments, etc. Progress Report - Education/Post-EMPL/WEX and Community Services
	x	TEH WTW 53	Clothing Voucher	Participant Clothing Voucher	Voucher for participant to purchase clothing from local vendors	New Rec.	Vendor Agreements and Forms
	x	TEH WTW 56	Job Retention Service Plan	Job Retention Service Plan	Job Retention Service Plan when CW is discontinued	New Rec.	WTW Agreements, Assessments, etc.
	x	TEH WTW 61	Subsidized Employment Referral-Express Professionals	Referral to Local Subsidized Partner	Referral to local partner for subsidized employment	New Rec.	Non-Fraud Referral or Request
x	x	TEH WTW 636D	CalWORKs Referral Form	Referral to Behavior Health	Local provider specific referral	New Rec.	Behavioral/Mental Health Forms and Referrals
	x	TEH WTW 64	Extender-Exemption Determination	Determine Exemption/Extender	Worksheet to determine exemption/extender	New Rec.	Tracked WTW Activities, Hours, Exemptions
	x	TEH WTW 71	CAA Family Stabilization Referral Form	Community Action Agency Referral	Refer client to CAA program - no state form	New Rec.	Non-Fraud Referral or Request
	x	TEH WTW 72	FSP Participant Agreement Form	FSP Agreement	FSP agreement	New Rec.	CFET Forms/Agreements
	x	TEH WTW 73	FSP Family Plan	FSP Plan	FSP plan	New Rec.	CFET Forms/Agreements
	x	TEH WTW 77	BHT Termination of CalWORKs	Stop Behavior Health Services	Report end date of BH services with local partners	New Rec.	Non-Fraud Referral or Request
	x	TEH WTW 78	Partner Agency Monthly Treatment Report	Behavior Health Verification	Behavior Health verification/attendance	New Rec.	Behavioral/Mental Health Forms and Referrals
x		TEH WTW 79	Voucher Authorization (TEH WTW 79)	Voucher to Pay Supportive Service	Voucher to pay supportive service to local provider	New Rec.	Vendor Agreements and Forms
	x	TEH WTW 82	Incentive Program Form	Opt-in or Waive WTW Incentives	Ort-in or waive WTW incentives	New Rec.	WTW Agreements, Assessments, etc.
	x	TEH WTW 83	Job Training Center Referral Form	Referral to WIOA	Referral to local partner agency	New Rec.	Non-Fraud Referral or Request
	x	TEH WTW 84	VITA Referral Form	Referral to VITA Activity	Referral to VITA work experience	New Rec.	Non-Fraud Referral or Request
	x	TEH WTW 85	Transportation Request Form	Request for WTW Transport	Request for WTW transport	GN 6151	GAIN Transportation and Ancillary School & Work-Related Expenses
	x	TEH WTW 87	WEX Referral Form	Work Experience Referral	Work Experience referral	New Rec.	Non-Fraud Referral or Request
	x	TEH WTW 90	Activity Attendance Log	Activity Attendance Verification	Verify attendance when no proof is supplied by activity provider	New Rec.	Tracked WTW Activities, Hours, Exemptions
	x	TEH WTW 92	Residential Treatment Referral	Referral to Local Partner Agency	Referral to local partner agency	New Rec.	Non-Fraud Referral or Request
	x	TEH WTW 93	Jump Start	WTW Screening form	WTW screening for new or returning participants	New Rec.	Application, Intake, or Screening Tools
x		TEH/GA 4	GA Perjury Statement (English/Spanish)	GA Perjury Stmt	Specific to county business process for GA	New Rec.	GA/GR Other Forms

x	TEH/GA 994	Verification of GA Job Search Workshop Attendance	Verif of Workshop Attendance	Specific to county business process for GA	ABP 4037	GENERAL RELIEF OPPORTUNITIES FOR WORK VERIFICATION OF ORIENTATION ATTENDANCE NOTICE
x	TEMP 1683	Foster Care Lump Sum	What to do when Lump Sum received while receiving Foster Care benefits	Foster Care Legal Guardian Document	New Rec.	FC Forms
x	TEMP 2201-LA	Cash Aid Food Stamp EBT Request for A Designated Alternate Cardholder Authorize Rep		State form TEMP 2201 listed on CalSAWS Forms	M16 505A TEMP 2201	EBT Alternate Card Holder EBT - Request for Authorized Representative/Designated Alternate Cardholder
x x x	TEMP 2259	Report of Electronic Theft of Cash Aid		Possible Form: State Form EBT 2259 - Instructions to report electronic theft of cash aid	EBT 2259	INTRUCTIONS TO REPORT ELECTRONIC THEFT OF CASH AID
x	TEMP CW	CW/WTW Time Limit Exemption	WTW Exemptions		CW 2186A	CalWORKs Exemption Request Form
x	TEMP DPSS 4668	In-Office Mail Repository User Agreement	Customer consent	some offices provide a mail repository, customer acknowledges only County issued mail will be	PA 1815	Important Notice about Mailing Address
x	TEMP GA 90-500	Appraisal of Vehicle Value	Dealership Vehicle Appraisal	To determine that a vehicle does not exceed a certain value amount. Form is used to determine General Assistance Benefits. Similar Form not listed on Forms List	New Rec.	Property Statement and Verification
	Temporary Restraining	Temporary Restraining Order	Absent Parent		Verification	
x	TEXT 100	Text Notification Agreement	Text Notification	Unsure of what mapping would be appropriate, form attached	NA 1273	Electronic Notification Agreement and Courtesy Confirmation Receipt
x	TEXT 100	Text Notification Agreement	Consent form in C-IV	Used to obtain permission for customers to receive automated messages through the IVR system.	NA 1273	Electronic Notification Agreement and Courtesy Confirmation Receipt
	Thank You Letter	Thank You Letter	WTW Job Readiness		It this imaged? It sounds like a letter send from participants to employers.	
	Three Day Notice to Pay	Three Day Notice to Pay or Quit	Deductions/Shelter Costs		Verification	
	TLR 1	Trustline Registry Application	Trustline Registry Application	State Form	CSF XXX	Notification of TrustLine Registration Status
	TLR 508	Trustline Reg Criminal Record Statement	Trustline Reg Criminal Record Statement	State Form	CSF XXX	Notification of TrustLine Registration Status
	TLR 9163	Request For Live Scan Service For Subsidized Trustline Registry Applicants	Request For Live Scan Service For Subsidized Trustline Registry Applicants	State Form	New Rec.	Child Care Referrals and Forms
	TPL-CAS-134	HIPP Program Approval NOA	OHC/TPL/MEDS 1		New Rec.	Manual <Program> NOA
	TPQY	SSA Third Party Query Report	Income		Verification	
	Transitional FS Checklist	Transitional FS Checklist	Correspondence		New Rec.	Customer Use Checklists
x	Trust Fund Verifications	Trust Fund Verifications	Property/Liens		Verification	
x	TSE DOC 001	TSE Referral Checklist	This form includes a checklist of qualifying requirements to screen participants for the Transitional Subsidized Employment Program	No possible map found in listing	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	UIB	UIB denials/award letters	Income		Verification	
	UIB Verification	UIB Verification	Income		Verification	
	V-18-41	Affidavit for Verification of Residency	Signed statement under penalty of perjury of when they arrived in county and that they intend to stay.	County residency and intent to stay is required for GR.	CSF XXX ABP 898-15	California Residency Questionnaire General Relief Application - Non-Resident

	V-18-43	GR Pre-Screening Questionnaire	Asks about residency, intent to remain, income, property, etc...	Required for review of various eligibility factors.	New Rec.	Application, Intake, or Screening Tools
	V-26-68	OJT Agreement	Agreement between county and business to hire client using OJT program. It states how much client will be paid and job duties.	Business is reimbursed based on agreement.	New Rec.	WTW Agreements, Assessments, etc.
	Vehicle Registration/Pi	Vehicle Registration/Pink Slip	Property/Liens		Verification	
	x	Benefits Verif	Veterans Benefits Verif	Income	Verifications CW 5	Veterans Benefits Verification And Referral
	x	Victim Witness PA Verif	Victim Witness PA Verif Request	Correspondence	Verification	
	x	Vocational Training	Vocational Training Documents	WTW School/VTR	Verification	
x	x	Voided Check-Direct Deposit	Voided Check-Direct Deposit Req	Fiscal/Issuance/SFIS	Verifications PA 1675	Direct Deposit Authorization Sign-Up Form
	x	Vol Repay Agreement -	Vol Repay Agreement - Cash EBT	Fiscal/Issuance/SFIS	PA 1820	CalFresh Repayment Agreement Cover Notice
	x	Volunteer	Volunteer Student	WTW School/VTR	Verification	
	x	VS 111 State Form	Application for Certified Birth Record	Birth Records from State of California	Applicant's may not verification of Birth. This form is utilized to request Certified Birth Record for Government Use only. This Form is	Verification
	x	W 120	GR ADMIN REVIEW DECISION LETTER	LETTER TO NOTIFY CLIENT OF DECISION	REQUIRED NOTIFICATION	ABP 1768
x		W 153	CW GR CF REPAYMENT	DOCUMENTED REPAYMENTS FOR CF, GR, CW	USED AS VERIFICATION OF REPAYMENT	New Rec.
		W 156	MANUAL PROCESS REQUEST	WARRANTS, BENEFITS, ETC ISSUE REQUEST	NEEDED TO INITIATE ISSUANCE AND VERIFICATION FOR FILE	New Rec.
	x	W 200	AGREEMENT TO REIMBURSE COUNTY	AGREEMENT TO REIMBURSE COUNTY FOR GR GRANT	NEEDED FORM NOT ON TIER 1 LIST	New Rec.
		W 209	SSI ADVOCATE DISC NOTICE	SSI ADVOCATE DISC NOTICE	NEEDED FORM NOT ON TIER 1 LIST	New Rec.
		W 210	SSI ADVOCATE DENIAL NOTICE	SSI ADVOCATE DENIAL NOTICE	NEEDED FORM NOT ON TIER 1 LIST	New Rec.
		W 256	REPLACEMENT OF CALFRESH DENIAL NOTICE	NOA EXPLAINING DENIAL	CLIENT REQUIRED NOTIFICATION	New Rec.
		W 257	REPLACEMENT OF CALFRESH APPROVAL NOTICE	NOA EXPLAINING APPROVAL	CLIENT REQUIRED NOTIFICATION	New Rec.
		W 270	GR WORK SITE SAFETY REQUIREMENTS	GR WORK SITE SAFETY REQUIREMENTS	NEEDED FORM NOT ON TIER 1 LIST	New Rec.
		W 271	GR EQUIPMENT AND TOOL REQUIREMENTS	GR EQUIPMENT AND TOOL REQUIREMENTS	NEEDED FORM NOT ON TIER 1 LIST	New Rec.
		W 273	CALWORKS AND CALFRESH VIDEO PRESENTATION	LISTS ALL FORMS GIVEN TO CLIENT	CLIENT SIGNS ACKNOWLEDGING ALL FORMS WERE RECEIVED	New Rec.
	x	W 282	PROGRAM AND FOSTER CARE COMMUNICATION			New Rec.
		W 322	GR WORK ASSIGNMENT	GR WORK ASSIGNMENT	NEEDED FORM NOT ON TIER 1 LIST	ABP 589
		W 344	GR EMPLOYMENT AND TRAINING ASSESSMENT	GR EMPLOYMENT AND TRAINING ASSESSMENT	NEEDED FORM NOT ON TIER 1 LIST	ABP 1607 ABP 1608
		W 373	NOTICE TO FNS FACILITY AUTHORIZED REPRESENTATIVES	NOA TO FNS AUTHORIZED REPS	REQUIRED NOTIFICATION	New Rec.
		W 374	NOTICE TO FNS FACILITIES	NOA TO FNS FACILITIES	REQUIRED NOTIFICATION	New Rec.
		W 380	B&C UNAVAILABLE INCOME	UNAVAILABLE INCOME WORKSHEET	DETERMINES UNAVAILABLE INCOME OF ABD PERSON IN B&C	Is this something the customer or worker completes? CSF XXX
						Board and Care Statement

	W 386	WTW CASE REVIEW	WTW CASE REVIEW	USED TO MAKE SURE ALL ASPECTS OF WTW CASE IS CORRECT	New Rec.	WTW Agreements, Assessments, etc.
	W 387	DUPLICATE AID LETTER	DUPLICATE AID LETTER	GATHERS INFORMATION FROM OTHER COUNTY THAT ISSUED AID	New Rec.	ICT Forms
	W 40C	OVERPAYMENT WORKSHEET	SHOWS CALCULATION OF OVERPAYMENTS	SHOWS CALCULATION OF OVERPAYMENTS	New Rec.	Program Budgets & Worksheets
	W 426	COUNTY INQUIRY INFORMATION SHEET	CLIENT CLEARING INFORMATION	INFORMATION USED TO CORRECTLY ASSIGN CLIENTS TO CASES	New Rec.	Application, Intake, or Screening Tools
	W 437	EBT INFO FOR GENERAL RELIEF	EBT INFO FOR GENERAL RELIEF	NEEDED FORM NOT ON TIER 1 LIST	Is this signed or just info to the customer? Does it need to be imaged? PUB 388	California Electronic Benefit Transfer (EBT) Card Publication
	W 438	OTLIPC PREMIUM REFUND/WAIVER REQUEST	OTLIPC PREMIUM REFUND/WAIVER REQUEST	NEEDED FORM NOT ON TIER 1 LIST - REQUIRED Optional Targeted Low Income Children Program		
	W 45	IPV REQUIRED ACTION	DETAILS CASE ACTIONS TO BE TAKEN	USED AS CHECKLIST TO MAKE SURE ALL ACTIONS ARE TAKEN	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	W 459	E-COMMUNICATION CONSENT	CONSENT TO COMMUNICATE WITH CLIENT BY EMAIL AND TEXT MESSAGE	THIS SIGNED CONSENT ALLOWS US TO COMMUNICATE WITH CW,CF AND MEDI-CAL CLIENTS MORE EFFICIENTLY	NA 1273	Electronic Notification Agreement and Courtesy Confirmation Receipt
	W 473	GR CASE REVIEW	GR CASE REVIEW	NEEDED FORM NOT ON TIER 1 LIST	New Rec.	GA/GR Other Forms
x	W 477	WDTIP ONLINE CORRECTION FORM	WDTIP ONLINE CORRECTION FORM	USED TO MAKE CORRECTIONS ALONG WITH INSTRUCTIONS	New Rec.	WTW Agreements, Assessments, etc.
	W 505	VENDOR PAYMENT AGREEMENT FOR HOUSING ONLY	VENDOR PAYMENT AGREEMENT FOR HOUSING ONLY	NEEDED FORM NOT ON TIER 1 LIST	PA 320	Vendor Service Order and Invoice
	W 618	GENERAL RELIEF EMPLOYABLES WORK PROJECT	GENERAL RELIEF EMPLOYABLES WORK PROJECT	NEEDED FORM NOT ON TIER 1 LIST	What content is on this form? Is it informational? Does the customer sign it?	
x	W 622	GENERAL RELIEF INCIDENT	GENERAL RELIEF INCIDENT REPORT	NEEDED FORM NOT ON TIER 1 LIST	New Rec.	GA/GR Work Related and Activities
	W 636	AGREEMENT TO PICK UP MAIL AT COUNTY OFFICE	SIGNED AGREEMENT	CLIENT AGREES TO PICK UP MAIL AT THE COUNTY OFFICE	PA 1815	Important Notice about Mailing Address
	W 643	SPONSOR AGREEMENT	SPONSOR AGREES TO REIMBURSE COUNTY FOR GR GRANT	NEEDED FORM NOT ON TIER 1 LIST	ABP 1073	Sponsor's Income and Resources Report and Reimbursement
	W 81	FRAUD REFERRAL	GENERIC FRAUD REFERRAL	USED IN ALL PROGRAMS	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WEAVE	WEAVE Verifications	WTW Exemptions		Verification	
	WEL 3345	Work Registration and ABAWD Screening Tool	Work Registration and ABAWD Screening Tool		New Rec.	Application, Intake, or Screening Tools
x	WEL 3348	CalLearn Communication	CalLearn Communication		New Rec.	CalLearn Agreements and Forms
	WEL1002 FC	Foster Care Overpayment Information	Foster Care Overpayment Information		New Rec.	FC Forms
x	WEL1002 NSDC	Form	CalWORKs/CalFresh Overpayment Form		NA 1263	Overissuance Budget Worksheet
x	WEL1005	AFDC Overpayment Report	AFDC Overpayment Report		M44-350I	CalWORKs Overpayment Notice
	WEL1048	Special Diet Letter	Special Diet Letter		Verification	
	WEL1048PG2	Special Diet Letter	Special Diet Letter		Verification	
	WEL1100	Request for Discontinuance	Request for Discontinuance		CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
	WEL1104	Request for Withdrawal of Application	Request for Withdrawal of Application		CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
	WEL1105	Notification of Potential 3rd Party Liability	Notification of Potential 3rd Party Liability			
	WEL1157	Waiver of 10 Day Notice	Waiver of 10 Day Notice		CW 10 CSF XXX	Notice of Withdrawn Application Request for Discontinuance Waiver
	WEL1185	Statement of Disability	Statement of Disability		CSF XXX	Sworn Statement

x	WEL1192	Fraud Referral	Fraud Referral	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WEL1203	Fraud Complaint	Fraud Complaint	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WEL1267	Third Party Query Request Form	Third Party Query Request Form	New Rec.	Non-Fraud Referral or Request
x	WEL1538	Military Service Questionnaire	Military Service Questionnaire	CW 5	Veterans Benefits Verification And Referral
	WEL1551E	EBT Hardship Exemption	EBT Hardship Exemption	New Rec.	Fiscal Forms
	WEL1553	Request for Non-System Determined Issuance	Request for Non-System Determined Issuance	New Rec.	Fiscal Forms
x	WEL1555E	Homeless Clients without Mailing Address	Homeless Clients without Mailing Address	PA 1815	Important Notice about Mailing Address
	WEL1559	Screening-App/Reg-Appointment Template	Screening-App/Reg-Appointment Template	New Rec.	Application, Intake, or Screening Tools
	WEL1560	Verification of Benefits Letter	Verification of Benefits Letter	CSF XXX	Verification of Benefits
	WEL1564	Response to HUD Verification of Public Assistance	Response to HUD Verification of Public Assistance		
x	WEL170	Transmittal of Accounts	Transmittal of Accounts Receivable		
x	WEL181	Return of Child Care Claims	Return of Child Care Claims	New Rec.	Child Care Referrals and Forms
	WEL2113	Emergency Medical Information	Emergency Medical Information	Is this imaged?	
	WEL3098e	Statement of CalWORKs Mother and Roomer/Boarder	Statement of CalWORKs Mother and Roomer/Boarder	CSF XXX CSF XXX	Statement of Relationship Address Change/ Housing Costs
	WEL3128	Warrant & ATP Holds and Release	Warrant & ATP Holds and Release	New Rec.	Fiscal Forms
	WEL3165	Loan Agreement	Loan Agreement	Verification	
x	WEL3188	Affidavit Regarding Homelessness	Affidavit Regarding Homelessness	CSF XXX	Sworn Statement
	WEL3195	Family Support Update	Family Support Update		
x	WEL3198pg1	CalWORKS Budget Worksheet	CalWORKS Budget Worksheet	New Rec.	Program Budgets & Worksheets
x	WEL3198pg2	CalWORKS Budget Worksheet	CalWORKS Budget Worksheet	New Rec.	Program Budgets & Worksheets
x	WEL3199	Calworks Diversion Payment Agreement	Calworks Diversion Payment Agreement	New Rec.	Supporting CW Forms
x	WEL3210	Calworks Time-On-Aid Manual Update Request	Calworks Time-On-Aid Manual Update Request	New Rec.	Time Limit Forms
	WEL3214pg1	Direct Deposit Form	Direct Deposit Form	DCFS 6041 PA 1675	Direct Deposit Authorization Sign-Up Form Direct Deposit Authorization Sign-Up Form
	WEL3219E	Overpayment Repayment Information	Overpayment Repayment Information		
x	WEL3225	Child Placement (Will I be held Financially Liable?)	Child Placement (Will I be held Financially Liable?)	New Rec.	FC Forms
x	WEL3241E	Participant's Authorization for Release of Employment Info.	Participant's Authorization for Release of Employment Info.	ABCDM 228	Applicant's Authorization for Release of Information
	WEL3242	Rights and Responsibilities for Caretakers of Children Who Have Been Placed in your Home Through Foster Care	Rights and Responsibilities for Caretakers of Children Who Have Been Placed in your Home Through Foster Care	PUB 13	Your Rights Under California Welfare Programs
	WEL3243	Wrap Around Determination	Wrap Around Determination		
x	WEL3266	Vocational Training Checklist	Vocational Training Checklist	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	WEL3267ES	Welfare to Work Monthly Budget Worksheet	Welfare to Work Monthly Budget Worksheet	New Rec.	Program Budgets & Worksheets
	WEL3277	Emergency Payment Voucher	Emergency Payment Voucher	New Rec.	Fiscal Forms
	WEL3285	Consent for Release and Exchange of Confidential Information	Consent for Release and Exchange of Confidential Information	ABCDM 228	Applicant's Authorization for Release of Information
	WEL3286	Schedule Worksheet	Schedule Worksheet	New Rec.	Program Budgets & Worksheets

	WEL3294	SmartHire Participant Job-Readiness Agreement	SmartHire Participant Job-Readiness Agreement	New Rec.	GA/GR Work Related and Activities Forms
x	WEL3295	Subsidized Employment Extension Request	Subsidized Employment Extension Request	New Rec.	WTW Agreements, Assessments, etc.
	WEL3296ES	Entrepreneurs Test	Entrepreneurs Test	New Rec.	WTW Agreements, Assessments, etc.
	WEL3300	WEL3300	WEL3300	What info is on this?	
x	WEL3311	Cal-Learn School Verification	Cal-Learn School Verification	New Rec.	CalLearn Agreements and Forms
x	WEL3314	Cal-Learn Auth Voucher	Cal-Learn Auth Voucher	New Rec.	CalLearn Agreements and Forms
	x WEL3319	Client Contact	Client Contact	New Rec.	Customer/Worker Contact
	WEL3325E	Employment and Education iPod Distance Learning User Agreement	Employment and Education History	New Rec.	WTW Agreements, Assessments, etc.
	WEL3328	Agreement	iPod Distance Learning User Agreement	Is this imaged?	
	WEL3331	Family Stabilization Assessment	Family Stabilization Assessment	New Rec.	Family Stabilization Forms and Docs
	WEL3337	Housing Habitability Standards Evaluation Checklist	Housing Habitability Standards Evaluation Checklist	New Rec.	HSP and Homeless Assistance Forms
x	WEL3338ES	Vocational Training Questionnaire	Vocational Training Questionnaire	New Rec.	WTW Agreements, Assessments, etc.
	WEL3339ES	Employment Survey	Employment Survey		
	WEL3340	Families Together Referral	Families Together Referral	New Rec.	Non-Fraud Referral or Request
	WEL3341	BR/ETS Communication Template	BR/ETS Communication Template	New Rec.	Customer/Worker Contact
	WEL3343ES	Exempt Volunteer Agreement	Exempt Volunteer Agreement	New Rec.	Tracked WTW Activities, Hours, Exemptions
	WEL4043E	GA Incapacitated Person Agreement	GA Incapacitated Person Agreement	New Rec.	GA/GR Work Related and Activities Forms
	WEL4048E	GA/CF Eligibility Verification Checklist	GA/CF Eligibility Verification Checklist	New Rec.	Worker Use (Eligibility Determination/Tracking) Program Specific Checklists
	WEL4060	Referral for SSI Advocacy	Referral for SSI Advocacy	SSS SSIAP	Specialized Supportive Services SSI/SSP Advocacy Program Referral
	WEL4066	WEL 4066General Assistance AA/NA Meeting RecordPeriodic Reports	WEL 4066General Assistance AA/NA Meeting RecordPeriodic Reports	New Rec.	GA/GR Monthly Reports
	WEL4070	Rent Difference	Rent Difference	CSF XXX	Address Change/ Housing Costs
	WEL4071ES	GA Release of Information	GA Release of Information	ABCDM 228	Applicant's Authorization for Release of Information
	WEL5071pg2	Self Emp Expense Record	Self Emp Expense Record	CSF XXX	Self-Employment Income Statement
	x WEL5078esp	Client Responsibility - Self-Employment	Client Responsibility - Self-Employment	CSF XXX CSF XXX PA 167	Self-Employment Income Statement Notice to Self-Employed Individuals Monthly Earnings Report
x	WEL5079pg1	MC Self Employment Questionnaire	MC Self Employment Questionnaire	CSF XXX CSF XXX PA 167	Self-Employment Income Statement
	x WEL5113	KinGAP Referral Checklist	KinGAP Referral Checklist	New Rec.	KG Forms
	WEL5120ES	Communication Authorization	Communication Authorization Form	New Rec.	Other Contact Authorization Forms
	WEL5125	CCAH Emergency Medi-Cal	CCAH Emergency Medi-Cal	What information is in this? Is this imaged?	
	WEL8052	Real Property Other than the	Real Property Other than the Home	New Rec.	Property Statement and Verification
	WEX-13	Medical Survey	WTW WEX	New Rec.	WTW Agreements, Assessments, etc.
x	WEX-14	Voluntary Hours Agreement	WTW WEX	New Rec.	WTW Agreements, Assessments, etc.
	WEX-18	State Compensation Ins Fund	WTW WEX	New Rec.	WTW Agreements, Assessments, etc.
	WEX-2	WEX Appraisal	WTW WEX	New Rec.	WTW Agreements, Assessments, etc.
	WEX-3	Work Exp Participant Agreement	WTW WEX	New Rec. GN 6070	WTW Agreements, Assessments, etc. Progress Report - Education/Post-EMPL/WEX and Community Services
x	WEX-30	Referral- Get hired sub wage prog	WTW WEX	New Rec.	Non-Fraud Referral or Request
	WEX-31	Subsidized Wage Follow Up Form	WTW WEX	New Rec.	WTW Agreements, Assessments, etc.
	WEX-32	Help to HIRE & ESE Info	WTW WEX	New Rec.	WTW Agreements, Assessments, etc.
	WEX-33	Placer Help to Hire Invoice	WTW WEX	New Rec.	Vendor Agreements and Forms

	WEX-4	WEX Placement Interview Referral	WTW WEX		New Rec.	WTW Agreements, Assessments, etc.
	WEX-40	WEX-Pd Work Experience Start Date	WTW WEX		New Rec. GN 6070	WTW Agreements, Assessments, etc. Progress Report - Education/Post-EMPL/WEX and Community Services
	WEX-41	WEX- Paid Wex Cover Sheet	WTW WEX		New Rec.	WTW Agreements, Assessments, etc.
	WEX-6	Work Exp Prog Training Specs	WTW WEX		GN 6070	Progress Report - Education/Post-EMPL/WEX and Community Services
	WEX-6X	Sub Wage Prog Training Specs	Income		New Rec.	WTW Agreements, Assessments, etc.
	WEX-7	Work Experience Program Timesheet	WTW WEX		GN 6070	Progress Report - Education/Post-EMPL/WEX and Community Services
x	WFP&I 101	Informant Referral / Intake	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I 150	Field Investigation Caseload Log (last modified 2005 )	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I 260	Repayment Agreement	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I 343	Request for Case Records for Welfare Fraud Prosecution	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I 350	Request for Child Support Services	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I 373	WFP&I User Agreement DMV and CLETS	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I 379	Investigation Closed Because of Missing record from district J1	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I 380	Investigation Closed because of missing documents/forms from district K1	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I 381	Investigation closed because of missing CA7/CW7	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I 412	Disposition of IEVS Fraud Referral (Letter to District)	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I 453A	Employment Verification Request	WFP&I View and Use only	No possible map found in listing	CSF XXX CSF XXX	Employment Statement Request Verification of Employment/Earning
x	WFP&I Image Doc	WFP&I Imaged Documents	WFP&I View and Use only	No possible map found in listing (This is for WFP&I Use Only)	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I-DA-AW	DA Prosecution Arrest Warrant	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I-DA-SA-I	DA Surrender Letter - 1st Notice	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I-DA-SA-I(S)	DA Surrender Letter - 1st Notice - Spanish	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I-DA-W	DA Surrender Letter - Warrant	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x	WFP&I-DA-W(S)	DA surrender Letter - Warrant - Spanish	WFP&I View and Use only	No possible map found in listing	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	W-ICC1	IC COLLECTIONS REQ TRANSFER OUT	IC COLLECTIONS REQ TRANSFER OUT	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	Assuming forms are related to ICT benefit recovery New Rec.	ICT Forms
	W-ICC1A	IC COLLECTIONS REQ 2ND REQUEST	IC COLLECTIONS REQ 2ND REQUEST	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	Assuming forms are related to ICT benefit recovery New Rec.	ICT Forms
	W-ICC2	IC COLLECTIONS RECEIVING CTY RESP	IC COLLECTIONS RECEIVING CTY RESP	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	Assuming forms are related to ICT benefit recovery New Rec.	ICT Forms
	W-ICC3	IC COLLECTIONS REQ CLT NOTIFICATION	IC COLLECTIONS REQ CLT NOTIFICATION	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	Assuming forms are related to ICT benefit recovery New Rec.	ICT Forms

	Winter Holiday Gife Request	Winter Holiday Gife Request	WTW Correspondence		New Rec.	WTW Agreements, Assessments, etc.
	Work reg - GEN 827, GAIN, FSET	Work reg - GEN 827, GAIN, FSET	Disability/Work Reg		ABP 589 PA 1865	General Relief Notice to Register for Work Food Stamp Work Registration Rights and Responsibility
	Workers Comp Settlement Ltr	Workers Comp Settlement Ltr	Income		Verification	
	Workers Compensation Documents	Workers Compensation Documents	Disability/Work Reg		Verification	
x	WorkForce Academy	WorkForce Academy Guidelines	Guidelines for Job Club	Guidelines for job club activity	New Rec.	WTW Agreements, Assessments, etc.
x	WPC 001	Authorization for the Use and Disclosure of Health and Social Service Information	Allows DPSS to share MC PII information with DHS and/or LASD when a MC beneficiary is an inmate in the Los Angeles County jail or participant in the WPC program.	No possible map found in listing	New Rec. New Rec.	Other Contact Authorization Forms Jail/Inmate Forms and Notices
	WRAP Referral Form	Wrap Around Program	Program Referral	WrapAround Program is a service provided to our Foster Child and Bio-Parent/Relative before dependency is being terminated. Similar Form not found on Forms List	New Rec.	Non-Fraud Referral or Request
x	WRAT	WRAT	WTW Assessments		What is this?	
	WTW 11	Welfare to Work/Cal-Learn Supportive Services Overpayment/Underpayment Notice	Overpayment/Overissuance/Underpaym ent/Underissuance	Form is used for OP/OI and UI/UP purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	WTW Agreements, Assessments, etc.
	WTW 12	Welfare to Work/Cal-Learn Supportive Service Repayment Agreement	Overpayment/Overissuance/Underpaym ent/Underissuance	Form is used for OP/OI and UI/UP purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	WTW Agreements, Assessments, etc.
	WTW 16	Grant-Based OJT: Vol Consent	WTW WEX		New Rec.	WTW Agreements, Assessments, etc.
x	WTW 17SP	Learning Disabilities Evaluation (Spanish)	LD Evaluation - Spanish	State Form	WTW 17	Waiver of CalWORKs Learning Disabilities Screening and/or
x	WTW 2	Welfare to Work Plan Activity Assignment	Supportive Services	Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs	WTW 2	Welfare-to-Work Activity Assignment
x	WTW 24	Time Clock Tracking Log	Used to track Wtw 24-Month Time Clock adjustments needed.	No possible map found in listing	New Rec.	Time Limit Forms
	WTW 3	WTW Plan Activity Asgmt Change	WTW Plans		New Rec.	WTW Agreements, Assessments, etc.
	WTW 47	OCAT Rights and Privacy	WTW Intake/Ore		New Rec.	OCAT Forms and Info
x	WTW 47	OCAT Rights and Responsibilities	OCAT R&R	System Form	New Rec.	OCAT Forms and Info
x	WTW 47	Online Calworks Appraisal Tool Rights and Privacy	Used to inform participants of the OCAT rights and privacy.	No possible map found in listing	New Rec.	OCAT Forms and Info
	WTW 6	Welfare-to-Work Exemption	WTW Exemptions		New Rec.	WTW Agreements, Assessments, etc.
	WTW 7	WTW Exemption Determination	WTW Exemptions		New Rec.	WTW Agreements, Assessments, etc.
x	WTW 738.1	Education Provider Expectations of Study/Homework time	documents study/homework time	allowable study/homework determined by the education provider - no comparable form	New Rec.	Tracked WTW Activities, Hours, Exemptions
	WTW 772.4	SIP Approval Checklist	Checklist for SIP	checklist to aid id the approval of SIP - no comparable form	New Rec.	SIP Agreement/Notice



				captures necessary classes needed to complete degree/certificate in a SIP - no comparable form	New Rec.	SIP Agreement/Notice	
	WTW 772.4A	SIP Individual Education Plan	captures classes for degree or certificate		New Rec.	WTW Agreements, Assessments, etc.	
	WTW	WTW Educational Plan	WTW School/VTR		CSF XXX	Service Referral to Activity	
	WTW Home Visits Referral	WTW Home Visits Referral	WTW Plans		CSF XXX	Referral to Activity	
	WTW Notice of Action - ALL	WTW Notice of Action - ALL	WTW Correspondence		New Rec.	Manual <Program> NOA	
	WTW Program	WTW Program Notice	WTW Correspondence		New Rec.	WTW Agreements, Assessments, etc.	
	x	Client Message	Form for client to write a message to their worker if unable to see them in person	Client can provide their name and case #, and write a message to their worker. No match	New Rec.	Customer/Worker Contact	
	x	X3	CAAP X Discontinuance: CAAP 1 Monthly Report Not returned	Discontinuance for CAAP 1 (monthly income report) not returned	There is no index for GA	New Rec.	GA/GR Monthly Reports
	x	Y 3	CAAP Discontinuance: CAAP-1 Incomplete	CAAP Discontinuance: CAAP-1 Incomplete	There is no index for GA	New Rec.	Manual <Program> NOA
	x	Y3	CAAP Discontinuance - CAAP 1 Incomplete	Discontinuance for Incomplete CAAP 1 (monthly income report) or missing documents	There is no index for incomplete monthly income report or missing documents	New Rec.	Manual <Program> NOA
	x	YC 105	Family Stabilization Plan	FS plan was created to be completed outside of the WTW plan.	Yolo County does not contract out FS services and we don't use the WTW plan for FS.	New Rec.	Family Stabilization Forms and Docs
	x	YC 107	Family Stabilization Tasks	Tasks to give to participant and CM's for FS.	Yolo County does not contract out FS services. We don't use the WTW plan for FS.	New Rec.	Family Stabilization Forms and Docs
	x	YC 108	Family Stabilization Tasks	Tasks to give to participant and CM's for FS. Spanish version.	Yolo County does not contract out FS services. We don't use the WTW plan for FS.	New Rec.	Family Stabilization Forms and Docs
x		YC 142	Authorization for Release of Information for Permanent Homeless Assistance	Release of information specifically for Landlords Hoemless Assistance	Release of Information, Landlords Verification	ABCDM 228	Applicant's Authorization for Release of Information
	x	YC 158	Foster Care Pre-Detention Claim Form	FC predetention Claim for to Fiscal	FC predetention Claim form to Fiscal, used to reimburse the county for Foster Care payments	New Rec.	FC Forms
x		YC 218	Vendor Payment Agreement	Vendor Payment Agreement allowing a split payment between client and landlord/roomates. Hoemelss Assistance.	Vendor Payment Agreement allowing a split payment between client and landlord/roomates.	New Rec.	Vendor Agreements and Forms
		YC 288A	Gift Card Transmittal	Documentation between employment services staff and Fiscal department when a gift card is issued.	Tracks issuance of gift cards.	New Rec.	Customer/Worker Contact
x		YC 302	Tribal TANF Request	Referral form	County specific Tribal TANF referral	New Rec.	Non-Fraud Referral or Request
	x	YC 33	Cal-Learn Comprehensive Baseline Assessment	In-depth assessment (questionnaire) similar to that used by AFLP providers for CL.	Yolo County does not cotract out CL services. Assessment required by CL program.	New Rec.	CalLearn Agreements and Forms
x		YC 380	CalWORKs Housing Support Allocation Housing Needs Assessment Questionnaire	HSP plan signed by client and HSP case manager towards housing goals.	Yolo County does not contract out HSP services. Since following a housing plan is part of HSP, Yolo County created its own plan for this	New Rec.	HSP and Homeless Assistance Forms
x		YC 381	CalWORKs Housing Support Allocation Approval/Denial Notice	Notice to let client know if request for HSP services was approved/denied.	Yolo County does not contract out HSP services. Notice needed to communicate approval/denial. Yolo County allows for Fair Hearing option for HSP. Notice includes NA Back 9.	New Rec.	Manual <Program> NOA

x		YC 382	CalWORKs Housing Support Allocation Discontinuance Notice	Notice to let client know that HSP services have ended.	Yolo County does not contract out HSP services. Notice needed to communicate discontinuance. Yolo County allows for Fair Hearing option for HSP. Notice includes NA	New Rec.	Manual <Program> NOA
	x	YC 43	Family Stabilization Expectations	FS rights and responsibilities.	Keep as this is used in conjunction with YC 105 FS Plan.	New Rec.	Family Stabilization Forms and Docs
x	x	YC 440	CWES Appraisal Worksheet	Helps collect information during the appraisal process.	Currently OCAT is only available in English, this is used for Non-English speaking customers	New Rec.	Program Budgets & Worksheets
	x	YC 445J	Cal-Learn Case Plan	Plan for CL.	Yolo County does not contract out CL services.	New Rec.	CalLearn Agreements and Forms
	x	YC 445N	Cal-Learn Consent Form	Consent from CL participant to contact HS.	Yolo County does not contract out CL services. Often need to contact school to confirm attendance.	New Rec.	CalLearn Agreements and Forms
	x	YC 470	WTW Supplemental Plan	Supplemental plan used for incremental assessment, vocational assessment, and reassessment.	Used in developing and maintaining plans for participants.	New Rec.	WTW Agreements, Assessments, etc.
	x	YC 476	WTW/CalLearn Supportive Services Policies	Used to inform customers and obtain their signature that they understand supportive services policies.	Used to avoid miscommunications between workers and customers.	New Rec.	CalLearn Agreements and Forms
x		YC 795	CalMAP Tool	CalWORKs 2.0 Tool	CalWORKs 2.0 Tool needed to meet state mandates	New Rec.	CW 2.0 Forms
x		YC 796	Goal/Plan/Do/Review Tool	CalWORKs 2.0 Tool	CalWORKs 2.0 Tool needed to meet state mandates	New Rec.	CW 2.0 Forms
x		YC 797	My Road Map Tool	CalWORKs 2.0 Tool	CalWORKs 2.0 Tool needed to meet state mandates	New Rec.	CW 2.0 Forms
x		YC 798	Potholes and Detours Tool	CalWORKs 2.0 Tool	CalWORKs 2.0 Tool needed to meet state mandates	New Rec.	CW 2.0 Forms
x		YC 799	Quality of Life Tool	CalWORKs 2.0 Tool	CalWORKs 2.0 Tool needed to meet state mandates	New Rec.	CW 2.0 Forms
x		YC 800	Triage Tool	CalWORKs 2.0 Tool	CalWORKs 2.0 Tool needed to meet state mandates	New Rec.	CW 2.0 Forms
x		YC 96	AB 557 and AB 236 Temporary HA Eligibility and Tracking	Internal County tool used to manually track Homeless assistance participants	ACL 19-77 - Form used for manual tracking until state/SAWS gives additional direction on how to capture this population.	Is this imaged to a case? New Rec.	HSP and Homeless Assistance Forms
	x	YCHHSD 234	Fraud Statement	Facts you need to know about Fraud	Foster Care Legal Guardian, Non-Needy CalWORKs	SIU Documents	SIU (Fraud) Customer Acknowledgement and Prevention
	x	YCHHSD 320	Request for Information Foster Care	Income & Property foster child may have	Foster Care Legal Guardian Document	New Rec.	FC Forms
	x	YCHHSD 350	Approval Page for Specialized Care Rate	Approval signed by CPS Supervisor	Instruct Eligibility what Foster Care rate to be paid	New Rec.	FC Forms
	x	YCHHSD 351	Foster Care Referral to Eligibility	Instructions from CPS Social Workers	Foster Care Placement activity referred to Eligibility	New Rec.	Non-Fraud Referral or Request
	x	YCHHSD 352	Specialized Care Rate Certification	Certification by CPS Social Worker	in conjunction with YCHHSD 350	New Rec.	FC Forms
		Your Reporting Responsibilities	Your Reporting Responsibilities	Applications/SOF/ICT		SAWS 2A SAR	Rights & Responsibilities & other Important Information
	x		2019 ACA FPL Worksheet.xlsx	MC/ACA FPL Automated worksheet	Workes can find appropriate aid codes for HH based in HH income	New Rec.	Program Budgets & Worksheets
	x		2019 Determination of ACA Health Insurance Affordability.xlsx	Determines affordability of ESI	no equivalent	New Rec.	Program Budgets & Worksheets
			ABD Budgets.xlsx	Automated Worksheets - LTC, PICKLE, 250%WD	Excel worksheet that has multiple automated worksheet for determination of MC ABD programs.	New Rec.	Program Budgets & Worksheets

x		CalWORKs Issuance Worksheet (4-1-19 thru 6-30-19).xlsx	Automated Worksheet for CW	no CW 30 option	New Rec.	Program Budgets & Worksheets
x		CalWORKs Issuance Worksheet (7-1-19 thru 9-30-19).xlsx	Automated Worksheet for CW	no CW 30 option	New Rec.	Program Budgets & Worksheets
x		CalWORKs Issuance	Automated Worksheet for CW	no CW 30 option	New Rec.	Program Budgets & Worksheets
	x	Child Protective Services (CPS ) Report	Child Protective Services (CPS ) Report	SIU - Reports to address on-view CPS complaints	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	x	Community Complaint Form	Community Complaint Form	SIU - citizen complaint documentation	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	x	Community Complaint Form Online	Community Complaint Form	SIU - citizen complaint documentation (online version - can be same category as above)	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x		CW 2.0 Backward Mapping	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
x		CW 2.0 CalMAP	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
x		CW 2.0 Executive Skills Improvement Tool	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
x		CW 2.0 Executive Skills Self-Assessment	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
x		CW 2.0 Goal Plan Do Review-	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
x		CW 2.0 Multicultural Quality of Life Index	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
x		CW 2.0 My Road Map - Potholes and Detours	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
x		CW 2.0 Triage Tool	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
x		CW IRT Determination Worksheet (4-1-19 thru 9-30-19).docx	Automated IRT worksheet	eligibility determination, no equivalent	New Rec.	Program Budgets & Worksheets
x		CW IRT Determination Worksheet.docx	Automated IRT worksheet	eligibility determination, no equivalent	New Rec.	Program Budgets & Worksheets
	x	District Attorney Packets	District Attorney Packets	SIU - Criminal case filing procedure	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	x	Fax Cover Sheets / Police / SIU	Fax cover sheets - Law enforcement	SIU - fax cover sheets with law enforcement verification to request information from 3rd parties	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	x	Fraud Closing Memo	Fraud Closing Memo	SIU - Summary page or book end to indicate the end of the fraud investigation	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
x		HCBS Spousal Impoverishment Budgets.xlsx	MC LTC Spousal Improverishment worksheet	County created automated worksheet to determine spousal impoverishment for MC LTC cases.	New Rec.	Program Budgets & Worksheets
x		Your CW HSP Program Timeline Form		local Housing Support Program - no existing index code in CalSAWS	New Rec.	HSP and Homeless Assistance Forms
	x	Income & Eligibility Verification Systems (IEVS)	Income & Eligibility Verification Systems (IEVS)	SIU - Documentation of correspondences with IEVS worker	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	x	Magi Household Worksheet 2019.xlsx	MAGI based MC worksheet	Automated worksheet to determine Magi based MC. Generates budgets based on family size and income. County created automated	New Rec.	Program Budgets & Worksheets
	x	MC Budget Worksheet	1353 SI 01 Determine Potential Spousal Allocation	MC - San Mateo County required form. No match found from	New Rec.	Program Budgets & Worksheets
	x	MC Flyer	Health Plan Selection Handout	MC - San Mateo County required form. No match found from	Is this imaged? Sounds like flyer give to customer only.	
	x	Notification of Hearing Request and Request for Case Record	Notification of Hearing Request and Request for Case Record	All Programs - San Mateo County required form. No match found from	Court/Hearings Document	Fair Hearing Forms

		OTC Warrant Request via PC Warrant Writer	Eligibility staff completes and submits the form to request a warrant print via a web-based application. The form contains information needed to produce a warrant; customer/case information, warrant information, aid code, signature lines for eligibility and benefit issuance staff.	This form is used for our contingency purposes when we are unable to print a warrant from C-IV. There is no relevant form on the list.	New Rec.	Fiscal Forms
	x	Postal Records	Postal Records	SIU - Request for postal records (i.e. ID'ing PO BOX users and change of address records)	SIU Documents	SIU (Fraud) Evidence, Contact Records, Requests
	x	School Requests	School Requests	SIU - documentation of requests of child's school demographics	WFP&I 314	Request For School Records
x		HSP Housing Sustainability Worksheet \$10.50 Minimum Wage.xlsx	Housing Support Program Sustainability Worksheet	Automated worksheet to determine if applicant is eligible, income needs and rental income limits. Optional housing programs. Budget based in	New Rec. New Rec.	HSP and Homeless Assistance Forms Program Budgets & Worksheets
x		HSP Housing Sustainability Worksheet.xlsx	Housing Support Program Sustainability Worksheet	Automated worksheet to determine if applicant is eligible, income needs and rental income limits. Optional housing programs. Budget based in	New Rec. New Rec.	HSP and Homeless Assistance Forms Program Budgets & Worksheets
		Month	Overpayment/Overissuance/Underpayment/Underissuance	Form is used for OP/OI and UI/UP purposes; existing CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	What info is on this form? What purpose does the form serve?	

Identified Trends	Questions & Notes	Counts
ABAWD Forms	All forms specific to ABAWD, excluding CFET	9
Application, Intake, or Screening Tools	For program screening, case opening and assignment checklist/questions, intake questions. Not applications themselves (SAWS 2 PLUS).	78
Behavioral/Mental Health Forms and Referrals	Referrals, statuses, doctor statements	7
Burial/Cremation Forms	Forms needed to pay for burial/cremation through the GA/GR program	13
CalLearn Agreements and Forms	CalLearn referrals, agreements, plans, logs, school progress	40
CAPI Application and Other Forms	CAPI applications, agreements, sponsorship, OP/OI	17
CFET Forms/Agreements	Agreements, CFET Referrals, orientation, questionnaires, hours	51
Child Care Referrals and Forms	Agreements, referrals, Trustline documents, provider statements	79
Customer Use Checklists	Checklists customers use or complete	13
Customer/Worker Contact	Cust to Worker. Worker to worker. Worker to customer	30
CW 2.0 Forms		33
DDSD Forms	All forms related to DDSD	21
DMV/ID Referrals and Verification Requests	ID reduced fee vouchers, ID confirmation requests	11
EBT Stagger Date	Form requesting changes to the EBT Stagger Date	5
Fair Hearing Forms	Forms for appeals and state hearings	38
Family Stabilization Forms and Docs	Referrals, assessments, plans, reports	23
Fax/Coversheets	Coversheets for faxes or other transmittals	8
FC Forms	Update when there are more details on the FC design.	207
Fiscal Forms	Warrants, Direct Deposit, EBT, Issuances forms	43
GA/GR Application		9
GA/GR Monthly Reports	Including CW 7	7
GA/GR Other Forms	Supporting GA/GR forms	56
GA/GR Repayment Agreements/Forms	Repayment agreements, collections	19
GA/GR Work Related and Activities Forms	Exemptions, job search, work registrations, attendance, contracts	47
Home Visit Forms	Home Visit Program (HVP) referrals, progress reports, and supporting documents	13

Program Specific Trends (CW, CF, MC, GA/GR, WTW, FC, A)	Questions & Notes	Counts
Worker Use (Eligibility Determination/Tracking) Program Specific Checklists	Checklist used by workers, separated by program	56
Program Budgets & Worksheets	Manual budgets or worksheets for benefit calculations separated by program	145
Manual <Program> NOA	Notices of action not generated automatically by CalSAWS, distinguished by program	309

HSP and Homeless Assistance Forms	Homeless, Housing, and HSP referrals and forms	130
ICT Forms	ICT related forms, not including the CF 215, MC 385, CW 215	14
Jail/Inmate Forms and Notices	Incl. youth corrections, MC apps for transitions, communications and confirmations	13
KG Forms		19
Language Designation form		10
MEDS Related - Clearance, Updates, Requests	Not including virtual prints of MEDS itself? Those would be included under verifications	12
Non-Fraud Referral or Request	Program referrals, Dept. or agency contact or voucher, send or receive program info, general communication	85
OCAT Forms and Info	PA 30 for referrals w/ no specific title	5
Other Contact Authorization Forms	Info release, photo release Alternately, may use ABDCM 228, CW 60, CW 61	37
Other State Forms	DHCS 0011, SOC 2247, MC 176 S	6
Property Statement and Verification	MC 201 PA; Include cars, banks, real property Property Forms	30
SIP Agreement/Notice	Approvals, evaluations, plans	10
SIU (Fraud) Customer Acknowledgement and Prevention	Acknowledgements/ Agreements	6
SIU (Fraud) Evidence, Contact Records, Requests	Referrals, contact verifications, proof Customer: Notices/Appointment	48
Sponsor Related Forms	Indigence, Repayments, Responsibility Agreements, Worksheet	21
Student/College Related Forms	Attendance, textbooks, referrals GN 6151	38
Supporting CW Forms	PWE, Diversion, Immediate Need, Non-Needed Caretaker Relative, deprivation	21
Time Limit Forms	All time limit forms, regardless of program.	16
Tracked WTW Activities, Hours, Exemptions	Attendance records, Employment hours, activity records, exemption determinations	47
Transportation Forms	Mileage records and logs, bus passes, travel vouchers, reimbursement	17
Vendor Agreements and Forms	Vendors, providers	47
Worker/Worker Contact	Internal communication and notices between staff, separate from referrals. I.e. sanction info between WTW and eligibility.	12
WTW Agreements, Assessments, etc.	Participant assessments/evaluations, agreements, reviews, statements, plans	178