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

											-	. .		Recommendation
						н		G						
						е		е						
	G					а		n						
	Α					r		е				Business Process Reason		
	/	W		Α		i	S	r				(What is the form used for and the		
с с м	G	Т	C F	А	к	n	I	а	Document			reason document cannot be indexed		
WFC	R	w	с с	Р	G	g s	U		Number	Document Name	Description of Document/Form Content	to a CalSAWS Document)	Number/comment	Name
										GA Disc and Sanction [08] 008-2	GA Disc and Sanction [08] 008-2 Notice			
										Notice of Action (NOA) General	of Action (NOA) General Assistance			
	х								8	Assistance Termination	Termination	General Assistance	New Rec.	Manual < Program > NOA
										Notice of Action (NOA) General	Notice of Action (NOA) General			
										Assistance Termination - GA Disc	Assistance Termination - GA Disc Left			
	х								12	Left Facility [012]	Facility [012]	General Assistance	New Rec.	Manual <program> NOA</program>
										• • •	Notice of Action (NOA) General			
											Assistance Termination GA Disc-Failure			
											to Provide Incapacity Verification [040]			
	x								40	General Assistance Fail to Provide	. ,	General Assistance	New Rec.	Manual <program> NOA</program>
												Refer CC from Stage 1 to Stage 2 - no		
		x							110	CCRE Stage 2 Referral	Refer CC from Stage 1 to Stage 2	state form	New Rec.	Child Care Referrals and Forms
										Notice of Action (NOA) General	Notice of Action (NOA) General			
										Assistance TerminationGA Disc-	Assistance TerminationGA Disc-3			
	х								759	3 Month Time Limit [0759] 759-2	Month Time Limit [0759] 759-2	General Assistance	New Rec.	Manual <program> NOA</program>
											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			
	х								761	GA Information Letter to Vendor	above named individual"	General Assistance	New Rec.	Vendor Agreements and Forms
										GA Disc Letter to Vendor [0762]	GA Disc Letter to Vendor [0762] 762-2			
	х								762	762-2 General Assistance	General Assistance	General Assistance	New Rec.	Vendor Agreements and Forms
												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		
										Bank account information request		client in obtaining such verifications.		Release of Information - Financial
								x	801	and authorization		This release of information form is	CW 60	Institution
										General Assistance (GA)				
										appointment letter + cover letter	General Assistance (GA) appointment			
	x								972	[0972]	letter + cover letter [0972]	General Assistance	CSF XXX	Appointment Letter
												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	Is this imaged?	
		х							1990	Post Card Pocket Reminder	Reminder to clients about their Goals	has information close to what this	New Rec.	WTW Agreements, Assessments, etc.

				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	2	
		CalMAP: Taking a look at the		a higher priority. There is no form on		
		whole picture so we can best		the CalSAWS listing that has		
x	1991	serve you	Assesment for clients life areas	information close to what this form is	New Rec.	WTW Agreements, Assessments, etc.
				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		
x	1992	MY Goal-Plan-Do-Review	Review of clients goals	information close to what this form is	New Rec	WTW Agreements, Assessments, etc.
^	1992	Wit Goal-Hall-Do-Kevlew	Neview of chemis goals	Clients use this form to indicate what		WTW Agreements, Assessments, etc.
				their ultimate goals are and what		
				-		
				they will need to do to accomplish		
				those. There is no form on the		
			Map of how to reach the client's ultimate	÷		
X	1993	My Road Map	goal	close to what this form is requesting	New Rec.	WTW Agreements, Assessments, etc.
				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		
x	1994	Potholes & Detours	Anticipating barriers to completing goals	has information close to what this	New Rec.	WTW Agreements, Assessments, etc.
		CAAP Warning - Act of Negligent	Warning for the 1st and 2nd failure for	There is no GA/GR index for warning		
x	2152	Failure	CAAP requirements and/or eligibilities.	of negligent failure.	New Rec.	GA/GR Other Forms
			Inform customer for possible collection	There is no GA/GR index for 1st first		
		1st Unreported	of an overpayment for the 1st time	income and/or asset did not report to	1	
	2175	Income/Assets/Duplicate Aid	unreported income and/or asset.	the county.	ABP 4023 C	General Relief (GR) Overpayment
			Deadline and/or appointment for	,		
		Immigration Documentation	customers to submit document for their	There is no GA/GR index for		
	2185	Verfication	immigration status.	immigration.	New Rec.	GA/GR Other Forms
	2100		To Hold Customer benefits for	There is no GA/GR index for holding		
		Notice of Proposed Action Benefit	appointments or homeless residency	custmer benefits for appointments		
	2217	Held	verfication.	and homeless residency verification.	New Rec.	GA/GR Other Forms
	2211		.ccution.	The Client Affidavit form is a county		s.y shother romb
				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		
	x 2300	client affadivit		easier for the client to provide	CSF XXX	Sworn Statement
		Request for Check - DMV I.D. Card	Request distribution to print check for	There is no index for distribution to		DMV/ID Referrals and Verification
	2315	Fee	DMV ID card fee.	print check for DMV ID Card fee	New Rec.	Requests
		Reduced Earned / Unearned	Calculation to issue supplemental	There is no index for GA		
			Calculation to issue supplemental benefits to customers when their income			
	2323	Reduced Earned / Unearned			New Rec.	Program Budgets & Worksheets

				The section of the design of the section of the sec		
	2540			There is no index for authorization	New Dee	
x x x	2510	Authorization for Co-Payment	Autorization for two party payee.	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	SIU Documents	SIU (Fraud) Evidence, Contact
	x 4030	Request for Investigation	County form	request a client investigation This document is used at interviews	SIO Documents	Records, Requests
			Provides clients with nexts steps in their	to provide clients with their Rights		Your Rights Under California Welfare
	6105	Interview Follow Un		and Responsiblities, next steps in	010 12	-
	6105	Interview Follow Up	application provess	their application process, etc.	PUB 13	Programs
			Agreement to Receive Optional Email &	annonia local forma an aviating index		Floatsonic Natification Ageograph
	6405	Forme C40E	Text Messaging Service (Text & Email	generic local form - no existing index		Electronic Notification Agreement
	6405	Form 6405 CAAP Discontinuance: Failed to	Consent)	code in CalSAWS	NA 1273	and Courtesy Confirmation Receipt
	(025		CAAP Discontinuance: Failed to Keep	There is no index for CA	New Dee	Manual (Programs NOA
x	6925	Keep Employability Appointment	Employability Appointment	There is no index for GA	New Rec.	Manual <program> NOA</program>
	7070		CalWORKs Housing Support Program	local Housing Support Program - no		
	7073	HSP Screening Tool	Housing Assistance Assessment Tool	existing index code in CalSAWS	New Rec.	HSP and Homeless Assistance Forms
		HSP Housing Plan / ETO HSP Intak				
	2025	and Case Management Response		local Housing Support Program - no		
	7075	Form		existing index code in CalSAWS	New Rec.	HSP and Homeless Assistance Forms
						HSP and Homeless Assistance Forms
						Worker Use (Eligibility
		CalWORKs Housing Support		local Housing Support Program - no	New Rec.	Determination/Tracking) Program
x	7085	Program Case Tracking Checklist		existing index code in CalSAWS	New Rec.	Specific Checklists
				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	CSF XXX	
				information language, we would be	CSF XXX	Employment Statement Request
		employment and wage		willing to combine. However, if this is	CSF XXX	Verification of Employment/Earning
	8026	information		language is missing, then we would	Other county drawer - QC/QC	Employment Questionnaire
				This form is completed by Program		
				staff and sent to Investigations when		
		Report of Lost check/benefits or		a client claims they did not receive or		Affidavit To Obtain Duplication Of
	8037	non-receipt	County form	lost their benefits	CSF XXX	Lost/Stolen/Destroyed Warrant
			"MY JOURNEY TO CROSS THE BRIDGE TO	local Home Visiting Program - no		
	-	Bridge - Final 03.07.17-EN	WELL-BEING"	existing index code in CalSAWS	SF Specific Special Program	
				local Home Visiting Program - no		
	-	FaR Admission LTR	Families Rising Admission Letter	existing index code in CalSAWS	SF Specific Special Program	
			Families Rising Case Closure Letter (from	local Home Visiting Program - no		
	-	FaR Case Closure LTR-E	Enrollment)	existing index code in CalSAWS	SF Specific Special Program	
			Families Rising Case Closure Letter (from	local Home Visiting Program - no		
	-	FaR Case Closure LTR-R	Recruitment)	existing index code in CalSAWS	SF Specific Special Program	
				local Home Visiting Program - no		
	-	FaR Disengagement LTR	Families Rising Disengagement Letter	existing index code in CalSAWS	SF Specific Special Program	

				local Home Visiting Program - no		
	-	FaR Non-Admission LTR	Families Rising Non-Admission Letter	existing index code in CalSAWS	SF Specific Special Program	
				local Home Visiting Program - no		
	-	FaR Opting Out LTR	Families Rising Opting Out Letter	existing index code in CalSAWS	SF Specific Special Program	
				local Home Visiting Program - no		
	-	FaR Unable to Reach LTR	Families Rising Unable to Reach Letter	existing index code in CalSAWS	SF Specific Special Program	
		FCphwelcome_to_pat;	Welcome to Parents as Teachers;			
		RF ParticipationAgreementAndCo	Participation Agreement and Consent for	local Home Visiting Program - no		
	-	nsentForServices-Fillable-U	Services	existing index code in CalSAWS	SF Specific Special Program	
				local Home Visiting Program - no		
	-	HSA PHOTO RELEASE FORM	Photo Release Form	existing index code in CalSAWS	New Rec.	Other Contact Authorization Forms
				Used in assessment to identify	New Nee.	Stiler contact Aution 201011 Stills
x		QIA Test	Quick Informal Assessment	language proficiency.	New Rec.	WTW Agreements, Assessments, etc.
Å	-	QIATEST	Quick Informal Assessment	By signing the text/email consent	New Rec.	wiw Agreements, Assessments, etc.
				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		Electronic Notification Agreement
	-	text/email consent form		the client to opt out of text/emails	NA 1273	and Courtesy Confirmation Receipt
		Specialized Care Rate (SCR)		Specific to county business process		
х	TEH 843	Assessment Form	Foster Care Assessment Form	for Foster Care	New Rec.	FC Forms
		Specialized Care Rate Quarterly		Specific to county business process		
x	TEH 844	Provider Log	Foster Care SCR Provider Log	for Foster Care	New Rec.	FC Forms
		Preponderance of Evidence Model	FC/CW Preponderance of Evidence	Specific to county business process		
x	TEH 966	(POEM) Worksheet	Worksheet	for Foster Care/CW Determination	New Rec.	Program Budgets & Worksheets
				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 lenghty 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		Application, Intake, or Screening
x	001	Medi-Cal Screen Form		the household. The screening form is	New Rec.	Tools
X	0011	CAAP Discontinuance: Death	CAAP Discontinuance: Death	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Discontinuance: Moved Out	CAAP Discontinuance: Moved Out of			
x	002 1	of County	County	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Discontinuance: Client's				. .
x	003 1	Request	CAAP Discontinuance: Client's Request	There is no index for GA	New Rec.	Manual <program> NOA</program>
				Screening tool used by staff, during		Application, Intake, or Screening
v	007	Intake Checklist	Intake ChecklistCounty Use Only	interviews.	New Rec.	Tools
^	507	CALM Discontinuance - Not	CALM Discontinuance - Not Eligible for	interviews.	new net.	10013
x	007 0 (09/03)	Eligible for ABD Medi-Cal	ABD Medi-Cal	There is no index for GA	New Rec.	Manual <program> NOA</program>
λ	007 0 (09/03)	CAAP Discontinuance: Ineligible	ADD WIEUI-Cal	THEFE IS NO INDEX TOF GA	NEW NEL.	walludi Sri Ografii> NUA
	045.4	Ũ	CAAD Discontinuose at 11 11 4 Ct. 1	These is a sinder (Navy Data	
Х	015 1	Student	CAAP Discontinuance: Ineligible Student	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Discontinuance: Other	CAAP Discontinuance: Other Public			
X	019 1	Public Assistance	Assistance	There is no index for GA	New Rec.	Manual <program> NOA</program>
			CAAP Discontinuance: UIB/DIB/VA			
	020 1	Unearned Income Too Great	Unearned Income Too Great	There is no index for GA	New Rec.	Manual <program> NOA</program>
X	0201	Unearneu income Too Great	Unearneu income roo Great		new nee.	
x x	0201		CAAP Discontinuance: On SSI/SSP	There is no index for GA	New Rec.	Manual <program> NOA</program>

		CAAP Discontinuance: Earned	CAAP Discontinuance: Earned Income			
X	023 2	Income Too Great	Too Great	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Discontinuance: Excess Real	CAAP Discontinuance: Excess Real			
X	025 0	Property	Property	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Discontinuance: Excess	CAAP Discontinuance: Excess Personal			
x	026 1	Personal Property	Property	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Discontinuance: Residency -	CAAP Discontinuance: Residency - Failed			
x	027 1	Failed Homeless Appointment	Homeless Appointment	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Discontinuance: Residency -	CAAP Discontinuance: Residency - Failed			
x	027 1a	Failed to Verify Ongoing Presence		There is no index for GA	New Rec.	Manual <program> NOA</program>
^	027 10	CAAP Discontinuance: Failed to	CAAP Discontinuance: Failed to Keep an			
x	028 1	Keep an Appointment	Appointment	There is no index for GA	New Rec.	Manual <program> NOA</program>
Λ	0201	CAAP Discontinuance: Refused	CAAP Discontinuance: Refused		New Rec.	Manual Crograms North
v	031 1	Employment	Employment	There is no index for GA	New Rec.	Manual <program> NOA</program>
^	0311	CAAP Discontinuance: Failure to	CAAP Discontinuance: Failure to Attend	mere is no index for GA	New Nec.	Manual Crogram NOA
x	033 1	Attend Evaluation	Evaluation	There is no index for GA	New Rec.	Manual <program> NOA</program>
X	055 1	CAAP Discontinuance: Not Enough		THEFE IS NO INDEX TOF GA	NEW NEL.	Manual SPIOgram NOA
v	037c 1	Job Searches	CAAP Discontinuance: Not Enough Job Searches	There is no index for GA	New Rec.	Manual <program> NOA</program>
X						
	x 04-130	Authorization for County Payment		Authorizes usage of funds	New Rec.	Fiscal Forms
	<u></u>	CAAP Discontinuance: Failure to	CAAP Discontinuance: Failure to Apply	These is a index (New Dee	Manual December 1101
X	042 1	Apply for Other Income	for Other Income	There is no index for GA	New Rec.	Manual <program> NOA</program>
		Request for Social Security				
		Number Verification Social		Confirms SSN when card not		Social Security Administration
	04-228	Security Card of a minor	Verification of SSN by SSA	avialable and not verified on MEDS	MC 194	Referral Notice
		ICPC Caregiver's Licensing/Home				
	04-314	Approval Verification Form	Home approval	Approval for file	New Rec.	Vendor Agreements and Forms
х	04-404	Child Specific Letter (PPS Form)	Allows AFDC-FC funding	Authorizes usage of funds	New Rec.	FC Forms
		CAAP Discontinuance: Fleeing	CAAP Discontinuance: Fleeing Felon (non			
X	047 1	Felon (non-fraud)	fraud)	There is no index for GA	New Rec.	Manual <program> NOA</program>
				Form is used internaly to request		
			Internal form used to request payment	Third Party verification when		
			for Third Party verification form includes	•		
			what type of verification is being	verification for eligibility purposes.		
		Payment Request for Third Party	requested, fee amount and who check	Form is completed by worker and		
	07-237	Verification	will be made out to.	fowarded to immediate clerk to	New Rec.	Fiscal Forms
						Sponsor Related Forms - Indigence,
						Repayments, Responsibility
	07-276	Deemed Income	Income contribution worksheet	Supplments eligibility determination	New Rec.	Agreements, Worksheet
	07-276			Supplments eligibility determination Used to inform relative caretaker on	New Rec.	
	07-276	Deemed Income Child Transitioned from CalWORKs			New Rec.	
		Child Transitioned from CalWORKs	; Form provides child's name and when	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to		Agreements, Worksheet
	07-276	Child Transitioned from CalWORKs		Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to		
		Child Transitioned from CalWORKs to Foster Care Program Informing	; Form provides child's name and when	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to		Agreements, Worksheet
		Child Transitioned from CalWORKs to Foster Care Program Informing	; Form provides child's name and when	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.	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 Allows to provide verification to of	New Rec.	Agreements, Worksheet Manual <program> NOA</program>
	07-340	Child Transitioned from CalWORKs to Foster Care Program Informing Notice Request for Benefit Verification	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 Allows to provide verification to of	New Rec.	Agreements, Worksheet Manual <program> NOA</program>
	07-340 07-69	Child Transitioned from CalWORKs to Foster Care Program Informing Notice Request for Benefit Verification Overpayment Worksheet and	Form provides child's name and when CalWORKs benefits will end for that child Benefit verification	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to child becoming eligible to Foster Care Allows to provide verification to of benefits received for multiple months	New Rec. CSF XXX	Agreements, Worksheet Manual <program> NOA Verification of Benefits</program>
	07-340 07-69	Child Transitioned from CalWORKs to Foster Care Program Informing Notice Request for Benefit Verification Overpayment Worksheet and	Form provides child's name and when CalWORKs benefits will end for that child Benefit verification Records overpayment	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to child becoming eligible to Foster Care Allows to provide verification to of benefits received for multiple months Records overpayment	New Rec. CSF XXX	Agreements, Worksheet Manual <program> NOA Verification of Benefits</program>
	07-340 07-69 07-92	Child Transitioned from CalWORKs to Foster Care Program Informing Notice Request for Benefit Verification Overpayment Worksheet and Referral	Form provides child's name and when CalWORKs benefits will end for that child Benefit verification Records overpayment	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to child becoming eligible to Foster Care Allows to provide verification to of benefits received for multiple months Records overpayment verification of adjustment when not	New Rec. CSF XXX	Agreements, Worksheet Manual <program> NOA Verification of Benefits</program>
	07-340 07-69 07-92	Child Transitioned from CalWORKs to Foster Care Program Informing Notice Request for Benefit Verification Overpayment Worksheet and Referral Request for Aid Code Adjustment	Form provides child's name and when CalWORKs benefits will end for that child Benefit verification Records overpayment	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to child becoming eligible to Foster Care Allows to provide verification to of benefits received for multiple months Records overpayment verification of adjustment when not availble in system	New Rec. CSF XXX	Agreements, Worksheet Manual <program> NOA Verification of Benefits</program>
	07-340 07-69 07-92	Child Transitioned from CalWORKs to Foster Care Program Informing Notice Request for Benefit Verification Overpayment Worksheet and Referral Request for Aid Code Adjustment CalFresh Success Consent for	Form provides child's name and when CalWORKs benefits will end for that child Benefit verification Records overpayment Records aid code adjustment	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to child becoming eligible to Foster Care Allows to provide verification to of benefits received for multiple months Records overpayment verification of adjustment when not availble in system Fresh Success release of information,	New Rec. CSF XXX	Agreements, Worksheet Manual <program> NOA Verification of Benefits</program>
	07-340 07-69 07-92 08-57	Child Transitioned from CalWORKs to Foster Care Program Informing Notice Request for Benefit Verification Overpayment Worksheet and Referral Request for Aid Code Adjustment CalFresh Success Consent for Release of Confidential	Form provides child's name and when CalWORKs benefits will end for that child Benefit verification Records overpayment Records aid code adjustment Consent for relieae of confidential	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to child becoming eligible to Foster Care Allows to provide verification to of benefits received for multiple months Records overpayment verification of adjustment when not availble in system Fresh Success release of information, college records, Fresh Success	New Rec. CSF XXX PA 30	Agreements, Worksheet Manual <program> NOA Verification of Benefits County Referral</program>
	07-340 07-69 07-92 08-57 09-104	Child Transitioned from CalWORKs to Foster Care Program Informing Notice Request for Benefit Verification Overpayment Worksheet and Referral Request for Aid Code Adjustment CalFresh Success Consent for Release of Confidential Information	Form provides child's name and when CalWORKs benefits will end for that child Benefit verification Records overpayment Records aid code adjustment Consent for relieae of confidential information	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to child becoming eligible to Foster Care Allows to provide verification to of benefits received for multiple months Records overpayment verification of adjustment when not availble in system Fresh Success release of information, college records, Fresh Success rocords E&T record review SOF, and make corrections if	New Rec. CSF XXX PA 30 New Rec.	Agreements, Worksheet Manual <program> NOA Verification of Benefits County Referral Other Contact Authorization Forms Application for CalFresh, Cash Aid,</program>
	07-340 07-69 07-92 08-57	Child Transitioned from CalWORKs to Foster Care Program Informing Notice Request for Benefit Verification Overpayment Worksheet and Referral Request for Aid Code Adjustment CalFresh Success Consent for Release of Confidential Information Statement of Facts Notification (03/2018)	Form provides child's name and when CalWORKs benefits will end for that child Benefit verification Records overpayment Records aid code adjustment Consent for relieae of confidential	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to child becoming eligible to Foster Care Allows to provide verification to of benefits received for multiple months Records overpayment verification of adjustment when not availble in system Fresh Success release of information, college records, Fresh Success rocords E&T record review SOF, and make corrections if	New Rec. CSF XXX PA 30 New Rec. SAWS 2 PLUS	Agreements, Worksheet Manual <program> NOA Verification of Benefits County Referral Other Contact Authorization Forms Application for CalFresh, Cash Aid, And/Or Medi-Cal/Health Care</program>
	07-340 07-69 07-92 08-57 09-104	Child Transitioned from CalWORKs to Foster Care Program Informing Notice Request for Benefit Verification Overpayment Worksheet and Referral Request for Aid Code Adjustment CalFresh Success Consent for Release of Confidential Information Statement of Facts Notification	Form provides child's name and when CalWORKs benefits will end for that child Benefit verification Records overpayment Records aid code adjustment Consent for relieae of confidential information	Used to inform relative caretaker on CalWORKs and Foster Care case that CalWORKs benefits will end due to child becoming eligible to Foster Care Allows to provide verification to of benefits received for multiple months Records overpayment verification of adjustment when not availble in system Fresh Success release of information, college records, Fresh Success rocords E&T record review SOF, and make corrections if	New Rec. CSF XXX PA 30 New Rec.	Agreements, Worksheet Manual <program> NOA Verification of Benefits County Referral Other Contact Authorization Forms Application for CalFresh, Cash Aid,</program>

		CalFresh E&T Plan Activity				
x	09-107	Assignment	CF E&T plan activity assigment	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
	· · ·	CalFresh Claim Determination	Case Outstanding Overissuances and			·
		Worksheet and Benefit Recovery	Referral to Revenue and Recovery for	Referring Outstanding Overissuances		
x	09-43	Status	Collection	to R&R after the case terminates	New Rec.	Program Budgets & Worksheets
		ABAWD Discretionary Exemption		Allows County to distribute		
	09-77	Request Form	Reg from HSS to Exempt ABAWD	discretionary ABAWDs exemptions	New Rec.	ABAWD Forms
		Good News for CA families	· · ·	· · ·		
	09-83	receiving CalFresh	Referral/Request for Medi-Cal	Outreach for CFHH to apply for MC	New Rec.	Non-Fraud Referral or Request
х	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	Notice to customer of GR discontinuance	No CalSAWS document	New Rec.	Manual <program> NOA</program>
		Replacement of Food		notify customers with their		
	09-90 E/SP	Approval/Denial Notice	Approval/Denial Notice	Approval/Denial of replacement	New Rec.	Manual <program> NOA</program>
				list of food lost due to disaster or		
				misfortune		
			customer statement uner penaty of	Statement from customer regarding		
			perjury for their lost food	loss of food during Disaster or		
x	09-93 HHSA	Affidavit of Loss	Loss of food Statement Disaster	household misfortune	CSF XXX	Sworn Statement
^	05-55 HIIJA	CalFresh Overissuance Payment	Loss of four statement Disaster	overissuance repayment type, cash		Shom statement
x	09-95	Stub	CF repayment agreement notice	or check	PA 1893	Calfresh Repayment Card
^	05-55	5005	er repayment agreement notice	of check	1711055	Sponsor Related Forms - Indigence,
		USCIS Letter for Indigent	has the Sponsor and Sponsored			Repayments, Responsibility
	09-99	Sponsored Noncitizen	noncitzen names, to be sent to USCIS	caiming indigency to qualify for CF	New Rec.	Agreements, Worksheet
	05-33	sponsored Noncitizen	noncitzen names, to be sent to oscis	canning indigency to quarry for cr	New Rec.	Sponsor Related Forms - Indigence,
		USCIS Letter for Indigent		Submitted to USCIS when customer is		Repayments, Responsibility
	09-99 HHSA	•	Indianat (Conserved Form			
	09-99 HHSA	Sponsored Noncitizen Reporting	Indigent /Sponsored Form	found indigent for CalFresh.	New Rec.	Agreements, Worksheet
	× 10.12	Application Desistration Desuest	Lload for Application Desistration Info	Form is used in a county-specific	New Ree	Application, Intake, or Screening
	x 10-13	Application Registration Request	Used for Application Registration Info	process	New Rec.	Tools
	10-43	Cassial Care Data Authorization			New Rec.	FC Forms
	10-43	Special Care Rate Authorization	Authorization for supplemental payment		New Rec.	
	× 10.7	Application Information Chaot	Application Common of information	Form is used in a county-specific	New Ree	Application, Intake, or Screening
	x 10-7	Application Information Sheet	Application Summary of information	process No CalSAWS document - County	New Rec.	Tools
	11 101 11154	Aid to First Day Day	Computation of aid to first pour day.	specific instructions	New Ree	Dreamer Dudgets & Markebests
	11-101 HHSA	Aid to First Pay Day	Computation of aid to first pay day	specific instructions	New Rec.	Program Budgets & Worksheets
			Request to Revenue & Recovery on			
		CD 0	status of collection of overpayment	No CalSAWS document - County	New Dee	
	11-102 HHSA	GR Overpayment Status Request	when a customer reapplies	specific instructions	New Rec.	GA/GR Other Forms
			when a customer reapplies Documentation of preponderance of	specific instructions No CalSAWS document - County		
	11-102 HHSA 11-103 HHSA	GR Overpayment Status Request GR Preponderance of ID	when a customer reapplies Documentation of preponderance of evidence for GR ID	specific instructions No CalSAWS document - County specific instructions	New Rec.	GA/GR Other Forms GA/GR Other Forms
	11-103 HHSA	GR Preponderance of ID	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a	specific instructions No CalSAWS document - County specific instructions No CalSAWS document - County	New Rec.	GA/GR Other Forms
X			when a customer reapplies Documentation of preponderance of evidence for GR ID	specific instructions No CalSAWS document - County specific instructions		
X	11-103 HHSA	GR Preponderance of ID	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65	specific instructions No CalSAWS document - County specific instructions No CalSAWS document - County specific instructions	New Rec.	GA/GR Other Forms
x	11-103 HHSA 11-104 HHSA	GR Preponderance of ID GR Request for Person over 65	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review	specific instructions No CalSAWS document - County specific instructions No CalSAWS document - County specific instructions No CalSAWS document - County	New Rec. New Rec.	GA/GR Other Forms GA/GR Other Forms
x	11-103 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65	specific instructions No CalSAWS document - County specific instructions No CalSAWS document - County specific instructions No CalSAWS document - County specific instructions	New Rec. New Rec. New Rec.	GA/GR Other Forms
X	11-103 HHSA 11-104 HHSA 11-105 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request Client Instructions for Repyament	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review for a hardship waiver of GR rules	specific instructions No CalSAWS document - County specific instructions No CalSAWS document - County specific instructions No CalSAWS document - County specific instructions No CalSAWS document - County	New Rec. New Rec. New Rec. Is this imaged?	GA/GR Other Forms GA/GR Other Forms GA/GR Other Forms
X	11-103 HHSA 11-104 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review for a hardship waiver of GR rules Instructions on where to send payment	specific instructions No CalSAWS document - County specific instructions	New Rec. New Rec. New Rec.	GA/GR Other Forms GA/GR Other Forms GA/GR Other Forms CAPI Application and Other Forms
X	11-103 HHSA 11-104 HHSA 11-105 HHSA 11-110 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request Client Instructions for Repyament of a CAPI Overpayment	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review for a hardship waiver of GR rules Instructions on where to send payment Evaluation to see if customer is eligibile	specific instructions No CalSAWS document - County specific instructions	New Rec. New Rec. Is this imaged? New Rec.	GA/GR Other Forms GA/GR Other Forms GA/GR Other Forms CAPI Application and Other Forms Application, Intake, or Screening
X	11-103 HHSA 11-104 HHSA 11-105 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request Client Instructions for Repyament	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review for a hardship waiver of GR rules Instructions on where to send payment Evaluation to see if customer is eligible for an expedited intake	specific instructions No CalSAWS document - County specific instructions	New Rec. New Rec. Is this imaged? New Rec. New Rec.	GA/GR Other Forms GA/GR Other Forms GA/GR Other Forms CAPI Application and Other Forms
x	11-103 HHSA 11-104 HHSA 11-105 HHSA 11-110 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request Client Instructions for Repyament of a CAPI Overpayment	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review for a hardship waiver of GR rules Instructions on where to send payment Evaluation to see if customer is eligibile	specific instructions No CalSAWS document - County specific instructions	New Rec. New Rec. Is this imaged? New Rec.	GA/GR Other Forms GA/GR Other Forms GA/GR Other Forms CAPI Application and Other Forms Application, Intake, or Screening
x x x	11-103 HHSA 11-104 HHSA 11-105 HHSA 11-110 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request Client Instructions for Repyament of a CAPI Overpayment	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review for a hardship waiver of GR rules Instructions on where to send payment Evaluation to see if customer is eligible for an expedited intake	specific instructions No CalSAWS document - County specific instructions	New Rec. New Rec. Is this imaged? New Rec. New Rec.	GA/GR Other Forms GA/GR Other Forms GA/GR Other Forms CAPI Application and Other Forms Application, Intake, or Screening
x	11-103 HHSA 11-104 HHSA 11-105 HHSA 11-110 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request Client Instructions for Repyament of a CAPI Overpayment	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review for a hardship waiver of GR rules Instructions on where to send payment Evaluation to see if customer is eligbile for an expedited intake GR log for attendance if customer is put	specific instructions No CalSAWS document - County specific instructions	New Rec. New Rec. Is this imaged? New Rec. Is this imaged to a specific	GA/GR Other Forms GA/GR Other Forms GA/GR Other Forms CAPI Application and Other Forms Application, Intake, or Screening Tools
	11-103 HHSA 11-104 HHSA 11-105 HHSA 11-110 HHSA 11-111 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request Client Instructions for Repyament of a CAPI Overpayment GR Expedited Intake Evaluation	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review for a hardship waiver of GR rules Instructions on where to send payment Evaluation to see if customer is eligibile for an expedited intake GR log for attendance if customer is put on a watilist for Substance Abuse	specific instructions No CalSAWS document - County specific instructions	New Rec. New Rec. Is this imaged? New Rec. New Rec. Is this imaged to a specific case/person?	GA/GR Other Forms GA/GR Other Forms GA/GR Other Forms CAPI Application and Other Forms Application, Intake, or Screening Tools GA/GR Work Related and Activities
	11-103 HHSA 11-104 HHSA 11-105 HHSA 11-110 HHSA 11-111 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request Client Instructions for Repyament of a CAPI Overpayment GR Expedited Intake Evaluation	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review for a hardship waiver of GR rules Instructions on where to send payment Evaluation to see if customer is eligbile for an expedited intake GR log for attendance if customer is put on a watilist for Substance Abuse Services	specific instructions No CalSAWS document - County specific instructions	New Rec. New Rec. Is this imaged? New Rec. New Rec. Is this imaged to a specific case/person?	GA/GR Other Forms GA/GR Other Forms GA/GR Other Forms CAPI Application and Other Forms Application, Intake, or Screening Tools GA/GR Work Related and Activities
x	11-103 HHSA 11-104 HHSA 11-105 HHSA 11-110 HHSA 11-111 HHSA 11-111 HHSA	GR Preponderance of ID GR Request for Person over 65 Hardship Waiver Request Client Instructions for Repyament of a CAPI Overpayment GR Expedited Intake Evaluation Waitlist Attendance Log	when a customer reapplies Documentation of preponderance of evidence for GR ID Request to Manager to approve GR for a customer over 65 Request for Program Manager to review for a hardship waiver of GR rules Instructions on where to send payment Evaluation to see if customer is eligbile for an expedited intake GR log for attendance if customer is put on a watilist for Substance Abuse Services Notice to customer on amount of GR aid	specific instructions No CalSAWS document - County specific instructions	New Rec. New Rec. Is this imaged? New Rec. Is this imaged to a specific case/person? New Rec.	GA/GR Other Forms GA/GR Other Forms GA/GR Other Forms CAPI Application and Other Forms Application, Intake, or Screening Tools GA/GR Work Related and Activities Forms

						Sponsor Related Forms - Indigence,
		CB Sponsorod Alion	Determination if sponsored alien is	No Cals AM/S document County		
		GR Sponsored Alien		No CalSAWS document - County	New Dee	Repayments, Responsibility
X	11-118 HHSA	Determination	eligible to GR	specific instructions	New Rec.	Agreements, Worksheet
		Request for Temporary	Request form to determine if a person			
		Administrative Exemption from	can be temporarily exempted from work	,		GA/GR Work Related and Activities
	11-121 HHSA	GR Empoyable Requirements	requirements	specific instructions	New Rec.	Forms
				No CalSAWS document - County		
	× 11-123 HHSA	MTS Pass Referral Form	Referral to Clerical to issue bus pass	specific instructions	New Rec.	Transportation Forms
				No CalSAWS document - County		
х	11-13 HHSA	Vendor Payment Agreement	GR agreement for vendor payment	specific instructions	New Rec.	Vendor Agreements and Forms
			Documentation of third party contact for			
x	11-14 HHSA	Third Party Verification	GR	No CalSAWS document	New Rec.	Non-Fraud Referral or Request
		•	Information for GR customer on the lien	No CalSAWS document - County		•
x	11-19 HHSA	Lien Information	requirements	specific instructions	CW 81	Property Lien
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11 15 1110,1	Computation of Need and	Notice to customer of GR grant approval		01101	
<i>v</i>	11-21 HHSA	Notification of Payment for GR	and budget	No CalSAWS document	New Rec.	Manual < Program > NOA
*	11-211113A	Notification of Payment for GR		No caisavis document	New Rec.	•
	44.00 1000	CD Creat of Lina	Legal document naming County as	No ColCAN/C doorsest	New Dee	GA/GR Repayment
X	11-22 HHSA	GR Grant of Lien	grantee of real property to repay GR	No CalSAWS document	New Rec.	Agreements/Forms
		Redetermination Appointment	Notice to GR customer of their	No CalSAWS document - County	100 4460	General Relief Opportunities For
X	11-39 HHSA	Letter	redetermination appointment	specific instructions	ABP 1460	Work Case Manager Appointment
			Referral to Office of Revenue & Recovery			
X	11-4 HHSA	Statement of GR Aid Paid	to collect GR aid paid	specific instructions	CSF XXX	Aid Paid Pending Informing Letter
		GR Employability Evaluation	Sends GR customer to their GREE	No CalSAWS document - County		
х	11-40 HHSA	(GREE) Referral	appointment	specific instructions	New Rec.	Non-Fraud Referral or Request
				No CalSAWS document - County		
x	11-43 HHSA	GR Notice of Denial	Notice to GR customer of their GR denial	specific instructions	New Rec.	Manual <program> NOA</program>
		GR Affidavit of Homeless Living	Statement from homeless GR customer	No CalSAWS document - County		Statement of Facts - Homeless
x	11-44H HHSA	Situation	on their living situation	, specific instructions	CW 42	Assistance
			Statement from doctor on a GR		-	
			customer's ability to complete a work	No CalSAWS document - County		GA/GR Work Related and Activities
x	11-45 HHSA	GR Medical Statement	project	specific instructions	New Rec.	Forms
A	11 45 1113/	Shi wedical statement	project	specific instructions	New Nee.	Sponsor Related Forms - Indigence,
						Repayments, Responsibility
		CAPI Verification of Sponsor's			Now Boo	Agreements, Worksheet
		•	Marification of an analysis disclution	No. ColCANKC do como out	New Rec.	-
X	11-45C HHSA	Disability	Verification of sponsor's disability	No CalSAWS document	New Rec.	CAPI Application and Other Forms
			Statement from GREE provider on			
			customer's ability to complete a work	No CalSAWS document - County		GA/GR Work Related and Activities
X	11-45G HHSA	GREE Medical Statement	project	specific instructions	New Rec.	Forms
		GR Notice of MAPC Work Project	Notice to customer of their MAPC work	No CalSAWS document - County		GA/GR Work Related and Activities
X	11-46M HHSA	Assignment	assignment	specific instructions	New Rec.	Forms
		GR Employable Program		No CalSAWS document - County		GA/GR Work Related and Activities
x	11-49 HHSA	Responsibilities	Employable Program Responsibilities	specific instructions	New Rec.	Forms
				No CalSAWS document - County		
x	11-49A HHSA	Job Training Requirements	Job Training Requirements	specific instructions	New Rec.	WTW Agreements, Assessments, etc.
		GR Employable Program	MAPC Employable Program	No CalSAWS document - County		GA/GR Work Related and Activities
x	11-49M HHSA	Requirements - MAPC	Requirements	specific instructions	New Rec.	Forms
			Assigns proceeds from a claim to repay	No CalSAWS document - County		GA/GR Repayment
x	11-5 HHSA	Assignment of Proceeds	GR	specific instructions	New Rec.	Agreements/Forms
^	11-3 HH3A	Assignment of Floteeus	Notice to GR customer of Employable	No CalSAWS document - County	new nec.	As cements/101115
				•	New Dee	
Х	11-50D HHSA	Employable Discontinuance	discontinuance	specific instructions	New Rec.	Manual <program> NOA</program>
			Notice to GR customer of Employable	No CalSAWS document - County		
X	11-50M HHSA	MAPC Informing Notice	discontinuance and MAPC eligibility	specific instructions	New Rec.	Manual <program> NOA</program>
		GR	GR form for referral, enrollment, and			General Relief/General Relief
		Referral/Enrollment/Attendance	attendance verification in education	No CalSAWS document - County		Opportunity for Work Requirement
x	11-53 HHSA	Verification	programs	specific instructions	ABP 593	to Provide Medical Verification

		GR Overpayment/Underpayment		No CalSAWS document - County	ABP 4023 QR-OP AE	Overpayment Agency Error
х	11-57 HHSA	From	underpayment and recovery	specific instructions	ABP 4023 QR-OP CE	Overpayment Client Error
				No. ColCANNE do como esta Cometa		
		GR Referral for Assignment of	Referral to Revenue & Recovery to claim		New Dee	GA/GR Repayment
X	11-5A HHSA	Interest	against a third party for repayment of GR	•	New Rec.	Agreements/Forms
		5 1 11 100 1000		No CalSAWS document - County		
X	11-61 HHSA	Employable NOA - MAPC	Approval of GR under MAPC	specific instructions	New Rec.	Manual <program> NOA</program>
		Applicant's Statement of	Statement from customer about ability	No CalSAWS document - County		GA/GR Work Related and Activities
x	11-65 HHSA	Employability	to complete a work project	specific instructions	New Rec.	Forms
				No CalSAWS document - County		
X	11-67 HHSA	Good Cause Determination	GR/CFET Good Cause determination	specific instructions	New Rec.	CFET Forms/Agreements
			Documentation of attendance at	No CalSAWS document - County		
х	11-73 HHSA	GR/CF E&T Orientation Form	orientation	specific instructions	New Rec.	CFET Forms/Agreements
				No CalSAWS document - County		
х	11-74 HHSA	GR Verification Checklist	Items needed at GR Intake appointment	specific instructions	New Rec.	Customer Use Checklists
						U.S. Citizens and Nationals Applying
				No CalSAWS document - County		for Medi-cal Must Show Proof of
	× 11-79 HHSA	Identification Requirements	Notification of ID requirements	specific instructions	DHCS 0001	Citizenship and Identity
		GR Transportation to Resource		No CalSAWS document - County		GA/GR Work Related and Activities
X	11-8 HHSA	Plan	Plan to get customer to resource	specific instructions	New Rec.	Forms
	11-89 GIN	Substance Abuse Services	Explanation of requirements if referred	No CalSAWS document - County		
x	HHSA	Information Notice	for Substance Abuse Services	specific instructions	New Rec.	WTW Agreements, Assessments, etc.
		Substance Abuse Services	Appointment letter for Substance Abuse	,		Appointment Notice for General
X	11-89 HHSA	Appointment Letter	Services	specific instructions	ABP 131	Relief Substance Abuse Recovery
			Notification from Substance Abuse			
		Substance Abuse Services Non-	Services provider regarding non-	No CalSAWS document - County		
X	11-91 HHSA	Compliance Form	compliance	specific instructions	New Rec.	WTW Agreements, Assessments, etc.
		Alternative Job Traning				
		Enrollment/Attendance	verification of attendance or enrollment			Tracked WTW Activities, Hours,
x x	11-93 HHSA	Verification	in an alternate program for job training	specific instructions	New Rec.	Exemptions
		Documentation of Reasonable	Documentation of reasonable suspicion	No CalSAWS document - County		SIU (Fraud) Evidence, Contact
X	11-94 HHSA	Suspicion	of need for substance abuse services	specific instructions	SIU Documents	Records, Requests
		CAPI Overpayment Collection	Referral to Office of Revenue & Recovery	No CalSAWS document - County		
x	11-99 HHSA	Referral	to collect overpayment	specific instructions	New Rec.	Non-Fraud Referral or Request
		GR & CAPI Communication with	Two-Way communication with SSI	No CalSAWS document - County		
	13-1	SSI Advocate	Advocate	specific instructions	New Rec.	CAPI Application and Other Forms
				The county uses this form to		
		Transmittal of CMS/Medi-Cal	Communication form between county	communicate application		
х	14-10	information	workers and hospitals	dispositions to hospitals	New Rec.	Worker/Worker Contact
		MC Redetermination Packet		Notifies customers of		
x	14-116	Coversheet	Informing Notice	redetermination requirements	MC Redeter Packet	MC Redetermination Packet
				Used to compute eligibility to ensure		
x	14-123	MAGI Budget Worksheet	Manual Budget	system is correct	New Rec.	Program Budgets & Worksheets
				Used to notify the county when an		
x	14-124	MCIEP Cover Letter	Transmittal	inmate is being released and needs	New Rec.	Jail/Inmate Forms and Notices
				Used to provide the county with the		
		MCIEP Program Registration		information needed to start a MC		
x	14-126	Information	Transmittal	application	New Rec.	Jail/Inmate Forms and Notices
				Notifies customer that they have		
		Discontinuance of Benefits for		been suspended for 12 months and		
	14-127	Suspended Individuals	Notice of Action	are now discontinued	New Rec.	Manual <program> NOA</program>
		Suspension of MC Benefits -		Notifies customer that they are		
	14-128	Removal of Suspension	Notice of Action	suspended/suspension removed	New Rec.	Manual <program> NOA</program>
		County Pre-Release Application		Used to notify HHSA when a jail		
				, ,	New Rec.	Jail/Inmate Forms and Notices
x x	14-129	Cover Letter	Transmittal	Inmate is being released and needs	New Rec.	

X		14-135	MC Denial for MCIEP	Notice of Action	Notifies applicant of denial of MCIEP	New Rec.	Manual <program> NOA</program>
		14.120		Nation of Astion	Notifies customer of discontinuance of MCIEP	New Dee	Manual (Programs NOA
X		14-136	MCIEP Discontinuance	Notice of Action		New Rec.	Manual <program> NOA</program>
×		14-138	Approval of Refugee Medical Assistance	Notice of Action	Notifies customer of approval of RMA	New Rec.	Manual <program> NOA</program>
x		14-138	Assistance	Notice of Action	Used to communicate between FRCs	New Rec.	Manual <program> NOA</program>
					and IHSS for status of MC and IHSS		
x		14-140	UISS MC Communication	Transmittal	SOC determination	Other county drawer - IHSS	
X		14-140	IHSS-MC Communication	Hallshilldi	Used to communicate with vendor	Other county drawer - 1835	
			TLICP Premium Refund-Waiver				
		14 141		Troposittol	for TLICP premium refunds or	New Dee	Nee Frend Deferred on Decuset
		14-141	Request	Transmittal	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	Now Roc	Manual <program> NOA</program>
X		14-144	Non-MAGI Informing Letter for	Notice of Action	Notifies customer of the information	New Rec.	Non-MAGI Medi-Cal Information
		14.140	0	Informing Nation		<b>NUD10</b>	
X		14-146	Applicants	Informing Notice	needed to evaluate for Non-MAGI	PUB10	Notice
					Notifies customer to apply for IHSS or		
		14 150	Referral to IHSS and HCBS Waiver	Informing Notico	HCBS waiver to avoid MC	Other county drawer IUSS	
х		14-153	Agencies	Informing Notice	discontinuance/change	Other county drawer - IHSS	
			Derwert for a Latter of	Linesitele use this form to require to			
		11.0	Request for a Letter of	Hospitals use this form to request a	I deally an an annual state match	New Dee	Other Content Authorization Former
Х		14-6	Authorization	proof of eligibility Letter of Authorization		New Rec.	Other Contact Authorization Forms
			TMC Chebus Depart Demolo de	Informing Nation	Sent to TMC customers to avoid		MC Dominder Neti
		14-84 TEMP	TMC Status Report Reminder	Informing Notice	losing TMC due to non-receipt of	CSF XXX	MC Reminder Notice
		44.00	Citizenship/Identity	Access uses form to transmit documents		New Rec.	Customer/Worker Contact
		× 14-86	Documentation Transmittal	to FRCs	Used to send PII to FRCs.	New Rec.	Other Contact Authorization Forms
		14.07	CEC Information Nation	Nation of Action	Denial of CEC for child referred from	New Dee	Manual (Bragrams NOA
		14-87	CEC Information Notice	Notice of Action	SSI discontinuance	New Rec.	Manual <program> NOA</program>
			In the Dec Deleges MC		Used to notify HHSA when a juvenile		
		44.00	Juvenile Pre-Release MC	Defensel ferme fer Marth Cal	is about to be released and Medi-Cal	New Dee	Inthe sector Engineering Martineer
X		14-88	Application Transmittal Form	Referral form for Medi-Cal	is needed	New Rec.	Jail/Inmate Forms and Notices
					Used to notify customers that are		
		44.00	RRR for Cases Pending Over One	Information Martine	pending a DDSD decision for over one		DDSD Pending Information Update
x		14-90	Year	Informing Notice	year that an RRR is due	New Rec.	DDSD Forms
					Notifies customer that they are being		
		44.04		Notice of Astron	denied disability MC for not	New Dee	Manual Deserves NOA
X		14-91	No Determination Contact Form	Notice of Action	cooperating with DDSD	New Rec.	Manual <program> NOA</program>
		14-92	No Determination Coversheet	Transmittal	Notifies FRCs of non-cooperation with DDSD	Now Poc	DDSD Forms
X		14-92	No Determination Coversneet	וומוזאוווננמו	พาแา มีมีวิม	New Rec. MC 221 LA	
×		14-93	Transfor of DDSD Decision	Transmittal	Natifias ERCs of DDSD desision		Disability Determination And
X		14-95	Transfer oF DDSD Decision	Transmittal	Notifies FRCs of DDSD decision Notifies customer of recission of	New Rec.	Transmittal
		14-94	Appeals Ressinding Nation	Notice of Action		Now Poc	Manual (Brograms NOA
	x	14-94	Appeals Rescinding Notice	Notice of Action	denial of MC due to hearing decision		Manual <program> NOA</program>
		14.05		Transmittal	Fax coversheet to fax DDSD referral	New Rec.	DDSD Forms
X		14-95	Fax DDSD	Transmittal	to DDSD	MC 221 LA MC 222 LA	Disability Determination And
		14.00					DDSD Pending Information Update
X		14-96	DDSD Weekly Activity Log	Log of DDSD activity	FRCs report on weekly DDSD activity	New Rec.	DDSD Forms
		14.07	DDD Monthly Activity Las	Log of DDCD activity	EBCs report on monthly DDCD software	MC 222 LA	DDSD Pending Information Update
X		14-97	DDSD Monthly Activity Log	Log of DDSD activity	FRCs report on monthly DDSD activity	NEW KEC.	DDSD Forms
							CW 2217-CalWORKs Request For
							Voluntary Repayment
							CalFresh Repayment Agreement For
						014 2217	Inadvertent Household Errors Only
						CW 2217	Food Stamps Repayment Agreement
						B 5 4 8 7 7 7 8	
						DFA 377.7C	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	DFA 377.7E	for Administrative Errors Only CalFRESH Repayment Agreement for Administrative Errors Only

			Grants authorization for county to view	Allows for additional household		
		Voluntary Conset for the Work	the Work Number for employment	members to authorize the use of the		
	× 16-158	Number (WN)	verification	Work Number to verify employment		Other Contact Authorization Forms
	184-0	Request for Information	Correspondence		What info is being requested?	
				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		
		Participant Appraisal Information		CalSAWS listing that has information		
x	1901-TW	and Work History	Work history for WTW Participants	close to what this form is requesting	New Rec.	WTW Agreements, Assessments, etc
				IF a client feels like they are unable to	)	
				cooperate with their ssigned activity		
				or cannot be assigned an activity,		
				they can fill this form out to		
		Request for Temporary		potentially get a temporary waiver.		
			Client's reasoning for temporarily not	There is no form on the CalSAWS		Tracked WTW Activities, Hours,
x	1902TW	Wlfare to Work Activity	cooperating with their activity	listing that has information close to	New Rec.	Exemptions
				Progress report that is completed for		
				the case on either a daily/weekly/or		
				monthly basis when that case is		
				receiving Family Stabilization		
		Family Stabilization Progress		Services. There is no form on the		
x	1921 TW	Report	Family Stabilization Progress Report	CalSAWS listing that has information	New Rec	Family Stabilization Forms and Docs
^	1521 100	Report	ranny stabilization rogress keport	This form is completed by the worker		Tanniy Stabilization Forms and Docs
				to indicate what the clients		
				assesment test results are and their		
				employment goals and potential		
			Assessment of all such Environment Could	barriers for the WTW program. There		
	1001714		Assesment of clients Employment Goals	-		
X	1924 TW	TulareWORKs - Assessment Form	and potential barriers	has information close to what this	New Rec.	WTW Agreements, Assessments, etc
				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		
		Family Stabilization Service		form on the CalSAWS listing that has		
Х	1934A TW	Approval Notice	Approval for Family Stabilization	information close to what this form is	New Rec.	Manual <program> NOA</program>
				This is a notice that is sent to the		
				client when they have been		
				discontinued from the Family		
				Stabilization program. There is no		
		Family Stabilization Services		form on the CalSAWS listing that has		
х	1934D TW	Discontinuance Notice	Discontinuance from Famil Stabilization	information close to what this form is	New Rec.	Manual <program> NOA</program>
				Policy that is given to the client to		
				verify that they understand their		
		Job Site Placement	Equal	rights and obligations. There is no		
		Discrimination/Sexual Harassment	t Employment/Discrimination/Sexual	form on the CalSAWS listing that has	Is this signed? Does it need to be	
x	1935B TW	Policy	Harassment Policy	information close to what this form is	imaged?	
			÷	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	Is this signed? Does it need to be	
		Job Site Placement New Trainee		CalSAWS listing that has information	-	
x	1935C TW	Checklist	Job site checklist	close to what this form is requesting	-	Customer Use Checklists
Λ	19990 190	CIECKISt	JOD SILE CHECKIIST	close to what this form is requesting	New Net.	Customer Use Checklists

					This form is sent to potential job site		
					providers to inquire on whether they		
					would be interested in usign their		
					faciltiy for community service. There		
					is a packet that accompanies the		
					form. There is no form on the		
			Community Service/Work		CalSAWS listing that has information		
	х	1937 TW	Experience Information	Outreach for new job sites	close to what this form is requesting	New Rec.	Vendor Agreements and Forms
			·	·	This form is given to the client with a		
					Drig Free workplace policy listed, a		
					list of alcohol and drug program		
					resources, and a compliance		
					agreement that they have to sign.		
			Job Site Placement Program Drug		There is no form on the CalSAWS		Community Service Participant Select
x	x	1938 TW	Free Workplace Packet	Drug Free Site Policy		GN 6381	Worksite Agreement
					Employment Services clients must		
					complete this form when they are		
					requesting to become self-employed.		
					It is used to evaluate self-sufficiency.		
					There is no form on the CalSAWS		
			Self-Employment Proposed		listing that has information close to		
	x	1943 TW	Business Plan	Self-Employment Proposed Business Pla	5	New Rec.	WTW Agreements, Assessments, etc.
	~	1010111	Business Fian		All participants requesting to enter		
					into self employment must complete		
					this survey and include it with their		
					Business Plan. There is no form on		
					the CalSAWS listing that has		
x x	x x	1944 TW	Self Employment Survey	Self Employment Survey	information close to what this form is	New Rec	WTW Agreements, Assessments, etc.
	~ ~	1944 100	Sen Employment Survey	Sen Employment Survey	This is the notice given to the client	New Rec.	Wi Wi Agreementa, Assessmenta, etc.
					to inform them of their approval or		
					denial of self employment status for		
					the Employment Services Program.		
					There is no form on the CalSAWS		
			Self Employment Approval/Denial		listing that has information close to		
	x	1945 TW	Notice	Self Employment Approval/Denial Notice	-	New Rec.	Manual <program> NOA</program>
	^	1945 1	Notice	Sen Employment Approval/Demar Notice	Travel log that must be completed by	New Nec.	
					participents of the Cal-Learn		
					Program. There is no form on the		
			TulareWORKs - Cal-Learn Program		CalSAWS listing that has information	Now Poc	Transportation Forms
	x	1958 TW	Travel Log	Travel Log for Cal-Learn Progrm	close to what this form is requesting		CalLearn Agreements and Forms
	^	1550 1 W	110701 205		Travel log that must be completed by	new nec.	
					participents of the WTW Teen Parent		
					Program. There is no form on the		
			TulareWORKs - WTW Teen Parent		CalSAWS listing that has information		
	v.	1958 TW		Travel Log for Teen Darent Dream	0	Now Boo	Transportation Forms
	x	1928 I W	Program Travel Log	Travel Log for Teen Parent Progrm	close to what this form is requesting This is a form that the clients	New Rec.	Transportation Forms
					complete when applying for WTW to		
					help determine if they need		
					resources such as Mental Health		
					Services, Domestic Violence Services,		
					Children't Protective Services, etc.		
	x	1985 TW	Self-Assessment Functioning Evaluation	Self assessment to determine how the client is functioning.	There is no form on the CalSAWS listing that has information close to		WTW Agreements, Assessments, etc.

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				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		
			Information from the Licensed Child Care	e CalSAWS listing that has information		
х	2002-CC	Licensed Provider Statemnt	Provider	close to what this form is requesting	New Rec.	Child Care Referrals and Forms
				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		
		TulareWORKs CHILDCARE	Information from the Licensed Exempt	CalSAWS listing that has information		
×	2006-CC	STATEMENT	Child Care Provider	close to what this form is requesting	New Rec	Child Care Referrals and Forms
<b>^</b>	2000-00	STATEMENT	child care i fovidei	This form is completed by the child	New Net.	child care Referrais and Forms
				care provider to provide an accurate		
				record of when the child care was		
				provided for each child. There is no		
		TulareWORKs STAGE 1 CHILD		form on the CalSAWS listing that has		
×	2008-CC	CARE MONTHLY TIME SHEET	Provider's child care timesheet	information close to what this form is	New Rec.	Child Care Referrals and Forms
				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		
			Terms and Conditions for Licensed	no form on the CalSAWS listing that	New Rec.	Vendor Agreements and Forms
х	2010-CC	Terms and Conditions	Exempt Providers	has information close to what this	New Rec.	Child Care Referrals and Forms
			Customer to specify primary language	Identify customer's preferred		
	20-46	Language Needs Determination	and language need	language - compliance with civil	New Rec.	Language Designation form
		Client's Request for				
		Discontinuance/Withdrawal of Aid	Discointinuance/Withdrawal notice - GA		CW 10	Notice of Withdrawn Application
	x 2133	in Another County	(OPA)	There is no index for GA	CSF XXX	Request for Discontinuance Waiver
		Form 2133 Statement of Facts	Form 2133 Statement of Facts			·
		Supporting Eligiblity (CAAP)	Supporting Eligiblity (CAAP)			
	2133 (6/24/19			No available index listed in CalSAWS	GR 20	GENERAL RELIEF (GR) APPLICATION
	2133 (0/24/1	Supplemental (CAAP)	Supplemental (CAAP)	No available index listed in CalSAWS		GA/GR Other Forms
	2133 A	esphericitar (chuir)				sty should romb
	Supplemental					
×	Questions	CAAD Supplemental Questions	CAAP Supplemental Questions	No available index listed in CalSAWS	Now Poc	GA/GR Other Forms
X	Questions	CAAP Supplemental Questions	CAAP Supplemental Questions	NO available muex listed in CalSAWS	New Net.	Your Rights Under California Welfare
					PUB 13	-
	24222	Diskte and Descentibility (Control	Dishts and Descent thilities (C(122)	No southeline in deviltate day of former		Programs
	2133B	· · · · · ·	Rights and Responsibilities (CAAP)	No available index listed in CalSAWS	GK 21	General Relief Rights and
		CAAP Warning - Act of Work	Warning for CAAP work requirements	There is no GA/GR index for warning		GA/GR Work Related and Activities
×	2152A	Requirement Negligent Failure	negligent failure.	of work requirement negligent	New Rec.	Forms
		CAAP Denial with Payment -	CAAP Denial with Payment - Excess			
X	2155A	Excess Anticipated Income	Anticipated Income	There is no index for GA	New Rec.	Manual <program> NOA</program>
		Discontinuance-Failure for	Discontinuance for CAAP work activity	There is no GA/GR index for work		
	2158B	Workfare, Alternative WF, LDCS	requirements.	activity requirement.	New Rec.	Manual <program> NOA</program>
x		CAAP Fraud Discontinuance	CAAP Fraud Discontinuance (Duplicate			
X			Coole of Managements)	There is no index for GA	New Rec.	Manual <program> NOA</program>
x	2160A	(Duplicate Cashed Warrant)	Cashed Warrant)		NEW NEC.	
x	2160A	(Duplicate Cashed Warrant) CAAP Fraud (Failure to Report	CAAP Fraud (Failure to Report Unearned		New Nec.	
x x x	2160A 2160B			There is no index for GA	New Rec.	Manual <program> NOA</program>
x x x		CAAP Fraud (Failure to Report	CAAP Fraud (Failure to Report Unearned			Manual <program> NOA</program>

<b></b>						
		CAAP Fraud Discontinuance	CAAP Fraud Discontinuance (Duplicate			
X	2160E	(Duplicate Aid)	Aid)	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Fraud Discontinuance	CAAP Fraud Discontinuance (Fleeing			
х	2160G	(Fleeing Felon)	Felon)	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Fraud Discontinuance	CAAP Fraud Discontinuance (Falsified			
X	2160H	(Falsified Documentation)	Documentation)	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Fraud Discontinuance	CAAP Fraud Discontinuance (Failure to			
х	21601	(Failure to Report All Facts)	Report All Facts)	There is no index for GA	New Rec.	Manual <program> NOA</program>
		Housing Support or Family	f	Unsure if this can be indexed to		
		Stabilization Program - Vendor	form sent to BI for payment to vendor	CalSAWS PA320 -Vendor Service		
x	24-2059	Notification	requests	Order and Invoice.	New Rec.	Vendor Agreements and Forms
		Housing and Disability Advocacy		Unsure if this can be indexed to		
	24.2064	Program (HDAP) - Vendor	Demost and the DI feature states and a	CalSAWS PA320 -Vendor Service	New Dee	Mandan American to and Frances
x	24-2061	Notification of Authorization	Request sent to BI for payment to vendo		New Rec.	Vendor Agreements and Forms
				Form used for Child Care program,		
	24-301 HHSA			No CalSAWS document type		
Х	(8.04)	Respite Application		name/substitute available	New Rec.	Child Care Referrals and Forms
				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		
			Churd and Dama at Canad and Churd and	is Report Card and the closest option		
	24.2072	Cold and Constants	Student Report Card and Student	in CalSAWS is School	New Dee	Collins on American to and Example
X	24-3073	Cal-Learn Grade Form	Evaluation	Attendance/Enrollment Verification This form is used by WTW workers to		CalLearn Agreements and Forms
				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		
		WTW 24-Month Time Clock	A tracking form for the various WTW	Limits" and possible current option is		
	24-3082		clocks	"Time Limit Review/Time Limit	New Rec.	Time Limit Forms
X	24-3082	Tracking Sheets	Referral form to HSP that includes client	Client information is screened for	New Rec.	Time Limit Forms
	24-3090	HSP Referral	information.	potential program eligibility.	New Rec.	HSP and Homeless Assistance Forms
X	24-3090	HSP Exit Form	Form exiting the case file from HSP.	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
^	24-3031		Torm exiting the case me from H3P.	Category does not exist in calsaws.	New Net.	Tist and Homeless Assistance FOLIIIS
v	24-3092	HSP Budgeting Packet	Budgeting Packet provided to clients	Category does not exist in CalSAWS.	New Rec.	Program Budgets & Worksheets
х Х	24-3092			Category does not exist in CalSAWS.	New Rec.	Home Visit Forms
A	24-3033	his nome visit budgeting rdtket	Form documenting landlord information	•	CSF XXX	Address Change/ Housing
	24-3094	HSP Move-in Form	and move-in dates.		PA 956	CostsHousing/Utility Verification
^	24-3034		Survey provided to clients to gather	Category does not exist in CaloAWS.	17.00	
			information about the effectiveness of			
x	24-3095	HSP Questionnaire	HSP services	Category does not exist in CalSAWS.	New Rec	HSP and Homeless Assistance Forms
л 	24-3033		151 501 1005	category abes not exist in caisAWS.	New Net.	Worker Use (Eligibility
			Checklist to ensure accuracy with case			Determination/Tracking) Program
x	24-3096	HSP Checklist	management	Category does not exist in CalSAWS.	New Rec	Specific Checklists
A	27-3030	HSP Housing Payment Agreement	management	Capture signaturesCategory does	New Act.	
x	24-3104A	- 6 Months	housing payment assistance	not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
A	24 3104A	HSP Housing Payment Agreement		Capture signaturesCategory does		the and nomeress Assistance Forms
Y	24-3104B	– 12 Months	housing payment assistance	not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
			nousing payment assistance	HOLENIST III CAISAWS.	INCWINCU.	Hor and HUITEIESS Assistance FUITIS
<u> </u>			housing search record completed by			Permanent Housing Search
Y Y	24-3105	HSP Housing Search Record	housing search record completed by client	Category does not exist in CalSAWS.	CW 74	Permanent Housing Search Document

<b>,</b>	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
		hor nome number of the course		Capture signaturesCategory does	CW / 4	bocument
x	24-3107	HSP My Family Needs	Form used to calculate the rent budget	not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
			i onin abea to carcalate the rent budget	Capture signaturesCategory does		Statement of Facts - Homeless
x	24-3108	HSP Guidelines	Form explaining program guidelines.	not exist in CalSAWS.	CW 42	Assistance
	24-3109	HSP Steps to Service	Form explaining program services	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
		·	Form providing guidance regarding			
x 2	24-3110	HSP Roommate Agreement	shared housing	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
			Form outlining agreement to participate	Capture signaturesCategory does		
x 2	24-3111	HSP My Commitment	in HSP	not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
		HSP Habitability Standards	Form used to complete habitability			Worker Use (Eligibility Determination/Tracking) Program
X 2	24-3112	Checklist	inspections	Category does not exist in CalSAWS.	New Rec.	Specific Checklists
			Form used to notate areas that need			
			follow up for any habitability re-			
X 2	24-3112A	HSP Habitability Follow-Up	inspection	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
					Is this signed? Does it need to be	
		HSP Prepared, Professional,	Form providing guidance regarding		imaged?	
X 2	24-3113	Persistent	housing search.	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
			From which the set of the first hard bards	Capture signatures. Category does		
X	24-3114	HSP Housing Stability Plan	Form used to set goals for the clients	not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	4 2445	HSP Request for Continued	Form used to process additional months			
×	24-3115	Payment HSP Discontinuance/Denial	of service.	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	4 2446	,	Information and the same state of the alternate			Manual Deserves NOA
X	24-3116	Informing Notice	Informing notice provided to clients	Category does not exist in CalSAWS.	New Rec.	Manual <program> NOA</program>
	4 2117	HSP Brochure	normalist even viewing UCD	Catagony does not eviat in CalCANA/C	Is this imaged?	LICD and Linnalass Assistance Forms
X2	24-3117	HSP Brochure	pamphlet overviewing HSP	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x2	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 eligiblity. New Rec.	HSP and Homeless Assistance Forms
				Captures client information and		
			Form provided to community partners	signatureCategory does not exist in		
x 2	24-3123	HSP Certificate of Homelessness	verifying homelessness	CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
x 2	24-3127	HSP Follow-Up Home Visit	Form documenting monthly home visits	Lategory does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
		HSP Landlord Liaison Referral	Form used to request assistance from			
X 2	24-3130	Form	HSP Landlord Liaison for the client	Category does not exist in CalSAWS.	New Kec.	HSP and Homeless Assistance Forms
	4 2422		Form used to request client account		New Dee	UCD and the makers Assistence 7
X 2	24-3132	HSP Utility Services Account Status	s information from utility company	Category does not exist in CalSAWS.	New Kec.	HSP and Homeless Assistance Forms
	4 2422		Form used by workers to complete		New Dee	UCD and the makers Assistence 7
X 2	24-3133	HSP Initial Assessment	assessment	Category does not exist in CalSAWS.	New Kec.	HSP and Homeless Assistance Forms
		HSP Level of Assistance				

				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"		
			A monthly self-attesting time sheet for	option or rename it to simply "WTW		-
			WTW Employment and Self-Employment	Progress and Attendance" which is		Tracked WTW Activities, Hours,
X	24-3156	Employment Time and Attendance	e Activity	the current index option for Merced	New Rec.	Exemptions
				This form is used by the county to		
				determine the needs and barriers to		
				determine Supportive Services		
				needed at the initial Cal-Learn		
			A questionaire to determine participants	Assessment. There are no Cal-Learn		
			needs and barriers during the Cal-Learn	or WTW Assessment options		
x	24-3349	Cal-Learn Needs Assessment Tool	Assessment	available in the provided CalSAWS	New Rec.	CalLearn Agreements and Forms
				The county uses this form with young		-
				parents as a tool to support them in		
				identifying family needs, barriers,		
				and program requirement deadlines .		
			Initial and Quarterly Assessment to	There are no Cal-Learn or WTW		
			review previous goals and create new or	Assessment options available in		
x	24-3350	Cal-Learn Individual Service Plan	revised goals.	provided CalSAWS list.	New Rec.	CalLearn Agreements and Forms
A	24-3330		Brochure-GA description; eligibility and	Provides client information about GA	New Rec.	Callearn Agreements and rorms
	24 4001	Conoral Assistance			Is this imaged? Or info only?	
x	24-4001	General Assistance	requirements	Program - Do not see similar form	Is this imaged? Or info only?	
X	24-4001	General Assistance		Program - Do not see similar form Used to notify employable GA clients	Is this imaged? Or info only?	
x			requirements	Program - Do not see similar form Used to notify employable GA clients when their benefits have been		Manual (Brazzart NOA
x	24-4001 24-4002	General Assistance Notice of Action		Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see		Manual <program> NOA</program>
x			requirements	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their	New Rec.	Manual <program> NOA</program>
x	24-4002	Notice of Action	requirements Approval NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why	New Rec.	
x			requirements	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form	New Rec.	Manual <program> NOA Manual <program> NOA</program></program>
x	24-4002	Notice of Action	requirements Approval NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their	New Rec.	
x	24-4002 24-4002A	Notice of Action Notice of Action	Approval NOA Denial NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see	New Rec.	Manual <program> NOA</program>
x	24-4002	Notice of Action	requirements Approval NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form	New Rec.	
x	24-4002 24-4002A	Notice of Action Notice of Action	Approval NOA Denial NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when	New Rec.	Manual <program> NOA</program>
x	24-4002 24-4002A 24-4002C	Notice of Action Notice of Action Notice of Action	requirements Approval NOA Denial NOA Discontinuance NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved	New Rec.	Manual <program> NOA Manual <program> NOA</program></program>
x	24-4002 24-4002A	Notice of Action Notice of Action	Approval NOA Denial NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when	New Rec.	Manual <program> NOA</program>
	24-4002 24-4002A 24-4002C	Notice of Action Notice of Action Notice of Action	requirements Approval NOA Denial NOA Discontinuance NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved	New Rec.	Manual <program> NOA Manual <program> NOA</program></program>
x	24-4002 24-4002A 24-4002C	Notice of Action Notice of Action Notice of Action	requirements Approval NOA Denial NOA Discontinuance NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar	New Rec.	Manual <program> NOA Manual <program> NOA</program></program>
x	24-4002 24-4002A 24-4002C	Notice of Action Notice of Action Notice of Action	requirements Approval NOA Denial NOA Discontinuance NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar To determine amount of Other	New Rec.	Manual <program> NOA Manual <program> NOA</program></program>
x	24-4002 24-4002A 24-4002C	Notice of Action Notice of Action Notice of Action Notice of Action	requirements Approval NOA Denial NOA Discontinuance NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar To determine amount of Other Healthcare coverage that needs to be purchased in order for HH to have \$0	New Rec.	Manual <program> NOA Manual <program> NOA</program></program>
x	24-4002 24-4002A 24-4002C 24-4002E	Notice of Action Notice of Action Notice of Action Notice of Action Aged and Disabled Medi-Cal	requirements Approval NOA Denial NOA Discontinuance NOA Approval NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar To determine amount of Other Healthcare coverage that needs to be purchased in order for HH to have \$0	New Rec.	Manual <program> NOA Manual <program> NOA Manual <program> NOA</program></program></program>
x	24-4002 24-4002A 24-4002C 24-4002E	Notice of Action Notice of Action Notice of Action Notice of Action Aged and Disabled Medi-Cal Worksheet	requirements Approval NOA Denial NOA Discontinuance NOA Approval NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar To determine amount of Other Healthcare coverage that needs to be purchased in order for HH to have \$0	New Rec.	Manual <program> NOA Manual <program> NOA Manual <program> NOA</program></program></program>
x	24-4002 24-4002A 24-4002C 24-4002E 24-4030	Notice of Action Notice of Action Notice of Action Notice of Action Aged and Disabled Medi-Cal Worksheet Physician's Statement of	requirements Approval NOA Denial NOA Discontinuance NOA Approval NOA NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar 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 Manual <program> NOA Manual <program> NOA</program></program></program>
x	24-4002 24-4002A 24-4002C 24-4002E 24-4030	Notice of Action Notice of Action Notice of Action Notice of Action Aged and Disabled Medi-Cal Worksheet Physician's Statement of	requirements Approval NOA Denial NOA Discontinuance NOA Approval NOA NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar 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 No similar forms on CalSAWS list.	New Rec.	Manual <program> NOA Manual <program> NOA Manual <program> NOA</program></program></program>
x	24-4002 24-4002A 24-4002C 24-4002E 24-4030	Notice of Action Notice of Action Notice of Action Notice of Action Aged and Disabled Medi-Cal Worksheet Physician's Statement of Presumptive Disability Parent- Licensed Provider Fee	requirements Approval NOA Denial NOA Discontinuance NOA Approval NOA NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar 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 No similar forms on CalSAWS list. Form used for Child Care program,	New Rec.	Manual <program> NOA Manual <program> NOA Manual <program> NOA</program></program></program>
x	24-4002 24-4002A 24-4002C 24-4002E 24-4030 24-4031	Notice of Action Notice of Action Notice of Action Notice of Action Aged and Disabled Medi-Cal Worksheet Physician's Statement of Presumptive Disability Parent- Licensed Provider Fee	requirements Approval NOA Denial NOA Discontinuance NOA Approval NOA NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar 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 No similar forms on CalSAWS list. Form used for Child Care program, No CalSAWS document type name/substitute available	New Rec. New Rec. New Rec. New Rec. New Rec. Verification	Manual <program> NOA Manual <program> NOA Manual <program> NOA Manual <program> NOA</program></program></program></program>
x	24-4002 24-4002A 24-4002C 24-4002E 24-4030 24-4031	Notice of Action Notice of Action Notice of Action Notice of Action Aged and Disabled Medi-Cal Worksheet Physician's Statement of Presumptive Disability Parent- Licensed Provider Fee	requirements Approval NOA Denial NOA Discontinuance NOA Approval NOA NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar 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 No similar forms on CalSAWS list. Form used for Child Care program, No CalSAWS document type name/substitute available Report that employable GA clients	New Rec. New Rec. New Rec. New Rec. New Rec. Verification	Manual <program> NOA Manual <program> NOA Manual <program> NOA Manual <program> NOA</program></program></program></program>
x	24-4002 24-4002A 24-4002C 24-4002E 24-4030 24-4031	Notice of Action Notice of Action Notice of Action Notice of Action Aged and Disabled Medi-Cal Worksheet Physician's Statement of Presumptive Disability Parent- Licensed Provider Fee	requirements Approval NOA Denial NOA Discontinuance NOA Approval NOA NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar 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 No similar forms on CalSAWS list. Form used for Child Care program, No CalSAWS document type name/substitute available Report that employable GA clients must complete on a monthly basis	New Rec. New Rec. New Rec. New Rec. New Rec. Verification	Manual <program> NOA Manual <program> NOA Manual <program> NOA Manual <program> NOA Child Care Referrals and Forms</program></program></program></program>
x	24-4002 24-4002A 24-4002C 24-4002E 24-4030 24-4031	Notice of Action Notice of Action Notice of Action Notice of Action Aged and Disabled Medi-Cal Worksheet Physician's Statement of Presumptive Disability Parent- Licensed Provider Fee	requirements Approval NOA Denial NOA Discontinuance NOA Approval NOA NOA	Program - Do not see similar form Used to notify employable GA clients when their benefits have been approved and will begin - Do not see Used to notify GA applicants their application has been denied and why Do not see similar form Used to notify GA clients when their benfits will end and why - Do not see similar form Used to notify INCAP GA clients when their benefits have been approved and will begin - Do not see similar 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 No similar forms on CalSAWS list. Form used for Child Care program, No CalSAWS document type name/substitute available Report that employable GA clients	New Rec. New Rec. New Rec. New Rec. New Rec. Verification	Manual <program> NOA Manual <program> NOA Manual <program> NOA Manual <program> NOA</program></program></program></program>

				Given to GA client to be completed		
		Monthly Eligibility/Status Report		each month in order to report		
X	24-4060	for GA	Monthly report similar to SAR 7	income or other changes - Do not see		GA/GR Monthly Reports
				Used by Reception when scheduling a		
				client for screening appointment for		
X	24-4072	GA Appointment	2-part carbonless form	GA - Do not see similar form	CSF XXX	Appointment Letter
				Client information is screened for		
			Referral form to HDAP that includes	potential program eligibility		
	24-4100	HDAP – Referral	client information.	Category does not exist in CalSAWS.	New Rec.	Non-Fraud Referral or Request
			Form outlining agreement to participate	Capture signaturesCategory does		
	24-4101	HDAP – My Commitment	in HSP	not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
				Capture signaturesCategory does		
	24-4102	HDAP – Guidelines	Form explaining program guidelines.	not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
		HDAP – Discontinuance/Denial	· · · ·			
	24-4103	Informing Notice	Informing notice provided to clients	Category does not exist in CalSAWS.	New Rec.	Manual <program> NOA</program>
	24-4104	HDAP – Required Verifications	Form requesting verifications	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
			Form used by workers to complete			
	24-4105	HDAP – Assessment	assessment	Category does not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	2. 4105	HDAP – Housing Payment	form documenting housing payment	Capture signaturesCategory does		
	24-4106	Agreement	assistance	not exist in CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	24-4100	Agreement		not exist in calsAws.	New Rec.	Tise 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
	24-4108	HDAP – Move-In Form HDAP – Exit Form				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
				Used to notify employable GA client		
				when their benefits will end - Do not		
	24-4116	Notice of Action	Discontinuance NOA	see similar form	New Rec.	Manual <program> NOA</program>
				Form used for Child Care program,		
				No CalSAWS document type		
х	24-417 (10-11)	Information Needed		name/substitute available	New Rec.	Child Care Referrals and Forms
				Form used for Child Care program,		
				No CalSAWS document type		
X	24-418 (12-08)	Parent Choices		name/substitute available	New Rec.	Child Care Referrals and Forms
				Intake Worker completes report that		
				provides information about each		
				client that applies for GA - Do not see	Is this imaged? Or just a record?	Application, Intake, or Screening
	24-4183C	GA Intake Log	Log for documenting GA applications	similar form	New Rec.	Tools
				Form used for Child Care program,		
	24-420 HHSA	Education and Training		No CalSAWS document type		Progress Report - Education/Post-
x	(8.09)	Verification Form		name/substitute available	GN 6070	EMPL/WEX and Community Services
				Used to screen new clients who are		
x	24-4200.4	GA Applicant Information	Client Information	applying for GA - Do not see similar	GR 20	GENERAL RELIEF (GR) APPLICATION
				Given to GA applicant that lists what		
				items and forms are required to be		
			List of required verifications - Current	submitted in order to be approved	Is this imaged? Or info only?	
	24-4210GA	GA Required Verifications	form needs to be revised	for GA - Do not see similar form	CW 2200	Request For Verification
	27-42100A	Grinequireu verifications	Torni needs to be revised	Notify US Citizenship & Immigration	C++ 2200	
				Services that client is claiming	Is this sont directly to USCIS2 is this	Sponsor Related Forms - Indigence,
				-	•	
		Indianae Determination Bound	Citizonchin	indigence. No similar forms on	imaged to a specific case/person?	
	24 4240		CIUZEDSDID	CalSAWS list.	New Rec.	Agreements, Worksheet
	24-4216	Indigence Determination Report		Forma announcement to CA countries of		
	24-4216	Indigence Determination Report		Form completed by GA applicant to		
			· · ·	list their assests and expenses - Do		<i></i>
	24-4216 24-4262GA	Statement of Facts for GA	Facts to support eligibility for GA	list their assests and expenses - Do not see similar form	GR 20	GENERAL RELIEF (GR) APPLICATION
			· · ·	list their assests and expenses - Do not see similar form Tool for clients to use to track their	GR 20	GENERAL RELIEF (GR) APPLICATION
	24-4262GA		· · ·	list their assests and expenses - Do not see similar form	GR 20	GENERAL RELIEF (GR) APPLICATION
			Facts to support eligibility for GA	list their assests and expenses - Do not see similar form Tool for clients to use to track their	GR 20 PA 167	GENERAL RELIEF (GR) APPLICATION Monthly Earnings Report

				Form used by GA applicant to		
				officially withdraw their application -		
Х	24-4270 GA	Application Withdrawal Request	Form for GA applicant to complete	Do not see similar form	CSF XXX	Request for Discontinuance Waiver
				Form used for Child Care program,		
	24-428 HHSA			No CalSAWS document type		
x	(03-13)	Seeking Employment Agreement		name/substitute available	New Rec.	Child Care Referrals and Forms
				Form with live links to all county post	ε	
				offices. Used to advise clients with no	c	
				mailing address which post office to		
			For clients who receive mail by General	go to in order to receive mail - Do not	t	Important Notice about Mailing
	x 24-4287	General Delivery Advisory	Delivery	see similar form	PA 1815	Address
		· · ·	·	Form used for Child Care program,		
	24-436 HHSA			No CalSAWS document type		
x	(7.09)	Recert Checklist		name/substitute available	New Rec.	Child Care Referrals and Forms
	, , , , , , , , , , , , , , , , , , ,			Used to describe Employable Client's		
		GA Workfare Recipient		responsibilities when assigned to a		General Relief Rights and
	24-4412	Responsibilities	2-part carbonless form	county work site - Do not see similar	GR 21	Responsibilities
			p	Provides example of rent receipt and		
				the information that is required in		
		GA For Your Reporting		order for receipt to be acceptable -		
	24-4670	Information	Sample Rent Receipt	Do not see similar form.	Is this imaged? Or info only?	
	24 4070		Sumple Rent Receipt	Establish persons in houhold when	is this integet. Of the only.	Application for CalFresh, Cash Aid,
				CW/CF/MC application is submitted.		And/Or Medi-Cal/Health Care
	x 24-4691	Applicant Information Form	Application	No similar form on CalSAWS list.	SAWS 2 PLUS	Programs
	^ 24-4691	Applicant mornation Form	Application	Required to be signed with GA client		Programs
						SIU (Fraud) Customer
		Diagona With You to Augid Froud	Description of frond	during application and RE (reverse		. ,
	x 24-4891esp	Planning With You to Avoid Fraud	Description of fraud	side in Spanish) - Do not see similar	SIO Documents	Acknowledgement and Prevention
				Written request from client to	04/40	Number of Mitch downers And the stress
	24 4020	A subtraction Mithedrawal Descret	Americanting	withdraw CW and/or CF application.		Notice of Withdrawn Application
x x	24-4920	Application Withdrawal Request	Application	No similar form on CalSAWS list.	CSF XXX	Request for Discontinuance Waiver
				Given to Employable GA applicants		
				that provides instructions on what is		
				required when applying for a job - Do	- ·	
	24-4941	GA Job Search Requirements	2-part carbonless form	not see similar form	ABP 85	Job Search Assignment
				Form used for Child Care program,		
	24-522.1 HHSA			No CalSAWS document type		
x	(1.07)	Out of Hearing Resolution		name/substitute available	New Rec.	Child Care Referrals and Forms
				Form used for Child Care program,		
	24-523.1 HHSA			No CalSAWS document type		
x	(8.04)	Approval State Hearing		name/substitute available	New Rec.	Child Care Referrals and Forms
				Form used for Child Care program,		
	24-525.1 HHSA			No CalSAWS document type		
х	(6.05)	Stage 1 Aid Paid Pending		name/substitute available	New Rec.	Child Care Referrals and Forms
				Form used for Child Care program,		
				No CalSAWS document type		
x	24-701	Justification Statement (8-04)		name/substitute available	New Rec.	Child Care Referrals and Forms
				Form used for Child Care program,		
	24-703 HHSA			No CalSAWS document type		
x	(11.04)	Parent-Provider Agreement		name/substitute available	New Rec.	Child Care Referrals and Forms
		Verification of Child's Dual Agency	1	There are no documents with an		
	24-7051	Status ,	Verification form for CVRC	approximate name/similar purpose.	New Rec.	Non-Fraud Referral or Request
		Specialized Care Increment Rate		There are no documents with an		
х	24-7059	Determination	County Approved SCI Rate form		New Rec.	FC Forms
			·/	Form used for Child Care program,		
	24-707 HHSA					
~	24-707 HHSA (11.04)	Exceptional Needs		No CalSAWS document type name/substitute available	New Rec.	Child Care Referrals and Forms

			Formation of four Child Course and an		
		Change 4 Child Cause Transford (04-04	Form used for Child Care program,		
	24 744	Stage 1 Child Care Transfer (04-01-	No CalSAWS document type	New Dee	Child Cana Dafamala and Famua
X	24-711	10)	name/substitute available	New Rec.	Child Care Referrals and Forms
	24 712 11104		Form used for Child Care program,		
	24-712 HHSA		No CalSAWS document type		
X	(03-13)	Recert Appt Notice	name/substitute available	New Rec.	Child Care Referrals and Forms
	24 742 10164		Form used for Child Care program,		Angeliangela Angelangelange
	24-713 HHSA		No CalSAWS document type	4.00014.220	Applicant's Authorization for Release
X	(03-13)	RELEASE OF INFORMATION	name/substitute available Form used for Child Care program,	ABCDM 228	of Information
	24 746 10064				
x	24-716 HHSA (8.04)	IDC Instruction Latter	No CalSAWS document type name/substitute available	New Ree	Child Care Referrals and Forms
Χ	(8.04)	IRS Instruction Letter	Form used for Child Care program,	New Rec.	Child Care Referrals and Forms
	24-723 HHSA		10,		
	(03-13)	Emergency Information	No CalSAWS document type name/substitute available	New Ree	Child Care Referrals and Forms
X	(03-13)	Emergency mormation	Form used for Child Care program,	New Rec.	Child Care Referrals and Forms
	24-733 HHSA	Truckling Deumont Drogram	No CalSAWS document type		Notification of TrustLine Registration
	(3.04)				-
X	(3.04)	Change	name/substitute available	CSF XXX	Status
	24-744 HHSA	(1	Form used for Child Care program, No CalSAWS document type		
v	09)	Provider Info Needed	name/substitute available	New Rec.	Child Care Referrals and Forms
<b>^</b>	03)		Form used for Child Care program,	New Rec.	child care Referrais and Forms
			No CalSAWS document type		
v	24 745 (12 04	) Childs School Info	name/substitute available	New Rec.	Child Care Referrals and Forms
X	24-745 (12-04		Form used for Child Care program,	New Rec.	
	24-756.1 PCG		No CalSAWS document type		
, v	(03-13)	Appointment Letter	name/substitute available	CSF XXX	Appointment Letter
X	(03-13)	Appointment Letter	Form used for Child Care program,	CSF XXX	Appointment Letter
	24-756.2 HHS	٥	No CalSAWS document type		
, v	(03-13)	Post Aid Appointment Letter	name/substitute available	New Rec.	Child Care Referrals and Forms
Α	(03-13)		Form used for Child Care program,	New Rec.	child care Referrais and Forms
	24-757.1 HHS	٨	No CalSAWS document type		
v	(03-13)	Second Appointment Letter	name/substitute available	CSF XXX	Appointment Letter
Λ	(03-13)		Form used for Child Care program,		Appointment Letter
	24-757.1 PCG		No CalSAWS document type		
x	(03-13)	Second Appointment Letter	name/substitute available	CSF XXX	Appointment Letter
A	(03 13)		Form used for Child Care program,	CSF XXX	Self-Employment Income Statement
	24-758 HHSA		No CalSAWS document type	CSF XXX	Notice to Self-Employed Individuals
x	(08.04)	Employment Verification	name/substitute available	PA 167	Monthly Earnings Report
A	(00.04)		Form used for Child Care program,		
			No CalSAWS document type		
x	24-759 (05 07	) Income Calculation V1	name/substitute available	New Rec.	Program Budgets & Worksheets
A	2.755 (55.67	,	Form used for Child Care program,		
	24-760 HHSA	(8	No CalSAWS document type		
x	04)	3 Day Absence	name/substitute available	New Rec.	Child Care Referrals and Forms
<u>^</u>	÷.,		Form used for Child Care program,		
	24-761 HHSA		No CalSAWS document type		
x x	(02-06)	CPS Referral	name/substitute available	New Rec.	Child Care Referrals and Forms
	()		Form used for Child Care program,		
	24-763 HHSA	(7.	No CalSAWS document type		
x	08)	Absent Parent	name/substitute available	New Rec.	Child Care Referrals and Forms
		YMCA Receipt for Program	Form used for Child Care program, No CalSAWS document type	Is this imaged? Is there something a customer signs noting the received the handbook? What is the purpose of this document?	
v	24-765				Child Caro Roformals and Forms
X	24-765	Handbook	name/substitute available	New Rec.	Child Care Referrals and Forms

			Form used for Child Care program,		
			No CalSAWS document type		
X	24-765 PCG	Receipt for Program Handbook	name/substitute available	New Rec.	Child Care Referrals and Forms
			Form used for Child Care program,		
	24-769 HHSA		No CalSAWS document type		Important Notice about Mailing
х	(10.06)	PO Box Approval	name/substitute available	PA 1815	Address
			Form used for Child Care program,		
	24-778 HHSA		No CalSAWS document type		
x	Eng (03-13)	Relationship Provider-Child	name/substitute available	CSF XXX	Statement of Relationship
	-		Form used for Child Care program,		
	24-793 HHSA		No CalSAWS document type		
x	(1.07)	Statement of Exceptional Needs	name/substitute available	New Rec.	Child Care Referrals and Forms
	× 7		Form used for Child Care program,		
			No CalSAWS document type		
x	24-801.1	Stage 1 Overpayment NOA	name/substitute available	New Rec.	Manual <program> NOA</program>
~	2100111		Form used for Child Care program,		
	24-801.P (06-	Active Provider Overpayment	No CalSAWS document type		
v		Notice	name/substitute available	New Rec.	Child Care Referrals and Forms
۸	±±)	HVILL	Form used for Child Care program,	NEW NEC.	child care referrals and Forms
	24-803.1 (06-		No CalSAWS document type		
v		Clocod Stage 1 Overnavment NOA		New Rec.	Manual <program> NOA</program>
X	11)	Closed Stage 1 Overpayment NOA	name/substitute available	NEW NEL.	wanudi Shiografii> NUA
	24 002 D 1810	Classed Drawider Overnovenent	Form used for Child Care program,		
		Closed Provider Overpayment	No CalSAWS document type		
X	(06-11)	Notice	name/substitute available	New Rec.	Child Care Referrals and Forms
			Form used for Child Care program,		
		Additional Overpayment	No CalSAWS document type		
Х	(07-10)	Calculations Worksheet	name/substitute available	New Rec.	Program Budgets & Worksheets
			Form used for Child Care program,		
		Overpayment Computation	No CalSAWS document type		
х	(07-10)	Worksheet	name/substitute available	New Rec.	Program Budgets & Worksheets
			Form used for Child Care program,		
	24-808 HHSA	ORR Transmittal- Stage 1 Child	No CalSAWS document type		
х	(06-11)	Care	name/substitute available	New Rec.	Child Care Referrals and Forms
			Form used for Child Care program,		
	24-811 HHSA (8-	Stage 1 Child Care Provider	No CalSAWS document type		
x	12)	Add_Change Request Form	name/substitute available	New Rec.	Child Care Referrals and Forms
			Form used for Child Care program,		
	24-826 HHSA		No CalSAWS document type		
x	_03-13 SP	Absences Best Interest Days	name/substitute available	New Rec.	Child Care Referrals and Forms
			Form used for Child Care program,		
	24-827 HHSA		No CalSAWS document type		
x	03-13 Eng I	Incomplete File Notice	name/substitute available	New Rec.	Child Care Referrals and Forms
	0		Form used for Child Care program,		
		Probation or Do Not Refer	No CalSAWS document type		
x		Response Form	name/substitute available	New Rec.	Child Care Referrals and Forms
~	21 000 1110/1		Form used for Child Care program,		
	24-836 HHSA		No CalSAWS document type		
x		Business Verification	name/substitute available	New Rec.	Child Care Referrals and Forms
~	_03 13 51		Form used for Child Care program,		
	24-841 HHSA		No CalSAWS document type		
~		Licensed Exempt Self Certification	name/substitute available	New Rec.	Child Care Referrals and Forms
X	(05-15)	Elensed Exemptisen Certification	Form used for Child Care program,	NEW NEL.	Ciniu Care Nerendis dilu FUIIIIs
	24 042 0004	Decumentation of Exceptional			
	24-842 HHSA	Documentation of Exceptional	No CalSAWS document type		Child Come Defense 1
	102 121				
x	(03-13)	Needs	name/substitute available	New Rec.	Child Care Referrals and Forms
Х			Form used for Child Care program,	New Rec.	Child Care Referrals and Forms
X	24-843 HHSA	Needs Education and Training Packet Cover Letter -356		New Rec.	Child Care Referrals and Forms

			CHILD CARE PAYMENT		Form used for Child Care program,		
		24-850 HHSA	ADJUSTMENT NOTIFICATION		No CalSAWS document type		
	X	(06-16)	LETTER		name/substitute available	NA 833	Child Care Amendment NOA
					Form used for Child Care program,		
					No CalSAWS document type		
	x	26-12	Parent Agreement (9 09)		name/substitute available	New Rec.	Child Care Referrals and Forms
				Inform customer mandatory vendor	Informs customer of mandatory		
				payment will be mad to	vendor pay, and requests		
		27-309	Mandatory Vendor Pay	landlord/property mananger	landlord/property manager	New Rec.	Vendor Agreements and Forms
				Used to communicate between	Form is used to identify case actions		
				Employment Service contractor and	requested by Employment Services		
		27-357 HHSA	Employment Services Request	County worker	contractors and County Worker	New Rec.	Customer/Worker Contact
		278B	Budget Worksheet	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
			CalWORKs Starting Out Strong		Form is used in a county-specific		
		40-100	Initiative Confidential Referral	Referral form to CBO	process	New Rec.	Non-Fraud Referral or Request
			CalWORKs Starting Out Strong	Client request for participation in	Form is used in a county-specific		· · ·
	x	40-101	Initiative	Initiative	process	New Rec.	Non-Fraud Referral or Request
		x Verification	401K Verification	Property/Liens		Verification	•
				NMD form to request additional	Form is specific to county Extended		
x	x	40-53	Calworks/Calfresh Need letter	information	Foster Care Program	New Rec.	FC Forms
~	^				Form is used in a county-specific		Statement of Facts - Homeless
x	x x	40-58	Homeless Statement	Client Statement re: homeless status	process	CW 42	Assistance
~				County referral form to Housing	Form is used in a county-specific		Referral to Homeless Case Manager
		40-93	Housing Resource Center Referral	,	process	PA 6036	(HCM)
		+0.55	CalWORKs Child Care Request	Child care communication between EC	Form is used in a county-specific	1110000	
		42-10	Form	and CBO	process	New Rec.	Child Care Referrals and Forms
		42 10	Tom		process	Hew nee.	CalFresh Unpaid Work Experience
			Checklist for Work		Form is used in a county-specific		(WEX) and Unpaid Community
	x	42-100	Experience/Community Service	EC checklist for referral s	process	WTW 15	Service Hours Worksheet
	x	42-100	WECSP Communication Form	EC/CDS I communication form	Form is used in a county-specific	New Rec.	Customer/Worker Contact
	^	42-101	Required Homework/Study Time	Ec/CD31Communication1orm	Form is used in a county-specific	New nec.	customer/worker contact
	x	42-102	Statement	Verification form for school completion	process	New Rec.	Student/College Related Forms
	^	42-102	Statement	Vermeation form for sendor completion	process	New nec.	Student/ conege helated ronnis
						CSF XXX	Appointment Letter
			Learning Disability Evaluation		Form is used in a county-specific	CSF XXX	WTW Appointment Letter
	x	42-104	Appointment Letter	Appointment letter	process	CSF XXX	WTW/REP Appointment Letter
	*	42-104	Job Search & Supervised Job	Appointment letter	Form is used in a county-specific		GA/GR Work Related and Activities
	x	42-107	Search Communication Referral	Internal communication document	process	New Rec.	Forms
	^	42-107	search communication kerella			Here hee.	In-House Job Search Activities
						GN 6367	In-House Job Search Timesheet
			Wookly Job Soarch Bonort Form	Client completed tracking of ich course	Form is used in a sound, specific	GN 6367-1	
		42-108	Weekly Job Search Report Form- English- 12-14	Client completed tracking of job search attempts	Form is used in a county-specific	GN 6367-1 GN 6367-3	In-House Job Search Employer
	X	42-108	Job Readiness Calculation	Worker completed checklist for	process Form is used in a county-specific	C-1000 MID	Contact Daily Log
	×	42-109	Worksheet			Now Roc	Brogram Budgots & Markshaats
	X	42-109		supervised job search	process	New Rec.	Program Budgets & Worksheets
		40 111	Subsidized Employment Program		Form is used in a county-specific	CN (29)	Welfare-To-Work Assignment Plan
	X	42-111	Participant Agreement	Participant Agreement	process	GN 6386	Acknowledgement Form
			Cubaiding d Engel - unit Pro-	FC Chaptelint for Sub-1dired Freedom	Formation and in a second second		Worker Use (Eligibility
						New Dee	Determination/Tracking) Program
	X	42-112	Referral Checklist	Program	process	New Rec.	Specific Checklists
		10.445	Subsidized Employment Program		Form is used in a county-specific		
	x	42-113	Communication Form	Communication Form	process	New Rec.	Customer/Worker Contact
			Subsidized Employment Program		Form is used in a county-specific		Community Service Participant Select
	х	42-116	Employer Agreement	Employer agreement for AC Hire	process	GN 6381	Worksite Agreement
			Employment Placement		Form is used in a county-specific		Community Service Participant Select
	x	42-117	Information	Employment Placement Information	process	GN 6381	Worksite Agreement
	x	42-117 42-117P			process Form is used in a county-specific process	GN 6381	Worksite Agreement 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
			Notice to client for non-payment of	Form is used in a county-specific		
X	42-121	Tuition Informing Notice	tuition	process	New Rec.	Student/College Related Forms
		Employment Services Case	Employment Services Case Management	Form is used in a county-specific		Monthly GAIN Participant Contact
X	42-126	Management Check List	Check List	process	GN 6337	Checklist
	42-129	Job Club Mutual Agreement	Agreement between EC and client	Form is used in a county-specific	GN 6129	Job Club Activity Assignment
		Work Experience/Community				
		Service Program (Participant		Form is used in a county-specific		Progress Report - Education/Post-
	42-142	Initiated) Need Letter	Request for client information	process	GN 6070	EMPL/WEX and Community Services
						Worker Use (Eligibility
				Form is used in a county-specific		Determination/Tracking) Program
x	42-145	Subsidized Employment Program	AC HIRE checklist	process	New Rec.	Specific Checklists
		Learning Disability Evaluator's		Form is used in a county-specific		·
x	42-146	Checklist	Learning Disability Evaluator's Checklist	process	New Rec.	Program Budgets & Worksheets
X	42-158	Family Stabilization Plan	Client completed form	Form is used in a county-specific	New Rec.	Family Stabilization Forms and Docs
		,	EST assessment for Family Stabilization	Form is used in a county-specific		,
x	42-159	Family Stabilization Assessment	Program	process	New Rec.	Family Stabilization Forms and Docs
	12 200	Transportation and Child Care	Client request for Transportation	Form is used in a county-specific		GAIN Transportation and Ancillary
	42-2	Questionnaire	allowance	process	GN 6151	School & Work-Related Expenses
	72 2	Questionnaire		process	6110191	In-House Job Search Activities
					GN 6367	In-House Job Search Timesheet
				Form is used in a county-specific	GN 6367-1	In-House Job Search Employer
	42-27	Work and Activity Report	Client completed for job search	process	GN 6367-3	Contact Daily Log
x x x	42-27	Consent for Release of	Consent for Release of Information to	Form is used in a county-specific	610 0307-3	
x x	42-3	Information to Job Services	Job Services	process	New Rec.	Other Contact Authorization Forms
<u> </u>	42-3	Information to Job Services	100 361 11665	process	New Rec.	Mental Health Assessment for
						General Relief
		Debauteral Health Currentius		Form is used in a sound constitu	ABP 1676-3 GRMH	REQUEST FOR MENTAL HEALTH
	10.00	Behavioral Health Supportive		Form is used in a county-specific	GN 6372	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT
x x x	42-33	Services Initial Assessment Report	EC referral to Behavioral Health Services	process		REQUEST FOR MENTAL HEALTH
x x x		Services Initial Assessment Report Welfare-to-Work Inter-County	Welfare-to-Work Inter-County Transfer	process Form is used in a county-specific	GN 6372 PA 2012	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services
x x x x	42-33 42-41	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification	Welfare-to-Work Inter-County Transfer Notification	process Form is used in a county-specific process	GN 6372	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT
x x x x	42-41	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider	Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for	process Form is used in a county-specific process Form is used in a county-specific	GN 6372 PA 2012 New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms
x x	42-41 42-45	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment	Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment	process Form is used in a county-specific process Form is used in a county-specific process	GN 6372 PA 2012 New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms
x x x x x x x	42-41	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form	Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form	process Form is used in a county-specific process Form is used in a county-specific process Form is used in a county-specific	GN 6372 PA 2012 New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms
x x	42-41 42-45 42-54	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form CalWORKs Employment/Eligibility	Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form Internal communication document	process Form is used in a county-specific process Form is used in a county-specific process Form is used in a county-specific Form is used in a county-specific	GN 6372 PA 2012 New Rec. New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms Other Contact Authorization Forms
x x	42-41 42-45	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form CalWORKS Employment/Eligibility Communication Form	Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form	process Form is used in a county-specific process Form is used in a county-specific process Form is used in a county-specific	GN 6372 PA 2012 New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms
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x x	42-41 42-45 42-54 42-6	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form CalWORKS Employment/Eligibility Communication Form	Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form Internal communication document	process Form is used in a county-specific process Form is used in a county-specific process Form is used in a county-specific Form is used in a county-specific	GN 6372 PA 2012 New Rec. New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms Other Contact Authorization Forms
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x x x x x	42-41 42-45 42-54 42-6	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form CalWORKs Employment/Eligibility Communication Form CalWORKs Employment / Eligibility Communication Form - SANCTION REQUEST	Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form Internal communication document between EST and EC Internal communication document re:	process Form is used in a county-specific process Form is used in a county-specific process Form is used in a county-specific Form is used in a county-specific process Form is used in a county-specific process	GN 6372 PA 2012 New Rec. New Rec. New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms Other Contact Authorization Forms Worker/Worker Contact
x x x x x	42-41 42-45 42-54 42-6 42-6S	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form CalWORKs Employment/Eligibility Communication Form CalWORKs Employment / Eligibility Communication Form - SANCTION REQUEST WTW Employability Social or	Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form Internal communication document between EST and EC Internal communication document re: sanction	process Form is used in a county-specific process Form is used in a county-specific process Form is used in a county-specific Form is used in a county-specific process Form is used in a county-specific process Form is used in a county-specific	GN 6372 PA 2012 New Rec. New Rec. New Rec. New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms Other Contact Authorization Forms Worker/Worker Contact Worker/Worker Contact
x x x x x	42-41 42-45 42-54 42-6 42-6S	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form CalWORKs Employment/Eligibility Communication Form CalWORKs Employment / Eligibility Communication Form - SANCTION REQUEST WTW Employability Social or Health Issues Self-Appraisal	Welfare-to-Work Inter-County Transfer         Notification         Learning Disability Provider Request for         Payment         Clean Slate Referral Form         Internal communication document         between EST and EC         Internal communication document re:         sanction         Self-Appraisal form for WTW clients	process Form is used in a county-specific process Form is used in a county-specific process	GN 6372 PA 2012 New Rec. New Rec. New Rec. New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms Other Contact Authorization Forms Worker/Worker Contact Worker/Worker Contact
x x x x x	42-41 42-45 42-54 42-6 42-6S 42-92	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form CalWORKs Employment/Eligibility Communication Form CalWORKs Employment / Eligibility Communication Form - SANCTION REQUEST WTW Employability Social or Health Issues Self-Appraisal Consent to Release Employment	Welfare-to-Work Inter-County Transfer         Notification         Learning Disability Provider Request for         Payment         Clean Slate Referral Form         Internal communication document         between EST and EC         Internal communication document re:         sanction         Self-Appraisal form for WTW clients         Release of Information form for CBO	process Form is used in a county-specific process Form is used in a county-specific	GN 6372 PA 2012 New Rec. New Rec. New Rec. New Rec. New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms Other Contact Authorization Forms Worker/Worker Contact Worker/Worker Contact WTW Agreements, Assessments, etc.
x x x x x	42-41 42-45 42-54 42-6 42-6S 42-92	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form CalWORKs Employment/Eligibility Communication Form CalWORKs Employment / Eligibility Communication Form - SANCTION REQUEST WTW Employability Social or Health Issues Self-Appraisal Consent to Release Employment Plan	Welfare-to-Work Inter-County Transfer         Notification         Learning Disability Provider Request for         Payment         Clean Slate Referral Form         Internal communication document         between EST and EC         Internal communication document re:         sanction         Self-Appraisal form for WTW clients         Release of Information form for CBO         providers	process Form is used in a county-specific process Form is used in a county-specific process	GN 6372 PA 2012 New Rec. New Rec. New Rec. New Rec. New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms Other Contact Authorization Forms Worker/Worker Contact Worker/Worker Contact WTW Agreements, Assessments, etc.
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x x x x x x x x x x x x x	42-41 42-45 42-54 42-6 42-6S 42-92 42-96 42-96 42-CL02	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form CalWORKs Employment/Eligibility Communication Form CalWORKs Employment / Eligibility Communication Form - SANCTION REQUEST WTW Employability Social or Health Issues Self-Appraisal Consent to Release Employment Plan Alameda County Cal-Learn Program Interagency Cal-Learn Service Providers (SP) Authorization of Supportive	Welfare-to-Work Inter-County Transfer         Notification         Learning Disability Provider Request for         Payment         Clean Slate Referral Form         Internal communication document         between EST and EC         Internal communication document re:         sanction         Self-Appraisal form for WTW clients         Release of Information form for CBO         providers         Cal-Learn Interagency Communication         Form	process Form is used in a county-specific process Form is used in a county-specific	GN 6372 PA 2012 New Rec. New Rec. New Rec. New Rec. New Rec. New Rec. New Rec. New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms Other Contact Authorization Forms Worker/Worker Contact Worker/Worker Contact WTW Agreements, Assessments, etc. Other Contact Authorization Forms CalLearn Agreements and Forms
x x x x x x x x x x x x x	42-41 42-45 42-54 42-6 42-6S 42-92 42-96 42-96 42-CL02	Services Initial Assessment Report Welfare-to-Work Inter-County Transfer Notification Learning Disability Provider Request for Payment Clean Slate Referral Form CalWORKs Employment/Eligibility Communication Form CalWORKs Employment / Eligibility Communication Form - SANCTION REQUEST WTW Employability Social or Health Issues Self-Appraisal Consent to Release Employment Plan Alameda County Cal-Learn Program Interagency Cal-Learn Service Providers (SP) Authorization of Supportive	Welfare-to-Work Inter-County Transfer         Notification         Learning Disability Provider Request for         Payment         Clean Slate Referral Form         Internal communication document         between EST and EC         Internal communication document re:         sanction         Self-Appraisal form for WTW clients         Release of Information form for CBO         providers         Cal-Learn Interagency Communication         Form         Communication form	process Form is used in a county-specific process Form is used in a county-specific	GN 6372 PA 2012 New Rec. New Rec. New Rec. New Rec. New Rec. New Rec. New Rec. New Rec. New Rec.	REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT Referral for Mental Health Services ICT Forms Vendor Agreements and Forms Other Contact Authorization Forms Worker/Worker Contact Worker/Worker Contact WTW Agreements, Assessments, etc. Other Contact Authorization Forms CalLearn Agreements and 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		
			Request for Homeless Assistance		CalSAWS listing that has information		
×	x	438-C	to EBT Edge	Issuing Homeless via EBT	close to what this form is requesting	New Rec	HSP and Homeless Assistance Forms
^	^	430 C	to EBT Edge		No match in the provided CalSAWS	New Net.	hist and homeless Assistance Forms
		48-12-57	Benefit Disposition Request	Request for immediate fiscal issuance	document.	New Rec.	Fiscal Forms
		40-12-57	CalWORKs/FS to Medi-cal Referral	•	No match in the provided CalSAWS	New Nec.	liscali offilis
		48-30-4	Form	Transfer referral form to Medi-Cal only	document.	New Rec.	Non-Fraud Referral or Request
<u>^ ^</u>		48-30-4	ronn	Release of Onformation specific to GA	No match in the provided CalSAWS	New Rec.	Non-fradu kelefrai of kequest
		48-70-228MR	Release of Information to GA unit	•	•	New Ree	Other Contact Authorization Forms
	X	48-70-228IVIK		Verification checklist specific to General	document. No match in the provided CalSAWS	New Rec.	Other Contact Authorization Forms
		40 70 22	General Assistance Verification	•	•	New Dee	Contained the Charletter
	X	48-70-32	Checklist	Assistance population	document.	New Rec.	Customer Use Checklists
				GA specific form allows client to indicate			
	X	48-70-67	Child Seperation Form	why living separate from minor children.		New Rec.	GA/GR Other Forms
				Housing program assessment of	No match in the provided CalSAWS		
		48-HSP-001	Pre Housing Inventory	inventory of HH goods at intake	document.	New Rec.	HSP and Homeless Assistance Forms
			CalWORKs Community College		No match in the provided CalSAWS		
x		48-WTW-002	Referral Form	Referral form for education	document.	New Rec.	Student/College Related Forms
			EBT Card and PIN Responsibility		Form is used in a county-specific		California Electronic Benefit Transfer
		x 50-123	Statement	Information re: EBT	process	PUB 388	(EBT) Card Publication
				Request for exemption from Cash EBT	Form is used in a county-specific		
x		50-125	Exemption from Cash EBT Stagger	Stagger	process	New Rec.	EBT Stagger Date
					Form is specific to county Extended		
	x	50-126A	EBT card request form	NMD for to obtain an card	Foster Care Program	New Rec.	FC Forms
			i.	Internal document for production of EBT	Form is used in a county-specific		EBT Request for EBT Account Set-Up/
		x 50-126A	EBT Card Request	card	process	EBT 13	EBT Benefit Add/ EBT Card - EPPIC
			ľ	Agreement for CalFresh repayment from	Form is used in a county-specific		CalFresh Repayment Agreement
x x	x	50-130	Client Authorization Form	CalWORKS/GA	process	PA 1820	Cover Notice
							INTRUCTIONS TO REPORT
			EBT Cash Aid/Food Stamps		Form is used in a county-specific	EBT 2259	ELECTRONIC THEFT OF CASH AID
		50-138	Replacement Affidavit	Statement re: missing EBT card	process	PA 853	Sworn Statement
		50-150	Referral for Help with Supportive	Internal document for referral for	Form is used in a county-specific	14055	CalWORKs Specialized Supportive
		50-160	Services	services	process	GN 6006B	Services Provider Referral
		30-100	Services	Internal document for referral for SSI	Form is used in a county-specific	GIV COOCB	Specialized Supportive Services
		50-163	Referral for SSI Advocacy	advocacy	process	SSS SSIAP	SSI/SSP Advocacy Program Referral
		50-105	Referral for 351 Advocacy	auvocacy	•	333 33IAP	, , ,
		F0 464			Form is used in a county-specific		Specialized Supportive Services
		50-164	SSI Advocacy Consent Form	Client permission to release info to CBO's	process	SSS SSIAP	SSI/SSP Advocacy Program Referral
			Social Worker Determination of		Formation and the second second second		
			Good Cause, CW and WTW		Form is used in a county-specific		Request For Good Cause
		50-172	Domestic Violence Waiver	Internal communication document	process	WTW 27	Determination
			Request for SSI Advocacy Appeals		Form is used in a county-specific		
		50-173	Services	assistance	process	New Rec.	Non-Fraud Referral or Request
						CSF XXX	Appointment Letter
					Form is used in a county-specific	CSF XXX	WTW Appointment Letter
		50-177	Social Worker Appointment Letter	Appointment letter for medical condition	process	CSF XXX	WTW/REP Appointment Letter
			Psychological Evaluation	Appointment letter for Psychological	Form is used in a county-specific		
		50-184	Appointment Letter	Evaluation	process	CSF XXX	Appointment Letter
		50-20	Case Transfer Routing Slip	Internal communication form	Form is used in a county-specific	CSF XXX	Inter-Office Case Assignment
					Forma is used in a sound consolitie		
			Employment Services Case		Form is used in a county-specific		
	x	50-20e	Employment Services Case Routing Transfer Slip	Internal communication form	process	New Rec.	Worker/Worker Contact
	X	50-20e		Internal communication form			Worker/Worker Contact
	x	50-20e 50-20FC		Internal communication form FC form transferring cases between staff	process Form is specific to county Foster care		Worker/Worker Contact

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

Notice of Hearing Decision - General Relief & GROW Report of Compliance with Adopted Fair Hearing Decision							
s         No         No </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Fair Hearing Forms</th>							Fair Hearing Forms
s         S2014         Agent Memory Learning Parkage Agent Sector Memory Learnin							U
x         Second base         and base         and base <th< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></th<>							
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x       550-515       Appears benerative       Lead by Appears benerative       Cores is considered outside of the Cores is considered outside of the Cores is considered outside of the Core is considered outside outside of the Core is considered outside out							Fair Hearing Decision
And Provide Action         Answer action         Answer action         Answer action         Answer action         Answer action           x         56.01.16         Appelds Menoracium         Appe						Court/Hearings Document	Notice of Action and Right to Request
Here         With System/in nut, for GAS/MS, SP 131         Notification Computing Lenter to 2000 MP						ABP 1768	for State Hearing on Interim
s     59-091.0     Appeak Memoendum     meming protess     on rath     VPRI A00.020     chained tours considered Weithering and the second to prote and				used by Appeals to send information to	process is completed outside of the	DCFS 2138	Assistance
s     94.00.10     Appels Memorandum     Parting process     on mark     WerRit Alt9-597     citianart Councy compiled Wilesame Calibre Calibre for first and source of marked by the councy of marked				the offices about the outcome of a	SAWS system/no match to CalSAWS,	SSP 18	Notification Compliance Letter to
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height of the second se			••	01	Can be issued by the county or clinic		, , , , ,
she construction     Sign term kew kelay     Sign term kew kelay     Kera kera kera kelay     Kera kera kera kera kera kera kera kera k				contains information about the birth of a	to the parent to report the birth of a		
second Question Verification to fail Age     Sister Verification to fail Age     Sister Verification to fail Age     Signed Ly doctor to onthe second Problem 2000 an other verification of the Veri				new baby/matches CalWIN form 56-0-	baby/ may match CalWIN form 56-0-		Additional Family Members
x         Sopelation         Signed by a dictor is confirm the Sate bisability insurance beer sites on the site is been submitted in order and the submitted provide any other verification of the Solaspicetion is match.         New Rec.         DDSD Forms           x         Sopelation         Social isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial isocial is		56-00-148	Newborn Questionnaire	585 Letter-New Baby	585 Letter-New Baby/no CalSAWS	MC 371	-
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Application Verification Verification Sepans unitative provide any other verification on mark to provide invigative to strain of the				signed by a doctor to confirm the State	used when a client is unable to		
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x     56:00.154     Incent Engloyment     CSF XXX     Self-Employment     Notes 54:00       x     56:00.154     Income Exclusion     Client requests 40% deduction     PA 157     Monthly Earnings Report       S6:00.232     In-kind Income Verification     Client requests 40% deduction No. CSF XXX     Income In-kind/Housing Verification       S6:00.232     In-kind Income Verification     Client request 40% deduction No. CSF XXX     Income In-kind/Housing Verification       S6:00.232     In-kind Income Verification     Client request 40% deduction No. CSF XXX     Income In-kind/Housing Verification       S6:00.233     In-kind Income Verification     Instruct Client No.		56-00-150	•			DCFS 210	
regram self Engloyment     Client requests 40% deduction No     CSF XXX     Note to 5elf engloyment individuals       x     56-00-53     Encome Jeculation     Allows a/b to dispute the IK values     Allows a/b to dispute the IK values     income the individual self engloyment income verification     established by the state. No Match     CSF XXX     income inclined/individual self engloyment income verification       x     56-00-653     Secondary SAVE Request     tool     SAVE liasons. No match.     New Rec.     Non Fraud Reterral or Request       x     56-00-653     Secondary SAVE Request     tool     SAVE liasons. No match.     New Rec.     Non Fraud Reterral or Request       x     56-00-653     Secondary SAVE Request     tool     SAVE liasons. No match.     New Rec.     CAPI Application and Reterral or Request       x     56-00-653     Case ID and Client Notice form     form     tool     CAPI and GR: No Match     New Rec.     CAPI Application and Other Forms       x     56-00-707     (D1/X) Voter Preference Form     Toil a service of the W2020 for gaster to Vote 7.     CAPI and GR: No Match     New Rec.     CAPI Application and Other Forms       x     56-00-707     (D1/X) Voter Preference Form     For     CAPI and GR: No Match     New Rec.     CAPI Application and Other Forms       x     S6-00-707     (D1/X) Voter Preference Form     For     Secondary Hird SAV			•				
x       0 icone Exclusion       icone Exclusion       icone Exclusion       match       PA 107       Monthy Earning Report         Allows a/b ot dispute the IIX value       Allows a/b ot dispute the IIX value       Allows a/b ot dispute the IIX value       Icone the Xind/Housing Verification         I hind Income Verification       estabilished by the state.       estabilished by the state. No Match       CS XXL       Income the Xind/Housing Verification         I sub exclusion       Secondary SAVE Request       tol       Secondary/third SAVE Frequest to       Income the Xind/Housing Verification         I sub exclusion       Secondary SAVE Request       tol       SAVE Isacinon. Nom Ref.       New Rec       New Rec         I sub exclusion       Secondary SAVE Request       tol       SAVE Isacinon. Nom Ref.       New Rec       CAPI Application and Other Forms         I sub exclusion       Secondary SAVE Request Telefor CAP for GR       This is a version of the CW 2200 for       Secondary SAVE Request Telefor CAP and GR program       Secondary SAVE Request Telefor CAP and GR program       Secondary SAVE Request Telefor CAP and RR program SAVE Request Telefor CAP an					Client requests 40% deduction/ No		
Allows a/b to dispute the IK values     Allows a/b to dispute the IK values       56-00-53     Secondary Mixed     estabilished by the state.     estabilished by the state.     CSF XX     Income the full during verification       56-00-53     Secondary SAVE Request     tool     SAVE faceuse to     Non-Fraud Referral or Request       56-00-653     Secondary Mixed SAVE request     tool     SAVE faceuse to     Non-Fraud Referral or Request       56-00-659     Case ID and Client Notice Form     form     documents. No match.     New Rec.     Non-Fraud Referral or Request       56-00-659     Case ID and Client Notice Form     form     documents. No match.     Is this imaged?       x     56-00-706     Programs     Request for Verification or     Appointment Letter for CAP or GR     This is a version of the CW 200 for       x     56-00-707     Programs     Request letter for CAP and GR Programs     CAPI and GR-No Match     New Rec.     CAPI Application and Other Forms       yapications/reduction in the CW 200 for     Used internally by the IKVS PA toon Other     Used internally by the IKVS PA toon Other     Used internally by the IKVS PA toon Other       yapications/reduction internality by the IKVS PA toon Other     Used internally by the IKVS PA toon Other     Used internally by the IKVS PA toon Other     Used internally by the IKVS PA toon Other       yapications/redeterminations/chang     Exis FTI Tracking Report (10/19)	x x	56-00-154		Client requests 40% deduction		PA 167	
S6-00-332       in-kind income Verification       established by the state. No Match       CS XXX       Income In-Kind/Housing Verification         It's used by staff when submitting       secondary XMVE Request to       SAVE lianos. No match.       New Rec.       Nem Faud Referral or Request         S6-00-533       Secondary SAVE Request       tool       SAVE lianos. No match.       Is this imaged?       SAVE lianos.         S6-00-534       Secondary SAVE Request       tool       SAVE lianos. No match.       Is this imaged?       SAVE lianos.         S6-00-535       Secondary SAVE Request       form       documents. No match.       Is this imaged?       SAVE lianos.         K       S6-00-535       Programs       Request letter for CAP and GR programs.       CAP and GR - No Match.       New Rec.       CAP Application and Other Forms.         K       S6-00-705       Programs       Request letter for CAP and GR programs.       CAP and GR - No Match.       New Rec.       CAP Application and Other Forms.         K       NVRA Voter Preference Form       Tore grister to vote.       This is a version of the CW 2200 for       SF XXX       Would You Like to Register to Vote?         VISA       VIA Voter Preference Form       Tore grister to vote.       SF XXX       Would You Like to Register to Vote?         VISA       VISA       VISA Preference Form <td></td> <td></td> <td></td> <td>Allows a/b to dispute the IIK values</td> <td>Allows a/b to dispute the IIK values</td> <td></td> <td>, , ,</td>				Allows a/b to dispute the IIK values	Allows a/b to dispute the IIK values		, , ,
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56-00-699       Case ID and Client Notice Form       form       and Name when submitting         Appointment Letter for XPI ficiation or       Request for Verification or       This is a version of the CW 2200 for         x       56-00-706       Programs       Request letter for CAP and GR programs       CAPI and GR - No Match       New Rec.       CAPI Application and Other Forms         x       56-00-706       Programs       Request letter for CAP and GR programs       CAPI and GR - No Match       New Rec.       CAPI Application and Other Forms         VEX       56-00-707       (01/13)       Voter Preference Form       applications/redeterminations/chang       CSF XXX       Would You Like to Register to Vote?         Used internally by the IEVS PA to monitor monitor the steps taken when an IEVS is received       IEVS FTI Tracking Report (10/19)       Its version for there is a discrepancy/. Is a discrepancy/. Is a discrepancy/. Not monitor the steps taken when an         Ergonomic Desk Reference Guide       Fiyer       Is this imaged?         Financial Aid Computation       Fiyer       Is this imaged?         Financial Aid Release of       Financial Aid Computation Worksheet       Morksheet to determine net         S6-00-713       IFOS Program Budgets & Worksheet       Release of Information - Financial Aid Release of Information - No watch <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
instruct clients to identify their case # instruct clients to identify t		56-00-653	Secondary SAVE Request	tool	SAVE liasons. No match.	New Rec.	Non-Fraud Referral or Request
S6-00-699     Case D and Client Notice Norm     form     documents. No match.     Is this imaged?       Request for Verification or Appointment Letter for CAPI or GR     This is a version of the CW 2200 for     New Rec.     CAPI Application and Other Forms       x     56-00-706     Programs     Request letter for CAPI and GR program     CAPI and GR. No Match     New Rec.     CAPI Application and Other Forms       x     56-00-707     (D1/13)     Voter Preference Form     Used to ask a client if they would like to register to vote. This is required for     Would You Like to Register to Vote?     Would You Like to Register to Vote?       Used internally by the IEVS PA to monitor     Used internally by the IEVS For to monitor     To register to vote. This is required for     Is this imaged?       56-00-713     IEVS FTI Tracking Report (10/19) and to record if there is a discrepancy.     Is discrepancy. No Match     Is this imaged?     Is this imaged?       1     56-00-713     IEVS FTI Tracking Report (10/19) and to record if there is a discrepancy.     Is discrepancy. No Match     Is this imaged?       1     Francial Aid Computation     Financial Aid Computation Worksheet     Contrable educational income-No     New Rec.     Program Budgets & WorksheetS       1     Financial Aid Computation Worksheet     Financial Aid Release of Information - No m			· ·		instruct clients to identify their case #		
x       S6-00-706       Request for Verification or Appointment Letter for CAP and GR programs       CAPI and GR - No Match       New Rec.       CAPI Application and Other Forms         x       S6-00-706       Programs       Request letter for CAP and GR programs       CAPI and GR - No Match       New Rec.       CAPI Application and Other Forms         VBet to ask a cilent if they would like to register to vote. This is required       NVRA Voter Preference Form       This is a version of the CW 2200 for       CAPI and GR - No Match       New Rec.       CAPI Application and Other Forms         S6-00-707       (01/13)       Voter Preference Form       applications/redeterminations/chang       CS XXX       Would You Like to Register to vote?         Used internally by the IEVS PA to monitor       Used internally by the IEVS PA to monitor monitor the steps taken when an anternations/chang       CS XXX       Would You Like to Register to vote?         Used internally by the IEVS PA to monitor       Used internally by the IEVS PA to monitor monitor the steps taken when an anternation       Is this imaged?         Ergonomic Desk Reference Guide       Financial Aid Computation       Is a discrepancy. No Match       Is this imaged?         Ergonomic Desk Reference Guide       Financial Aid Computation       Norksheet to determine net       Release of Information - Financial Aid Computation Worksheet       Release of Information - Financial Aid Computation Worksheet       Release of Information - Financial Aid R					and Name when submitting		
x       Appointment Letter for CAPI or GR       Request letter for CAPI and GR programs       New Recue       CAPI Application and Other Forms         x       56-00-705       Programs       Request letter for CAPI and GR program Size of the CW 2200 for       New Rec.       CAPI Application and Other Forms         v       register to vote. This is required       to register to vote. This is required       to register to vote. This is required         v       NVRA Voter Preference Form       applications/redeterminations/charg       CSFXX       Would You Like to Register to Vote?         VERA Voter Preference Form       applications/redeterminations/charg       CSFXX       Would You Like to Register to Vote?         Vera Voter Preference Form       used internally by the EVS PA to       Voter Preference Form       Used internally by the EVS PA to       Voter Preference Form         Vera Voter Preference Form       used internally by the EVS PA to       Voter Preference Form       Vot		56-00-699	Case ID and Client Notice Form	form	documents. No match.	Is this imaged?	
x       560-706       Programs       Request letter for CAP and GR program       CAP in d GR - No Match       New Rec.       CAPI application and Other Forms         Used to ask a client if they would like       Used to ask a client if they would like       Used to ask a client if they would like       Used to ask a client if they would like       Used to ask a client if they would like         VIRA Voter Preference Form       NVRA Voter Preference Form       for       Voter Preference Form       Selections, redeterminations, chang       CF XXX       Would You Like to Register to Vote?         Virable Internally by the IEVS PA to monitor       Used internally by the IEVS PA to monitor the steps taken when an IEVS is received in EVS is received in E			Request for Verification or				
x       56-02-053       Information       Financial Aid Belese of Information       Financial Aid Relese of Information       Financial Aid Relese of Information       Release of Information       Release of Information       Release of Information         x       56-02-053       Ioffresh Proration Worksheet       CalFresh Proration Worksheet       Release of Information       CalFresh Proration Worksheet       CalFresh Proration Worksheet       CalFresh Employment & Training       Non-Compliance Communication         x       56-02-070       CalFresh Employment & Training       CalFresh Employment & Training       Non-Compliance Communication       Non-Compliance Communication         x       56-02-076       CalFresh Employment & Training       CalFresh Employment & Training       Non-Compliance Communication         x       56-02-076       CalFresh Employment & Training       CalFresh Employment & Training       Non-Compliance Communication			Appointment Letter for CAPI or GR		This is a version of the CW 2200 for		
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NVRA Voter Preference Form       for         56-00-707       (01/13)       Voter Preference Form       applications/jedterminations/CSF XXX       Would You Like to Register to Vote?         Used internally by the IEVS PA to monitor       used internally by the IEVS PA to monitor       monitor the steps taken when an       EVES is received and to record if there         6-00-713       IEVS FTI Tracking Report (10/19)       and to record if there is a discrepancy.       Is discrepancy. No Matche       Is this imaged?         6-00-713       IEVS FTI Tracking Report (10/19)       Flyer       Is this imaged?       Is this imaged?         6-00-713       IEVS FTI Tracking Report (10/19)       Flyer       Is this imaged?       Is this imaged?         6-00-713       IEVS FTI Tracking Report (10/19)       Flyer       Is this imaged?       Is this imaged?         6-00-713       IEVS FTI Tracking Report (10/19)       Flyer       Is this imaged?       Is this imaged?         6-00-715       IEVS FTI Tracking Report (10/19)       Flyer       Is this imaged?       Request for release of Information       Is this imaged?         6-00-715       IEVS FTI Tracking Report (10/19)       Financial Aid Computation Worksheet       Countable ducational infoncial Aid Release of Information       Request for release of Information Financial Aid Release of Information       Now Korksheet to determine net       Request for release of In				· · ·	Used to ask a client if they would like		
S6-00-707       (01/13)       Voter Preference Form       applications/redeterminations/charg       CSF XXX       Would You Like to Register to Vote?         Used internally by the IEVS PA to monitor       Used internally by the IEVS PA to monitor       Would You Like to Register to Vote?         Used internally by the IEVS PA to monitor       monitor       monitor       Would You Like to Register to Vote?         IEVS FIT Tracking Report (10/19)       ind to record if there is a discrepancy.       is a discrepancy/ No Match       Is this imaged?         IEVS FIT Tracking Report (10/19)       Flyer       Is this imaged?       Is this imaged?         IEVS FIT Tracking Report (10/19)       Flyer       Is this imaged?       Is this imaged?         IEVS FIT Tracking Report (10/19)       Flyer       Is this imaged?       Release of Information - Financial Aid Computation         IEVS FIT Tracking Report (10/19)       Flyer       Is this imaged?       Release of Information - Financial Aid Computation       Request for release of Informatial Aid Release of Information - Financial A					to register to vote. This is required		
x       56-02-053       Information       Financial Aid Release of Financial Aid Release of CalFresh Provation Worksheet CalFresh Provemt & Training X     VW 60 Koshop Appointment Letter-NO Koshop Appointment Letter-NO CalFresh Employment & Training CalFresh Employment & Training Ca			NVRA Voter Preference Form				
x       56-02-053       Information       Financial Aid Release of Financial Aid Release of Information Financial Aid Release of Financial		56-00-707	(01/13)	Voter Preference Form	applications/redeterminations/chang	CSF XXX	Would You Like to Register to Vote?
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S6-00-713       IEVS FT1 Tracking Report (10/19)       and to record if there is a discrepancy.       is a discrepancy/No Match       Is this imaged?         Fregonomic Desk Reference Guide       Ergonomic Desk Reference Guide       Is this imaged?       Is this imaged?         S6-00-715       (10/19)       Flyer       Is this imaged?       Is this imaged?         Imaged Participant Partipant Partipant Participant Participant Participant Part				Used internally by the IEVS PA to monitor	monitor the steps taken when an		
Ergonomic Desk Reference Guide       Ergonomic Desk Reference Guide       Is this imaged?         56-00-715       (10/19)       Flyer       Is this imaged?         Financial Aid Computation       Financial Aid Computation       Worksheet to determine net         56-02-004       Worksheet       Financial Aid Computation Worksheet       countable educational income.No       New Rec.       Program Budgets & Worksheets         Financial Aid Release of       Financial Aid Release of       Request for release of finacial Aid       Release of Information - Financial         56-02-053       Information       Financial Aid Release of Information       information-No match       CW 60       Institution         x       CalFresh Proration Worksheet       calFresh Proration Worksheet       eligible CFH+No match       New Rec.       Program Budgets & Worksheets         x       56-02-058       (05/19)       CalFresh Employment & Training       Workshop Appointment Letter-No       New Rec.       Program Budgets & Worksheets         x       56-02-070       Program Notice of Appointment       Program Notice of Appointment       Match       New Rec.       CETET Forms/Agreements         x       CalFresh Employment & Training       CalFresh Employment & Training       Non-Compliance Communication       CETET Forms/Agreements				the steps taken when an IEVS is received	IEVS is received and to record if there		
S6-00-715       I)       Flyer       Is this imaged?         Financial Aid Computation       Worksheet       Worksheet odetermine net         S6-02-004       Worksheet       Financial Aid Computation Worksheet       countable educational income-No       New Rec.       Program Budgets & Worksheets         S6-02-005       Financial Aid Release of       Financial Aid Release of Information       Information - No match       CW 60       Institution         S6-02-053       Information       Financial Aid Release of Information       Information - No match       CW 60       Institution         S6-02-054       Information Worksheet       Vorksheet odetermine the       Vorksheet to determine the		56-00-713	IEVS FTI Tracking Report (10/19)	and to record if there is a discrepancy.	is a discrepancy/ No Match	Is this imaged?	
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Sender       Financial Aid Computation Worksheet       countable educational income-No       New Rec.       Program Budgets & Worksheets         Financial Aid Release of       Financial Aid Release of       Financial Aid Release of Information       Information-No match       CW 60       Institution         Se-02-053       Information       Financial Aid Release of Information       Information-No match       CW 60       Institution         Vorksheet to determine the       Vorksheet to determine		56-00-715		Flyer		Is this imaged?	
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S6-02-053       Information       Financial Aid Release of Information       information-No match       CW 60       Institution         Vorksheet       Vorksheet to determine the prorated amount allocated to the       Vorksheet to determine the prorated amount allocated to the       Vorksheet to determine the prorated amount allocated to the         x       56-02-058       (05/19)       CalFresh Proration Worksheet       eligible CFHH-No match       New Rec.       Program Budgets & Worksheets         x       CalFresh Employment & Training       CalFresh Employment & Training       Workshop Appointment Letter-No       New Rec.       CFET Forms/Agreements         x       CalFresh Employment & Training       CalFresh Employment & Training       Non-Compliance Communication       CFET Forms/Agreements		56-02-004		Financial Aid Computation Worksheet	countable educational income-No	New Rec.	· ·
CalFresh Proration Worksheet       Worksheet to determine the prorated amount allocated to the         x       56-02-058       (05/19)       CalFresh Proration Worksheet       eligible CFHH-No match       New Rec.       Program Budgets & Worksheets         x       CalFresh Employment & Training       CalFresh Employment & Training       Workshop Appointment Letter-No         x       56-02-070       Program Notice of Appointment       Program Notice of Appointment       Match       New Rec.       CFET Forms/Agreements         x       CalFresh Employment & Training       CalFresh Employment & Training       Non-Compliance Communication			Financial Aid Release of		Request for release of finacial Aid		Release of Information - Financial
x     S6-02-058     (05/19)     CalFresh Proration Worksheet     eligible CFHH-No match     New Rec.     Program Budgets & Worksheets       x     CalFresh Employment & Training     CalFresh Employment & Training     Workshop Appointment Letter-No     New Rec.     CFET Forms/Agreements       x     S6-02-070     Program Notice of Appointment     Program Notice of Appointment     Match     New Rec.     CFET Forms/Agreements       CalFresh Employment & Training     CalFresh Employment & Training     CalFresh Employment & Training     Non-Compliance Communication		56-02-053	Information	Financial Aid Release of Information		CW 60	Institution
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x         56-02-070         Program Notice of Appointment         Program Notice of Appointment         Match         New Rec.         CFET Forms/Agreements           CalFresh Employment & Training         CalFresh Employment & Training         CalFresh Employment & Training         Non-Compliance Communication	x	56-02-058			-	New Rec.	Program Budgets & Worksheets
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	x	56-02-070	• • • • • • • • • • • • • • • • • • • •			New Rec.	CFET Forms/Agreements
x 56-02-071 Program Communication Program Communication Memo-No Match New Rec. CFET Forms/Agreements					•		

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X	56-02-072	Program Cooperation Plan	E&T Program Agreement	E&T Agreement Plan-No Match	New Rec.	CFET Forms/Agreements
	56.00.000	Important Work Requirement for	Work Requirements for CalFresh	Work requirement information for		
X	56-02-086	CalFresh Recipients	recipients	CalFresh recipients No match	New Rec.	CFET Forms/Agreements
				Release of confidential information		
		Release of Confidential	Consent for the release of confidential	for outreach staff and other		
	56-02-095	Information Consent	information	providers-No match	New Rec.	Other Contact Authorization Forms
		CalFresh Employment & Training				
		Program Services Appointment	CalFresh Employment & Training	Assessment Appointment Letter-No		
x	56-02-113	Notice	Program Services Appointment Notice	Match	New Rec.	CFET Forms/Agreements
		CalFresh Employment & Training	CalFresh Employment & Training	Job Search Verification Letter-No		
х	56-02-114	Program Job Verification	Program Job Verification	Match	New Rec.	CFET Forms/Agreements
		CalFresh Employment & Training	CalFresh Employment & Training	Employment Assessment form-No		
х	56-02-115	Appraisal	Appraisal	Match	New Rec.	CFET Forms/Agreements
		CalFresh Employment & Training	CalFresh Employment & Training	Supportive Services Change NOA-No		
x	56-02-119	Program Change	Program Change	Match	New Rec.	CFET Forms/Agreements
		CalFresh Employment & Training	CalFresh Employment & Training	Transportation Supportive Services		
х	56-02-120	Program Transportation Denial	Program Transportation Denial	Denial NOA-No Match	New Rec.	Manual <program> NOA</program>
			Letter to USCIS to report the indigence			Sponsor Related Forms - Indigence,
		CalFresh Sponsored Indigent	status of sponsored non-citizens as			Repayments, Responsibility
x	56-02-139	Referral (07/18)	required by regulations. No match.	Indigence referral to USCIS- no match	New Rec.	Agreements, Worksheet
		MEDS ABAWD Online Request	MEDS Online ABAWD Request. No	Update ABAWD time clock in MEDS-		MEDS Related - Clearance, Updates,
	56-02-144	(07/18)	match.	no match	New Rec.	Requests
				Worker tool to determine state vs		·
				federal funding and sponsorship		Sponsor Related Forms - Indigence,
		CalFresh Non-Citizen Eligibility		screening and determination for non-		Repayments, Responsibility
x	56-02-146	Determination	Non-citizen eligibility determination	citizen eligibility- No match	New Rec.	Agreements, Worksheet
				Describes the responsibilities for an		
		Living Arrangement Authorized	Group Living Arrangement Authorized	authorized representative of a Group		
	56-02-149	Representative Responsibilities	Representative	Living facility- No match	WFP&I 275	Verification of Living Arrangement
	50 02 115	CalFresh Disaster Response-		Worksheet to determine the		Verniedalon of Entring / Indigenient
		Excluded Household Member	Excluded Household Members Proration	prorated amount allocated to the		
v	56-02-154	Proration Worksheet	Worksheet for Disaster CalFresh	Disaster CalFresh case. No Match.	New Rec.	Program Budgets & Worksheets
^	50-02-134	Trofation worksheet	Worksheet for Disaster carresh	Worker tool used to collect types of	New Net.	Trogram budgets & Worksheets
		CalFresh Medical Deduction		medical deduction and to calculates		
x	56-02-156	Worksheet (08/19)	Medical Deduction Worksheet	allowable medical deductions. No	New Rec.	Program Budgets & Worksheets
^	50-02-130	Employee Authorized	Employee Authorized Representative	Allows an employee of the CWD to	New nec.	Authorized Representative
				Anows an employee of the CWD to		Autonizeu nepresentative
	EC 02 157	Representative Request		he an authorized representative Me	CCE VVV	Decignation
	56-02-157	Representative Request	Request	be an authorized representative. No	CSF XXX	Designation
	56-02-157	· · ·	Request	Calculates the number of days and	CSF XXX	Designation
		CalFresh Benefit Replacement	·	Calculates the number of days and amount of replacement benefits- No		
x	56-02-157 56-02-159	CalFresh Benefit Replacement Worksheet	Request Benefit Replacement Worksheet	Calculates the number of days and amount of replacement benefits- No match	CSF XXX New Rec.	Designation Program Budgets & Worksheets
x		CalFresh Benefit Replacement Worksheet CalFresh Work Registration	Benefit Replacement Worksheet	Calculates the number of days and amount of replacement benefits- No match Worksheet for worker to determine		
x	56-02-159	CalFresh Benefit Replacement Worksheet CalFresh Work Registration Exemption Determination	Benefit Replacement Worksheet Work Registration Exemption	Calculates the number of days and amount of replacement benefits- No match Worksheet for worker to determine which Work Registration exemptions	New Rec.	Program Budgets & Worksheets
x		CalFresh Benefit Replacement Worksheet CalFresh Work Registration Exemption Determination Worksheet (01/20)	Benefit Replacement Worksheet Work Registration Exemption Determination Worksheet	Calculates the number of days and amount of replacement benefits- No match Worksheet for worker to determine		
x	56-02-159 56-02-160	CalFresh Benefit Replacement Worksheet CalFresh Work Registration Exemption Determination Worksheet (01/20) CalFresh Employment & Training	Benefit Replacement Worksheet Work Registration Exemption Determination Worksheet CalFresh Employment & Training PrEP	Calculates the number of days and amount of replacement benefits- No match Worksheet for worker to determine which Work Registration exemptions the client meets. No match	New Rec. New Rec.	Program Budgets & Worksheets Program Budgets & Worksheets
x x x	56-02-159	CalFresh Benefit Replacement Worksheet CalFresh Work Registration Exemption Determination Worksheet (01/20) CalFresh Employment & Training PrEP Referral (10/19)	Benefit Replacement Worksheet Work Registration Exemption Determination Worksheet CalFresh Employment & Training PrEP Referral	Calculates the number of days and amount of replacement benefits- No match Worksheet for worker to determine which Work Registration exemptions	New Rec.	Program Budgets & Worksheets
	56-02-159 56-02-160 56-02-161	CalFresh Benefit Replacement Worksheet CalFresh Work Registration Exemption Determination Worksheet (01/20) CalFresh Employment & Training PrEP Referral (10/19) CalFresh Employment & Training	Benefit Replacement Worksheet Work Registration Exemption Determination Worksheet CalFresh Employment & Training PrEP Referral CalFresh Employment & Training PrEP	Calculates the number of days and amount of replacement benefits- No match Worksheet for worker to determine which Work Registration exemptions the client meets. No match PrEP Referral Form-No match	New Rec. New Rec. New Rec.	Program Budgets & Worksheets Program Budgets & Worksheets CFET Forms/Agreements
x x x x	56-02-159 56-02-160	CalFresh Benefit Replacement Worksheet CalFresh Work Registration Exemption Determination Worksheet (01/20) CalFresh Employment & Training PrEP Referral (10/19) CalFresh Employment & Training PrEP Welcome Letter (10/19)	Benefit Replacement Worksheet Work Registration Exemption Determination Worksheet CalFresh Employment & Training PrEP Referral	Calculates the number of days and amount of replacement benefits- No match Worksheet for worker to determine which Work Registration exemptions the client meets. No match PrEP Referral Form-No match PrEP Welcome Letter-No match	New Rec. New Rec.	Program Budgets & Worksheets Program Budgets & Worksheets
· · · · ·	56-02-159 56-02-160 56-02-161 56-02-162	CalFresh Benefit Replacement Worksheet CalFresh Work Registration Exemption Determination Worksheet (01/20) CalFresh Employment & Training PrEP Referral (10/19) CalFresh Employment & Training PrEP Welcome Letter (10/19) Homeless Assistance Control	Benefit Replacement Worksheet Work Registration Exemption Determination Worksheet CalFresh Employment & Training PrEP Referral CalFresh Employment & Training PrEP Welcome letter	Calculates the number of days and amount of replacement benefits- No match Worksheet for worker to determine which Work Registration exemptions the client meets. No match PrEP Referral Form-No match PrEP Welcome Letter-No match Tracking of issuance of HA benefits	New Rec. New Rec. New Rec. New Rec.	Program Budgets & Worksheets Program Budgets & Worksheets CFET Forms/Agreements CFET Forms/Agreements
· · · · ·	56-02-159 56-02-160 56-02-161	CalFresh Benefit Replacement Worksheet CalFresh Work Registration Exemption Determination Worksheet (01/20) CalFresh Employment & Training PrEP Referral (10/19) CalFresh Employment & Training PrEP Welcome Letter (10/19)	Benefit Replacement Worksheet Work Registration Exemption Determination Worksheet CalFresh Employment & Training PrEP Referral CalFresh Employment & Training PrEP	Calculates the number of days and amount of replacement benefits- No match Worksheet for worker to determine which Work Registration exemptions the client meets. No match PrEP Referral Form-No match PrEP Welcome Letter-No match	New Rec. New Rec. New Rec.	Program Budgets & Worksheets Program Budgets & Worksheets CFET Forms/Agreements
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	56-02-159 56-02-160 56-02-161 56-02-162	CalFresh Benefit Replacement Worksheet CalFresh Work Registration Exemption Determination Worksheet (01/20) CalFresh Employment & Training PrEP Referral (10/19) CalFresh Employment & Training PrEP Welcome Letter (10/19) Homeless Assistance Control Sheet	Benefit Replacement Worksheet Work Registration Exemption Determination Worksheet CalFresh Employment & Training PrEP Referral CalFresh Employment & Training PrEP Welcome letter Homeless Tracking form Sworn Statement to authroize release of	Calculates the number of days and amount of replacement benefits- No match Worksheet for worker to determine which Work Registration exemptions the client meets. No match PrEP Referral Form-No match PrEP Welcome Letter-No match Tracking of issuance of HA benefits outside the system. No Match	New Rec. New Rec. New Rec. New Rec.	Program Budgets & Worksheets Program Budgets & Worksheets CFET Forms/Agreements CFET Forms/Agreements

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CatWORS Time Chi Al Tracking     Used for manual tracking of       Sci0-295-08     Applications     Used for manual tracking of       CatWORS BDOA for U-Parent     CatWORS SBOA Deterministic     New Rec.     Program Budgets & Worksheets       Sci0-295-08     Applications     Worksheet     match     New Rec.     Program Budgets & Worksheets       CatWORS BDOA for U-Parent     CatWORS SBOA Deterministic     New Rec.     Program Budgets & Worksheets       CatWORS Applications     Diversion Retacil/Windrawa form     Indeed request is requested by client.     New Rec.     Supporting CW Forms       CatWORS Applications     TOA 60-Month Extension     Indeed request is requested by client.     New Rec.     Enterning       Sci0-3100     Featuring     TOA 60-Month Extension Featuring     Indeed request is requested by client.     New Rec.     Enterning       Sci0-3131     Tagget     date.     Indeed request the support in request to the support in request							
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See 30 308     CaNVORKs BDOA for U-Parent     CaNVORKs BDOA for U-Parent     Due to determine the BDOA for two- match     Program Budgets & Worksheets       CANVORKs Applications     Worksheet     Buddhaman     Mark Res     Program Budgets & Worksheets       Se 30-309     Refuzial/Withdrawal     Diversion Fefual/Withdrawal form     Ibed when anon-recurring pecial     New Rec.     Program Budgets & Worksheets       TOA 60 Month Extension     List of version Fefual/Withdrawal form     need requests for equests for eq			0		0		
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56-03-341       WICAR Data Request       Request for information from WICAR       WICAR legacy system. No match       data even available?         TOA 48-Month Extension       Used to evaluate TOA 48-Month       CalWORKs 48-Month Time Limit         56-03-342       Evaluation       TOA 48-Month Extension Evaluation       extension. No match       CW 2190A       Extender Request Form         Notice of Action Approval of       Approval NOA for 3-Month exemption of Approval NOA to approve the 3-       CW 2190A       Extender Request Form		56-03-340	TRAC Change Request	intormation			
TOA 48-Month Extension     Used to evaluate TOA 48-Month     CalWORKs 48-Month Time Limit       56-03-342     Evaluation     TOA 48-Month Extension Evaluation     extension. No match     CW 2190A     Extender Request Form       Notice of Action Approval of     Approval NOA for 3-Month exemption of     Approval NOA to approve the 3-     Extender Request Form							
56-03-342     Evaluation     TOA 48-Month Extension Evaluation     extension. No match     CW 2190A     Extender Request Form       Notice of Action Approval of     Approval NOA for 3-Month exemption of     Approval NOA to approve the 3-		56-03-341		Request for information from WICAR		data even avaliable?	
Notice of Action Approval of Approval NOA for 3-Month exemption of Approval NOA to approve the 3-							
		56-03-342				CW 2190A	Extender Request Form
56-03-343 CalWORKs 3-Month Exemption former home Month exemption for a former home. New Rec. Manual <program> NOA</program>							
		56-03-343	CalWORKs 3-Month Exemption	former home	Month exemption for a former home.	New Rec.	Manual <program> NOA</program>

						1
	56.02.244	Request For DMV Vehicle		Used to request vehicle registration	New Dee	Description of the state of the
	56-03-344	Registration Information	Request for vehicle registration	directly from DMV. No match	New Rec.	Property Statement and Verification
				Used to communicate and send case		
		Tribal TANF Case Tranfer		documents between HSA and		
	56-03-346	Summary	TRIBAL TANF communication	OCVCDC. No match	New Rec.	Non-Fraud Referral or Request
				Used to communicate case specific		
		Tribal TANF Case Information		information between HSA and		
	56-03-347	Transmittal	TRIBAL TANF communication	OCVCDC. No match	New Rec.	Non-Fraud Referral or Request
				Used to inform fiscal on the issuance		
		AB 557 HA Check Replenishment		of AB 557 benefits and		
x	56-03-348	Request	Check replenishment for AB 557 Benefits	•	New Rec.	HSP and Homeless Assistance Forms
				Used for AB 557 applicants to attest		CalWORKs/WELFARE-TO-WORK
		AB 557 Applicant Sworn		to fleeing a domestic abuse situation.		DOMESTIC VIOLENCE WAIVER
x	56-03-349	Statement	Sworn statement for AB 557 applicants	No match	CW 2199	REQUEST
				Used to determine the State or		Sponsor Related Forms - Indigence,
		CalWORKS Non-Citizen Eligibility		Federal eligiblity status of a		Repayments, Responsibility
x	56-03-350	Determination	Non-Citizen Eligibility Determination	CalWORKs non-citizen client. No	New Rec.	Agreements, Worksheet
				Used to request to mail		Important Notice about Mailing
	56-03-592	Post Office Box Verification	PO Box Verification form	correspondence to a PO Box.	PA 1815	Address
						Rights, Responsibilities and other
		Important Notice Cash Aid Lump	Notice to guardian regarding Lump Sum	Signed by guardian at intake - No		Important Information for the
x	56-04-003	Sum Notice	reporting responsibilities	Match	CW 2218	CalWORKs Program
				Completed by SW and signed by		
			Contains SCI request; amount, start date;	supervisor and manager prior to		
x	56-04-004	Dependent/Ward Payment Plan	end date and description of the need	going to eligibility for processing - No	New Rec.	Program Budgets & Worksheets
			i.			
			Tracking sheet for Trust Fund (SSA/SSI			
			income); included amount received,	Completed by CBS to track trust fund		
				account and maintain monthly		
x	56-04-012	Trust Fund Ledger	foster care and balance of trust fund	, balance - No Match	New Rec.	FC Forms
			Contains verification from regional			
			center that child meets eligibility criteria	Initiated by the CBS and sent to the		
			for Dual Agency/Early Start rate; contains			
	56-04-015	Tri-Counties Regional Center	effective date of services	services - No Match	New Rec.	Non-Fraud Referral or Request
	50 04 015	Theodities hegional center		Requested by adoptive parent and	New Nee.	Non Hada Kelenaron Kequest
				provided for the purpose of verifying		
			Contains rate information; contains case			
x	56-04-016	AAP Income Verification	information and rate	XXX Verification of Benefits	CSF XXX	Verification of Benefits
^	20-04-010	www.mcome.vermcation		Requested by foster parent and		vermeation of benefits
				provided for the purpose of verifying		
						Solf Employment Income Statement
			Contains rate information, antoir	-	CSF XXX	Self-Employment Income Statement
	FC 04 017	In come Marifiantian	,	DCFS 6056 Income Verification Letter		Notice to Self-Employed Individuals
X	56-04-017	Income Verification	information and rate	for Foster Care or CSF XXX	PA 167	Monthly Earnings Report
			Bernard Letters and 1	Completed by CBS and sent to		
			Request Letter; contains case	caregiver to request additional		
Х	56-04-018	Kin-GAP Application	information		New Rec.	KG Forms
				Requested by guardian and provided		
				for the purpose of verifying KG		
				benefits - Possible Match CSF XXX		
	56-04-019	Kin-GAP School Verification	information and rate	Verification of Benefits	New Rec.	Student/College Related Forms
				Completed by CBS and sent to		
			Verification of Title IV-E eligibility letter	caregiver to verify Title IV-E eligibility		
						New Freud Deferred as Desuget
	56-04-021	Medicaid Request	for Medicaid	for out of state Medicaid - No Match	New Rec.	Non-Fraud Referral or Request
	56-04-021	Medicaid Request	for Medicaid	Completed by CBS and sent to	New Rec.	Non-Fraud Referrator Request
	56-04-021	Medicaid Request	for Medicaid Request Letter; contains case		New Rec.	Non-Fraud Referration Request
	56-04-021	Medicaid Request		Completed by CBS and sent to caregiver to request additional	New Rec.	FC Forms

			Completed by CBS and sent to		
			caregiver to inform them of contact		
		Informing letter; contains case	information in their county of		
56-04-023	NRLG Discontinue Letter	information	residence (NRLG ICT) - No Match	New Rec.	FC Forms
			Completed by CBS and sent to		
			parent/caregiver to inform them that		
			the SSA benefits exists for their child		
		Informing letter; contains case	and that they need to apply to be		
x 56-04-024	Trust Fund Social Security Benefits	- ·	payee - No Match	New Rec.	Non-Fraud Referral or Request
			Completed by CBS and sent to		
		Request Letter; contains case	caregiver to request the completion		
56-04-025	SOC 155B Request	information	of a form - No Match	New Rec.	FC Forms
			Completed by CBS and sent to fiscal		
		Internal memo; contains case	to request an adjustment to the		
		information, amount of adjustment and	claim; completed when benefit can		
x FC 04 00C	Claim Adjust Marga (Bug 1920)	· ·		New Dee	Final Forms
× 56-04-026	Claim Adjust Memo (Bug 1820)	aid code	not be adjusted in the SAWS system -	New Rec.	Fiscal Forms
		Internal money part-to-	Completed by EC CBC to top of		
		Internal memo; contains case	Completed by FC CBS to transfer case		
56-04-027	Intra-Inter Program Transfer	information, contact and date of transfer		CSF XXX	Inter-Office Case Assignment
			Completed by CBS and sent to fiscal		
		Internal memo; contains case	to request an abatement of SSA		
56-04-028	Abatement Memo (Bug 1820)	information and abatement instructions		New Rec.	Non-Fraud Referral or Request
			Completed by CBS and sent to SSA to		
			inform them of the termination of		
		External letter; contains case information	n dependency; current caregiver info		
x 56-04-029	Social Security Conserved Funds	and current contact information	and conserved funds - No Match	New Rec.	FC Forms
			Completed by CBS and sent to SSA to		
			inform them of the termination of		
		External letter; contains case information	dependency and current caregiver		
x 56-04-030	Social Security Discontinue Payee	and current contact information	contact info - No Match	New Rec.	FC Forms
	· ·		Completed by CBS and sent to SSA to		
			inform them of the removal of a child		
		External letter; contains case information			
x 56-04-031	Social Security Change of Payee	and date of removal	benefits - No Match	New Rec.	FC Forms
	social security change of rayee		Completed by CBS and sent to		
			current payee to inform them of the		
	Social Security Former Payee	Informing letter; contains case	removal and need to forward SSA		
x 56-04-032	Letter	information	benefits to HSA until payee change	New Rec.	FC Forms
<u> </u>	Lette.		Completed by CBS and sent to		
		External memo; contains case	Juvenile Courts to request a court		
56-04-033	Court Order Request	information and court order requested	order - No Match	New Rec.	Jail/Inmate Forms and Notices
50-04-033	court order nequest	mormation and court order requested	Sent by CBS at caregivers request;	NEW NEL.	sany minate rorms dilu Notices
	Direct Doposit Authorization	Contains direct denset information			Direct Doposit Authorization Circultur
		Contains direct deposit information;	completed by caregiver and returned	DCFC (041	Direct Deposit Authorization Sign-Up
x x 56-04-034	TOT FOSTER CARE AND AAP PROVIDERS	bank account and client authorization	to CBS for processing - No Match	DCFS 6041	Form
	AFDC FC Budget March Chart	Budget work sheet; contains placement	Completed by CBS to verify payment	New Dee	Descrete Dudests Chiteshalas
56-04-035	AFDC-FC Budget Work Sheet	information and rate	proration - No Match	New Rec.	Program Budgets & Worksheets
			Completed by CBS to inform SW of		
			new NRLG case received; provides		
		Internal form; contains guardian and	necessary information to set up the		
56-04-036	(Non-Related Legal Guardian)	case information	child welfare case - No Match	New Rec.	Non-Fraud Referral or Request
			Completed by CBS and provided to		
			unit supervisor for overpayment		
		Internal memo; contains overpayment	tracking purposes; allows CFS		
		details: dates, amount and details of	management to monitor SW caused		
56-04-037	Overpayment Explanation	what caused overpayment	overpayments - No Match	New Rec.	Worker/Worker Contact

			Internal memo; contains provider	Completed by CBS and provided to	RDB mode has its own doc types.	
			information needed to create a new	BIO to request the creation of a new	What are they? Can we reuse them	
	56-04-038	Provider Maintenance Request	provide in CalWIN	provider in the CalWIN system - No	for this?	
				Completed by CBS to determine		
		AFDC-FC Worksheet for	Worksheet; contains excluded person	income available to the child/youth		
	56-04-039	Excluded/Ineligible Persons	information and income	in the home of removal - No Match	New Rec.	Program Budgets & Worksheets
				Prepared by CBS and provided to SW		
				to determine best interest; this form		
		Child Support - Best Interest Of		is returned to the CBS who then		
	56-04-	The Child Determination Per AB	Internal form; contains best interest	documents the determination in		
x x	040_CW51	1449	determination made by SW	CWS/CMS - No Match	New Rec.	FC Forms
				Created by CBS at removal and		
				updated at each renewal; used to		
				track court order findings that are		
		Adoptions and Safe Family Act	Worksheet; contains court order details;	required every 12 months for state		
	56-04-041	Court Findings Worksheet	removal information	and federal eligibility - No Match	New Rec.	Program Budgets & Worksheets
				Completed by CBS and sent to the		
			Informing letter; contains case	parents along with the Parent Fact		
x	56-04-043	Parent Packet Letter	information	Sheet (56-04-044) - No Match	New Rec.	FC Forms
				Created by CBS and sent to parents to		
				obtain income and resources		
				available to the child in the month of		
			Contains case info; income and resources	removal: the form is competed by the		
x	56-04-044	Parent Fact Sheet	in the home of removal	parents and returned to the CBS - No		FC Forms
Λ	50 04 044	Turent Tute Sheet		Created by CBS and sent to support	New Net.	Teromis
		Children and Family Services Data	Contains necessary information to sent	staff for initial case set up; this would		Application, Intake, or Screening
x x x	56-04-045	Sheet.	up case file in CalWIN	need to be revised for Cal SAWS - No	New Rec	Tools
^ ^ ^	30-04-043	Sheet.	up case me in carwin	Sent by CBS to caregiver; completed	New Net.	10013
				by caregiver and returned to CBS to		
				document special needs; form is also		
				provided to SW for KG rate		
	56-04-046	Consist Nanda Inquiru	Contains appaid poods description	•	New Rec	
X	50-04-040	Special Needs Inquiry	Contains special needs description	negotiation - No Match	New Rec.	KG Forms
				Completed by CBS and provided to		
			Contained and details also served as to	SW for permanency staffing to make		
	56 04 050		Contains case details; placement; rate	funding options available and inform		<i>vo</i> -
	56-04-053	Eligibility Options for Permanency	available for KG/NKLG and AAP	SW of possible barriers to funding -	New Rec.	KG Forms
				Created by CBS and sent to relative		
				caregiver to request the completion		
		Approved Relative Caregiver	Informing letter; contains case	of the ARC 1, as well as family tree		
X	56-04-062	Request Form	information	and sworn statement if applicable -	CSF XXX	Statement of Relationship
				Created by CBS for Case Aid research		
			Case information necessary for	and ACE entry for NTE date; could be		
		Emergency Assistance	Emergency Assistance research (initial	scanned in with EA 1 if that is an		
X	56-04-063	Miscellaneous Research Sheet	approval of EA1)	option in Cal SAWS - No Match	New Rec.	FC Forms
				Completed by CBS and sent to		
		Children and Family Services Kin-	Informing letter; contains case	relative caregiver to request		
Х	56-04-064	GAP Reassessment Letter	information	reassessment documents - No Match	New Rec.	KG Forms
				Completed by CBS and sent to		
			Informing letter; contains case	relative caregiver to request		
х	56-04-066	ARC Reassessment Letter	information	reassessment documents - No Match	New Rec.	FC Forms
				Requested by relative caregiver and		
				provided for the purpose of verifying		
		Approved Relative Caregiver	Contains rate information; contains case	ARC benefits - Possible Match CSF		
x	56-04-067	Income Verification	information and rate	XXX Verification of Benefits	CSF XXX	Verification of Benefits

			Completed by CBS and sent to		
			caregiver to inform them that the		
	Static Criteria Determination	Informing letter; contains case	intensive rate they are receiving will		
56-04-069	Letter	information	be limited to 60 days - No Match	New Rec.	FC Forms
			Completed by SW and provided to		
			CBS to request a special care		
x 56-04-070	Specialized Care Increment Matrix	Worksheet	increment along with the LOC rate -	New Rec.	FC Forms
			Created by CBS at age 18 and		
			updated at each renewal; used to		
			track court order findings that are		
		Worksheet; contains court order details;	-		
x 56-04-071	AB12 Court Findings Worksheet	removal information	and federal eligibility - No Match	New Rec.	Program Budgets & Worksheets
30040/1	Abiz court maings worksheet		Completed by CBS based on	New Nec.	Tiogram budgets & Worksheets
		Markeboot, contains analy mont			
	Unormale and DM/E (Dringing) M/ego	Worksheet; contains employment	information obtained from SW, IEVS		
		history; used to determine the Principal	and parents to determine the PWE in		
56-04-073	Earner) Determination	Wage Earner in the home of removal	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
	Supportive Services Advance				
56-06-015	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
	Employment Services Program				
x 56-06-017	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
	CalWORKs Work Experience				
	Program Medical Release and				
x 56-06-063	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
	Work Experience And/Or				WTW Agreements, Assessments, etc.
	Community Services Program			New Rec.	Progress Report - Education/Post-
x 56-06-087A	Training Site Request	Training request	request to create WEX site-no match		EMPL/WEX and Community Services
x 30 00 00//	framing site nequest		request to create wex site no materi		WTW Agreements, Assessments, etc.
	Work Experience (WEX) Training			New Rec.	Progress Report - Education/Post-
56-06-087B	Plan & Evaluation	Training plan	Training plan outline-no match	GN 6070	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.
	CalWORKs/WTW WEX Non-				
x x 56-06-095	Financial Agreement	Non-financial agreement	Non-payment agreement-no match	New Rec.	WTW Agreements, Assessments, etc.
	CalLearn Attendance/Progress				
x 56-06-151	Report	Attendance record	Track attendance-no match	New Rec.	CalLearn Agreements and Forms
				What is this an application for? Is it	
				a job application or a program	Application for CalFresh, Cash Aid,
	Master Employment Application			application?	And/Or Medi-Cal/Health Care
× 56-06-158	(12/11)	master application	application record-no match	SAWS 2 PLUS	Programs
	Work Experience Training Site				Tracked WTW Activities, Hours,
56-06-161	Attendance	Site attendance	Attendance verification-no match	New Rec.	Exemptions
	Important Notice To Employees			Is this imaged to a case? What is it	
56-06-164	(03/13)	employee notification	state required notification-no match	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
					WTW Agreements, Assessments, etc.
	Work Experience (WEX) Trainee			New Rec.	Progress Report - Education/Post-
56-06-196	Request	Request form	Request for trainee-no match	GN 6070	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
	Appointment Letter to Cure WTW			-	
x 56-06-201	Sanction	Appointment letter	Cure sanction appointment-no match	CSF XXX	Cure Sanction Appointment Letter
		- pp	Notification of child care transfer-no		
x 56-06-215	Child Care ICT Letter	Notification	match	New Rec.	ICT Forms
X 50-10-715					

						-
		Community Service WTW Job				Tracked WTW Activities, Hours,
	56-06-218	Performance Evaluation	Evaluation form	Evaluation of preformance-no match	New Rec.	Exemptions
		WTW Community Service Training		Community Service agreement-no		
X	56-06-219	Site Agreement	Agreement	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.
				Agreement to participate in JR-no		Tracked WTW Activities, Hours,
x x	56-06-225	Job Readiness Activity Agreement	*	match	New Rec.	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.
		Retro Stage One Child Care				
X	56-06-310	Request Form	Retro request	Request for Retro payment-no match	New Rec.	Child Care Referrals and Forms
		WTW Activity Attendance				Tracked WTW Activities, Hours,
	56-06-311	Calendar	Attendance record	Attendance verification-no match	New Rec.	Exemptions
						General Relief Opportunities For
	56-06-602	Behavioral Health Referral Form	Referral	Referral to BH-no match	ABP 1467-MHS	Work Supportive Services Referral
		WTW Community Service Training				
	56-06-605	Site Request	Site request	Request to create site-no match	New Rec.	WTW Agreements, Assessments, etc.
		CalWORKs Community College				
	56-06-610	Referral Form	Referral	Referral to CC-no match	New Rec.	Student/College Related Forms
		Work Participation Verification				Tracked WTW Activities, Hours,
	56-06-612	Request Form	Request form	Request for verification-no match	New Rec.	Exemptions
		Family Stabilization Services (FSS)				
x	56-06-615	Agreement	agreement	FS plan/agreement-no match	New Rec.	Family Stabilization Forms and Docs
		Expanded Subsidized Employment	t	· · · ·		
	56-06-617	(ESE) Referral	Referral	Referral to ESE-No match	New Rec.	Non-Fraud Referral or Request
						Worker Use (Eligibility
		E2Lite Sample Verification Check				Determination/Tracking) Program
	56-06-629	List	Checklist	E2Lite checklist-no match	New Rec.	Specific Checklists
						Your Welfare-To-Work (WTW) 24-
						Month Time Clock
		Notice for WTW 24-Month Clock		Notification of 24 month clock -no	CW 2208	Welfare-to-Work 24-Month Time
	56-06-641	Un-ticked Months	Informing notice	match	WTW 38	Clock Notice
	50 00 011		internet in the second s	Letter with Child care status change-		
x	56-06-652	Child Care Change Fax Transmittal	Change letter	no match	New Rec.	Fax/Coversheets
A	50 00 052			ile illetell		Worker Use (Eligibility
						Determination/Tracking) Program
	56-06-653	PrEP Data Checklist	Checklist	Track completion of PrEP-No match	New Rec.	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
	50 00 005	Case Conference Referral Form	100 500.011	Referral to case conference-No		signation and and and and and and and and and an
	56-06-664	(09/17)	Referral	match	New Rec.	Non-Fraud Referral or Request
	30 00-004	CalWORKs Intership Program		materi	them nee.	ter rada hereirai or hequest
v	56-06-671	Referral Form (04/19)	Referral	Referral to CIP-No match	New Rec.	Non-Fraud Referral or Request
x x	56-06-672	WEX Background Check Request	Request form	Request for background check-No	New Rec.	WTW Agreements, Assessments, etc.
Λ	30-00-072	WEA Background Check Request	nequestionin	nequest for background thete-NO	What is this form used for? What is	
			Werkerder	CIP project request-no match	CIP?	
	FC 0C C72					
	56-06-673	CIP Work Order Form (04/18)	Workorder	en project request no materi		CAIN Transmission and An sillers
		Ancillary-Support Services				GAIN Transportation and Ancillary
x	56-06-675	Ancillary-Support Services Request	Request form	Ancillary service request-no match	GN 6151	School & Work-Related Expenses
x x	56-06-675 56-06-677	Ancillary-Support Services Request GPDR - Potholes & Detours	Request form Planning	Ancillary service request-no match Client goal planning-no match	GN 6151 New Rec.	School & Work-Related Expenses GA/GR Work Related and Activities
	56-06-675	Ancillary-Support Services Request GPDR - Potholes & Detours CalMAP (06/18)	Request form	Ancillary service request-no match	GN 6151	School & Work-Related Expenses
	56-06-675 56-06-677 56-06-678	Ancillary-Support Services Request GPDR - Potholes & Detours CalMAP (06/18) My Road May - Potholes &	Request form Planning Planning	Ancillary service request-no match Client goal planning-no match Client goal tracking-no match	GN 6151 New Rec. New Rec.	School & Work-Related Expenses GA/GR Work Related and Activities WTW Agreements, Assessments, etc
	56-06-675 56-06-677	Ancillary-Support Services Request GPDR - Potholes & Detours CalMAP (06/18) My Road May - Potholes & Detours (06/18)	Request form Planning	Ancillary service request-no match Client goal planning-no match	GN 6151 New Rec.	School & Work-Related Expenses GA/GR Work Related and Activities WTW Agreements, Assessments, etc.
	56-06-675 56-06-677 56-06-678 56-06-679	Ancillary-Support Services Request GPDR - Potholes & Detours CalMAP (06/18) My Road May - Potholes & Detours (06/18) 24 Month Time Clock (MTC)	Request form Planning Planning Planning	Ancillary service request-no match Client goal planning-no match Client goal tracking-no match Client goals-no match	GN 6151 New Rec. New Rec. New Rec.	School & Work-Related Expenses GA/GR Work Related and Activities WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc.
	56-06-675 56-06-677 56-06-678	Ancillary-Support Services Request GPDR - Potholes & Detours CalMAP (06/18) My Road May - Potholes & Detours (06/18)	Request form Planning Planning	Ancillary service request-no match Client goal planning-no match Client goal tracking-no match	GN 6151 New Rec. New Rec.	School & Work-Related Expenses GA/GR Work Related and Activities
x	56-06-675 56-06-677 56-06-678 56-06-679	Ancillary-Support Services Request GPDR - Potholes & Detours CalMAP (06/18) My Road May - Potholes & Detours (06/18) 24 Month Time Clock (MTC)	Request form Planning Planning Planning	Ancillary service request-no match Client goal planning-no match Client goal tracking-no match Client goals-no match	GN 6151 New Rec. New Rec. New Rec.	School & Work-Related Expenses GA/GR Work Related and Activities WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc.
x	56-06-675 56-06-677 56-06-678 56-06-679 56-06-681	Ancillary-Support Services Request GPDR - Potholes & Detours CalMAP (06/18) My Road May - Potholes & Detours (06/18) 24 Month Time Clock (MTC) Tracking Sheet	Request form Planning Planning Planning Tracking tool	Ancillary service request-no match Client goal planning-no match Client goal tracking-no match Client goals-no match Trak 24 montn clock-No match	GN 6151 New Rec. New Rec. New Rec. New Rec.	School & Work-Related Expenses GA/GR Work Related and Activities WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc. Time Limit Forms

		Job Retention Services Ending		Notice of Job Retention ending-no		
	56-06-684	(10/19)	Notification	match	New Rec.	Manual <program> NOA</program>
						General Relief Rights and
				Program Specific Rights and	GR 21	Responsibilities
X	56-07-002	GR Rights & Responsibilities	GR Rights & Responsibilities	Responsibilities-No Match	GR RR SAWS 2 PLUS	SAWS II PLUS with the GR Rights and
		GR Property Owner/Manager				
x	56-07-010	Statement	Property Owner/Manager Statement	Shelter Expense Verification Form	New Rec.	Vendor Agreements and Forms
				GR Program Specific Authorization to	1	
x	56-07-015	GR Release of Information	Authorization to Release Information	Release Information	New Rec.	Other Contact Authorization Forms
		GR Owner-Manager Clarification	Property Owner/Manager Clarification	Property Owner Clarification deadline	2.	
x	56-07-033	Letter	Letter	No Match	New Rec.	Vendor Agreements and Forms
		GR Closure of Request for Admin		Admin Review Findings Letter-No		Notice of Hearing Decision - General
x	56-07-038	Review	Admin Review Findings Letter	Match	ABP 1768	Relief & GROW
A	50 07 050	neview	Admin Review Findings Letter	IPV Findings and Recommendation-	//bi 1/00	
x	56-07-040	GR IPV Evaluation	IPV Case Review	No Match	New Rec.	GA/GR Other Forms
*	30-07-040	GR Notice of Request for	IF V Case Neview	No Match	New Rec.	GA/GR Other Forms
		•	Adaptic Devices Device t 0 Atid Detid	Admin Device Communication		
	FC 07 010	Administrative Review and Aid	Admin Review Request & Aid Paid	Admin Review Communication	New Dee	
X	56-07-042	Paid Pending Order	Pending Order	Memo-No Match	New Rec.	GA/GR Other Forms
x	56-07-044	GR 12-Step Meeting Attendance	12-Step Meeting Attendance Card	Attendance verification	New Rec.	GA/GR Work Related and Activities
		Consent to Obtain or Release		Behavioral Health Obtain or Release		
	56-07-045	Confidential Information	Authorization to Release Information	Confidential Information	New Rec.	Other Contact Authorization Forms
				Office Location Appointment Letter-		GA/GR Work Related and Activities
x	56-07-060	GR Services Appointment	Appointment Letter	No match	New Rec.	Forms
				GR Personal Responsibility and		GA/GR Work Related and Activities
x	56-07-061	GR Contract	Services Agreement	Services Agreement-No Match	New Rec.	Forms
				GR Personal Responsibility and		
				Services Agreement-Drug and		GA/GR Work Related and Activities
x	56-07-061A	GR Contract ADP	Services Agreement	Alcohol Program-No Match	New Rec.	Forms
				GR Personal Responsibility and		GA/GR Work Related and Activities
x	56-07-061F	GR Contract PHY	Services Agreement	Services Agreement-Physical	New Rec.	Forms
A	30-07-0011	GR contract FIT	Services Agreement	GR Personal Responsibility and	New Rec.	GA/GR Work Related and Activities
	56-07-061K	GR Contract ES	Comisso Agrosmont		New Dee	
<u> </u>	20-07-001K	GR CONTRACT ES	Services Agreement	Services Agreement-Employment-No	New Rec.	Forms
				GR Personal Responsibility and		GA/GR Work Related and Activities
X	56-07-061M	GR Contract MH	Services Agreement	Services Agreement-Mental Health-	New Rec.	Forms
			Authorization to Release Medical	GR specific employability		GA/GR Work Related and Activities
X	56-07-067	GR Employability Evaluation	Information	assessement-No Match	New Rec.	Forms
		GR Appeals Back - Request For		Request for Administrative Review-		
x	56-07-239 Bac	k Hearing	Request for Administrative Review	No Match	Court/Hearings Document	Fair Hearing Forms
				GR Benefits Approval Notice of		
x	56-07-239A	GR NOA Approval	GR Benefits Approval Notice of Action	Action-No Match	New Rec.	Manual <program> NOA</program>
	-			GR Benefits Change Notice of Action-	· · · · ·	
x	56-07-239C	GR NOA Change	GR Benefits Change Notice of Action	No Match	New Rec.	Manual <program> NOA</program>
		5	GR Benefits Denial-Discontinuance	GR Benefits Denial-Discontinuance		
x	56-07-239D	GR NOA Denial-Disc	Notice of Action	Notice of Action-No Match	New Rec.	Manual <program> NOA</program>
	50 07 2550		GR Benefits Discontinuance Notice of	GR Benefits Discontinuance Notice of		
x	56-07-239F	GR NOA Discontinuance	Action	Action-No Match	New Rec.	Manual <program> NOA</program>
x x	56-07-239H	GR NOA Discontinuance GR NOA Change - Aid Paid	Action Aid Paid Pending Approval NOA	Aid Paid Pending Approval NOA-No	New Rec.	Manual <program> NOA</program>
λ	20-07-239H	GN NOA CHange - Alu Palu			INEW REL.	widiludi <ri dill="" ugi=""> NUA</ri>
	FC 07 220		Intentional Program Violation	GR Specific Intentional Program	New Dee	Manual Jonana NOA
x	56-07-2391	GR NOA IPV	Disqualification NOA	Violation Disqualification NOA-No	New Rec.	Manual <program> NOA</program>
		General Relief -	Request to Withdraw/Discontinue GR	Request to Withdraw/Discontinue GI		Notice of Withdrawn Application
X	56-07-239W	Withdrawal/Request Disc	Benefits	Benefits-No Match	CSF XXX	Request for Discontinuance Waiver
X	56-07-467	GR Payment and Security	Lien Agreement	GR Specific Lien Agreement-No	New Rec.	GA/GR Repayment
		Notice of Failure to Cooperate	Notice to client that benefits are	Notice to client that benefits are		
		with the Department of Child	discontinued for failure to cooperate	discontinued for failure to cooperate		
	56-08-004	Support Services	with Child Support	with Child Support. No match	New Rec.	Manual <program> NOA</program>
		P.P	· · · · · · · · · · · · · · · · · · ·			

		Form to allow clients to provide	Client signs to give authorization,		
		e information, and child care providers to	child care provider completes, in		
x 56-08-061	Verification	confirm, expenses	order to verify child care expenses.	New Rec.	Child Care Referrals and Forms
			Worker tool to evaluate an annuity		
		Determine countable income/property,	for countable income and property,		
		evaluate for transfer period of	and determine any period of		
× 56-08-073	Annuity Evaluation Form	ineligibility	ineligibility. No match	New Rec.	Property Statement and Verification
			Tool to assist worker in identifying		
		Identify the type of trust and determine	type of trust and what income or		
x 56-08-082	Trust Evaluation (05/12)	countable income/property	property may need to be counted.	New Rec.	Property Statement and Verification
			Signed by client and completed by		
	Third Party Bank Account	Client release and request for	financial institution, to obtain status		
56-08-084	Verification Request	information from a financial institution	and balances of bank accounts. No	New Rec.	Property Statement and Verification
	·		Communication from worker to		
			MEDS operator to request an AP18		
	Accelerated Enrollment (AE) MED	S Specific MEDS online request to term	online transaction to term an 8E aid		MEDS Related - Clearance, Updates,
56-08-097	On-line Denial	Accelerated Enrollment when MC denied	code. No match	New Rec.	Requests
			Communication from worker to		·
			MEDS operator to request an AP18		
		Specific MEDS online request to term	online transaction to term a 1E, 2E,		MEDS Related - Clearance, Updates,
56-08-098	Craig V. Bonta MEDS Online Denia		or 6E aid code. No match	New Rec.	Requests
50 00 050	cruig V. Bonta MEBS Online Bena		Provides a list of Presumptive	New Net.	hequests
	Physician's Statement of	Allows physician to identify specific PD	Disability conditions for the physician		
56-08-099	Presumptive Disability	condition	to choose from if applicable to the		
50-08-055		Notifies client that we received	Notifies the client that we received		
	Courtesy Letter Regarding Your	verification, but it is incomplete and the	verification, but it is incomplete and		
x 56-08-118	Closed Medi-Cal Case	case cannot be restored.	the case cannot be restored. No	New Rec.	Manual <program> NOA</program>
X 50-08-118	closed Medi-cal case	County worksheet used for screening	the case cannot be restored. No	New Rec.	
56-08-124	TMC Screen Sheet (06/13)	TMC eligibility	Screen for TMC eligibility - No Match	Now Boc	Program Budgets & Worksheets
50-08-124	Thic screen sheet (06/15)	TWC eligibility	Information for Craig v. Bonta	New Rec.	Program Budgets & Worksheets
			beneficiaries when the County has		
			received a referral to evaluate for		
		county informational notice for Craigy	Medi-Cal. Cover letter for packet of		
	Craig v. Dente Information Nation	county informational notice for Craig v		In the preventetter improved 2 lt	
	÷	Bonta referrals. Cover Letter for packet	mandatory notices (MC 219, MC 007,	-	
x 56-08-126	(11/16)	of informational notices.	DHS 7077) - No Match	sounds like info for customer only.	
		MEDC former of the second of the lists	MEDS form needed to update DRA		
	Citizenship (ID Desured AD 40	MEDS form used to request CA birth	citizenship/ID record or to request CA		MEDS Related - Clearance, Updates,
56-08-136	Citizenship/ID Request AP 19	match or to update DRA information	birth match - No Match	New Rec.	Requests
	Department of Developmental		Cover letter for Medi-Cal application		
	Services (DDS) Waiver Referral	Cover letter for MC application when a	with due date when a DDS waiver	Navy Data	New Frend Defensel - D
x 56-08-148	Cover Sheet	DDS waiver is received	referral is received - No Match	New Rec.	Non-Fraud Referral or Request
		Course lattice for MC	Cover letter for Medi-Cal application	la this courselates 1 2	
		Cover letter for MC application packet	when mailed per request by	Is this coverletter imaged?	
56-08-151	Welcome to Medi-Cal Letter	when mailed per client's request	consumer - No Match	MC 210 Mail In Instr	MC 210 Instructions
	Personally Identifiable		Authorization for County Human		
	Information Authorization to	Authorization for HSA to release PII to	Services Agency to release PII to		
56-08-153	Release Information	health care providers	health care provider - No Match	New Rec.	Other Contact Authorization Forms
			Cover letter for Deemed Eligible		
			beneficiaries when a request is being		
		Cover letter for Deemed Eligible	sent for information/verificaiton to		
		beneficiaries when a request is being	evaluate continued Medi-Cal		
		sent for information/verification to	eligibility after age 1 or when a		
		evaluate continued MC eligibility after	Healthcare application is mailed for	What is the purpose of the cover	
		age 1 or when a Healthcare application is	other household members - No	letter? Info only to the customer?	
	Deemend Elizibility Counters Letter	mailed for other household members.	Match	Is this imaged?	
x 56-08-155	Deemed Eligibility Courtesy Letter	malled for other nousehold mempers.			

			Used as a supplement to the RFTHI to		
			collect information about income,		
	Request for Tax Household		deductions, citizenship, preferred		
	Information (RFTHI) Supplemental	Used as a supplement to the RFTHI to	language, pregnancy, disability, LTC,		
	FormMC 210 ACA Income	collect information about income,	household changes, and student		Request for Tax Household
56-08-184	Deductions Supplement	deductions, citizenship, etc.	status for 19-20 yr old - No Match	RFTHI	Information (RFTHI)
50 00 104	Beddetons supplement	deddellolis, ddzelisiip, etc.	Notice of Action used when Medi-Cal		
	Notice of Action-Removal of		benefits are reinstated, no longer		
			· •		
50.00.000	•	NOA to inform inmate of benefits are no	,		
56-08-263	Medi-Cal Benefits	longer susupended	released within one year) - No Match	New Rec.	Manual <program> NOA</program>
		Llood for above redeterminetions to			
		Used for phone redeterminations to			
		collect the annual redetermination			
		information when a case is closed but	Used during 90 day cure period to		
	Medi-Cal Telephone Renewal	the client is complying during the 90 day	collect annual renewal information -		
x 56-08-266	Form	cure period.	No Match	MC 216	Medi-Cal Renewal Form
			Form to obtain the amount of		
	Spousal Allowance Transfer	Form to obtain the amount of spousal	spousal income allocation from LTC		Property Work Sheet/Assessment for
x 56-08-270	Statement	income allocation from LTC spouse	spouse - No Match	MC 176 PA	Institutionalized Spouses
	Information Notice for Refugee	Informing RMA beneficiaries of other			•
56-08-274	Medical Assistance Beneficiaries	programs - ACWDL 14-16	NOA for RMAs - No Match	New Rec.	Manual <program> NOA</program>
	Notice of Action Approval of Medi	• •			
	Cal for Refugee Medical	Notice of Action for RMA beneficiaries -			
56-08-275	Assistance Beneficiaries	ACWDL 14-16	NOA for RMAs - No Match	New Rec.	Manual <program> NOA</program>
50-08-275				New Rec.	Mariuai <program> NOA</program>
56.00.077	Notice of Action Approval of Medi		Approval NOA for MCIEP program -		
x 56-08-277	Cal Inmate Eligibility Program	NOA - ACWDL 14-24	No Match	New Rec.	Manual <program> NOA</program>
			NOA sent to FFY when they are		
	Upcoming Change to Your Medi-		approaching 26 years and need to		
56-08-279	Cal Coverage	NOA - FFY - ACWDL 15-32	complete the redetermination- No	New Rec.	Manual <program> NOA</program>
	Information About Your Health		Cover letter for Non-MAGI screening		
56-08-283	Coverage Options	Non-MAGI Cover letter	packet- No Match	Is this imaged?	
	Confirmation of Receipt of		Per MOU between DHCS and CDCR,	Is this imaged? Or only send to the	
	Ward's/Inmate's Health Care	Letter to confirm receipt of Inmate Pre-	confirm receipt of Inmate Pre-	center?	
56-08-284	Application	release Healthcare Application	Release Healthcare application - No	New Rec.	Jail/Inmate Forms and Notices
	Notice of Action - Denial of	••			
	Benefits - Over Income for MAGI	NOA - MAGI Medi-Cal denial, over	Notice of Action denying MAGI		
56-08-286	Medi-Cal	income	applicant due to income - No Match	New Rec	Manual <program> NOA</program>
50.00.200	Notice of Action - Denial for Non-	income	applicant due to income - No Match	New Net.	
	Modified Adjusted Gross Income		Notice of Action - Non-MAGI denial		
x 50.00.000	•	NOA Non MACI Desial as linkers		Now Boo	Manual (Programs NOA
x 56-08-290	Medi-Cal	NOA - Non-MAGI Denial, no linkage	for no linkage - No Match	New Rec.	Manual <program> NOA</program>
	Notice of Action - Discontinuance		Notice of Action - Non-MAGI		
	for Non-Modified Adjusted Gross	,	discontinuance for no linkage - No		
x 56-08-291	Income Medi-Cal	linkage	Match	New Rec.	Manual <program> NOA</program>
	Notice of Action - Denial of Retro				
	Benefits - Over Income for MAGI	NOA - Retro Denial, over income for	Notice of Action - over income for		
56-08-292	Medi-Cal	MAGI Medi-Cal	MAGI - No Match	New Rec.	Manual <program> NOA</program>
	Discontinuance of Benefits Under		Notice of Action - discontinuance for		
	the 250% Working Disabled	NOA - Discontinuance for 250% Working	250% Working Disabled Program - No		
x 56-08-294	Program	Disabled Program	Match	New Rec.	Manual <program> NOA</program>
	Medi-Cal Tuberculosis Program		Physician evaluation for TB Program -		Medi-Cal Tuberculosis Program
x 56-08-295	Physician Evaluation	Physician Evaluation for TB Program	No Match	MC 274 TB	Application
50 00 255	,	,	Prepared by case aid and mailed to		PP
	Adoptions Assistance Program	Informing letter; contains case	adoptive family with reassessment		
x 56-09-889		÷ .	. ,	Other county drawer AAD	
x 56-09-889 56-1	Reassessment Letter	information	packet - No Match	Other county drawer - AAP	Course Chattan and
	Statement Under Penalty of	Blank client statement form	Form is used in a county-specific	CSF XXX	Sworn Statement

				Completed by SW and provided to		
				CBS to inform them of a change of		
			Contains the placement and case	placement; information is then		
			information necessary to enter the	entered into CWS and a new SOC		
x x	56-12-022	CHANGE OF PLACEMENT	placement into CWS/CMS	158A is generated for SW's signature	- New Rec.	FC Forms
				Completed by SW and provided to		
				CBS to inform them of a new		
				removal; information is then entered		
			Contains the removal, placement and	into CWS and an intake packet		
			case information necessary to enter an	(SOC158A, SAWS 1 and FC2) are		
x	56-12-150	Initial Placement	initial placement into CWS/CMS	generated for SW's signature - No	New Rec.	FC Forms
			Internal memo; contains contact	Completed by FC CBS to transfer case		
		Discontinued Foster Care Referral	information necessary to transfer Medi-	to regular Medi-Cal under the CEC		
	56-12-186	to Medi-Cal	Cal to the CEC program	program - Possible Match DCFS 6072	New Rec.	Non-Fraud Referral or Request
			· · ·	Completed by SW and provided to		
	56-12-308	THPP Notification of Occupancy	Contains case information and rate	CBS for issuing of host home funds -	New Rec.	Vendor Agreements and Forms
		,		Completed by CBS and utilized to		-
				work through possible options to		
				support child/youth placed out of		
				state that may not qualify for		
			Worksheet; contains case information,	Medicaid or need additional funding		
		Out of State Placement Check	SSA/SSI benefit status and checklist for	for one on one care or other cost that		
	56-12-322	Sheet	out of state placements	are not supported by AFDC-FC - No	New Rec.	Program Budgets & Worksheets
	30-12-322	Sheet		Completed by ER SW and provided to		
				eligibility to notify them (along with		
				others) that a child has been		
	56 49 495			removed; could be scanned in with		
X	56-12-425	Detention Alert E-mail Template	Contains placement and removal details	the 56-12-150 if that is an option in	New Rec.	Worker/Worker Contact
				Completed by SW at ISFC staffing and		
		Intensive Treatment Foster Care	Contains case information; ISFC status	provided to eligibility to confirm start		
X	56-12-560	Recommendation	notes and ISFC start date	date of ISFC rate - No Match	New Rec.	FC Forms
				Completed by caregiver to inform the		
				SW of any special needs the child		
		Resource Parent Report Tool	Contains case information and needs of	may have; supporting documentation	1	
	56-12-625	(10/17)	the child; informs LOC determination	for SOC 500 - No Match	New Rec.	FC Forms
				Fraud referral sent to DAGFU-No		SIU (Fraud) Evidence, Contact
x	56-16-013	Fraud Investigation Referral	Fraud Investigation Referral	match	SIU Documents	Records, Requests
				DAGFU responds to Fraud referral-No	)	SIU (Fraud) Evidence, Contact
x	56-16-023	Fraud Referral Disposition Report	Fraud Referral Disposition Report	match	SIU Documents	Records, Requests
		Felony / Probation / Parole Status		Request for FF and PPV status-No		
	56-16-312	Referral	Felony, Probation, Parole Status Referral	match	New Rec.	Jail/Inmate Forms and Notices
		Intentional Program Violation	Intentional Program Violation	Disposition report sent to DAGFU for		Notice of Intentional Program
	× 56-16-593	Disposition Report	Disposition Report	IPV-No match	PA 771	Violation (IPV) Determination
	-					Sponsor Related Forms - Indigence,
				Request for verification from		Repayments, Responsibility
		CAPI Sponsor Requirements	Request for verification from	applicant/recipient about the	New Rec.	Agreements, Worksheet
x x	56-26-011	Request	applicant/recipient about the sponsor	sponsor. No match.	New Rec.	CAPI Application and Other Forms
A	55 20 011			Completed and signed by someone		
			Collateral contact for QC to verify HH	outside the HH to verify HH	PA 6091	
	x 56-27-002	Household Composition (09/15)	composition	composition for QC; no match	Other county drawer - QC/QC	Household Member Information
	A JU-27-002	nousenoia composition (05/15)	composition	Form for client to identify housing	other county drawer - QC/QC	
		Quality Control Housing	Form for client to identify bousing and		CSF XXX	
	FC 37 000	Quality Control Housing	Form for client to identify housing and	and utility expenses or in-kind; may		Income in Kind /IIto
	56-27-003	Statement (09/15)	utility expenses or in-kind	map to CF QC Notice 12. No match.	Other county drawer - QC/QC	Income In-Kind/Housing Verification
			Form for client to report work hours on a	•		
			daily basis by month, to help evaluate for	, , ,	New Rec.	
X	56-27-004	WINS Employment Hours (11/15)	WINS	evaluation. No match	Other county drawer - QC/QC	Program Budgets & Worksheets

			Notifies client of a missed QC		
			appointment, instructs client to call		
			and reschedule, and notifies client of		
	Second Appointment Letter	When client misses 1st appt, this form is	consequences for not cooperating		
56-27-005	(11/15)	sent to schedule a 2nd try	with QC. No match	Other county drawer - QC/QC	
			Requests client be discontinued from		
			CalFresh, and ineligible until the		
	Quality Control Notice of	Notice to supervisor of client's failure to	following Feb. 2. Possible match to		
56-27-006	Noncooperation (11/15)	cooperate with QC	CF QC Notice 7?	Other county drawer - QC/QC	
	Quality Control Refusal to	Form to allow client to refuse to	Client signs form to specifically refuse	1	
56-27-007	Cooperate (09/15)	cooperate with QC	to cooperate with QC. No match	Other county drawer - QC/QC	
			Completed by client, identifying		
			birthdate, birthplace, and parents'		
			names under penalty of perjury.		
	Quality Control Affidavit of Birth		Used by QC when birth certificate is	PA 853-1	Affidavit To Document: U.S
56-27-008	(09/15)	Form to allow client to attest to birth info	•	Other county drawer - QC/QC	Citizenship, Identity And Birth
	Quality Control Child Care Expense		Used by QC to verify child care		
56-27-009	Verification (11/15)	Collateral contact form for child care	expenses. No match	Other county drawer - QC/QC	
56 27 005	Quality Control Financial Aid		Used by QC to verify financial aid		
56-27-010	Verification (11/15)	Collateral contact for financial aid	income. No match	Other county drawer - QC/QC	
50 27 010	Quality Control School Enrollment		Used by QC to verify student status.		
56-27-011	Verification (11/15)	Collateral contact for student status	No match	Other county drawer - QC/QC	
50-27-011	vermeation (11/15)	conateral contact for student status	No match	PA 956	
	Quality Control Utility & Housing		Used by QC to verify utility expenses.		Housing/Utility Verification Form
56-27-012	Verification (11/15)	Colletoral contract for utilities	No match		Address Change/ Housing Costs
56-27-012		Collateral contact for utilities		Other county drawer - QC/QC	Address Change/ Housing Costs
FC 27 044	Quality Control Workers'		Used by QC to verify Worker's Comp		
56-27-014		Collaterall contact for Worker's Comp	income. No match	Other county drawer - QC/QC	
FC 27 047	Quality Control Verification	Second request for verification when 1st			
56-27-017	Second Request (10/17)	request was unsuccessful	and final request. No match	Other county drawer - QC/QC	
		Collateral contact for payment of child	Used by QC to verify child support		
56-27-018	Support Payment (10/17)	support	payments made by the HH. No	Other county drawer - QC/QC	
			This document is used by clients who		
	HOMELESS SHELTER		claim to be homeless, it is an		
	DOCUMENTATION/	Client attestation and general delivery	informing document to identify the		Important Notice about Mailing
× 6031	MAIL ADDRESS	address information form.	client's general delivery address.	PA 1815	Address
			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		
x 611-G	Verification of Indigent Cremation	Cremation Payment Authorization	information close to what this form is	New Rec.	Burial/Cremation Forms
			Application for Indigent Burial. There		
			is no form on the CalSAWS listing that		
			has information close to what this		
x 618-G	Application for Indigent Burial	Application for Cremation	form is requesting	New Rec.	Burial/Cremation Forms
			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		
	Request for Approval of Excess		CalSAWS listing that has information		
x 619-G	Burial Expense	Request for Excess Funds for Burial	close to what this form is requesting	New Rec.	Burial/Cremation Forms
	- p		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		
x 628-G	Cremation Approval	Cremation Approval	-	New Rec.	Burial/Cremation Forms
			has mornation close to what this	INC IN INCL.	banay cremation ronns

1				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		
x	629-G	Indigent Burial Denial	Indigent Burial Denial	listing that has information close to	New Rec.	Burial/Cremation Forms
				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		
		Indigent Burial Income-Resource		listing that has information close to		
×	630-G	Financial Eligibility Worksheet	Indigent Burial Budget	what this form is requesting	New Rec.	Burial/Cremation Forms
A	050-0	CFAP/Non-Citizen Determination	indigent buildi buuget	Form is used in a county-specific	New Rec.	Program Budgets & Worksheets
x	63-45	Worksheet	EST checklist for non-citizens	process	New Rec.	CFET Forms/Agreements
X	03-43	Calfresh Student Eligibility		Form is specific to county Extended	New Nec.	Student Eligibility/Ineligibility For
	62.40	υ,		, ,	DA 436	
X	63-48	Worksheet	NMD form to identify student exemption		PA 136	CalFresh Worksheet
	60 F4	Licensed D&A FS Application	Licensed Drug & Alcohol Application	Form is used in a county-specific		
	63-51	Cover Sheet	Cover Sheet	process	New Rec.	Vendor Agreements and Forms
				Form is specific to county Extended		
			NMD form calculating how much CF they	•		
		expedited Servcies Calfresh (ESCF)	-	Form is used in a county-specific		
X	63-52	Worksheet	EST worksheet for expedited services	process	New Rec.	Program Budgets & Worksheets
		Drug and Alcohol Treatment	Communication for from Drug and	Form is used in a county-specific		
	63-58	Facility Departure Report	Alcohol facility	process	ABP 132	Treatment Provider Progress Report
		Abled-Bodied Adults Without		Form is used in a county-specific		
	63-63	Dependents Client Exemption	ABAWD Exemption info	process	New Rec.	ABAWD Forms
				This is a budget that is completed to		
				determine eligibility for the General		
				Assistance Program. There is no form		
		Budget Work Sheet-General		on the CalSAWS listing that has		
x	658-G	Assistance	GA Eligibility Budget	information close to what this form is	New Rec.	Program Budgets & Worksheets
			Families Rising Universal Release of	local Home Visiting Program - no		° °
	7069C	Families Rising Universal ROI	-		SF Specific Special Program	
	7069C	Families Rising Universal ROI	Information; <i>separate page</i>	existing index code in CalSAWS	SF Specific Special Program	
	7069C		Information; separate page	existing index code in CalSAWS	SF Specific Special Program	
		Form 7069C.Families Rising	Information; <i>separate page</i> Families Rising Program Enrollment and	existing index code in CalSAWS local Home Visiting Program - no	· · · ·	
	7069C		Information; separate page	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program SF Specific Special Program	
	7069C 7069C	Form 7069C.Families Rising Referral & ROI	Information; <i>separate page</i> Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i>	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no	SF Specific Special Program	
	7069C	Form 7069C.Families Rising	Information; <i>separate page</i> Families Rising Program Enrollment and	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS	· · · ·	
	7069C 7069C Addendum	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum	Information; <i>separate page</i> Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW	SF Specific Special Program SF Specific Special Program	
x	7069C 7069C Addendum 715-0	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER	Information; <i>separate page</i> Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum LETTER TO CLIENT	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS	SF Specific Special Program SF Specific Special Program CSF XXX	Spend Down Declaration
X	7069C 7069C Addendum	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change	Information; <i>separate page</i> Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW	SF Specific Special Program SF Specific Special Program	Spend Down Declaration Address Change/ Housing Costs
x	7069C 7069C Addendum 715-0	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult	Information; separate page Families Rising Program Enrollment and Referral form - i ncluding Universal ROI Families Rising Addendum LETTER TO CLIENT Residency	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW	SF Specific Special Program SF Specific Special Program CSF XXX	Address Change/ Housing Costs
X	7069C 7069C Addendum 715-0 751-0	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency	Information; separate page Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW	SF Specific Special Program SF Specific Special Program CSF XXX	
x	7069C 7069C Addendum 715-0	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult	Information; separate page Families Rising Program Enrollment and Referral form - i ncluding Universal ROI Families Rising Addendum LETTER TO CLIENT Residency	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX	Address Change/ Housing Costs
x	7069C 7069C Addendum 715-0 751-0 8023C	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID	Information; separate page Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID.	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID Form is specific to county General	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec.	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests
x	7069C 7069C Addendum 715-0 751-0	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency	Information; separate page Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX	Address Change/ Housing Costs DMV/ID Referrals and Verification
x	7069C 7069C Addendum 715-0 751-0 8023C	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID	Information; separate page Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID.	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID Form is specific to county General	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec.	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests
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x	7069C 7069C Addendum 715-0 751-0 8023C	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID	Information; separate page Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID.	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID Form is specific to county General Assistance program Used to send out when customers	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec.	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests
x	7069C 7069C Addendum 715-0 751-0 8023C	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID	Information; separate page Families Rising Program Enrollment and Referral form - i ncluding Universal ROI Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID. inter-agency communication document	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID Form is specific to county General Assistance program Used to send out when customers have been using their benefits	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec.	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests
	7069C 7069C Addendum 715-0 751-0 8023C	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID PST WARNING DENIAL NOTICE	Information; separate page Families Rising Program Enrollment and Referral form - i ncluding Universal ROI Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID. inter-agency communication document Used to inqure on customer's	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID Form is specific to county General Assistance program Used to send out when customers have been using their benefits outside of the state to determine if	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec. New Rec.	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests
	7069C 7069C Addendum 715-0 751-0 8023C 80-39	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID PST WARNING DENIAL NOTICE California Residence	Information; separate page Families Rising Program Enrollment and Referral form - i ncluding Universal ROI Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID. inter-agency communication document Used to inqure on customer's whereabouts and intent to return to	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID Form is specific to county General Assistance program 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	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec. New Rec.	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests GA/GR Other Forms
	7069C 7069C Addendum 715-0 751-0 8023C 80-39	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID PST WARNING DENIAL NOTICE California Residence Questionnaire CalFresh E&T Program	Information; separate page Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID. inter-agency communication document Used to inqure on customer's whereabouts and intent to return to California	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID Form is specific to county General Assistance program 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 Form is specific to county General	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec. New Rec. CSF XXX	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests GA/GR Other Forms California Residency Questionnaire
	7069C 7069C Addendum 715-0 751-0 8023C 80-39	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID PST WARNING DENIAL NOTICE California Residence Questionnaire CalFresh E&T Program Requirements	Information; separate page Families Rising Program Enrollment and Referral form - i ncluding Universal ROI Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID. inter-agency communication document Used to inqure on customer's whereabouts and intent to return to	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID Form is specific to county General Assistance program 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 Form is specific to county General Assistance program	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec. New Rec.	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests GA/GR Other Forms California Residency Questionnaire CFET Forms/Agreements
,	7069C 7069C Addendum 715-0 751-0 8023C 80-39 : 806-0 90-10	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID PST WARNING DENIAL NOTICE California Residence Questionnaire CalFresh E&T Program Requirements Job Search Contact Record	Information; separate page Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID. inter-agency communication document Used to inqure on customer's whereabouts and intent to return to California GA CalFresh E&T agreement	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID Form is specific to county General Assistance program 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 Form is specific to county General Assistance program Form is specific to county General	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec. New Rec. CSF XXX New Rec.	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests GA/GR Other Forms California Residency Questionnaire CFET Forms/Agreements General Relief Opportunities for
	7069C 7069C Addendum 715-0 751-0 8023C 80-39	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID PST WARNING DENIAL NOTICE California Residence Questionnaire CalFresh E&T Program Requirements Job Search Contact Record (Hayward)	Information; separate page Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID. inter-agency communication document Used to inqure on customer's whereabouts and intent to return to California	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN MUCH THEY NEED TO SPEND DOWN Used to send out when customers have been using their benefits outside of the state to determine if they have established residency outside of the state to determine if they have established residency outside of California or if they intend Form is specific to county General Assistance program Form is specific to county General Assistance program	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec. New Rec. CSF XXX	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests GA/GR Other Forms California Residency Questionnaire CFET Forms/Agreements
	7069C 7069C Addendum 715-0 751-0 8023C 80-39 : 806-0 90-10	Form 7069C.Families Rising Referral & ROI Form 7069C Addendum MEDI-CAL SPEND DOWN LETTER Address Change Verification of County Adult Assistance / SF Residency Verification for DMV ID PST WARNING DENIAL NOTICE California Residence Questionnaire CalFresh E&T Program Requirements Job Search Contact Record	Information; separate page Families Rising Program Enrollment and Referral form - <i>i ncluding Universal ROI</i> Families Rising Addendum LETTER TO CLIENT Residency ID Verification for DMV to issue California ID. inter-agency communication document Used to inqure on customer's whereabouts and intent to return to California GA CalFresh E&T agreement	existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS local Home Visiting Program - no existing index code in CalSAWS LISTS CLIENTS ASSETS AND HOW MUCH THEY NEED TO SPEND DOWN There is no index for GA customer ID Form is specific to county General Assistance program 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 Form is specific to county General Assistance program Form is specific to county General	SF Specific Special Program SF Specific Special Program CSF XXX CSF XXX New Rec. New Rec. CSF XXX New Rec.	Address Change/ Housing Costs DMV/ID Referrals and Verification Requests GA/GR Other Forms California Residency Questionnaire CFET Forms/Agreements General Relief Opportunities for

			Informed Consent For Health		Form is specific to county General		
	X	90-151	Questionnaire	GA Health form	Assistance program	New Rec.	GA/GR Other Forms
					Form is specific to county General		
	x	90-152	Accommodation Request	GA Request for accommodation	Assistance program	PA 390	Special Need Request
			GA Psychological Evaluation		Form is specific to county General		
	x	90-153	Referral Form	GA internal communication to SW	Assistance program	PA 2012	Referral for Mental Health Services
			General Assistance Application for		Form is specific to county General		
	X	90-156	Homeless Assistance	GA Application for Homeless Assistance	Assistance program	New Rec.	HSP and Homeless Assistance Forms
							GENERAL RELIEF (GR) APPLICATION
					Form is specific to county General	GR 20	Application for Cash Aid, CalFresh,
	x	90-16	General Assistance Application	GA Application	Assistance program	SAWS 1	and/or Medi-Cal/34-County CMSP
					Form is specific to county General		
	x	90-19	GA/FSET Case Update by EC/ET	GA Internal communication document	Assistance program	New Rec.	CFET Forms/Agreements
			Medical Statement Doctors		Form is specific to county General		
	х	90-2	Confidential Report	GA Medical Statement from provider	Assistance program	New Rec.	GA/GR Other Forms
			Verification of Drug and Alcohol	GA Communication form from D&A	Form is specific to county General		Progress Report Mental
	x	90-244	Participation	facility to EST	Assistance program	GN 6008	Health/Substance Abuse/DV/Family
			GA/FSET Drug and Alcohol		Form is specific to county General		
	x	90-247	Verification Informational Notice	GA Information notice to client	Assistance program	New Rec.	CFET Forms/Agreements
			GA/FSET Drug and Alcohol		Form is specific to county General		
	x	90-248	· •	GA appointment letter	Assistance program	New Rec.	CFET Forms/Agreements
		50 2.0			Form is specific to county General		
×	x	90-251	CalFresh E&T Option to Participate		Assistance program	New Rec.	CFET Forms/Agreements
~	^	50 251			Form is specific to county General	New Net.	er Er Formsyngreements
×	×	90-253	Appt letter	Assessment Activity	Assistance program	New Rec.	CFET Forms/Agreements
^	^	50-255	Appriettei	Assessment Activity	Form is specific to county General	New Nec.	ci Li i offis/Agreements
		90-254	CalFresh E&T Consent Form	GA CalFresh E&T Consent Form for CBO's		New Rec.	CFET Forms/Agreements
X	X	90-254	CalFresh E&T Consent Form	GA CalFresh E&T Consent Form for CBO's		New Rec.	CFET Forms/Agreements
		00.255		CA College b EQT Encoderment Plan	Form is specific to county General	New Dee	
X	X	90-255		GA CalFresh E&T Employment Plan	Assistance program	New Rec.	CFET Forms/Agreements
			CalFresh E&T Verification of	GA CalFresh E&T Verification of	Form is specific to county General		
х	X	90-256	Participation	Participation from CBO	Assistance program	New Rec.	CFET Forms/Agreements
					Form is specific to county General		
	x	90-28	GA CFET Questionnaire	GA CFET Questionnaire	Assistance program	New Rec.	CFET Forms/Agreements
			General Assistance-Administrative		Form is specific to county General		General Relief Opportunities For
	x	90-2A	Exemption		Assistance program	ABP 1461-A	Work Orientation Exemption Notice
			Mental Health Clinicians	GA Mental Health Statement from	Form is specific to county General		
	X	90-2MH	Confidential Report	provider	Assistance program	New Rec.	GA/GR Other Forms
			Education Training Program	GA Request for information from	Form is specific to county General		
	x	90-67	Verification	school/training program	Assistance program	New Rec.	CFET Forms/Agreements
			General Assistance Program		Form is specific to county General		
	x	90-88	Health Questionnaire	GA Health Questionnaire	Assistance program	New Rec.	CFET Forms/Agreements
					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		SIU (Fraud) Evidence, Contact
	х	964-F	Investigation Request	Fraud Investigation Request		SIU Documents	Records, Requests
		990N	Time on Aid Notice	ΤΟΑ		New Rec.	Time Limit Forms
			Work Registrant and ABAWD	Work Registrant/ABAWD Screening Form	Screening tool used by staff to		Application, Intake, or Screening
	x	A100	Exemption Screening Form	-County Use Only	identify Work Registrants/ABAWD	New Rec.	Tools
			CalFresh Work Activity	Work Registrant/ABAWD Screening Form		-	
x		A100B	Requirements	-Client Use Only	exemption.	New Rec.	ABAWD Forms
~					This is a county specific form,		
					allowing clients to provide		
				Standard client verification form for	verification of a client's		
					mental/physical condition which		
				chemis to provide verification of clients	memai/physical condition which		
v		A104	Medical Exemption Form	mental/physical condition.	prevents them from meeting the	New Rec.	ABAWD Forms

				This is a county specific form,		
				allowing clients to provide		
			Standard client verification form for	verification of volunteer/community		
		Community Service   Volunteer	community service/volunteer hours	service hours associated with		
x	A105	Verification Form	verification.	ABAWD work activity compliance.	New Rec.	ABAWD Forms
				This is a county specific form,		
			Client informing notice regarding the	informning ABAWD clients about the		
			change in the number of workfare hours	change in the number of workfare		
x	A106	CHANGE IN WORKFARE HOURS	the household is required to complete.	hours the household is required to	New Rec.	ABAWD Forms
				SW completes and provides to		
			Contains required eligibility information			
		Eligibility Certification - Adoption	to determine Federal AAP - Title IV-E	to determine AAP eligibility -		
	AA4	Assistance Program	Pathways	required for AAP (03/04) - No Match	Other county drawer - AAP	
*	AA4	Assistance Program	Fattiways	State CFS Form cannot locate on list	Other county drawer - AAF	
			FORM REC'D FROM CFS AUTHORIZING			
				provided and must be imaged- ie a		
Х	AAP 2	AAP Payment Instructions	PAYMENTS THROUGH FC	verification	Other county drawer - AAP	
				Agency determination of eligibility		
	AAP 4	Eligibility Certification Adoption		for adoption of a child. This Form not		
X	State Form	Assistance Program	Adoption Certification	found on Forms List	SCR CA-203681	
				Form is specific to county Foster care		
X	AAP 45-1	AAP Budget Authorization	FC authorization of funding	program	New Rec.	Program Budgets & Worksheets
			AAP BENEFIT AMOUNT WITH	NEEDED STATE FORM NOT ON TIER 1		
х	AAP 6	NEG BENEFIT AMT & APPROVAL	SIGNATURES	LIST USED IN ELIGIBILITY	Other county drawer - AAP	
				State CFS Form cannot locate on list		
		AAP Nonrecurring Adoption	FORM REC'D FROM CFS AUTHORIZING	provided and must be imaged- ie a		
x	AAP 8	Expenses Agreement	PAYMENTS THROUGH FC	verification	Other county drawer - AAP	
		·	AGREEMENT WITH ADOPTIVE PARENT	NEEDED STATE FORM NOT ON TIER 1	·	
x	AAP 8	NR ADOPTION EXPENSES AGMT	AND US	LIST USED IN ELIGIBILITY	Other county drawer - AAP	
		Notice of Administrative			•	
		Disqualification California Work		Notice of Action for IEVS related		
		Opportunity and Responsibility To		changes; exisiting CAISAWS forms do		
,	ABCD 239 7A	Kids (CalWORKSs) Program	Notice of Action	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		riscal form for supportive services	riscal form for supportive services	Verifications	Teroniis
						Surger Statement
	ABP 4049	Ability to Work - Ltr from Client GYEP Pre-Screening checklist	Disability/Work Reg	No secondale secondary listics	CSF XXX	Sworn Statement
X	ABP 4049	<u> </u>		No possible map found in listing	New Rec.	Application, Intake, or Screening
		GR and GROW Text Notification				Electronic Notification Agreement
Х	ABP 4060	Consent Form		No possible map found in listing	NA 1273	and Courtesy Confirmation Receipt
		General Relief Opportunities for				
		Work GROW and Americas Job				
x	ABP 4442	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
						Worker Use (Eligibility
	ACAR Review					Determination/Tracking) Program
	Checklist	ACAR Review Checklist	OP/OI		New Rec.	Specific Checklists
	AD 4320	Adoptions (AAP) Agreement	Income		SCR CA-205264	
		ADOPTIONS ASSISTANCE		NEEDED STATE FORM NOT ON TIER 1		
x	AD 4320	AGREEMENT	ADOPTIONS ASSISTANCE AGREEMENT	LIST USED IN ELIGIBILITY	SCR CA-205264	
	Admission Doc	s				
x		Admission Docs for LTC Facility	Residency		Verification	
	Adoption	Adoption Orders	Vitals		Other county drawer - AAP	
	Adult School	P				
, v	Request for	Adult School Request for Payment	WTW/ Supportive Services		New Rec.	WTW Agreements, Assessments, etc.
^	nequest 101	ADX-116 AAP Approval and	ADX-116 AAP Approval and	FC- San Mateo required form. No	New Net.	wiw Agreements, Assessments, etc.
	ADV 110				New Rec	EC Forme
X	ADX-116 AFDC Verif	Communication Form	Communication Form	match found from CalSAWS.	New Rec.	FC Forms
			Correspondence		New Dec	Nee Frend Deferration Democrat
	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
A	7.1141	Anthoppication	/tppications/sor/rel	Eligibility and Administrative	We 210 War mypp	Application, Intake, or Screening
	x ALL 12	Eligibility Case Checklist	Application/SOF/ICT	communication document, no	New Rec.	Tools
	ALL 1201	FS and EBT appt re: ABAWD	Disability/Work Reg	communication document, no	New Rec.	CFET Forms/Agreements
	ALL 1201 ALL 1223	Request Warrant	Fiscal/Issuance/SFIS		New Rec.	Fiscal Forms
	ALL 1223 ALL 1274A	Universal Screening Sheet	Applications/SOF/ICT		New Rec.	Application, Intake, or Screening
x	ALL 1274A	Child Care Receipt	Deductions/Shelter Costs		New Rec.	Child Care Referrals and Forms
X	ALL 129 ALL 1313	Self Employment Sworn	Income		CSF XXX	Self-Employment Income Statement
		Supp for Self Employment	Income		CSF XXX	Self-Employment Income Statement
	ALL 1313 Supp	Suppror sen Employment	lincome		Is this a form the customer fills	Sen-Employment income statement
					out? Or something staff fills out	
					and sends somewhere else to be	
	ALL 1315	Adding Dorson to Active Case	Applications/SOF/ICT		completed?	
		Adding Person to Active Case				Customer (Merker Centert
	ALL 1328 ALL 1355	Message to My Worker	Correspondence TOA		New Rec. New Rec.	Customer/Worker Contact Time Limit Forms
	ALL 1355 ALL 1356	TOA Event Record Request			New Rec.	
X	ALL 1356	CalWORKs Intake Appraisal	WTW Intake/Ore		New Rec.	WTW Agreements, Assessments, etc.
						Worker Use (Eligibility
	411 4250		Commence		Navy Data	Determination/Tracking) Program
X	ALL 1359	CalWORKs Checklist	Correspondence		New Rec.	Specific Checklists
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
	× ALL 1364	Fair Market Value-Vehicle	Property/Liens		New Rec.	Property Statement and Verification
	× ALL 1365	Forms and Verifs Second Request	Correspondence		CW 2200	Request For Verification
	× ALL 1367	Vehicle Valuation	Property/Liens		New Rec.	Property Statement and Verification
x x	× ALL 1368	MC Screening Sheet for CW Disc	Correspondence		New Rec.	Tools
x x	× ALL 1368b	MC Screening Sheet for CW Disc	Correspondence		New Rec.	Tools
х	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
		·	·			MEDI-CAL REQUEST FOR
x	ALL 1375-2	Medi-Cal Mail In Second Request	Correspondence		MC 355 REMINDER	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
	× ALL 1378	Auth Representative for EBT	Fiscal/Issuance/SFIS		TEMP 2201	Cardholder
x	ALL 1379A	CalWORKs Denial	Applications/SOF/ICT		New Rec.	Manual <program> NOA</program>
			••••••			Application for CalFresh, Cash Aid,
x	× ALL 1382A	CW Non-Aided Persons Reg MC	Applications/SOF/ICT		SAWS 2 PLUS	And/Or Medi-Cal/Health Care
	× ALL 1388	Language Preference Form -Eng	Applications/SOF/ICT		New Rec.	Language Designation form
						CW 2217-CalWORKs Request For
	ALL 1393	Repay Agreement-Cash EBT	OP/OI		CW 2217	Voluntary Repayment
x x	ALL 1404	2 CW-FS Request to Complete RRF	•		CW/CF Reminder	CW/CF Reminder Letter
x	ALL 1405	CalWORKS Screening Sheet	Applications/SOF/ICT		New Rec.	Application, Intake, or Screening
				Intake eligbility interview form, no		Application, Intake, or Screening
	ALL 1406	NA Food Stamps Screening Sheet	Application/SOF/ICT	CalSAWs equivalent	New Rec.	Tools
		NAFS RRR phone Interview		Continuing eligibility interview form,		Application, Intake, or Screening
	ALL 1426	Checklist	Correspondence	no equivalent	New Rec.	Tools
	ALL 1447	SSA Referral	Applications/SOF/ICT		CSF XXX	SSA Referral to Medi-Cal
	× ALL 1457	AMIH Release of Information	Homeless		New Rec.	Other Contact Authorization Forms
<u> </u>	ALL 1468	ABAWD Screening Sheet	Disability/Work Reg		New Rec.	Application, Intake, or Screening
	ALL 1408	Non-Needy Payee Responsibility	Applications/SOF/ICT		New Rec.	Supporting CW Forms
	× ALL 168	Sworn Stmt -OHC/TPL/MEDS1	OHC/TPL/MEDS 1		CSF XXX	Sworn Statement

Г							
						Is this requesting verifications	
						from a customer or verifying what	
						the customer has dropped off? Or	
						verifying Customer documents?	
						CW 2200	Request For Verification
	x	ALL 184	Verification of Items	Correspondence		PA 2327	Receipt for Documents
		ALL 1931b	Self Employment Choice	Income		CSF XXX	Self-Employment Income Statement
		////	Sell Employment enoice	income	Residency verificaiton for General		Sen Employment meone statement
					relief, since program is county		
×		ALL 229	Shared Housing Statement	Deductions/Shelter Costs	specific, there is no equivalent	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 400	Wallant lick-op 1 pin of Later	1364/13544166/5115	ALL 564 is used for Hearings Reps to	New Net.	liscal forms
					request casework to be completed by		
			Assignment Sheet for	Assignment sheet to Eligibility Worker's	Eligibility Worker's. I could not locate		
	x	ALL 564	State/County Hearings	explaining case action required.	a CalSAWS form that matched the	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
	×	ALL 680	Burial Assets	Property/Liens		New Rec.	Burial/Cremation Forms
	*	ALL 080	Builai Assets	Fioperty/Liens		CW 10	Notice of Withdrawn Application
		ALL 8	Withdrawal or Disc from Programs	Applications/SOE/ICT		CSF XXX	Request for Discontinuance Waiver
		ALL 90	Homeless Auth	Homeless		New Rec.	HSP and Homeless Assistance Forms
		All Homeless	Homeless Auth	nomeless		New Net.	har and homeless Assistance Forms
	x		All Homeless Asst NOAs/verifs	Homeless		New Rec.	HSP and Homeless Assistance Forms
		All other	All other referrals	Correspondence		PA 30	County Referral
		/ li otnei				Is the voucher imaged before	
		Ancillary				giving it to the customer?	
x		Voucher	Ancillary Voucher	WTW Supportive Services		New Rec.	WTW Agreements, Assessments, etc.
			,		Form is used for RRR purposes;		, , , , , , , , , , , , , , , , , , , , , ,
					exisiting CalSAWS categories are too		
					specific to processes not utilized at		
				Redetermination/Recertification	Santa Clara county. A general		
x		ARC 2	Approve ARC Redetermination	Documents	category is being requested	New Rec.	FC Forms
	x	AR-ID001	Authorized Representative		Possible Map: PA 1857	CSF XXX	Designation
	x	ASH 1022	ASH Report Worksheet	ASH use only	No possible map found in listing	Court/Hearings Document	Fair Hearing Forms
			Acknowledgment of Request for		,	.,	0
	x	ASH 271	Hearing		No possible map found in listing	Court/Hearings Document	Fair Hearing Forms
		-	ASH Request to Appear as Witness	S			
	х	ASH 274	at State Hearing	ASH use only	No possible map found in listing	Court/Hearings Document	Fair Hearing Forms
						-	-
			ASH Correction Memo/Request	Used by ASH to communicate requests			
	x	ASH 411	for Case Correction	for case correction on appeals cases.	No possible map found in listing	Court/Hearings Document	Fair Hearing Forms
				Used by ASH and the GAIN	<b>_</b>		
			Response to ASH 411 for Case	Regions/Districts to communicate			
x	x	ASH 411 R	Correction	responses to the ASH 411.	No possible map found in listing	Court/Hearings Document	Fair Hearing Forms
	х	ASH271	Hearing Request Acknowledgmen	t ASH use only	No possible map found in listing	Court/Hearings Document	Fair Hearing Forms
			Hearing Request Acknowledgmen	t			
1			for AR	ASH use only	No possible map found in listing	Court/Hearings Document	Fair Hearing Forms
	х	ASH271R					
	x	ASH271R	Correction Memo Response form	,			
	x	ASH271R ASH411R		ASH use only	No possible map found in listing	Court/Hearings Document	Fair Hearing Forms
X	x	ASH411R Assessment	Correction Memo Response form District Assessment Report	•	No possible map found in listing	Court/Hearings Document New Rec.	WTW Agreements, Assessments, etc.
X	x x	ASH411R	Correction Memo Response form District Assessment Report	ASH use only	No possible map found in listing Notification to GR customer	· · · · · · · · · · · · · · · · · · ·	

			D ++ D 0D 0D 0				01/02 D
			Request to Repay GR; SBCo		Notification to GR customer		GA/GR Repayment
	<u>x</u>	SP	Received SSA Payment	Request to Repay GR	repayment must start - no	New Rec.	Agreements/Forms
			Foster Care Statement for Board		Certifies for a specific month - no		
	х	AUD 200	and Care Charges	Statement for board and care	comparable form	New Rec.	FC Forms
					Used to notify caretakers about		
			Foster Care or Payee Fee Refund		refund benefits issued to the county -		
	х	AUD 212	Request	Refund request	no comparable form	New Rec.	FC Forms
					Gives the CWD permission to contact		
					lanlords or AR regarding information		
			Permanent Housing and Utility	form for Landlords to complete when	concerning applicants permanent		
		B-398C	Deposits	applicants apply for Perm HA	housing and utlities information	PA 956	Housing/Utility Verification Form
		x Printout	Bank Account Printout	Property/Liens		Verification	
		Bank Statement		FTOPETTY/LIEIIS		Vernication	
				Burnet diana		Martflandtau	
		× Printouts	Bank Statement Printouts	Property/Liens		Verification	
		x Statements	Bank Statements	Property/Liens		Verification	
		Bankruptcy					
		X Paperwork	Bankruptcy Paperwork	Property/Liens		Verification	
	х	Barsch	Barsch Inventory Test	WTW Assessments		New Rec.	WTW Agreements, Assessments, et
		BCCT Program					Application, Intake, or Screening
		x Paperwork	BCCT Program Paperwork	Applications/SOF/ICT		New Rec.	Tools
		BCW Calfresh	- ·				Application, Intake, or Screening
x		Screening	BCW Calfresh Screening Sheet	Applications/SOF/ICT		New Rec.	Tools
		Benefits				SAWS 1	Application for Cash Aid, CalFresh,
		× CalWIN	Benefits CalWIN Application	Applications/SOF/ICT		SAWS 2 Pluc	and/or Medi-Cal/34-County CMSP
		Benefits Calwin				0.1110 2.1100	CalWorks/CalFresh/Medi-Cal Packe
			Benefits Calwin Recertification	Applications/SOF/ICT		CW/CF/MC Packet - 3A	FS29LA 3A
				Applications/sol/le1		ew/er/wer/acket-5A	132324 34
		BIC card (if you		184-1-		Martflandtau	
		× must scan)	BIC card (if you must scan)	Vitals		Verification	
		Birth Cert for					
			Birth Cert for Absent Parent	Absent Parent		Verification	
		× Certificates	Birth Certificates	Vitals		Verification	
		x verifications	Birth verifications	Vitals		Verification	
		Blue Book	Blue Book Copies	Property/Liens		Verification	
		Bonds	Bonds	Property/Liens		Verification	
					Allows the customer to acknowledge		
			Planning to avoid fraud for Cash		that they have been advised what		SIU (Fraud) Evidence, Contact
x x		x BU 116	Aid/CF/GA	Informational fraud informing notice	constitutes fraud and pejury	SIU Documents	Records, Requests
~ ~		* 50110		informational nada informing notice	Customer chooses either standard	CSF XXX	Self-Employment Income Statemen
			Profit and loss statement for self	Allows customer to designation self		CSF XXX	Notice to Self-Employed Individuals
				-	decution or actual expenses when		
		× BU 162	employment	employment expense choice	they are self employed	PA 167	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
				Gathers information on members of the	This aids in eligibility infile clearance		Application, Intake, or Screening
		BU 297	HH Fact sheet	HH to aid eligibility	and hh composition	New Rec.	Tools
				Contains additional HH member			
				information not requested on the SAWS	Used to file clear and pend additional		Application, Intake, or Screening
		× BU 297	Household Fact Sheet	1	required HH members	New Rec.	Tools
			Voluntary Job Quit Good Cause		Allows customer to indicate why they		
	х	BU 35	Determination	Job Quit Determination	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
	~ ~	50 504			allows customer to request services		
		V DILEGO	Drimany Language form	Primary Language designation form		Now Boo	Language Designation form
		× BU 526	Primary Language form	Primary Language designation form	in their primary language	New Rec.	Language Designation form
			Minor Consent		For Minor Consent applications-can't		
					find comparible form	New Rec.	Non-Fraud Referral or Request
x		BU 543	Medical/Counseling	Minor Consent application		New Rec.	•
x		BU 543	Medical/Counseling		CL participant making progress in	New Net.	Student/College Related Forms
x		BU 543	Medical/Counseling		CL participant making progress in	New Rec.	•

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		AUTHORIZATION TO ALLOW				
		TRANSPORTATION				
		OF A NON-DETAINED/NON-		Parent signs to allow ECM to		
X X	BU CPS-231	DEPENDENT MINOR	Transportation Release	transport minor child	New Rec.	FC Forms
x	BU CW-166	SIP Warning Letter	Letter	Send to SIP failed SIP clients	New Rec.	SIP Agreement/Notice
		NON-PARTICIPATING SECOND		NON-PARTICIPATING SECOND		
X	BU CW-208	PARENT	NON-PARTICIPATING SECOND PARENT	PARENT	New Rec.	Supporting CW Forms
				Send to SIP clients end of semester		
x	BU CW-209	SIP Reminding End of Semester	Letter	reminder letter	New Rec.	Student/College Related Forms
x	BU CW-222	SIP Approval Hours	SIP Plan	SIP Plan	New Rec.	SIP Agreement/Notice
				Send to all approved Voc Edu and SIP		
X	BU CW-226	New Semester Letter	Letter	students prior to start of a new	New Rec.	Student/College Related Forms
				Used to order Birth Certificates for		
		Birth Certificate Voucher		CW linkage if customers are unable		
x	BU CW-40	CalWORKs	Request for Birth Certificates	to do so themselves	New Rec.	Non-Fraud Referral or Request
		Death Cerfiticate Voucher				
x	BU CW-40	CalWORKs	Death Cerfiticate Voucher CalWORKs	Death Cerfiticate Voucher CalWORKs	New Rec.	Non-Fraud Referral or Request
					What is this voucher for? What	
x	BU CW-41	Sheriff Department Voucher	Sheriff Department Voucher	Sheriff Department Voucher	would the customer use it for?	
		PROGRAMS LEADING TO				
x	BU CW-485	EMPLOYMENT	SIP Packet	SIP Packet attacment letter	New Rec.	SIP Agreement/Notice
				Email to Butte College for approved		
				textbooks for students. Also use for		
x	BU CW-500	Butte College Bookstore Voucher	Book Vourcher	Chico State Bookstore	New Rec.	Student/College Related Forms
				Provdes information on GA recipients	5	GA/GR Work Related and Activities
x	BU CW-522	GA Employment Contact	Employment search for GA Clients	that are actively searching for	New Rec.	Forms
x	BU CW-524	You A Student	SIP packet	SIP Packet attacment letter	New Rec.	SIP Agreement/Notice
x	BU CW-542	Job Retention Services	Letter	Letter of informing notice	New Rec.	WTW Agreements, Assessments, etc.
x	BU CW-562	Job Retention Services Request	Application	Application	New Rec.	WTW Agreements, Assessments, etc.
		·		Sign with client who meeting their		- · · · ·
		EMPLOYMENT ASSESSMENT		WTW requirements through		
x	BU CW-563	OPTION	EMPLOYMENT ASSESSMENT OPTION	unsubsidized employment	GN 6130	Assessment Activity Agreement
				First page of the SIP Packet or SIP		, ,
x	BU CW-57	Student Participation Cover Letter	SIP Packet cover letter	Cover letter	New Rec.	SIP Agreement/Notice
x	BU CW-58	COLLEGE/TRAINING COURSE	SIP Packet	SIP Packet attacment letter	New Rec.	Student/College Related Forms
		··· · · · · · · · · · · · · · · · · ·		Sign with client at their orientation		
x x	BU CW-610	CalWORKs Supportive Services	Explain All Supportive Services	appointment	New Rec.	WTW Agreements, Assessments, etc.
x	BU CW-616	Self Initiated Student Attachment	SIP Plan	SIP Plan	New Rec.	SIP Agreement/Notice
		CalWORKs Program Participant				
x x	BU CW-62	Plan Sheet	SIP Packet	SIP Packet attacment letter	New Rec.	SIP Agreement/Notice
		Request for Good Cause Based on		Request for Good Cause Based on		Request For Good Cause
x	BU CW-688	Remoteness/NoTransportation	Remoteness/NoTransportation	Remoteness/NoTransportation	WTW 27	Determination
	BU GA 869	Information letter explaining that	Information and gives customers details	Provides clients of payment		
	Repay	Revenue and Recovery now has	on how determining the ability to pay	arrangements and payback options		GA/GR Repayment
x	Attachment	clients GA records	back loan	for repaying GA Loan	New Rec.	Agreements/Forms
A	Acconnent			Used to verify customers previous		
			Statement from customer regarding	landlord information and go over		
Y Y	Bu-113H	HA Affidavit	previous landloard	fraud and perjury	CSF XXX	Sworn Statement
	00-11311	in the and a with	previous landidard	Gives information to the applicant of		Sworn Statement
				what the meaning of fraud and		
			Explains to customer the meaning of	perjury is and what they need to		SIU (Fraud) Customer
	x x BU116	Planning with you to avoid fraud	fraud and perjury	report and tell their worker.	SIU Documents	Acknowledgement and Prevention
	A A DUIIO	i lanning with you to avoid ifaud	Authorization to be present during	Authorization for clients to have	Sio Documents	Acknowledgement and Prevention
	× BU123		interview	others present with them during		
	^ DU125			others present with them during		

							Is this something the customer	
							completes? If not, recommend	
							using one of the program ICT	CalFresh Notification of Inter-County
							notices/forms.	Transfer
							CF 215	Notification Of Intercounty Transfer
							CW 215	Notification of Medi-Cal Intercounty
			× BU264	EICT Request	Form for ICT Requests		MC 360	Transfer
						Gets detailed information regarding		
					Statement of earnings report form for	the employees dates paid, hours		
			x BU284-IFD	Statement of earnings	employer to complete	worked, gross earnings for the IFD	VER 104	Employment & Income Verification
						Statement signed by employer under		
					Statement from employer of customer	fraud and perjury stating that they		
				Declaration of custodian of	stating that they are the custodian of	sent payroll records and that they are		
			x Bu287-IFD	records	record	the custodian of record.	CSF XXX	Verification of Employment/Earning
						Letter to employers asking them to	CSF XXX	Employer Contact Verification
				Letter requesting payroll records		provide employment payroll records	VER 104	Employment & Income Verification
			× Bu288-IFD	from employers	letter of request for employment records		WFP&I 354	Employer identification/verification
				Permanent Housing and Utility			DRP 01	Direct Housing
x	х	x	Bu-398C	Deposits			PA 956	Housing/Utility Verification Form
						Advises Meds clerks that an online is		MEDS Related - Clearance, Updates,
			BU558	Meds Email Request for Online	Request for Online or Emergent Meds	needed	New Rec.	Requests
					Statement from client regarding financial			
					arrangements when an SSI/SS{ recipients			
x x	x		BU87	SSI/SSP financial Arrangement?	resides in the HH	arrangements	CSF XXX	Sworn Statement
<u> </u>	~		5007	boly bol manelal , analigement	Captures client information before intake		Is this imaged? Or for worker use	Swein Statement
			× BU95 A	Scenario Guide	and RE	Captures client data for reference	only?	
						Used to inform customers of their	ciniț.	
				HA-Important Information about		rights and responsibility in regards to		Permanent Housing Search
x			Bu-Ca-42B	HA program	Information regarding the HA Program	the CWHA program	CW 74	Document
~			BUGA 401	in program	mornation regarding the nixt rogram	the even program	Need details on this form.	bocament
			500,1101					
					Provides information regarding income,	To be able to accurately re-		
	x		BUGA 407	GA Redetermination	property and employability for RE's	determine GA Eligibility	ABP 898-16	General Relief Annual Agreement
	~		5001(10)			Used to explain Lump Sum rules and		Center al Menter / Mindal / Breement
			BUGA 411	Lump Sum Notice	Gives Lump Sum information and rules	informs them of requirements	New Rec.	GA/GR Other Forms
			500/(411	Earlip Sull Hotice	Sives Early Summornation and rates	Applicants authorization for release	New Nee.	Applicant's Authorization for Release
	x		BUGA 415	Release of information	Release of information for GA	of information for the GA program	ABCDM 228	of Information
	~		5001(115			Statement provided to client		
						requesting signature enusuring that		
						they understand that they agree to		GA/GR Repayment
	x		BUGA 420	Agreement to Repay	Customers agreement to repay GA Loan	repay the GA assistance received	New Rec.	Agreements/Forms
	~		50011120	Agreement to hepay		Used to notify clients of the Disc and		Agreements/Ferris
					NOA explaining the Disc of Employable	when they might be eligible to the		
	x		BUGA 425	3-month Employable Disc NOA	GA	program again.	New Rec.	Manual <program> NOA</program>
	~		5001(125			Notificaiton of GA grant and MAP		
					Informing NOA explaining that GA has	Amounts. Also provides prorations		
	x		BUGA 429	GA Grant	been granted	and amounts paid.	New Rec.	Manual < Program > NOA
			500A 425	GA Glant	been granted	Provides client information regarding		
						changes such as increase/Decrease to		
			BLICA 420	Change Grant NOA	Case change notification to sustamor	GA Pgrm includes budget and		
	x		BUGA 430	Change Grant NOA	Case change notification to customer	GA Pgrm includes budget and explains the reasoning behind the	New Rec.	Manual <program> NOA</program>
	x		BUGA 430	Change Grant NOA		GA Pgrm includes budget and explains the reasoning behind the Provides the client with the amounts		Manual <program> NOA</program>
	x				Summary of GA paid to client with	GA Pgrm includes budget and explains the reasoning behind the Provides the client with the amounts of GA that they have to repay and	New Rec.	
	x		BUGA 430 BUGA 432	Change Grant NOA GA Repay NOA		GA Pgrm includes budget and explains the reasoning behind the Provides the client with the amounts of GA that they have to repay and hearing rights		Manual <program> NOA Manual <program> NOA</program></program>
	x		BUGA 432	GA Repay NOA	Summary of GA paid to client with Month/Year	GA Pgrm includes budget and explains the reasoning behind the Provides the client with the amounts of GA that they have to repay and hearing rights Explains why there is an	New Rec.	-
	x x			GA Repay NOA Notice of intended action GA-	Summary of GA paid to client with	GA Pgrm includes budget and explains the reasoning behind the Provides the client with the amounts of GA that they have to repay and hearing rights	New Rec.	-

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				Informs customer of disc due to		
			Notice explaining disc of GA due to	disability expiriation or if the		
X	BUGA 441	Disc for BUA 61 GA Disability	disablility verifications	customer is not disabled	New Rec.	Manual <program> NOA</program>
	BUGA 448 GA			Explains why there is an	New Dee	Manual Deserves NOA
X	OP	Notice of Action-Overpayment GA	Noa explaining GA OP	overpayment and has budget and	New Rec.	Manual <program> NOA</program>
				Explains discontinuance for no sar 7		
			GA Disc Noa for no Sar received or	or incomplete. Explains how to stop		
X	BUGA 455	Sar Disc NOA	incomplete Sar	action and includes hearing rights.	New Rec.	Manual <program> NOA</program>
				Provides requirements for		
			Information regarding the sanction	Employable adults and explains why		
X	BUGA 94	GA Sanction Process	process	sanctions are implemented.	New Rec.	GA/GR Other Forms
		General Assistance Budget		Provides budget information. Map		
X	BUGA-408	Worksheet		and prorations	New Rec.	Program Budgets & Worksheets
			NOA explaining Disc of GA due to receipt			
X	BUGA434	GA Lump Sum Disc NOA	of Lump Sum	budget also informs of hearting rights	New Rec.	Manual <program> NOA</program>
	Burial Plot					
		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	Business Start Up Paperwork				
	Up Paperwork	Packet	WTW Employment		New Rec.	WTW Agreements, Assessments, etc.
						Worker Use (Eligibility
				GA- San Mateo required form. No		Determination/Tracking) Program
x	C-015	GA Transfer Checklist	C-015 GA Transfer Checklist	match found from CalSAWS.	New Rec.	Specific Checklists
				CAPI- San Mateo required form. No		Application, Intake, or Screening
x	C-042	CAPI Screening Sheet	C-042 CAPI Screening Sheet	match found from CalSAWS.	New Rec.	Tools
		-	-	GA- San Mateo required form. No		
x	C-063	GA Budget	C-063 GA Budget	match found from CalSAWS.	New Rec.	Program Budgets & Worksheets
		Foster Care Narrative for	C-089 Foster Care Narrative for	FC- San Mateo required form. No		Application for County Public
x	C-089	Intake/Renewal	Intake/Renewal	match found from CalSAWS.	DCS 151	Assistance Children Ineligible for
			C-134 (Eng) CAPI General Information	CAPI- San Mateo required form. No	Is this imaged?	-
x	C-134	CAPI General Information Notice	Notice	match found from CalSAWS.	New Rec.	CAPI Application and Other Forms
		Foster Care Notification to	C-188 Foster Care Notification to	FC- San Mateo required form. No		
x	C-188	Accounting	Accounting	match found from CalSAWS.	New Rec.	FC Forms
		Foster Care Quality Control	C-197 Foster Care Quality Control Review		-	-
x	C-197	Review Sheet	Sheet	match found from CalSAWS.	Other county drawer - QC/QC	
						Progress Report - Education/Post-
						EMPL/WEX and Community Services
		Education or Training and	C-204 Education or Training and	WTW- San Mateo required form. No	GN 6070	Tracked WTW Activities, Hours,
x	C-204	Attendance Progress Report	Attendance Progress Report	match found from CalSAWS.	New Rec.	Exemptions
······				WTW - San Mateo County required		
x	C-243	Preliminary Action Plan Work First	C-243 Preliminary Action Plan Work First		New Rec.	WTW Agreements, Assessments, etc.
···						Worker Use (Eligibility
				CW- San Mateo required form. No		Determination/Tracking) Program
x	C-265	CalWORKs Transfer Checklist	C-265 CalWORKs Transfer Checklist	match found from CalSAWS.	New Rec.	Specific Checklists
	5 200			FC- San Mateo required form. No		
v	C-267	Foster Care/VACS Referral Form	C-267 Foster Care/VACS Referral Form	match found from CalSAWS.	New Rec.	Non-Fraud Referral or Request
^	- 207	Homeless Assistance Budget	C-271 Homeless Assistance Budget	CW- San Mateo required form. No		
× ·	C-271	Worksheet	Worksheet	match found from CalSAWS.	New Rec.	HSP and Homeless Assistance Forms
	0 2 / 1			MC- San Mateo required form. No	iten nee.	The and Homeless Assistance FOITIS
x	C-289	Medi-Cal Case Transfer Checklist	C-289 Medi-Cal Case Transfer Checklist	match found from CalSAWS.	New Rec.	Customer Use Checklists

	6.242		C 242 Notice of Both model Manager	FC- San Mateo required form. No	New Dee	56 5
X	C-312	Notice of Returned Warrant	C-312 Notice of Returned Warrant	match found from CalSAWS.	New Rec.	FC Forms
	6.224	Notice Regarding Method of GA	C-324 (Eng) Notice Regarding Method of	-	Navy Data	Manual (December 100)
Х	C-324	Payment	GA Payment	match found from CalSAWS.	New Rec.	Manual <program> NOA</program>
				Multiple - San Mateo required form.		
	x C-342	Grant Information Letter	C-342 Grant Information Letter	No match found from CalSAWS.	New Rec.	Manual <program> NOA</program>
				Used to provide direction to reduce		
	× C-380F	EBT Instructions to Fiscal	Instructions for Fiscal regarding EBT	EBT benefits towards on OP/OI	CSF XXX	Agreement to Reimburse
				FC- San Mateo required form. No		
х	C-383	Fed. Medicaid Elig/Inelig (FC)	C-383 Fed. Medicaid Elig/Inelig (FC)	match found from CalSAWS.	New Rec.	FC Forms
				Used by customer to direct agency to		Agreement to Reimburse
		Client Repayment Authorization	Allows client to direct repayment of	reduce their EBT benefits towards	New Rec.	CalFresh Repayment Agreement
	× C-415	Form	OP/OI using their EBT benefits	repaymet of their OP/OI.	PA 1820	Cover Notice
			C-418 (Eng) GA Grant Allocation	GA- San Mateo required form. No		
Х	C-418	GA Grant Allocation Worksheet	Worksheet	match found from CalSAWS.	New Rec.	Program Budgets & Worksheets
				GA- San Mateo required form. No		
X	C-419	Food Checks Notification	C-419 (Eng) Food Checks Notification	match found from CalSAWS.	New Rec.	GA/GR Other Forms
			C-421 (Eng) Savings for Permanent	GA- San Mateo required form. No		
X	C-421	Savings for Permanent Housing	Housing	match found from CalSAWS.	New Rec.	GA/GR Other Forms
		SSI Payment and Medi-Cal	C-446 SSI Payment and Medi-Cal	FC- San Mateo required form. No		
x	C-446	Termination Request	Termination Request	match found from CalSAWS.	New Rec.	FC Forms
		Rights & Responsibilities for	C-475 Rights & Responsibilities for Foster	r FC- San Mateo required form. No		Your Rights Under California Welfare
х	C-475	Foster Care	Care	match found from CalSAWS.	PUB 13	Programs
				WTW- San Mateo required form. No	CSF XXX	Referral to Activity
х	C-559	Cal-Learn Inter-Agency Referral	C-559 Cal-Learn Inter-Agency Referral	match found from CalSAWS.	CSF XXX	Service Referral to Activity
		VRS Work Center Referral	C-567 VRS Work Center Referral	WTW- San Mateo required form. No	New Rec.	Non-Fraud Referral or Request
x	C-567	Agreement	Agreement	match found from CalSAWS.	New Rec.	Vendor Agreements and Forms
				WTW- San Mateo required form. No		
x	C-574	SMC Works-WTW Referral	C-574 SMC Works-WTW Referral	match found from CalSAWS.	New Rec.	WTW Agreements, Assessments, etc.
		WtW Sanction Cured		WTW- San Mateo required form. No		
х	C-587	Communiqué	C-587 WtW Sanction Cured Communique		CSF XXX	Cure Sanction Appointment Letter
				CAPI- SCo Mateo required form. No		
x	C-672	CAPI Compliance Communique	C-672 CAPI Compliance Communique	match found from CalSAWS.	New Rec.	CAPI Application and Other Forms
~	0072	or a recompliance communique		CF- San Mateo required form. No		
x	C-674	TCF TMC Transfer Checklist 1012	C-674 TCF TMC Transfer Checklist 1012	match found from CalSAWS.	New Rec.	Customer Use Checklists
Λ	0014			Multiple - San Mateo required form.	New Nee.	Application, Intake, or Screening
	x C-675	Application Clearance Sheet	C-675 Application Clearance Sheet	No match found from CalSAWS.	New Rec.	Tools
	× C-075	Application clearance sheet	C-075 Application clearance sheet	FC- San Mateo required form. No	New Rec.	10013
v	C-701	Court Orders Tracking Sheet	C-701 Court Orders Tracking Sheet	match found from CalSAWS.	New Rec.	FC Forms
^	C-701	court orders fracking sneet	C-701 Court Orders Hacking sileet	WTW- San Mateo required form. No	New Net.	101000
x	C-703	SMC Works Participant Profile	C 702 SMC Works Participant Profile		New Rec.	WTW Agroomonts Assocrate at
X	C-703	SMC Works Participant Profile	C-703 SMC Works Participant Profile	match found from CalSAWS.	INEW NEL.	WTW Agreements, Assessments, etc.
	C 700	Fostor Caro Bates	C 700 Eactor Caro Batas	FC- San Mateo required form. No	New Rec	EC Forme
X	C-709	Foster Care Rates	C-709 Foster Care Rates	match found from CalSAWS.	New Rec.	FC Forms
	C 740	Mana Annual Chattan Farma	C 712 Mires Areus d Chattar Farme	FC- San Mateo required form. No	New Dee	
X	C-712	WrapAround Status Form	C-712 WrapAround Status Form	match found from CalSAWS.	New Rec.	FC Forms
		CalWIN Application Log Sheet for		FC- San Mateo required form. No		
X	C-713	Foster Care	Foster Care	match found from CalSAWS.	New Rec.	FC Forms
						Sponsor Related Forms - Indigence,
						Repayments, Responsibility
				CAPI- San Mateo required form. No	New Rec.	Agreements, Worksheet
Х	C-714	CAPI Letter to Sponsors	C-714 (Eng) CAPI Letter to Sponsors	match found from CalSAWS.	New Rec.	CAPI Application and Other Forms
				FC- San Mateo required form. No		
x	C-730	Rep Payee Notification	C-730 Rep Payee Notification	match found from CalSAWS.	New Rec.	FC Forms
				MC- San Mateo required form. No	Is this imaged? Sounds like flyer	
Х	C-731	Every Woman Counts	C-731 (Eng) Every Woman Counts	match found from CalSAWS.	give to customer only.	
		E-mail and Text Messaging Service	e C-737 (Eng) E-mail and Text Messaging	CF- San Mateo required form. No		Electronic Notification Agreement
x	C-737	Consent	Service Consent	match found from CalSAWS.	NA 1273	and Courtesy Confirmation Receipt
					-	,,

		OCAT Appraisal Appointment	C-740 (Eng) OCAT Appraisal	WTW- San Mateo required form. No		
Х	C-740	Letter	Appointment Letter	match found from CalSAWS.	GN 6053-1	GAIN Appraisal Appointment Notice
				FC- San Mateo required form. No		
	x C-741	Foster Care Budget Worksheet	C-741 Foster Care Budget Worksheet	match found from CalSAWS.	New Rec.	Program Budgets & Worksheets
		C-741a Foster Care Overpayment				
	x C-741a	Budget Worksheet	Worksheet	match found from CalSAWS.	New Rec.	Program Budgets & Worksheets
				MC- San Mateo required form. No	Is this imaged? Sounds like flyer	
x	C-742	Conlan Reimbursement Flyer	C-742 Conlan Reimbursement Flyer	match found from CalSAWS.	give to customer only.	
				WTW- San Mateo required form. No		
x	C-748	Post-Aid Services Referral	C-748 Post-Aid Services Referral	match found from CalSAWS.	New Rec.	Non-Fraud Referral or Request
		CalWORKs Housing Support	C-749 CalWORKs Housing Support	WTW- San Mateo required form. No		Statement of Facts - Homeless
x x	C-749	Program Participation Agreement	Program Participation Agreement	match found from CalSAWS.	CW 42	Assistance
				WTW- San Mateo required form. No		
×	C-750	CHSP Referral	C-750 CHSP Referral	match found from CalSAWS.	New Rec.	Non-Fraud Referral or Request
^	C-730			match found from calsAws.	Is this imaged? Sounds like flyer	Non-fradu Referrar of Request
				CAPI- San Mateo required form. No		
	0.755		C ZEE CARLANG AND SHOW	-	give to customer only.	
X	C-755	CAPI What Now Flyer	C-755 CAPI What Now Flyer	match found from CalSAWS.	New Rec.	CAPI Application and Other Forms
		CalFresh Expedited Services	C-756 (Eng) CalFresh Expedited Services	CF- San Mateo required form. No	Is this imaged? Sounds like flyer	
x	C-756	Information	Information	match found from CalSAWS.	give to customer only.	
			C-761 Bay Area CAPI Corsotium 56C	CAPI- San Mateo required form. No	What information is in this? What	
x	C-761	BACC Transmittal	Transmittal	match found from CalSAWS.	is this recording? Is this imaged?	
				CF- San Mateo required form. No		
x	C-768	CFET Client Status	C-768 CFET Client Status	match found from CalSAWS.	New Rec.	CFET Forms/Agreements
				CF- San Mateo required form. No		
x	C-769	CFET Referral	C-769 CFET Referral	match found from CalSAWS.	New Rec.	CFET Forms/Agreements
				CF- San Mateo required form. No		· •
x	C-774	15 Percent Informing Notice	C-774 15 Percent Informing Notice	match found from CalSAWS.	What info is on this?	
		•	CAAP Monthly Earned Income and Asset			
×	CAAP 1	Asset Report	Report	No available index listed in CalSAWS	PA 167	Monthly Earnings Report
×	CALHEERS	CALHEERS Application	Applications/SOF/ICT		MAGI MC Packet	MAGI MC Packet
~	CALHEERS	cherizzito ripplication	, pp. ied. iei / iei			
x	Transmittal	CALHEERS Transmittal Cover Shee	t Correspondence		New Rec.	Fax/Coversheets
^	CalJOBS	CALIFICIAN TRANSmittal Cover Shee	Correspondence		New Nec.	Tax/coversiteets
		i CalJOBS Verification/Printout			Verification	
		CallOBS Verification/Printout	Disability/Work Reg		vernication	
	CalJoBS Work				N 10 11	
	Reg	CalJoBS Work Reg Verif/Printout	Disability/Work Reg		Verification	
	Cal-Learn					
v						o.u
X	Notices of	Cal-Learn Notices of Action ALL	WTW Cal Learn		New Rec.	CalLearn Agreements and Forms
Χ	CalLearn					
X	CalLearn Participation	CalLearn Participation Cert	WTW Cal Learn WTW Cal Learn		New Rec.	CalLearn Agreements and Forms CalLearn Agreements and Forms
X	CalLearn Participation CalWIN 1-San	CalLearn Participation Cert Generic GA/GR Approval - San	WTW Cal Learn		New Rec.	CalLearn Agreements and Forms
x x	CalLearn Participation CalWIN 1-San Francisco	CalLearn Participation Cert Generic GA/GR Approval - San Francisco		There is no index for GA		
×X	CalLearn Participation CalWIN 1-San	CalLearn Participation Cert Generic GA/GR Approval - San	WTW Cal Learn	There is no index for GA	New Rec.	CalLearn Agreements and Forms
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x X	CalLearn Participation CalWIN 1-San Francisco CalWIN 2-San	CalLearn Participation Cert Generic GA/GR Approval - San Francisco Generic GA/GR Change - San	WTW Cal Learn Generic GA/GR Approval - San Francisco		New Rec. New Rec.	CalLearn Agreements and Forms Manual <program> NOA</program>
x	CalLearn Participation CalWIN 1-San Francisco CalWIN 2-San	CalLearn Participation Cert Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for	WTW Cal Learn Generic GA/GR Approval - San Francisco		New Rec. New Rec.	CalLearn Agreements and Forms Manual <program> NOA</program>
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x	CalLearn Participation CalWIN 1-San Francisco CalWIN 2-San Francisco CalWIN 3-San	CalLearn Participation Cert Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc	WTW Cal Learn Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification	No available index listed in CalSAWS	New Rec. New Rec. New Rec.	CalLearn Agreements and Forms Manual <program> NOA Manual <program> NOA</program></program>
x	CalLearn Participation CalWIN 1-San Francisco CalWIN 2-San Francisco CalWIN 3-San Francisco	CalLearn Participation Cert Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for	WTW Cal Learn Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc	No available index listed in CalSAWS	New Rec. New Rec. New Rec.	CalLearn Agreements and Forms Manual <program> NOA Manual <program> NOA</program></program>
x	CalLearn Participation CalWIN 1-San Francisco CalWIN 2-San Francisco CalWIN 3-San Francisco CalWIN 3-San	CalLearn Participation Cert Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification Checklist (VCL) Items -	WTW Cal Learn Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification	No available index listed in CalSAWS There is no index for GA	New Rec. New Rec. New Rec. New Rec.	CalLearn Agreements and Forms Manual <program> NOA Manual <program> NOA Manual <program> NOA</program></program></program>
x	CalLearn Participation CalWIN 1-San Francisco CalWIN 2-San Francisco CalWIN 3-San Francisco CalWIN 4-San Francisco	CalLearn Participation Cert Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification Checklist (VCL) Items - San Francisco	WTW Cal Learn Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc	No available index listed in CalSAWS	New Rec. New Rec. New Rec.	CalLearn Agreements and Forms Manual <program> NOA Manual <program> NOA Manual <program> NOA</program></program></program>
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x	CalLearn Participation CalWIN 1-San Francisco CalWIN 2-San Francisco CalWIN 3-San Francisco CalWIN 4-San Francisco CalWIN 4-San Francisco CalWORKs/TM C to MediCal	CalLearn Participation Cert Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification Checklist (VCL) Items - San Francisco CalWORKs/TMC to MediCal	WTW Cal Learn Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification Checklist (VCL) Items - San Francisco	No available index listed in CalSAWS There is no index for GA	New Rec. New Rec. New Rec. New Rec.	CalLearn Agreements and Forms Manual <program> NOA Manual <program> NOA Manual <program> NOA Manual <program> NOA Worker Use (Eligibility Determination/Tracking) Program</program></program></program></program>
x x	CalLearn Participation CalWIN 1-San Francisco CalWIN 2-San Francisco CalWIN 3-San Francisco CalWIN 4-San Francisco CalWORKs/TM	CalLearn Participation Cert Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification Checklist (VCL) Items - San Francisco	WTW Cal Learn Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification	No available index listed in CalSAWS There is no index for GA There is no index for GA	New Rec. New Rec. New Rec. New Rec. New Rec.	CalLearn Agreements and Forms Manual <program> NOA Manual <program> NOA Manual <program> NOA Manual <program> NOA Worker Use (Eligibility</program></program></program></program>
x	CalLearn Participation CalWIN 1-San Francisco CalWIN 2-San Francisco CalWIN 3-San Francisco CalWIN 4-San Francisco CalWORKs/TM C to MediCal Checklist	CalLearn Participation Cert Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification Checklist (VCL) Items - San Francisco CalWORKs/TMC to MediCal Checklist	WTW Cal Learn Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification Checklist (VCL) Items - San Francisco Correspondence	No available index listed in CalSAWS There is no index for GA There is no index for GA MAILED TO SACRAMENTO WE KEEP A	New Rec. New Rec. New Rec. New Rec. New Rec.	CalLearn Agreements and Forms Manual <program> NOA Manual <program> NOA Manual <program> NOA Manual <program> NOA Worker Use (Eligibility Determination/Tracking) Program Specific Checklists</program></program></program></program>
x x x	CalLearn Participation CalWIN 1-San Francisco CalWIN 2-San Francisco CalWIN 3-San Francisco CalWIN 4-San Francisco CalWIN 4-San Francisco CalWORKs/TM C to MediCal	CalLearn Participation Cert Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification Checklist (VCL) Items - San Francisco CalWORKs/TMC to MediCal Checklist CAPI APPLICATION COVER SHEET	WTW Cal Learn Generic GA/GR Approval - San Francisco Generic GA/GR Change - San Francisco Generic GA/GR Denial for Verification Checklist (VCL) Items - San Francisc Generic GA/GR Disc for Verification Checklist (VCL) Items - San Francisco	No available index listed in CalSAWS There is no index for GA There is no index for GA	New Rec. New Rec. New Rec. New Rec. New Rec.	CalLearn Agreements and Forms Manual <program> NOA Manual <program> NOA Manual <program> NOA Manual <program> NOA Worker Use (Eligibility Determination/Tracking) Program</program></program></program></program>

	Car Insurance					
	Identification	Car Insurance Identification Card	Property/Liens		Verification	
					What information is in this? Is this	
	CASAS	CASAS	WTW Job Readiness		imaged?	
	CCAH Aid				What information is in this? Is this	
	Codes	CCAH Aid Codes	CCAH Aid Codes		imaged?	
		Declaration Of Exemption From				Tracked WTW Activities, Hours,
x	CCP 1	Trustline	Declaration of Exempt from Trustline	State Form	New Rec.	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
						Worker Use (Eligibility
						Determination/Tracking) Program
	CCP 6	Health & Safety Facility Checklist	Hoalth & Safoty Facility Chocklist	State Form	New Rec.	Specific Checklists
	LLP 6	Health & Salety Facility Checklist	Health & Safety Facility Checklist	State Form	New Rec.	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			
				Bassible Mars CCB 7 CallWORKs		
			(R&R/APP) agencies; Stage 1 retroactive	Possible Map: CCP 7 - CalWORKs		
		Child Care General Information	child care reimbursement policy; and	Stage One Child Care Request Form		CalWORKs Stage One Child Care
x x	CCP 7 - LA	and Request Form	TrustLine registration requirements.	and Payment Rules	CCP 7	Request Form and Payment Rules
		CalWORKs Stage One Child Care				
x x x	CCP 8	Authorization Form	CC Stage 1 Authorization	State Form	Added with SCR 209488	
				Authorization to pay selected child		
	CCP 8	CALWORKS STAGE ONE CHILD	Authorization to receive paid child care	care provider. This Form not Found		
x	State Form	CARE AUTHORIZATION FORMS	for child care provider selected	on Forms List	Added with SCR 209489	
		Stage 1 Child Care Information				
x x	CCP24-LA	Transmittal		No possible map found in listing	CSF XXX	Child Care Stages Information Letter
				Application related documents;		
				exisiting CalSAWS documents are too		
		Confidential Application for Child		specific to index to. In order to meet		
	CD 9600	Development	Application	county needs we need generic		
	0000	Development	Αρριτατιστι	DPSS may receive this from a former		
Y.	CDC 181	Child Caro Cartificator BCCC	BCOE's form		Now Boc	Child Caro Boforrals and Forme
Х	CDC 181	Child Care Certificates – RCOE	RCOE's form	or current RCOE customer	New Rec.	Child Care Referrals and Forms
				Assists with obtaining required child		
		License - Exempt Provider		care provider information to		
		Checklist and Unlicensed Provider		establish eligibility for		
x	SP	Questionnaire	identification	reimbursement - no comparable	New Rec.	Customer Use Checklists
				Assists with obtaining required child		
		License / Trust line-Exempt		care provider information to		
	CDC 184 Eng &	Provider Checklist and Unlicensed	Checklist for required forms and	establish eligibility for		
x	SP	Provider Questionnaire	identification	reimbursement - no comparable	New Rec.	Child Care Referrals and Forms
				Used to grant permission for child		
			List authorized persons to take child(ren)	- ·		
		Emergency and Identification	from a facility, or who to contact in an	in care of an emergency or accident		
		Information (E/S)		no comparable form	New Rec.	Child Care Referrals and Forms
	CDC 2007 E/2	IIIIOIIIIdUUII (E/3)	emergency	no comparable form	INCW REL.	CITILIA CALE RETEITAIS ATTO FOLLITS

	CDS 525-					
	CalWIN (04/03)	Rescind - All Programs	Rescind - All Programs	There is no index for GA		
х	CEF C01	DDSD Medical Appointment Letter	r 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	
	completion	CalFresh Notification Of Inter-		notification of CF ICT- exisiting	· cimodelon	CalFresh Notification of Inter-County
x	CF 215	County Transfer	ICT	CAISAWS document does not meet	CF 215	Transfer
x	CF 37	Recertification for CalFresh		Gather information for CF Recert.	CF 37	Recertification for CalFresh benefits
X	CF 37	Recentification for CalFresh			Is this imaged? It sounds like for	Recercification for califiesh benefits
				CFS 37 Stan County form AFCSD Asst.	0	
				Director Memo requesting to use	internal rebudgeting and not	
		All County Fund Memo (45 Funds)		general funds (outside regular	necessarily case related.	
х	CFS 37	Request	Specialized Rate Determination	budget) for Foster Care. Internal	New Rec.	FC Forms
Х	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		Verification	
	Class Schedules					
x	(if in WtW file)	Class Schedules (if in WtW file)	WTW School/VTR		Verification	
	· · · · · ·			Internal form-This form is used for		
				Request for Higher Level Payment for		
				Specialized Foster Care Group		
		Special Care Increments (SCI) - Big		Home/Foster Family Agency Staffing.		
	Ch 45 42 4				New Dee	FC F
X	CMS 12-A	111	Specialized Rate Determination	Similar Form not found on Forms List	New Rec.	FC Forms
			MEDICARE ENTITLEMENT/PATIENT	NEEDED FORM NOT ON TIER 1 LIST -		
x	CMS 2728	MEDICAL EVIDENCE REPORT	REGISTRATION	REQUIRED	CSF XXX	Medicare Referral
			The form contains case/customer			
			information, tracking information, date,	The form is used by eligibility staff to		
			signatures lines for eligibility staff,	refer customers to benefit issuance		
			benefit issuance staff and the customer,	staff for an EBT card print, pin and		EBT Service Request
			identification information and EBT card	pickup. There is no relevant form on	EBT 9	Cash Aid / CalFresh Electronic Benefit
	CO-472	EBT Referral Form	information.	the list.	TEMP 2202	Transfer - EBT Service Request
						•
			The form contains case/customer			
			information, date, type of identification			
			used to verify customer's identity,	The form is used by benefit issuance		
	CO-473E /		recovery account information, amount of	customer for EBT debit transaction.		
			EBT card debit, signatures line benefit			Agreement to Deinsteiner
	CO473Sp	EBT Repayment Form	issuance staff and the customer.	There is no relevant form on the list.	LSF XXX	Agreement to Reimburse
			<b></b>	The form is required for all forged		
			The form requests the warrant payee	warrants and must be completed		
			certify under plenty of perjury that the	before benefit issuance staff can		
			warrant was forged and requests	replace a forged warrant. There is no		
	CO-48G	Forgery Certificate Form	information about the forged warrant.	relevant form on the list.	New Rec.	Fiscal Forms
			The form contains type of action being			
			requested on a warrant, date,			
			case/customer information, warrant			
			information and signatures lines for	The form is used by eligibility staff to		
			eligibility staff and benefit issuance staff,			
		Hold/Cancel/Release Warrant	and if applicable the customer's	specific action on a warrant. There		
	CO4 E			•	Now Poc	Fiscal Forms
	CO4-E	Form	signature.	is no relevant form on the list.	New Rec.	Fiscal Forms

			The form requests the warrant payee	The form is required for all forged		
			provide information and details about	warrants and must be completed		
			the forged warrant, and includes	before benefit issuance staff can		
			signature lines for the customer and a	replace a forged warrant. There is no		
	CO-504	Forged Warrant Form	witness.	relevant form on the list.	New Rec.	Fiscal Forms
	Copy of					
	Adoptions	Copy of Adoptions Paperwork	Vitals		Verification	
	•					
	Corning Family	Corning Family Resource Center				
x	Resource	Referral Form	Referral to Local Partner Agency	Referral to local partner agency	New Rec.	Non-Fraud Referral or Request
~	Correctional		internation activity in the ingeney	inter agency		the reduction of nequest
	Facility ID Ltr	Correctional Facility ID Ltr	Vitals		New Rec.	Jail/Inmate Forms and Notices
	Court Order -					Sany mater of the and trottees
	Child Custody	Court Order - Child Custody	Vitals		Verification	
	Court Order -	court of del clinic custody	vitais		Vermeation	
		s Court Order - Marriage Status	Vitals		Verification	
	Wallage Statu	CAAP Denial - Failed Initial Intake	Vitais		Vermeation	
×	CP 1	Appointment	Denial for Failed Intake Appt	There is no index for GA	New Rec.	Manual < Program > NOA
^	CFI	CAAP Denial - Excess Assets in	CAAP Denial - Excess Assets in	There is no index for GA	New Rec.	
	CP 10	Savings/Checking Account(s)		There is no index for CA	New Dee	Manual <program> NOA</program>
Х	CP 10	CAAP Denial - Excess Value of	Savings/Checking Account(s) CAAP Denial - Excess Value of	There is no index for GA	New Rec.	Manual Chogranis NOA
	CP 12	Automobile	Automobile	There is no index for GA	New Rec.	Manual (Program) NOA
X	CP 12		e CAAP Denial - Own More than One	There is no index for GA	New Rec.	Manual <program> NOA</program>
	CP 13			There is no index for CA	New Dee	Manual (Bragrams NOA
Х	CP 13	Automobile	Automobile	There is no index for GA	New Rec.	Manual < Program > NOA
	CD 44	CAAP Denial - Paid Expenses	CAAP Denial - Paid Expenses Exceed	These is an index for CA	Nav. Data	Manual Branning NOA
X	CP 14	Exceed Monthly Income/Assets	Monthly Income/Assets	There is no index for GA	New Rec.	Manual < Program > NOA
	CD 45	CAAP Denial - Student Status Not	CAAP Denial - Student Status Not	These is an index for CA	Nav. Data	Manual Branning NOA
X	CP 15	Acceptable	Acceptable	There is no index for GA	New Rec.	Manual <program> NOA</program>
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</program>
	CD 47	CAAP Denial - CalWORKS	CAAP Denial - CalWORKS	These is a index (	New Dee	Manual December 1101
Х	CP 17	Eligible/Recipient	Eligible/Recipient	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Denial - CalWORKS				
		Discontinuance due to Drug	CAAP Denial - CalWORKS Discontinuance			
X	CP 18	Felony Conviction	due to Drug Felony Conviction	There is no index for GA	New Rec.	Manual <program> NOA</program>
X	CP 20	CAAP Denial - Fleeing Felon	CAAP Denial - Fleeing Felon	There is no index for GA	New Rec.	Manual <program> NOA</program>
X	CP 21	CAAP Denial - SSI Recipient	CAAP Denial - SSI Recipient	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Denial - Failed	CAAP Denial - Failed Requirements for			
X	CP 23	Requirements for Other Income	Other Income	There is no index for GA	New Rec.	Manual <program> NOA</program>
			CAAP Denial - Non-Cooperation to			
X	CP 27	Secure Photo Identification	Secure Photo Identification	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Denial - Failure to Submit	CAAP Denial - Failure to Submit CID			
						Manual <program> NOA</program>
x	CP 28	CID Receipt	Receipt	There is no index for GA	New Rec.	IVIAITUAI SPIOgrafii > NOA
X	CP 28	CID Receipt CAAP Denial - Failure to Provide	Receipt	There is no index for GA	New Rec.	Manual Chograms NOA
xx	CP 28 CP 29		Receipt CAAP Denial - Failure to Provide DMV ID		New Rec.	Manual <program> NOA</program>
		CAAP Denial - Failure to Provide	·			

		01100 1 5 1 10 11				
	<b>CD 22</b>	CAAP Denial - Failed Social	CAAP Denial - Failed Social Security Card	These is as is devided of	New Dee	
X	CP 30	Security Card Process	Process	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Denial - Failed Final Intake	CAAP Denial - Failed Final Intake			
Х	CP 32	Appointment	Appointment	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Denial - Failure to Report	CAAP Denial - Failure to Report			
X	CP 33	Necessary Information	Necessary Information	There is no index for GA	New Rec.	Manual <program> NOA</program>
X	CP 36	CAAP Denial - Institutionalized	CAAP Denial - Institutionalized	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Denial - Not Eligible for ABD	CAAP Denial - Not Eligible for ABD Medi-			
X	CP 37	Medi-Cal	Cal	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Denial - Failed 15-day				
x	CP 4	Residency Requirement	Failed 15-day Residency Requirement	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Denial - Failed Residency	CAAP Denial - Failed Residency due to			
x	CP 6	due to Probation/Parole	Probation/Parole Restriction	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Denial - Failed				
		Residence/Immigration	CAAP Denial - Failed			
x	CP 7	Requirements	Residence/Immigration Requirements	There is no index for GA	New Rec.	Manual <program> NOA</program>
		CAAP Denial - On Aid in Another	CAAP Denial - On Aid in Another		-	
х	CP 8	County/State	County/State	There is no index for GA	New Rec.	Manual <program> NOA</program>
X	CP 9		CAAP Denial - Excess Cash Assets	There is no index for GA	New Rec.	Manual <program> NOA</program>
~	× CS 909	Declaration of Paternity			CSF XXX	8
	× C3 202	•	Inter County Dept Sharing of	No possible map found in listing		Statement of Relationship
	X CSA 1	Multi-Agency Consent to Release		Inter County Use. This is not an ABDCM 228	New Rec	Other Contact Authorization Forme
	× CSA I	and Exchange Information	Information		New Rec.	Other Contact Authorization Forms
		Multi-Agency Consent to Release	later Cruste, Deet Charles of	Revoke Consent for Inter County Use		
		and Exchange Information	Inter County - Dept. Sharing of	of Multi Agency Release and		ou o i i i i i -
	X CSA 2	Revocatoin Form	Information	Exchange of Information	New Rec.	Other Contact Authorization Forms
		MC ANNUAL REDETERMINATION		NEEDED FORM NOT ON TIER 1 LIST -		
	CSC 108	DUE	INFORMING LETTER	REQUIRED	CSF XXX	MC Reminder Notice
						SIU (Fraud) Evidence, Contact
	CSC 27	Suspected Misuse of CW	Correspondence		SIU Documents	Records, Requests
		GA/GR SSI/SSP Referral and Follow				General Relief Referral for SSI/SSP
x	CSC 29 (11/04)	Up	Referral Follow Up for SSI/SSP	There is no index for GA	PA 1049-1	Application
	CSC 31	Employment Verif When Job Ends	Income		CSF XXX	Employment Verification When Job
		Insurance Affordability Programs	Insurance Affordability Programs			
x	CSC 91 EN	Request for Additional	Request for Additional Information			
	0000101					
				Used by the ET to request Services		
	00001214	Request for CWS/CMS Data	Request to change information in	Used by the ET to request Services update/correct information in		
x	CSD 1511	Request for CWS/CMS Data Correction	Request to change information in CWS/CMS		New Rec.	FC Forms
х		•		update/correct information in CWS/CMS. No comparable form.	New Rec.	FC Forms
x		Correction	CWS/CMS	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update	New Rec.	FC Forms
x	CSD 1511	Correction Notification to Local Child Support	CWS/CMS Correspondence between foster care and	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update child support on parents referred.		
х х		Correction Notification to Local Child Support Agency (LCSA)	CWS/CMS	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update child support on parents referred. No comparable form.	New Rec.	FC Forms
x	CSD 1511	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian	CWS/CMS Correspondence between foster care and child support	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update child support on parents referred. No comparable form. NRLG signs and returns a copy to		
x	CSD 1511 CSD 1520	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting	CWS/CMS Correspondence between foster care and child support Notifies NRLG of rights and	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received	New Rec.	FC Forms
x	CSD 1511	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian	CWS/CMS Correspondence between foster care and child support	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update d child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form.		
x	CSD 1511 CSD 1520	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities	CWS/CMS Correspondence between foster care and child support Notifies NRLG of rights and responsibilities	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update d child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made	New Rec. New Rec.	FC Forms
x	CSD 1511 CSD 1520 CSD 1827 LG	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities Request for Issuance Adjustment	CWS/CMS Correspondence between foster care and child support Notifies NRLG of rights and responsibilities Fiscal reclaim for aid code/pay	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to updated child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made to incorrect program/aid code/payee	New Rec.	FC Forms FC Forms
x x x x	CSD 1511 CSD 1520	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities Request for Issuance Adjustment or Claim	CWS/CMS Correspondence between foster care and child support Notifies NRLG of rights and responsibilities Fiscal reclaim for aid code/pay code/payee	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to updated child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made to incorrect program/aid code/payee No comparable form.	New Rec. New Rec.	FC Forms
x x x	CSD 1511 CSD 1520 CSD 1827 LG	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities Request for Issuance Adjustment or Claim Foster Care Emergency Assistance	CWS/CMS Correspondence between foster care and child support Notifies NRLG of rights and responsibilities Fiscal reclaim for aid code/pay code/payee	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update d child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made to incorrect program/aid code/payee No comparable form. Reclaim EA funding issued,	New Rec.	FC Forms FC Forms
x x x x	CSD 1511 CSD 1520 CSD 1827 LG CSD 2323 FC	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities Request for Issuance Adjustment or Claim Foster Care Emergency Assistance Request for Posting	CWS/CMS CORESPONDENCE between foster care and child support Notifies NRLG of rights and responsibilities Fiscal reclaim for aid code/pay code/payee Reclaim information for Emergency	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to updated child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made to incorrect program/aid code/payee No comparable form. Reclaim EA funding issued, abatement, or delete in ACE system.	New Rec. New Rec. New Rec.	FC Forms FC Forms FC Forms
x x x x	CSD 1511 CSD 1520 CSD 1827 LG	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities Request for Issuance Adjustment or Claim Foster Care Emergency Assistance	CWS/CMS Correspondence between foster care and child support Notifies NRLG of rights and responsibilities Fiscal reclaim for aid code/pay code/payee	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update d child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made to incorrect program/aid code/payee No comparable form. Reclaim EA funding issued, abatement, or delete in ACE system. No comparable form.	New Rec.	FC Forms FC Forms
x x x	CSD 1511 CSD 1520 CSD 1827 LG CSD 2323 FC	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities Request for Issuance Adjustment or Claim Foster Care Emergency Assistance Request for Posting	CWS/CMS CORESPONDENCE between foster care and child support Notifies NRLG of rights and responsibilities Fiscal reclaim for aid code/pay code/payee Reclaim information for Emergency	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update d child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made to incorrect program/aid code/payee No comparable form. Reclaim EA funding issued, abatement, or delete in ACE system. No comparable form. ET uses to request DMV information	New Rec. New Rec. New Rec.	FC Forms FC Forms FC Forms FC Forms
xxxxx	CSD 1511 CSD 1520 CSD 1827 LG CSD 2323 FC CSD 2323EA	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities Request for Issuance Adjustment or Claim Foster Care Emergency Assistance Request for Posting	CWS/CMS CORESPONDENCE between foster care and child support Notifies NRLG of rights and responsibilities Fiscal reclaim for aid code/pay code/payee Reclaim information for Emergency	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update d child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made to incorrect program/aid code/payee No comparable form. Reclaim EA funding issued, abatement, or delete in ACE system. No comparable form.	New Rec. New Rec. New Rec.	FC Forms FC Forms FC Forms
x x x x	CSD 1511 CSD 1520 CSD 1827 LG CSD 2323 FC	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities Request for Issuance Adjustment or Claim Foster Care Emergency Assistance Request for Posting	CWS/CMS CORESPONDENCE between foster care and child support Notifies NRLG of rights and responsibilities Fiscal reclaim for aid code/pay code/payee Reclaim information for Emergency	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update d child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made to incorrect program/aid code/payee No comparable form. Reclaim EA funding issued, abatement, or delete in ACE system. No comparable form. ET uses to request DMV information	New Rec. New Rec. New Rec.	FC Forms FC Forms FC Forms
x x x x x	CSD 1511 CSD 1520 CSD 1827 LG CSD 2323 FC CSD 2323EA	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities Request for Issuance Adjustment or Claim Foster Care Emergency Assistance Request for Posting Correction/Abatement/Deletion	CWS/CMS Correspondence between foster care and child support Notifies NRLG of rights and responsibilities Fiscal reclaim for aid code/pay code/payee Reclaim information for Emergency Assistance funding	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to update d child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made to incorrect program/aid code/payee No comparable form. Reclaim EA funding issued, abatement, or delete in ACE system. No comparable form. ET uses to request DMV information for POEM determination. No	New Rec. New Rec. New Rec. New Rec.	FC Forms FC Forms FC Forms FC Forms DMV/ID Referrals and Verification
X	CSD 1511 CSD 1520 CSD 1827 LG CSD 2323 FC CSD 2323EA	Correction Notification to Local Child Support Agency (LCSA) Non-Related Legal Guardian Rights and Reporting Responsibilities Request for Issuance Adjustment or Claim Foster Care Emergency Assistance Request for Posting Correction/Abatement/Deletion	CWS/CMS COVS/CMS COVS	update/correct information in CWS/CMS. No comparable form. Foster care uses the form to updated child support on parents referred. No comparable form. NRLG signs and returns a copy to acknowledge they received information. No comparable form. Requests to reclaim payments made to incorrect program/aid code/payee No comparable form. Reclaim EA funding issued, abatement, or delete in ACE system. No comparable form. ET uses to request DMV information for POEM determination. No comparable form.	New Rec. New Rec. New Rec. New Rec.	FC Forms FC Forms FC Forms FC Forms DMV/ID Referrals and Verification

				Used to gather information on the		
			Information on the foster child's home of	child's home of removal for funding		
x	CSD 2590	Federal Linkage	removal	determination. No comparable form.	New Rec.	FC Forms
				Approval form to authorize clothing		
				allowance for non-eligible facility, or		
x	CSD 2752	Additional Clothing Allowance	Authorization to issue clothing allowance	child. No comparable form.	New Rec.	FC Forms
				Used to disenroll a child from		
		Emergency Disenrollment for		insurance which blocks the foster		
×	CSD 2953	Foster Care Children	Correspondence to Health Care Options	childs Medi-Cal benefits. No	New Rec.	FC Forms
	000 2000			Request to return warrant that was		10101110
		Notice of Incorrectly Issued		incorrectly issued to someone who		
	CSD 3040	Warrant to incorrect payee	Descrete to return werent	did not provide care. No comparable	New Ree	FC Forms
X	C3D 3040	warrant to incorrect payee	Request to return warrant	· · ·	New Rec.	FC FOILIIS
				Used to enroll or disenroll child from		
		SW Request for Managed Care		managed care Medi-Cal per social		
X	CSD 3397	Enrollment/Disenrollment	Request to change Medi-Cal benefits	worker request. No comparable	New Rec.	FC Forms
		Foster Care/PMU Request Form		Used to request Foster Care and		
		and Information to Placement	Correspondence between foster care and			
х	CSD 3495	Management Unit	PMU	comparable form.	New Rec.	FC Forms
				RFA uses to identify children placed		
				with particular caregiver and whether		
x	CSD 3557	RFA Closing Summary	Correspondence from RFA unit	tribal home. No comparable form.	New Rec.	FC Forms
		- ,	•	Used to completed file clearance and		
		C-IV Case Number Request to		request case number at application.		Application, Intake, or Screening
Y	CSD 3598	Foster Care	Request case number at application	No comparable form.	New Rec.	Tools
K	630 3330	Notification to IEHP of Placement	Request case number at application	Used to notify IEHP Open Access of	New Rec.	10015
		Change or Termination of Foster		changes to child in foster care		
	CCD 2C24	÷	Company and an an hot was a DDCC and ICUD	-	New Ree	FC Forme
X	CSD 3634	Care	Correspondence between DPSS and IEHP		New Rec.	FC Forms
		Information Regarding Social		Used to correspond with Foster Care		
		Security Benefits for Children		liaison when child has SSA income.	Is this something that is actually	
X	CSD 3712	Placed in Foster Care	Internal correspondence form.	No comparable form.	imaged?	
				Approval form to authorize rate		
		ACF Rate Patch Approval and		patch for Foster Care above basic		
Х	CSD 3966	Termination	Authorization to issue rate patch	rate. No comparable form.	New Rec.	FC Forms
				Approval form to authorize rate		
			Provides Administrative approval to	patch for Foster Care above basic		
x	CSD 3969	Rate Agreement Letter	continue rate patch	rate. No comparable form.	New Rec.	FC Forms
			·	Authorizes level of care and ISFC rate		
				from Services to Foster Care. No		
x	CSD 400	LOC Rate Determination	Level of Care authorization	comparable form.	New Rec.	FC Forms
^	000 100			Social worker uses to request a birth		
		Social Worker Request for Vital	Corresondence between Social worker	certificate or social security card from		
	CSD 4077					EC Forme
Х	C3D 4077	Statistic Documents	and ET	the ET. No comparable form.	New Rec.	FC Forms
				Used by Kin-GAP staff to review with		Worker Use (Eligibility
				social worker prior to Kin-GAP		Determination/Tracking) Program
						Specific Checklists
x	CSD 4253	Kin-GAP Pre-Referral Checklist	Checklist prior to Kin-GAP referral	referral. No comparable form.	New Rec.	Specific checkings
x	CSD 4253		Checklist prior to Kin-GAP referral	Used by STRTPs, GHs, and FFAs to	New Rec.	
x		Kin-GAP Pre-Referral Checklist Foster Care Provider Monthly	·	•	New Rec.	
x	CSD 4253 CSD 4306		Checklist prior to Kin-GAP referral Providers report children in their care	Used by STRTPs, GHs, and FFAs to	New Rec.	FC Forms
x x		Foster Care Provider Monthly	·	Used by STRTPs, GHs, and FFAs to report children in their care monthly.		
x x		Foster Care Provider Monthly	·	Used by STRTPs, GHs, and FFAs to report children in their care monthly. No comparable form.		
x x		Foster Care Provider Monthly Report	·	Used by STRTPs, GHs, and FFAs to report children in their care monthly. No comparable form. ET uses to calculate deemed income		
x x	CSD 4306	Foster Care Provider Monthly Report Deemed Income for AFDC-FC	Providers report children in their care	Used by STRTPs, GHs, and FFAs to report children in their care monthly. No comparable form. ET uses to calculate deemed income from undoc parent or step-parent.	New Rec.	FC Forms Program Budgets & Worksheets
x x	CSD 4306	Foster Care Provider Monthly Report Deemed Income for AFDC-FC Programs	Providers report children in their care Budget to calculate deemed income	Used by STRTPs, GHs, and FFAs to report children in their care monthly. No comparable form. ET uses to calculate deemed income from undoc parent or step-parent. No comparable form. Sent by ET when referral completed	New Rec.	FC Forms Program Budgets & Worksheets Notice of Referral to the Los Angeles
x x x	CSD 4306 CSD 4458	Foster Care Provider Monthly Report Deemed Income for AFDC-FC Programs Notification of Child Support	Providers report children in their care Budget to calculate deemed income Sent to parents to notify of child support	Used by STRTPs, GHs, and FFAs to report children in their care monthly. No comparable form. ET uses to calculate deemed income from undoc parent or step-parent. No comparable form. Sent by ET when referral completed to child support. Parent can dispute	New Rec. New Rec.	FC Forms Program Budgets & Worksheets Notice of Referral to the Los Angeles County Child Support Services
x x x	CSD 4306	Foster Care Provider Monthly Report Deemed Income for AFDC-FC Programs	Providers report children in their care Budget to calculate deemed income	Used by STRTPs, GHs, and FFAs to report children in their care monthly. No comparable form. ET uses to calculate deemed income from undoc parent or step-parent. No comparable form. Sent by ET when referral completed to child support. Parent can dispute by returning form. No comparable	New Rec.	FC Forms Program Budgets & Worksheets Notice of Referral to the Los Angeles
xx	CSD 4306 CSD 4458	Foster Care Provider Monthly Report Deemed Income for AFDC-FC Programs Notification of Child Support Referral	Providers report children in their care Budget to calculate deemed income Sent to parents to notify of child support	Used by STRTPs, GHs, and FFAs to report children in their care monthly. No comparable form. ET uses to calculate deemed income from undoc parent or step-parent. No comparable form. Sent by ET when referral completed to child support. Parent can dispute by returning form. No comparable Authorize holding a bed in a foster	New Rec. New Rec.	FC Forms Program Budgets & Worksheets Notice of Referral to the Los Angeles County Child Support Services
x	CSD 4306 CSD 4458 CSD 4579	Foster Care Provider Monthly Report Deemed Income for AFDC-FC Programs Notification of Child Support Referral Authorization for Temporary Bed	Providers report children in their care Budget to calculate deemed income Sent to parents to notify of child support referral	Used by STRTPs, GHs, and FFAs to report children in their care monthly. No comparable form. ET uses to calculate deemed income from undoc parent or step-parent. No comparable form. Sent by ET when referral completed to child support. Parent can dispute by returning form. No comparable Authorize holding a bed in a foster care placement when the youth is	New Rec. New Rec. DCFS 5125	FC Forms Program Budgets & Worksheets Notice of Referral to the Los Angeles County Child Support Services Department
x x x x	CSD 4306 CSD 4458	Foster Care Provider Monthly Report Deemed Income for AFDC-FC Programs Notification of Child Support Referral	Providers report children in their care Budget to calculate deemed income Sent to parents to notify of child support	Used by STRTPs, GHs, and FFAs to report children in their care monthly. No comparable form. ET uses to calculate deemed income from undoc parent or step-parent. No comparable form. Sent by ET when referral completed to child support. Parent can dispute by returning form. No comparable Authorize holding a bed in a foster	New Rec. New Rec.	FC Forms Program Budgets & Worksheets Notice of Referral to the Los Angeles County Child Support Services

	CCD 477	Foster Care Non-Basic Rate	Authorize rates other than basic foster	Used by the social worker to	New Dee	50 5
X	CSD 477	Authorization	care	authorize ISP, ETR, RC rates. No	New Rec.	FC Forms
	CCD 477 4	Specialized Care Increment	SCI authorization form for Foster Care	Notification to Foster Care of SCI	New Dee	50 F
X	CSD 477 A	Authorization	children	approval and amount. No	New Rec.	FC Forms
		Specialized Care Increment	SCI authorization form for Kin-GAP children	Notification to Kin-GAP of SCI	New Rec	KG Forms
X	CSD 477 K	Authorization Kin-GAP	children	approval and amount. No	New Rec.	KG FORMS
	CCD C 400	Identification Form (Services and	Drevided with factor care application	Provides information on foster care	New Rec	56 Forme
Х	CSD 640S CSF 10	Foster Care) Add Person Appointment Letter	Provided with foster care application	child and parents at application.	New Rec. CSF XXX	FC Forms Appointment Letter
	CSF 10 CSF 1033	EITC Assistance Flyer	Correspondence		Is this imaged?	Appointment Letter
		1	Correspondence		<u> </u>	
	CSF 1099	EITC Assistance Flyer	Correspondence		Is this imaged?	
					Is this a letter to the customer? Or	Cosial Converts Administration
	005.40	60N D:			to the SSA?	Social Security Administration
	CSF 12	SSN Discrepancy Letter	Vitals		MC 194	Referral Notice
					How is this different from the	
					other release of informations?	Authorization To Release Information
	V CCE 12	Applicants Auth Deleges of t	Correspondence		CF QC Notice 4	Applicant's Authorization for Release
	X CSF 13	Applicants Auth - Release of Info	correspondence		ABDCM 228	of Information
					How is this different from the	Authorization To Delegan Inform
					other release of informations?	Authorization To Release Information
	V CCE 4.4	DOL Authorized Deservation	Applications (COF (ICT		CF QC Notice 4	Applicant's Authorization for Release
	X CSF 14	ROI - Authorized Representation	Applications/SUF/ICI		ABDCM 228	of Information
					How is this different from the	
					other release of informations?	Authorization To Release Information
					CF QC Notice 4	Applicant's Authorization for Release
	X CSF 15	Auth- Release of Conf Info	Correspondence		ABDCM 228	of Information
					How is this different from the	
					other release of informations?	Authorization To Release Information
					CF QC Notice 4	Applicant's Authorization for Release
	X CSF 17	Auth for ROI-Financial	Property/Liens		ABDCM 228	of Information
						Application For CalWORKs (Non-
					011/ 0240	Needy Caretaker Relative With
	× CSF 18	Caretaker Relative Statement	Applications/SOF/ICT		CW 2219	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
	× CSF 2 A	Gen Affidavit (cont) Homeless	Homeless		CSF XXX	Sworn Statement
		centrindarie (conty nomeness				CalFresh Notification of Inter-County
	x CSF 215	Outgoing Intercounty transfer	Correspondence		CF 215	Transfer
x x	CSF 2186A	CW-WTW Time Limit Exemption	WTW Exemptions		CW 2186A	CalWORKs Exemption Request Form
A A	CJI 2100A	ett with the limit Exemption	WTW Exemptions		CW 2100A	Statement of Citizenship, Alienage,
						and Immigration Status
					MC 13	Affidavit To Document: U.S
	X CSF 3	Birth/Citizenship Stmt	Vitals		PA 853-1	Citizenship, Identity And Birth
	× CSF 30 AA	Withdrawal of Application	Applications/SOF/ICT		CW 89 LA	Application Withdrawal Request
	A CJI JU AA	Request for				Appreciation withdrawal Request
		Discontinuance/Withdrawal/Waiv	Request for		CW 10	Notice of Withdrawn Application
	CSF 31 (04/16)		Discontinuance/Withdrawal/Waiver	There is no index for GA	CSF XXX	Request for Discontinuance Waiver
	C31 51 (04/10)	CI CI	Discontinuance/ withurawai/ waiver	THEFE IS NO INDEX TOP GA		
					CW/ 10	Notice of Withdrawn Application
	CSE 31 (01/16)	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?	
	× CSF 39	CalWIN Referral	Correspondence		PA 30	County Referral
x x	CSF 41	Referral for Employment Services	•		CSF XXX	Employment Services
м Л	051 41	GR ADMIN REVIEW SCHEDULING	INFORMING CLIENT OF SCHEDULED			Employment services
x	CSF 43	NOTICE	REVIEW	REQUIRED NOTIFICATION	ABP 4045	GR Noncompliance Review Form
*	C3F 43	GR ADMIN REVIEW DECISION	REVIEW	REQUIRED NOTIFICATION	CW 10	Notice of Withdrawn Application
x	CSF 44	WITHDRAWAL	CLIENT REQUEST OF WITHDRAWAL		CSF XXX	
X				REQUIRED VERIFICATION		Request for Discontinuance Waiver
	× CSF 47	Shelter Cost Statement	Deductions/Shelter Costs		CSF XXX	Address Change/ Housing Costs
					Verifications	
	X CSF 48	Bank Verification	Property/Liens		New Rec.	Property Statement and Verification
						Veterans Benefits Verification And
	× CSF 5	Vets Benefits Verif/Referral	Income		CW 5	Referral
						Work Study Service Provider Referral
	CSF 50	Student Aid/Work Study Req	Income		GN 6006W	Form
			Release for school to provide	Used to verify enrollment status,		
		Student Income Verification	enrollment/financial and work study	financial aid and work study to		
	CSF 50	Request	information	determine eligibility to CalWORKs	New Rec.	Student/College Related Forms
						Affidavit of Identity
					PA 321	Affidavit To Document: U.S
	CSF 54	Certification of ID Letter	Correspondence		PA 853-1	Citizenship, Identity And Birth
	X CSF 6	Appt Ltr for Public Assistance	Correspondence		CSF XXX	Appointment Letter
	001 0					Authorization to Release Medical
	x CSF 61	Authorization to Release Med Info	Disability/Work Reg		CW 61	Information
	* 651 01	Automization to helease mea mea	bisubility work heg			EBT - Request for Authorized
						Representative/Designated Alternate
	CSF 64	EBT Baguast for Alt/Auth Ban	Fiscal/Issuance/SFIS		TEMP 2201	Cardholder
	CSF 64 CSF 65	EBT Request for Alt/Auth Rep				
		EBT Exemption Request	Fiscal/Issuance/SFIS		M16-325A	EBT Exemption
	CSF 66	EBT Exemption Request - Cash Aid	Fiscal/issuance/SFIS		M16-325A	EBT Exemption
						California Electronic Benefit Transfer
	CSF 67	EBT Card/PIN Responsibility Stmt	Fiscal/Issuance/SFIS		PUB 388	(EBT) Card Publication
					CSF XXX	WTW Appointment Letter
Х	CSF 7	Assessment Appointment	WTW Assessments		GN 60531	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 toSell Property	Property/Liens		CW 82	Agreement To Sell
	CSF 86	Agreement-Restricted Acct	Property/Liens		New Rec.	Property Statement and Verification
		Referral for Assistance to Meet	Referral for Assistance to Meet			
	X CSF English	Citizenship/ID Requirements	Citizenship/ID Requirements		New Rec.	Non-Fraud Referral or Request
	CO. English	statistic for the statistic statistic statistics of the statistics				Application For CalWORKs (Non-
						Needy Caretaker Relative With
v	CW 13	Caretaker Relative Agreement	Applications/SOF/ICT		CW 2219	Relative Foster Child)
Λ	CVV 15	Caretaker Keldtive Agreeifient	BARRIER REFERRAL DOMESTIC		CWV 2213	Relative FOSTER CHILUJ
	CW 2.0.1				New Rec	CW 2.0 Forms
X	CW 2.0-1	GETTING TO KNOW YOU	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
		MY ROAD MAP/SPEED BUMPS &				
	CW 2.0-3	CHANGING GEARS	WTW PROBLEM SOLVING WORKSHEET	NEEDED WORKSHEET	New Rec.	CW 2.0 Forms

				Form is used to request verification;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
				Santa Clara county. A general		
	x CW 2200 GA	Request For Verification	Verification request CW REFUGEE ASSISTANCE	category is being requested NEEDED STATE FORM NOT ON TIER 1	CW 2200	Request For Verification
x	CW 2223	DEMOGRAPHIC QUESTIONNAIRE	INFORMATION	LIST USED IN ELIGIBILITY	SCR CA-205612 to implement form	
n	011 2220	Demographic Questionnaire for				
x	CW 2223	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
						Notice of Referral to the Los Angeles
		Referral to Local Child Support		Unsure of what mapping would be		County Child Support Services
x	CW 371	Agency (LCSA)	Transmittal	appropriate, form attached	DCFS 5125	Department
·				Form is used to request verification;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Authorization to Release Medical		Santa Clara county. A general		Authorization to Release Medical
	× CW 61	Information	Varification request		CW 61	Information
	CW 61		Verification request	category is being requested	CW OI	Authorization to Release Medical
		Descrides lastructions for CM/C1	Dischility //Mark Dag		CW 61	Information
X	Coversheet CW 7	Provider Instructions for CW 61	Disability/Work Reg		New Rec.	
Х	CW /	Monthly Eligibility Report	Income Reports/Budgets		New Rec.	GA/GR Monthly Reports
			Monthly report for Employable GR			
X	CW 7	Monthly Eligibility Report	recipients	No CalSAWS document	New Rec.	GA/GR Monthly Reports
				Customer Reporting Form is used to		
				determine continuing General		
	CW 7	Monthly Eligibility Report For Cash		Assistance Benefits. This Form is not		
Х	State Form	Aid and Food Stamps	Monthly Customer reporting	listed on the Forms List	New Rec.	GA/GR Monthly Reports
						Sponsor Related Forms - Indigence,
						Repayments, Responsibility
K	CW 72	Sponsor Income Report	Income Reports/Budgets		New Rec.	Agreements, Worksheet
	CW DV Rule					CalWORKs/WELFARE-TO-WORK
ĸ	Waiver Reques	t CW DV Rule Waiver Request Form	WTW Exemptions		CW 2199	DOMESTIC VIOLENCE WAIVER
		Demographic Questionnaire for	Demographic Questionnaire for			
		Calworks, RCA, ECA, TCVAP and	Calworks, RCA, ECA, TCVAP and Calfresh			
x x	CW2223E	Calfresh Programs	Programs		SCR CA-205612 to implement form	
					•	Release of Information - Financial
	× CW60	Bank Verification	Property/Liens		CW 60	Institution
				Justification of higher payment for		
		Request for Higher Level of		Foster Care Family or Group Home.		
x	CWS 12	Payment	Specialized Rate Determination	Similar Form not found on Forms List.	New Rec.	FC Forms
A	0110 12	Request One Laptop per youth age	•			
			•			
		14-21 in foster care, computer	Request One Lanton per youth age 14-21			
	CWS030	14-21 in foster care, computer,	Request One Laptop per youth age 14-21		New Rec	FC Forms
~	CWS030	application	in foster care, computer, application		New Rec.	FC Forms
X	CWS030 DA 1B	application DV Abuse Waiver Determin			New Rec. CW 2198LA	FC Forms CW 2198 Approve: Domestic Waiver
	DA 1B	application DV Abuse Waiver Determin Request for Verification From	in foster care, computer, application WTW Exemptions		CW 2198LA	CW 2198 Approve: Domestic Waiver
x	DA 1B DC21ES	application DV Abuse Waiver Determin Request for Verification From Providers	in foster care, computer, application WTW Exemptions Request for Verification From Providers		CW 2198LA New Rec.	CW 2198 Approve: Domestic Waiver Vendor Agreements and Forms
x x	DA 1B DC21ES DC29ES	application DV Abuse Waiver Determin Request for Verification From Providers Exempt Provider Rates	in foster care, computer, application WTW Exemptions Request for Verification From Providers Exempt Provider Rates		CW 2198LA New Rec. New Rec.	CW 2198 Approve: Domestic Waiver Vendor Agreements and Forms Vendor Agreements and Forms
x	DA 1B DC21ES	application DV Abuse Waiver Determin Request for Verification From Providers	in foster care, computer, application WTW Exemptions Request for Verification From Providers Exempt Provider Rates Child Care Payment Policy		CW 2198LA New Rec.	CW 2198 Approve: Domestic Waiver Vendor Agreements and Forms
x X	DA 1B DC21ES DC29ES	application DV Abuse Waiver Determin Request for Verification From Providers Exempt Provider Rates	in foster care, computer, application WTW Exemptions Request for Verification From Providers Exempt Provider Rates Child Care Payment Policy Gram used to communicate between the		CW 2198LA New Rec. New Rec.	CW 2198 Approve: Domestic Waiver Vendor Agreements and Forms Vendor Agreements and Forms
x x	DA 1B DC21ES DC29ES	application DV Abuse Waiver Determin Request for Verification From Providers Exempt Provider Rates	in foster care, computer, application WTW Exemptions Request for Verification From Providers Exempt Provider Rates Child Care Payment Policy Gram used to communicate between the collocated Linkages GSW to notify		CW 2198LA New Rec. New Rec.	CW 2198 Approve: Domestic Waiver Vendor Agreements and Forms Vendor Agreements and Forms
x X	DA 1B DC21ES DC29ES	application DV Abuse Waiver Determin Request for Verification From Providers Exempt Provider Rates	in foster care, computer, application WTW Exemptions Request for Verification From Providers Exempt Provider Rates Child Care Payment Policy Gram used to communicate between the collocated Linkages GSW to notify Eligiblity and GAIN staff of the FR status.		CW 2198LA New Rec. New Rec.	CW 2198 Approve: Domestic Waiver Vendor Agreements and Forms Vendor Agreements and Forms
x X	DA 1B DC21ES DC29ES	application DV Abuse Waiver Determin Request for Verification From Providers Exempt Provider Rates	in foster care, computer, application WTW Exemptions Request for Verification From Providers Exempt Provider Rates Child Care Payment Policy Gram used to communicate between the collocated Linkages GSW to notify		CW 2198LA New Rec. New Rec.	CW 2198 Approve: Domestic Waiver Vendor Agreements and Forms Vendor Agreements and Forms

Image: Source District Constraint Source Personal Department Department Department Department Department D		×	DCSS 0265	Monthly Billing Statement	Deductions/Shelter Costs		Verification	
s         DDS Waver Biology         AppLication/SPG/TLT         New Rec.         DDS Torms           s         DDS								
s     DDB Water Romal     Datability fords     New Rec.     DDD Staters       s     DDD Staters     State Stat		^		, ,				DDSD Forms
0500     New Rec     0500 February Display Finate     New Rec     0500 Forms       x     0500 Ministry     Display Synthesis     New Rec     0500 Forms       x     0500 Ministry     New Rec     0500 Forms     0500 Forms       x     0500 Ministry     New Rec     0500 Forms     0500 Forms       x     0504 Ministry     New Rec     0500 Forms     0500 Forms       x     051100 CUM     Notice of UR Award     Notice of UR Award     Notice of UR Award     Notice of UR Award       x     05400     Notice of UR Award       x     05400     Notice of UR Award     Notice of UR Award     Notice of UR Award     Notice of UR Award       x     05400     Notice of UR Award     Notice of UR Award     Notice of UR Award     Notice of UR Award       x     05400     Notice of UR Award     Notice of UR Award     Notice of UR Award     Notice of UR Award       x     05400     Notice of UR Award     Notice of UR Award     Notice of UR Award       x     05400     Destin Confinition Network     Notice of UR Award     Notice of UR Award       x     05400     Destin Confinition Network     Visitis     Netwiter on Network       x <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
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x     bt 2629     Notice of UB Award     income     verification       x     bt 2639     Continued Claim rom-UB     income     verification       x     bt 2430     Appl - iob Servich Ast 5DO     Dossible map found in introm     Verification       x     bt 2430     Appl - iob Servich Ast 5DO     Dossible map found in introm     No       x     bt 2520     Info     Verification     Verification       x     bt 2520     Info     Verification     Verification       x     betation     Death Certificate     Vials     Verification       Death     Certificate     Vials     Verification       x     entraneot     Death Certificate/Assert Parent     Assert Parent     Verification       x     entraneot     Death Certificate/Assert Parent     Verification     Address Clanger Mounting Cost       x     btcS 2000     Affident of Identity     Vials     Pa 221     Affident of Identity       x     btcS 2000     Affident of Identity for US 20000     PA 321     Affident of Identity       x     btcS 2011     Pared Accestrate Identity     Verification     Pa 221     Affident of Identity       x     btcS 2012     Affident of Identity for US 20000     Pa 221     Affident of Identity       x     btcS 2012 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
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Death     Certificate/Abs     Year(Estrate/Abs       A     ent Parent)     Death Certificate/Absent Parent)     Verification       Decree     Decree of Decree     Vitals     Verification       DHCS 0005     Receipt for Documents     Vitals     CSF XXX     Address Change/ Housing Cost       A     DHCS 0009     Affidavit of Identity     Vitals     PA 321     Affidavit of Identity       DHCS 0009     Affidavit of Identity     Vitals     PA 321     Affidavit of Identity       DHCS 0009     Affidavit of Identity     Vitals     PA 321     Affidavit of Document: US       DHCS 0009     Affidavit of Identity     National Children Under 18     National Children Under 18     New Rec.     Other State Forms       DHCS 0001     Proof of Acceptable Citeraship, Centrohishy or Proof of Acceptable Citeraship or Proof of Acceptable C	X					No possible map found in listing		UIB/DIB Checks
certificate/Absert Parent)       Assert Parent)       Assert Parent)       Verification         certificate/Absert Parent)       Destre of Diverse       Vitals       Certificate/Absert Parent)         certificate/Absert Parent)       Vitals       Certificate/Absert Parent)       Address Change/Housing Codt         certificate/Absert Parent)       Vitals       Certificate/Absert Parent)       Address Change/Housing Codt         certificate/Absert Parent)       Vitals       PA 321       Address Change/Housing Codt         certificate/Absert Parent)       Vitals       PA 321       Affident Of destrify (of US Citals Affident Of destrify (OS Citals Affident O		х		Death Certificate	Vitals		Verification	
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Decree of     Decree of Decree of Vitals     Verification       DHCS 0000     Regring for Documents     Vitals     CF XXX     Address Change/ housing Cost       Affidavit of Identity     Vitals     PA 321     Affidavit of Identity       DHCS 0009     Affidavit of Identity for U.S. Citizen Affidavit of Identity for U.S. Citizen or     PA 321     Affidavit of Identity       Affidavit of Identity for U.S. Citizen Affidavit of Identity for U.S. Citizen or     PA 321     Affidavit of Identity       Affidavit of Acceptable Docs     Vitals     New Rec.     Citizenship, Identity Address       DHCS 0011     Proof of Acceptable Docs     Vitals     New Rec.     Citizenship, Identity Address       DHCS 0011     Proof of Acceptable Citizenship or Proof of Acceptable Citizenship or     New Rec.     Other State Forms       DHCS 0011     Proof of Acceptable Citizenship or Proof of Acceptable Citizenship or     New Rec.     Other State Forms       x     DHCS 0103     Proof of Acceptable Citizenship or Droom Reports/Mudgets     New Rec.     Other State Forms       x     DHCS 0203     Screen Work Sheet [Pickle]     Applications/SOF/ICT     New Rec.     Application, Intake, or Screening       x     DHCS 7029     Screen Work Sheet [Pickle]     Application/SOF/ICT     New Rec.     Application, Intake, or Screening       x     DHCS 7029     Screening Work Sheet [Pickle]			•					
DHCS 0005     Receipt for Documents     Vitals     CSF XXX     Address Change/ Housing Cost       x     DHCS 0009     Affidavit of Identity     Vitals     PA 321     Affidavit of Identity       DHCS 0009     Affidavit of Identity for U.S. Citizen Affidavit of Identity for U.S. Citizen or     PA 321     Affidavit of Identity       DHCS 0009     Affidavit of Identity for U.S. Citizen Affidavit of Identity for U.S. Citizen or     PA 321     Affidavit of Identity       DHCS 0011     Proof of Acceptable Docs     Vitals     PA 853-1     Citizenship, Identity And Birth       DHCS 0011     Proof of Acceptable Dizens for Proof of Acceptable Citizenship or     Notor of Acceptable Citizenship or     New Rec.     Other State Forms       DHCS 0010     Proof of Acceptable Citizenship or     Unsure of what mapping would be      State Medicare Buy-in Problem       x     DHCS 7019     Pickle Worksheet     Income Reports/Budgets     New Rec.     Other State Forms       x     DHCS 7020     Screen Work Sheet [Pickle]     Application, Nickle, or Screen Work Sheet Pickle]     New Rec.     Program Budgets, Worksheet       x     DHCS 7020     Screen Work Sheet [Pickle]     New Rec.     Program Budgets, Worksheet     Application, Nickle, or Screen Medicate Program Societa SWorksheet       x     DHCS 7020     Screen Nork Sheet [Pickle]     Screen Work Sheet Pickle]     New Rec.     Pro		х		. ,				
x     DHCS 0009     Affidavit of Identity     Vitals     PA 321     Affidavit of Identity       DHCS 0009-     Affidavit of Identity for U.S. Citizen     Affidavit of Identity     PA 321     Affidavit of Identity       x     English     or National Cinifere Under 18     National Cinifere Under 18     PA 331.     Citizenship, Identity Adl Birth       DHCS 0011-     Proof of Acceptable Citizenship     Vitals     New Rec.     Other State Forms       DHCS 0011-     Proof of Acceptable Citizenship     Identity Documents     New Rec.     Other State Forms       State Medicare Bury-IP robut     Unsure of what mapping would be     New Rec.     Proof State Forms       x     DHCS 0119     Picke Worksheet     Income Report/Studgets     New Rec.     Proofs Mate Forms       x     DHCS 7019     Picke Worksheet     Income Report/Studgets     New Rec.     Proofs Mate, or Screening       x     DHCS 7019     Screen Work Stett [Pickie]     Application, StoF/ICT     New Rec.     Proofs na Budgets & Worksheet       x     DHCS 7020     Screen Work Stett [Pickie]     Application, StoF/ICT     New Rec.     Other State Forms       x     DHCS 7020     Screen Work Stett [Pickie]     Application, StoF/ICT     New Rec.     Proofs       x     DHCS 7020     Screen Work Stett [Pickie]     Application, StoF/ICT     <								
MCS 0009-     Affidavit of Identity for U.S. Citizen Affidavit of Identity for U.S. Citizen or     PA 321     Affidavit of Identity       MCS 0010-     Valional Children Under 18     National Children Under 18     PA 853-1     Citizenship, Identity And Birth       DHCS 0011-     Proof of Acceptable Occs     Vitals     New Rec.     Other State Forms       DHCS 0011-     Proof of Acceptable Occs     Vitals     New Rec.     Other State Forms       State Medicare Buy-in Proof     Identity Documents     Identity Documents     New Rec.     Other State Forms       State Medicare Buy-in Proof     Other Medical     appropriate, form attached     New Rec.     Program Budgets & Worksheet       Nex State Medicare Buy-in Proof     Other Medical     appropriate, form attached     New Rec.     Program Budgets & Worksheet       Nex State Medicare Buy-in Proof     Screen Work Sheet [Pickle]     Applications/Sbudgets     New Rec.     Program Budgets & Worksheet       Nex State Medicare Buy-in Profiem     Income Reports/Budgets     New Rec.     Program Budgets & Worksheet     Application, intake, or Screenting       x     DHCS 7029     SCREENING WORKSHEET     SCREEN NBD PERSONS FOR     Application, intake, or Screenting       x     DHCS 7029     Disregrard Computation     Income Reports/Budgets     New Rec.     Other State Forms       x     DHCS 7019     Screen Nork Sta								
PH 62 0009Mfidavit O Identity for U.S. Citizen M fidavit o I Identity for U.S. Citizen vPA 21Mfidavit To Document: U.S. PA 853-10Other State FormsDHCS 0011Proof of Acceptable DicosVitalsNew Rec.Other State FormsDHCS 0011Proof of Acceptable DicosVitalsNew Rec.Other State FormsMer Rec.DHCS 0011Proof of Acceptable DicosVitalsNew Rec.Other State FormsMer Rec.DHCS 011Identity DocumentsUnsure of what mapping would beNew Rec.Other State FormsXDHCS 5166ReportOther Medicalappropriate, form attachedNew Rec.Poglication, Intake, or ScreeningXDHCS 7020SCREENING WORKSHEETSCREENING WORKSHEETPOTENTIAL PICKLE ELGIGIBUTYNew Rec.Poplication, Intake, or ScreeningXDHCS 7020SCREENING WORKSHEETSCREENING WORKSHEETPOTENTIAL PICKLE ELGIGIBUTYNew Rec.PolsXDHCS 7020SCREENING WORKSHEETSCREENING WORKSHEETNew Rec.PolsPolsXDHCS 7020SCREENING WORKSHEETSCREENING WORKSHEETNew Rec.PolsPolsXDHCS 7020SCREENING WORKSHEETPOTENTIAL PICKLE ELGIGIBUTYNew Rec.PolsPolsXDHCS 7020SCREENING WORKSHEETSCREENING WORKSHEETNew Rec.Manual «Program» NDAXDHCS 7021SCREENING WORKSHEETSCREENING WORKSHEETNew Rec.Manual «Program» NDAXDHCS 7121Porgara ModexTU/AP denial NDAequivalent <td></td> <td>х</td> <td>DHCS 0009</td> <td>Affidavit of Identity</td> <td>Vitals</td> <td></td> <td>PA 321</td> <td>•</td>		х	DHCS 0009	Affidavit of Identity	Vitals		PA 321	•
*Engish Or National Children Under 18National Children Under 18National Children Under 18PA 85.1Citteensbry Identity And BirthDHCS 0011Proof of Acceptable DocsVitalsProof of Acceptable Citteenship orNew Rec.Other State FormsDHCS 0011Proof of Acceptable Citteenship orIdentity DocumentsIdentity DocumentsNew Rec.Other State FormsxDHCS 5166ReportIdentity DocumentsUnsure of what mapping would beNew Rec.Other State FormsxDHCS 7010Pickle WorksheetIncome Reports/BudgetsNew Rec.Other State FormsApplication, Intake, or ScreeningxDHCS 7020Screen Work Sheet [Pickle]Applications/SOF/ICTNew Rec.Application, Intake, or ScreeningxDHCS 7020Screen Work Sheet [Pickle]Applications/SOF/ICTNew Rec.Application, Intake, or ScreeningxDHCS 7020Screen Work Sheet [Pickle]Applications/SOF/ICTNew Rec.Application, Intake, or ScreeningxDHCS 7020Screen Work Sheet [Pickle]Applications/SOF/ICTNew Rec.Program Budgets & Work SheetxDHCS 7020Screen Work Sheet [Pickle]New Rec.New Rec.Program Sudgets & Work SheetxDHCS 7020Screen Work Sheet [Pickle]New Rec.New Rec.Program Sudgets & Work SheetxDHCS 7020Screen Work Sheet [Pickle]New Rec.New Rec.Regram Sheet								•
DHC S0011     Proof of Acceptable Docs     Vitals     New Rec.     Other State Forms       DHCS 0011     Proof of Acceptable Ditizenship or Identity Documents     Identity Documents     New Rec.     Other State Forms       x     DHCS 1019     Pickle Worksheet     Income Reports/Budgets     New Rec.     Other State Forms       x     DHCS 1019     Pickle Worksheet     Income Reports/Budgets     New Rec.     Program Budgets & Worksheet       x     DHCS 7019     Pickle Worksheet     Income Reports/Budgets     New Rec.     Program Budgets & Worksheet       x     DHCS 7019     Screen Work Sheet [Pickle]     Application, Intake, or Screenin     Application, Intake, or Screenin       x     DHCS 7020     SCREENING WORKSHEET     SCREEN ABD PERSONS FOR     New Rec.     Program Budgets & Worksheet       x     DHCS 7020     Discreard Computation     Income Reports/Budgets     POTENTIAL PICKLE ELIGIBILITY     New Rec.     Program Budgets & Worksheet       x     DHCS 7019     Discreard Computation     Income Reports/Budgets     New Rec.     Program Budgets & Worksheet       x     DHCS 7020     SCREENING WORKSHEET     SCREEN ABD PERSONS FOR     New Rec.     Program Sudgets & Worksheet       x     DHCS 7012     Discality/Work Reg     DISC 7019     Income Reports/Budgets     New Rec.     Other State Forms								
DHCS 0011-     Proof of Acceptable Citizenship or Identity Documents     Proof of Acceptable Citizenship or Identity Documents     New Rec.     Other State Forms       x     DHCS 5016     Report     Other Medical     appropriate, form attached     New Rec.     Other State Forms       x     DHCS 7020     Screen Work Sheet [Pickle]     Applications/SOF/ICT     New Rec.     Application, Intake, or Screenin       x     DHCS 7020     Screen Work Sheet [Pickle]     Applications/SOF/ICT     New Rec.     Application, Intake, or Screenin       x     DHCS 7020     Screen Work Sheet [Pickle]     SCREEN ABD PERSONS FOR     New Rec.     Application, Intake, or Screenin       x     DHCS 7029     Disregard Computation     Income Reports/Budgets     New Rec.     Program Budgets & Worksheet       0HCS 7029     Disregard Computation     Income Reports/Budgets     New Rec.     Program Budgets & Worksheet       0HCS 7029     Disregard Computation     Income Reports/Budgets     New Rec.     Program Budgets & Worksheet       0HCS 7012     Program Gourd     Disability/Work Reg     New Rec.     Manual <program>NOA       c     DHCS 7112     Program.docx     TCVAP denial NOA     equivalent     New Rec.     Manual <program>NOA       c     DHCS 7114     Apsitance Program.docx     TCVAP approval NOA     equivalent     New Rec.     <td< td=""><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td></td<></program></program>		X						
×     English     Identity Documents     Identity Documents     New Rec.     Other State Forms       State Medicare Buy-In Problem     Unsure of what mapping would be                                                                                                                                 <							New Rec.	Other State Forms
State Medicare Buy-In Problem     Unsure of what mapping would be       x     DHCS 6166     Report     Other Medical     appropriate, form attached     New Rec.     Other State Forms       DHCS 7019     Pickle Worksheet     Income Report/S/Budgets     New Rec.     Program Budgets & Worksheet       DHCS 7020     Screen Work Sheet [Pickle]     Applications/SOF/ICT     New Rec.     Application, Intake, or Screenin       x     DHCS 7020     SCREENING WORKSHEET     SCREENING WORKSHEET     New Rec.     Program Budgets & Worksheet       0HCS 7020     SCREENING WORKSHEET     SCREENING WORKSHEET     New Rec.     Program Budgets & Worksheet       x     DHCS 7020     SCREENING WORKSHEET     SCREENING WORKSHEET     New Rec.     Program Budgets & Worksheet       0HCS 7020     SCREENING WORKSHEET     SCREENING WORKSHEET     New Rec.     Program Budgets & Worksheet       0HCS 7020     SCREENING WORKSHEET     SCREENING WORKSHEET     New Rec.     Program Budgets & Worksheet       0HCS 7012     DHCS 7012     Drogram.docx     TCVAP denial NOA     New Rec.     Other State Forms       0HCS 7112     Program.docx     TCVAP denial NOA     equivalent     New Rec.     Manual <program>NOA       0HCS 7113     Approval for     Trafficking and Crime Victims     approval NOA     equivalent     New Rec.     Manual <progr< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>New Dee</td><td>Other State France</td></progr<></program>							New Dee	Other State France
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x     DHCS 7020     SCREENING WORKSHEET     SCREENING WORKSHEET     POTENTIAL PICKLE ELIGIBILITY     New Rec.     Tools       0HCS 7029     Disregard Computation     Income Reports/Budgets     New Rec.     Tools       0HCS 7029     Disregard Computation     Income Reports/Budgets     New Rec.     Program Budgets & Worksheet       0HCS 7045     Worker Observations - Disability     Disability/Work Reg     New Rec.     Other State Forms       0HCS 7112     Dends for Trafficking and Crime Victims Assistance     denial NOA for participant - no     Wanual <program>NOA       c     DHCS 7113     Approval for Trafficking and Crime Victims     approval NOA     equivalent     New Rec.     Manual <program>NOA       c     DHCS 7113     Assistance Program.docx     TCVAP denial NOA     equivalent     New Rec.     Manual <program>NOA       c     DHCS 7113     Assistance Program.docx     TCVAP approval NOA     equivalent     New Rec.     Manual <program>NOA       c     DHCS 7114     Assistance Program.docx     TCVAP disc. NOA     equivalent     New Rec.     Manual <program>NOA       c     DHCS 7114     Assistance Program.docx     TCVAP disc. NOA     equivalent     New Rec.     Manual <program>NOA       c     DHCS 7114     Assistance Program.docx     TCVAP disc. NOA     Disc. NOA for participant     Ne</program></program></program></program></program></program>								<u> </u>
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DHCS 7114 Discontinuance for       Trafficking and Crime Victims         x       DHCS 7114       Assistance Program.docx       TCVAP disc. NOA       Disc. NOA for participant       New Rec.       Manual <program> NOA         Providers Referred to DHCS for       Required form sent to the State for       Provider State Forms       Other State Forms         x       DHCS 9094       Mandatory Provider Suspension       Mandated State form       IHSS provider fraud investigation       New Rec.       Other State Forms         Disability       Disability       Disability       Disability       Disability       Disability</program>				0	TCVAP approval NOA		New Rec.	Manual < Program > NOA
Trafficking and Crime Victims         x       DHCS 7114       Assistance Program.docx       TCVAP disc. NOA       Disc. NOA for participant       New Rec.       Manual <program> NOA         Providers Referred to DHCS for       Required form sent to the State form         x       DHCS 9094       Mandatory Provider Suspension       Mandated State form       IHSS provider fraud investigation       New Rec.       Other State Forms         Disability       Disability       Disability       Disability       Disability       Disability</program>								
Manual <program.docx< th="">     TCVAP disc. NOA     Disc. NOA for participant     New Rec.     Manual <program>NOA       Providers Referred to DHCS for     Required form sent to the State form       x     DHCS 9094     Mandatory Provider Suspension     Mandated State form     IHSS provider fraud investigation     New Rec.     Other State Forms       Disability     Disability     Disability     Disability     Disability     Disability     Disability</program></program.docx<>								
Providers Referred to DHCS for     Required form sent to the State for       x     DHCS 9094     Mandatory Provider Suspension     Mandated State form     IHSS provider fraud investigation     New Rec.     Other State Forms       Disability     Disability     Disability     Disability     Disability     Disability				÷	TCVAP disc. NOA	Disc. NOA for participant	New Rec.	Manual <program> NOA</program>
x DHCS 9094 Mandatory Provider Suspension Mandated State form IHSS provider fraud investigation New Rec. Other State Forms Disability				-				6
Disability	х		DHCS 9094		Mandated State form		New Rec.	Other State Forms
	<u>`</u>							-
× Income Verif Disability Income Verif Income Verif Verification		х		Disability Income Verif	Income		Verification	
Divorce Divorce Certificates Vitals Verification								
								DMV/ID Referrals and Verification
× DL 937 Eligibility Verification California Identification Card. No possible map found in listing New Rec. Requests		х	DL 937			No possible map found in listing	New Rec.	

								DMV/ID Referrals and Verification
			DL 937	Verification for Reduced Fee ID	DMV reduced fee ID voucher	Created by DMV-Not on list	New Rec.	Requests
				Verification for Reduced Fee	Verification for Reduced Fee	,		DMV/ID Referrals and Verification
			× DL 937	Identification Card	Identification Card		New Rec.	Requests
								DMV/ID Referrals and Verification
			DL 993	Verification for Free ID card	DMV Free ID card voucher	Created by DMV-Not on list	New Rec.	Requests
			X DMV Record	DMV Record	WTW Trans & Mileage	,	Verification	·
			Doctors Note -	Dirivinecolu	white this & thickge		Vermeation	
				Doctors Note - Ability to Work	Disability/Work Reg		Verification	
					bisdonici, itoricice	Reviewed for date child removed		
						from their home and person residing		
x			document	Court Petition	Petition filed to remove child from home		New Rec.	FC Forms
						Reviewed for required court findings	New Rec.	
					Court minute order when children are	to help determine foster care funding		
v			document	Minute order-Detention Hearing	detained from parent	source. No comparable document.	Court/Hearings Document	Fair Hearing Forms
^			uocument	Windle order-Detention nearing	detailed from parent	Reviewed for required court findings	court/nearings Document	Tail Hearing Forms
					Court minute order required every six	to maintain federal funding. No		
Y			document	Minute order Poview Hearing		comparable document.	Court/Hoarings Document	Eair Hearing Forms
X				Minute order-Review Hearing	months	SIU - Documentation of State Hearing	Court/Hearings Document	Fair Hearing Forms SIU (Fraud) Evidence, Contact
		×		State bearing Request Form	State bearing Request Form	-	SILL Documents	
	X	x	DPA 435 DPS 524	State hearing Request Form Disqualified Recipient Report	State hearing Request Form Fraud/Felons	requests	SIU Documents New Rec.	Records, Requests Jail/Inmate Forms and Notices
			DPS 524	· · · ·	Fraud/Felons		New Rec.	
			DDCC 4202 4	Fraud Prevention Confirmation	American	Citil the substance of the		SIU (Fraud) Evidence, Contact
		х	DPSS 1203 A	Letter	Appt Ltr	SIU to customer appt ltr	SIU Documents	Records, Requests
			DDCC 4202 C	Fraud Prevention Confirmation	Decelerated Accelete	Citil the substance of the		SIU (Fraud) Evidence, Contact
		х	DPSS 1203 C	Letter	Reschedule Appt Ltr	SIU to customer appt ltr	SIU Documents	Records, Requests
						Verifies information appears on		
						original documentary		
					Verifies staff viewed original document	used by SIU and mainted in customer		SIU (Fraud) Evidence, Contact
Х		х	DPSS 169	Evidence Review Summary	Transfer of CLETS information	case file	SIU Documents	Records, Requests
								ADDRESS CHANGE - PLEASE HELP US
				Change of Address Request -			PA 4024	HELP YOU
		х	DPSS 1703	Revenue and Recovery	request address details	DPSS to local Post Master	CSF XXX	Address Change/ Housing Costs
					Correspondence from Probation to	Request to terminate AFDC-FC from		
х			DPSS 1727	DPSS Stop Notice	Foster Care	Probation. No comparable form	New Rec.	FC Forms
					Fill-in the blank questionnarie about	Staff must use to record and image to		
			× DPSS 1764	Record (RVSD)	language services	customer case file	New Rec.	Language Designation form
			x DPSS 1764	Record (RVSD)	language services	Calculates prorated benefits not	New Net.	Language Designation form
						Calculates prorated benefits not completed automatically in C-IV. No		
x			× DPSS 1764 DPSS 1863	Record (RVSD) Foster Care Budget Worksheet	language services Budget to manually calculate rates	Calculates prorated benefits not completed automatically in C-IV. No comparable form.	New Rec.	Language Designation form Program Budgets & Worksheets
x				Foster Care Budget Worksheet	Budget to manually calculate rates	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income		
X			DPSS 1863	Foster Care Budget Worksheet Dependent Children Notice to	Budget to manually calculate rates Used for children with Social Security	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and	New Rec.	Program Budgets & Worksheets
x				Foster Care Budget Worksheet	Budget to manually calculate rates	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form.		
X			DPSS 1863	Foster Care Budget Worksheet Dependent Children Notice to Recovery	Budget to manually calculate rates Used for children with Social Security	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or	New Rec.	Program Budgets & Worksheets
x			DPSS 1863 DPSS 1866	Foster Care Budget Worksheet Dependent Children Notice to	Budget to manually calculate rates Used for children with Social Security	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient.	New Rec.	Program Budgets & Worksheets
X			DPSS 1863	Foster Care Budget Worksheet Dependent Children Notice to Recovery	Budget to manually calculate rates Used for children with Social Security	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or	New Rec.	Program Budgets & Worksheets
X			DPSS 1863 DPSS 1866	Foster Care Budget Worksheet Dependent Children Notice to Recovery Authorization Request for SSI/SSP	Budget to manually calculate rates Used for children with Social Security income Request BIC card for SSI/SSP recipient	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form. Ets use the form to request birth	New Rec. New Rec.	Program Budgets & Worksheets FC Forms
x			DPSS 1863 DPSS 1866	Foster Care Budget Worksheet Dependent Children Notice to Recovery Authorization Request for SSI/SSP	Budget to manually calculate rates Used for children with Social Security income Request BIC card for SSI/SSP recipient	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form.	New Rec. New Rec.	Program Budgets & Worksheets FC Forms
X			DPSS 1863 DPSS 1866	Foster Care Budget Worksheet Dependent Children Notice to Recovery Authorization Request for SSI/SSP	Budget to manually calculate rates Used for children with Social Security income Request BIC card for SSI/SSP recipient	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form. Ets use the form to request birth	New Rec. New Rec.	Program Budgets & Worksheets FC Forms
x x x			DPSS 1863 DPSS 1866 DPSS 1885	Foster Care Budget Worksheet Dependent Children Notice to Recovery Authorization Request for SSI/SSP Medi-Cal Card Record	Budget to manually calculate rates Used for children with Social Security income Request BIC card for SSI/SSP recipient	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form. Ets use the form to request birth certificates for foster children. No	New Rec. New Rec. New Rec.	Program Budgets & Worksheets FC Forms FC Forms
x x x x			DPSS 1863 DPSS 1866 DPSS 1885	Foster Care Budget Worksheet Dependent Children Notice to Recovery Authorization Request for SSI/SSP Medi-Cal Card Record Vital Statistics and Property Search	Budget to manually calculate rates Used for children with Social Security income Request BIC card for SSI/SSP recipient	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form. Ets use the form to request birth certificates for foster children. No comparable form.	New Rec. New Rec. New Rec.	Program Budgets & Worksheets FC Forms FC Forms
x x x			DPSS 1863 DPSS 1866 DPSS 1885 DPSS 224	Foster Care Budget Worksheet Dependent Children Notice to Recovery Authorization Request for SSI/SSP Medi-Cal Card Record Vital Statistics and Property Search CalWORKs Home Visiting Program (HVP) Authorization for Release of	Budget to manually calculate rates Used for children with Social Security income Request BIC card for SSI/SSP recipient	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form. Ets use the form to request birth certificates for foster children. No comparable form. used to allow DPSS to communicate	New Rec. New Rec. New Rec.	Program Budgets & Worksheets FC Forms FC Forms
x x x x			DPSS 1863 DPSS 1866 DPSS 1885 DPSS 224	Foster Care Budget Worksheet Dependent Children Notice to Recovery Authorization Request for SSI/SSP Medi-Cal Card Record Vital Statistics and Property Search CalWORKs Home Visiting Program (HVP) Authorization for Release of	Budget to manually calculate rates Used for children with Social Security income Request BIC card for SSI/SSP recipient Use to request birth certificates	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form. Ets use the form to request birth certificates for foster children. No comparable form. used to allow DPSS to communicate customer information with RUHS -	New Rec. New Rec. New Rec. New Rec.	Program Budgets & Worksheets FC Forms FC Forms FC Forms
X X X X			DPSS 1863 DPSS 1866 DPSS 1885 DPSS 224	Foster Care Budget Worksheet Dependent Children Notice to Recovery Authorization Request for SSI/SSP Medi-Cal Card Record Vital Statistics and Property Search CalWORKs Home Visiting Program (HVP) Authorization for Release of	Budget to manually calculate rates Used for children with Social Security income Request BIC card for SSI/SSP recipient Use to request birth certificates Customer acknowledges release of info	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form. Ets use the form to request birth certificates for foster children. No comparable form. used to allow DPSS to communicate customer information with RUHS - PH.	New Rec. New Rec. New Rec. New Rec.	Program Budgets & Worksheets FC Forms FC Forms FC Forms
x x x x			DPSS 1863 DPSS 1866 DPSS 1885 DPSS 224	Foster Care Budget Worksheet Dependent Children Notice to Recovery Authorization Request for SSI/SSP Medi-Cal Card Record Vital Statistics and Property Search CalWORKs Home Visiting Program (HVP) Authorization for Release of	Budget to manually calculate rates Used for children with Social Security income Request BIC card for SSI/SSP recipient Use to request birth certificates Customer acknowledges release of info	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form. Ets use the form to request birth certificates for foster children. No comparable form. used to allow DPSS to communicate customer information with RUHS - PH. ET or ESC completes DPSS 2323 and	New Rec. New Rec. New Rec. New Rec.	Program Budgets & Worksheets FC Forms FC Forms FC Forms
x x x x			DPSS 1863 DPSS 1866 DPSS 1885 DPSS 224	Foster Care Budget Worksheet Dependent Children Notice to Recovery Authorization Request for SSI/SSP Medi-Cal Card Record Vital Statistics and Property Search CalWORKs Home Visiting Program (HVP) Authorization for Release of	Budget to manually calculate rates Used for children with Social Security income Request BIC card for SSI/SSP recipient Use to request birth certificates Customer acknowledges release of info	Calculates prorated benefits not completed automatically in C-IV. No comparable form. Transition children with SSA income from Foster Care to Care and Maintenance. No comparable form. Used to request a Medi-Cal card or make a change for SSI/SSP recipient. No comparable form. Ets use the form to request birth certificates for foster children. No comparable form. used to allow DPSS to communicate customer information with RUHS - PH. ET or ESC completes DPSS 2323 and sends to MRU. The DPSS 2323, is	New Rec. New Rec. New Rec. New Rec.	Program Budgets & Worksheets FC Forms FC Forms FC Forms

				Drevided to Kin CAD correctives to		
		Referral to ILP for a Kin-GAP		Provided to Kin-GAP caregiver to		
			Desweet for U.D. convises	request ILP services for child. No	New Dee	Deferred to Other Department
X	DPSS 2349 KG × DPSS 2407		Request for ILP services	comparable form.	New Rec.	Referral to Other Department
	x DPSS 2407	FAX Transmittal	same as title	Semi-letterhead County Specific Staff use this form to request DMV	New Rec.	Fax/Coversheets
				Information to verify customer		DMM//ID Deferrels and Marification
			DMM/ Access Information	property information from staff	New Dee	DMV/ID Referrals and Verification
	x DPSS 2570	DMV Access Information	DMV Access Information	authorized to access DMV system	New Rec.	Requests
		Primary Wage Earner and		Used to determine unemployment		
	B B C C A F A A B A A	Unemployment Linkage		deprivation for federal AFDC-FC		
X	DPSS 2590 PW	E Determination	Determines which parent is PWE	determination. No comparable form.	New Rec.	Supporting CW Forms
				Used by CalLearn workers to		
				communicate with DPSS staff to		
X	DPSS 2720	Parent/Caretaker Agreement	Parent/Caretaker R&R	impose sanctions and penalties	New Rec.	CalLearn Agreements and Forms
		Cal-Learn Transmittal Form (Cal-		Used by CalLearn workers to		
		Learn Consent Form can also be	CalLearn case manager	communicate with DPSS staff to		
X	DPSS 2750	captured together with	recommendations	impose sanctions and penalties	New Rec.	CalLearn Agreements and Forms
				Staff use this form to request		
				certified "in person" interpreter or		Free Interpreter Service Waiver and
	x DPSS 2752	Request for Interpreter/Translator	r Request form	translator from 3rd party vendor	CSF XXX	Confidentiality Agreement
				Used to correspond with NRLG		
		Non-related Legal Guardian AFDC-		Services the need to open a case. No		
X	DPSS 2815	FC Case Transmittal Information	Request to open NRLG Services case	comparable form.	New Rec.	FC Forms
		Child Care Transfer to RCOE (part		Staff provide to RCOE, DART tracks		
Х	DPSS 2985	of DOC 0615)	DPSS CC transfer to RCOE CC	transfer in ETO.	New Rec.	Child Care Referrals and Forms
				Request for CC from a program with		
				no access to CIV, treated as a Plan		
X	DPSS 3011	Child Care Referral/Change	Referral form , CC info	103 CIV information to CC staff.	CSF XXX	Service Referral to Activity
				Used to record all time/hours spent		
				in counseling/treatment sessions,		
			timesheet to record	completed by BH and sent to CW		Tracked WTW Activities, Hours,
X	DPSS 3015	Timesheet	counseling/treatment sessions	WTW Case Manager.	New Rec.	Exemptions
				County specific used for customer to		
				consent to the release of inform from		
			Customer authorizes release of info	DPSS to education/vocational		
x	DPSS 3021	Education Consent	DPSS/Ed provider	institution and from institution to	New Rec.	Student/College Related Forms
				Customer self declares new	CSF XXX	Employment Statement Request
				employment details when worker is	CSF XXX	Verification of Employment/Earning
x	DPSS 3042	I'm Employed	New employment details form	not available for F2F	CSF XXX	Employment Questionnaire
		Parent Determination of In-Home		Used for the in-home provider to		
		Child Care Provider Status (part of		identify if they are exempt from FLSA		
x	DPSS 3069	DOC 0615)	In home provider declaration status	or non-exempt from FLSA.	New Rec.	Child Care Referrals and Forms
		Request to Enter/Modify Child				
х	DPSS 3085	Care Provider Information	add or modify resource in RDB	ET sends to Fiscal STAR	New Rec.	Child Care Referrals and Forms
				Caregivers declare which language		
			Used by caregivers to advise their	they want correspondence provided		
х	DPSS 3167	Declaration of Language	primary language	in. No comparable form.	New Rec.	Language Designation form
				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		
		Important Information for Native		customer to authorize the sharing of	Is this something that is actually	
		American Indians (part of DOC	Customer declare Native American,	information between Tribal TANF and	• •	PA 14-Important Notice for Native
x	DPSS 3218	0612)	requests for Tribal TANF	DPSS for purposes of determining	PA 14	American Indians
^	51 55 5210			2. 33 for purposes of determining		, and that malans

x							
x			CalWORKs Assessment (part of				
		DPSS 3274	DOC 0613)	Employment Questionnaire	Used when C-IV is not functional.	New Rec.	WTW Agreements, Assessments, etc.
			Diversion Repayment Preference	Customer acknowledge of Diversion	Documents customers choice for		
×		DPSS 3275	Form	services	recoupment method.	New Rec.	Supporting CW Forms
					Track ACF request in sign off phase.		
	x	DPSS 3288	ACF Request Tracking Document	Track ACF request in sign off	No comparable form.	New Rec.	FC Forms
					Track ACF request in sign off phase.		
	x	DPSS 3288 A	ACF Request Tracking Document	Track ACF request in sign off	No comparable form.	New Rec.	FC Forms
	x	DPSS 3322	EBT Responsibility Statement			TEMP 2215; TEMP 2214	
			Expenditure Listing - Lump Sum		County specific, customer required		
x		DPSS 3365	Diversion	Fill-in the blanks item list	proof forms needed for the Diversion	New Rec.	Supporting CW Forms
			ICCM Lump Sum Diversion Proof	Customer acknowledgement of Diversion	1		
x		DPSS 3366	Request	verification request	form description	New Rec.	Supporting CW Forms
					Used to complete a personal monthly	/	
		x DPSS 3390	Personal Budget	Budget form	budget	New Rec.	Program Budgets & Worksheets
					ET uses to describe the reason and		
			ET Memo to Request All County		amount of an ACF request. No		
	x	DPSS 3452	Funds	Form to request ACF.	comparable form.	New Rec.	FC Forms
				•	Record customers information:		
				Customer info to complete WTW	employment, education, SIP, Skills,		
x		DPSS 3523	Appraisal Information	appraisal	strengths and needs.	New Rec.	WTW Agreements, Assessments, etc.
				- F F	ET use when initiating Money		, , , , , , , , ,
					Management, can be accepted as		
					verification for MM housing		
			Money Management Vendor		payments, and helps establish		
(		DPSS 3568	Information	Customer/landlord fill-in info	identify of the vendor.	New Rec.	Vendor Agreements and Forms
·		01333300	momuton		identity of the vehicle.	RDB mode has its own doc types.	Vendor Agreements and Forms
			Request to Create a Resource		Provide RDB Administrao details to	What are they? Can we reuse them	
		× DPSS 3602	Databank Entry	request to add a resource in C-IV's RDB	add new resource	for this?	
		A DI 33 3002	Databalik Littiy		add new resource	RDB mode has its own doc types.	
			Request to Create a Resource		Foster Care uses to add funeral home		
		DPSS 3602	Databank Entry	Request to create RDB Resource.	to RDB for direct payments.	for this?	
	X	DP33 5002	CalWORKs/APP Licensed Provider	Request to create RDB Resource.	to RDB for direct payments.		
		DPSS 3654	Placed on Probation	Need to update director name	County specific informing	New Rec.	Vendor Agreements and Forms
		DP33 5054	Notification of Suspended or	Need to update director fiame	county specific informing	New Rec.	Vendor Agreements and Forms
		DPSS 3656		Need to undete disector news	County on orific informing	New Dee	Vender Agreements and Ferme
	X	DP35 3050	Revoked License	Need to update director name	County specific informing	New Rec.	Vendor Agreements and Forms
		DDCC 2704	IHSS Summary/Change	450	County specific correspondance from		
(		DPSS 3704	Notification	ASD	one division to another.	Other county drawer - IHSS	
					Used to authorize DPSS to use staff		
			Standard Media/Publication		for video/audio recordings, photos,	New Dee	
		x DPSS 3801	Release Form	Authorization Form	testimonials, printed materials, etc.	New Rec.	Other Contact Authorization Forms
			CalWORKs and Foster Care		Used to notify worker of termination		
(	x	DPSS 383 TRS	Termination Referral Slip	same as title	for individuals on case	New Rec.	Non-Fraud Referral or Request
					to request MEDS staff to update		
			AP 19 – Report Citizenship and		Citizenship information for a client		MEDS Related - Clearance, Updates,
		× DPSS 3841	Identity to MEDS	MEDS request form	into MEDS	New Rec.	Requests
					to request MEDS staff to request a		
			AD 40 Demonstration California		California Birth Record Match in		MEDS Related - Clearance, Updates,
			AP 10 – Request for California				
		× DPSS 3841 A	Birth Record	MEDS request form	MEDS for a client	New Rec.	Requests
		x DPSS 3841 A	-	MEDS request form	MEDS for a client customer acknowledgement of TL	New Rec.	Requests Notification of TrustLine Registration
	x	x DPSS 3841 A DPSS 3862	-	MEDS request form Part of TL application		New Rec. CSF XXX	
	x		Birth Record Trustline Certification	·	customer acknowledgement of TL		Notification of TrustLine Registration
x	x		Birth Record Trustline Certification	Part of TL application	customer acknowledgement of TL rules, if denied no payment is		Notification of TrustLine Registration Status
x	x	DPSS 3862	Birth Record Trustline Certification Temporary Employment Activities	Part of TL application WEX/CS/ESE customer questionnaire &	customer acknowledgement of TL rules, if denied no payment is Used by ESC, Workforce Connection,	CSF XXX	Notification of TrustLine Registration Status Tracked WTW Activities, Hours,
x	x	DPSS 3862	Birth Record Trustline Certification Temporary Employment Activities Eligibility	Part of TL application WEX/CS/ESE customer questionnaire & placement info	customer acknowledgement of TL rules, if denied no payment is Used by ESC, Workforce Connection, & customer	CSF XXX	Notification of TrustLine Registration Status Tracked WTW Activities, Hours,
x x	x	DPSS 3862 DPSS 3907	Birth Record Trustline Certification Temporary Employment Activities Eligibility Confidentiality – WEX/	Part of TL application WEX/CS/ESE customer questionnaire & placement info Customer acknowledgement of DPSS	customer acknowledgement of TL rules, if denied no payment is Used by ESC, Workforce Connection, & customer county specific for the WEX	CSF XXX New Rec.	Notification of TrustLine Registration Status Tracked WTW Activities, Hours, Exemptions

					500		
		5566 2060			ESC screens interested applicants for		Application, Intake, or Screening
	X	DPSS 3960	WTW Diversion Screening Tool	Checklist	Diversion.	New Rec.	Tools
					Staff use this form to request client		
			Request for Information from the	_	information from Social Security		
		x DPSS 3971	Social Security Administration	Request form	Administration	MC 194	
			Child Care PRI Referral (part of		CC staff request Child Care		
	x	DPSS 4005	DOC 0615)	CC PFI request	Preventative Fraud Review Referral	New Rec.	Child Care Referrals and Forms
				Customer acknowledged of release of			
	х	DPSS 4009	STEP Informing and Release	info re: ESE	SSD to TAP and vice versa		
							Worker Use (Eligibility
			SSI Advocacy Referral Checklist -		WTW uses to communicate w/		Determination/Tracking) Program
	х	DPSS 4017	GAIN ESC	Referral from WTW to RUHS BH Clinician	Behavioral Health	New Rec.	Specific Checklists
x		x DPSS 4020	Warrant Cancellation Request	same as title	received	New Rec.	Fiscal Forms
			· · · · · · · · · · · · · · · · · · ·		EAS uses this for a 3rd party response		
x		DPSS 4071	Household Composition - for EAS	same as title	for collatrial contact on HH	PA 6091	Household Member Information
<u>^</u>		2100 1071		Same as the	Staff use this form to request		
			Request for Certified Telephone		certified "telephone" interpreter or		Free Interpreter Service Waiver and
		× DPSS 4096	Interpreter	Poquest form	translator from 3rd party vendor	CSF XXX	•
		^ DF33 4090	interpreter	Request form	WTW customer self declares	CJI AAA	Confidentiality Agreement
							Tracked WTW Activities Have
		DDCC 4442	Liene europh Lieur-	Customer calf and estimate the state	homework hours for meeting	New Dee	Tracked WTW Activities, Hours,
	X	DPSS 4112	Homework Hours	Customer self reporting estimated hours	participation requirement	New Rec.	Exemptions
			Licensed Child Care Providers Non	-			
			Operational Days - Declaration				
	x	DPSS 4150	and Understanding Form	Sample calendar and calendar template	customer tool	New Rec.	Child Care Referrals and Forms
			Continuation of Services for 11	Referral informing to other provider	DPSS correspondence to external		
	x	DPSS 4162	and 12 Year Olds	agency	agency re: CC	New Rec.	Non-Fraud Referral or Request
							Sponsor Related Forms - Indigence,
					ET makes an indigent sponsored non-		Repayments, Responsibility
x		DPSS 4211	Sponsored Indigent Referral	same as title	citizen referral to USCIS.	New Rec.	Agreements, Worksheet
			Probation Only Medi-Cal Form to	Correspondence from Probation to	Request for Medi-Cal only for		
	x	DPSS 4284	the ES	Foster Care	Probation youth. No comparable	New Rec.	FC Forms
				Employment Services (CFET/WTW)	Employment Services staff sign off on		Tracked WTW Activities, Hours,
	x	DPSS 4342	GAIN Activity Time Card	Activity time card	supervised activities for customers	New Rec.	Exemptions
			·	·	Employer confirms customer's work		Tracked WTW Activities, Hours,
	х	DPSS 4351	Monthly Documentation of Hours	Employee work schedule	hours	New Rec.	Exemptions
-				· ·	ESC resource and f/up questions for		·
					the customer to complete in setting		
					realistic goals.		
					<ul> <li>an interview summary section for</li> </ul>		
			Assessment Discussion and	Customer tool use prior to completing	the development of the Plan 107 and		
	x	DPSS 4355	Decision Guide (part of DOC 0613)		the WTW 2.	New Rec.	WTW Agreements, Assessments, etc.
		2.00.000	Subsidized Employee Monthly		Form used to conduct monthly		
	x	DPSS 4395	Evaluation in C-IV	ESE employee eval	evaluation with subsidized employee.	New Rec	WTW Agreements, Assessments, etc.
x x	^	DPSS 4395	P-Food Request	Documents customer request	Used for Pfood inventory		
^ ^		DF33 4399	Family Stabilization Plan	bocuments customer request	FSS & BH staff complete for		
	x	DPSS 4404	Worksheet	same as title	customer's housing stability plan.	New Rec.	Program Budgets & Worksheets
	^	DF33 4404	CalFresh Employment and	same as title	CFET staff capture additional	NEW NEL.	FIOGRATH DUUGELS & WORKSTREELS
				_	•		
		DDCC 4400	Training Program (CFET) Customer		appraisal/assessment questions not	New Dee	
X		DPSS 4406	Profile	assessment questionnaire	in C-IV	New Rec.	CFET Forms/Agreements
			Housing Support Program		FSS & BH staff complete after	CW 42	Statement of Facts - Homeless
			Application	Customer questionnaire	customer answers questions.	New Rec.	Assistance
x	x	DPSS 4451	• •				
x	X					New Rec.	
x x	x	DPSS 4452	Rapid Rehousing Referral	Referral to services	FSS & BH staff complete.	New Rec.	Non-Fraud Referral or Request
x x x	x x x		Rapid Rehousing Referral Housing Support Program Intake	Referral to services Intake form	FSS & BH staff complete.		Non-Fraud Referral or Request HSP and Homeless Assistance Forms
x x	x	DPSS 4452	Rapid Rehousing Referral			New Rec.	•

				used as an acceptable verification for		
X	DPSS 4476	Job Readiness External Activities	Customer timecard	daily attendance in external JS	GN 6367-1	In-House Job Search Timesheet
						Worker Use (Eligibility
				County specific, Workforce		Determination/Tracking) Program
X	DPSS 4511	WPR Checklist	checklist	Connection Unit utilizes.	New Rec.	Specific Checklists
		Acknowledgement of Program		Customer consent/acknowledgemen	t	
x	DPSS 4629	Guidelines (HSP)	Program guidelines	of services	New Rec.	HSP and Homeless Assistance Forms
		Welfare-to-Work (WTW) Activitie	S	Disabled/exempt customer		Tracked WTW Activities, Hours,
x	DPSS 4654	Waiver of Liability	same as title	volunteers to participate.	New Rec.	Exemptions
				FSS ESC obtain customer consent &		
		Vulnerability Index Decision		acknowledgement of Homeless		
x	DPSS 4662	Assistance Tool	Program info & customer consent	Management Info System	New Rec.	Other Contact Authorization Forms
		Housing and Disability Advocacy	App, program guidance & consent for	Required when referring eligi8ble		
x	DPSS 4697	Program Application	ROI	HDAP customers	New Rec.	HSP and Homeless Assistance Forms
		Housing and Disability Advocacy		Staff capture form and send to HDAP		Application, Intake, or Screening
x	DPSS 4698	Program Screening	Screening tool	Coordinator.	New Rec.	Tools
A	5100 1000	riogram our centrig		explains QC review significant		10010
				findings, corrective action, staff must		
		Quality Control Review Board		sign and date confirming corective	-	
	× DPSS 485 E	Decision	QC sample case review results	action complete. Upload to CDSS QC	Other county drawer - OC/OC	
	× DI 35 465 L	Decision	de sample case review results	explains QC review procedural/new		
				information findings and corrective		
	x DPSS 485 N	Quality Control Findings	QC sample case review results	action.	Other county drawer - QC/QC	
	A DP33 463 N	Quality Control Findings	QC sample case review results	County SIU specific, used as	Other county drawer - QC/QC	SIU (Fraud) Customer
	x DPSS 512 B	Planning with You to Avoid Fraud	customer acknowledgement	justification in court	SIU Documents	Acknowledgement and Prevention
	X DP33 512 B	Child Care Fraud is a Crime (part of		justification in court	SIO Documents	SIU (Fraud) Customer
	x DPSS 512 C	DOC 0615)	Customer acknowledgement	County specific SIU	SIU Documents	Acknowledgement and Prevention
X	x DP33 312 C	DOC 0813)		Office Support's internal process.	Not sure this will be necessary	Acknowledgement and Prevention
		CIV Data Input & MEDS Research	C-IV and MEDS research form for	Used to review customer collected	with virtual print.	MEDS Related - Clearance, Updates,
	× DPSS 640			information.	•	
	* DP55.640	Document (part of DOC 0612 )	customers		New Rec.	Requests
				Used when the customer is a		
				caretaker relative that's not the	005 1007	
	X DPSS 750 A	Affidavit of Relatedness	Affidavit explaining relatedness	parent of a child in the program HH.	CSF XXX	Statement of Relationship
	5500 7500			Used to explain how the CCP is	005 1007	
X	DPSS 750C	Affidavit of Relatedness	Affidavit explaining relatedness	related to the child(ren) for	CSF XXX	Statement of Relationship
				Provides information on person		
				authorized to pick up warrant and the		
x	DPSS 901 P	Benefit Pick Up	Form to authorize pick up of warrant	location. No comparable form.	New Rec.	FC Forms
				Unsure of what mapping would be		
	x DSS 1021	Request for Copies	Customer Note	appropriate, form attached	CW 2200	
	DSS 16.3	Message Memo.docx	Template to record phone messages	no equivalent	New Rec.	Customer/Worker Contact
		Request for Translation of Case		Translation to Eng/Sp for document		Free Interpreter Service Waiver and
	DSS 28.1	Correspondence.docx	Request to translate	review. No equivalent	CSF XXX	Confidentiality Agreement
				Unsure of what mapping would be		Appointment Notice for General
x x	DSS 5080	Alcohol & Drug Referral	Transmittal	appropriate, form attached	ABP 131	Relief Substance Abuse Recovery
						Worker Use (Eligibility
		Linkages Current Services		Coordinate efforts with partner		Determination/Tracking) Program
	× DSS 568	Checklist.docx	County services/resources list	agencies, county specific	New Rec.	Specific Checklists
		CSEC Screening Tool for SLO	Commericial Sexual Exploitation of		Is this imaged? Or just a doc to	
	DSS 800	County.docx	Children screening tool	County specific, no equivalent	assist the worker?	
	DSS 8000	CW Unemployment Parent Beg		Unsure of what mapping would be		
x	CWUP	Date of Aid Worksheet	Deprivation	appropriate, form attached	New Rec.	Program Budgets & Worksheets
				Unsure of what mapping would be		
	× DSS 8000 WH	Work History	Other Employment & Training	appropriate, form attached	SAWS 2 PLUS - APPENDIX D	Employment History
				Unsure of what mapping would be		
1		Chatamant of Datamaits	Declaration of Paternity	appropriate, form attached	CSF XXX	Statement of Relationship
	× DSS 8063	Statement of Paternity	Decidiation of Paternity	appropriate, form attached		Statement of Relationship

								Self-Certification Form For Motor
								Vehicles - CalWORKs
						Unsure of what mapping would be	CW 80	Vehicle Information And Self
,			DSS 8077	Shasta County Property Evaluation	Car Value Verfication	appropriate, form attached	SAWS 2 PLUS - APPENDIX E	Certification of Equity Value
			055 0077	Shasta county hoperty Evaluation		appropriate, form attached	CSF XXX	Employment Statement Request
						Unsure of what mapping would be	CSF XXX	Verification of Employment/Earning
			DSS 8102	Employment Questionnaire	Other Employment & Training	appropriate, form attached	CSF XXX	Employment Questionnaire
X			D33 8102		Other Employment & Training	appropriate, form attached	C3F AAA	Employment Questionnaire
					Informing parent of potential extended	No document about AAP extension of		
	Х		DSS AAP 255	AAP Informing Letter.docx	Adoption Assianct Payments	payments	Other county drawer - AAP	
				Request for Extended AAP		No document to request extension of		
	х		DSS AAP 256	Benefits.docx	Request to extend AAP	AAP payments	Other county drawer - AAP	
				EFC Information for AAP before		No document to request extension of		
	х		DSS AAP 258	Age 16.docx	Request to extend AAP for child <16	AAP payments	Other county drawer - AAP	
				Availability of Other Public		Informing notice to applicants of	·	
x			DSS ACA 105	Assistance.docx	Potential eligiblity to other PA, CW, CF	other potential eligiblity, no	Is this imaged?	
					MAGI/MC discontinuance, Covered CA	Notfies participants to take action to		
				Covered California Plan	plan selection and premium assistance	select a Covered CA plan and process		
x			DSS ACA 106	Selection.docx	amount	to create an on line account. No	Is this imaged?	
					Fax coversheet, County, Case name,			
				CalHEERS Verification Transmittal		Transmittal of case documents to		
x			DSS ACA 108	Coversheet.docx	case number	Covered California. No equivalent	New Rec.	Fax/Coversheets
^			0007101100	coversneet.uoex		Tracking history and research of how	New Rec.	Worker Use (Eligibility
				CalHEERS Red Tag External	Applications received through External	a referral received through CalWIN		Determination/Tracking) Program
×			DSS ACA 109	Referral Checklist.docx	Referral, case number determination	was assigned a CalWIN case number.	Now Boo	Specific Checklists
X			D33 ACA 109		Referral, case number determination	Document for clients to record	Is this imaged if it has the	Specific Checklists
			DCC A CA 110	Information Needed to Access	Covered CA evodentials and converts info		-	
X			DSS ACA 110	Covered California Account.docx	Covered CA credentials and security info	security inforamtion to access	customer's Cov CA info?	
					Covered Ca. to MC approval, reporting	Explanation of Covered CA.		Medi-Cal Information for Applicants
			DCC 4 C4 20	MACING Lange Latter days		•	140.040	Medi-Cal information for Applicants
x			DSS ACA 30	MAGI Welcome Letter.docx	responsibilities and worker contact info	application to County MC approval	MC 018	
					Client Transportation Voucher -			
				Ride-On Transportation Voucher	Participant Case info and destination one			
	Х		DSS ACCT 252	Program.docx	time/multiple	No equivalent form for vouchers	New Rec.	Transportation Forms
						Verification of scheduled		
			DSS ACCT 253	Ride-On Confirmation.docx	Schedule of transportation dates	transportation dates, County specific	New Rec.	Transportation Forms
				Authorization for Hand-Typed		Request of Fiscal Services for manual		
			X DSS ACCT 336	Checks.docx	Manual case issuance of benefit	check - County specific	New Rec.	Fiscal Forms
					Case information for benefit	Fiscal Services documentation for		
		х	DSS ACCT 376	Forgery Certificate.docx	replacement	non-receipt of benefits. County	New Rec.	Fiscal Forms
						Clerical tracking of issues bus passes		GAIN Transportation and Ancillary
	х		DSS ACCT 467	Bus Pass Request.docx	Case information to issue bus passes	for clients. County specific	GN 6151	School & Work-Related Expenses
								CW 2217-CalWORKs Request For
								Voluntary Repayment
								CalFresh Repayment Agreement For
								Inadvertent Household Errors Only
							CW 2217	Food Stamps Repayment Agreemen
						Client voluntarily requesting benefits		for Administrative Errors Only
				Authorization for Collection from	Case information for collection of	to be deducted from CF or CW	DFA 377.7E	CalFRESH Repayment Agreement fo
x			DSS ACCT 526	EBT Account.docx	benefits	benefits. OI/OP	DFA 377.7E1	Administrative Errors Only
~			55577667 520	25. Accountidoex	Fiscal Services to Supervisor for stop	Fiscal business process, acting on	55././L1	, territori di de Erroro Oniy
		v		Forgery Certificate Needed.docx	payment	report of stolen benefits	New Rec.	Fiscal Forms
		X	D33 ACC1 342	i orger y certificate Needed.docx	payment	Memo to SIU requesting	NEW NEL.	113001101113
					Report to SIU potential benefit fraud	investigation from Fiscal Services,		SIU (Fraud) Evidence, Contact
				Descible Forged Margart de su		-		
		x	DSS ACCT 543	Possible Forged Warrant.docx	with case info and benefit info	County business process	SIU Documents	Records, Requests
		x	DSS ACCT 543 DSS ACCT 75			-	SIU Documents	

				Worker tool for eligiblity		Application, Intake, or Screening
x x	DSS CAP 10	CAPI ERS Checklist.docx	Pending application checklist	0 1	New Rec.	Tools
	D33 CAF 10	CF Medical Transportation	Client mileage log - dates, destination,	Transportation verification for	New Rec.	10013
x	DSS CF 110	Mileage Log.docx	purpose, miles driven	mileage due to medical conditions.	New Rec.	Transportation Forms
	D35 CI 110	Willeage Log. dock	purpose, miles unven	Allows participants to continue to	New Rec.	
			Notice to County of updated information			CalFresh Notification of Inter-County
x	DSS CF 216	Calfresh ICT Update.docx	since ICT sent.	been initiated.	CF 215	Transfer
^	D35 CI 210	carrest for opuate.docx	since for sent.	Recipients can calculate prorated	6 215	Transier
				income for ineligibility CF HH		
		CalFresh Income Proration		members to determine IRT. No		
v v	DSS CF 515	Worksheet for Participants.docx	Proration worksheet of income by month		New Rec.	Program Budgets & Worksheets
^	D33 CF 313	worksheet for Participants.dock	FIGRATION WORKSNEEL OF INCOME by MONTH	Workers can calculate prorated	New Rec.	Flogram budgets & worksheets
			Proration worksheet of income for	income for CF HH members. No		
x	DSS CF 517	CalFresh Income Proration.docx	eligible and ineligible HH members.	equivalent and used to verify CalWIN	Now Poc	Program Budgets & Worksheets
*	D33 CF 317	Call resil income Profation.docx	engible and mengible firt members.	Workers can calculate prorated	New Rec.	
			Dravation workshoot of superson for			
	DCC CE E47 D	College the European Description of a sec	Proration worksheet of expenses for	expenses for CF HH members. No	New Dee	Des survey Durchs star () Missiliants star
X	DSS CF 517-B	CalFresh Expense Proration.docx	eligible and ineligible HH members.	equivalent and used to verify CalWIN	New Rec.	Program Budgets & Worksheets
		CEET Orientation down	OFFT sights and some an sibilities	Signed statement by CF applicant.	New Dee	
X	DSS CF 599	CFET Orientation.docx	CFET rights and responsibilities	No equivalent	New Rec.	CFET Forms/Agreements
				Staff can determine if applicants are		
				required to comply or exempt with		
			CFET and ABAWD questionnaire for each		New Dee	
X	DSS CF 600	CFET Questionnaire.docx	applicant	specific tool	New Rec.	CFET Forms/Agreements
				Applicants/Recipients read sign that		
			Privacy Act and Disclosure	they have been notified of privacy		Your Rights Under California Welfare
x	DSS CF 602	Privacy Act and Disclosure.docx	acknowledgement	and use of provided informaiton.	PUB 13	Programs
				NOA to applicant/participant		
			ABAWD waiver NOA - SLO exempt from	informing of SLO exemption, may be		
X	DSS CF 676	ABAWD Waiver NOA.docx	requirement	required to comply in other counties.	New Rec.	Manual <program> NOA</program>
		AB 236 Temporary Homeless	AB236 Homeless Assistance tracking	Worker tool to record all steps		Worker Use (Eligibility
		Assistance Eligibility and	eligiblity, payments and supervisor	needed issue and record AB236		Determination/Tracking) Program
x	DSS CW 217-B	Tracking.docx	approval	Housing assistance payments. County	New Rec.	Specific Checklists
				U Parent deprivation automated		
				worksheet to determine CW		
		Unemployed Deprivation		eligibility. Calculates 24 months prior		
x	DSS CW 167	Determination for PE.xls	Automated income worksheet for CW	to app for parents. County created	New Rec.	Supporting CW Forms
x	DSS CW 183	Diversion Denial.docx	CW Diverison denial and reason NOA	No diversion NOAs avaialble	New Rec.	Manual <program> NOA</program>
		Homeless Assistance Eligibility	THP and PHP tracking eligiblity,	Worker tool to record all steps		
x	DSS CW 217	and Tracking.docx	payments and supervisor approval	needed to issue PSP and/or TSP.	New Rec.	HSP and Homeless Assistance Forms
				Worker tool to record all steps		
			AB557 Temporary Homeless Assistance	needed issue and record AB557		Worker Use (Eligibility
		AB 557 Expanded Temporary HA	tracking eligiblity, payments and	Temporary Housing assistance		Determination/Tracking) Program
x	DSS CW 218	Eligibility and Tracking.docx	supervisor approval	payments. County specific	New Rec.	Specific Checklists
				Informs recipients that County will		
				review how sanctioned adult is		
		Meeting Needs Sanctioned	Meeting needs following CW sanction	meeting their needs since CW		
x	DSS CW 220-A	Adult.docx	notice	sanction. County business process	New Rec.	WTW Agreements, Assessments, etc.
				County can identify which resources		
				family currently has and resources		
				that are needed to be successful.		
x	DSS CW 229	Keys to Unlock Your Future.docx	Resource check list	County specific form	New Rec.	Customer Use Checklists
				Used to determine period of		
				ineligiblity for CalWORKs. Worksheet	Is this imaged? Or just a doc to	Worker Use (Eligibility
		Transfer of Assets Period of		calculates property reserve	assist the worker?	Determination/Tracking) Program
x	DSS CW 245	Ineligibility.docx	POI transfer of property informaton	information and POI time period	New Rec.	Specific Checklists

<u>×</u>					Information to participant of why		
<u>×</u>							
<u>×</u>					vendor payment is started, how it		
<u> </u>		9	Sanction Vendor Payment		works and length of time. This is in		
,	DSS	5 CW 43 I	nforming.docx	Vendor payment informing notice	addition to NOA, County specific	New Rec.	Vendor Agreements and Forms
(					Informs recipients of vendor		
<i>.</i>					payment due to sanction and request		
(		١	Vendor Payment Informing	Sanction vendor payment notice. Rent	to verify landlord info. County		
à.	DSS	5 CW 43 1	Notice.docx	and landlord info.	specific, prior to NOA	New Rec.	Vendor Agreements and Forms
		F	Request for Exemption from				0
x	DSS	S CW 525	Staggered Issuance.docx	EBT		New Rec.	EBT Stagger Date
				Pregnancy informaiton about 1-3	CalWORKs pregnancy special needs -		
		F	Pregnancy Special Need	trimester and due date. Actions to be	eligiblity and grant amount starting		
r	DSS		Worksheet.docx	taken		New Rec.	Program Budgets & Worksheets
-			Diversion Denial - Child Care Not				
4			Available.docx	CW Diverison denial and reason NOA	No diversion NOAs avaialble	New Rec.	Manual < Program > NOA
	DSS		Diversion Denial - Child Care Not				
			Available (Sp).docx	CW Diverison denial and reason NOA	No diversion NOAs avaialble	New Rec.	Manual <program> NOA</program>
	Dive	c. 31011 103 /		ett Elvenson dentar and reason NOA	Notice to recipient of additional		
		١	WTW Reengagement for		months of CW eligiblity due to child		
			Reimbursed Child Support or	TOA notice - 48 months, child support	support collection or		
V.			Extender.docx	recoupment/extenders	extender/waiver granted. This is not	New Rec	WTW Agreements, Assessments, etc.
X	055	1210 [		recoupmentyextendels	Worker tool to review that required	NEW NEL.	Worker Use (Eligibility
					documentation is on file. County		Determination/Tracking) Program
, and the second s		S ES 16 \	MTM Case Review Summary decy	MTM document maintenance checklist	•	New Rec	Specific Checklists
X	055	5E510 V	WTW Case Review Summary.docx	WTW document maintenance checklist		New Rec.	Specific Checklists
					Outlines time limits, WTW		
					requirements, activitiy option,		
				MTM Demoisson to and Comisson	supportive services, exemptions,		
	200		CW Required Discussion	WTW Requirements and Services	CalLearn, Domestic Abuse, Financial		
x	DSS		Handbook.docx	notification		New Rec.	WTW Agreements, Assessments, etc.
	200		PAS Employed Initial		Informs disc. Participatns of Post CW		
	DSS		Notification.docx	Post CW informing notice		New Rec.	Manual <program> NOA</program>
	200		PAS Employed Follow Up	Post CW informing notice -employed at	Informs disc. Participatns of Post CW		
	DSS		Notification.docx	disc.		New Rec.	Manual <program> NOA</program>
			PAS Newly Employed	Post CW informing notice -new job,	Informs disc. Participatns of Post CW		
	DSS		Notification.docx	following disc. Of case		New Rec.	Manual <program> NOA</program>
			PAS Unemployed Initial	Post CW informing notice of unemployed	•		
	DSS		Notification.docx	at CW disc.		New Rec.	Manual <program> NOA</program>
			PAS Unemployed Follow Up	2nd notice - Post CW informing notice of	•		
	DSS	S ES 328	Notification.docx	unemployed at CW disc.		New Rec.	Manual <program> NOA</program>
					Request feedback from CW		
			CW 2.0 Participant Road Test		applicant/participants for new CW		
	DSS	SES 406 S	Survey.docx	Participant survey for CW 2.0		New Rec.	CW 2.0 Forms
					Workers use to determine need and		
				Evluation of needed/not needed	barriers of participants to comply		
x	DSS	5 ES 60 E	Employability Assessment.docx	resources for WTW compliance	with WTW. County created form	New Rec.	WTW Agreements, Assessments, etc.
		4	4-Month Rental Assistance		County specific NOA, no 4 month		
·	DSS	S ES 750 A	Approval.docx	4 month rental assistance approval NOA	rental assistance NOAs	New Rec.	Manual <program> NOA</program>
		4	4-Month Rental Assistance		County specific NOA, no 4 month		
	DSS	S ES 751 [	Denial.docx	4 month rental assistance denial NOA	rental assistance NOAs	New Rec.	Manual <program> NOA</program>
		4	4-Month Rental Assistance		County specific NOA, no 4 month		
	DSS	S ES 752 [	Discontinuance.docx	4 month rental assistance disc. NOA	rental assistance NOAs	New Rec.	Manual <program> NOA</program>
		4	4-Month Rental Assistance	4 month rental assistance reinstatement	County specific NOA, no 4 month		
	DSS	S ES 753 F	Reinstatement.docx	NOA		New Rec.	Manual < Program > NOA
			Notificacion of Termination of DSS		Information regarding benefits of a		Cover Letter to Social Security
	x DSS		Representative Payee.docx	Informing letterand referral to SSA		DCFS 210	Administration
	200		Verification of Youth in Foster		DSS confirms FC placement of child		

					Worker tool/checklist to ensure all		
					eligiblity conditions have been met to	Is this imaged? Or just a doc to	Worker Use (Eligibility
			Foster Care Case Review	Worker eligiblity checklist for	approve or deny. County specific	assist the worker?	Determination/Tracking) Program
	х	DSS FC 16-CR	Checklist.docx	approval/denial	worker tool	New Rec.	Specific Checklists
					Worker tool/checklist to ensure all		
					eligiblity conditions have been met to	Is this imaged? Or just a doc to	Worker Use (Eligibility
			Emergency Assistance Case	Worker eligiblity checklist for	approve or deny. County specific	assist the worker?	Determination/Tracking) Program
	x	DSS FC 16-EA	Summary.docx	approval/denial	worker tool	New Rec.	Specific Checklists
	^	D331C 10-LA	Summary.uocx	approvar/demai	Worker tool	Is this imaged? Or just a doc to	Worker Use (Eligibility
			Faster Care Case Checklist to		FC CW experience to aligibility		
			Foster Care Case Checklist to		FC SW communication to eligiblity	assist the worker?	Determination/Tracking) Program
	x	DSS FC 17	ERS.docx	Communication tool for processing	worker. County specific	New Rec.	Specific Checklists
			Notification to SSA and VA		Information regarding benefits of a		Cover Letter to Social Security
	x	DSS FC 357	Regarding Child in Foster	Transmittal to SSA	FC child, reporting to SSA.	DCFS 210	Administration
			Request for Termination or		Information regarding benefits of a		
	x	DSS FC 629	Withdrawal of DSS Payee	Transmittal to SSA	FC child, reporting to SSA.	New Rec.	FC Forms
			,		FC placement with non-related		
			Non-Related Legal Guardian		guardian, approval and payment		
			U	The second state is the se	0 , 11 1 ,	New Dee	New Frend Defensel on Democrat
	X	DSS FC 659	Referral.docx	Transmittal between FC and eligiblity	process requirement. County created	New KeC.	Non-Fraud Referral or Request
					Tool to determine ability of RFA		
				RFA parent activities in support of child	parents to care for children. County		
	х	DSS FC 690	LOC Resource Parent Tool.docx	information	created questionnaire.	New Rec.	FC Forms
					Transmittal to request DSS be made		
			Payee Status Follow up Request to	Transmittal to SSA from DSS, FC child	the Representative Payee for a child		
	x	DSS FC 785	SSA.docx	information		New Rec.	FC Forms
	~	55516765	7-Day Notification of Placement	mornation	Change of placement for FC child and	New Rec.	Teromis
	x					New Dee	Manual (Dragrams NOA
		DSS FC 842	Change.docx	FC change NOA	payments ending. No equivalent	New Rec.	Manual <program> NOA</program>
	x	DSS FC 849	Approval of FC.docx	FC approval NOA	no equivalent	New Rec.	Manual <program> NOA</program>
	x	DSS FC 851	Denial of FC.docx	FC denial NOA	no equivalent	New Rec.	Manual <program> NOA</program>
	x	DSS FC 852	Discontinuance of FC.docx	FC disc. NOA	no equivalent	New Rec.	Manual <program> NOA</program>
					FC Redetermination due and		
			FC Relative-Guardian RV		notificaiton with due date of packet.		
	x	DSS FC 853	Letter.docx	FC Redetermination coverletter	County created, no equivalent	New Rec.	FC Forms
					NOA for approved specialized FC rate		
				Specialized Foster Care rate approved	with time frames of adjustment. No		
		500 50 050			•		50.5
	X	DSS FC 856	Specialized Rate for FC.docx	NOA	equivalent	New Rec.	FC Forms
					NOA for approved specialized FC		
			Specialized Foster Home	Specialized Foster CareHome payment			
					Home rate with time frames of		
	x	DSS FC 857	Payment.docx	approved NOA	Home rate with time frames of adjustment. No equivalent	New Rec.	FC Forms
	x	DSS FC 857				New Rec.	FC Forms
	x	DSS FC 857			adjustment. No equivalent	New Rec.	FC Forms
	x	DSS FC 857	Payment.docx	approved NOA	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with	New Rec.	FC Forms
	x		Payment.docx FC Regional Center	approved NOA FC supplmenet requst approval/denial	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no		
	x	DSS FC 857 DSS FC 862	Payment.docx	approved NOA FC supplmenet requst approval/denial NOA	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent.	New Rec.	FC Forms FC Forms
	x x		Payment.docx FC Regional Center Supplement.docx	approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and		
	x x	DSS FC 862	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate	Approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms	New Rec.	FC Forms
	x x		Payment.docx FC Regional Center Supplement.docx	approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County		
	x x x	DSS FC 862	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate	Approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms	New Rec.	FC Forms
	x x	DSS FC 862	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate	Approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County	New Rec.	FC Forms
	x x	DSS FC 862	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate	Approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County Provides 3rd party verificaiton from	New Rec.	FC Forms
	x	DSS FC 862	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate	Approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision needs. Verification provided to youth of	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County Provides 3rd party verificaiton from DSS for SILP youth receiving grant. Can be provided by youth as proof of	New Rec.	FC Forms
	x x x	DSS FC 862 DSS FC 865	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate Coverletter.docx	Approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision needs.	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County Provides 3rd party verificaiton from DSS for SILP youth receiving grant. Can be provided by youth as proof of income. County created, no	New Rec. New Rec.	FC Forms FC Forms
	x x x x	DSS FC 862 DSS FC 865	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate Coverletter.docx SILP Income Verification.docx	approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision needs. Verification provided to youth of payment amount	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County Provides 3rd party verificaiton from DSS for SILP youth receiving grant. Can be provided by youth as proof of income. County created, no Worker tool to gather information	New Rec. New Rec.	FC Forms FC Forms
	x x x	DSS FC 862 DSS FC 865 DSS FC 919	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate Coverletter.docx SILP Income Verification.docx Family Stabilization	approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision needs. Verification provided to youth of payment amount CW AU completes indicating interest and	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County Provides 3rd party verificaiton from DSS for SILP youth receiving grant. Can be provided by youth as proof of income. County created, no Worker tool to gather information and inquire if CW AU elects to	New Rec. New Rec. New Rec.	FC Forms FC Forms FC Forms
	x x x	DSS FC 862 DSS FC 865	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate Coverletter.docx SILP Income Verification.docx	approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision needs. Verification provided to youth of payment amount	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County Provides 3rd party verificaiton from DSS for SILP youth receiving grant. Can be provided by youth as proof of income. County created, no Worker tool to gather information and inquire if CW AU elects to participate in FSS services. No	New Rec. New Rec.	FC Forms FC Forms
	x x x	DSS FC 862 DSS FC 865 DSS FC 919	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate Coverletter.docx SILP Income Verification.docx Family Stabilization	approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision needs. Verification provided to youth of payment amount CW AU completes indicating interest and	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County Provides 3rd party verificaiton from DSS for SILP youth receiving grant. Can be provided by youth as proof of income. County created, no Worker tool to gather information and inquire if CW AU elects to participate in FSS services. No Worker tool that outlines request	New Rec. New Rec. New Rec.	FC Forms FC Forms FC Forms
	x x x	DSS FC 862 DSS FC 865 DSS FC 919	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate Coverletter.docx SILP Income Verification.docx Family Stabilization Questionnaire.docx	approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision needs. Verification provided to youth of payment amount CW AU completes indicating interest and	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County Provides 3rd party verificaiton from DSS for SILP youth receiving grant. Can be provided by youth as proof of income. County created, no Worker tool to gather information and inquire if CW AU elects to participate in FSS services. No Worker tool that outlines request and need for FSS services. Outlines	New Rec. New Rec. New Rec.	FC Forms FC Forms FC Forms
(	x x x x	DSS FC 862 DSS FC 865 DSS FC 919	Payment.docx FC Regional Center Supplement.docx Dual Agency Supplemental Rate Coverletter.docx SILP Income Verification.docx Family Stabilization	approved NOA FC supplmenet requst approval/denial NOA Informing notice for FC rates for children with extraordinary care and supervision needs. Verification provided to youth of payment amount CW AU completes indicating interest and	adjustment. No equivalent NOA informing determination of requested suplement to FC aid with timeframes. County created, no equivalent. Coverletter of information and request to complete the forms included with this letter. County Provides 3rd party verificaiton from DSS for SILP youth receiving grant. Can be provided by youth as proof of income. County created, no Worker tool to gather information and inquire if CW AU elects to participate in FSS services. No Worker tool that outlines request	New Rec. New Rec. New Rec.	FC Forms FC Forms FC Forms

				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		
x	DSS GA 1	Courtesy Application Tool.docx	GA consult screen worksheet	travel a particular office in SLO Co.	New Rec.	Program Budgets & Worksheets
			Worker tool/checklist of all information	County specific worker tool.	If this is a worker tool, is it	Worker Use (Eligibility
		GA Intake Processing	and verification needed for	Required for authorization of GA	imaged?	Determination/Tracking) Program
x	DSS GA 16	Checklist.docx	approval/denial	case.	New Rec.	Specific Checklists
				Worker tool to determine if GA		•
				application meets requirements for		
x	DSS GA 189	GA SDA Consult Guide.docx	GA Same Day Appt. consult guide	same day appointment. County	New Rec.	GA/GR Other Forms
				GA consult guide used for face to	If this is a worker tool, is it	Worker Use (Eligibility
				face consult and request for GA	imaged?	Determination/Tracking) Program
x	DSS GA 190	GA Consult Guide.docx	GA generic consult guide	benefits. County created worker tool	-	Specific Checklists
^	200 0.1200		er generie consult guide	Worker tool to screen relatives for		
		County Cremation Responsible		potential payment of cremation		
x	DSS GA 200.4	Relative Information.docx	GA cremation research and fact finding	costs. County specific tool	New Rec.	Burial/Cremation Forms
Λ	DJJ GA 200.4	GA Employable Program Approval		County created NOA action. For use	New Net.	bunary cremation rorms
v	DSS GA 226 A		County specific GA approval NOA	outside of CalWIN and imaged	New Rec.	Manual <program> NOA</program>
X	D33 GA 220 A	GA Disabled Program Conditional	County specific GA approval NOA	County created NOA action. For use	New Rec.	Manual Chograms NOA
x		0		-	New Dee	
X	DSS GA 226 B	Approval Discontinuance	County specific GA NOA	outside of CalWIN and imaged	New Rec.	Manual <program> NOA</program>
	D55 CA 225 C	GA Denial Discontinuance	County specific GA denial/disc in receipt	County created NOA action. For use	Nav. Dat	Manual IDeanna NOA
X	DSS GA 226 C		of SSI NOA	outside of CalWIN and imaged	New Rec.	Manual <program> NOA</program>
		County Cremation Approval		County created NOA action. For use	New Rec.	Manual <program> NOA</program>
х	DSS GA 239	Notice.docx	County specific GA approval NOA	outside of CalWIN and imaged	New Rec.	Burial/Cremation Forms
		GA Denial-Discontinuance		County created NOA action. For use		
X	DSS GA 239-D	Notice.docx	County specific GA disc./denial NOA	outside of CalWIN and imaged	New Rec.	Manual <program> NOA</program>
			Informing notice to GA applicant	County specific informing notice for	Since this is an informing notice, is	
		GA Proof of RSDI Retirement	informing of requirement to apply for	GA applicants/recipients with due		Unemployment Insurance Benefits
X	DSS GA 250	Application.docx	RSDI	date	GR 6	Referral Form
				SLO County process for GA		
				applicants. Rrequired to comply with		
		GA Disabled Status After SSA	Request for verificaiton following SSI/SSP	<b>.</b> .		
X	DSS GA 253	Disability Denial.docx	denial	denial. Noncompliance results in	New Rec.	GA/GR Other Forms
		GA Approval Disabled Program	SLO GA approval NOA for GA disabled			
X	DSS GA 3	Notice.docx	program	County specific NOA	New Rec.	Manual <program> NOA</program>
			Informaiton letter for GA informing of	County specific informing notice for		
			Case#, GA/CF stagger dates and periodic			
X	DSS GA 30	Case Info Letter.docx	report cycles	worker contact information	New Rec.	GA/GR Other Forms
			Worker determination tool to determine			
		Cremation Cost	which party is responsible to pay for			
x	DSS GA 300	Determination.docx	cremation costs.	County specific tool created.	New Rec.	Burial/Cremation Forms
				Workers mail out letter informing		
		GA Cremation Reimbursement	Contact letter to request cremation	family of the cost of cremation and		
x	DSS GA 310	Request.docx	reimbursement.	requesting repayment. County	New Rec.	Burial/Cremation Forms
		County Cremation Denial		County created NOA action. For use	New Rec.	Manual <program> NOA</program>
		Notice.docx	County specific GA NOA	outside of CalWIN and imaged	New Rec.	Burial/Cremation Forms
x	DSS GA 311	Notice.doex				
x	DSS GA 311	Notice.docx	Documentation of facts and research	Worker tool to review and document		
X	DSS GA 311	Request for County	Documentation of facts and research when County cremation has been	Worker tool to review and document if County is resonsible for payment of		
xx	DSS GA 311 DSS GA 36				New Rec.	Burial/Cremation Forms
		Request for County	when County cremation has been requested	if County is resonsible for payment of	New Rec.	Burial/Cremation Forms
		Request for County	when County cremation has been requested SLO GA change NOA income	if County is resonsible for payment of	New Rec.	Burial/Cremation Forms Manual <program> NOA</program>

				County specific request to		
				withdrawal/conditional withdraw of		
		Withdrawal-Conditional of		evidentiary hearing for GA. GA		Withdrawal/Conditional Withdrawals
X	DSS GA 404	Evidentiary Hearing.docx	Participant request to withdraw hearing	specific form	DPA 315	of Request for Hearing
				County created correspondence to		
				GA recipient and information to		
		SSI Administrative Law Judge	Informing notice to GA applicant about	contact list of advocates and		
x	DSS GA 405	Hearing Level.docx	SSA hearing. DSS unable to represent	attorneys for SSA hearing. County	Court/Hearings Document	Fair Hearing Forms
				County created letter to inform	,	
				recipients that GA disc. Results in DSS		
			Informing notice to GA recipients and	Benefit Advocate no longer		
		GA SSI Claim No Active GA	Benefit Advocate can no longer	representing client. Provides		
			-		New Dee	Manual (Dragrams, NOA
X		Case.docx	represent.	references to advocates and	New Rec.	Manual <program> NOA</program>
		GA Employable Split Payment	GA worker tool to issue and record split	SLO Co. splits GA payments based on		
Х	DSS GA 48	Worksheet.docx	payments	compliance (job search).	New Rec.	Program Budgets & Worksheets
				Medical exemption forms tracked		
				and reminders for request of expiring		
			GA worker tracking tool for disabilities	medical exemptions. Also used to		GA/GR Work Related and Activities
x	DSS GA 50	GA Disability Tracking.docx	and exemption form dates.	determine eligibility time frames.	New Rec.	Forms
		GA Employable Discontinuance				
x		Notice.docx	SLO GA employable disc. NOA	County specific NOA	New Rec.	Manual <program> NOA</program>
		GA Discontinuance Notice Not	- p - <i>p</i>	County created NOA action. For use		
x		Disabled.docx	County specific GA approval NOA	outside of CalWIN and imaged	New Rec.	Manual < Program > NOA
Λ.		GA Disabled Program Non-	councy specific on approval NOA	sublide of carving and imaged	item nee.	
		-		County exected NOA action Forward		
		Compliance Denial-		County created NOA action. For use		
Х	DSS GA 902	Discontinuance Notice.docx	County specific GA approval NOA	outside of CalWIN and imaged	New Rec.	Manual <program> NOA</program>
				County specifc tool created to		
				document case assignment for		
		External Referral e-HIT	Applications received through CalWIN	applications received through		Application, Intake, or Screening
х	DSS GEN 121	Research.docx	external referral research tool	MyBenefits CalWIN and other	New Rec.	Tools
				County created tool to track consult		
				conversation and referral to		
				programs. County created worker		
			Generic program consult guide at time	tool. Required for all face to face		Application, Intake, or Screening
x	DSS GEN 163	Universal Consult Guide.docx	face to face consult All programs	consults. Summary for assigned	New Rec.	Tools
^	D35 GEN 105	oniversal consult Guide.docx	lace to lace consult An programs	County created tool to track medical	New Nec.	10013
				•		
		Consult Descends for Mod!		coverage history. Helps determine	In this income data a superificial C	Analisation Intelles on Const.
		Consult Research for Medical	Tracking document for MC, CalHEERS,	which case numbers to link to	Is this imaged to a specific case?	Application, Intake, or Screening
X	DSS GEN 164	Coverage.docx	Covered CA history for applicants	existing or issuing new case numbers.	New Rec.	Tools
			Request from participant/applicant to	County created form to allow		
			have alternate mailing address. Has	individuals that meet certain criteria		
		Alternate Correspondence Option	mailing options and requires signature -	to use 3rd party mailing addresses or		Important Notice about Mailing
х	DSS GEN 209	for Domestic Abuse.docx	All programs	specific mail delivery type.	PA 1815	Address
				County created document used by all		Request For Good Cause
		Good Cause Verification	Generic program request for verifications		WTW 27	Determination
х		Request.docx	to determine Good Cause from DCSS	good cause.	CW 2200	Request for Verification
				Document for doctor/medical office		
		Verification of SDI	Request verification of SDI application -	to complete verifying SDI application.		
					Varification	
X	DSS GEN 246	Application.docx	All programs	County specific form for all programs.		
				County created form for all programs.		
				Applicant/participant declaration of		
		Information and Expense	All program declaration of self	expense type used for eligibility	CSF XXX	Self-Employment Income Statement
		Deduction Choice for Self	employment expenses and self	calculation for all programs. Actual	CSF XXX	Notice to Self-Employed Individuals
X	DSS GEN 254-B	Employment.docx	employment information	vs. 40%	PA 167	Monthly Earnings Report
				Worker tool to detemine if students		
				loans and grants are countable or		CalFresh Student Exemption
x	DSS GEN 270	Loan and Grant Worksheet.docx	Student loan and grant information		CSF XXX	CalFresh Student Exemption Checklist

		51 V II IO V		Worker tool to detemine if students		
		Educational Loans and Grants		loans and grants are countable or		CalFresh Student Exemption
X	DSS GEN 271	Worker Tool.docx	Student loan and grant information	exempt. Used for all programs,	CSF XXX	Checklist
			Information document concluted by	Collections information for		
			Information document completed by	Collections informaiton for		Analisation Intelle on Conserve
	DCC CEN 242	Descrition to main allow	applicants for all programs. Collects	application request for all programs.		Application, Intake, or Screening
X	DSS GEN 313	Reception Inquiry.docx	applicant and HH members information	Used all all SLO Co. offices	New Rec.	Tools
			Information de conceptacional de la	Collections informaiton for		
		Descrition Information	Information document completed by	application request for all programs.		Analisation Intelle on Conserve
		Reception Information	applicants for all programs. Collects	Used all all SLO Co. offices -		Application, Intake, or Screening
<u> </u>	DSS GEN 314	Request.docx	applicant and HH members information	continuation sheet for additional HH Document used for all programs	New Rec.	Tools
				1 0		
				when needing to determine value of		
				personal property. Form has release		
			All program request for value of	of info and section for business		
			property. Release of info and 3rd party	person to provide fair market value		
X	DSS GEN 320	Value of Personal Property.docx	verificaiton section	to determine 3rd party value.	New Rec.	Property Statement and Verification
	DCC CEN 400	Home Visit Pre-Interview	Generic pre-interview checklist and	Document used by Eligibility and	New Dee	Here Alfait Ferrer
X	DSS GEN 400	Questionnaire.docx	information for home visits.	CWS to gather facts prior to home	New Rec.	Home Visit Forms
				Informing that depent children have		
				applied for benefits and need to		
				verify length of incarceration with		
			All progam informing notice to a	estimated release and request to be		
Χ	DSS GEN 422	Incarceration Letter.docx	CDC/Jail/Prison		New Rec.	Jail/Inmate Forms and Notices
				Workers can request informaiton		
			Form asks applicants/participants to	about bank deposits to determine if		
			g explain income deposits into bank	there is undelcared income that		
X	DSS GEN 465	on Bank Statement.docx	accounts.	could be countable. Used for all	New Rec.	Property Statement and Verification
				Coverletter and follow up to		
				telephone request to apply for		
				telephone request to apply for benefits and includes first due date.		
		Statement of Facts	Generic coverletter for application when	telephone request to apply for benefits and includes first due date. County created document supporting		
x	DSS GEN 466	Statement of Facts Coverletter.docx	Generic coverletter for application when request received by telephone call.	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 466			telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW		
x	DSS GEN 466			telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical	What is being disbursed?	EBT Service Request
		Coverletter.docx	request received by telephone call.	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as	What is being disbursed? EBT 9	EBT Service Request Cash Aid / CalFresh Electronic Benefit
	DSS GEN 466 DSS GEN 468			telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking.	What is being disbursed? EBT 9	EBT Service Request
		Coverletter.docx	request received by telephone call.	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT.	What is being disbursed? EBT 9	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request
		Coverletter.docx	request received by telephone call. All program request for dispursing order.	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and	What is being disbursed? EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request
x	DSS GEN 468	Coverletter.docx Disbursing Order Request.docx	request received by telephone call. All program request for dispursing order. Participant request change to EBT -	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing.	What is being disbursed? EBT 9 TEMP 2202 EBT 9	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit
x		Coverletter.docx	request received by telephone call. All program request for dispursing order.	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs.	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request
x	DSS GEN 468	Coverletter.docx Disbursing Order Request.docx	request received by telephone call. All program request for dispursing order. Participant request change to EBT -	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit
x	DSS GEN 468	Coverletter.docx Disbursing Order Request.docx	request received by telephone call. All program request for dispursing order. Participant request change to EBT -	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request
x	DSS GEN 468	Coverletter.docx Disbursing Order Request.docx EBT Request.docx	request received by telephone call. All program request for dispursing order. Participant request change to EBT - add/delete person, replace card.	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/
x x	DSS GEN 468 DSS GEN 528	Coverletter.docx Disbursing Order Request.docx EBT Request.docx Request for EBT Emergency	request received by telephone call. All program request for dispursing order. Participant request change to EBT - add/delete person, replace card. Request by worker to set up a new EBT	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for processing. Requires worker,	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC
x x	DSS GEN 468	Coverletter.docx Disbursing Order Request.docx EBT Request.docx	request received by telephone call. All program request for dispursing order. Participant request change to EBT - add/delete person, replace card.	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for processing. Requires worker, supervisor and clerical signatures to	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/
x x	DSS GEN 468 DSS GEN 528	Coverletter.docx Disbursing Order Request.docx EBT Request.docx Request for EBT Emergency	request received by telephone call. All program request for dispursing order. Participant request change to EBT - add/delete person, replace card. Request by worker to set up a new EBT	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for processing. Requires worker, supervisor and clerical signatures to Form issued to CW, GA, CAPI and CF	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC
x x	DSS GEN 468 DSS GEN 528	Coverletter.docx Disbursing Order Request.docx EBT Request.docx Request for EBT Emergency Actions.docx	request received by telephone call. All program request for dispursing order. Participant request change to EBT - add/delete person, replace card. Request by worker to set up a new EBT account to process emergency request.	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for processing. Requires worker, supervisor and clerical signatures to Form issued to CW, GA, CAPI and CF recipients informing them of their	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC
x x x	DSS GEN 468 DSS GEN 528 DSS GEN 532	Coverletter.docx Disbursing Order Request.docx EBT Request.docx Request for EBT Emergency Actions.docx EBT Benefit Availability	request received by telephone call. All program request for dispursing order. Participant request change to EBT - add/delete person, replace card. Request by worker to set up a new EBT account to process emergency request. Informing notice to participants about	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for processing. Requires worker, supervisor and clerical signatures to Form issued to CW, GA, CAPI and CF recipients informing them of their stagger issuance date for each	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202 EBT 13	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC Application
x x	DSS GEN 468 DSS GEN 528	Coverletter.docx Disbursing Order Request.docx EBT Request.docx Request for EBT Emergency Actions.docx	request received by telephone call. All program request for dispursing order. Participant request change to EBT - add/delete person, replace card. Request by worker to set up a new EBT account to process emergency request.	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for processing. Requires worker, supervisor and clerical signatures to Form issued to CW, GA, CAPI and CF recipients informing them of their	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC
x x	DSS GEN 468 DSS GEN 528 DSS GEN 532	Coverletter.docx Disbursing Order Request.docx EBT Request.docx Request for EBT Emergency Actions.docx EBT Benefit Availability	request received by telephone call. All program request for dispursing order. Participant request change to EBT - add/delete person, replace card. Request by worker to set up a new EBT account to process emergency request. Informing notice to participants about stagger date of approved programs.	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for processing. Requires worker, supervisor and clerical signatures to Form issued to CW, GA, CAPI and CF recipients informing them of their stagger issuance date for each program. County created	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202 EBT 13	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC Application
x x x	DSS GEN 468 DSS GEN 528 DSS GEN 532	Coverletter.docx Disbursing Order Request.docx EBT Request.docx Request for EBT Emergency Actions.docx EBT Benefit Availability Information.docx	request received by telephone call. All program request for dispursing order. Participant request change to EBT - add/delete person, replace card. Request by worker to set up a new EBT account to process emergency request. Informing notice to participants about stagger date of approved programs. Generic program informing notice to	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for processing. Requires worker, supervisor and clerical signatures to Form issued to CW, GA, CAPI and CF recipients informing them of their stagger issuance date for each program. County created	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202 EBT 13	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC Application
x x x	DSS GEN 468 DSS GEN 528 DSS GEN 532 DSS GEN 533	Coverletter.docx Disbursing Order Request.docx EBT Request.docx Request for EBT Emergency Actions.docx EBT Benefit Availability Information.docx Instructions to Pick up	request received by telephone call. All program request for dispursing order. Participant request change to EBT- add/delete person, replace card. Request by worker to set up a new EBT account to process emergency request. Informing notice to participants about stagger date of approved programs. Generic program informing notice to participants to pick up warrant. Provides	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for processing. Requires worker, supervisor and clerical signatures to Form issued to CW, GA, CAPI and CF recipients informing them of their stagger issuance date for each program. County created	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202 EBT 13 New Rec. Since this is an informing notice, is	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC Application
x x x	DSS GEN 468 DSS GEN 528 DSS GEN 532	Coverletter.docx Disbursing Order Request.docx EBT Request.docx Request for EBT Emergency Actions.docx EBT Benefit Availability Information.docx	request received by telephone call. All program request for dispursing order. Participant request change to EBT - add/delete person, replace card. Request by worker to set up a new EBT account to process emergency request. Informing notice to participants about stagger date of approved programs. Generic program informing notice to	telephone request to apply for benefits and includes first due date. County created document supporting business process. Used for all Document for elgibility worker or SW to request disburing order. Clerical processes and signs off, form used as tracking. Form used to request changes to EBT. The request is completed and forwarded to clerical for processing. Used in CF, CW and GA programs. Staff complete the EBT form to create an EBT account for participant. Form is forwareded to clerical for processing. Requires worker, supervisor and clerical signatures to Form issued to CW, GA, CAPI and CF recipients informing them of their stagger issuance date for each program. County created	What is being disbursed? EBT 9 TEMP 2202 EBT 9 TEMP 2202 EBT 13	EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request EBT Request for EBT Account Set-Up/ EBT Benefit Add/ EBT Card - EPPIC Application

				County form for all programs used		
			Contact about participant reporting that	when a spouse has moved into the		
			spouse has moved into home. List of	home. List informaiton needed,		
X	DSS GEN 688	Spouse Moved In.docx	requirements needed.	verifications and interviewed	WFP&I 275	Verification of Living Arrangement
				County form for all programs used		
			Contact about participant reporting that	when a non-spouse has moved into		
			non-spouse has moved into home. List	the home. List informaiton needed,		
X	DSS GEN 689	Non-Spouse Moved In.docx	of requirements needed.	verifications and interviewed	WFP&I 275	Verification of Living Arrangement
				SLO Co. NOA informing recipient of		
		Hearing Granted with Information	SLO Co. notice of action for decsion	State hearing decision, adoption		
x	DSS GEN 92	Needed.docx	based on State Hearing - Allprograms	date, and action to be taken by the	Court/Hearings Document	Fair Hearing Forms
		Housing Disability and Advocacy	Form for GA/CW participants to opt into	SLO Co. housing program for GA or		
x x	DSS HDAP 401	Program opt In letter.docx	HDAP.	CW linked individuals/families.	New Rec.	HSP and Homeless Assistance Forms
				Form created for housing programs.		
			Approval NOA for housing programs	BFH and HSP are State funded		
x	DSS HOME 105	BFH and HSP Step Down.docx	informing particpant of rental obligation	programs that SLO County has opted	New Rec.	Manual <program> NOA</program>
		•	Approval NOA for housing programs	Form created for housing programs.		
	DSS HOME	BFH and HSP Step Down -	informing particpant of rental obligation	BFH and HSP are State funded		
x	105A	Roommate.docx	with roommate	programs that SLO County has opted	New Rec.	Manual <program> NOA</program>
<u></u>			Change NOA for housing programs	Form created for housing programs.		
		BFH and HSP Step Down	informing participant rental subsidy	BFH and HSP are State funded		
l _v	DSS HOME 107	Extension.docx	extension and amounts by month	programs that SLO County has opted	New Rec	Manual <program> NOA</program>
^	D331101012 107	Extension.docx	Change NOA for housing programs	Form created for housing programs.	New Rec.	
				BFH and HSP are State funded		
	DECLIONAE		informing participant rental subsidy			
	DSS HOME		extension and amounts by month (with	programs that SLO County has opted		
X	107A	- Roommate.docx	roommate)	into.	New Rec.	Manual <program> NOA</program>
			Approval NOA for housing programs	Form created for housing programs.		
			informing particpant of rental obligation,			
x	DSS HOME 108	Rental Subsidy.docx	1 month subsidy	programs that SLO County has opted		Manual <program> NOA</program>
				Form created for housing programs.	Since this is a guide, is this actually	
			Consult guide to screen application for	BFH and HSP are State funded	imaged?	
x	DSS HOME 163	HOME Consult Guide.docx	SLO Co. housing programs	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
				Form created for housing programs.		
		BFH and HSP Trailer		BFH and HSP are State funded		
x	DSS HOME 19	Addendum.docx	R&R for BFH and HSP housing programs.	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
			Information notice (terms and	Form created for housing programs.		
		BFH and HSP Prerequisites for	conditions) for BFH and HSP housing	BFH and HSP are State funded		
x	DSS HOME 20	Taking Tenancy.docx	programs.	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
			Notice to landlord about tenant's	Form created for housing programs.		
			enrollment into SLO Co. subsidized	BFH and HSP are State funded		
x	DSS HOME 202	Landlord Informing Letter.docx	housing program.	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
		better work	Notice to landlord about tenant's	Form created for housing programs.		
1		BEH and HSP Conclusion Letter to	disenrollment into SLO Co. subsidized	BEH and HSP are State funded		
	DSS HOME 202	BFH and HSP Conclusion Letter to	disenrollment into SLO Co. subsidized	BFH and HSP are State funded	New Rec	HSP and Homeless Assistance Forms
x	DSS HOME 203		disenrollment into SLO Co. subsidized housing program.	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
x	DSS HOME 203	Landlord.docx	housing program.	programs that SLO County has opted Form created for housing programs.	New Rec.	HSP and Homeless Assistance Forms
x		Landlord.docx BFH and HSP Home Visit	housing program. Home visit consult guide for BFH and HSP	programs that SLO County has opted Form created for housing programs. P BFH and HSP are State funded		
x	DSS HOME 203 DSS HOME 204	Landlord.docx BFH and HSP Home Visit	housing program.	programs that SLO County has opted Form created for housing programs. P BFH and HSP are State funded programs that SLO County has opted		HSP and Homeless Assistance Forms HSP and Homeless Assistance Forms
x		Landlord.docx BFH and HSP Home Visit Guide.docx	housing program. Home visit consult guide for BFH and HSP programs	programs that SLO County has opted Form created for housing programs. P BFH and HSP are State funded programs that SLO County has opted Form created for housing programs.		
x	DSS HOME 204	Landlord.docx BFH and HSP Home Visit Guide.docx BFH and HSP Program Rent	housing program. Home visit consult guide for BFH and HSP programs Form for housing program participants to	programs that SLO County has opted Form created for housing programs. P BFH and HSP are State funded programs that SLO County has opted Form created for housing programs. P BFH and HSP are State funded	New Rec.	HSP and Homeless Assistance Forms
x x x	DSS HOME 204	Landlord.docx BFH and HSP Home Visit Guide.docx	housing program. Home visit consult guide for BFH and HSP programs	programs that SLO County has opted Form created for housing programs. P BFH and HSP are State funded programs that SLO County has opted Form created for housing programs. P BFH and HSP are State funded programs that SLO County has opted	New Rec.	
x x x	DSS HOME 204	Landlord.docx BFH and HSP Home Visit Guide.docx BFH and HSP Program Rent Extension Request.docx	housing program. Home visit consult guide for BFH and HSP programs Form for housing program participants to extend subsidy payments for rent.	programs that SLO County has opted Form created for housing programs. 9 BFH and HSP are State funded programs that SLO County has opted Form created for housing programs. 9 BFH and HSP are State funded programs that SLO County has opted Form created for housing programs.	New Rec.	HSP and Homeless Assistance Forms
x x x	DSS HOME 204	Landlord.docx BFH and HSP Home Visit Guide.docx BFH and HSP Program Rent Extension Request.docx Program Rent Extension	housing program. Home visit consult guide for BFH and HSP programs Form for housing program participants to	programs that SLO County has opted Form created for housing programs. P BFH and HSP are State funded programs that SLO County has opted Form created for housing programs. P BFH and HSP are State funded programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms HSP and Homeless Assistance Forms
x x x x	DSS HOME 204	Landlord.docx BFH and HSP Home Visit Guide.docx BFH and HSP Program Rent Extension Request.docx	housing program. Home visit consult guide for BFH and HSP programs Form for housing program participants to extend subsidy payments for rent.	programs that SLO County has opted Form created for housing programs. 9 BFH and HSP are State funded programs that SLO County has opted Form created for housing programs. 9 BFH and HSP are State funded programs that SLO County has opted Form created for housing programs.	New Rec. New Rec.	HSP and Homeless Assistance Forms
x x x x	DSS HOME 204	Landlord.docx BFH and HSP Home Visit Guide.docx BFH and HSP Program Rent Extension Request.docx Program Rent Extension	housing program. Home visit consult guide for BFH and HSP programs Form for housing program participants to extend subsidy payments for rent. Agreement/Contract for extension of	programs that SLO County has opted Form created for housing programs. 9 BFH and HSP are State funded programs that SLO County has opted Form created for housing programs. 9 BFH and HSP are State funded programs that SLO County has opted Form created for housing programs. BFH and HSP are State funded	New Rec. New Rec.	HSP and Homeless Assistance Forms HSP and Homeless Assistance Forms
x x x x	DSS HOME 204	Landlord.docx BFH and HSP Home Visit Guide.docx BFH and HSP Program Rent Extension Request.docx Program Rent Extension Agreement BFH and HSP.docx	housing program. Home visit consult guide for BFH and HSP programs Form for housing program participants to extend subsidy payments for rent. Agreement/Contract for extension of housing program rent subsidy.	programs that SLO County has opted Form created for housing programs. PBFH and HSP are State funded programs that SLO County has opted Form created for housing programs. PBFH and HSP are State funded programs that SLO County has opted Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted	New Rec. New Rec.	HSP and Homeless Assistance Forms HSP and Homeless Assistance Forms
x x x x	DSS HOME 204 DSS HOME 205 DSS HOME 206	Landlord.docx BFH and HSP Home Visit Guide.docx BFH and HSP Program Rent Extension Request.docx Program Rent Extension Agreement BFH and HSP.docx	housing program. Home visit consult guide for BFH and HSP programs Form for housing program participants to extend subsidy payments for rent. Agreement/Contract for extension of housing program rent subsidy. Request by new landlords or exisitng	programs that SLO County has opted Form created for housing programs. PBFH and HSP are State funded programs that SLO County has opted Form created for housing programs. PBFH and HSP are State funded Form created for housing programs. BFH and HSP are State funded programs that SLO County has opted Form created for housing programs.	New Rec. New Rec. New Rec.	HSP and Homeless Assistance Forms HSP and Homeless Assistance Forms

			Denial of request by new landlords or	Form created for housing programs.		
		BFH and HSP Habitability Landlord	6	BFH and HSP are State funded		
x	DSS HOME 209	Mitigation Denial Letter.docx	maintenance of homes.	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
				Form created for housing programs.		
		CW Housing Support Program HSP	Applicatoin for HSP program. CalWORKs	BFH and HSP are State funded		
x	DSS HSP 1	Application.docx	linked families	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
			NOA for approval to housing program	Form created for housing programs.		
		HSP Eligibility Acknowledgment	with referral to partner agency Family	BFH and HSP are State funded		
x	DSS HSP 101	Notice.docx	Care Network	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
				Form created for housing programs.		
			Application denial NOA for CW housing	BFH and HSP are State funded	New Rec.	Manual <program> NOA</program>
x	DSS HSP 102	CW HSP Denial NOA.docx	support program.	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
				Form created for housing programs.		
		CW HSP Notice of Program	Discontinuance noa for CW housing	BFH and HSP are State funded	New Rec.	Manual <program> NOA</program>
x	DSS HSP 103	Discontinuance.docx	support program.	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
			Noncompliance letter for failure to meet	· • · · ·		
			CW HSP requirements. Includes appt.	BFH and HSP are State funded		
			Failure to comply can result in disc. From			
x	DSS HSP 11	Notice of Noncompliance.docx	program	into.	New Rec.	HSP and Homeless Assistance Forms
	000110111	Notice of Noticempliance.uoex	program	Form created for housing programs.	New nee.	hisr and homeless rissistance rorms
				BFH and HSP are State funded		Permanent Housing Search
	DSS HSP 12	HSP Housing Search Log.docx	Permanent housing search log	programs that SLO County has opted	CW/ 74	Document
x	D33 H3P 12	HSP Housing Search Log.docx	Form for applicants/recipients to request		CW 74	Document
		Liousing Compart Nacida				
		Housing Support Needs		BFH and HSP are State funded	New Dee	UCD and Hamalana Assistance Forme
<u>×</u>	DSS HSP 13	Request.docx	childcare, etc.)	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
			Worker tool to summarize applicants	Form created for housing programs.		
			needs, resources and barriers for	BFH and HSP are State funded		
X	DSS HSP 17	Staffing Questionnaire.docx	housing programs	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
				Form created for housing programs.		
		One-Time HSP Exception	Approval NOA for 1 time housing	BFH and HSP are State funded	New Rec.	Manual <program> NOA</program>
x	DSS HSP 210	Assistance Approval.docx	assistance payment.	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
				Form created for housing programs.		
		Client Informed Consent and	Informing and release for participant	BFH and HSP are State funded		
		Release of Information for	information to be added to HMIS	programs that SLO County has opted		
x	DSS HSP 5	HMIS.docx	database for tracking and statistics	into.	New Rec.	HSP and Homeless Assistance Forms
			SLO Housing support intake form.	Form created for housing programs.		
			Gathers all needed info and barriers of	BFH and HSP are State funded		
x	DSS HSP 6	Housing Barrier Assessment.docx	applicant and family members.	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
			Agrement of conditions when approved	Form created for housing programs.		
		Housing Support Program	and accepting assistance from housing	BFH and HSP are State funded		
x	DSS HSP 7	Agreement.docx	programs	programs that SLO County has opted	New Rec.	HSP and Homeless Assistance Forms
				County created form to inform		
		EFC Information for Kin-GAP	Participant informing letter for extended	•		
x	DSS KG 110	before Age 16.docx	Kin-GAP	and gualifification requirements.	New Rec.	KG Forms
		0		Informing notice to applicants of	-	
			Informing notice potential eligiblity to	potential eligibility to extended		
x	DSS KG 255	Kin-GAP Informing Letter.docx	extended KinGap benefits	benefits, criteria and how to inquire.	New Rec.	KG Forms
^	_ 000 200			sector and now to inquire.		
		Request for Extended Kin-GAP	Participant request for extended KinGap	County created form no CalSAWS or		
x	DSS KG 256	Benefits.docx	benefits and verification requested.	State equivalent	New Rec.	KG Forms
^	233 NG 230	Senents.uotx	senents and vernication requested.	County created worker tool to	new nec.	
				determine if recipient qualifies for		
		Kin-GAP Extension	Worker decison tool to detmine if Kin-			
		KIII-GAP EXLENSION	worker decision toor to detimine if KIN-	extended Kin-GAP payments.		
	DSS KG 257	Determination.docx	GAP benefits extend beyond 18 yrs.	Requires supervisor and RM	New Rec.	KG Forms

					County created informing notice that		
					Kin-GAP redetermination is due.		
				Kin-GAP informing notice for participants	s Coverletter is provided with each		
	х	DSS KG 854	Kin-Gap RV Letter.docx	that redertmination is due.	redetermination packet	New Rec.	KG Forms
					Worker tool to track when TMC		
				Tracking tool for TMC eligibility, month 1	- begins and ends for MC. Whe QSRs		
x		DSS MC 118	TMC Worksheet.docx	12	due and questions for continued	New Rec.	Program Budgets & Worksheets
					County created form that is a release		<u> </u>
					of information as well as requesting i	F	
				Document to verify LTC facility trust	LTC individual has a trust account		
x		DSS MC 157	LTC Facility Trust Account.docx	account	with the facility and the balance.	New Rec.	Property Statement and Verification
~~~~~		505 110 157		decount	County created worker tool required		
					by SLO Co. Checklist of all program		Worker Use (Eligibility
		DSS MC 16 LTS	 LTC-INT Long Term Care Intake 	Checklist of all criteria needed to	requirements and also requires		Determination/Tracking) Program
x		INT	Checklist.docx		worker date and signature.	New Dec	Specific Checklists
X		INI	Checklist.docx	approve/deny MC LTC case.	5	New Rec.	Specific Checklists
					County created worker tool required		Werker Hee (Eligibility
					by SLO Co. Checklist of all program		Worker Use (Eligibility
			- LTC-RRR Long Term Care RRR	Checklist of all criteria needed to process	• •		Determination/Tracking) Program
X		RRR	Checklist.docx	MC LTC case redetermination.	worker date and signature.	New Rec.	Specific Checklists
					Staff can enter information about		
					checks received, dates,		
					apportionment and allowable		
x		DSS MC 176-I	I Earned Income Worksheet.docx	MC earned income calucation tool	deductions. Automated worksheet	PA 167	Monthly Earnings Report
					Staff can enter income and expenses		
				Self employment worksheet to	by month to determine the net		
			IA Self Employment	determine net average monthly income	average monthly income using Tax or	CSF XXX	Self-Employment Income Statement
x		DSS MC 176-IA	Worksheet.docx	for MC	self employment documents	CSF XXX	Notice to Self-Employed Individuals
					County created for to inform other		
					counties that a courtesty application		
			Courtesy Application	Courtesy application information letter	was taken in SLO Co. and provide		
×		DSS MC 197	Coversheet.docx	for non SLO Counties.	worker, worker contact, applicant	New Rec.	Fax/Coversheets
*		D33 IVIC 197	coversiteet.docx	for non seo counties.	Staff can inform applicant/recipient	New Rec.	Fax/Coversneets
		DCC NAC 400	LTC Assessed DOLEssing data as	la familia a lattan na anglia a DOL (an LTC	of POI ending date and date MC	New Dee	Manual (December NOA
×		DSS MC 199	LTC Approval - POI Expired.docx	Informing letter regarding POI for LTC	without restrictions begins.	New Rec.	Manual <program> NOA</program>
					Worker request Board and Care rate,		
			Board and Care Expense	Request for information from Board and			
X		DSS MC 209	Verification.docx	Care facility	vs. Rank lawsuit	CSF XXX	Board and Care Statement
					County created document to track		
					DDSD appliations and checklist that		Worker Use (Eligibility
					proper paperwork was received and		Determination/Tracking) Program
x		DSS MC 222	DDSD Checklist.docx	MC DDSD checklist	correct processing of application.	New Rec.	Specific Checklists
					NOA created to send		
					applicants/recipients that a transfer		
					of property created a POI for LTC		
					facilities. Information about the		
				POI for LTC application, transfer of	item, value of transferred property		
x		DSS MC 238	Fair Market Value - POI.docx	property	and ineligibility period.	New Rec.	Property Statement and Verification
^		233 1410 230		property	Informing notice that MC annual		reperty statement and verification
					redetermination has been		
				Informing notice that MC appual			
		DCC MAC 472	DDD Completed down	Informing notice that MC annual	completed. CalWIN will generate	New Dee	Manual (Dragram: NOA
X		DSS MC 473	RRR Completed.docx	determination has been completed.	change NOAs, nothing if no changes	New Kec.	Manual <program> NOA</program>
					Informing notice that MAGI MC		
					annual redetermination has been		
				Informing notice that MAGI MC annual	completed. CalWIN will generate		
x		DSS MC 473-M	M MAGI MC RRR Completed.docx	determination has been completed.	change NOAs, nothing if no changes	New Rec.	Manual <program> NOA</program>

						
				County created form for		
			Participant/Applicant statement of	applicants/recipients to submit		Hunt V. Kizer Medical Bills Approval
x	DSS MC 489	Record of Bills Hunt vs Kizer.docx		unpaid medical bills to reduce SOC.	HK App Letter	Letter
			Approval NOA for MC DDSD Waiver			
X	DSS MC 657	DDS Waiver Approval.docx	program	County specific NOA	New Rec.	Manual <program> NOA</program>
		Minor Consent Approval		County specific NOA for Minor		
X	DSS MC 734	Notice.docx	MC Minor Consent approval	Consent, includes benefits approved	New Rec.	Manual <program> NOA</program>
		Coverletter for TMC Status		County specific informing notice of		Request For Transitional Medi-Cal
x	DSS MC 735	Report.docx	Coverletter provided with TMC QSR	TMC QSR submitting requirement	MC 325	(TMC) Or Four Month Continuing
				County created NOA informing youth		
		Approval of 4M for Former FC	Approval NOA for Former Foster Care	of approval to Former Foster Care		
x	DSS MC 841	Children.docx	Children	Children until at 26.	New Rec.	Manual <program> NOA</program>
				County created NOA to inform		
				recipient that MC is suspended due		
x	DSS MCI 101	Inmate Medi-Cal Suspension.docx	MC NOA for suspension of benefits	being an inmate of a public	New Rec.	Manual <program> NOA</program>
				County created NOA to inform		
				recipient that MC is suspended due		
		Inmate Medi-Cal Suspension	MC NOA for suspension of benefits	being an inmate of a public		
x	DSS MCI 201	Removed.docx	removed.	institution has been removed	New Rec.	Manual <program> NOA</program>
				County form created for individuals		Response to Request to Inspect Cash
		Trafficking and Crime Victim	(TCVAP) Trafficking & Crime Victim	to self declare they have been a		Record CalWORKs, CalFresh, TCVAP,
x	DSS TCV 001	Declaration.pdf	declaration form	victim of human trafficking. County	CW 2213	and Refugee Programs
<u> </u>			TCVAP approval NOA and services	County created NOA for TCVAP		
x	DSS TCV 101	MC TCVAP Approval.docx	approved.	approval. Indicates SOC or no SOC	New Rec.	Manual <program> NOA</program>
	000101101			County created disc NOA for TCVAP		
x	DSS TCV 201	MC TCVAP Discontinuance.docx	TCVAP discontinuance NOA	and listing reason for disc.	New Rec.	Manual <program> NOA</program>
	000101201			County create denial NOA for TCVAP		
Y	DSS TCV 301	MC TCVAP Denial.docx	TCVAP denial NOA	and denial reason	New Rec.	Manual <program> NOA</program>
	000100001		applicant/Recipient can leave written to		New Nee.	Manada shograme Nort
	DSS52	Message To My Worker.docx	to assigned worker	no equivalent	New Rec.	Customer/Worker Contact
	00002	Preferred Language		Written/signed statement selecting		
	x DSS72	Designation.docx	Choice of English or Spanish	language for case.	New Rec.	Language Designation form
	× 05572	Designation.uoex	choice of English of Spanish	no equivalent - Used to determine if	New Nec.	
			automated worksheet to determine	app/recip. Can afford to pay for a		
	DSS827	Needs Budget Worksheet.docx	available income (income vs. expenses)	requested services	New Rec.	Program Budgets & Worksheets
	033627		communication tool for shared client	Document communication between	New Rec.	Behavioral/Mental Health Forms and
	DSS828	Behavioral Health.docx	information	County departments, no equivalent	New Rec.	Referrals
x x	E 18A	CFET ORIENTATION NOTICE	CFET ORIENTATION NOTICE	/ / / /		
X X	E 18A E 41A			NEEDED FORM NOT ON TIER 1 LIST NEEDED FORM NOT ON TIER 1 LIST	New Rec.	CFET Forms/Agreements
X			FSET PARTICIPATION AGREEMENT		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
	E2Lite TANF	Employers Verification of Actual	Hand to contract the second second second	No possible map from dia lista	New Dee	Tracked WTW Activities, Hours,
X	RADEP	Worked Hours	Used to verify actual hours worked.	No possible map found in listing	New Rec.	Exemptions
				Child Removed from home,		
				emergency placement and		
				assistance. Foster Care only. Similar		
X	EA 1	Emergency Assistance Application	Emergency Assistance-Child removed	Form not found on Forms List.	New Rec.	FC Forms
				Completed by head of household or		
				SW and provided to eligibility with		
				necessary information to determine		
				eligibility to the emergency		
			Contains required eligibility information	assistance program - required for		
		÷ ,	to determine Emergency Assistance	Emergency Caregiver Funding (5K/5L		
X	EA 1	for Child Welfare Services	eligibility	and Emergency Assistance (5K) - No	New Rec.	FC Forms
				Emergency Assistance Abatement		
	EA_Abatement	Emergency Assistance/EA	Emergency Assistance Abatement	Request (joint form used by FC and		
v	Reg	Abatement Request	Request (joint form used by FC and CFS)	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.		
		× EBT 3508	EBT ALERT	Mandated State form	The current iFiles index is 1508 FS	New Rec.	Fiscal Forms
		EDD	Work registration card	Disability/Work Reg		Verification	riscari ornis
			0	Disability/ Work Reg		Vermeation	MEDS Related - Clearance, Updates,
			CCAH Emergency MC Update	CCALL Free and a MCLUS data Free		New Dee	
			Form	CCAH Emergency MC Update Form		New Rec.	Requests
		Employee	Employee Timesheet	WTW Participation		Verification	
				The form provides customers	This is an informational notice to		
				information on how and where to submit			is
			Payment Informing Notice	payments.	on the list.	it imaged?	
	x	ES FS 1A	Family Stabilization Screening	WTW Exemptions		New Rec.	Family Stabilization Forms and Docs
	x	ES FS 1B	Family StabilizationDetermination	WTW Exemptions		New Rec.	Family Stabilization Forms and Docs
	x	ES FS 2	Family Stabilization Plan	WTW Plans		New Rec.	Family Stabilization Forms and Docs
	x	ESEPWEX	Paid Work Experience	WTW Participation		New Rec.	WTW Agreements, Assessments, etc.
		ETA 9062	Conditional Certification - WOTC	WOTC	State Form	New Rec.	Vendor Agreements and Forms
						Verification	0
v		ETA Form 9062	Work Opportunity Tax Credit	Work Opportunity Tax Credit	State Form	Dept. of labor form	
<u>. </u>		Eviction Docs	work opportunity fax credit	work opportunity tax credit	State Form		
			Existing Descentibility of the Annual			New Dee	
<u>(</u>	X		Eviction Docs with Homeless App	Homeless		New Rec.	HSP and Homeless Assistance Forms
		Exparte M/C					
	x		Exparte M/C Referral- Disc FC	Applications/SOF/ICT		New Rec.	FC Forms
٨			Home Call Letter	HVP Program	Assembly Bill 1811	New Rec.	Home Visit Forms
	x	F063-02-747	Backward Mapping	GOAL SETTING TOOL	CW 2.0	New Rec.	CW 2.0 Forms
c		F063-02-748	Getting to Know You	GOAL SETTING TOOL	CW 2.0	New Rec.	CW 2.0 Forms
		F063-02-749	Goal Storming	GOAL SETTING TOOL	CW 2.0	New Rec.	CW 2.0 Forms
		F063-02-750	My Goal Plan	GOAL SETTING TOOLS	CW 2.0	New Rec.	CW 2.0 Forms
		F063-02-751	My Road Map	GOAL SETTING TOOLS	CW 2.0	New Rec.	CW 2.0 Forms
			Needs Assessment	GOAL SETTING TOOLS	CW 2.0	New Rec.	CW 2.0 Forms
			Quality of Life	GOAL SETTING TOOLS	CW 2.0	New Rec.	CW 2.0 Forms
		1000 02 700		00/12/02/11/10/10/02/0	e-form used by Foster Care Intake ETs		
				Emergency Assistance Abatement	internally to request for Emergency		
		5052 20 141	ACE Destruct		, , , , , , , , , , , , , , , , , , , ,	New Dee	FC Forms
	X	F063-29-141	ACE Request	Request (e-form used by FC Intake)	Assistance funding abatements	New Rec.	FC FORMS
					Form not available from the state.		
			Adoption and Sate Family		Used for tracking compliance of		
			Act/ASFA Court Findings	Adoption and Safe Family Act Court	initial court findings required for all		
	x	F063-29-38	Worksheet	Findings Worksheet	state and federal FC cases	New Rec.	Program Budgets & Worksheets
					Form not available from the state.		
				Adoption and Safe Family	Used for tracking ongoing court		
			Adoption and Sate Family	Act Permanency Planning	permancy planning findings required		
	x	F063-29-39	Act/ASFA Ongoing Court Findings	Hearing Worksheet	for all federal FC cases	Court/Hearings Document	Fair Hearing Forms
			· · · · · · · · · · · · · · · · · · ·		Form not available from the state.		
					Used by Intake ET as a		
			Adoption Assistance Program/AAP		checklist when initiating the case		
	x	F063-29-41	Intake Case Recording Sheet	AAP Intake Case Recording Sheet	to ensure all required	Other county drawer - AAP	
	^	1003-23-41	make case necoluling sheet	wa make case necoluling sheet	Form not available from the state.	other county unawer - AAP	
			Adaption Assists D (115		Used by ET as a RRR checklist to		
			Adoption Assistance Program/AAP		ensure all required		
	x	F063-29-56	Case Recording Sheet	AAP Reassessment Case Recording Sheet		Other county drawer - AAP	
					Form not available from the state.		
					Form is used by Group Homes (GH)		
					to record the number of days the		
			Adoption Assistance Program/AAP	Adoption Assistance Program (AAP)	to record the number of days the adopted child is in their facility. GH		

				Form not available from the state.		
				Used by CFS Social Workers to notify		
		Adoption Assistance Program/AAP	,	Eligibility of a Wraparound		
x	F063-29-88	Wraparound Application Request	AAP Wraparound Application Request	application for a foster child	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		
x	F063-30-968	Home Visiting Program (HVP)	HVP Program	impact of home visiting services with	New Rec.	Home Visit Forms
			Foster Care Payment Proration			
x	F063-31-12	Budget Proration Worksheet	Worksheet	Calculates FC Prorated payment	New Rec.	Program Budgets & Worksheets
			Attendance form for providers to			
		Home Visiting Program (HVP)	complete and allow WTW hours for	Home Visiting Program (HVP) WTW		
x	F063-41-440	WTW Attendance	participating in HVP	Attendance	New Rec.	Home Visit Forms
<u> </u>				Used to enroll/disenroll FC children		
		Managed Care Disenrollment		form managed healthcare plans - no		
x	FC 110	-	Disenrollment request		Now Poc	FC Forms
X	FC 110	request	Disentonment request		New Rec.	
				Used to communicate between FC		
Х	FC 120	EFC Transmittal Form	Communication form	EW and SW. no comparable form	New Rec.	Worker/Worker Contact
		Unemployment Deprivation		Used to determine unemployment		
X	FC 282	worksheet	Worksheet	deprivation - no comparable form	New Rec.	FC Forms
	FC 3 A			Used to determine correct FC		
x	(Supplement)	AFDC-FG/U Worksheet	Worksheet	payment - no comparable form	New Rec.	Program Budgets & Worksheets
			FC form when a clothing allowance is	Form is specific to county Foster care		
x	FC 30-26	Clothing Allowance Authorization	requested	program	New Rec.	FC Forms
		Legal Guardianship Service	FC form when referring LG to service	Form is specific to county Foster care		
x	FC 30-35	Referral	worker	program	New Rec.	Non-Fraud Referral or Request
		helena	FC form used to become rep. payee of	Form is specific to county Foster care		Non Hada Nelena of Request
x	FC 34-4	Trust Referral	benefits		New Rec.	FC Forms
^	10 34-4	Stepparent encluded parent		Form is specific to county Foster care	New Rec.	Teronins
	56 40 20		FC form when a stepparent reside with		New Dee	Des serves Developets Q Mandrahasta
х	FC 40-20	Budget worksheet	family	program	New Rec.	Program Budgets & Worksheets
			FC form for caregivers that want funding			
			deposited directly into their bank	Form is specific to county Foster care		Direct Deposit Application
X	FC 40-79	Direct Deposit Application form	accounts.	program	DCFS 6040	Instructions
				Form is specific to county Foster care		
X	FC 45-16	Foster Budget Authorization	FC authorization of funding	program	New Rec.	Program Budgets & Worksheets
				Form is specific to county Foster care		
х	FC 45-16	Renewal Determination	FC form when re-determining eligibility	program	FFY PACKET	Former Foster Youth Packet
				Form is specific to county Foster care		
x	FC 45-3	Eligibility Referral	FC form when case is approved	program	New Rec.	FC Forms
		· ·	FC form to enter new caregivers in	Form is specific to county Foster care		
×	FC 45-3A	Add Provider	Calwin	program	New Rec.	FC Forms
<u>^</u>				Form is specific to county Foster care		Application, Intake, or Screening
x	FC 45-41	LG Application Clearance Sheet	FC form used for application registration	program	New Rec.	Tools
Λ	104341	Verification of Receipt of Foster	FC caregivers need income verification of	• •	New net.	10013
	FC FO 10		-		New Dee	
X	FC 50-10	Care Income	funding	program	New Rec.	FC Forms
			FC form to send case documents to	Form is specific to county Foster care		
X	FC 50-20	Imaging Form	webfiles		New Rec.	FC Forms
		Foster Care/Kin-GAP/ARC/Medi-		Used to communicate between EWs		
x	FC 700 FC 701	Cal communication	Communication form	and SW. no comparable form	New Rec.	FC Forms
				Used to communicate between SIA		
		Notification of Supplemental		unit and EW regardign receipt of		
x	FC 808A	Income	Communication form	SSI/SSA - no comparable form	New Rec.	FC Forms

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				Used to inform auditing a provider		
		Auditing Referral - Unable to		was sent a NOA and it was returned -		
X	FC 920	Locate Debtor	Communication form	no comparable form	New Rec.	Non-Fraud Referral or Request
				Used by district manager to track		
				information in regards to the		
х	FC 930	Informal Hearing Narrative	Tracks hearing information	informal hearing process - no	Court/Hearings Document	Fair Hearing Forms
				Used by Supervisor to communicate		
				request for a hearing by a provider -		
х	FC 960	Informal Hearing Request	Communication form	no comparable form	Court/Hearings Document	Fair Hearing Forms
	FC 964 Eng &			Used for voluntary repayrmnt of		FISCAL Voluntary Repayment
x	SP	Repayment Agreement	Repayment	Foster Care payment - no	DCFS 6025	Agreement
		· · ·		Used to inform auditing of need to		
				balance an overpayment with an		
x	FC 970	Balancing Notice	Overpayment balance	underpayment - no comparable form	New Rec	FC Forms
		EDUCATIONAL TRAVEL		REIMBURSEMENT OF TRAVEL		
v		REIMBURSEMENT	EDUCATIONAL TRAVEL REIMBURSEMENT		New Rec.	Transportation Forms
^	ICLINI			DETERMINE LEVEL OF CARE NEEDED	new net.	Hansportation Forms
×	FC LOC 1	LOC FORM	LEVEL OF CARE SCORE SHEET	FOR CHILD IN FOSTER CARE	Now Poc	FC Forms
X					New Rec.	reromis
		Non Minor Dependent Needs	NMD form to request additional	Form is specific to county Foster care		FC Forms
Χ	FC NMD	Letter			New Rec.	FC Forms
			LISTS INCOME/ASSETS OF PARENTS OF	USED IN DETERMINING ELIGIBILITY		
x	FC Q1	FOSTER CARE QUESTIONNAIRE	CHILD	FOR THE FOSTER CARE PROGRAM	New Rec.	FC Forms
				ACCEPTANCE OF RESPONSIBILITY OF		
X		NREFM PLACEMENT AGREEMENT		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
				DETERMINE ELIGIBILITY FOR WRAP		
X	FC SB 163	REQUEST FOR WRAP SERVICES	REQUEST FOR WRAP SERVICES	SERVICES	New Rec.	FC Forms
				REQUEST FOR COUNTY TO BECOME		
X	FC SSA 11	SSA PAYEE REQUEST	SSA PAYEE REQUEST	SSA PAYEE FOR FOSTER CARE CHILD	New Rec.	FC Forms
			Contains case status information for			
			eligibility transfer from one county to	Completed by CBS when the		
			another; provides contact information,	jurisdiction of the case was		
		Notification of AFDC-Foster Care	case level information and date of	transferred from one county to		
x	FC18	Transfer	transfer	another - No Match	New Rec.	FC Forms
Х	FH Template	Fair Hearings Template	Fair Hearings Template		Court/Hearings Document	Fair Hearing Forms
х		Fair Hearings Outline	FH-002 Fair Hearings Outline		Court/Hearings Document	Fair Hearing Forms
		Fair Hearings Decision Interoffice	FH-014 Fair Hearings Decision Interoffice		· •	-
х		Memo	Memo		Court/Hearings Document	Fair Hearing Forms
		-	-		.,	
х	FH-017	Fair Hearings Compliance Form	FH-017 Fair Hearings Compliance Form		Court/Hearings Document	Fair Hearing Forms
Λ	Fictitious					
x		Fictitious Business Name Stmt	WTW Employment		Verification	
^		30-Day Notice	States that payment is 30 days late	For collection purposes - no match	CSF XXX	Demand Letter for Overpayment
		Monthly Statement Generated By	States that payment is 50 days late	Statement of Collections - Possible		Demand Letter for Overpayment
			Dilling statement generated buildes		Now Boo	Fiscal Forms
	Fiscal	VACS	Billing statement generated by VACS	match with "Billing Statement"	New Rec.	Fiscal Forms
	Final	Notice Descint of Internet	Informs that the Fed Tax Refund has	Needed to begin collection process -	New Dee	Final France
	Fiscal	Notice Receipt of Intercept	been intercepted	No Match	New Rec.	Fiscal Forms
	·		Notification of overissuance (generated	Notification of overissuance to begin		
	Fiscal	Notice of Action	by VACS)	the collections process - No match	New Rec.	Manual <program> NOA</program>
				Needed to capture terms of		GA/GR Repayment
X		Repayment agreement	Captures terms of repayment agreement		New Rec.	Agreements/Forms
		60-Day Notice	States that payment is 60 days late	For collection purposes - no match	CSF XXX	Demand Letter for Overpayment
		Guardian Responsibilities and	FC information of reporting	Form is specific to county Foster care		
х	Form # 45-51	Rights	responsibilities	program	New Rec.	FC Forms
			Request for verifications from relative	Form is specific to county Foster care		
x	Form # 45-57A	Foster Care Need Letter-Relatives	placement	program	New Rec.	FC Forms

			Statement under Denelts of	Lload for substitution for a missing Dirth	Form is encodifie to equate Forton core		Affide the Desuments U.C.
			Statement under Penalty of	Used for substitution for a missing Birth	Form is specific to county Foster care		Affidavit To Document: U.S
X		Form # 56-1	Perjury	certificate	program	PA 853-1	Citizenship, Identity And Birth
		Ferre 079	Initial contact with elaimont	County form	This form documents Initial contact		Fair Lleaving Farme
	X	Form 078	Initial contact with claimant	County form	with Appeals claimant	Court/Hearings Document	Fair Hearing Forms Worker Use (Eligibility
		Form 2128					Determination/Tracking) Program
			CAAD Into he Cheelist	CAAD lately Charlelist	No susticidade in devidinte dire ColCAMAC	Navy Data	
X		REV 10-01-18	CAAP Intake Checklist	CAAP Intake Checklist	No available index listed in CalSAWS	New Rec.	Specific Checklists
		Form 2146			These is an index for CA	Navy Data	Application, Intake, or Screening
X		REV 05-23-19 Form 2274	CAAP TB Screening Referral	CAAP TB Screening Referral	There is no index for GA	New Rec.	Tools
X		REV 01-01-19	CAAP Homeless Client Agreement	CAAP Homeless Client Agreement	No available index listed in CalSAWS	New Rec.	GA/GR Other Forms
		Form 2275			No susticidade in devidinte dire ColCAMAC	Navy Data	
X		Form 2502	CAAP Benefit Package Disclosure	CAAP Benefit Package Disclosure	No available index listed in CalSAWS	New Rec.	GA/GR Other Forms
				1/1D Outsource Descent	No index for CA		
		REV 08-01-18	VIP Outcome Report	VIP Outcome Report	No index for GA		
		F 4040	State Hearing/ Aid Paid Pending	County form	This form documents State Hearing/	Count (I I count of Decount of De	Fair Hander Fame
	х	Form 4010	Status	County form	Aid Paid Pending Status	Court/Hearings Document	Fair Hearing Forms
		Form C105	ColEroch Intonview Follower		Inform customer of their		Your Rights Under California Welfare
X		Form 6105	CalFresh Interview Followup		responsibilities post-interview.	PUB 13	Programs
					This form is mailed out to company		Delana of lafe we the fill it
				a	to request verfication regarding Asset		Release of Information - Financial
)	× Form 801	Asset Distribution Verification	County Form	distribution for IRS Asset Match	CW 60	Institution
					This form is mailed out to Bank to		
					request verfication regarding bank		Release of Information - Financial
)	× Form 926	Bank Verification	County Form	accounts for IRS Asset Match	CW 60	Institution
					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		
		Form 963 FTI	FTI Asset Match Client Letter	County Form	reported by the Franhise Tax Board.	New Rec.	Fiscal Forms
					This form is a client contact letter for		
					BEER Match on out-of-state wages,	Can employment verification	
		Form 963			military wages, feferal wages and self		
		SelfEmployed	BEER Match Cleint Letter	County Form	employment wages.	New Rec.	Customer/Worker Contact
					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		
			Out of State EBT Transaction		sends the form back to indicate what		
		Form 975	Response form	County Form	case action was taken	New Rec.	Fiscal Forms
		Free Medical				What info is on this? Is this	
X		and Dental	Free Medical and Dental Exams	Applications/SOF/ICT		imaged? Is it a MC application?	
x		FSP 4	FSP Progress Report	WTW Plans		New Rec.	Family Stabilization Forms and Docs
					Form is specific to county Foster care		
×		G-845	Prucol	FC form used for undocumented youth	program	G-845	Document Verification Request
					Repayment of potential SSA, Pension,		
					etc. Monies granted to customer to		
					repay County of Stanislaus for		GA/GR Repayment
X		GA 1	Affidavit and Promissory Note	Legal Document-Promise to Pay	monies used from General Fund	New Rec.	Agreements/Forms
			Application for General Assistance		Specific to county business process		
x		GA 1	(English/Spanish)	GA Application	for GA	New Rec.	GA/GR Application

				Application related documents;		
				exisiting CalSAWS documents are too		
				specific to index to. In order to meet		
X	GA 1	Application for GA	Application	county needs we need generic	New Rec.	GA/GR Application
				manual budget worksheet used when	1	
				budget is incorrect in System or		
				manual budget needs to be		
		General Assistance Budget		calculated- exisitng CalSAWS		
X	GA 10	Worksheet	Budget Worksheet	Documents do meet these needs	New Rec.	Program Budgets & Worksheets
				manual budget worksheet used when	1	
				budget is incorrect in System or		
				manual budget needs to be		
		General Assistance Budget		calculated- exisitng CalSAWS		
x	GA 10 H	Worksheet – Homeless	Budget Worksheet	Documents do meet these needs	New Rec.	Program Budgets & Worksheets
				Application related documents;		
				exisiting CalSAWS documents are too		
		Statement Of Facts For General		specific to index to. In order to meet		
x	GA 100	Assistance	Application	county needs we need generic	New Rec.	GA/GR Application
		Disabled Discontinuance NOA		Specific to county business process		••
x	GA 10d	(English/Spanish)	GA Disabled Disc NOA	for GA	New Rec.	Manual <program> NOA</program>
		Employable Discontinuance NOA		Specific to county business process		0
Х	GA 10e	(English/Spanish)	GA Employable Disc NOA	for GA	New Rec.	Manual <program> NOA</program>
				General Assistance Hearing		
				appointment; exisiting CalSAWS		
		Non-Automatic GA Hearing-		Documents are too specific to other		
x	GA 1123	Appointment Slip	GA Hearing	GA/GR programs and do not meet	Court/Hearings Document	Fair Hearing Forms
				Form is used for OP/OI and UI/UP		
				purposes; exisiting CalSAWS		
				categories are too specific to		
		General Assistance Overnavment	Overpayment/Overissuance/Underpaym			
x	GA 157	Computation Worksheet	ent/Underissuance	county. A general category is being	New Rec.	Program Budgets & Worksheets
~	0,120,			Form is used for SSI Advocacy		
				purposes; exisiting CalSAWS		
				categories are too specific to		
		SSI Advocacy Communication		processes not utilized at Santa Clara		
x	GA 16	Form	SSI Advocacy	•	New Rec.	Customer/Worker Contact
^	07.10			There needs to be a generic		castomer worker contact
				miscellaneous category for		
				documents that do not index to any		
				of the exisitng exisitng CalSAWS		
		General Assistance Mandatory		Documents and it does not make		GA/GR Repayment
v	GA 18	Billing Form	Miscellaneous	business sense to create a new	New Rec.	Agreements/Forms
λ	61 AU		wiscelldlieuus	Notice of Action for County specific	INEW REL.	Agreements/romits
	CA 19 A	Notice to Escility Operator	Notice of Action	program (GA); exisiting CAISAWS	Now Poc	Manual (Programs NOA
	GA 18 A	Notice to Facility Operator	Notice of Action	forms do not meet business needs.	New Rec.	Manual <program> NOA</program>
	C 4 2	GA Appointment Letter	CA Associatement Letter	Specific to county business process	New Dee	CA/CD Application
X	GA 2	(English/Spanish)	GA Appointment Letter	for GA	New Rec.	GA/GR Application
				Client's request for General		
				Assistance Hearing; exisiting		
		Request For General Assistance		CalSAWS Documents are too specific		
Х	GA 20	Hearing	GA Hearing	to other GA/GR programs and do not	Court/Hearings Document	Fair Hearing Forms
				Notice of Action for County specific		
				program (GA); exisiting CAISAWS		
	GA 201	GA- Transportation Approval	Notice of Action	forms do not meet business needs.	New Rec.	Manual <program> NOA</program>

				Clients withdrawal of General		
				Assistance Hearing request; exisiting		
				CalSAWS Documents are too specific		
		Withdrawal Request for GA		to other GA/GR programs and do not		Withdrawal/Conditional Withdrawals
x	GA 21	Hearing	GA Hearing	meet the needs of Santa Clara	DPA 315	of Request for Hearing
				Notice of Action for County specific		
				program (GA); exisiting CAISAWS		
x	GA 239	General Assistance Program	Notice of Action	forms do not meet business needs.	New Rec.	Manual <program> NOA</program>
		Job Search and Video		Specific to county business process		GA/GR Work Related and Activities
x	GA 3	(English/Spanish)	Job Search and Video Verif		New Rec.	Forms
x	GA 30	GA Budget Worksheet	GA Budget Worksheet	Specific to county business process	New Rec.	Program Budgets & Worksheets
				Form is used for Vocational Services		
				purposes; exisiting CalSAWS		
				categories are too specific to		
		General Assistance Job Search		processes not utilized at Santa Clara		GA/GR Work Related and Activities
x	GA 30	Control	Vocational Sevices	county. A general category is being	New Bec	Forms
A	GNGO	control	Vocational Sevices	notice to the client of General	new nee.	Tornis
				Assistance Hearing outcome;		
				exisiting CalSAWS Documents are too		
				specific to other GA/GR programs		Notice of Hearing Decision - General
	CA 2200	Non-Automatic GA Hearing	CAllegring		ADD 1700	Relief & GROW
X	GA 3300	0	GA Hearing	and do not meet the needs of Santa	ABP 1768	
		Job Search Requirements		Specific to county business process		GA/GR Work Related and Activities
X	GA 3a	(English/Spanish)	Job Search Requirements	for GA	New Rec.	Forms
						General Relief Rights and
		Rights and Responsibilities			GR 21	Responsibilities
X	GA 4	(English/Spanish)	Rights and Responsibilities		GR RR SAWS 2 PLUS	SAWS II PLUS with the GR Rights and
				General Assistance Hearing Admin		
				review decision document; exisiting		
				CalSAWS Documents are too specific		
		General Assistance Administration	/e	to other GA/GR programs and do not		
x	GA 40	Review by Director	GA Hearing	meet the needs of Santa Clara	Court/Hearings Document	Fair Hearing Forms
				Application related documents;		
				exisiting CalSAWS documents are too		
		Director's Exception Request -		specific to index to. In order to meet		
	GA 5	Individual	Application	county needs we need generic	New Rec.	GA/GR Other Forms
		EDD Registration Verification		Specific to county business process		GA/GR Work Related and Activities
x	GA 5	(English/Spanish)	EDD Registration Verification	for GA	New Rec.	Forms
		- · · ·		Application related documents;		
				exisiting CalSAWS documents are too		
		Director's exception Request -		-		
				specific to index to. In order to meet		
	GA 5 F		Application	specific to index to. In order to meet county needs we need generic	New Rec.	GA/GR Other Forms
	GA 5 F	Family	Application	county needs we need generic	New Rec.	GA/GR Other Forms
	GA 5 F		Application	county needs we need generic Form is used for Vocational Services	New Rec.	GA/GR Other Forms
	GA 5 F		Application	county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS	New Rec.	GA/GR Other Forms
	GA 5 F	Family	Application	county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to	New Rec.	GA/GR Other Forms
		Family Eligibility Worker/Vocational		county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara		
	GA 5 F X GA 53	Family	Application Vocational Sevices	county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being	New Rec.	GA/GR Other Forms Worker/Worker Contact
		Family Eligibility Worker/Vocational		county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being Form is used to request verification;		
		Family Eligibility Worker/Vocational		county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being Form is used to request verification; exisiting CalSAWS categories are too		
		Family Eligibility Worker/Vocational		county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at		
	X GA 53	Family Eligibility Worker/Vocational Services Communication	Vocational Sevices	county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general	New Rec.	Worker/Worker Contact
		Family Eligibility Worker/Vocational		county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested		
	X GA 53	Family Eligibility Worker/Vocational Services Communication	Vocational Sevices	county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested Form is used to request verification;	New Rec.	Worker/Worker Contact
	X GA 53	Family Eligibility Worker/Vocational Services Communication	Vocational Sevices	county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested	New Rec.	Worker/Worker Contact
	X GA 53	Family Eligibility Worker/Vocational Services Communication	Vocational Sevices	county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested Form is used to request verification;	New Rec.	Worker/Worker Contact
	X GA 53	Family Eligibility Worker/Vocational Services Communication	Vocational Sevices	county needs we need generic Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested Form is used to request verification; exisiting CalSAWS categories are too	New Rec.	Worker/Worker Contact

				Form is used to request verification;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Sponsored Non Citizen Control		Santa Clara county. A general		
	x GA 60	Sheet	Verification request	category is being requested	New Rec.	Sponsor Related Forms
				This form is a client request or		
				agreement; county business needs		
				require a generic category; exisitng		
				CalSAWS documents do contain a		
x	GA 66	Home Visit Request	Client Request/Agreement	general request and/or agreement	New Rec.	Home Visit Forms
A	0/100	Home visit nequest	eliciti nequest/ igreement	Form is used for Vocational Services	New Nee.	Home visit forms
				purposes; exisiting CalSAWS		
				categories are too specific to		
				processes not utilized at Santa Clara		
X X	GA 68	Monthly Attendance Report	Vocational Sevices	county. A general category is being	New Rec.	GA/GR Monthly Reports
X	GA 8	Grant NOA (English/Spanish)	GA Grant NOA	Specific to county business process	New Rec.	Manual <program> NOA</program>
				Notice of Action for County specific		
				program (GA); exisiting CAISAWS		
	GA 8	Standard failure to respond Letter	Notice of Action	forms do not meet business needs.	New Rec.	Manual <program> NOA</program>
х	GA 9	Denial NOA (English/Spanish)	GA Denial NOA	Specific to county business process	New Rec.	Manual <program> NOA</program>
				Form is used for Vocational Services		
				purposes; exisiting CalSAWS		
				categories are too specific to		
		Public Works Job Assignment and		processes not utilized at Santa Clara		GA/GR Work Related and Activities
x x	GA 9	Time Sheet	Vocational Sevices	county. A general category is being	New Rec.	Forms
A	GR 5	Time Sheet	vocational sevices	Form is used to request verification;	New Nec.	Tomis
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Appointment Notice for Medical		Santa Clara county. A general		
	x GA 919	Verification	Verification request	category is being requested	New Rec.	Appointment Letter
				Specific to county business process		Specialized Supportive Services
X	GA 936	SSI/SSP Referral Letter	GA SSI/SSP Referral Letter	for GA	SSS SSIAP	SSI/SSP Advocacy Program Referral
	GA Budget			County created automated excel		
x x	Worksheet	GA Budget Worksheet.xlsx	GA grant determination worksheet	worksheet to determine GA grant	New Rec.	Program Budgets & Worksheets
			Used to request authorization from a			
		GAIN REP Job Development	participant to facilitate provision of Job			
		Authorization for Release of	Development services and referrals to			Applicant's Authorization for Release
x	GAIN 251	Information	employers.	No possible map found in listing	ABCDM 228	of Information
x	GAIN 51	GAIN Property Statement		No possible map found in listing	New Rec.	Property Statement and Verification
			Used to request documentation from a			
			osed to request documentation nom a			
		BPPE Exemption Status Request				Tracked WTW Activities. Hours.
x	GAIN 64	BPPE Exemption Status Request Letter	private school of its accreditation or	No possible map found in listing	New Rec.	Tracked WTW Activities, Hours, Exemptions
x	GAIN 64	BPPE Exemption Status Request Letter	private school of its accreditation or exempt status.	No possible map found in listing	New Rec.	Exemptions
x	GAIN 64		private school of its accreditation or exempt status. Form must be completed when a			Exemptions EBT Service Request
×		Letter	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the	Possible Map: EBT 9 - EBT Service	EBT 9	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit
x	GAIN 64 GAIN EBT -9		private school of its accreditation or exempt status. Form must be completed when a	Possible Map: EBT 9 - EBT Service Request		Exemptions EBT Service Request
xx		Letter EBT Service Request	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the	Possible Map: EBT 9 - EBT Service Request Letter of Guardianship and	EBT 9	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit
xx	GAIN EBT -9	Letter EBT Service Request Guardianships and	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the EBT card.	Possible Map: EBT 9 - EBT Service Request Letter of Guardianship and Conservatorships Probate. Similar	EBT 9 TEMP 2202	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request
xx		Letter EBT Service Request Guardianships and Conservatorships Probate	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the EBT card. Court Documents	Possible Map: EBT 9 - EBT Service Request Letter of Guardianship and Conservatorships Probate. Similar Form not Found on Forms List.	EBT 9	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit
xx	GAIN EBT -9	Letter EBT Service Request Guardianships and Conservatorships Probate IHSS Retroactively Adjusted Medi-	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the EBT card. Court Documents	Possible Map: EBT 9 - EBT Service Request Letter of Guardianship and Conservatorships Probate. Similar Form not Found on Forms List. Request reimubursment to provider	EBT 9 TEMP 2202	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request
xx	GAIN EBT -9 GC 150	Letter EBT Service Request Guardianships and Conservatorships Probate IHSS Retroactively Adjusted Medi- Cal Share of Cost; IHSS Provider	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the EBT card. Court Documents	Possible Map: EBT 9 - EBT Service Request Letter of Guardianship and Conservatorships Probate. Similar Form not Found on Forms List. Request reimubursment to provider for IHSS wages due to decrease in	EBT 9 TEMP 2202 New Rec.	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request
x	GAIN EBT -9 GC 150 Gen 1384	Letter EBT Service Request Guardianships and Conservatorships Probate IHSS Retroactively Adjusted Medi- Cal Share of Cost; IHSS Provider Wage Reimbursement Claim Form	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the EBT card. Court Documents Mandated State form	Possible Map: EBT 9 - EBT Service Request Letter of Guardianship and Conservatorships Probate. Similar Form not Found on Forms List. Request reimubursment to provider	EBT 9 TEMP 2202 New Rec. Other county drawer - IHSS	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request FC Forms
xx	GAIN EBT -9 GC 150	Letter EBT Service Request Guardianships and Conservatorships Probate IHSS Retroactively Adjusted Medi- Cal Share of Cost; IHSS Provider Wage Reimbursement Claim Form EW Note - Exemption Status	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the EBT card. Court Documents	Possible Map: EBT 9 - EBT Service Request Letter of Guardianship and Conservatorships Probate. Similar Form not Found on Forms List. Request reimubursment to provider for IHSS wages due to decrease in	EBT 9 TEMP 2202 New Rec.	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request
x	GAIN EBT -9 GC 150 Gen 1384	Letter EBT Service Request Guardianships and Conservatorships Probate IHSS Retroactively Adjusted Medi- Cal Share of Cost; IHSS Provider Wage Reimbursement Claim Form EW Note - Exemption Status Family Reunification Housing	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the EBT card. Court Documents Mandated State form WTW Exemptions	Possible Map: EBT 9 - EBT Service Request Letter of Guardianship and Conservatorships Probate. Similar Form not Found on Forms List. Request reimubursment to provider for IHSS wages due to decrease in	EBT 9 TEMP 2202 New Rec. Other county drawer - IHSS	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request FC Forms Customer/Worker Contact
xx	GAIN EBT -9 GC 150 Gen 1384	Letter EBT Service Request Guardianships and Conservatorships Probate IHSS Retroactively Adjusted Medi- Cal Share of Cost; IHSS Provider Wage Reimbursement Claim Form EW Note - Exemption Status	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the EBT card. Court Documents Mandated State form WTW Exemptions Request for Family Reunification	Possible Map: EBT 9 - EBT Service Request Letter of Guardianship and Conservatorships Probate. Similar Form not Found on Forms List. Request reimubursment to provider for IHSS wages due to decrease in Medi-Cal SOC.	EBT 9 TEMP 2202 New Rec. Other county drawer - IHSS	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request FC Forms Customer/Worker Contact Emergency Assistance to Prevent
x x	GAIN EBT -9 GC 150 Gen 1384	Letter EBT Service Request Guardianships and Conservatorships Probate IHSS Retroactively Adjusted Medi- Cal Share of Cost; IHSS Provider Wage Reimbursement Claim Form EW Note - Exemption Status Family Reunification Housing	private school of its accreditation or exempt status. Form must be completed when a participant makes a repayment using the EBT card. Court Documents Mandated State form WTW Exemptions	Possible Map: EBT 9 - EBT Service Request Letter of Guardianship and Conservatorships Probate. Similar Form not Found on Forms List. Request reimubursment to provider for IHSS wages due to decrease in Medi-Cal SOC.	EBT 9 TEMP 2202 New Rec. Other county drawer - IHSS	Exemptions EBT Service Request Cash Aid / CalFresh Electronic Benefit Transfer - EBT Service Request FC Forms Customer/Worker Contact

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			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			
		Identification of a Particinant with	the FP GSW of a subsequent Multi-			
		Family Reservation Program	Disciplinary Case Planning Committee			
x x	GN 2016	Needs	meeting.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	0.1 2010	Important Notice to Transitional				
		Subsidized Employment	Form used to notify participants that			
x	GN 45	Participants	falsifying timecards is considered fraud.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
			Document received from educational			
			service providers indicating the			
			participants required educational			
x	GN 5-2	Educational Plan	courses.	No possible map found in listing	New Rec.	Student/College Related Forms
			GN 6007 is completed by contracted			
			service providers to notify the GSW/CCM	i		
		Notification of Change from	of participation changes for all			
x	GN 6007	Service Provider	CalWORKs participants.	No possible map found in listing	New Rec.	Manual <program> NOA</program>
			Form is completed by service providers			
			to notify WTW staff of changes in the			
		Notification of Change from	participant's ability to participate full-			
		Specialized Supportive Services	time or concurrently in other WTW			
x	GN 6007A	Provider	activities.	No possible map found in listing	New Rec.	Manual <program> NOA</program>
			This form is completed by the treatment			
			service providers to notify the GSW /			
			CCM whenever a CalWORKs participant			
			is no longer receiving treatment services			
		CalWORKs Supportive Services	at their agency, such as dropped-out,			
x x	GN 6007B	Enrollment Termination Notice	change of provider, or completed.	No possible map found in listing	New Rec.	Manual <program> NOA</program>
			This form is completed by the contracted			
			service provider indicating the			
		GAIN Vocational/Career	participant's employment plan which			
X	GN 6013	Assessment Disposition	includes two employment goals.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
			This form is completed by the contracted	4		
			This form is completed by the contracted			
		GAIN Vocational Assessment	service provider indicating the participant's employment plan, including			
x	GN 6014	Summary and Employment Plan	any disclosed barriers.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
^	014 0014	Summary and Employment Pidit	any disclosed barriers.	The possible map round in itsuing		Agreements, Assessments, etc.
			Used by the contracted service provider			
		GAIN Career Assessment	indicating the participant's Career			
x	GN 6014A	Summary and Career Plan		No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	5.1.0021					
			Used when the case is being transferred			
x	GN 6042	Inter-region transfer transmittal	from one Region to another.	No possible map found in listing	CSF XXX	Inter-Office Case Assignment
			This document is completed when a			
		GAIN Inter-County Transfer	participant is going to be transferred to			
x	GN 6044	Notification Document	another county.	No possible map found in listing	New Rec.	ICT Forms
			Notice sent when a participant fails to			
		Overpayment Notice:	provide a receipt for specific			
	GN 6046-T	Transportation Expenses	transportation issueances.	No possible map found in listing	New Rec.	
X	GIN 0040-1	fransportation expenses	transportation issueances.	No possible map found in listing	New Rec.	Manual <program> NOA</program>

r						
			Notice sent when a participant is a no			
		Underpayment/Overpayment	show to a WtW activity and			
X	GN 6046-TN	Notice: Transportaion Expenses	transportation was issued.	No possible map found in listing	New Rec.	Manual <program> NOA</program>
			The Departies Angeliantics is a deviate and			
			The Practice Application is administered			
			to participants during Orientation by the			
			Appraisal and Motivation Services			
			contractor to identify participants who			
x	GN 6143-1	Practice Application	may be illiterate.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
			This is a gram used by GAIN and REP			
			contracted staff and DPSS County			
			Issuance Approval (CIA) staff for			Worker Use (Eligibility
			authorizing participant's ancillary			Determination/Tracking) Program
X	GN 6162	Ancillary Checklist/Gram	request.	No possible map found in listing	New Rec.	Specific Checklists
			This is a gram used by GAIN and REP			
			contracted staff and DPSS County			
			Issuance Approval (CIA) staff for			
			authorizing participant's exemption			Tracked WTW Activities, Hours,
x	GN 6164	Potential Exemption Gram	request.	No possible map found in listing	New Rec.	Exemptions
		Early Compliance Phone Call	Tracking sheet used by GSWs/CCMs to			
x	GN 6175	Tracking Sheet	track early compliance calls.	No possible map found in listing	New Rec.	Customer/Worker Contact
			Used between the GAIN Regions and			
			District Offices to communicate			
x x	GN 6184	CalWORKs Notice of Change	participant changes.	No possible map found in listing	New Rec.	Worker/Worker Contact
			Used to evaluate GAIN participant's	· · · ·		
x	GN 6189	48 Month Time Limit Evaluation	CalWORKs 48-Month Time Clock.	No possible map found in listing	New Rec.	Time Limit Forms
			Used to invite and inform participants of			
			Time Limit and Post-Time Limit services			
			piror to and after exhausting the			
x	GN 6198	Time Limit Invitation letter	CalWORKs 48-Month Time Clock.	No possible map found in listing	New Rec.	Time Limit Forms
			This letter is used to invite employed			
			participants to attend a seminar to learn			
		Post-Employment Services	about information on Post-Employment			
x	GN 6323	Invitation Letter	Services.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
A	611 0525			No possible map round in isting	New nee.	
			Completed by participants to request a			
		Request for Review of Months	review of months that they don't think			
		Counted Toward the 48-Month	should have counted toward the			
x	GN 6331	Time Limit	CalWORKs 48-Month Time Clock.	No possible map found in listing	New Rec.	Time Limit Forms
*	610331	Time Linin	Carworks 48-Month Time Clock.	No possible map round in listing	New Nec.	Time Limit rorms
			This forms is used as a shead-list of the			
			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,			
		Vehicle Diagnosis Repair Expense				
x	GN 6336	Request Checklist	Diagnosis and Repair Program (VDRP).	No possible map found in listing	New Rec.	Property Statement and Verification
			Used to record the results of follow-up			
			telephone calls to participants who fail to			
			show for Appraisal, Orientation/Job Club			
x	GN 6346	Telephone Follow-Up Form	Flex Job Club, and Job Search.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.

			This form is sent to contracted service			
			providers to notify them that a			
		E2Lite TANF RADEP	participant was selected for an			Treeleed M/TM/ Activities - University
	GN 6384	Recommended Homework Study Time Form	E2LIte/TANF RADEP review in a specified month.		New Rec.	Tracked WTW Activities, Hours, Exemptions
X	GN 6384	Time Form	montn.	No possible map found in listing	New Rec.	Exemptions
			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			
		Family Stabilization WtW Plan	comprehensive plan that assists the			
х	GN 6392	Agreement	family in resolving the identified barriers	s. No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
		Request for Family Stabilization	Utilized to document a participant's			,
			decision to accept or decline Family			
х	GN 6393	Stabilization Services Part II	Stabilization Services.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
		Mental Health Substance Abuse	Form used to refer children of			
		Use Disorder Treatment for	participants enrolled in Family			
		Children Provider Referral Mental	Stabilization to Treatment Services			Family Stabilization Forms and Docs
		Health Substance Use Disorder	provider and for providers to record the		New Rec.	Behavioral/Mental Health Forms and
Х	GN 6395	Treatme	results.	No possible map found in listing	New Rec.	Referrals
		Mental Health Substance Abuse	Quarterly progress report for children of			
		Use Disorder Treatment for	participants enrolled in Family			Family Stabilization Forms and Docs
		0	Stabilization who are receiving treatmen		New Rec.	Behavioral/Mental Health Forms and
X	GN 6396	Report	services.	No possible map found in listing	New Rec.	Referrals
			This form tracks the outcomes, identified	d		
			barriers, and any community resource			
		Frankley Chald III and an Defense Land	referrals made as a result of the FS			
v.	CN 6207	Family Stabilization Referral and	participant's consultation with a Care Coordinator.	No possible map found in listing	New Rec.	Family Stabilization Forms and Doss
X	GN 6397	outcomes	Coordinator.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
			Addendum to GN 6397. This Form			
		Family Stabilization Care	Provides Additional Space for the FS Care	e		
		Coordinator Consultation Referral	•	-		
х	GN 6398	And Outcomes Addendum Page	Treating Agency's Contact Information.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
			0 0 , - Sector			,
			This form tracks the outcomes, identified	d		
			barriers, and any community resource			
		Family Stabilization Health	referrals made as a result of the FS			
		Coordinator Consultation Referral	participant's consultation with a Health			
х	GN 6405	and Outcomes	Coordinator.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
			Addendum to GN 6405. This Form			
			Provides Additional Space for the FS			
		Family Stabilization Health	Health Coordinator to Document Barrier	s		
		Coordinator Consultation Referral	and Treating Agency's Contact			
X	GN 6406	And Outcomes Addendum Page	Information.	No possible map found in listing	New Rec.	Family Stabilization Forms and Docs
		GAIN Transportation Type	Used to determine travel time for public			
X	GN 6407	Eligibility Worksheet	transportation or mileage.	No possible map found in listing	New Rec.	Transportation Forms
			This is a gram used by GAIN and REP			
			contracted staff and DPSS County			
			Issuance Approval (CIA) staff to create,			
	GN 6410	Overpayment Repayment Gram	activate, adjust, or resolve an overpayment recovery account.	No possible map found in listing	New Rec.	Worker/Worker Contact

			This form is completed by the Home			
		HOME VISITATION WELFARE-TO-	Visitor and sent to the GSW/CCM/RCM			
	CNCA1A	WORK PARTICIPANT	to advise of the Home Visiting Program	No possible man found in listing	New Dee	
X	GN 6414	ENROLLMENT RESULTS FORM	Enrollment Disposition	No possible map found in listing	New Rec.	Home Visit Forms
			This form advises CSN/s/CCNAs/DCNAs of			
		HOME VISITATION WELFARE-TO-	This form advises GSWs/CCMs/RCMs of			
		WORK PARTICIPANT PROGRESS	the status of the participant's Home			
X	GN 6415	REPORT	Visiting activity quarterly.	No possible map found in listing	New Rec.	Home Visit Forms
			This form is completed by the Home			
		NOTIFICATION OF CHANGE FROM				
		HOME VISITING PROGRAM	change in the activity or a participant			
X	GN 6417	PROVIDER	need.	No possible map found in listing	New Rec.	Home Visit Forms
	GR 100 Eng &			General Relief RE appointment letter		
X	SP	RE Letter	appointment letter	no comparable form	CSF XXX	Appointment Letter
				use to set orientation appointments,		
		General Relief Application		return appts and inform GR		Application, Intake, or Screening
X	GR 127	Summary Sheet (E/S)	Intake tool	customers of verifs due - no	New Rec.	Tools
		Bridges for Veterans Referral Forn	n			
x	GR 17	and SSV Referal Process		No possible map found in listing	New Rec.	GA/GR Other Forms
				Manual budget used to determine		
x	GR 200	General Relief Budget Worksheet	Budget worksheet	grant amount - no comparable form	New Rec.	Program Budgets & Worksheets
		TAD Referral To DAAS For Socially		Referral for services - no comparable		
x	GR 260	Employable Evaluation	Referral to DAAS	form	New Rec.	Referral to Other Department
	GR 502 Eng &	Weekly Community Work		weekly tracking of community service		Tracked WTW Activities, Hours,
x	SP	Experience Timesheet	Community service tracking	- no comparable form	New Rec.	Exemptions
	GR 515 Eng &	Work Registration Verification for		weekly tracking of work employ work		GA/GR Work Related and Activities
x	SP	GR (E/S)	WDD work registration	requirements - no comparable form		Forms
	GR 520 Eng &	Volunteer Work Information Shee		Weekly tracking of volunteer service -		GA/GR Work Related and Activities
x	SP	For General Relief	Community service tracking	no comparable form	New Rec.	Forms
		Authorization For Payment Of		Used to authorize emergency GR		
x	GR 711	General Relief	Authorizes GR payment	payments - no comparable form	New Rec.	GA/GR Other Forms
		Comm Volunteer Participation		This form is customized to our CF		
x	GREAT 1	Agmt	CFET	E&T Program	New Rec.	CFET Forms/Agreements
	GREAT 1	Agine		This form is customized to our CF	New Nee.	er Er Formsyngreements
x	GREAT 10A	Orientation Appointment Letter	CFET	E&T Program	New Rec.	CFET Forms/Agreements
^	GILLAT IOA	Onentation Appointment Letter		This form is customized to our CF	New Nec.	ci l'i omis/Agreements
x	GREAT 10S	Orientation Appointment Letter	CFET	E&T Program	New Rec.	CFET Forms/Agreements
^	GREAT 103	Onentation Appointment Letter		This form is customized to our CF	New Rec.	CIET I Offis/Agreements
x	GREAT 11	Informing Notice	CFET	E&T Program	New Rec.	CFET Forms/Agreements
^	GREAT II	morning Notice		This form is customized to our CF	NEW NEL.	CIET TOTTIS/Agreethents
, v	GREAT 15	CF Program Unpaid Comm Vol Hrs	CEET	E&T Program	New Rec.	CFET Forms/Agreements
Λ	GREAT 15	Crierogram onpaid Comm Vol Hrs			INCW REL.	CITE FORMS/Agreements
	CDEAT 2	Deferred and Deuti-institute A	CEET.	This form is customized to our CF	New Dee	
X	GREAT 2	Referral and Participation Agmt	CFET	E&T Program	New Rec.	CFET Forms/Agreements
		Community Volunteer Site		This form is customized to our CF		
Х	GREAT 29	Referral	CFET	E&T Program	New Rec.	CFET Forms/Agreements
				This form is customized to our CF		
x	GREAT 36	Employer Contact Log	CFET	E&T Program	New Rec.	CFET Forms/Agreements
				This form is customized to our CF		Tracked WTW Activities, Hours,
x	GREAT 7	Community Volunteer Time Card	CFET	E&T Program	New Rec.	Exemptions
				This form is customized to our CF		
x	GREAT 818	Notice of Action	CFET	E&T Program	New Rec.	Manual <program> NOA</program>
				This form is customized to our CF		
x	GREAT 818A	Notice of Action	CFET	E&T Program	New Rec.	Manual <program> NOA</program>
		Workforce Innovation and				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		J.			
	GROW 23	Opportunity Act Two-Way Referra	11			
x	GROW 23 WIOA	Form		No possible map found in listing	New Rec.	GA/GR Other Forms

			A cover sheet used by GSHVO staff to			Worker Use (Eligibility
		GAIN Sanction Home Visit	ensure all actions were taken on home			Determination/Tracking) Program
x	GSHV DOC001	Outreach Checklist	visit cases.	No possible map found in listing	New Rec.	Specific Checklists
×	HCM 74	HCM Housing Search Document	visit cases.	Possible Map: CW 74	New Rec.	HSP and Homeless Assistance Forms
^	Health Ins				Verifications	hist and homeless Assistance Forms
	Correspondenc				Virtual Print	
	e	Health Ins Correspondence	OHC/TPL/MEDS 1		CSF XXX	Request for Insurance Information
	Health Ins	neutrinis correspondence			Verifications	Request for insurance information
	Premium Pmt	Health Ins Premium Pmt Verif	Deductions/Shelter Costs		CSF XXX	Request for Insurance Information
					Verifications	hequest for insurance information
	Health Ins Verif				Virtual Print	
	Letter	Health Ins Verif Letter	OHC/TPL/MEDS 1		CSF XXX	Request for Insurance Information
	Health				Verifications	
	Insurance ID				Virtual Print	
	Card	Health Insurance ID Card	OHC/TPL/MEDS 1		CSF XXX	Request for Insurance Information
х	High School	High School Diploma	WTW Cal Learn		Verification	Request for insurance information
^	Then benedi			Allows staff to gather information for	Vermeation	
x	HMIS	Authorization form	release	HMIS	New Rec.	Other Contact Authorization Forms
A	111115					ether contact Authorization Forms
x	HMIS	Assessment	information regarding homelessness	Data entry information for the HMIS	New Rec	HSP and Homeless Assistance Forms
	Homestart					
x		Homestart Client Signature Sheet	WTW Participation		New Rec.	HSP and Homeless Assistance Forms
^	Homestart	nomestare client signature sheet			New Rec.	hist and homeless resistance forms
x	Monthly	Homestart Monthly Schedule	WTW Participation		New Rec.	HSP and Homeless Assistance Forms
x x	Housing	Housing Vouchers	Deductions/Shelter Costs		New Rec.	HSP and Homeless Assistance Forms
^^	HSD		Voucher for the authorization of	This form is specific to our	New Nee.	
		SonomaWORKS TextBook&Supply		partnership with Santa Rosa Junior		
x	A	Voucher	SRJC/CalWORKS Students	College	New Rec.	Student/College Related Forms
Λ.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Voucher	sitie/ carronics statents	This form is specific to our	New Nee.	Studenty conege helated ronns
		Information for Participants	Guidance for SonomaWORKS clients	partnership with Sonoma County's		
×	HSD 1022	Substance Use Disorder Services	entering into SUDS/MHS	Health Services programs	New Rec.	WTW Agreements, Assessments, etc.
^	1150 1022	SonomaWORKS Expense		This form is specific to our	New Nec.	wiw Agreements, Assessments, etc.
x	HSD 1313	Authorization Request	Authorization for SRJC Expense	partnership with Santa Rosa Junior	New Rec.	Student/College Related Forms
Λ	150 1515	•	Guidance for SonomaWORKS clients	This form is specific to our	New Nee.	Studenty conege heldted ronns
×	HSD 1322	college review	contemplating SRJC enrollment	partnership with Santa Rosa Junior	New Rec.	Student/College Related Forms
^	1150 1522	conege review	contemplating side enrollment	No attendance documents listed on	New Nec.	Tracked WTW Activities, Hours,
x	HSD 1390	Attendance Record	Attendance Form	CalSAWS Document list	New Rec.	Exemptions
^	1130 1330	Attendance Record	Attendance ronn	No attendance documents listed on	New Nec.	Tracked WTW Activities, Hours,
x	HSD 1391	Attendance Record	Attendance Form	CalSAWS Document list	New Rec.	Exemptions
^	1150 1551	Attendance Record	Attendance ronn	No similar document listed on	New Nec.	Tracked WTW Activities, Hours,
x	HSD 1616	Statement of Employment Hours	Employment Hours Verification Form	CalSAWS Document list	New Rec.	Exemptions
^	1150 1010	Job Seach/Community Service	Employment hours vernication form	No attendance documents listed on	new net.	Tracked WTW Activities, Hours,
x	HSD 846	Attendance Record	Attendance Form	CalSAWS Document list	New Rec.	Exemptions
A	טדט שנוו		Attendance Form	No attendance documents listed on		Tracked WTW Activities, Hours,
x	HSD 848	Employment Attendance Record	Attendance Form	CalSAWS Document list	New Rec.	Exemptions
^	1100 040	New Student Guide to SRJC	Attendance Form	This form is specific to our	new net.	Exemptions
x	HSD 883	CalWORKS Office	Overview of SRJC enrollment	partnership with Santa Rosa Junior	New Rec.	Student/College Related Forms
Λ	CO0 UCI		Overview of Side enformment	No attendance documents listed on	NEW NEL.	Stateny Conege Related FOITIS
x	HSD 892	School Attendance Record	Attendance Form	CalSAWS Document list	New Rec.	Student/College Related Forms
Λ	1150 052	Health Services Attendance	Attendance FOITH	No attendance documents listed on	New Net.	Tracked WTW Activities, Hours,
x	HSD 989	Record	Attendance Form	CalSAWS Document list	New Rec.	
X	H2D 393				NEW KEC.	Exemptions
		SRJC CalWORKS Program Student		This form is specific to our	New Dee	Other Contest Authorization Former
Х	HSD 990	Release of Information	SRJC/CalWORKS student	partnership with Santa Rosa Junior	New Rec.	Other Contact Authorization Forms
		General Assistance Rental	General Assistance Rental Agreement			
X	HSD12	Agreement [12]	[12]	General Assistance	New Rec.	GA/GR Other Forms

x       HSD1292D       made in CalWIN. (10/2017)       CalWIN. (10/2017)       Disaster NSDI       DFA 390       Disaster Constraints         x       HSD13       Responsibilities of Persons       Responsibilities of Persons Requesting       General Assistance       Morker Us         x       HSD1309       Fask Checklist; EA       Service Center Task Checklist; EA       Service Center Task Checklist; EA       Service Center       New Rec.       General Assistance       New Rec.       General Assistance         x       HSD1309       GA Facility Rent Tracking [1320]       GA Facility Rent Tracking [1320]       General Assistance       New Rec.       GA/GR Ot         Eligibility Worker- Social Worker       Eligibility Worker- Social Worker       Eligibility Worker- Social Worker       User Social Worker       General Assistance       New Rec.       GA/GR Ot         x       HSD1300       Work Crew Information [1330]       Work Crew Information [1323]       Corss Division Communication       New Rec.       GA/GR Wc         x       HSD1348       and Forms [1348]       Responsibilities       Acknowledgement of Benefits, Rights & General Assistance       General Assistance       GA/	telief Rights and bilities ise (Eligibility ation/Tracking) Program hecklists ther Forms Vorker Contact 'ork Related and Activities telief Rights and
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x     HSD1292D     made in CalWIN. [10/2017]     CalWIN. [10/2017] [1292D]     Disaster NSDI     DFA 390     Disaster CI       x     HSD13     Responsibilities of Persons     Requesting General Assistance     Mex Requesting       x     HSD130     Task Checklist; FA     Service Center     New Rec.     Specific Cf     Service Center     New Rec.     Specific Cf       x     HSD130     Task Checklist; Partask     Communication [1320]     CA Facility Rent Tracking [1320]     General Assistance     New Rec.     General Assistance     General Assistance       x     HSD1330     Work Crew Information [1323]     Cross Division Communication     New Rec.     General Assistance       x     HSD1330     Work Crew Information [1330]     General Assistance     New Rec.     General Assistance       x     HSD1330     Work Crew Information [1330]     General Assistance     General Assistance     General Assistance       x     HSD1330     Work Crew Information [1330]     General Assistance     General Assistance     General Assistance	CalFresh telief Rights and bilities se (Eligibility ation/Tracking) Program hecklists ther Forms Vorker Contact Vorker Contact Vork Related and Activities telief Rights and bilities fork Related and Activities
x       HSD13       Responsibilities of Persons       Responsibilities of Persons Requesting       General Assistance       Morker Us       Worker Us         x       HSD130       GA Facility Rent Tracking [1320]       General Assistance       New Rec.       GGA/GR Ut         x       HSD1320       GA Facility Rent Tracking [1320]       General Assistance       New Rec.       GGA/GR Ut         x       HSD1320       Gor Kerw Information [1330]       Work Crew Information [1330]       General Assistance       New Rec.       GA/GR Wt         x       HSD1380       General Assistance Turning Facility General Assistance       General Assistance       General Assistance       General Assistance       General Assistance       GA/GR Wt         x       HSD1380       Point 31 Day Notice [1380]       Statement of General Assistance       General Assistance       GR 21       Responsibilities and Forms [139]       General Assistance       GA/GR Wt         x       HSD1380       Point 31 Day Notice [1	telief Rights and bilities ise (Eligibility ation/Tracking) Program hecklists ther Forms Vorker Contact York Related and Activities telief Rights and bilities York Related and Activities
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x     HSD1309     Task Checklist [1309]     Checklist [1309]     Service Center     New Rec.     Specific Ch       x     HSD120     GA Facility Rent Tracking [1320]     GA Facility Rent Tracking [1320]     General Assistance     New Rec.     GA/GR WC       x     HSD1323     Communication [1323]     Communication [1323]     Cross Division Communication     New Rec.     Worker/W       x     HSD1330     Work Crew Information [1320]     Work Crew Information [1323]     General Assistance     New Rec.     GA/GR WC       x     HSD1340     Work Crew Information [1320]     Work Crew Information [1320]     General Assistance     New Rec.     General Res       x     HSD1340     Work Crew Information [1320]     Work Crew Information [1320]     General Assistance     New Rec.     General Res       x     HSD1348     General Assistance and/or     General Assistance and/or     General Assistance     General Res     General Res       x     HSD1348     and Forms [1348]     Responsibilities and Forms [1348]     General Assistance Turning Point     GA/GR WC       x     HSD1380     Point 31 Day Notice [1380]     31 Day Notice [1380]     General Assistance     New Rec.     Forms       x     HSD19     Requirements [19]     [19]     General Assistance     Merk Project and Work     Work Project and Work	hecklists ther Forms Vorker Contact 'ork Related and Activities telief Rights and bilities 'ork Related and Activities
x       HSD1320       GA Facility Rent Tracking [1320]       GA Facility Rent Tracking [1320]       General Assistance       New Rec.       GA/GR Ot         Liligibility Worker-Social Worker       Eligibility Worker-Social Worker       Eligibility Worker-Social Worker       Worker/W         x       HSD1323       Communication [1323]       Communication [1323]       Cross Division Communication       New Rec.       Worker/W         x       HSD1330       Work Crew Information [1330]       General Assistance       New Rec.       GA/GR Wc         CalFresh, Acknowledgement of       General Assistance and/or       CalFresh, Acknowledgement of Benefits, Rights &       General Assistance       General Responsibilities and Forms [1348]       General Assistance       GR 21       Responsibilities and Forms [1348]       General Assistance       GA/GR Wc         x       HSD1380       Point 31 Day Notice [1380]       General Assistance Turning Point       GA/GR Wc       GA/GR Wc         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD29       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       GA/GR Wc         x	ther Forms Vorker Contact ork Related and Activities telief Rights and bilities 'ork Related and Activities
x       HSD1323       Eligibility Worker- Social Worker       Eligibility Worker- Social Worker         x       HSD1323       Communication [1323]       Cross Division Communication       New Rec.       Worker/W         x       HSD1330       Work Crew Information [1330]       Work Crew Information [1330]       General Assistance       New Rec.       GA/GR Wc         General Assistance and/or       CalFresh, Acknowledgement of       General Assistance and/or       General Assistance       General Responsibilities       Acknowledgement of Benefits, Rights & Responsibilities and Forms [1348]       General Assistance       GR 21       Responsibilities and Forms [1348]       General Assistance       GA/GR Wc         x       HSD1380       Point 31 Day Notice [1380]       31 Day Notice [1380]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       GA/GR Wc <t< td=""><td>Vorker Contact ork Related and Activities telief Rights and bilities ork Related and Activities</td></t<>	Vorker Contact ork Related and Activities telief Rights and bilities ork Related and Activities
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x       HSD1330       Work Crew Information [1330]       Work Crew Information [1330]       General Assistance       New Rec.       GA/GR Wc         General Assistance and/or         CalFresh, Acknowledgement of       Benefits, Rights & Responsibilities       Acknowledgement of Benefits, Rights & General Assistance       General Assistance       General Assistance         x       HSD1348       and Forms [1348]       Responsibilities and Forms [1348]       General Assistance       GR 21       Responsibilities         x       HSD1380       Point 31 Day Notice [1380]       31 Day Notice [1380]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD12       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement	ork Related and Activities telief Rights and bilities 'ork Related and Activities
x       HSD1330       Work Crew Information [1330]       Work Crew Information [1330]       General Assistance       New Rec.       GA/GR Wc         General Assistance and/or         CalFresh, Acknowledgement of       Benefits, Rights & Responsibilities       Acknowledgement of Benefits, Rights & General Assistance       General Assistance       General Assistance         x       HSD1348       and Forms [1348]       Responsibilities and Forms [1348]       General Assistance       GR 21       Responsibilities         x       HSD1380       Point 31 Day Notice [1380]       31 Day Notice [1380]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD12       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement	telief Rights and bilities 'ork Related and Activities 'ork Related and Activities
General Assistance and/or       General Assistance and/or         CalFresh, Acknowledgement of Benefits, Rights & Responsibilities       General Assistance and/or CalFresh, Benefits, Rights & Responsibilities       General Assistance and/or CalFresh, Benefits, Rights & Responsibilities       General Assistance       GR 21       Responsibilities         x       HSD1348       and Forms [1348]       General Assistance Turning Facility General Assistance Turning Facility General Assistance Turning Point       GA/GR Wc         x       HSD1380       Point 31 Day Notice [1380]       31 Day Notice [1380]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       Forms         x       HSD2       Physical / Mental Incapacity [24]       Physical / Mental Incapacity [24]       General Assistance       ABP 4029	bilities ork Related and Activities ork Related and Activities
x       HSD1348       and Forms [1348]       Responsibilities       Acknowledgement of Benefits, Rights & General Assistance       GR 21       Responsibilities and Forms [1348]       General Assistance       GR 21       Responsibilities         x       HSD1348       and Forms [1348]       Responsibilities and Forms [1348]       General Assistance       GR 21       Responsibilities         x       HSD1380       Point 31 Day Notice [1380]       31 Day Notice [1380]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Physical / Mental Incapacity [24]       Physical / Mental Incapacity [24]       General Assistance       ABP 4029       Mental He	bilities ork Related and Activities ork Related and Activities
x       HSD1348       and Forms [1348]       Responsibilities and Forms [1348]       General Assistance       GR 21       Responsibilities and Forms [1348]         x       HSD1348       and Forms [1348]       Responsibilities and Forms [1348]       General Assistance       GR 21       Responsibilities and Forms [1348]         x       HSD1380       Point 31 Day Notice [1380]       31 Day Notice [1380]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Physical / Mental Incapacity [24]       Physical / Mental Incapacity [24]	bilities ork Related and Activities ork Related and Activities
x       HSD1348       and Forms [1348]       Responsibilities and Forms [1348]       General Assistance       GR 21       Responsibilities and Forms [1348]         x       HSD1380       Point 31 Day Notice [1380]       31 Day Notice [1380]       General Assistance       New Rec.       Forms         x       HSD19       Point 31 Day Notice [1380]       31 Day Notice [1380]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       Forms       GA/GR Wo         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD24       Physical / Mental Incapacity [24]       General Assistance       New Rec.       Forms       GA/GR Wo         x       HSD24       Physical / Mental Incapacity [24]       Physical / Mental Incapacity [24]       General Assista	bilities ork Related and Activities ork Related and Activities
Facility General Assistance Turning Facility General Assistance Turning Point       GA/GR Wc         x       HSD1380       Point 31 Day Notice [1380]       31 Day Notice [1380]       General Assistance       New Rec.       Forms         Work Project and Work       Work Project and Work       Work Project and Work Requirements       GA/GR Wc         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         General Assistance Incapacitated       General Assistance Incapacitated Persons       GA/GR Wc         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         General Assistance Verification of       General Assistance Verification of       General Assistance Verification of       Forms         x       HSD24       Physical / Mental Incapacity [24]       General Assistance       ABP 4029       Mental He         Statement of Facts Supporting       Statement of Facts Supporting Eligibility	ork Related and Activities ork Related and Activities
x       HSD1380       Point 31 Day Notice [1380]       31 Day Notice [1380]       General Assistance       New Rec.       Forms         work Project and Work       Work Project and Work Requirements       General Assistance       New Rec.       Forms         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         General Assistance Incapacitated       General Assistance Incapacitated Persons       GA/GR Work         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance Incapacitated Persons       GA/GR Work         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance Incapacitated Persons       GA/GR Work         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         x       HSD2       Physical / Mental Incapacity [24]       General Assistance       Mental Incapacity [24]       General Assistance       ABP 4029       Mental He         x       HSD2       Physical / General Assistance       Statement of Facts Supporting Eligibility       Statement of Facts Supoporting Eligibility       ABP 4029<	ork Related and Activities
Work Project and Work       Work Project and Work       Work Project and Work Requirements       GA/GR Work         x       HSD19       Requirements [19]       [19]       General Assistance       New Rec.       Forms         General Assistance Incapacitated       General Assistance Incapacitated Persons       GA/GR Work       GA/GR Work         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         General Assistance       Verification of       General Assistance Verification of       General Assistance       ABP 4029       Mental Incapacity [24]         X       HSD2       Physical / Mental Incapacity [24]       Physical / Mental Incapacity [24]       General Assistance       ABP 4029       Mental He         Statement of Facts Supporting       Eligibility for General Assistance       Statement of Facts Supporting Eligibility       Statement of Facts Supporting Eligibility       Statement of Facts Supporting Eligibility	
x     HSD19     Requirements [19]     [19]     General Assistance     New Rec.     Forms       General Assistance Incapacitated     General Assistance Incapacitated Persons     GA/GR Wo       x     HSD2     Persons Agreement [2]     Agreement [2]     General Assistance     New Rec.     Forms       general Assistance Verification of     General Assistance Verification of     General Assistance Verification of     Forms       x     HSD24     Physical / Mental Incapacity [24]     Physical / Mental Incapacity [24]     General Assistance     ABP 4029     Mental He       Statement of Facts Supporting     Eligibility for General Assistance     Statement of Facts Supporting Eligibility     Statement of Facts Supporting Eligibility     Statement of Facts Supporting Eligibility	
General Assistance Incapacitated       General Assistance Incapacitated Persons       GA/GR Wo         x       HSD2       Persons Agreement [2]       Agreement [2]       General Assistance       New Rec.       Forms         General Assistance Verification of       General Assistance Verification of       General Assistance Verification of       Forms         x       HSD24       Physical / Mental Incapacity [24]       Physical / Mental Incapacity [24]       General Assistance       ABP 4029       Mental He         Statement of Facts Supporting       Eligibility for General Assistance       Statement of Facts Supporting Eligibility       Statement of Facts Supporting Eligibility       Statement of Facts Supporting Eligibility	ork Related and Activities
x     HSD2     Persons Agreement [2]     Agreement [2]     General Assistance     New Rec.     Forms       x     HSD24     Physical / Mental Incapacity [24]     General Assistance     Verification of     Mental He       x     HSD24     Physical / Mental Incapacity [24]     Physical / Mental Incapacity [24]     General Assistance     ABP 4029     Mental He       Eligibility for General Assistance     Statement of Facts Supporting Eligibility	
General Assistance Verification of         General Assistance Verification of           x         HSD24         Physical / Mental Incapacity [24]         Physical / Mental Incapacity [24]         General Assistance         ABP 4029         Mental He           Statement of Facts Supporting         Eligibility for General Assistance         Statement of Facts Supporting Eligibility         Statement of Facts Supporting Eligibility         Statement of Facts Supporting Eligibility	
x         HSD24         Physical / Mental Incapacity [24]         Physical / Mental Incapacity [24]         General Assistance         ABP 4029         Mental He           Statement of Facts Supporting           Eligibility for General Assistance         Statement of Facts Supporting Eligibility	
Statement of Facts Supporting Eligibility for General Assistance Statement of Facts Supporting Eligibility	ealth Screening Form
Eligibility for General Assistance Statement of Facts Supporting Eligibility	uttr sereening rorm
	nlication
Assignment of General	pileation
	ther Forms
	lse (Eligibility
	ation/Tracking) Program
x HSD33 Checklist (County) [33] (County) [33] General Assistance Mexico Specific Ch	
	ork Related and Activities
x HSD34 Rules [34] [34] General Assistance New Rec. Forms	JIK Related and Activities
General Assistance Grant General Assistance Grant Allocation	
	ther Forms
	nerForms
Food Stamp Employment and	
Training (FSET) Reimbursement Food Stamp Employment and Training	
	ns/Agreements
	ork Related and Activities
Housing Support Program denial-	Not
	Program> NOA
	Homeless Assistance Forms
	se (Eligibility
	ation/Tracking) Program
HSP Move in Checklist Check list for housing check list New Rec. Specific Check list	
	Iomeless Assistance Forms
	Homeless Assistance Forms
	Iomeless Assistance Forms
	Iomeless Assistance Forms
	Homeless Assistance Forms
HSP form to determine what is	
HSP10 housing preference worksheet What they are looking for in housing needed housing wise New Rec. HSP and H	Homeless Assistance Forms
HSP11 rental verification form verification of housing obtained Gather information for their housing New Rec. HSP and H	Iomeless Assistance Forms

					Gathers information and housing		
		HSP12	housing statement	verification of the amount of rent	costs/who to make checks payable	New Rec.	HSP and Homeless Assistance Forms
					Verifies that they turned on PGE in		
		HSP14	PG&E account activation notice	PGE form	their name	New Rec.	HSP and Homeless Assistance Forms
					sent monthly to remind them their		
		HSP15	rental reminder form	HSP rent amounts	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
					gather information on their		
		HSP17	survey	HSP after move in information	experience with HSP	New Rec.	HSP and Homeless Assistance Forms
	,	,			for customer to verifiy that they are		
		HSP2	homeless affidavit	Verifiy homelessness	currently homeless/HSP intake	CSF XXX	Sworn Statement
				,	used for HSS and SW to make		
		HSP3	release of information	HSP release of information	contacts regarding housing search	New Rec.	HSP and Homeless Assistance Forms
					used at intake for rules of conduct		
		HSP4	temp housing agreement	temp housing agreement	while at the hotel	New Rec.	HSP and Homeless Assistance Forms
				temp notenig egicement	used at orientation to infor	Is this imaged?	
x		HSP5	overview and expectation	informational	customers of the program	New Rec.	WTW Agreements, Assessments, etc
X		HSP7		verification		CW 74	
		חשרי	housing search verification	vernitation	used to verify housing searches		Permanent Housing Search
			mutual aurostations and the second	informational	informs customer of what is expected		UCD and Hamalast Assistance 7
		HSP8	mutual expectations agreement	informational	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					Hunt V. Kizer Medical Bills Approval
		SOC Docs	Hunt v Kizer SOC Docs	Income Reports/Budgets		HK App Letter	Letter
x		HVI 1	Referral	WTW Supportive Services		PA 30	County Referral
						Approval/denial of what? Is this a	
						NOA? Or for the approval of an	
						agreement or services?	
x		HVI 381	Approval/Denial	WTW Supportive Services		New Rec.	WTW Agreements, Assessments, etc
		HVI 382	Discontinuance	WTW Supportive Services		New Rec.	Manual <program> NOA</program>
		130	Petition for Alien Relative	Income		Verification	
		× 1797	App to Replace Alien Card	Vitals		Verification	
		1-551	Permanent Resident Card	1 tais	No possible map found in listing	Verification	
		I-797 A	Notice of Action from INS		No possible map found in listing	Verification	
		17577	USCIS Notice of Action -		No possible map round in isting	Vermeation	
		I-914	Application for T Nonimmigrant		No possible map found in listing	Verification	
		1-914	USCIS Notice of Action - Petition		No possible map round in listing	venilcation	
		1.01.0			No possible man found in listing	Verification	
		I-918	for U Nonimmigrant Status		No possible map found in listing		
		x I-94	Arrival Departure Record		No possible map found in listing	Verification	
					Required Form to receive Medi-Cal		
			Iterstate Compact Adoption and		for AAP Child. Similar Form not		
х х		ICAMA Form 7	Medical Assistance	Adoption Document-Medicaid	found on Forms List	Other county drawer - AAP	
		ID for Absent	ID for Absent Parent	Absent Parent		Verification	
		IHSS			Voucher to pay IHSS livescan for		
					voucher to puy mos investantion		
		Fingerprint	IHSS Fingerprint Voucher	Voucher to Pay Livescan for IHSS	participant	Other county drawer - IHSS	
			IHSS Fingerprint Voucher Immunization Record	Voucher to Pay Livescan for IHSS School & Immunizations		Other county drawer - IHSS Verification	
		Fingerprint	• •	1		•	ICT Forms
		Fingerprint Immunization	Immunization Record	School & Immunizations		Verification	ICT Forms DMV/ID Referrals and Verification
	x	Fingerprint Immunization	Immunization Record	School & Immunizations		Verification	
	X	Fingerprint Immunization Incoming ICT INF 252	Immunization Record Incoming ICT DMV Request Form	School & Immunizations Applications/SOF/ICT	participant	Verification New Rec.	DMV/ID Referrals and Verification
	X	Fingerprint Immunization Incoming ICT INF 252 In-Kind Housing	Immunization Record Incoming ICT DMV Request Form	School & Immunizations Applications/SOF/ICT WFP&I View and Use only	participant	Verification New Rec. New Rec.	DMV/ID Referrals and Verification Requests
	X	Fingerprint Immunization Incoming ICT INF 252 In-Kind Housing Statement	Immunization Record Incoming ICT DMV Request Form	School & Immunizations Applications/SOF/ICT	participant	Verification New Rec.	DMV/ID Referrals and Verification Requests
	X	Fingerprint Immunization Incoming ICT INF 252 In-Kind Housing Statement INS	Immunization Record Incoming ICT DMV Request Form In-Kind Housing Statement	School & Immunizations Applications/SOF/ICT WFP&I View and Use only Deductions/Shelter Costs	participant	Verification New Rec. New Rec. CSF XXX	DMV/ID Referrals and Verification Requests
	X	Fingerprint Immunization Incoming ICT INF 252 In-Kind Housing Statement INS Documentation	Immunization Record Incoming ICT DMV Request Form In-Kind Housing Statement INS Documentation - Alien status	School & Immunizations Applications/SOF/ICT WFP&I View and Use only Deductions/Shelter Costs Vitals	participant	Verification New Rec. New Rec. CSF XXX Verification	DMV/ID Referrals and Verification Requests
	X	Fingerprint Immunization Incoming ICT INF 252 In-Kind Housing Statement INS Documentation Insurance	Immunization Record Incoming ICT DMV Request Form In-Kind Housing Statement	School & Immunizations Applications/SOF/ICT WFP&I View and Use only Deductions/Shelter Costs	participant	Verification New Rec. New Rec. CSF XXX	DMV/ID Referrals and Verification Requests
	X	Fingerprint Immunization Incoming ICT INF 252 In-Kind Housing Statement INS Documentation Insurance Inter - office	Immunization Record Incoming ICT DMV Request Form In-Kind Housing Statement INS Documentation - Alien status Insurance Receipt	School & Immunizations Applications/SOF/ICT WFP&I View and Use only Deductions/Shelter Costs Vitals WTW Supportive Services	participant No possible map found in listing This form documents Suspension of	Verification New Rec. New Rec. CSF XXX Verification Verification	DMV/ID Referrals and Verification Requests Income In-Kind/Housing Verification
	X	Fingerprint Immunization Incoming ICT INF 252 In-Kind Housing Statement INS Documentation Insurance Inter - office memo	Immunization Record Incoming ICT DMV Request Form In-Kind Housing Statement INS Documentation - Alien status	School & Immunizations Applications/SOF/ICT WFP&I View and Use only Deductions/Shelter Costs Vitals	participant         No possible map found in listing         This form documents Suspension of Collection Orders	Verification New Rec. New Rec. CSF XXX Verification	DMV/ID Referrals and Verification Requests Income In-Kind/Housing Verification Fiscal Forms
	X	Fingerprint Immunization Incoming ICT INF 252 In-Kind Housing Statement INS Documentation Insurance Inter - office	Immunization Record Incoming ICT DMV Request Form In-Kind Housing Statement INS Documentation - Alien status Insurance Receipt	School & Immunizations Applications/SOF/ICT WFP&I View and Use only Deductions/Shelter Costs Vitals WTW Supportive Services	participant No possible map found in listing This form documents Suspension of	Verification New Rec. New Rec. CSF XXX Verification Verification	DMV/ID Referrals and Verification Requests Income In-Kind/Housing Verification

Г						
			Used at MC intake by Eligibility Worker			
			(EW) to communicate to the IHSS Social			
		IHSS Plus Waiver Medi-Cal	Worker (SW) the final results of an			
x	IPW-1	Dispositon	applicant's MC determination.	No possible map found in listing	Other county drawer - IHSS	
		IHSS Plus Waiver (IPW) Medi-Cal	Exchanges MC informatin between MC			
x	IPW-2	Exchange of Information	EW and IHSS SW.	No possible map found in listing	Other county drawer - IHSS	
^	Job App/email-		Ew and mos sw.	No possible map found in isting	other county drawer - m55	
x		Job App/email-proof of job search	WTW Participation		Verification	
A	Job Change Ltr	sos Apprental proof of job search			Vermeation	
x	from Client	Job Change Ltr from Client	Income		Verification	
A	Hom chert	sob change Et nom cilent	income		Vermeation	In-House Job Search Employer
x	Job Search	Job Search	WTW Participation		GN 6367-3	Contact Daily Log
A	300 300 101	Job Scalen		Juvenile under age of 18 years.	3110307 5	Senior Parent (SR.P)/Legal Guardian
	x JV 330	Letter of Guardianship - Juvenile	Guardianship	Similar Form not found on Forms List	PA 137B	(LG)/Stepparent (SP) Worksheet
	KCDHS 100-	Foster Care Transitional Services	Guardianship	Similar Form for Found of Forms Est	11(15)0	(EG)/stepparent (Sr) Worksheet
×	Gen	Brochure			Is this imaged?	
^		The Employment Zone Brochure			Is this imaged?	
	KCDHS 102-	Through the Eyes Brochure			Is this imaged?	
x		Foster Care Ombudsman Brochure	3		Is this imaged?	
^	KCDHS 117-				is this mageu:	
	x Pers	Sexual Harassment Policy			Is this used for customers or staff	
		Acknowledgement of Reporting				Rights & Responsabilities & other
	Pers	Responsibility			SAWS 2A SAR	Important Information
	KCDHS 125-	Responsibility			SAWS ZA SAN	
	X Pers	County Vehicle Dispatch Policy			Is this used for customers or staff	
	KCDHS 127-					
		Jury & Witness Duty			Is this used for customers or staff	?
x		FP Inventory List			New Rec.	FC Forms
					Is this requesting supplies for an	
	KCDHS 12-GS	Supplies Request			office? Is this imaged to a case?	
		Jamison Brochure			Is this imaged?	
	KCDHS 139-	MTFC Brochure			Is this imaged?	
		CW Home Visitation (HYP)				Tracked WTW Activities, Hours,
x	KCDHS 13-CW	Timesheet			New Rec.	Exemptions
	KCDHS 143-	Authorization for Less Than				•
x	Serv	Monthly Visits			New Rec.	FC Forms
	KCDHS 144-	Authorization for Less Than				
x	Serv	Monthly Caretaker Contact			New Rec.	FC Forms
	KCDHS 145-	Permanent Placement Program				
	Serv	Reassessment			New Rec.	FC Forms
	KCDHS 146-	Permanent Placement Plan – Legal				
	Serv	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
	KCDHS 154-	Relative & Non-Relative Extended				-
x	Gen	Caregiver Checklist			New Rec.	Customer Use Checklists
	KCDHS 155-	Domestic Violence Brochure			Is this imaged?	
	KCDHS 156-	Orientation Flyer (Employment				General Relief Opportunities For
x					ABP 1461	General Relief Opportunities For Work Orientation Appointment

KC Fastily Descurse Castor		
KC Family Resource Center KCDHS 15-Gen Directory (Book)	Is this impaged?	
	Is this imaged?	
Heart Gallery – Photographer's	New Dee	or Contact Authorization Forme
KCDHS 166-HG Statement of Agreement KCDHS 167- Parent's Guide to Children's	New Rec. Oth	er Contact Authorization Forms
	te della force de dia	
Serv Services in Kern County Brochure	Is this imaged?	
KCDHS 16- 10 Commandments for Good		
x Adop Parenting	Is this imaged?	
KCDHS 171-CW CalWORKs Brochure	Is this imaged?	
KCDHS 175-FC Basic Requirements for Licensing		Forms
KCDHS 177- Eligibility & Verification Due Dates		quest For Verification
x Gen Redacting Corrections Needed	Is this imaged?	
x KCDHS 190- WDTIP Update Instructions	New Rec. WT	W Agreements, Assessments, etc
KCDHS 194-	What information is on this form?	
Gen Kern County Review Sheet	Is it imaged	
KCDHS 196- Random Drug Testing		
x 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 Split Case Folder		
·	What info is on this? Is this to	
KCDHS 203-Reg Instructions to Registrar	verify birth certificate?	
KCDHS 204- Medi-Cal & FS Program Brochure	Is this imaged?	
KCDHS 205-HG Photo/Video Release – Heart		er Contact Authorization Forms
KCDHS 206-HG Heart Gallery Brochure	Is this imaged?	
KCDHS 207-HG Heart Gallery Location Handout	Is this imaged?	
KCDHS 208- Public Health Nurse (CalWORKs)		
PHN Brochure	Is this imaged?	
KCDHS 209.1- Messenger Routing Slip (Cash		
KCDH5 209.2- Messenger Routing Slip (Cash		
AFDC Denied)		
KCDHS 209.4- Messenger Routing Slip		
KCDHS 209.5- CalWORKs Routing Slip	New Rec. Sup	porting CW Forms
KCDHS 209- Messenger Routing Slip	New Net. 34p	
x KCDH3 203- Wessenger Kouring sinp	New Rec. App	olication, Intake, or Screening
KCDH3 210- 1931(0) Scleening KCDHS 211-	New Kec. Ap	Silcation, intake, or screening
x Pers Employee Self Identification	Is this used for customers or staff?	
Heart Gallery Adoption Facts	te della force de dia	
KCDHS 212-HG Handout	Is this imaged?	
x KCDHS 213.1- Foster Care Interest Card	New Rec. FC	Forms
Heart Gallery Informational		
KCDHS 213-HG Contact Card	Is this imaged?	
KCDHS 215-HG Heart Gallery Info Brochure	Is this imaged?	
KCDHS 216- Program for Children in Foster		
Gen Care Brochure	Is this imaged?	
KCDHS 217- CalWORKs Welfare to Work	Is this imaged?	
KCDHS 218-HG Heart Gallery Table Top Display	Is this imaged?	
KCDHS 222-CW CalWORKs Behavioral Health		W Agreements, Assessments, etc
		. Citizens and Nationals Applying
KCDHS 224- MC Citizenship/ID Documentation		Medi-cal Must Show Proof of
Gen Summary	DHCS 0001 Citi	zenship and Identity
Letter Requiring Fingerprints & TB		
KCDHS 226-LIC Tests		
KCDHS 232-		
× Pers Safety Rules Booklet Receipt	Is this used for customers or staff?	
KCDHS 233- County Vehicle Dispatch Policy &		
x Pers Procedures	Is this used for customers or staff?	
KCDHS 237-SIU Teletype	What info is on this?	

		Excluded Household SSI/SSP		
x		Recipiant (CalFresh)		
X			imaged?	
X			imaged?	
			county drawer - IHSS	
X			imaged?	
	KCDHS 247-Reg	Borrowed Case Form What i	is this form?	
				CalFresh Supplemental Form for
X	KCDHS 248-CF	CF Medical Expense CF 31		Special Medical Deductions
		Relative – NREFM Placement		
X	KCDHS 251-PL	Decision New R	Rec.	FC Forms
	KCDHS 252-			
	x Pers	Automobile Insurance Memo Is this	used for customers or staff?	
	KCDHS 255-			
	x Pers	Interview Guidelines (Traits) Is this e	used for customers or staff?	
	KCDHS 256A-			Tracked WTW Activities, Hours,
X	SDev	Attendance Form New R		Exemptions
	KCDHS 256B-		tracking training for Staff?	
	SDev	Trainers Report For cus	stomers?	
	KCDHS 256C-			Tracked WTW Activities, Hours,
X	SDev	Attendance Form New R	Rec.	Exemptions
	KCDHS 256-	Staff Training Report Is this i	imaged?	
	KCDHS 257-			
	x Pers		used for customers or staff?	
X	KCDHS 260-		imaged?	
	KCDHS 262-	Quality Review Checklist for E-File		
	Gen		county drawer - QC/QC	
	KCDHS 263-	Safety Plan (Pages 1 & 2)		
	KCDHS 265-	Sanction Orientation New R		WTW Agreements, Assessments, etc.
	KCDHS 269-	Bus Pass Postcard New R		Transportation Forms
	KCDHS 270.1-	Business Card Is this i	imaged?	
	KCDHS 270-	÷ ,	imaged?	
		CalWORKs Employment Services		
X	KCDHS 272-CW			WTW Agreements, Assessments, etc.
	KCDHS 274.1-		for customers or staff?	
	KCDHS 274-		info is on this?	
	KCDHS 276-		info is on this?	
	KCDHS 282-	Health Screening Report –		Application, Intake, or Screening
	Gen	Relative/Non-Relative New R	Rec.	Tools
	KCDHS 287.1-	District Health Care Options		
	Gen		imaged?	
	KCDHS 287-	Important Medi-Cal Information		
	Gen		info is on this?	
	KCDHS 289-	Archive Sheet Is this i	imaged?	
				WTW Agreements, Assessments, etc.
	KCDHS 290.3-	Work Experience Site Supervisor New R		Progress Report - Education/Post-
	WE	Responsibilities GN 607	·	EMPL/WEX and Community Services
				WTW Agreements, Assessments, etc.
		Work Experience Interview New R		Progress Report - Education/Post-
	KCDHS 290-WE	Introduction GN 602	170	EMPL/WEX and Community Services
	KCDHS 294.1-			
	x Pers	Rate of Accrual of Sick Leave Is this	used for customers or staff?	
	KCDHS 294-			
	x Pers	Rate of Accrual of Vacation Is this	used for customers or staff?	
	KCDHS 295-			
	x Pers	Conflict of Interest Is this	used for customers or staff?	
	x Pers	Sexual Harassment Policy Is this i	imaged?	

	KCDHS 297-			Applicant's Authorization for Release
	Pers	Release of Medical Information	ABCDM 228	of Information
	KCDHS 298-			
	x Pers	New Employee Checklist	Is this used for customers or staff?	
			Is this for a SIP? Or for county staff	
	KCDHS 299-	Outside Employment Approval	to have outside jobs?	
	Pers	Request	GN 6146	Self-Initiated Program Notice
	KCDHS 302-	Authorization to Acknowledge		
	x Pers	Signature	Is this used for customers or staff?	
		-		Worker Use (Eligibility
	KCDHS 303-	Checklist for Supervisor of	Is this imaged?	Determination/Tracking) Program
	Gen	New/Transferred Employees	New Rec.	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
		YES Program – Did You Know?	What info is on this?	
	KCDHS 308-	Online Job Search Resources	New Rec.	WTW Agreements, Assessments, etc
			New Rec.	WTW Agreements, Assessments, etc
	KCDHS 309-	Time To Network		CA/CD Mark Deleted and A-thilting
	KCDHS 310-	Achieving Success With Your Job	New Dee	GA/GR Work Related and Activities
	Gen	Search	New Rec.	Forms
	KCDHS 311-	Helpful Tips Form	Is this imaged?	
	KCDHS 312-	Online Tips	What info is on this?	
		Certified Mail Return Receipt		
	KCDHS 313-CU	Requested	Is this imaged?	
	KCDHS 314-			Application for CalFresh, Cash Aid,
	Gen	Master Application	SAWS 2 PLUS	And/Or Medi-Cal/Health Care
	KCDHS 315.1-	Storeroom Request Form	Is this imaged?	
	KCDHS 315.24-	Civil Action: Witness Fee		SIU (Fraud) Evidence, Contact
	x Coll	Computation	SIU Documents	Records, Requests
	KCDHS 315.25-			SIU (Fraud) Evidence, Contact
	Coll	Witness Fee Computation	SIU Documents	Records, Requests
х		Relative Placement	New Rec.	FC Forms
		Issuance Accounting Unit – ATP		
	IAU	Routing Slip	New Rec.	Fiscal Forms
		Jamison Center to Caretaker	What info is on this?	
	KCDHS 315-	Maintenance Reguest Form	Is this imaged?	
	KCDHS 316-	Request for Purchase	Is this imaged?	
	KCDH3 210-	Request for Purchase	is this mageu?	
			to this issue of the this famou	
			Is this imaged? Is this form	
	KCDHS 317-	Employee Resp. for Leave of	completed for a county employee?	
	Pers	Absence	Or an eval of something else?	
X	KCDHS 318-	Professional Resume	Is this imaged?	
X	KCDHS 318- KCDHS 319-ER	Professional Resume Emergency Response Referral	Is this imaged? New Rec.	Non-Fraud Referral or Request
x	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen	Professional Resume	Is this imaged?	Non-Fraud Referral or Request
x	KCDHS 318- KCDHS 319-ER	Professional Resume Emergency Response Referral	Is this imaged? New Rec.	
x	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen	Professional Resume Emergency Response Referral Important Message	Is this imaged? New Rec. What info is on this?	
x	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen KCDHS 320-	Professional Resume Emergency Response Referral Important Message Chronilogical Resume	Is this imaged? New Rec. What info is on this? New Rec.	
x	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen KCDHS 320- KCDHS 321-	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional	Is this imaged? New Rec. What info is on this? New Rec. What info is on this? What info is on this?	
x	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen KCDHS 320- KCDHS 321- X Gen KCDHS 323-	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional Referrences Sample Resume	Is this imaged? New Rec. What info is on this? New Rec. What info is on this?	
x	KCDHS 318-           KCDHS 319-ER           KCDHS 31-Gen           KCDHS 320-           KCDHS 321-           X           Gen           KCDHS 323-           KCDHS 324-	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional Referrences Sample Resume Adopting Parents Own Report on	Is this imaged? New Rec. What info is on this? New Rec. What info is on this? What info is on this? Is this imaged?	
	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen KCDHS 320- KCDHS 321- X Gen KCDHS 323- KCDHS 324- Adop	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional Referrences Sample Resume Adopting Parents Own Report on Health	Is this imaged? New Rec. What info is on this? New Rec. What info is on this? What info is on this? Is this imaged? Other county drawer - AAP	
	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen KCDHS 320- KCDHS 321- X Gen KCDHS 323- KCDHS 324- Adop KCDHS 325-	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional Referrences Sample Resume Adopting Parents Own Report on Health Sample Cover Letter	Is this imaged? New Rec. What info is on this? New Rec. What info is on this? What info is on this? Is this imaged? Other county drawer - AAP Is this imaged?	
X	KCDHS 318-           KCDHS 319-ER           KCDHS 31-Gen           KCDHS 320-           KCDHS 321-           X           Gen           KCDHS 323-           KCDHS 324-           Adop           KCDHS 325-           KCDHS 325-	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional Referrences Sample Resume Adopting Parents Own Report on Health Sample Cover Letter Emailing Your Resume	Is this imaged? New Rec. What info is on this? New Rec. What info is on this? What info is on this? Is this imaged? Other county drawer - AAP Is this imaged? Is this imaged?	
	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen KCDHS 320- KCDHS 321- X Gen KCDHS 323- KCDHS 324- Adop KCDHS 325- KCDHS 325- KCDHS 326- KCDHS 327-	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional Referrences Sample Resume Adopting Parents Own Report on Health Sample Cover Letter	Is this imaged? New Rec. What info is on this? New Rec. What info is on this? What info is on this? Is this imaged? Other county drawer - AAP Is this imaged? Is this imaged? Is this imaged?	·
X	KCDHS 318-           KCDHS 319-ER           KCDHS 31-Gen           KCDHS 320-           KCDHS 321-           X           Gen           KCDHS 323-           KCDHS 324-           Adop           KCDHS 325-           KCDHS 326-           KCDHS 326-           KCDHS 327-           KCDHS 327-           KCDHS 328-	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional Referrences Sample Resume Adopting Parents Own Report on Health Sample Cover Letter Emailing Your Resume Professional Attire	Is this imaged? New Rec. What info is on this? New Rec. What info is on this? What info is on this? Is this imaged? Other county drawer - AAP Is this imaged? Is this imaged? Is this imaged? Is this imaged? Is this imaged? Is this imaged? In office?	
x	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen KCDHS 320- KCDHS 321- X Gen KCDHS 323- KCDHS 324- Adop KCDHS 325- KCDHS 325- KCDHS 326- KCDHS 328- Gen	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional Referrences Sample Resume Adopting Parents Own Report on Health Sample Cover Letter Emailing Your Resume Professional Attire Incident Report	Is this imaged? New Rec. What info is on this? New Rec. What info is on this? What info is on this? Is this imaged? Other county drawer - AAP Is this imaged? Is this imaged? Is this imaged?	
x	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen KCDHS 320- KCDHS 321- X Gen KCDHS 323- KCDHS 324- Adop KCDHS 324- Adop KCDHS 326- KCDHS 327- KCDHS 327- KCDHS 328- Gen KCDHS 329-	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional Referrences Sample Resume Adopting Parents Own Report on Health Sample Cover Letter Emailing Your Resume Professional Attire Incident Report Dress To Impress	Is this imaged? New Rec. What info is on this? New Rec. What info is on this? What info is on this? Is this imaged? Other county drawer - AAP Is this imaged? Is this imaged? Is this imaged? Is this imaged? Mhat type of incident? In office? At a customer job site?	
X	KCDHS 318- KCDHS 319-ER KCDHS 31-Gen KCDHS 320- KCDHS 321- X Gen KCDHS 323- KCDHS 324- Adop KCDHS 325- KCDHS 325- KCDHS 326- KCDHS 328- Gen	Professional Resume Emergency Response Referral Important Message Chronilogical Resume Functional Referrences Sample Resume Adopting Parents Own Report on Health Sample Cover Letter Emailing Your Resume Professional Attire Incident Report Dress To Impress	Is this imaged? New Rec. What info is on this? New Rec. What info is on this? What info is on this? Is this imaged? Other county drawer - AAP Is this imaged? Is this imaged? Is this imaged? Is this imaged? Is this imaged? Is this imaged? In office?	Non-Fraud Referral or Request WTW Agreements, Assessments, etc

KCDHS 331- Taking Control Of The Interview	Is this imaged?	for Notice
KCDHS 332- Important Notice for Native	PA 14-Important Notice	for Native
Gen American Indians KCDHS 334- What Are Your Greatest	PA 14 American Indians Is this imaged?	
	•	
X Gen 60 Second Commercial KCDHS 336- Educational Rights for Foster	Is this imaged?	
•	In the internal O	
Gen Parents Brochure KCDHS 337- Two Minute Pitch	Is this imaged? What's on this form?	
	Other county drawer - AAP	
x KCDHS 338- Medical Report on Applicant KCDHS 339- Clothing & Personal Property	Other county drawer - AAP	
Serv Inventory	New Rec. Property Statement and	Varification
KCDHS 340-FC 158 & Renewal Control Log	What info is on this?	vernication
Medically Fragile Flyer for Foster	What hild is on this?	
KCDHS 341-FC Parents	New Rec. FC Forms	
KCDHS 343- Interview Checklist	New Rec. Application, Intake, or S	crooning
KCDHS 344- 20 Interview Questions	New Rec. WTW Agreements, Asse	
KCDHS 345- Most Dreaded Questions of All	New Rec. WTW Agreements, Asse	,
KCDHS 347- Resource Directory Service	New Net. WTW Agreements, Asse	essiments, etc
Gen Referral Form	What info is on this?	
KCDHS 348- Domestic Abuse Services and	What hild is on this:	
Gen 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	which mo is on this.	
× Pers Helpful Phone Numbers	Is this used for customers or staff?	
KCDHS 353- Acknowledgement by		
Serv 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, Asse	essments, etc.
Assessment Info for Foster Parent		,
x KCDHS 358-PL 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?	
	-	
× KCDHS 36-Pers Report of Safety Hazard	Is this used for customers or staff?	
KCDHS 370- Authorization for Release of	Applicant's Authorizatio	on for Release
× Adop Information	ABCDM 228 of Information	
x KCDHS 374-FC FC Placement Change Hotline	New Rec. FC Forms	
KCDHS 376- SSW Hotline Message	New Rec. Customer/Worker Conta	act
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- Healthy Kids Kern County	· ·	
Gen 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	How To Fill Out Your SA	R 7 Semi-
KCDHS 3A-Gen Report (SAR 7)	SAR 7A Annual Eligibility/Status	Report
KCDHS 3-Gen You Have Rights	What info is on this?	
x Gen Assignment Sheet	New Rec. Tools	
KCDHS 400- New Beginnings – WTW Services		
WTW Orientation Book	New Rec. WTW Agreements, Asse	essments, etc.
KCDHS 405- Child Abuse Reporting Brochure	Is this imaged?	,

				U.S. Citizens and Nationals Applying
	KCDHS 406.1-	Import. Info. ~ MC Citizen		for Medi-cal Must Show Proof of
	MC	Requirements Have Changed	DHCS 0001	Citizenship and Identity
	WIC	nequirements have changed	5165 0001	U.S. Citizens and Nationals Applying
	KCDHS 406.2-	Info for MC Application ~ Born in		for Medi-cal Must Show Proof of
	MCCIT	California	DHCS 0001	Citizenship and Identity
	KCDHS 407-	Review Hearing Notice Worksheet	New Rec.	Program Budgets & Worksheets
	KCDHS 407-	Administrative Review Hearing	New Rec.	Program Budgets & Worksheets
		Notice Worksheet	Court/Hearings Document	Fair Hearing Forms
х	Gen KCDHS 409-	Bridges to Success Orientation	New Rec.	-
X	KCDHS 409-	Bridges to Success Orientation	What information is in this? Is	WTW Agreements, Assessments, etc.
		CDE Destroyed 1/ sheet		this
	Gen KCDHS 413-	CDF Destroyed ½ sheet Notice of Child Abuse Central	imaged?	
			M/h = t in f = i = this 2	
	Gen	Index Listing	What info is on this?	Man day Anna an anto an d Farma
		Vendor Project Report	New Rec.	Vendor Agreements and Forms
	KCDHS 416-	Workstation Ergonomic	Is this imaged?	
	KCDHS 419.3-	Frequently Asked Questions		
Х	FP	About Foster Parenting Brochure	Is this imaged?	
		Questions & Answers for New		
	KCDHS 419-FC	Caregivers Brochure	Is this imaged?	
		Supervisor Meeting Notes (Tressa	Is this imaged to a case? What	t is it
	KCDHS 41-Gen	•	used for?	
	KCDHS 420.1-	Foster Care Public Health Nursing		
X	PHN	Brochure	Is this imaged?	
	KCDHS 420-	Emergency Response Public		
	FHN	Health Nurses Brochure	Is this imaged?	
		SSW Recruitment Brochure	Is this imaged?	
		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?	
		Customer Service		
	KCDHS 436-	Complaint/Complaint of		
	Gen	Discrimination	New Rec.	Customer/Worker Contact
х	KCDHS 437-JC	Change of Placement	New Rec.	FC Forms
х	KCDHS 443-	FP Autobiography and	New Rec.	FC Forms
		CW Assistance for Domestic Abuse		
	KCDHS 448-DV	Victims	PA 1914	Domestic Violence Referral Sheet
Х	KCDHS 451-FP	Foster Parent Ombudsman Form	New Rec.	FC Forms
		Food Stamp Recertification Packet		
	KCDHS 452-FS	Letter	CF Packet - 1A	CalFresh Packet - FS29LA 1A
	x Gen	Generic Letter to Client Re: 694	What info is on this?	
		Jamison Center Visitor Register	What info is on this?	
	KCDHS 457-HG		Is this imaged?	
	100113 437 110	Cal Learn Computer Workshop	Is this imaged?	
x	KCDHS 459-CL		New Rec.	CalLearn Agreements and Forms
× ×		Foster Parent Orientation Card	New Rec.	FC Forms
λ		Runaway Notification Letter	New Rec.	Teromis
			la this impage 2	
		IVR System Flyer	Is this imaged?	
	KCDHS 465-	Health Care Reform Flyer	Is this imaged?	
Х	KCDHS 466-	Health Care Reform Contact Card		
	KCDHS 468-	Health Care Reform Coverage for		
X	HCR	All Poster	Is this imaged?	
	KCDHS 469-	Immunization Records	Verification	
	KCDHS 474-	Parent Leadership Task Force		
	Gen	Brochure	Is this imaged?	

	KCDHS 475- Authorization for Release of		Applicant's Authorization for Release
	X Gen Information	ABCDM 228	of Information
	KCDHS 480-CU Petition Information Worksheet	New Rec.	Program Budgets & Worksheets
	KCDHS 481- Community Resource Page	New Nec.	
	KCDHS 482- Consent & Authorization for		
		Now Poc	Other Contact Authorization Forms
	Gen Legislators KCDHS 484-CG Cal Grad Brochure	New Rec. Is this imaged?	Other Contact Authorization Forms
	KCDHS 484-CG Cal Grad Brochure	is this imageu:	
		In this wood for suctors are	a taff3
	X Pers Receipt of Employee Handbook KCDHS 486-	Is this used for customers or	Statte
		to determine the second free second	
	X Pers Computer Policy Statement	Is this used for customers of	Statt
	KCDHS 487- Call Center Brochure	Is this imaged?	
	KCDHS 488- When a Child Dies in Out-of-Home		
	Gen Care Brochure	Is this imaged?	
	KCDHS 489-SCC Transfer of Custody to KCDHS		
	KCDHS 494- Why Visitation Packet		
	KCDHS 498- DHS Family Planning Resources		
	Gen 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- Child Information	Other county drawer - CWS	
	KCDHS 507- Set Up Your C 4 Yourself Account	Is this imaged?	
	KCDHS 509- Linkages Case Data Sheet	New Rec.	Application, Intake, or Screening
	Jamison Center Intake Information		
	KCDHS 516-JC Sheet	What info is on this?	
	KCDHS 521-	CSF XXX	School Attendance / Enrollment
	Gen School Records	Verifications?	Verification
	KCDHS 525- Records Destruction Certification		
	× Gen Memo	Is this imaged?	
		Is this imaged?	Application, Intake, or Screening
	KCDHS 530-FC Intake Log	New Rec.	Tools
			CalWorks/CalFresh/Medi-Cal Packet
х	KCDHS 532-SCF CF Recertification Info Packet	CW/CF/MC Packet - 3A	FS29LA 3A
	KCDHS 535-		CalWorks/CalFresh/Medi-Cal Packet
	SCW CW Recertification Info Packet	CW/CF/MC Packet - 3A	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- Relative Assessment Brochure	Is this imaged?	
	KCDHS 549- Important Info for Caregivers	What info is on this?	
	KCDHS 54B-Reg Boxing Card	What is this form?	
	× Serv Application Checklist	New Rec.	Tools
		New Net.	10015
	KCDHS 570-	Is this to order more of the	apper
	Gen App/Re Packet Order Form	applications themselves?	Japer
~			CalFresh Packet - FS29LA 1A
X	KCDHS 572-CF Cal Fresh CR Renewal Info. Packet	CF Packet - 1A	CalFresh Packet - FSZ9LA IA
	Cal Fresh CR Renewal Signature	CE Deslict 11	ColFreeb Desket - FC201 & 1.4
X	KCDHS 573-CF Packet	CF Packet - 1A	CalFresh Packet - FS29LA 1A
			Semi-Annual Eligibility Status Report
	CF Quarterly Reporting Renewal		/ Reporting Changes For Cash Aid
х	KCDHS 574-CF Info. Packet	SAR 7/SAR 2	And CalFresh
			Semi-Annual Eligibility Status Report
	CF Quarterly Reporting Renewal		/ Reporting Changes For Cash Aid
х	KCDHS 575-CF Signature Packet	SAR 7/SAR 2	And CalFresh
			Application for CalFresh, Cash Aid,
x	KCDHS 576-CF CF Signature Packet	SAWS 2 PLUS	And/Or Medi-Cal/Health Care

			Application for CalFresh, Cash Aid,
x	KCDHS 577-CF CF Information Packet	SAWS 2 PLUS	And/Or Medi-Cal/Health Care
	CW Cash Application ~ Info.	SAW5 2 FL05	Application for CalFresh, Cash Aid,
v	KCDHS 578-CW Packet	SAWS 2 PLUS	And/Or Medi-Cal/Health Care
^	CW Cash Application ~ Signature	3AW3 2 FL03	Application for CalFresh, Cash Aid,
Y.	KCDHS 579-CW Packet	SAWS 2 PLUS	And/Or Medi-Cal/Health Care
x	Medi-Cal Application	3AW3 2 PL03	Allu/Of Medi-Cal/Health Cale
		MC 210 Mail In Ann	MC 210 Madi Cal Mail In Application
	KCDHS 585-MC Informational Packet	MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
	Medi-Cal Application Signature		MC 240 Mardi Cal Maril In Angliantian
	KCDHS 586-MC Packet	MC 210 Mail In App	MC 210 Medi-Cal Mail-In Application
	Transitional CF Recertification		
X	KCDHS 587-TCF Info. Packet	CF Packet - 1A	CalFresh Packet - FS29LA 1A
	Transitional CF Recertification		
х	KCDHS 588-TCF Signature Packet	CF Packet - 1A	CalFresh Packet - FS29LA 1A
			Replacement or Supplement
x	KCDHS 593-SCF CalFresh Supplemental Packet	CF 303	Affidavit/Authorization
	CalWORKs/Cal Fresh RE Info		CalWorks/CalFresh/Medi-Cal Packet
x	KCDHS 595-CW Packet	CW/CF/MC Packet - 3A	FS29LA 3A
	CalWORKs/Cal Fresh RE Signature		CalWorks/CalFresh/Medi-Cal Packet
x	KCDHS 596-CW Packet	CW/CF/MC Packet - 3A	FS29LA 3A
	KCDHS 597-GA GA Packet	New Rec.	GA/GR Application
	KCDHS 598-	Is this for intake? Or for specific	
x	SCW CalWORKs Supplemental Packet	information?	
<u> </u>	KCDHS 599- FAX Cover	New Rec.	Fax/Coversheets
			Unemployment Insurance Benefits
			Referral Form
	KCDHS 604- Referral to EDD – Employment	CW 2201	Unemployment Insurance Benefits
		GR 6	
X	WTW Services	GK b	Referral Form
	KCDHS 607- Application for Child Placement		50.5
х	Serv for Caregivers	New Rec.	FC Forms
X	KCDHS 608- Approval for Caregiver Placement	New Rec.	FC Forms
	KCDHS 609- Caregiver Assessment &	New Rec.	Vendor Agreements and Forms
	Serv Agreement	WTW 2	Welfare-to-Work Activity Assignment
	KCDHS 610- Child's Personal Rights		
	KCDHS 611- Request Assessment of Relative		
	Serv Home		
	KCDHS 612- Table of Consanguinity	What info is on this?	
	KCDHS 613- Verification of Non-Relative	CSF XXX	Statement of Relationship
х	KCDHS 614- Approval of Caregiver Placement	New Rec.	FC Forms
			Worker Use (Eligibility
	KCDHS 615- Safety Checklist of Health & Safety		Determination/Tracking) Program
	KCDHS 615- Safety Checklist of Health & Safety Serv. Standard	New Pec	Determination/Tracking) Program
	Serv Standard	New Rec.	Determination/Tracking) Program Specific Checklists
	Serv         Standard           KCDHS 623-         Resource Family Presentation –		Specific Checklists
	Serv Standard KCDHS 623- Resource Family Presentation – Gen Survey	New Rec. New Rec.	
	Serv     Standard       KCDHS 623-     Resource Family Presentation –       Gen     Survey       KCDHS 624-     Request for Training from Staff	New Rec.	Specific Checklists
	Serv     Standard       KCDHS 623-     Resource Family Presentation –       Gen     Survey       KCDHS 624-     Request for Training from Staff       SDev     Development		Specific Checklists
	Serv     Standard       KCDHS 623-     Resource Family Presentation –       Gen     Survey       KCDHS 624-     Request for Training from Staff       SDev     Development       KCDHS 625-ER     Request for ER Fund	New Rec.	Specific Checklists
	Serv     Standard       KCDHS 623-     Resource Family Presentation –       Gen     Survey       KCDHS 624-     Request for Training from Staff       SDev     Development       KCDHS 625-ER     Request for ER Fund       KCDHS 626-ER     ER Fund Budget	New Rec. Is this imaged?	Specific Checklists
	Serv         Standard           KCDHS 623-         Resource Family Presentation –           Gen         Survey           KCDHS 624-         Request for Training from Staff           SDev         Development           KCDHS 625-ER         Request for ER Fund           KCDHS 626-ER         ER Fund Budget           KCDHS 627-         Paging Number for Lobby Clients	New Rec.	Specific Checklists
	Serv         Standard           KCDHS 623-         Resource Family Presentation –           Gen         Survey           KCDHS 624-         Request for Training from Staff           SDev         Development           KCDHS 625-ER         Request for ER Fund           KCDHS 626-ER         ER Fund Budget           KCDHS 627-         Paging Number for Lobby Clients           Resource Family Friendly Business -         Resource Family Friendly Business -	New Rec. Is this imaged? Is this imaged?	Specific Checklists FC Forms
	Serv         Standard           KCDHS 623-         Resource Family Presentation –           Gen         Survey           KCDHS 624-         Request for Training from Staff           SDev         Development           KCDHS 625-ER         Request for ER Fund           KCDHS 626-ER         ER Fund Budget           KCDHS 627-         Paging Number for Lobby Clients	New Rec. Is this imaged?	Specific Checklists
	Serv         Standard           KCDHS 623-         Resource Family Presentation –           Gen         Survey           KCDHS 624-         Request for Training from Staff           SDev         Development           KCDHS 625-ER         Request for ER Fund           KCDHS 626-ER         ER Fund Budget           KCDHS 627-         Paging Number for Lobby Clients           Resource Family Friendly Business -         Resource Family Friendly Business -	New Rec. Is this imaged? Is this imaged?	Specific Checklists FC Forms
	Serv     Standard       KCDHS 623-     Resource Family Presentation –       Gen     Survey       KCDHS 624-     Request for Training from Staff       Dev     Development       KCDHS 625-ER     Request for ER Fund       KCDHS 626-ER     ER Fund Budget       KCDHS 627-     Paging Number for Lobby Clients       Resource Family Friendly Business     KCDHS 628-RFA	New Rec. Is this imaged? Is this imaged?	Specific Checklists FC Forms
	Serv     Standard       KCDHS 623-     Resource Family Presentation –       Gen     Survey       KCDHS 624-     Request for Training from Staff       SDev     Development       KCDHS 625-ER     Request for ER Fund       KCDHS 626-ER     ER Fund Budget       KCDHS 627-     Paging Number for Lobby Clients       Resource Family Friendly Business     KCDHS 628-RFA       KCDHS 628-RFA     Directory	New Rec. Is this imaged? Is this imaged? New Rec.	Specific Checklists FC Forms
	Serv     Standard       KCDHS 623-     Resource Family Presentation –       Gen     Survey       KCDHS 624-     Request for Training from Staff       SDev     Development       KCDHS 625-ER     Request for ER Fund       KCDHS 626-ER     ER Fund Budget       KCDHS 627-     Paging Number for Lobby Clients       Resource Family Friendly Business ·     KCDHS 628-RFA       KCDHS 629-RFA     Brechure       Resource Family Friendly Business ·       KCDHS 629-RFA     Brochure	New Rec. Is this imaged? Is this imaged? New Rec. Is this imaged?	Specific Checklists FC Forms
	Serv     Standard       KCDHS 623-     Resource Family Presentation –       Gen     Survey       KCDHS 624-     Request for Training from Staff       SDev     Development       KCDHS 625-ER     Request for ER Fund       KCDHS 626-ER     ER Fund Budget       KCDHS 627-     Paging Number for Lobby Clients       Resource Family Friendly Business -     KCDHS 628-RFA       KCDHS 629-RFA     Brochure	New Rec. Is this imaged? Is this imaged? New Rec.	Specific Checklists FC Forms FC Forms

			t Of Facts Supporting
	KCDHS 633-	÷ ,	For Kinship Guardianship
	Serv Legal Guardianship Questionnaire		e Payment Program
	KCDHS 634- Parent's Questionnaire		g CW Forms
			se (Eligibility
	KCDHS 642-		ation/Tracking) Program
	Gen Supervisor Review	New Rec. Specific Cl	necklists
	KCDHS 643- Helpful Info. For Relative &		
	Serv Extended Family Members	Is this imaged?	
	KCDHS 644- Children's Safety Issues Brochure	Is this imaged?	
	KCDHS 645- Verification of Non-Relative		t of Relationship
		Worker U	se (Eligibility
	KCDHS 646-	Determina	ation/Tracking) Program
	Serv Safety Checklist of Health & Safety	New Rec. Specific Cl	necklists
	KCDHS 647- Request to Withdraw	CW 10 Notice of	Withdrawn Application
	KCDHS 648- Request for Assessment of		
	KCDHS 650- Deficiency Notification		
	KCDHS 651- Comprehensive Assessment for		
	Serv Placement	New Rec. FC Forms	
х	KCDHS 652- Assessment Disposition	New Rec. WTW Agr	eements, Assessments, etc.
	KCDHS 653- Application for Child Placement		
х	Serv for Caregivers	New Rec. FC Forms	
			se (Eligibility
	KCDHS 654-		ation/Tracking) Program
х	Serv Relative Assessment Checklist	New Rec. Specific Cl	
	KCDHS 655- Emergency Evacuation Plan	Is this imaged?	
x	KCDHS 656-LIC Foster Family Licensing Brochure	Is this imaged?	
A	KCDHS 659- Request for Criminal Record	is this magea.	
	Gen Exemption		
	KCDHS 660- Child Care Provider Background		
x	Gen Check	New Rec. Child Care	e Referrals and Forms
A	KCDHS 661- Criminal Record Statement		e Forms and Notices
	KCDHS 662- Health Screening Report		on, Intake, or Screening
	KCDHS 663- Relative Assessment Grievance		in, intake, or screening
x	Gen Review	New Rec. FC Forms	
X	KCDHS 664-	New Rec. FC FOITIS	
		Internal form? Not see a volated?	
	Gen Grievance Review Procedure	Internal form? Not case related?	
	KCDHS 668- Safely Surrender Baby Brochure	Is this imaged?	
	Request for Dissemination of CPS		
	KCDHS 670-CPS Records (Att. A)		
Х	KCDHS 676-RFA Post Adoption Sibling Contact	Other county drawer - AAP	
	KCDHS 677- Parenting Tips (14 different color		
	Gen flyers) .1 through .13		
Х	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?	
	CW Assistance for Domestic Abuse		
	KCDHS 680-DV Victims	PA 1914 Domestic	Violence Referral Sheet
	KCDHS 690- Visitation Packet		
	KCDHS 691- Contact Data Entry Worksheet		Budgets & Worksheets
	KCDHS 693-SOC Family Decision Meeting Brochure	Is this imaged?	
	CA Department of Rehabilitation		
х	KCDHS 697-GA Flyer	New Rec. GA/GR Ot	her Forms
		Behaviora	I/Mental Health Forms and
	KCDHS 698-GA Mental Health Information Flyer	New Rec. Referrals	
	·		

KCDHS 706- Application – Request Packet	Is this to order more of the par	per
× Gen Order Form	applications themselves?	
x KCDHS 707- Voluntary Relinguishment	Other county drawer - AAP	
Clothing and Personal Property		
KCDHS 70-CWS Inventory	New Rec.	Property Statement and Verification
Emergency Foster Home Program	New Rec.	Property statement and vernication
÷, ÷	to the instance of 2	
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		
x KCDHS 729-GA with an Application	New Rec.	GA/GR Other Forms
	What info is on this? Is this a	
KCDHS 738-	verification request?	
× 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- Request for Criminal Record		
Serv 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-		
× Pers Confidentiality Policy	Is this used for customers or st	aff?
Consider Becoming a Foster		
KCDHS 782-FC Parent for a Child w/Special Needs	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	1/1015	important Notice about Maining
x KCDHS 795-GA GA Supervisor Review Sheet	New Rec.	GA/GR Other Forms
KCDHS 795-GA GA dupension Review Sheet	Is this imaged?	GA/GR Other rollins
KCDHS 801- Choices Transitional Housing	is this imaged:	
õ		
Gen Program Brochure	Is this imaged?	
KCDHS 802- Building Blocks Brochure	Is this imaged?	
KCDHS 804- C4 Yourself Moble App	Is this imaged?	Application late 1 2 2
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- Safely Surrendered Newborns –		
Gen Order Sheet	Is this imaged?	
Important Info for Families		
KCDHS 834-RFA Considering Placement of a Child	What info is on this?	
KCDHS 848- Read Me – Notice of Computer		
X Gen Systems	Is this imaged?	
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		
KCDHS 864-DV Children		
KCDHS 865-JC Sheet for Field Intake	New Rec.	Application, Intake, or Screening

	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
KCDHS 868-	Career Development & Successio	n		New Dee	
Gen x KCDHS 877-	Planning Tool			New Rec.	WTW Agreements, Assessments, etc.
X KCDHS 877-	Developmental Evaluation Foster Care Benefit Instructions			Other county drawer - AAP	
x KCDHS 878-				New Rec.	FC Forms
x KCDHS 878-				New Rec.	FC FOILIIS
KCDHS 879-	Notice of Driver's License			Is this used for customers or staff?	DMV/ID Referrals and Verification
X Pers	Expiration			New Rec.	Requests
KCDHS 880	Expiration			New Net.	Requests
x Pers	Notice of Mileage Authorization			Is this used for customers or staff?	
KCDHS 881-	Notice if Automobile Insurance	-			
x Pers	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-	Request for Service from Facilitie	S			
Maint	Management			Is this imaged?	
KCDHS 923-	SIU Cashed Warrant Signature			New Rec.	Fiscal Forms
KCDHS 925-	Temporary Emergency Placemen	ts		New Rec.	FC Forms
KCDHS 92-E	R SCAR Screening Form			New Rec.	Application, Intake, or Screening
KCDHS 930-	Healthy Choices Brochure (SNAP)			Is this imaged?	
					CalFresh Supplemental Form for
KCDHS 935	•			CF 31	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	1		New Rec.	FC Forms
	5 Steps Toward Beginning				
	FC Adoption/FFH			Is this imaged?	
x KCDHS 953-	MC Free Health Insurance – 3-up card	1			
	You Have Applied for Medi-Cal,			la this imposed 2	
KCDH3 954	MC Now What's Next Flyer Need H.R. Insurance Appointmen	+		Is this imaged?	
	MC Card – 4-up card	l.			
	MC Need H.R. Insurance Flyer			Is this imaged?	
KCD13 330	CBO Partner in the MO&E/MRA			is this intageu:	
KCDHS 957	MC Project			New Rec.	Vendor Agreements and Forms
KCDHS 966	Unit Template Scheduler			New Rec.	Student/College Related Forms
	FRA Families Formed with Love			What is on this?	
KCHDS 372-	I Speak Cards			Is this imaged?	
Kelley Blue	•				
Book Copie	Kelley Blue Book Copies	Property/Liens		Verification	
	· · ·	· ·	Manually budget form - no		
x KG 30	Kin-GAP budget worksheet	Manuall budget	comparable form	New Rec.	Program Budgets & Worksheets
			Form is specific to county Foster care		
x KG 45-1	KinGAP Budget Authorization	FC authorization of funding	program	New Rec.	Program Budgets & Worksheets
			Lake County form-Found rent verif		
			but it says Section 8 and nothing for		
LAK 000686	Residence Rent and Utility Verif	CalWorks	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
			Lake County form-not found on list-		
x LAK 00801	Denial 30 Day	General Relief	only has NSA denial & termination	New Rec.	Manual <program> NOA</program>
14/20004		Conoral Daliaf	Lake County forms not found on the	400 1462	Work Welfare-To-Work Plan Activity
LAK 00804	GR Work Project Assignment	General Relief	Lake County form-not found on list	ABP 1463 What is that purchasing?	Assignment
LAK 00809	3			Textbooks? Clothes? County	
x LAK00809	Purchase order	General Relief	Lake County form-not found on list	forms?	
A LAK00810			Lake County ronn-not round on list	1011131	

					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 Service Request
					EBT 9	Cash Aid / CalFresh Electronic Benefit
	LAK 1160	EBT Card Pick up	CalWorks/CalFresh	Lake County form-not found on list	TEMP 2202	Transfer - EBT Service Request
	LAK01030	Mieage Claim Route sheet	CalWorks/Welfare to Work	Lake County form-not found on list	New Rec.	Transportation Forms
	2/1101030	Miedge eldin Noute sheet		Eake county form not found on itse	Is this like a case review sheet? Or	hansportation roms
x	LAK01489	Comprehensive discussion	WTW	Lake County form-not found on list	an Interview checklist?	
^	Landlord	comprenensive discussion		Lake county form not found on list		
x	House/Apt	Landlord House/Apt Rental Stmt	Deductions/Shelter Costs		Verification	
λ	Learning Style	Landioru nouse/Apt Kentai Stint	Deddctions/shelter costs		Vernication	
x	Preference	Learning Style Preference Form	WTW Assessments		Verification	
Α	Legal Perm	Learning style Preference ronni	WTW Assessments		Vernication	
		Legal Perm Resident Alien Card	Vitals		Verification	
	<ul> <li>Resident Allen</li> </ul>	Legal Perm Resident Allen Card	VILAIS	License issued to a Foster Family	venification	
				Home who meet Health and Safety		
				standards to have Foster Care child		
				placed in their home. Similar Form		
X	LIC 203 a	Placement License	Foster Care Certification	not found on Forms List	New Rec.	FC Forms
Х	LIC 229	Certificate of Approval	Not a county form.		New Rec.	FC Forms
				Treasurer-Tax Collector's Office		
		Grant Lien to County of Stanislaus		Form is used for General Assistance		GA/GR Repayment
	Lien 1	(W&I Code 17109)	Property Lien	recipients	New Rec.	Agreements/Forms
	Los Rios CW					
K	Aid Verif Form	Los Rios CW Aid Verif Form	Correspondence		Verification	
			Used to notify client of change to their	State NOA, not found in CalWIN.		
	M20-353C	Penalty Applied to AU NOA	penalty	penalty change	New Rec.	Manual <program> NOA</program>
		M40-129A Immediate Need		SLO Co. version of State Notice of		
K	M40-129A	Denial - Needs Met.docx	CW immediate new NOA	Action Documents M series	New Rec.	Manual <program> NOA</program>
		M40-129B Approve IN Full		SLO Co. version of State Notice of		
X	M40-129B	Payment.docx	CW immediate new NOA	Action Documents M series	New Rec.	Manual <program> NOA</program>
		M40-129C Immediate Need Denia	ıl	SLO Co. version of State Notice of		
ĸ	M40-129C	<ul> <li>Ineligible to CalWORKs or</li> </ul>	CW immediate new NOA	Action Documents M series	New Rec.	Manual <program> NOA</program>
		M40-129D Immediate Need		SLO Co. version of State Notice of		
x	M40-129D	Denial - No Emergency.docx	CW immediate new NOA	Action Documents M series	New Rec.	Manual <program> NOA</program>
		M40-171D Basic CW Approval		SLO Co. version of State Notice of		
K	M40-171D	with SB 380 Child.docx	CW immediate new NOA	Action Documents M series	New Rec.	Manual <program> NOA</program>
Х	M42-69	Cal-Learn bonus			New Rec.	CalLearn Agreements and Forms
Х	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</program>
	M43- 119.221	Sponsored Eligible Non-Citizen,		· · · · · · · · · · · · · · · · · · ·		-
	LA	Indegence Exemption (Change)		No possible map found in listing	New Rec.	Manual <program> NOA</program>
		Sponsored Eligible Non-Citizen,				
	LA	Indegence Exemption (Approval)		No possible map found in listing	New Rec.	Manual <program> NOA</program>
	M43- 119.222	<b>e</b> <u>i</u>				
	LA 115.222	Battery Exemption End (Change)		No possible map found in listing	New Rec.	Manual <program> NOA</program>
		Sponsored Eligible Non-Citizen,		the persone map round in itstillig		
				No secold second formed to listing	New Rec.	Manual < Program > NOA
				No possible map found in listing		
	LA	Indegence Exemption (Approval)		No possible map found in listing	New Nec.	Manual Crograms North
	LA	Indegence Exemption (Approval) Sponsored Eligible Non-Citizen,		No possible map found in listing	New Net.	
	LA M43- 119.222T	Indegence Exemption (Approval) Sponsored Eligible Non-Citizen, Indegence Exemption End				
	LA	Indegence Exemption (Approval) Sponsored Eligible Non-Citizen, Indegence Exemption End (Discontinuance)		No possible map found in listing	New Rec.	Manual <program> NOA</program>
	LA M43- 119.222T LA	Indegence Exemption (Approval) Sponsored Eligible Non-Citizen, Indegence Exemption End (Discontinuance) Sponsored Non-Citizen - Excluded		No possible map found in listing	New Rec.	Manual <program> NOA</program>
	LA M43- 119.222T LA M43- 119A LA	Indegence Exemption (Approval) Sponsored Eligible Non-Citizen, Indegence Exemption End (Discontinuance) Sponsored Non-Citizen - Excluded From AU (Approval)				
	LA M43- 119.222T LA	Indegence Exemption (Approval) Sponsored Eligible Non-Citizen, Indegence Exemption End (Discontinuance) Sponsored Non-Citizen - Excluded		No possible map found in listing	New Rec.	Manual <program> NOA</program>

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

		MEDI-CAL BENEFITS REMOVAL OF	-	NEEDED FORM NOT ON TIER 1 LIST -		
	MC 0377-2B	SUSPENSION	INFORMING LETTER	REQUIRED	New Dee	
X				REQUIRED	New Rec.	Manual <program> NOA</program>
	MC 171	MC LTC Admission/Discharge	Residency		New Dee	Des sur la sta Quatra de la sta
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
		-	i ē			Share of Cost Determination MFBUs
x	MC 176 M	SOC Determination - No LTC	Income Reports/Budgets		MC 176M-LTC	with LTC Person Included - LTC
x	MC 176 M-A	1931b Program Worksheet	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
						Share of Cost Determination MFBUs
x	MC 176 M-I TC	SOC Determination -With LTC	Income Reports/Budgets		MC 176M-LTC	with LTC Person Included - LTC
^	MC 176 P	Property Reserve	Property/Liens		New Rec.	Property Statement and Verification
	MC 176 P-A					MEDI-CAL PROPERTY ASSESSMENT
		QMB Property Adult	Property/Liens		MC 176 PA-A	APPLICATION
	MC 176 PA-	PropertyWorksheet/Assess	Property/Liens		New Rec.	Program Budgets & Worksheets
	MC 176 P-C	Propertyworksneet/Assess	Property/Liens		New Rec.	MEDI-CAL PROPERTY ASSESSMENT
		ON AD Data a set of Child	December 4 in an			
	QINIB/SLINIB/QI	QMB Property Child	Property/Liens		MC 176 PA-A	APPLICATION
						Period of Ineligibility for Nursing
	MC 176 PI	POI -Nursing Facility Care	Income Reports/Budgets		MC 176 P I	Facility Level-of- Care Worksheet
	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	County version of the MC 176 M		
х	MC 176M	Worksheet.xlsx	share of cost	Share of Cost Determination	New Rec.	Program Budgets & Worksheets
					What is being authorized? An	
					What is being authorized? An authorized rep? Benefit	
	MC 180	Elig Ltr of Authorization	OHC/TPL/MEDS 1		-	
	MC 180 MC 210	-			authorized rep? Benefit	MC 210 Medi-Cal Mail-In Application
		Elig Ltr of Authorization New Mail-In App and Instructions			authorized rep? Benefit authorization?	MC 210 Medi-Cal Mail-In Application Request for Tax Household
x		New Mail-In App and Instructions	Applications/SOF/ICT		authorized rep? Benefit authorization?	
X	MC 210	-			authorized rep? Benefit authorization? MC 210 Mail In App	Request for Tax Household Information (RFTHI)
x	MC 210 MC 210 B	New Mail-In App and Instructions Supplement to SOF (Pickle)	Applications/SOF/ICT Applications/SOF/ICT		authorized rep? Benefit authorization? MC 210 Mail In App RFTHI	Request for Tax Household Information (RFTHI) Additional Family Members
	MC 210	New Mail-In App and Instructions	Applications/SOF/ICT		authorized rep? Benefit authorization? MC 210 Mail In App	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal
x	MC 210 MC 210 B MC 210 S-C	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT		authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT		authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI)
x	MC 210 MC 210 B MC 210 S-C	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT		authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency		authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT		authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212 MC 224 A-S	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration MC 224 A Supplemental	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency OP/OI		authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214 MC 224 A	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet Medi-Cal Potential Overpayment
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency		authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212 MC 224 A-S MC 224 B-S	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration MC 224 A Supplemental MC 224 B Supplemental	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency OP/OI	Notice of Action for MC-related	authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214 MC 224 A	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet Medi-Cal Potential Overpayment
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212 MC 224 A-S MC 224 B-S MC 239 A LIS	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration MC 224 A Supplemental MC 224 B Supplemental Medi-Cal Notice of Action Denial	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency OP/OI OP/OI	changes; exisiting CAISAWS forms do	authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214 MC 224 A MC 224 B	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet Medi-Cal Potential Overpayment Reporting Work Sheet
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212 MC 224 A-S MC 224 B-S	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration MC 224 A Supplemental MC 224 B Supplemental	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency OP/OI	changes; exisiting CAISAWS forms do not meet business needs.	authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214 MC 224 A	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet Medi-Cal Potential Overpayment
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212 MC 224 A-S MC 224 B-S MC 224 B-S MC 239 A LIS Denial	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration MC 224 A Supplemental MC 224 B Supplemental Medi-Cal Notice of Action Denial	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency OP/OI OP/OI	changes; exisiting CAISAWS forms do	authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214 MC 224 A MC 224 B	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet Medi-Cal Potential Overpayment Reporting Work Sheet
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212 MC 224 A-S MC 224 B-S MC 239 A LIS	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration MC 224 A Supplemental MC 224 B Supplemental Medi-Cal Notice of Action Denial	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency OP/OI OP/OI	changes; exisiting CAISAWS forms do not meet business needs.	authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214 MC 224 A MC 224 B	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet Medi-Cal Potential Overpayment Reporting Work Sheet
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212 MC 224 A-S MC 224 B-S MC 224 B-S MC 239 A LIS Denial	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration MC 224 A Supplemental MC 224 B Supplemental Medi-Cal Notice of Action Denial of Benefits	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency OP/OI OP/OI	changes; exisiting CAISAWS forms do not meet business needs. Notice of Action for MC-related	authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214 MC 224 A MC 224 B	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet Medi-Cal Potential Overpayment Reporting Work Sheet
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212 MC 224 A-S MC 224 B-S MC 229 A LIS Denial MC 239 A	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration MC 224 A Supplemental MC 224 B Supplemental Medi-Cal Notice of Action Denial of Benefits MAGI Medi-Cal Notice of Action	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency OP/OI OP/OI Notice of Action	changes; exisiting CAISAWS forms do not meet business needs. Notice of Action for MC-related changes; exisiting CAISAWS forms do	authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214 MC 224 A MC 224 B New Rec.	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet Medi-Cal Potential Overpayment Reporting Work Sheet Manual <program> NOA</program>
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212 MC 224 A-S MC 224 B-S MC 239 A LIS Denial MC 239 A	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration MC 224 A Supplemental MC 224 B Supplemental Medi-Cal Notice of Action Denial of Benefits MAGI Medi-Cal Notice of Action	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency OP/OI OP/OI Notice of Action	changes; exisiting CAISAWS forms do not meet business needs. Notice of Action for MC-related changes; exisiting CAISAWS forms do not meet business needs.	authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214 MC 224 A MC 224 B New Rec.	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet Medi-Cal Potential Overpayment Reporting Work Sheet Manual <program> NOA</program>
x	MC 210 MC 210 B MC 210 S-C MC 210 S-E MC 212 MC 224 A-S MC 224 B-S MC 239 A LIS Denial MC 239 A MAGI Denial MC 239 A MAGI	New Mail-In App and Instructions Supplement to SOF (Pickle) Add Children to M/C SOF Student Expenses-Supp to SOF Medi-Cal Residency Declaration MC 224 A Supplemental MC 224 B Supplemental Medi-Cal Notice of Action Denial of Benefits MAGI Medi-Cal Notice of Action Denial of Benefits	Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Applications/SOF/ICT Residency OP/OI OP/OI Notice of Action	changes; exisiting CAISAWS forms do not meet business needs. Notice of Action for MC-related changes; exisiting CAISAWS forms do not meet business needs. Notice of Action for MC-related	authorized rep? Benefit authorization? MC 210 Mail In App RFTHI MC 371 RFTHI MC 214 MC 224 A MC 224 B New Rec.	Request for Tax Household Information (RFTHI) Additional Family Members Requesting Medi-Cal Request for Tax Household Information (RFTHI) Important Information About Medi-Cal Potential Overpayment Reporting Work Sheet Medi-Cal Potential Overpayment Reporting Work Sheet Manual <program> NOA</program>

	MC 239 A Non-			Notice of Action for MC-related		
	MAGI	Non-MAGI Medi-Cal Notice of		changes; exisiting CAISAWS forms do		
х	Discontinuance	Action Discontinuance of Benefits	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
		MC DENIAL NON-MODIFIED				
	MC 239 MC	ADJUSTED GROSS INCOME-NO		NEEDED STATE FORM NOT ON TIER 1		
X	DENIAL	LINKAGE	INFORMING NOTICE	LIST -REQUIRED	New Rec.	Manual <program> NOA</program>
		MC DISCONTINUANCE FOR NON-				
	MC 239 MC	MODIFIED ADJUTED GROSS		NEEDED STATE FORM NOT ON TIER 1		
X	DISC	INCOME-NO LINKAGE	INFORMING NOTICE	LIST -REQUIRED	New Rec.	Manual <program> NOA</program>
	MC 239 SOCR	REDUCTION IN SHARE-OF-COST		NEEDED STATE FORM NOT ON TIER 1		
x	PART B	DUE TO PAYMENT OF PART B	INFORMING NOTICE	LIST -REQUIRED	New Rec.	Manual <program> NOA</program>
		TMC DENIAL OR		NEEDED STATE FORM NOT ON TIER 1		
	MC 239 TMC-2	DISCONTINUANCE	INFORMING NOTICE	LIST -REQUIRED	New Rec.	Manual <program> NOA</program>
				County created MC		
		MC239A Denial Discontinuance of		denial/discontinuance NOA - Hearing		
X	MC 239A	Medi-Cal Benefits.docx	MC denial/discontinuance NOA	info refers to State Hearings Division,	New Rec.	Manual <program> NOA</program>
		App/SOF-Over 18/Under 21 Prior				Application for Medi-Cal for Former
х	MC 250 A	FC	Applications/SOF/ICT		MC 250A	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
						Release of Information - Financial
X	MC 324	1931(b) Sneede Property	Property/Liens		CW 60	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
						Important Notice About Your Baby -
	MC 330	Newborn Referral Form	Applications/SOF/ICT		CSF XXX	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
		MC 250 PERCENT WORKING	MC 250 PERCENT WORKING DISABLED			
x	MC 338 G	DISABLED DENIAL NOA	DENIAL NOA		SCR CA-20338 to add	
		MC 250 PERCENT WORKING	MC 250 PERCENT WORKING DISABLED			
x	MC 338 J	DISABLED DISCONTINUANCE NOA	DISCONTINUANCE NOA		SCR CA-20338 to add	
	MC 338 J	Premium Differential	Income Reports/Budgets		New Rec.	Program Budgets & Worksheets
				Notice of Action for MC-related		
		Denial or Discontinuance of a		changes; exisiting CAISAWS forms do		
x	MC 351 MEC	Parent Caretaker Relative	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
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</program>
		Cancellation or Change to a Medic	+			
		Cal Authorized Representative				
x	MC 381	Appointment		Inform of AR cancellation/change	SCR CA-206898 to add form	
		Appointment of Authorized		, ,		
x	MC 383	Representative (Organization)		Establish Auth Rep for MC	SCR CA-206898 to add form	
				•		Request for Tax Household
x	MC 4604	Supp -MC/Medicare Savings App	Applications/SOF/ICT		RFTHI	Information (RFTHI)
		Additional Income and Property		Gather information for MC eligibility		
	MC 604 IPS	Information Needed for Medi-Cal		determination (Non-MAGI)	MC 604 IPS PACKET	MC 604 IPS PACKET
1						

		Doctor's Verification for Home				
		and Community Based Services		Verify that customer is in need of		
	MC 604 MDV	Under Spousal Impoverishment		HCBS waiver	SCR CA-203671 to add form	
	MC App					
	Verification	MC App Verification Request List	Correspondence		New Rec.	Customer Use Checklists
			Autmated worksheet to determine MC	County version of the MC 176 P		
х	MC P 176	MC 176 P.xls	Property reserve	Property Reserve Worksheet	New Rec.	Program Budgets & Worksheets
		Request for Additional	Request for Additional Information			Request for Tax Household
	MC01-2014	Information (RFTHI)	(RFTHI)		RFTHI	Information (RFTHI)
	MC01-2014	Request for Additional	Request for Additional Information			Request for Tax Household
	(SP)	Information (RFTHI)	(RFTHI)		RFTHI	Information (RFTHI)
	MC01-2014	APDX Request for Additional	APDX Request for Additional Information			Request for Tax Household
x	APDX	Information (RFTHI)	(RFTHI)		RFTHI	Information (RFTHI)
	MC01-2014	APDX Request for Additional	APDX Request for Additional Information			Request for Tax Household
x	APDX	Information (RFTHI)	(RFTHI)		RFTHI	Information (RFTHI)
		Statement of Citizenship,	()			Statement of Citizenship, Alienage,
	× MC13	Alienage, and Immigration Status	Citizenshin verification	Citizenship verification	MC 13	and Immigration Status
	MC380	Notice of Authorized	Citizenship vernication	Inform of AR appointment	SCR CA-206898 to add form	
	IVICOOU	Appointment of Authorized		morm of An appointment	SCR CA-206898 to add form	Authorized Representative
x	MC382	Representative (Individual)		Establish Auth Rep for MC	CSF XXX	Designation
٨	IVICOOZ	representative (mulvidudl)		This form is used for every face to	CJF AAA	DESIGNATION
				,		
				face application received in county		
				offices. This form is part of the		
			Provides specific individual information	application process and increases the		
			to help staff screen for emergency	workload for staff imaging/indexing		Application, Intake, or Screening
X	MCDSS 1153	EFAS Screening Sheet	services	documents to a case.	New Rec.	Tools
				This form collects information about		
				a customers special need for		
				language and/or disability services.		
				This form is used for all applications		
				and recertification of benefits for all		
			Provided to all customers applying,	programs. The usage of this form		
			reapplying or recertifying their benefits	impacts the workload of staff		
	× MCDSS 1154	Civil Rights Information	for all programs	imaging/indexing documents to the	PA 2457	Civil Rights Information Notice
				This form is used as a record of		
				benefits requested by a customer		
			Benefit Issuance staff uses this form to	and provided by the county. This		
			document services provided to	form is used frequently by staff and		
		Benefits Issuance Service Request				
	× MCDSS 2022A		card, BIC, Voucher, passport, etc.	imaging/indexing documents to a	New Rec.	Customer/Worker Contact
		-		This form is used for every face to		
				face application received in county		
				offices. This form is part of the		
			Provides specific inidivdual information	application process and increases the		
				workload for staff imaging/indexing		Application Intaka or Servering
	MCDSS 576	Mactor Indox Charlint	to help staff register applications for		New Rec	Application, Intake, or Screening
	IVICUSS 5/6	Master Index Checklist	customers	documents to a case.	New Rec.	Tools
				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		
			Form is used by customers to	request services. Review of the		
	MCDSS 672	Goldenrod	communicate with eligibility specialists	CalSAWS document did not have an	New Rec.	Customer/Worker Contact

				This form is a communication tool		
				between eligibility specialist and		
				account specialists to service		
			This form provides MEDS and EBT staff	customers quickly and efficiently.		
			with customer information and eligibility	This document is used everyday and		
			specialist requests to issue benefits to	impacts the workload of staff	TEMP 2202	Cash Aid / CalFresh Electronic Benefit
х	MCDSS 823	BI Update Request	customers	imaging/indexing documents to the	MEDS Request	Transfer - EBT Service Request
		· · ·		This form is used with every recipient		
				coming into the county office		
				requesting assistance to transfer the		
			Provides information about a customer	case from another county. This form		
			applying for benefits in Mendocino	is part of the application process and		
		In-Person Inter County Transfer	County and transfering from another	increases the workload for staff		
	MCDSS 845	Request	county	imaging/indexing documents to the	New Rec.	ICT Forms
						Your Rights Under California Welfare
	MCSP 219	Rights and Responsibilities	Applications/SOF/ICT		PUB 13	Programs
					What info is on this? What is the	
	MCSP 22A	MCSP 22A	Applications/SOF/ICT		form used for?	
	Medical Bills	Medical Bills	Deductions/Shelter Costs		Verification	
	Medi-Cal	Medi-Cal Checklist			New Rec.	Customer Use Checklists
X			Correspondence		INEW NEL.	
	Medical Info - Letter from	Modical Info Latter from Climit	Disability (Work Pag		Verification	
X		Medical Info - Letter from Client	Disability/Work Reg			
X	Medical	Medical Information	Disability/Work Reg		Verification	
	Medical	Medical Information from				
	Information	WebMD	WTW Exemptions		Verification	
	Medical					
	Insurance	Medical Insurance Premiums Verif	Deductions/Shelter Costs		Verification	
	Medi-Cal	Medi-Cal Referral from Foster				
	Referral -	Care Unit to be completed by	Medi-Cal Referral from Foster Care Unit			
	Foster Care	Eligibility Worker	to be completed by Eligibility Worker		New Rec.	Non-Fraud Referral or Request
	Medical					
	Referral /	Medical Referral / Doctors Note	Disability/Work Reg		Verification	
	Medicare					
	Correspondenc	Medicare Correspondence	OHC/TPL/MEDS 1		Verification	
	Medicare					
	Health Ins Card	Medicare Health Ins Card	OHC/TPL/MEDS 1		Verification	
						MEDS On-Line Transactions Request-
	MEDS2	Req for Replacement BIC	OHC/TPL/MEDS 1		PA 6078	Issuance, Add, and Term
		· · · ·				MEDS On-Line Transaction Request
	MEDS3	CIN Correction in SCI	OHC/TPL/MEDS 1		PA 6079	Change/Modify MEDS Record
						Screening For Mental Health and
(	MH 1	CW Mental Health Assessment	WTW Exemptions		GN 6140	Substance Abuse
			•			Referral for Mental Health Services
	MH 2A	Mental Health Referral Results	WTW Exemptions		PA 2012	Referrarior Mericar realth Services
		Mental Health Referral Results	WTW Exemptions		PA 2012	Referrar for Mental fleatth Services
	Military Service		•			
		Mental Health Referral Results Military Service Information	WTW Exemptions Vitals	Court Verification of placement and	Verification	
	Military Service Information	Military Service Information	Vitals	Court Verification of placement, and	Verification	
xx	Military Service Information Minute Orders	Military Service Information Court Minute Order	•	Court Verification of placement, and other court ordered information.	Verification New Rec.	FC Forms
X X	Military Service Information Minute Orders ML 4846	Military Service Information	Vitals		Verification	
X X	Military Service Information Minute Orders ML 4846 MoneyGram	Military Service Information Court Minute Order Consolidated Omnibus Budget	Vitals Placement Authority Detail		Verification New Rec. New Rec.	FC Forms
x	Military Service Information Minute Orders ML 4846 MoneyGram Money Order	Military Service Information Court Minute Order	Vitals Placement Authority Detail		Verification New Rec.	FC Forms
x	Military Service Information Minute Orders ML 4846 MoneyGram Money Order Motel Receipt	Military Service Information Court Minute Order Consolidated Omnibus Budget MoneyGram Money Order Receipt	Vitals Placement Authority Detail		Verification New Rec. New Rec. Verification	FC Forms
X X	Military Service Information Minute Orders ML 4846 MoneyGram Money Order Motel Receipt (for HA	Military Service Information Court Minute Order Consolidated Omnibus Budget MoneyGram Money Order Receipi Motel Receipt (for HA Program)	Vitals Placement Authority Detail t WTW Employment Homeless		Verification New Rec. New Rec. Verification Verification	FC Forms
	Military Service Information Minute Orders ML 4846 MoneyGram Money Order Motel Receipt (for HA MRD04	Military Service Information Court Minute Order Consolidated Omnibus Budget MoneyGram Money Order Receipt Motel Receipt (for HA Program) MRD04	Vitals Placement Authority Detail t WTW Employment Homeless DPH BHS ROI		Verification New Rec. New Rec. Verification Verification What info is on this?	FC Forms Program Budgets & Worksheets
x x	Military Service Information Minute Orders ML 4846 MoneyGram Money Order Motel Receipt (for HA	Military Service Information Court Minute Order Consolidated Omnibus Budget MoneyGram Money Order Receipi Motel Receipt (for HA Program)	Vitals Placement Authority Detail t WTW Employment Homeless DPH BHS ROI Disability/Work Reg	other court ordered information.	Verification New Rec. New Rec. Verification Verification	FC Forms Program Budgets & Worksheets DDSD Forms
x	Military Service Information Minute Orders ML 4846 MoneyGram Money Order Motel Receipt (for HA MRD04	Military Service Information Court Minute Order Consolidated Omnibus Budget MoneyGram Money Order Receipt Motel Receipt (for HA Program) MRD04	Vitals Placement Authority Detail t WTW Employment Homeless DPH BHS ROI	other court ordered information.	Verification New Rec. New Rec. Verification Verification What info is on this?	FC Forms Program Budgets & Worksheets

<b></b>						
				No match in the provided CalSAWS		
X	N/A	Assessment Referral	content includes client information	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		
		DHCS IHSS County Investigation		of IHSS reports and other forms that		
x	N/A	Quarterly Report	Mandated State form	will be or need to be in the system	Other county drawer - IHSS	
		· ·		This form documents Intakes for the	·	Application, Intake, or Screening
	N/A	Face Sheet Appeals unit	County form	Appeals Unit	New Rec.	Tools
	,			This form is giving to client during		
				FTF interview or mailed to cleint to		
				request sworn statement regarding	005 1000	a a
				earned or unearned income received.		Sworn Statement
	N/A	HSA Cleint's Affidavit	County Form	Used for both IRS Assest match or	PA 167	Monthly Earnings Report
				This form is giving to client during		
				FTF interview or mailed to cleint to		
				request sworn statement regarding		
		HSA declaration under penalty of		earned or unearned income received.	CSF XXX	Sworn Statement
	N/A	perjury	County Form	Used for both IRS Assest match or	PA 168	Monthly Earnings Report
			Form for HSP clients to consent to be	No match in the provided CalSAWS		
	N/A	HMIS intake	entered into HMIS	document.	New Rec.	HSP and Homeless Assistance Forms
			Housing Program assesment and plan for			The and Homeless Assistance FOITIS
	N/A	Housing Stability Dan	stable housing	document.	New Rec.	HSP and Homeless Assistance Forms
	N/A	Housing Stability Plan	*		New Rec.	HSP and Homeless Assistance Forms
			General Assistacnce form allows for	No match in the provided CalSAWS		
X	N/A	Resonable Accomodations	client to request a phone intake	document.	New Rec.	GA/GR Other Forms
			Authorization for client to receive text	No match in the provided CalSAWS		Electronic Notification Agreement
	N/A	Text messaging authorization	messages	document.	NA 1273	and Courtesy Confirmation Receipt
				No match in the provided CalSAWS	Is this a NOA or an actual voucher that is redeemed? If voucheris this imaged after it's created or after it's redeemed?	
	N/A	Textbook Voucher	authorization of books for students	document.	New Rec.	Student/College Related Forms
	N/A			No match in the provided CalSAWS	New Rec.	Application, Intake, or Screening
	V 11/4		and the second territory of the states of th		New Dee	
	X N/A	Application Clearance Form	used to assist application registration	document.	New Rec.	Tools
			Housing Program ROI through HMIS	No match in the provided CalSAWS		
	N/A	HMIS ROI	system sharing	document.	New Rec.	HSP and Homeless Assistance Forms
			Housing Program planning	No match in the provided CalSAWS		
	N/A	Housing Program Case Plan	form/agreement	document.	New Rec.	HSP and Homeless Assistance Forms
			Communication template for			
			correspondance between housing	No match in the provided CalSAWS		
	N/A	Housing Programs Communication		document.	New Rec.	HSP and Homeless Assistance Forms
	,	0 0	Housing Support Program final contact	No match in the provided CalSAWS	-	
	N/A	HSP Final Contact Letter	before discontinuance	document.	New Rec.	HSP and Homeless Assistance Forms
	,		Housing Program assessment of			
			inventory of HH goods once housing is	No match in the provided CalSAWS		
	NI / A	UCD Llama Euroichinge List	, ,		New Dee	UCD and Hamalana Assistance France
	N/A	HSP Home Furnishings List	found	document.	New Rec.	HSP and Homeless Assistance Forms
			Housing program specific consent form	No match in the provided CalSAWS		
	N/A	HSP Informed Consent	for client ROI	document.	New Rec.	HSP and Homeless Assistance Forms
			Housing Program letter to landlord	No match in the provided CalSAWS		
	N/A	Letter to Landlord	regarding HSP program assistance	document.	New Rec.	HSP and Homeless Assistance Forms
				No match in the provided CalSAWS		
x x x	N/A	VI-SPDAT	Housing vulnerability assessment tool	document.	New Rec.	HSP and Homeless Assistance Forms
x x x	N/A			document. No match in the provided CalSAWS	New Rec.	HSP and Homeless Assistance Forms
x x x		ODAS Supplemental	Supplemental questionnaire specific to	No match in the provided CalSAWS		HSP and Homeless Assistance Forms
x x x	N/A N/A		Supplemental questionnaire specific to ODAS population	No match in the provided CalSAWS document.	New Rec. Other county drawer - IHSS	HSP and Homeless Assistance Forms
x x x		ODAS Supplemental Questionnaire	Supplemental questionnaire specific to	No match in the provided CalSAWS		HSP and Homeless Assistance Forms Manual <program> NOA</program>

				Notice of Action for FC related		
		Notice of Action for Group Homes		changes; exisiting CAISAWS forms do		
Х	NA 1261	and Foster Family Agencies Only	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
		Notice of Action for Approved		Notice of Action for FC related		
		Relatives, Non-Relative Extended		changes; exisiting CAISAWS forms do		
	NA 1261 A	Family Members	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
				Notice of Action for FC related		
		Notice of Action for Kinship-		changes; exisiting CAISAWS forms do		
х	NA 1261 B	Guardians Only	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
				Notice of Action for employment and		
				supportive services related changes;		
		Notice of Action - CaLearn		exisiting CAISAWS forms do not meet		
X	NA 844	Adequate Progress	Notice of Action	business needs.	New Rec.	Manual <program> NOA</program>
			Notice that informs client of denial of	No match in the provided CalSAWS		
	NA 9	HSP denial NOA (english)	HSP assistance	document.	New Rec.	Manual <program> NOA</program>
				County created NOA for Adoption		
				Assistance Payments - approval,		
		NA 791 AAP Adoption Notice of		change. Discontinuance,		
х	NA AAP 791	Action.pdf	AAP notice of action	overpayment, potential fraud	New Rec.	Manual <program> NOA</program>
		•		Contains county specific information		-
				regarding hearing rights- exisitng	NA Back 9 is automatically sent on	
				CalSAWS Documents do not meet	all system generated NOAs.	
x	NA Back 9	Your Hearing Rights	Appeals	these needs	Court/Hearings Document	Fair Hearing Forms
<u>^</u>	NA-844	No Bonus, no penalty-Cal Learn	10000		New Rec.	Manual <program> NOA</program>
	10/10/11	No bolius, no penalty curecum		Form is specific to county Foster care	New Rec.	
x	No form #	AAP Intake dictation sheet	AAP approval information	program	Other county drawer - AAP	
Λ.		The make detailor sheet		Auditor's Office Form from Child		
				Welfare Services to Stanislaus County		
		Declaration To Obtain Lost or		Auditor Controller. County Form.		
	× No Form #	Stolen Warrant	Statement of Fact/Affidavit	Similar Form not found on Forms List		Sworn Statement
	^ INO FUTTI #	KinGAP Denied Application	Statement of Fact/Annuavit	Form is specific to county Foster care		Sworn Statement
x	No form #	Summary	KC form when deriving funding		Other county drawer - AAP	
X	NO IOIIII#	Summary	KG form when denying funding	program	Other county drawer - AAP	Statement Of Facts Supporting
				Form is specific to county Foster care		Eligibility For Kinship Guardianship
	No form #	KinGAP Application Summary	KG form when approving funding		KG 2	Assistance Payment Program
X	NO IOITH #	KINGAP Application Summary	KG form when approving funding	program	KG 2	Assistance Payment Program
				Correspondence AAP, FC, KinGap.	Is this confirm the customer's info,	
		Letter RE: Phone				
	V No Ferrer //		Commence	-	or providing the worker's info?	Name and a state of
	× No Form #	Numbers/Contact Information	Correspondence	found on Forms List	CSF XXX	New Worker Letter
	No form II	DOENA Course also at	FC source shoet wells dit a second	Form is specific to county Foster care		
X	No form #	POEM Cover sheet	FC cover sheet mailed to parents	program	New Rec.	FC Forms
	No. for man 11	DOEM Marshaut	FC document when parents do not work			
X	No form #	POEM Worsheet	or getting any form of aid.	program	New Rec.	FC Forms
				Form is sent by Tribal TANF for Time		
				Limits verification. There is no similar		
x	No Form #	Tribal TANF Time Limits	Time Limit Cerification	form on Forms List	New Rec.	Time Limit Forms
x	No Form		Emergency Assistance for Foster Care	form on Forms List Delivered to Fiscal to pay emergency		
xx		Tribal TANF Time Limits General Claim		form on Forms List Delivered to Fiscal to pay emergency placement foster care	New Rec.	Time Limit Forms FC Forms
x x	No Form Number	General Claim	Emergency Assistance for Foster Care placement.	form on Forms List Delivered to Fiscal to pay emergency placement foster care Individual Service Plan for client (CAL	New Rec.	FC Forms
xx	No Form	General Claim Cal Learn Individual Service Plan	Emergency Assistance for Foster Care	form on Forms List Delivered to Fiscal to pay emergency placement foster care		
x x	No Form Number NO NUMBER	General Claim Cal Learn Individual Service Plan Housing and Disability Advocacy	Emergency Assistance for Foster Care placement.	form on Forms List Delivered to Fiscal to pay emergency placement foster care Individual Service Plan for client (CAL LEARN)	New Rec.	FC Forms CalLearn Agreements and Forms
x x x	No Form Number	General Claim Cal Learn Individual Service Plan Housing and Disability Advocacy Program Application (HDAP)	Emergency Assistance for Foster Care placement. Cal Learn Application	form on Forms List Delivered to Fiscal to pay emergency placement foster care Individual Service Plan for client (CAL LEARN) Application	New Rec.	FC Forms CalLearn Agreements and Forms HSP and Homeless Assistance Forms
x x x	No Form Number NO NUMBER	General Claim Cal Learn Individual Service Plan Housing and Disability Advocacy	Emergency Assistance for Foster Care placement. Cal Learn	form on Forms List Delivered to Fiscal to pay emergency placement foster care Individual Service Plan for client (CAL LEARN)	New Rec. New Rec.	FC Forms CalLearn Agreements and Forms
x x x x x	No Form Number NO NUMBER NO NUMBER NO NUMBER	General Claim Cal Learn Individual Service Plan Housing and Disability Advocacy Program Application (HDAP) CalWORKs Housing Support Program Application	Emergency Assistance for Foster Care placement. Cal Learn Application CalWORKs Housing Support Program Application	form on Forms List Delivered to Fiscal to pay emergency placement foster care Individual Service Plan for client (CAL LEARN) Application CalWORKs Housing Support Program Application	New Rec. New Rec. New Rec. CW 42	FC Forms CalLearn Agreements and Forms HSP and Homeless Assistance Forms Statement of Facts - Homeless Assistance
x x x x x x x	No Form Number NO NUMBER NO NUMBER	General Claim Cal Learn Individual Service Plan Housing and Disability Advocacy Program Application (HDAP) CalWORKs Housing Support Program Application CAREER RESEARCH WORKSHEET	Emergency Assistance for Foster Care placement. Cal Learn Application CalWORKs Housing Support Program	form on Forms List Delivered to Fiscal to pay emergency placement foster care Individual Service Plan for client (CAL LEARN) Application CalWORKs Housing Support Program Application Assign to client during Assessment	New Rec. New Rec. New Rec.	FC Forms CalLearn Agreements and Forms HSP and Homeless Assistance Forms Statement of Facts - Homeless
x x x	No Form Number NO NUMBER NO NUMBER NO NUMBER	General Claim Cal Learn Individual Service Plan Housing and Disability Advocacy Program Application (HDAP) CalWORKs Housing Support Program Application	Emergency Assistance for Foster Care placement. Cal Learn Application CalWORKs Housing Support Program Application	form on Forms List Delivered to Fiscal to pay emergency placement foster care Individual Service Plan for client (CAL LEARN) Application CalWORKs Housing Support Program Application	New Rec. New Rec. New Rec. CW 42	FC Forms CalLearn Agreements and Forms HSP and Homeless Assistance Forms Statement of Facts - Homeless Assistance

				Resource Data Bank Request to add	Is this going to be needed with	
	× NO NUMBER	RDB Resource Request	Request	form	electronic RBD request functions?	
			This NOA is used to approve GAIN			
x	NOA 992	Vehicle Repair NOA	participants' Vehicle Diagnosis/Repair.	No possible map found in listing	New Rec.	Manual <program> NOA</program>
	NOA from					
	Native TANF	NOA from Native TANF program	Correspondence		New Rec.	Manual <program> NOA</program>
		1 0	•	NEEDED FORM NOT ON TIER 1 LIST -		3
	× NOD 02	DENIAL OVER INCOME	INFORMING NOTICE	REQUIRED	New Rec.	Manual <program> NOA</program>
	Non Standard	Non Standard Docs	WFP&I View and Use only	No possible map found in listing	Verification	
	Non Standard		· · · · ·	· · · · ·	Not sure this will be necessary	
	Screen Prints	Non Standard Screen Prints	WFP&I View and Use only	No possible map found in listing	with virtual print.	
	Notice of					
	Action/CalWO	R Notice of Action/CalWORKs - All	Correspondence		New Rec.	Manual <program> NOA</program>
					This might not be necessary with	
					virtual print.	MEDS Related - Clearance, Updates,
	NS-DOC034	MEDS Prints	MEDS Print Outs	No possible map found in listing	New Rec.	Requests
		Cal-Learn Student Academic				
x	NS-DOCCL1	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
		Cal-Learn School Enrollment				
x	NS-DOCCL3	Verification and Proof of		No possible map found in listing	New Rec.	Student/College Related Forms
		Misc. Action Requests from				
х	NS-DOCCL4	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	
		Manually Generated Notice of				
х	NS-NOA001	Actions		No possible map found in listing	New Rec.	Manual <program> NOA</program>
		Manually Generated Notice of				
X	NS-NOA001	Actions		No possible map found in listing	New Rec.	Manual <program> NOA</program>
		College CalWORKs Coordinator				
Χ	NS-SUPP016	Ancillary Request		No possible map found in listing	New Rec.	Student/College Related Forms
		College CalWORKs Coordinator				
X	NS-SUPP017	Statement		No possible map found in listing	New Rec.	Student/College Related Forms
х	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
		Request for Ancillary Items				
X	NS-SUPP019	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
		Bonus Sanction Adequate				
		Recommendation from Cal-Learn				o II
X	NS-SUPP025	Contractors		No possible map found in listing	New Rec.	CalLearn Agreements and Forms
		GAIN Employment Plan LD				
x	NS-SUPP027	Evaluation Amendment Request		No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	NC CURRENT	GAIN Program Learning Disability		No see this see a first thirt		
x	NS-SUPP028	evaluation and summary		No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	NC CURROSS	Third-party alternate verification		No possible man formal to that	New Dee	Nee Frend Defensel - Permet
X	NS-SUPP029	of enrollment	Defensel to Level Desta es Area	No possible map found in listing	New Rec.	Non-Fraud Referral or Request
х	NVCSS Referra	NVCSS Referral Form	Referral to Local Partner Agency	Referral to local partner agency	New Rec.	Non-Fraud Referral or Request
		Votor Proforman Form	Form used by the county to assist clients			Would You Like to Desister to V-t-2
	NVRA	Voter Preference Form	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?
	0017.100	Appraisal Summary and		No see this see a first thirt		
Х	OCAT-ASR	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		
	OCR 2	HSA Invitation to Disclose	ADA Accomodations Support Document	accomodations.		
	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	
		CalMAP Identifying Family Needs		Current county policy is to Index		
		and Assessing Progress		these under "Assessment," however,		
		CalWORKS 2.0 Getting to Know	These are State suggested forms for	there are no Cal-Learn or WTW		
	Other County	You	WTW to use with clients as a part of thei	r Assessment options available in the		
X	Forms	CalWORKS 2.0 Quality of Life	Assessment	provided CalSAWS list.	New Rec.	CW 2.0 Forms
	P-02	CC	WTW Supportive Services	·	What information is in this?	
					CSF XXX	Appointment Letter
	P-06	LD Appt	WTW LD		CSF XXX	WTW Appointment Letter
					CSF XXX	Self-Employment Income Statement
					CSF XXX	Notice to Self-Employed Individuals
	P-08	Self Employment Questionnaire	WTW Employment		PA 167	Monthly Earnings Report
			P 77 7 7		-	Tracked WTW Activities, Hours,
х	P-09	Ancillary tracking	WTW Supportive Services		New Rec.	Exemptions
	P-1	Sanction Info for NA817	Correspondence		New Rec.	Manual <program> NOA</program>
						Cal-Learn Registration/Program
						Information/Orientation
x	P-10 Cal-Learn	Cal-Learn Orientation			CL 1	Appointment Notice
<u>^</u>	1-10 cal-Lealin	carlean onentation			What is this? Is this imaged?	Appointment Notice
	P-10A	WTW Program Info-Auburn	WTW Correspondence		New Rec.	WTW Agreements, Assessments, etc.
	1-104	WIW Hogian into Auburn	with correspondence		What is this? Is this imaged?	WTW Agreements, Assessments, etc.
	P-10S	WTW Program Info-Sunset	WTW Correspondence		New Rec.	WTW Agreements, Assessments, etc.
	P-103	WTW Program into-sunset	wiw correspondence		What is this? Is this imaged?	WTW Agreements, Assessments, etc.
	P-10T	WTW Program Info-Tahoe	WTW Correspondence		New Rec.	WTW Agreements, Assessments, etc.
	P-11A	P-11A	WTW Correspondence	Rarely used flier	What is this? Is this imaged?	wiw Agreements, Assessments, etc.
	P-115	P-11S	WTW Correspondence	Rarely used flier	What is this? Is this imaged?	
	1-115	1-115	wiw correspondence	Narely used hier	what is this? is this imaged:	Worker Use (Eligibility
						Determination/Tracking) Program
	P-12	WTW Case Checklist	WTW Intake/Ore		New Rec.	Specific Checklists
	P-12 P-14	Referral Form Dress for Success	WTW Referrals		New Rec.	Non-Fraud Referral or Request
	F-14	Referrar form Dress for Success	WTW Referrais		What is this a referral to?	Non-fradu kelenal of kequest
	P-15	RAS Referral	WTW Referrals		New Rec.	Non-Fraud Referral or Request
	F-13	KAS Kelenal			What is this a referral to?	Non-fradu Referrar of Request
	P-16	Placer Adult Referral	WTW Referrals		New Rec.	Non-Fraud Referral or Request
	P-16 P-17	Request to Pay Ancillary Expense			New Rec.	WTW Agreements, Assessments, etc.
	P-18	ES General Appointment Letter	WTW Supportive services		CSF XXX	WTW Appointment Letter
Х	P-19	Deregistration Notification	WTW Correspondence		New Rec.	Manual <program> NOA</program>
X	P-19	Deregistration Notification	with correspondence		New Rec.	Manual <program> NOA</program>
					Is this a verification request? Or is	
	D 20	EC Information Decusat	MTM/ Correspondence		•	
	P-20	ES Information Request	WTW Correspondence		it requesting something else?	C-IN/ODI/- Clinical Assessment
					CN 60064	CalWORKs Clinical Assessment
					GN 6006A	Provider Referral
X	P-21	Assessment Referral	WTW Assessments		GN 6130	Assessment Activity Agreement
	D 224	Verification of Welfare to Work			CN 6005 A	Verification of Welfare to Work
Х	P-224	Participation Hours			GN 6005A	Participation Hours
					011 0005 1	Verification of Welfare to Work
	P-224-41	Monthly Activity Report	WTW Participation		GN 6005A	Participation Hours
						Tracked WTW Activities, Hours,
	P-225	Incomplete Monthly Activity Rpt	WTW Correspondence		New Rec.	Exemptions
	P-225 P-226	Incomplete Monthly Activity Rpt Transportation Verif Request	WTW Correspondence		New Rec.	Exemptions Forms/Documents Needed to Support Transportation/Ancillary

1									In-House Job Search Timesheet
1								GN 6367-1	In-House Job Search Employer
				P-23	Career Exploration-Job Search Rpt	h M/TM/ Accossments		GN 6367-3	Contact Daily Log
				P-25	Career Exploration-Job Search Kpt			GN 0507-5	Applicant's Authorization for Release
				P-27	Release of Information	WTW Intake/Ore		ABCDM 228	of Information
				P-27	Community Volunteer Site	WTW Referrals		CSF XXX	Service Referral to Activity
				P-29	Community volunteer site	WTW Referrals		What informatin is being	Service Referral to Activity
								requested? Info from the custome	
				P-3	ES Information Request	WTW Intake/Ore		or worker?	
				1-5	LS mormation nequest	wiw intake/ore			Progress Report - Education/Post-
									EMPL/WEX and Community Services
								GN 6070	School Attendance / Enrollment
				P-31	College Attendance	WTW Participation		CSF XXX	Verification
				1-51	conege Attendance	WIWIBICIPATION			In-House Job Search Employer
				P-35	Job Search Plan Worksheet	WTW Participation		GN 6367-3	Contact Daily Log
				P-4	Text Book Cost Verification	WTW Supportive Services		New Rec.	Student/College Related Forms
				P-41	Mileage Claim	WTW Supportive Services		New Rec.	Transportation Forms
				1.47		WIW Hans & Wineage		New Net.	Progress Report - Education/Post-
				P-44	Community Svc Resource Request	WTW WEX		GN 6070	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
				1-34	Sil Application Lacket			Is this imaged?	Sen-initiated Hogram identification
				P-54A	SIP App Criteria for Approval	WTW School/VTR		GN 6004	Self-Initiated Program Identification
	x			p-55	Volunteer Student E&T	WTW School/VTR		Is this imaged?	Sen-Initiated Program identification
	^			P-57	Request to Traffic Court	WTW Schooly VTK WTW Referrals		Is this imaged?	
				P-61	Student Ed Training Plan	WTW School/VTR		Is this imaged?	
				P-65Q	Remoteness Questionnaire	WTW Schooly VTK WTW Correspondence	Rarely used flier	Is this imaged?	
				F-03Q	Remoteness Questionnaire	wiw correspondence	Karely used mer	What type of voucher is this	
								requesting? Bus pass? Clothing?	
	x			P-75	Voucher Request	WTW Supportive Services		Something else?	
	~			1-75	voucher nequest	wiw supportive services		Something else:	Forms/Documents Needed to
	x			P-9	Ancillary Costs/Adjustments	WTW Supportive Services		GN 6322	Support Transportation/Ancillary
	~		x	PA 1022	State Hearing Report Worksheet		No possible map found in listing	Court/Hearings Document	Fair Hearing Forms
			~	1771022	State Hearing Report Worksheet			Is this imaged? Is it signed? It	
								sounds like info only. What	
								purpose does this serve?	
×		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
						Log used to manually document all			
						Log used to manually document all actions taken on MC 180 issuance for			
						actions taken on MC 180 issuance for			Tracked WTW Activities Hours
				PA 1325	Record of Eligibility Activity	actions taken on MC 180 issuance for beneficiaries who do not have a case	. No possible map found in listing	New Rec.	Tracked WTW Activities, Hours, Exemptions
x				PA 1325	Record of Eligibility Activity	actions taken on MC 180 issuance for		New Rec.	Exemptions
<u>x</u>				PA 1349	Teen Parent Referral	actions taken on MC 180 issuance for beneficiaries who do not have a case	No possible map found in listing	New Rec.	Exemptions Non-Fraud Referral or Request
x x					Teen Parent Referral CW Budget Worksheet	actions taken on MC 180 issuance for beneficiaries who do not have a case			Exemptions
x x x				PA 1349	Teen Parent Referral CW Budget Worksheet Social Security PA Agency	actions taken on MC 180 issuance for beneficiaries who do not have a case	No possible map found in listing No possible map found in listing	New Rec.	Exemptions Non-Fraud Referral or Request
x x x				PA 1349 PA 137	Teen Parent Referral CW Budget Worksheet Social Security PA Agency Information Request and Report	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. New Rec.	Exemptions Non-Fraud Referral or Request Program Budgets & Worksheets Non-Fraud Referral or Request
x x x x				PA 1349 PA 137 PA 1610	Teen Parent Referral CW Budget Worksheet Social Security PA Agency Information Request and Report Immunization Medical Exemption	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 No possible map found in listing No possible map found in listing	New Rec. New Rec. New Rec.	Exemptions Non-Fraud Referral or Request Program Budgets & Worksheets
x x x x				PA 1349 PA 137	Teen Parent Referral CW Budget Worksheet Social Security PA Agency Information Request and Report	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 No possible map found in listing	New Rec. New Rec.	Exemptions Non-Fraud Referral or Request Program Budgets & Worksheets Non-Fraud Referral or Request Immunization Good Cause Request Form
x x x				PA 1349 PA 137 PA 1610 PA 1653	Teen Parent Referral CW Budget Worksheet Social Security PA Agency Information Request and Report Immunization Medical Exemption Statement	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 No possible map found in listing No possible map found in listing No possible map found in listing	New Rec. New Rec. CW 2209 CSF XXX	Exemptions Non-Fraud Referral or Request Program Budgets & Worksheets Non-Fraud Referral or Request Immunization Good Cause Request Form Employment Statement Request
x x x x				PA 1349 PA 137 PA 1610	Teen Parent Referral CW Budget Worksheet Social Security PA Agency Information Request and Report Immunization Medical Exemption Statement Employment Verification Form	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 No possible map found in listing No possible map found in listing No possible map found in listing Unable to determine possible map	New Rec. New Rec. New Rec. CW 2209	Exemptions Non-Fraud Referral or Request Program Budgets & Worksheets Non-Fraud Referral or Request Immunization Good Cause Request Form Employment Statement Request Verification of Employment/Earning
x x x x x				PA 1349 PA 137 PA 1610 PA 1653	Teen Parent Referral CW Budget Worksheet Social Security PA Agency Information Request and Report Immunization Medical Exemption Statement	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 No possible map found in listing No possible map found in listing No possible map found in listing Unable to determine possible map	New Rec. New Rec. CW 2209 CSF XXX CSF XXX	Exemptions Non-Fraud Referral or Request Program Budgets & Worksheets Non-Fraud Referral or Request Immunization Good Cause Request Form Employment Statement Request

r								
							Is this imaged? It the guide only	
							given to customers as FYI Only? Is	
							there an acknowledgement that's	
x			PA 175	Child Support Guide		No possible map found in listing	signed?	
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
<u></u>			171200071	CalWORKs Treatment Services				stadent, conege helated i offilis
x			PA 1923	Verification		No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
					Form is completed by service providers			
					when a participant receiving or eligible to	o		
					CalWORKs begins receiving services at			
				CalWORKs Treatment/Services	their facility with no direct referral from			
x			PA 1923	Verification (Reverse Referral)	DPSS.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
				CalWORKs Substance Abuse		· · · ·		Application, Intake, or Screening
x			PA 1930	Screening Instrument		No possible map found in listing	New Rec.	Tools
				CalWORKs Mental Health		-		Behavioral/Mental Health Forms and
x			PA 1933	Screening Instrument		No possible map found in listing	New Rec.	Referrals
				CalWORKs Time Limits Informing				
x			PA 1953	Notice		No possible map found in listing	New Rec.	Time Limit Forms
				Cover Letter Request for Hearing				Withdrawal/Conditional Withdrawals
x	x		PA 199	Withdrawal		No possible map found in listing	DPA 315	of Request for Hearing
								Withdrawal/Conditional Withdrawals
	х		PA 199	Withdrawal Cover Letter	ASH use only	No possible map found in listing	DPA 315	of Request for Hearing
x			PA 2322	Manual Documents Needed		No possible map found in listing	CW 2200	Request For Verification
				Forms/Documents Needed from				
x			PA 2322-A	CalWORKs		No possible map found in listing	CW 2201	Request For Verification
							CSF XXX	Self-Employment Income Statement
				IEVS Participant Income			CSF XXX	Notice to Self-Employed Individuals
x			PA 2418	Verification Letter		No possible map found in listing	PA 167	Monthly Earnings Report
				Food Stamp Fraud Claim				SIU (Fraud) Evidence, Contact
X		х	X PA 245-1	Determination Report	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
			DA 2404	Notice to Families Requesting		No secolula secondaria to tratica	New Dee	Comparison CIAL Frances
x			PA 2481	AFDC for Foreign-Born Person		No possible map found in listing	New Rec.	Supporting CW Forms
				Dogwoot for Information		No possible man found in listing	Request for what information and	
X			PA 355	Request for Information Nonrecurring Special Need		No possible map found in listing	from who?	
Y			PA 371	Worksheet		No possible map found in listing	New Rec.	Program Budgets & Worksheets
^			FA 3/1	Record of Participant/Advocate		No possible map found in listing	New Rec.	Flogram budgets & Worksheets
			x PA 373	Inquiry		No possible map found in listing	New Rec.	Customer/Worker Contact
			× 1A3/3	inquiry		No possible map found in listing	New Rec.	customer/worker contact
					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			
x			PA 4040	Disability Packet Review Checklist	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
							Rules for what program? Is this	
							similar to Right and	
			× PA 4046	New Rules for U.S. Citizens		No possible map found in listing	responsibilities? Is it signed?	
				DPSS MC Letter of Authorization	Certifies that the MC 180 request has			
			PA 4048	(LOA)/MC 180 Request Form	been reviewed and approved.	No possible map found in listing	New Rec.	Manual <program> NOA</program>
								-

				Records the MC approval effective date			
				and the Medical service date. Also,			
				identifies the condition for issuing the			
			DPSS MC Letter of Authorization	MC 180 and the required			
X	PA	4049	(LOA)/MC 180 Checklist	documentation.	No possible map found in listing	New Rec.	Manual <program> NOA</program>
				Used by the participant to designate			
				their written and spoken language			
	X PA	481	Language Designation Form	preferences.	No possible map found in listing	New Rec.	Language Designation form
				Used by the participant to request an			Free Interpreter Service Waiver and
	x PA	481A	Interpreters Services Statement	interpreter.	No possible map found in listing	CSF XXX	Confidentiality Agreement
x	PA	5040	Notice of Evaluation For CalWorks		No possible map found in listing	New Rec.	Supporting CW Forms
			Receipt/Assignment of Disability	Transmittal form used by EW to verify		MC 222 LA	DDSD Pending Information Update
x	PA	5063	Packet	receipt of packet sent to DDSD-SP	No possible map found in listing	New Rec.	DDSD Forms
	x PA	5203	Earned Income Worksheet	· ·	No possible map found in listing	PA 167	Monthly Earnings Report
						CSF XXX	Self-Employment Income Statement
						CSF XXX	Notice to Self-Employed Individuals
	х РА	5203-SE	Self-Employment		No possible map found in listing	PA 167	Monthly Earnings Report
	17		Exchange of Information		the perside map rearies in instilling	What information is being	
	x PA		Lettergram		No possible map found in listing	exchanged? What programs?	
			Homeless Case Management			exertaingeet tritter programst	
x x x	Þ۸		Assessment Form		No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
	14		Voluntary Participants Important		No possible map found in listing	New Net.	har and homeless Assistance Forms
			Information about Direct Rent				IMPORTANT INFORMATION ABOUT
v v	DA		Payments		No possible map found in listing	PA 6030	DIRECT RENT PAYMENTS
x x	PA		Homeless Case Management GAIN	1	No possible map found in listing	PA 6030	DIRECT REINT PATIVIENTS
x x	DA		Services Worker Two Way Gram		No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
X X	PA		Unable to Process Direct Rent		No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
	DA		Payment		No possible map found in listing	Now Poc	HSP and Homeless Assistance Forms
	PA		•		No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
			Barriers to Permanent Housing		No secold second formed to the test	New Dee	
X	PA	6053	Assessment		No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
				the effective set in formation forms the			
				Used to request information from the			
			Referral for Probate	Office of Public Guardian regarding a			
X	PA	6061	Conservatorship Investigation	person's Conservatorship.	No possible map found in listing	New Rec.	Non-Fraud Referral or Request
							Worker Use (Eligibility
			Permanent Homeless Assistance				Determination/Tracking) Program
x	PA		Arrearages Checklist		No possible map found in listing	New Rec.	Specific Checklists
			CalWorks Presumptive Disability				
x	PA	6090	Certification		No possible map found in listing	New Rec.	Supporting CW Forms
				It is provided with the DDSD-SP packet,			
				to the Medi-Cal applicant/beneficiary or			
				their representative to certify			
				Presumptive Disability (PD). Form is			
			Medi-Cal Presumptive Disability	completed by a doctor or medical source		MC 222 LA	DDSD Pending Information Update
X	PA		Certification	to certify PD for a Medi-cal applicant.	No possible map found in listing	New Rec.	DDSD Forms
			DPSS - CES for Families Participant				
x	PA		Eligibility Form		No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
			Referral for Mental Health or				Screening For Mental Health and
х	PA	6116	Substance Use Disorder Screening		No possible map found in listing	GN 6140	Substance Abuse
			GRHSCMP Tenant and Landlord			CSF XXX	Address Change/ Housing Costs
x	PA	6117	Property Certification		No possible map found in listing	PA 956	Housing/Utility Verification Form
						New Rec.	Manual <program> NOA</program>
x	PA	6142	GRHSCMP Ineligible Notice		No possible map found in listing	New Rec.	GA/GR Other Forms
			<b>v</b>				

						Worker Use (Eligibility
		GR Housing Subsidy & Case				Determination/Tracking) Program
x	PA 6145	Management Project-Checklist		No possible map found in listing	New Rec.	Specific Checklists
×	PA 6146	GRHSCMP â€" Pre-Screening		No possible map found in listing	New Rec.	Application, Intake, or Screening
A	FA 0140	GRHSCMP Move-In Assistance		No possible map found in listing	New Rec.	Application, intake, or screening
x	PA 6152	Funds Request Form		No possible map found in listing	New Rec.	GA/GR Other Forms
x x	PA 6152 PA 6153	GRHSCMP Two-Way Gram		No possible map found in listing	ABP 1468	Two-Way Referral Gram
X	PA 6153	GRESCIVIP TWO-Way Gram		No possible map found in listing	ABP 1408	•
						Emergency Assistance to Prevent
		Moving Assistance MA Program		No southly see found to listing	DA 2424	Eviction & Moving Assistance
	PA 6155	Application		No possible map found in listing	PA 2124	Programs Application
	<b>BA 6456</b>				New Rec.	Manual <program> NOA</program>
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</program>
Х	PA 6157	INELIGIBILIE NOTICE		No possible map found in listing	New Rec.	GA/GR Other Forms
		DPSS Criminal Background				
	PA 6158	Declaration and Consent Form		No possible map found in listing		
		GRHSCMP MOVE-IN ASSISTANCE			New Rec.	Manual <program> NOA</program>
х	PA 6165	APPROVAL NOTICE		No possible map found in listing	New Rec.	GA/GR Other Forms
		GRHSCMP Landlord Vendor				
х	PA 6166	Payment Notice Of Approval		No possible map found in listing	New Rec.	Vendor Agreements and Forms
х	PA 6167	GRHSCMP Approval Notice		No possible map found in listing	New Rec.	Manual <program> NOA</program>
					New Rec.	GA/GR Other Forms
x	PA 6168	GRHSCMP Appointment Notice		No possible map found in listing	CSF XXX	Appointment Letter
		GRHSCMP PA 4144 and W-9				
x	PA 6169	Control Form		No possible map found in listing	New Rec.	GA/GR Other Forms
		Notice of Landlord/Vendor				
	PA 6173	Termination		No possible map found in listing	New Rec.	Vendor Agreements and Forms
		INTERPRETER SERVICES		Possible Map: CSF XXX - Free		
		STATEMENT AND	Used by the participant to request an	Interpreter Service Service Waiver		Free Interpreter Service Waiver and
	× PA 6181	CONFIDENTIALITY AGREEMENT	interpreter.	and Confidentiality Agreement	CSF XXX	Confidentiality Agreement
х	PA 6182	GRHSCMP Agreement		No possible map found in listing	New Rec.	GA/GR Other Forms
		Important Information		· · · · · ·		IMPORTANT INFORMATION FOR
		ForLandlord About Direct Rent				LANDLORD ABOUT DIRECT RENT
(	PA 6183	Payments		No possible map found in listing	PA 6031	PAYMENTS
		PHASE Homeless Consent and				
x	PA 6187	Release Agreement		No possible map found in listing	New Rec.	HSP and Homeless Assistance Forms
			This completed by the Home Visitor to			
			advise the GSW/CCM/RCM or GAIN			
			Program staff that the participant is no			
		HOME VISITATION PROGRAM	longer participating in the Home Visiting			
x	PA 6204	TERMINATION	Program.	No possible map found in listing	New Rec.	Home Visit Forms
^	17.0204	TERMINATION	Used to request the Property Unit within	· · · ·	New Nec.	Home visit romis
			DPSS to query all property owned by an			
	X PA 621	Droporty Invoctigation Request	applicant	No possible map found in listing	New Rec.	Property Statement and Verification
		Property Investigation Request	application			. ,
,		Property Report		No possible map found in listing	Now Poc	
(	PA 622	Property Report		No possible map found in listing	New Rec.	Property Statement and Verification
	PA 622	Documentation of Principal Wage		· · · ·		
(	PA 622 PA 751	Documentation of Principal Wage Earner		No possible map found in listing	New Rec.	Supporting CW Forms
(	PA 622	Documentation of Principal Wage Earner UIB Affidavit		No possible map found in listing No possible map found in listing		
: :	PA 622 PA 751 x PA 853-2	Documentation of Principal Wage Earner UIB Affidavit PCG SSA-827 Authorization to	PCG SSA-827 Authorization to Disclose	No possible map found in listing No possible map found in listing GA- San Mateo required form. No	New Rec. CSF XXX	Supporting CW Forms Sworn Statement
x	PA 622 PA 751 X PA 853-2 PCG SSA-827	Documentation of Principal Wage Earner UIB Affidavit PCG SSA-827 Authorization to Disclose Information to the SSA	PCG SSA-827 Authorization to Disclose Information to the SSA	No possible map found in listing No possible map found in listing	New Rec. CSF XXX New Rec.	Supporting CW Forms Sworn Statement Other Contact Authorization Forms
x	PA 622 PA 751 X PA 853-2 PCG SSA-827 PCLP 2	Documentation of Principal Wage Earner UIB Affidavit PCG SSA-827 Authorization to Disclose Information to the SSA Placer Cal-Learn Plan	PCG SSA-827 Authorization to Disclose	No possible map found in listing No possible map found in listing GA- San Mateo required form. No	New Rec. CSF XXX	Supporting CW Forms Sworn Statement
x	PA 622 PA 751 x PA 853-2 PCG SSA-827 PCLP 2 PCOE Approve	Documentation of Principal Wage Earner UIB Affidavit PCG SSA-827 Authorization to Disclose Information to the SSA Placer Cal-Learn Plan d PCOE Approved Child Care	PCG SSA-827 Authorization to Disclose Information to the SSA WTW Cal Learn	No possible map found in listing No possible map found in listing GA- San Mateo required form. No	New Rec. CSF XXX New Rec. CSF XXX	Supporting CW Forms Sworn Statement Other Contact Authorization Forms Action Plan
x	PA 622 PA 751 X PA 853-2 PCG SSA-827 PCLP 2 PCOE Approve Child Care	Documentation of Principal Wage Earner UIB Affidavit PCG SSA-827 Authorization to Disclose Information to the SSA Placer Cal-Learn Plan	PCG SSA-827 Authorization to Disclose Information to the SSA	No possible map found in listing No possible map found in listing GA- San Mateo required form. No	New Rec. CSF XXX New Rec.	Supporting CW Forms Sworn Statement Other Contact Authorization Forms
x	PA 622 PA 751 x PA 853-2 PCG SSA-827 PCLP 2 PCOE Approve	Documentation of Principal Wage Earner UIB Affidavit PCG SSA-827 Authorization to Disclose Information to the SSA Placer Cal-Learn Plan d PCOE Approved Child Care	PCG SSA-827 Authorization to Disclose Information to the SSA WTW Cal Learn WTW Supportive Services	No possible map found in listing No possible map found in listing GA- San Mateo required form. No	New Rec. CSF XXX New Rec. CSF XXX	Supporting CW Forms Sworn Statement Other Contact Authorization Forms Action Plan

	Peace for					
	Families	Peace for Families Verification	WTW Exemptions		New Rec.	WTW Agreements, Assessments, etc.
	Period	reace for ramines vermeation	WTW Exemptions		New nec.	WTW Agreements, Assessments, etc.
	Attendance	Period Attendance Report	WTW Cal Learn		New Rec.	CalLearn Agreements and Forms
	Permanent					calcearring: contents and ronnis
		Permanent Resident Alien Card	Vitals	,	Verification	
	Placer County					
	Needs	Placer County Needs Assessment	WTW Assessments		New Rec.	WTW Agreements, Assessments, etc.
	Placer CW Case		wiw Assessments		What info is on this? Is this	wiw Agreements, Assessments, etc.
	Quick Ref -	Placer CW Case Quick Ref - WTW	WTW Intake/Ore		imaged?	
	quick rich			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.		
			Informing of potential PLAY program	There is no form on the CalSAWS		
x	PLAY 0	PLAY Program	eligibility	listing that has information close to		
Λ	15410		cligionity	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		
x	PLAY 1	Tulare WORKs PLAY Referral	Referral for the PLAY program	close to what this form is requesting	New Rec	Non-Fraud Referral or Request
^		Tulare WORKSTEAT Referral	Referration the LAT program	This is a progress report for the PLAY	New Net.	Non-Tradu Referrar of Request
				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		
		Provider Communication - PLAY		has information close to what this		
v	PLAY 2	Program	Provider progress report		New Rec.	Vendor Agreements and Forms
^		Togram	riovider progress report	This form is used to notify PLAY	New Net.	Vendor Agreements and romis
				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		
			Relay pertinent case information to	CalSAWS listing that has information		
v	PLAY 3	TulareWORKs - Reply Summary	service providers	close to what this form is requesting	Now Poc	Vendor Agreements and Forms
A	FLATS	Tulareworks - kepty Summary	service providers	This form is an agreement for the	New Rec.	Vendor Agreements and rorms
				home educator to release all		
				pertinent case information to ethe		
				referred Service Provider and/or		
				Tulare County Public Health Nurse.		
		Public Health Referral - PLAY	agreement from home educator to	There is no form on the CalSAWS		
x	PLAY 4	program	release pertinent case information		New Rec.	Non-Fraud Referral or Request
^	1 201 4	ProBrain	release pertinent case information	This form is completed by the Public	new nee.	Non Haud Referrar of Request
				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		
		Public Health Reply - PLAY	Roply received from Public Health	CalSAWS listing that has information		
x	PLAY 5		Reply received from Public Health Worker	close to what this form is requesting	Now Roc	Non-Fraud Referral or Request
X		Program Relice Report	WORKER WTW Exemptions	· · · ·	New Rec. Verification	Non-Fraud Kelerral of Request
	Police Report Proof of	Police Report Proof of Insurance	•			
x	Proof of PWEX 1	Proof of Insurance Production Center Expectations	WTW Trans & Mileage WTW WEX		Verification	M/TM/ Agroomonte Assessments
X	PVVEA 1	Production Center Expectations	VVIVV VVEA		New Rec.	WTW Agreements, Assessments, etc.

	ON 4D D of a weak					Qualified Mediana Deviation
	QMB Referral					Qualified Medicare Beneficiart
	Form	QMB Referral Form	Correspondence		MC 176 QMB-3	(QMB) Referral
<u>x</u>	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
					What is on this form? Is this used	
x	REP DOC 007	Certification Letter From ORR	Certification Letter from ORR.	No possible map found in listing	as verification for something?	
		Older Refugee Discretionary	Request for Services to Older Refugees		If this is requesting something, is it	
x	REP DOC002	Program (ORDG) Request for	(SOR).	No possible map found in listing	imaged?	
			The Social Security Number disclosure			
			form is requested by the DPSS to assist in	l i i i i i i i i i i i i i i i i i i i		
			the administration of Refugee			
		Social Security Number Disclosure	Employment Program and/or other		REP 3	Social Security Number Disclosure
x	REP DOC004	(for REP CalWORKs cases)	employment services.	No possible map found in listing	PA 6066	Social Security Disclosure Form
		Targeted Assistance Discretionary				In-House Job Search Employer
x	REP DOC005	(TAD) Job Search Log	Used to log TAD Job Search records.	No possible map found in listing	GN 6367-3	Contact Daily Log
		Targeted Assistance Discretionary				, , ,
		(TAD) -Request for Services and	Used for TAD request for services and			
x	REP DOC006	Enrollment Form	enrollment.	No possible map found in listing	New Rec.	WTW Agreements, Assessments, etc.
	Report Card	Report Card	School & Immunizations		Verification	
-	Request for	Request for Live Scan	WTW Employment		Verification	
	Request for	Request for live sear			Vermeation	
	Reconsider -	Request for Reconsider - SSA	Income		Verification	
	Residency Stmt		income		Vernication	Homeless Shelter Allowance
	for Homeless	Residency Stmt for Homeless HHs	Posidonay		PA 146	Questionnaire
	Resident Alien		Vitals		Verification	Questionnaire
		Restraining Order	Absent Parent		Verification	
	Restraining	*				Drenerty Chatemant and Marification
	Revocable	Revocable Trust	Property/Liens	Completed by DEA CM/ ence the	New Rec.	Property Statement and Verification
			Contains contification information (	Completed by RFA SW once the		
			Contains certification information for	home has met necessary		
			county approved providers (i.e. foster	requirements for approval. Is		
			homes, relatives and NREFM's). Provides			
		Deserves French 1	search and a second s			
		Resource Family Approval	verification of the date of approval and	completion of the RFA process.		
	RFA 05 A	Resource Family Approval Certificate	verification of the date of approval and address of the home	Required documentation for Foster	New Rec.	FC Forms
	RFA 05 A			Required documentation for Foster Health and Safety Requirement have	New Rec.	FC Forms
		Certificate	address of the home	Required documentation for Foster Health and Safety Requirement have been met. Similar Form not Found on		
	RFA 05A	Certificate Resource Family Approval	address of the home Health and Safety	Required documentation for Foster Health and Safety Requirement have	New Rec.	FC Forms
		Certificate	address of the home	Required documentation for Foster Health and Safety Requirement have been met. Similar Form not Found on Forms List		
	RFA 05A	Certificate Resource Family Approval	address of the home Health and Safety	Required documentation for Foster Health and Safety Requirement have been met. Similar Form not Found on Forms List Form is used for RCA purposes;	New Rec.	
	RFA 05A	Certificate Resource Family Approval	address of the home Health and Safety	Required documentation for Foster Health and Safety Requirement have been met. Similar Form not Found on Forms List	New Rec.	
	RFA 05A	Certificate Resource Family Approval	address of the home Health and Safety	Required documentation for Foster Health and Safety Requirement have been met. Similar Form not Found on Forms List Form is used for RCA purposes;	New Rec.	
	RFA 05A	Certificate Resource Family Approval	address of the home Health and Safety	Required documentation for Foster Health and Safety Requirement have been met. Similar Form not Found on Forms List Form is used for RCA purposes; exisiting CalSAWS categories are too	New Rec.	
x	RFA 05A	Certificate Resource Family Approval	address of the home Health and Safety	Required documentation for Foster Health and Safety Requirement have been met. Similar Form not Found on Forms List Form is used for RCA purposes; exisiting CalSAWS categories are too specific to processes not utilized at	New Rec.	FC Forms
x	RFA 05A Room Rental	Certificate Resource Family Approval Room Rental Forms	address of the home Health and Safety Income	Required documentation for Foster Health and Safety Requirement have been met. Similar Form not Found on Forms List Form is used for RCA purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general	New Rec. Verification	
x	RFA 05A Room Rental	Certificate Resource Family Approval Room Rental Forms	address of the home Health and Safety Income	Required documentation for Foster Health and Safety Requirement have been met. Similar Form not Found on Forms List Form is used for RCA purposes; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general	New Rec. Verification	FC Forms WTW Agreements, Assessments, etc.

				Form is used for RCA purposes;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		PLACEMENT and PLACEMENT		Santa Clara county. A general		
x	RS 4	FOLLOW-UP	RCA	category is being requested	New Rec.	WTW Agreements, Assessments, etc.
		Trustline Payment Program		County Specific correspondence from		Notification of TrustLine Registration
x	RVCL 3298	Change Form	CCP status details	DPSS to CA CC R&R	CSF XXX	Status
					RDB mode has its own doc types.	
		Child Care Provider Rate		Staff send to RDB maintainer to	What are they? Can we reuse them	
x	RVCL 3579	Information	CC provider details	update resource details	for this?	
		Sample Affidavit for Hurricane	Sample Affidavit for Hurricane Maria			
	Sample	Maria Evacuees	Evacuees		Is this imaged?	
	× SAVE	Alien Verification	IEVS/SAVE		Verification	
				Form is used to request verification;		
				exisiting CalSAWS categories are too	Is this verification requested from	
				specific to processes not utilized at	the customer? Or is this a form	
		Verification Of Birth, Death,		Santa Clara county. A general	sent to a governement agency to	
	× SCD 109	Marriage, Divorce	Verification request	category is being requested	complete and verify?	
	× 300 105	Marnage, Divorce	Vermeation request	Form is used to request verification;	complete and verify:	
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
				Santa Clara county. A general		
	× SCD 1121 FC	Eligibility Verification Checklist	Verification request	category is being requested	CW 2200	Request For Verification
	* 3CD 1121 FC	Eligibility verification checklist	venification request	Form is used for SSI Advocacy	CW 2200	
				purposes; exisiting CalSAWS		
		Sub-Payee Supplemental		categories are too specific to		
				• ·		
	SCD 1148 FC	Disbursement Authorization or	CCI Adversery	processes not utilized at Santa Clara	New Dee	Fiscal Forms
X	SCD 1148 FC	Action Request	SSI Advocacy	county. A general category is being	New Rec.	FISCALFORMS
				There needs to be a generic		
				miscellaneous category for		
				documents that do not index to any		
				of the exisitng exisitng CalSAWS		
	000 4475	Medi-Cal Out of State Provider		Documents and it does not make		
X	SCD 1175	Letter	Miscellaneous	business sense to create a new		
		Medi-Cal Notice of Action -		Notice of Action for MC-related		
		Approval/Termination of One-		changes; exisiting CAISAWS forms do		
X	SCD 1225	Month Medi-Cal	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
				This form is a client request or		
				agreement; county business needs		
				require a generic category; exisitng		
		Request for Immediate Need		CalSAWS documents do contain a		
	× SCD 1233	Paper BIC	Client Request/Agreement	general request and/or agreement	MEDS virtual print?	
				Application related documents;		
		LANGUAGE SURVEY –		exisiting CalSAWS documents are too		
		INTERPRETER/TRANSLATION		specific to index to. In order to meet		
	x SCD 1264	REQUEST	Application	county needs we need generic	New Rec.	Language Designation form
				There needs to be a generic		
				miscellaneous category for		
				documents that do not index to any		
				of the exisitng exisitng CalSAWS		
					Is this a MEDS request?	MEDS Related - Clearance, Updates,

				There needs to be a generic		
				miscellaneous category for		
				documents that do not index to any		
				of the exisitng exisitng CalSAWS		
		Request for SOCO (Share of Cost		Documents and it does not make		
	SCD 1296 SOCO	Obligation) Transaction	Miscellaneous	business sense to create a new	New Rec.	Fiscal Forms
				Form is used for OP/OI and UI/UP		
				purposes; exisiting CalSAWS		
				categories are too specific to		
			Overpayment/Overissuance/Underpaym	processes not utilized at Santa Clara		
X	SCD 13	Foster Care Overpayment Report	ent/Underissuance	county. A general category is being	New Rec.	FC Forms
				Form is used for RRR purposes;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
			Redetermination/Recertification	Santa Clara county. A general		CalWorks/CalFresh/Medi-Cal Packet -
x x	SCD 130	Redetermination of Eligibility	Documents	category is being requested	CW/CF/MC Packet - 3A	FS29LA 3A
				Forms in this category are related to		
				various supportive serivces; CalSAWS		
				forms/ catergories do not meet		
	SCD 1304	Textbook Voucher	Supportive Services	business needs	New Rec.	Student/College Related Forms
			••	manual budget worksheet used when		· •
				budget is incorrect in System or		
				manual budget needs to be		
		CalWORKs U-Parent Beginning		calculated- exisitng CalSAWS		
		Date of Aid Worksheet	Budget Worksheet	Documents do meet these needs	New Rec.	Program Budgets & Worksheets
				Internal notification of client IPV		
		CalFresh Intentional Program		disqualification; exisiting CalSAWS		Notice of Intentional Program
x		Violation (IPV) Notification	Fraud	Documents do not meet this need	PA 771	Violation (IPV) Determination
				manual budget worksheet used when		
				budget is incorrect in System or		
		Pickle Screening & Title II		manual budget needs to be		
		Disregard Computation		calculated- exisitng CalSAWS		
x		Worksheet	Budget Worksheet	Documents do meet these needs	New Rec.	Program Budgets & Worksheets
				Application related documents;		
				exisiting CalSAWS documents are too	Assuming for is related to MC for	
				specific to index to. In order to meet	-	Important Notice About Your Baby -
x	SCD 1374	Newborn Referral Notice	Application	county needs we need generic	CSF XXX	First Notice
~	550 1374		- approximit	Form is used for OP/OI and UI/UP		
				purposes; exisiting CalSAWS		
				categories are too specific to		
		CalWORKs Intercounty	Overpayment/Overissuance/Underpaym			
		Overpayment Adjustment Request		•	New Rec.	ICT Forms
	JCD 14	overpayment Aujustment Request	eng ondenssuance	There needs to be a generic	NEW NEL.	
				miscellaneous category for		
				documents that do not index to any		
				of the exisitng exisitng CalSAWS		Application Intoka or Correction
	SCD 140	Collection Data Sheet	Miscellaneous	Documents and it does not make	Now Poc	Application, Intake, or Screening Tools
X	3CD 140		wiscellaneous	business sense to create a new	New Rec.	10015
		Conceptor Delegar Carriel Carrie		For Appeals purpses allows clients to		
		Consent to Release Social Services		consent to release to an AR- exisiting		
		Records to An Authorized	Anneste	CalSAWS Documents do not meet		Fein Henrine Ferrur
Х	SCD 143	Representative for a State Hearing	Appeals	these needs	Court/Hearings Document	Fair Hearing Forms
				manual budget worksheet used when		
				budget is incorrect in System or		
				manual budget needs to be		
				-		I
	SCD 1438	Diversion Budget Worksheet	Budget Worksheet	calculated- exisiting CalSAWS Documents do meet these needs	New Rec.	Supporting CW Forms

				Form is used to request verification;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Request For Subpayee Trust		Santa Clara county. A general		
	x SCD 144	Account	Verification request	category is being requested	New Rec.	Fiscal Forms
				Form is used for Quality Assurance		
				and Quality Control; exisiting		
				CalSAWS categories are too specific		
		QUALITY CONTROL REQUEST FOR		to processes not utilized at Santa		
	SCD 1449	CASE ACTION	QA/QC	Clara county. A general category is	Other county drawer - QC/QC	
	300 1445	CASE ACTION	44/40	Notice of Action for QC related	other county drawer - de/de	
				changes; exisiting CAISAWS forms do		
	x SCD 1449 A	QC Sanction LIFT	Notice of Action	not meet business needs.	Other county drawer - QC/QC	
				This form is a client request or		
				agreement; county business needs		
				require a generic category; exisitng		
		Warrant Replacement Five- Day		CalSAWS documents do contain a		
	× SCD 1456	Waiver	Client Request/Agreement	general request and/or agreement	New Rec.	Fiscal Forms
				Notice of Action for FC related		
				changes; exisiting CAISAWS forms do		
	x SCD 1460 A	1st Notice of Reinvestigation Due	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
				Notice of Action for FC related		
				changes; exisiting CAISAWS forms do		
	× SCD 1460 B	2nd Notice of Reinvestigation Due	e Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
				Notice of Action for FC related		
				changes; exisiting CAISAWS forms do		
	× SCD 1460 C	3rd Notice of Reinvestigation Due	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
				Form is used for RRR purposes;		-
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Foster Care Redetermination	Redetermination/Recertification	Santa Clara county. A general		
¥	SCD 1461	Appointment	Documents	category is being requested	New Rec.	FC Forms
	000 1101	, ppontinent	Dodamento	Form is used to request verification;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		Sponsor Related Forms
				Santa Clara county. A general	New Rec.	Refugee/Entrant Programs: VOLAG
	× SCD 1468	VOLAC (Spansor	Varification request	, -	PA 203-1	
	^ 3CD 1400	VOLAG/Sponsor	Verification request	category is being requested This form is a client request or	FM 203-1	Assistance Statement
				agreement; county business needs		
				require a generic category; exisitng		land a should be also be a set of
		SOCIAL SERVICES MAIL		CalSAWS documents do contain a	B. 4045	Important Notice about Mailing
	x SCD 1483	REQUEST/AGREEMENT	Client Request/Agreement	general request and/or agreement	PA 1815	Address
				Application related documents;		
				exisiting CalSAWS documents are too		
		Child Welfare Intake for Non-Dep		specific to index to. In order to meet		
х	SCD 1489 A	Children w/Guardians	Application	county needs we need generic	Possibly DCFS 5122CL	Cover Letter to Relative Caregiver
				Form is used to request verification;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		General Assistance Job Search		Santa Clara county. A general		GA/GR Work Related and Activities
х	SCD 1527	Verification	Verification request	category is being requested	New Rec.	Forms
				Form is used to request verification;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Information Regarding Foster Care	2	Santa Clara county. A general		
	SCD 1533	Eligibility	Verification request	category is being requested	New Rec.	FC Forms
X	SCD 1533	Eligiphilty	Vermeation request			

				Form is used to request verification;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Consent to release of patient		Santa Clara county. A general		Authorization to Release Medical
	× SCD 1540	information	Verification request	category is being requested	CW 61	Information
				Form is used for SSI Advocacy		
				purposes; exisiting CalSAWS		
				categories are too specific to		
				processes not utilized at Santa Clara		Application, Intake, or Screening
x	SCD 1541	SSI Advocacy Unit Intake	SSI Advocacy		New Rec.	Tools
			·····,	Forms in this category are related to		
				various supportive serivces; CalSAWS		
		CALWORKS - Domestic Abuse		forms/ catergories do not meet		
4	SCD 1554	PARTICIPATION STATUS	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
<u>.                                    </u>			Supportive services	Forms in this category are related to	new nee.	WiW Agreements, Assessments, etc.
				various supportive serivces; CalSAWS		
		CalWORKs Domostic Abuse (DA)				
		CalWORKs Domestic Abuse (DA)	Supportivo Convicor	forms/ catergories do not meet	Now Poc	WTW Agroomonte Accoremente etc
<u>.</u>	SCD 1555	Service Plan	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				form for clients to record and report		
				tip income; exisitng CalSAWS		
	× SCD 1564	Daily Tip Statement	Income & Expense	documents do meet this need	PA 167	Monthly Earnings Report
				Form is used for OP/OI and UI/UP		
				purposes; exisiting CalSAWS		
				categories are too specific to		
		CalWORKs Overpayment	Overpayment/Overissuance/Underpaym	processes not utilized at Santa Clara		
(	SCD 157 CW	Computation Worksheet	ent/Underissuance	county. A general category is being	New Rec.	Program Budgets & Worksheets
				request for a letter of authorization		
		Letter Of Authorization (LOA)		for MC to be issued; exisiting		
	× SCD 1594	Request	LOA	CalSAWS documents do meet this	CSF XXX	Verification of Benefits
				manual budget worksheet used when		
				budget is incorrect in System or		
				manual budget needs to be		
		SOC Adjustment Worksheet (Hunt		calculated- exisitng CalSAWS		
x	SCD 1596	v. Kizer)	Budget Worksheet	Documents do meet these needs	New Rec.	Program Budgets & Worksheets
^	360 1330	V. ((201)	budget Worksheet	There needs to be a generic	New Net.	
				miscellaneous category for		
				miscellaneous category for documents that do not index to any		
				miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS		
		Confidential Community Inquiry or		miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make		
	× SCD 16	Confidential Community Inquiry or Report	, Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new	New Rec.	Non-Fraud Referral or Request
	× SCD 16			miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic	New Rec.	Non-Fraud Referral or Request
	× SCD 16			miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for	New Rec.	Non-Fraud Referral or Request
	x SCD 16			miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any	New Rec.	Non-Fraud Referral or Request
	x SCD 16			miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for	New Rec.	Non-Fraud Referral or Request
	x SCD 16			miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any	New Rec.	Non-Fraud Referral or Request
	× SCD 16 × SCD 1604			miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS	New Rec.	Non-Fraud Referral or Request
		Report	Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make	New Rec.	
		Report	Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new	New Rec.	
		Report	Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new manual budget worksheet used when budget is incorrect in System or	New Rec.	
		Report	Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new manual budget worksheet used when budget is incorrect in System or manual budget needs to be	New Rec.	
	× SCD 1604	Report IEVS Communication	Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- exisitng CalSAWS	New Rec.	Customer/Worker Contact
		Report	Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated exisitng CalSAWS Documents do meet these needs	New Rec.	
	× SCD 1604	Report IEVS Communication	Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated exisitng CalSAWS Documents do meet these needs Form is used for Vocational Services	New Rec.	Customer/Worker Contact
	× SCD 1604	Report IEVS Communication	Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- exisitng CalSAWS Documents do meet these needs Form is used for Vocational Services purposes; exisiting CalSAWS	New Rec.	Customer/Worker Contact
	× SCD 1604	Report IEVS Communication	Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- exisitng CalSAWS Documents do meet these needs Form is used for Vocational Services purposes; exisiting CalSAWS categories are too specific to	New Rec.	Customer/Worker Contact
	× SCD 1604	Report IEVS Communication	Miscellaneous	miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new There needs to be a generic miscellaneous category for documents that do not index to any of the exisitng exisitng CalSAWS Documents and it does not make business sense to create a new manual budget worksheet used when budget is incorrect in System or manual budget needs to be calculated- exisitng CalSAWS Documents do meet these needs Form is used for Vocational Services purposes; exisiting CalSAWS	New Rec.	Customer/Worker Contact

Forms in this category are related to         various supportive services; CalSAWS         Contact Action Summary Group         SCD 163 GO         Orientation         SUpportive Services         business needs         New Rec.         WTW Agreem         Forms in this category are related to         various supportive services; CalSAWS         CONTACT – ACTION SUMMARY         CONTACT – ACTION SUMMARY         SCD 163 T         CASE TRANSFER         Supportive Services         business needs         New Rec.         WTW Agreem         CONTACT – ACTION SUMMARY         forms/ catergories do not meet         SCD 163 T       CASE TRANSFER         Supportive Services       business needs         Manual budget worksheet used when         budget is incorrect in System or         manual budget needs to be         calculated- existing CalSAWS	nents, Assessments, etc. nents, Assessments, etc. nents, Assessments, etc.
Contact-Action Summary Closed       forms/ catergories do not meet       WTW Agreem         SCD 163 C       Case       Supportive Services       business needs       New Rec.       WTW Agreem         Various supportive services; CalSAWS       contact Action Summary Group       forms/ catergories do not meet       warious supportive services; CalSAWS         Contact Action Summary Group       Contact Action Summary Group       forms/ catergories do not meet       WTW Agreem         CONTACT – ACTION SUMMARY       Supportive Services       business needs       New Rec.       WTW Agreem         CONTACT – ACTION SUMMARY       CONTACT – ACTION SUMMARY       forms/ catergories do not meet       warious supportive services; CalSAWS         SCD 163 T       CASE TRANSFER       Supportive Services       business needs       New Rec.       WTW Agreem         Manual budget worksheet used when       supportive Services       business needs       New Rec.       WTW Agreem         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents of category; existing       program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Pocuments of category; existing       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Pocuments of contain a <th>nents, Assessments, etc. nents, Assessments, etc.</th>	nents, Assessments, etc. nents, Assessments, etc.
SCD 163 C       Case       Supportive Services       business needs       New Rec.       WTW Agreem         Forms in this category are related to various supportive services; CalSAWS       Contact Action Summary Group       forms/, catergories do not meet       Various supportive services; CalSAWS         Contact Action Summary Group       Supportive Services       business needs       New Rec.       WTW Agreem         Contact Action Summary Group       Forms in this category are related to various supportive services; CalSAWS       Various supportive services; CalSAWS         CONTACT – ACTION SUMMARY       forms/, catergories do not meet       Various supportive services; CalSAWS       WTW Agreem         CONTACT – ACTION SUMMARY       forms/, catergories do not meet       WTW Agreem       WTW Agreem         SCD 163 T       CASE TRANSFER       Supportive Services       business needs       New Rec.       WTW Agreem         Manual budget worksheet used when       budget is incorrect in System or manual budget needs to be calculated- existing CalSAWS       Mew Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet       Program Budget         x       SCD 1638       TMC Statu	nents, Assessments, etc. nents, Assessments, etc.
Key Scd 163 g O       Contact Action Summary Group       Forms in this category are related to various supportive serivces; CalSAWS         SCD 163 GO       Orientation       Supportive Services       business needs       New Rec.       WTW Agreem         CONTACT – ACTION SUMMARY       Forms in this category are related to various supportive services; CalSAWS       CONTACT – ACTION SUMMARY       Forms in this category are related to various supportive services; CalSAWS         SCD 163 T       CASE TRANSFER       Supportive Services       business needs       New Rec.       WTW Agreem         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budg         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budg         CalFresh Employment and Training Program - Particiaption       CalSAWS documents do contain a       CalSAWS documents do contain a	nents, Assessments, etc. nents, Assessments, etc.
various supportive services; CalSAWS forms/ catergories do not meet SCD 163 GO Orientation Supportive Services U ORTACT – ACTION SUMMARY CONTACT – ACTION SUMARY CONTACT – ACTION SUMMARY CONTACT –	nents, Assessments, etc.
Contact Action Summary Group       forms/ catergories do not meet       WTW Agreem         SCD 163 GO       Orientation       Supportive Services       business needs       New Rec.       WTW Agreem         Forms in this category are related to	nents, Assessments, etc.
SCD 163 GO       Orientation       Supportive Services       business needs       New Rec.       WTW Agreent         Forms in this category are related to       various supportive services; CalSAWS       various supportive services; CalSAWS       common services; CalSAWS         CONTACT – ACTION SUMMARY       forms/ categories do not meet       WTW Agreent         SCD 163 T       CASE TRANSFER       Supportive Services       business needs       New Rec.       WTW Agreent         manual budget worksheet used when       budget is incorrect in System or       manual budget worksheet used when       budget is incorrect in System or         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do contain a <th>nents, Assessments, etc.</th>	nents, Assessments, etc.
SCD 163 GO       Orientation       Supportive Services       business needs       New Rec.       WTW Agreent         Forms in this category are related to       various supportive services; CalSAWS       various supportive services; CalSAWS       comms/ categories do not meet       various supportive services; CalSAWS         CONTACT – ACTION SUMMARY       forms/ categories do not meet       WTW Agreent         SCD 163 T       CASE TRANSFER       Supportive Services       business needs       New Rec.       WTW Agreent         manual budget worksheet used when       budget is incorrect in System or       manual budget worksheet used when       budget is incorrect in System or         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       Tarining Program - Particiaption	nents, Assessments, etc.
Forms in this category are related to         Various supportive services; CalSAWS         SCD 163 T       CASE TRANSFER         SCD 163 T       CASE TRANSFER         Supportive Services       business needs         Manual budget worksheet used when         budget is incorrect in System or         manual budget needs to be         calculated- existing CalSAWS         X       SCD 1638         SCD 1638       TMC Status Report Worksheet         Budget Worksheet       Documents do meet these needs         New Rec.       Program Budget         This form is a client request or       agreement; county business needs         CalFresh Employment and       require a generic category; exisiting         Training Program - Particiaption       CalSAWS documents do contain a	nents, Assessments, etc.
various supportive services; CalSAWS         CONTACT – ACTION SUMMARY       forms/ catergories do not meet         SCD 163 T       CASE TRANSFER       Supportive Services       business needs       New Rec.       WTW Agreem         manual budget worksheet used when       budget is incorrect in System or       manual budget needs to be       budget needs to be       calculated- existing CalSAWS         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         calsers and the set of t	
CONTACT – ACTION SUMMARY       forms/ catergories do not meet         SCD 163 T       CASE TRANSFER       Supportive Services       business needs       New Rec.       WTW Agreem         manual budget worksheet used when       budget is incorrect in System or       manual budget needs to be       budget needs to be       calculated- existing CalSAWS         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs or       Program Budget         calculated- existing CalSAWS       calculated- existing calSAWS       CalGreesh Employment and       require a generic category; existing       require a generic category; existing         calFresh Employment and       require a generic category; existing       calSAWS documents do contain a       calSAWS documents do contain a	
SCD 163 T       CASE TRANSFER       Supportive Services       business needs       New Rec.       WTW Agreent         manual budget worksheet used when       budget is incorrect in System or       manual budget needs to be       budget needs to be       calculated- existing CalSAWS         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         Garreement; county business needs       CalFresh Employment and       require a generic category; exisiting       require a generic category; exisiting       Training Program - Particiaption       CalSAWS documents do contain a	
manual budget worksheet used when         budget is incorrect in System or         manual budget needs to be         calculated - exisiting CaISAWS         x       SCD 1638         SCD 1638       TMC Status Report Worksheet         Budget Worksheet       Documents do meet these needs         New Rec.       Program Budget         This form is a client request or       agreement; county business needs         CalFresh Employment and       require a generic category; exisiting         Training Program - Particiaption       CalSAWS documents do contain a	
x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         Garreement; county business needs       CalFresh Employment and       require a generic category; exisiting       This form is a client request do contain a	and O March 1
x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget Morksheet         This form is a client request or agreement; county business needs       CalFresh Employment and Training Program - Particiaption       require a generic category; exisiting       Image: CalSAWS	
x       SCD 1638       TMC Status Report Worksheet       Budget Worksheet       Documents do meet these needs       New Rec.       Program Budget         This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs       This form is a client request or agreement; county business needs <td< th=""><th>ante O Marda la la</th></td<>	ante O Marda la la
x     SCD 1638     TMC Status Report Worksheet     Budget Worksheet     Documents do meet these needs     New Rec.     Program Budget       This form is a client request or agreement; county business needs     This form is a client request or agreement; county business needs     This form is a client request or agreement; county business needs     This form is a client request or agreement; county business needs       CalFresh Employment and Training Program - Particiaption     CalSAWS documents do contain a     This form is a client request or	ante O Marale I
This form is a client request or         agreement; county business needs         CalFresh Employment and       require a generic category; exisitng         Training Program - Particiaption       CalSAWS documents do contain a	and O Marials 1 1
CalFresh Employment andagreement; county business needsTraining Program - ParticiaptionCalSAWS documents do contain a	gets & Worksheets
CalFresh Employment andrequire a generic category; exisitingTraining Program - ParticiaptionCalSAWS documents do contain a	
CalFresh Employment andrequire a generic category; exisitingTraining Program - ParticiaptionCalSAWS documents do contain a	
Training Program - Particiaption CalSAWS documents do contain a	
	areements
Application related documents;	greements
exisiting CalSAWS documents are too	
specific to index to. In order to meet	
	hdrawn Application
Application related documents;	
exisiting CalSAWS documents are too Assuming for is related to MC for	
specific to index to. In order to meet newborns. Important No	tice About Your Baby -
x SCD 1680 Newborn Requirements Application county needs we need generic CSF XXX First Notice	
Forms in this category are related to	
various supportive serivces; CalSAWS	
forms/ catergories do not meet	
	ferrals and Forms
Forms in this category are related to	
various supportive serivces; CaISAWS	
Welfare To Work Activity Referral forms/ catergories do not meet	
	nents, Assessments, etc.
	ients, Assessments, etc.
Forms in this category are related to	
various supportive serivces; CalSAWS	
Cal-Learn Service/Information forms/ catergories do not meet	
	eements and Forms
Form is used for Time on Aid	
purposes; exisiting CalSAWS	
categories are too specific to	
County Specific processes not utilized at Santa Clara	
x SCD 1725 Exemption/Extender Review Form TOA county. A general category is being New Rec. WTW Agreen	nents, Assessments, etc.
Notice of Action for employment and	
supportive services related changes;	
Child Care Payment Adjustment exisiting CAISAWS forms do not meet	
x SCD 1736 Notice Notice of Action business needs. New Rec. Manual <proj< th=""><td>ram&gt; NOA</td></proj<>	ram> NOA
x SCD 1/56 Notice Notice Notice of Action Dusiness needs. New Rec. Manual CProg	
·	
agreement; county business needs	
require a generic category; exisiting	
CalSAWS documents do contain a GA/GR Repay	
x SCD 174 GA Repayment Agreement Client Request/Agreement general request and/or agreement New Rec. Agreements/	Forms

				Forms in this category are related to		
				various supportive serivces; CalSAWS	5	
		Family Confrence Referral		forms/ catergories do not meet		
x	SCD 1750	CalWORKs	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS	5	
		Licensed Provider Registration ar	nd	forms/ catergories do not meet		
х	SCD 1752	All Provider Changes	Supportive Services	business needs	New Rec.	Vendor Agreements and Forms
				Forms in this category are related to		
				various supportive serivces; CalSAWS	5	
		License-Exempt Home		forms/ catergories do not meet		
x	SCD 1753	Certification/Registration	Supportive Services	business needs	New Rec.	Vendor Agreements and Forms
		· •	••	Forms in this category are related to		
				various supportive serivces; CalSAWS	5	
				forms/ catergories do not meet		
x	SCD 1755 B	Child Care Billing	Supportive Services	business needs	New Rec.	Child Care Referrals and Forms
				Forms in this category are related to		
				various supportive serivces; CalSAWS	ā	
				forms/ catergories do not meet	-	
x	SCD 1758	Education Plan	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
<u>^</u>	500 1750	Education han	Supportive Services	Forms in this category are related to	New Rec.	WTW Agreements, Assessments, etc.
				various supportive serivces; CalSAWS	-	
					5	Treeled M/TM/ Activities Hours
	CCD 17CC	Dertisingtion and Attendence Ale	nt Currentius Comisso	forms/ catergories do not meet	New Dee	Tracked WTW Activities, Hours,
X	SCD 1766	Participation and Attendance Ale	rt Supportive Services	business needs	New Rec.	Exemptions
				Forms in this category are related to		
				various supportive serivces; CalSAWS		
		CalWORKs Progress Report for		forms/ catergories do not meet		
x x	SCD 1768 A	Adult Ed Sites	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS	5	
				forms/ catergories do not meet		
X	SCD 1771	WTW Self-Assessment	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS	5	
				forms/ catergories do not meet		
X	SCD 1772	Getting to Know You	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS	5	
		CalWORKs - Employment Plan		forms/ catergories do not meet		
Х	SCD 1773	Report	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS	5	
				forms/ catergories do not meet		
x	SCD 1775	Child Care Checklist	Supportive Services	business needs	New Rec.	Child Care Referrals and Forms
		CWES Notice of Missed		Notice of Action for employment and	1	
		Participation Problem Cause		supportive services related changes;		
		Determination and Compliance		exisiting CAISAWS forms do not mee	t	
	SCD 1779	Appointment Failed Telephone	Notice of Action	business needs.	New Rec.	Manual <program> NOA</program>
				Form is used to request verification;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
				Santa Clara county. A general		Authorization to Release Medical
	× SCD 1782	Doctor Verification	Verification request	category is being requested	CW 61	Information
		DOCTOF VEHICATION	vernication request	category is being requested	LVV D1	mornation

				Form is used for OP/OI and UI/UP		
				purposes; exisiting CalSAWS		
				categories are too specific to		
		Child Care Provider Overpayment	Overpayment/Overissuance/Underpaym	processes not utilized at Santa Clara		
x	SCD 1788	Notice	ent/Underissuance	county. A general category is being	New Rec.	Vendor Agreements and Forms
				Forms in this category are related to		-
				various supportive serivces; CalSAWS		
				forms/ catergories do not meet		
x	SCD 1789	SCC Works Worksite Referral	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
A	565 1765	See Works Worksite Referrar	supportive services	Application related documents;	New Net.	wiw Agreements, Assessments, etc.
				exisiting CalSAWS documents are too		Worker Use (Eligibility
				specific to index to. In order to meet		Determination/Tracking) Program
	CCD 40	Faster Care Charlelist	A secold and the second	•	New Dee	
X	SCD 18	Foster Care Checklist	Application	county needs we need generic	New Rec.	Specific Checklists
				Forms in this category are related to		
				various supportive serivces; CalSAWS		
		Notification of Parental Choice		forms/ catergories do not meet		
X	SCD 180	with TrustLine Registration	Supportive Services	business needs	New Rec.	Child Care Referrals and Forms
				Forms in this category are related to		
				various supportive serivces; CalSAWS		
		SCC Works Participant Worksite		forms/ catergories do not meet		
х	SCD 1807	Agreement	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
			••	Forms in this category are related to		- · · · · ·
				various supportive serivces; CalSAWS		
				forms/ catergories do not meet		Tracked WTW Activities, Hours,
x	SCD 1811 A	Activity Tracking	Supportive Services	business needs	New Rec.	Exemptions
A	500 1011 A	Activity Hucking	supportive services	Form is used for OP/OI and UI/UP	New Net.	Exemptions
				purposes; exisiting CalSAWS		
		Child Course the	0	categories are too specific to		
		Child Support/Overpayment	Overpayment/Overissuance/Underpaym	•		
	SCD 1826	Exemption review Summary	ent/Underissuance	, , , , ,	Is this related for FC, KG, or AAP?	
				Form is used for OP/OI and UI/UP		
				purposes; exisiting CalSAWS		
		County Alert to complete Child		categories are too specific to		
		Support/Overpayment Exemption	Overpayment/Overissuance/Underpaym	processes not utilized at Santa Clara		
	SCD 1827	Review	ent/Underissuance	county. A general category is being	Is this related for FC, KG, or AAP?	
				Forms in this category are related to		
				various supportive serivces; CalSAWS		
				forms/ catergories do not meet		
x	SCD 1834	Incomplete Child Care Registration	Supportive Services	business needs	New Rec.	Child Care Referrals and Forms
			••	Form is used for OP/OI and UI/UP		
				purposes; exisiting CalSAWS		
				categories are too specific to		
		Cancellation of Supportive	Overpayment/Overissuance/Underpaym			
	SCD 1851	Services Overpayment		county. A general category is being	Now Poc	Manual <program> NOA</program>
	2CD 1921	services Overpayment	ent/Underissuance	Form is used for OP/OI and UI/UP	New Rec.	ivianuai <program> NOA</program>
				purposes; exisiting CalSAWS		
		Notice of Temporary Delay in		categories are too specific to		
			Overpayment/Overissuance/Underpaym	•		
	SCD 1853	Collection	ent/Underissuance	1 0 01 0	New Rec.	Fiscal Forms
				This form is a client request or		
				agreement; county business needs		
				require a generic category; exisitng		
		Direct Deposit Enrollment Form		CalSAWS documents do contain a		
x	SCD 1948	(40-79)	Client Request/Agreement	general request and/or agreement	New Rec.	Fiscal Forms
				5		

				Form is used to request verification;		
				exisiting CalSAWS categories are too	Is this imaged? Is this a form the	
				specific to processes not utilized at	SSA completed? Notice to	
		Requirement to Provide Social		Santa Clara county. A general	customer only?	
	× SCD 196	Security Cards	Verification request	category is being requested	PA 6066	Social Security Disclosure Form
				Forms in this category are related to		
				various supportive serivces; CalSAWS		
				forms/ catergories do not meet		
x	SCD 197	Confidentiality Agreement	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc
			••	Forms in this category are related to		
				various supportive serivces; CalSAWS		
				forms/ catergories do not meet		
x	SCD 209	Trustline Informing Notice	Supportive Services	business needs	New Rec.	Child Care Referrals and Forms
~	000 200			Application related documents;		
				exisiting CalSAWS documents are too		
				specific to index to. In order to meet		
x	SCD 21	KinGAP Information Sheet	Application		New Rec.	KG Forms
<u> </u>	300 21	KINGAP Information sheet	Application	· •	New Rec.	KG FOITIIS
				Forms in this category are related to		
		Encolor un ont Doution atig		various supportive serivces; CalSAWS		
		Employment Participation		forms/ catergories do not meet		
Х	SCD 2169 A	Requirements Agreement	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc
				Forms in this category are related to		
				various supportive serivces; CalSAWS		
		Welfare-to-Work Program		forms/ catergories do not meet		
x	SCD 2178	Information Checklist	Supportive Services	business needs	New Rec.	Program Budgets & Worksheets
				Application related documents;		
				exisiting CalSAWS documents are too		
				specific to index to. In order to meet		
х	scd Scd 22	KinGAP Application Notice	Application	county needs we need generic	New Rec.	KG Forms
				There needs to be a generic		
				miscellaneous category for		
				documents that do not index to any		
				of the exisitng exisitng CalSAWS		
				Documents and it does not make		
	× SCD 2201	EBT On-Line Request	Miscellaneous	business sense to create a new	New Rec.	Fiscal Forms
		i		This form is a client request or		
				agreement; county business needs		
				require a generic category: exisiting		
		Client Electronic Benefit Transfer		require a generic category; exisitng CalSAWS documents do contain a		
	x SCD 2202	Client Electronic Benefit Transfer (EBT) Request	Client Request/Agreement	CalSAWS documents do contain a	New Rec.	Fiscal Forms
	× SCD 2202	Client Electronic Benefit Transfer (EBT) Request	Client Request/Agreement	CalSAWS documents do contain a general request and/or agreement	New Rec.	Fiscal Forms
	× SCD 2202		Client Request/Agreement	CalSAWS documents do contain a general request and/or agreement Application related documents;	New Rec.	Fiscal Forms
	× SCD 2202	(EBT) Request	Client Request/Agreement	CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too	New Rec.	Fiscal Forms
		(EBT) Request SSI Denial/Medi-Cal Application		CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet		
x	× SCD 2202 SCD 2205	(EBT) Request	Client Request/Agreement	CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic	New Rec. CSF XXX	Fiscal Forms SSA Referral to Medi-Cal
x		(EBT) Request SSI Denial/Medi-Cal Application		CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification;		
x		(EBT) Request SSI Denial/Medi-Cal Application		CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification; exisiting CalSAWS categories are too		
x		(EBT) Request SSI Denial/Medi-Cal Application Coverletter		CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at		
x	SCD 2205	(EBT) Request SSI Denial/Medi-Cal Application Coverletter Out of State/ County Request for	Application	CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general	CSF XXX	SSA Referral to Medi-Cal
x		(EBT) Request SSI Denial/Medi-Cal Application Coverletter		CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested		
x	SCD 2205	(EBT) Request SSI Denial/Medi-Cal Application Coverletter Out of State/ County Request for	Application	CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested Application related documents;	CSF XXX	SSA Referral to Medi-Cal
x	SCD 2205	(EBT) Request SSI Denial/Medi-Cal Application Coverletter Out of State/ County Request for	Application	CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested Application related documents; exisiting CalSAWS documents are too	CSF XXX	SSA Referral to Medi-Cal
x	SCD 2205 × SCD 2213	(EBT) Request SSI Denial/Medi-Cal Application Coverletter Out of State/ County Request for Information	Application Verification request	CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet	CSF XXX New Rec.	SSA Referral to Medi-Cal
x	SCD 2205	(EBT) Request SSI Denial/Medi-Cal Application Coverletter Out of State/ County Request for	Application	CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested Application related documents; exisiting CalSAWS documents are too	CSF XXX	SSA Referral to Medi-Cal
x x	SCD 2205 × SCD 2213	(EBT) Request SSI Denial/Medi-Cal Application Coverletter Out of State/ County Request for Information	Application Verification request	CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet	CSF XXX New Rec.	SSA Referral to Medi-Cal
x	SCD 2205 × SCD 2213	(EBT) Request SSI Denial/Medi-Cal Application Coverletter Out of State/ County Request for Information	Application Verification request	CalSAWS documents do contain a general request and/or agreement Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Santa Clara county. A general category is being requested Application related documents; exisiting CalSAWS documents are too specific to index to. In order to meet county needs we need generic	CSF XXX New Rec.	SSA Referral to Medi-Cal

			This form is a client request or		
			agreement; county business needs		
			require a generic category; exisitng		
			CalSAWS documents do contain a		
x SCD 2	254 Vendor Payment Agreement	Client Request/Agreement	general request and/or agreement	New Rec.	Vendor Agreements and Forms
			There needs to be a generic		
			miscellaneous category for		
			documents that do not index to any		
	Landlord File Communication (for		of the exisitng exisitng CalSAWS		
	CalWORKs Sanctioned Client		Documents and it does not make		Direct Rent - Landlord Agreement
x SCD 2		Miscellaneous	business sense to create a new	PA 4144	Verification Request
^	vendor raymenty	Wiscenarieous	Form is used for SSI Advocacy	14111	vermeation nequest
			purposes; exisiting CalSAWS		
			categories are too specific to		
			processes not utilized at Santa Clara		Application, Intake, or Screening
x SCD 2	257 SSI Advocacy Data Form	SSI Advocacy	county. A general category is being	New Rec.	Tools
			Form is used to request verification;		
			exisiting CalSAWS categories are too		
	Consent to Release Public		specific to processes not utilized at		
	Assistance Information for Health		Santa Clara county. A general		
x SCD 2	263 Services Reimbursement	Verification request	category is being requested	New Rec.	Other Contact Authorization Forms
			Application related documents;		
	Important Information on Medi-		exisiting CalSAWS documents are too		
	Cal and Medicare Savings		specific to index to. In order to meet		
x SCD 2	269 Programs	Application	county needs we need generic	MSP Packet	MSP Packet
			Application related documents;		
			exisiting CalSAWS documents are too		
	Supplemental Questions for Medi	-	specific to index to. In order to meet		
x SCD 2			county needs we need generic	MSP Packet	MSP Packet
		, pp. ed. en.	Forms in this category are related to		the reserve
			various supportive serivces; CalSAWS		
			forms/ catergories do not meet		
x SCD 2	272 Individual Intake Request	Supporting Comisso	business needs	New Rec.	
X SUD 2	172 Individual Intake Request	Supportive Services		New Rec.	WTW Agreements, Assessments, etc.
			For Appeals purposes - conditional		
	Compliance Response to		withdrawal- Existing CalSAWS		Withdrawal/Conditional Withdrawals
x SCD 2	293 Conditional Withdrawal	Appeals	Documents do not meet these needs	DPA 315	of Request for Hearing
			Appeals purposes- notice of action;		
	Notice from the State Appeals		exisitng CalSAWS Documents do not		
x SCD 2	294 Representative	Appeals	meet these needs	Court/Hearings Document	Fair Hearing Forms
			Appeals purposes checklist for client;		
			exisitng CalSAWS Documents do not		
x SCD 2	296 Appeals Case Review Check List	Appeals	meet these needs	Court/Hearings Document	Fair Hearing Forms
			Application related documents;		
			exisiting CalSAWS documents are too		
			specific to index to. In order to meet		
x SCD 2	8 KinGAP Checklist	Application	county needs we need generic	New Rec.	KG Forms
		P.P.	Application related documents;		
			exisiting CalSAWS documents are too		Worker Use (Eligibility
			specific to index to. In order to meet		Determination/Tracking) Program
x SCD 2	A AD Eligibility Charlelist	Application	•	New Rec.	Specific Checklists
x SCD 2	A AAP Eligibility Checklist	Application	county needs we need generic	NEW NEL.	
			Form is used for OP/OI and UI/UP		
			purposes; exisiting CalSAWS		
			categories are too specific to		
× SCD 2	EBT Repayment Authorization	Overpayment/Overissuance/Underpaym ent/Underissuance	categories are too specific to	New Rec.	Fiscal Forms

x       Notice of Action Approval of Med-       Changes; existing CAISAWS for Mercelated       New Rec.       Manual <program> NOA         x       SCD 2330       Cal Benefits       Notice of Action       not meed business needs.       New Rec.       Manual <program> NOA         Form is used to request verification:       existing CalSAWS categories are to       setting CalSAWS categories are to       setting CalSAWS categories are to         SCD 2339 A       MEMORANDUM       Verification request       category is being requested       used for?          SCD 2339 A       MEMORANDUM       Verification request       category is being requested       used for?         x       SCD 2339 A       MEMORANDUM       Verification request       Category is being requested       used for?         x       SCD 2340       Program       Fraud       Category is being requested       weefor?         x       SCD 2340       Program       Fraud       CatSAWS docegories are to       setifing CalSAWS categories are to         x       SCD 2340       Program       Fraud       CalSAWS categories are to       setifing CalSAWS categories are to         x       SCD 2343       Noncitizens       Verification request       Santa Clara county. A general       Sponsor Related Forms   <th></th></program></program>	
x       SCD 2330       Cal Benefits       Notice of Action       not meet business needs.       New Rec.       Manual <program>NO/         Form is used to request verification;       existing CalSAWS categories are too       specific to process not utilized at       santa Clara county. A general       What is on this form? What is it         SCD 2339 A       MEMORANDUM       Verification request       category is being requested       used for?         Medi-Cal Early Fraud Detection       Medi-Cal Early Fraud Detection       Detection Program; exisiting       MEDI-CAL EARLY FRAUC         x       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         x       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         existing CalSAWS categories are too       specific to processes not utilized at       specific to process not utilized at       specific to process not utilized at         Reporting Indigent Sponsored       Santa Clara county. A general       Santa Clara county. A general       Santa Clara county. A general</program>	
Form is used to request verification;         exisiting CalSAWS categories are too         specific to processes not utilized at         SCD 2339 A       MEMORANDUM         Verification request       Category is being requested         SCD 2339 A       MEMORANDUM         Verification request       Category is being requested         used for?         Referral to Medi-Cal Early Fraud         Medi-Cal Early Fraud Detection         Medi-Cal Early Fraud Detection         X       SCD 2340         Program       Fraud         CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         Form is used to request verification;       exisiting CalSAWS categories are too         specific to processes not utilized at       Reporting Indigent Sponsored	
k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k       k	
specific to processes not utilized at       Santa Clara county. A general       What is on this form? What is it         SCD 2339 A       MEMORANDUM       Verification request       category is being requested       used for?         Referral to Medi-Cal Early Fraud       Medi-Cal Early Fraud Detection       Medi-Cal Early Fraud Detection Program, existing       MEDI-CAL EARLY FRAUE         x       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         x       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         x       SCD 2340       Program       Fraud       categories are to specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specific to processes not utilized at       Sector and the specifi	
SCD 2339 A       MEMORANDUM       Verification request       Santa Clara county. A general used for?       used for?         Referral to Medi-Cal Early Fraud       Medi-Cal Early Fraud Detection       Referral to Medi-Cal Early Fraud       MEDI-CAL EARLY FRAUD         x       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         x       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         k       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         k       SCD 2340       Program       Fraud       CalSAWS categories are to specific to processes not utilized at       Scoperation are this MC-1 Fraud       PREVENTION REFERRAL         K       SCD 2340       Program       Fraud       Scoperation are this MC-1 Fraud       PREVENTION REFERRAL         K       Scoperation are this scoperation are t	
SCD 2339 A       MEMORANDUM       Verification request       category is being requested       used for?         Referral to Medi-Cal Early Fraud       Medi-Cal Early Fraud Detection       Detection Program; exisiting       MEDI-CAL EARLY FRAUD         x       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         Form is used to request verification;       existing CalSAWS categories are too       specific to processes not utilized at       specific to processes not utilized at         Reporting Indigent Sponsored       Santa Clara county. A general       Santa Clara county. A general       Santa Clara county. A general	
x       Medi-Cal Early Fraud Detection       Referral to Medi-Cal Early Fraud         x       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at       Reporting Indigent Sponsored       Santa Clara county. A general	
Medi-Cal Early Fraud Detection       Detection Program; existing       MEDI-CAL EARLY FRAUD         x       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         K       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         K       Form is used to request verification; existing CalSAWS categories are too specific to processes not utilized at       Santa Clara county. A general       Santa Clara county. A general	DETECTION
x       SCD 2340       Program       Fraud       CalSAWS documents do not meet this MC-1 Fraud       PREVENTION REFERRAL         Form is used to request verification;       exisiting CalSAWS categories are too       exisiting CalSAWS categories are too       specific to processes not utilized at         Reporting Indigent Sponsored       Santa Clara county. A general       Santa Clara county. A general	DETECTION
Form is used to request verification; exisiting CalSAWS categories are too specific to processes not utilized at Reporting Indigent Sponsored Santa Clara county. A general	DETECTION
exisiting CalSAWS categories are too specific to processes not utilized at Reporting Indigent Sponsored Santa Clara county. A general	
Reporting Indigent Sponsored     specific to processes not utilized at       Santa Clara county. A general	
specific to processes not utilized at Reporting Indigent Sponsored Santa Clara county. A general	
Application related documents;	
exisiting CalSAWS documents are too	
Request for Tax Household specific to index to. In order to meet Request for Tax Household	old
	Ju
x SCD 2350 Information (RFTHI) Application county needs we need generic RFTHI Information (RFTHI)	
Application related documents;	
exisiting CalSAWS documents are too	
SCD 2350 Request for Tax Household specific to index to. In order to meet Request for Tax Househ	bld
x Supplemental Information (RFTHI) Supplemental Application county needs we need generic RFTHI Information (RFTHI)	
form for clients to record and report	
MC 210 ACA Income and income and deductions; exisiting	
x SCD 2353 Deduction Supplement Income & Expense CalSAWS documents do meet this MC 210 Mail In App MC 210 Medi-Cal Mail-I	1 Application
Form is used to request verification;	
exisiting CalSAWS categories are too	
specific to processes not utilized at	
CalHEERS Verification Transmittal Santa Clara county. A general	
x SCD 2356 Cover Sheet Verification request category is being requested MC 355 Medi-Cal Request for In	ormation
Application related documents;	
exisiting CalSAWS documents are too	
AAP Eligibility Case Summary specific to index to. In order to meet	
x SCD 2367 Sheet Application county needs we need generic Other county drawer - AAP	
X         See 2307         Sneet         Application         County needs we need generic         Other county drawer - AAF           Notice of Action Approval of Medi-         Notice of Action for MC-related         Notice of Action Approval of Medi-         Notice of Action for MC-related	
Cal for Refugee Medical changes; exisiting CAISAWS forms do	
x SCD 2368 Assistance Beneficiaries Notice of Action not meet business needs. New Rec. Manual <program> NO/</program>	
Notice of Action for MC-related	
Information Notice for Refugee changes; exisiting CAISAWS forms do	
x SCD 2369 Medical Assistance Beneficiaries Notice of Action not meet business needs. New Rec. Manual <program> NO/</program>	<u> </u>
Form is used for reasonable	
accomodation requests; exisiting	
CalSAWS categories do not meet this	
× SCD 2371 Need Additional Assistance Reasonable Accomodation need	
Application related documents;	
exisiting CalSAWS documents are too	
specific to index to. In order to meet	
x x SCD 2375 IN/ES Determination Sheet Application county needs we need generic New Rec. Supporting CW Forms	
Form is used for RRR purposes;	
exisiting CalSAWS categories are too	
specific to processes not utilized at	
Redetermination/Recertification Santa Clara county. A general Rights & Responsabilitie	s & other
x SCD 2385 RRR and CEC Cover Letter Documents category is being requested SAWS 2A SAR Important Information	

				Form is used for RRR purposes;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
			Redetermination/Recertification	Santa Clara county. A general		
x x	SCD 2385 AK	AAP/Kin-GAP RRR Coverletter	Documents	category is being requested	Other county drawer - AAP	
		·		Form is used for RRR purposes;	,	
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
			Redetermination/Recertification	Santa Clara county. A general		
x x		FFY RRR Colverletter	Documents	category is being requested	FFY MC Coverletter	Former Foster Youth Aging Out Form
X X	3CD 2365 FF1	FFT KKK COlverletter	Documents	Forms in this category are related to	FFT MC Covenenter	Former Foster Fourit Aging Out Form
				various supportive serivces; CalSAWS	•	
				forms/ catergories do not meet		
x	SCD 2392	Family Services Plan	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Form is used for RRR purposes;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Notification of Completed Yearly	Redetermination/Recertification	Santa Clara county. A general		
x x x x	SCD 2403	Review	Documents	category is being requested	New Rec.	Manual <program> NOA</program>
				Forms in this category are related to		
				various supportive serivces; CalSAWS	i	
		Family Services Weekly		forms/ catergories do not meet		
x	SCD 2418 A	Employment Plan	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS		
		Family Services Weekly Housing		forms/ catergories do not meet		
x	SCD 2418 B	Search Plan	Supportive Services	business needs	New Rec.	WTW Agroomonts Assocrants at
X	3CD 2416 B	Search Plan	Supportive Services		New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS	•	
				forms/ catergories do not meet		
X	SCD 2428	Child Enrichment and Activity Pla	n Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Form is used for SSI Advocacy		
				purposes; exisiting CalSAWS		
		SSI/SSA Advocacy Program for		categories are too specific to		
		Foster Children and Non-Minor		processes not utilized at Santa Clara		
X	SCD 2432 ARC	Dependents	SSI Advocacy	county. A general category is being	New Rec.	FC Forms
				Form is used for SSI Advocacy		
				purposes; exisiting CalSAWS		
		SSI/SSA Advocacy Program for		categories are too specific to		
		Foster Children and Non-Minor		processes not utilized at Santa Clara		
x	SCD 2432 FC	Dependents	SSI Advocacy	county. A general category is being	New Rec.	FC Forms
				Form is used for Quality Assurance		-
				and Quality Control; exisiting		
				CalSAWS categories are too specific		
				to processes not utilized at Santa		
x	SCD 2438 B	MC Case Review Continuing	QA/QC	-	Other county drawer - QC/QC	
^	JUD 2430 D	wie case neview continuing		Clara county. A general category is Form is used for Quality Assurance	other county unawer - QC/QC	
				-		
				and Quality Control; exisiting		
				CalSAWS categories are too specific		
				to processes not utilized at Santa		
x	SCD 2438 C	MC Case Review Intake	QA/QC	Clara county. A general category is	Other county drawer - QC/QC	
				Forms in this category are related to		
		SSA Rapid Re-Housing Program		various supportive serivces; CalSAWS		
		(RRHP) Employment Services		forms/ catergories do not meet		
x	SCD 2442	Referral	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.

			Form is used to request verification;		
			exisiting CalSAWS categories are too		
			specific to processes not utilized at		
	Adoption Pending Finalization		Santa Clara county. A general		
x SCD 2446	Rate Verification	Verification request	category is being requested	Other county drawer - AAP	
			This form is a client request or	•	
			agreement; county business needs		
			require a generic category; exisitng		
			CalSAWS documents do contain a		
× SCD 2463	Client Update: Address or Phone	Client Request/Agreement	general request and/or agreement	CSF XXX	Address Change/ Housing Costs
	cheft opulle. Address of Thone	enent nequest/Agreement	Application related documents;		Address changer housing costs
			exisiting CalSAWS documents are too		
	Natification of Completed Dhane		-		
	Notification of Completed Phone	a	specific to index to. In order to meet	la thia inca an dO	
x SCD 2473	Interview	Application	county needs we need generic	Is this imaged?	
			Form is used for RRR purposes;		
			exisiting CalSAWS categories are too		
			specific to processes not utilized at		
		Redetermination/Recertification	Santa Clara county. A general		
SCD 2491	RRR Notice to SW	Documents	category is being requested	New Rec.	Customer/Worker Contact
			Form is used for RRR purposes;		
			exisiting CalSAWS categories are too		
			specific to processes not utilized at		
		Redetermination/Recertification	Santa Clara county. A general		
SCD 2492	RRR (NMD) Notice to SW	Documents	category is being requested	New Rec.	Customer/Worker Contact
			Form is used for RRR purposes;		
			exisiting CalSAWS categories are too		
			specific to processes not utilized at		
		Redetermination/Recertification	Santa Clara county. A general		
x SCD 2493	NDLG RRR Notice	Documents	category is being requested	New Rec.	FC Forms
x SCD 2493	NDLG KKK NOLICE	Documents		New Rec.	FC FOILIIS
			Used to screen for ABAWD		
	ABAWD SCREENING AND CFET		exemption and referal to CFET;		
x SCD 2495	REFERRAL	CFET/CFES	exisitng CalWIN Documents do not	New Rec.	ABAWD Forms
	CalFresh Employment Services		tracks CFET activity attendance;		
x SCD 2499	Attendance Form	CFET/CFES	exisitng CalWIN Documents do not	New Rec.	CFET Forms/Agreements
			Form is used for RRR purposes;		
			exisiting CalSAWS categories are too		
			specific to processes not utilized at		
		Redetermination/Recertification	Santa Clara county. A general		
x SCD 25	KinGAP Redetermination Notice	Documents	category is being requested	New Rec.	KG Forms
			Forms in this category are related to		
			various supportive serivces; CalSAWS		
			forms/ catergories do not meet		
x SCD 2503	My Road Map, Potholes & Detour	rs Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
	,,,	P.P	Forms in this category are related to		
			various supportive serivces; CalSAWS		
	Job Readiness Placement Plan of		forms/ catergories do not meet		
x SCD 2508	Action	Supportive Services	business needs	New Rec.	WTW Agroomonts Assocrants at
x SCD 2508	ACIUII	Supportive Services		INEW REC.	WTW Agreements, Assessments, etc.
			Form is used to request verification;		
			exisiting CalSAWS categories are too		
			specific to processes not utilized at		
	CFES Appointment/Verification		Santa Clara county. A general		
SCD 2509	Notice	Verification request	category is being requested	CSF XXX	Appointment Letter
			manual budget worksheet used when	1	
			budget is incorrect in System or		
			manual budget needs to be		
	HCBS Spousal Impoverishment		calculated- exisitng CalSAWS		
x SCD 2511	Budget	Budget Worksheet	Documents do meet these needs	New Rec.	Program Budgets & Worksheets
X 000 1011					

				Forms in this category are related to		
				various supportive serivces; CalSAWS		
				forms/ catergories do not meet		
x	SCD 2517	CalWORKs Social Work Action Pl	lan Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Form is used to request verification;		<b>č</b> , , ,
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		CALFRESH-ABAWD REQUEST FO	)B	Santa Clara county. A general		
x	SCD 2519	MEDICAL INFORMATION	Verification request	category is being requested	New Rec.	ABAWD Forms
^	360 2313	MEDICAL IN ONMATION	Vermeation request	Forms in this category are related to	New Nec.	ADAWD FOILing
				various supportive serivces; CalSAWS		
	CCD 2524	laters 0. From Chardelist	Comparative Complete	forms/ catergories do not meet	New Dee	
X	SCD 2521	Intern & Earn Checklist	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Form is used for RCA purposes;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Request For Certification For No		Santa Clara county. A general	What certification is being	
X	SCD 2525	Cash Clients	RCA	category is being requested	requested?	
				Application related documents;		
				exisiting CalSAWS documents are too		
		Intern & Earn Participant		specific to index to. In order to meet		
x	SCD 2526	Application	Application	county needs we need generic	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS		
		Client Emergency Information		forms/ catergories do not meet	Is this imaged?	
x	SCD 2529	Card	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		<b>.</b> , , , ,
				various supportive serivces: CalSAWS		
		Employment Connection Progra	ım	various supportive serivces; CalSAWS forms/ catergories do not meet		
x	SCD 2532	Employment Connection Program		forms/ catergories do not meet		WTW Agreements, Assessments, etc.
x	SCD 2532	Employment Connection Program	m Supportive Services	forms/ catergories do not meet business needs	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2532			forms/ catergories do not meet business needs Forms in this category are related to	New Rec.	WTW Agreements, Assessments, etc.
x	SCD 2532			forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS	New Rec.	
		Client Notification	Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet	New Rec.	GA/GR Work Related and Activities
x	SCD 2532 SCD 2533			forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs	New Rec.	
		Client Notification	Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to	New Rec.	GA/GR Work Related and Activities
		Client Notification	Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS	New Rec.	GA/GR Work Related and Activities Forms
	SCD 2533	Client Notification	Supportive Services Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet	New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities
		Client Notification	Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs	New Rec.	GA/GR Work Related and Activities Forms
x	SCD 2533 SCD 2534	Client Notification Job Search Client Agreement Job Search Activity Log	Supportive Services Supportive Services Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan;	New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms
	SCD 2533	Client Notification	Supportive Services Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisitng CalWIN Documents do not	New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities
x	SCD 2533 SCD 2534	Client Notification Job Search Client Agreement Job Search Activity Log	Supportive Services Supportive Services Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisitng CalWIN Documents do not Forms in this category are related to	New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms
x	SCD 2533 SCD 2534	Client Notification Job Search Client Agreement Job Search Activity Log	Supportive Services Supportive Services Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisitng CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS	New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms
x	SCD 2533 SCD 2534 SCD 2535	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan	Supportive Services Supportive Services CFET/CFES	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisiting CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet	New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements
x	SCD 2533 SCD 2534	Client Notification Job Search Client Agreement Job Search Activity Log	Supportive Services Supportive Services Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisiting CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs	New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms
xxx	SCD 2533 SCD 2534 SCD 2535	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan	Supportive Services Supportive Services CFET/CFES	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisiting CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs forms/ catergories do not meet business needs Forms in this category are related to	New Rec. New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements
xxx	SCD 2533 SCD 2534 SCD 2535	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan	Supportive Services Supportive Services CFET/CFES	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisiting CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs	New Rec. New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements
xxx	SCD 2533 SCD 2534 SCD 2535	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan	Supportive Services Supportive Services CFET/CFES	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisiting CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs forms/ catergories do not meet business needs Forms in this category are related to	New Rec. New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements
xxx	SCD 2533 SCD 2534 SCD 2535	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan	Supportive Services Supportive Services CFET/CFES	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisiting CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS	New Rec. New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements
x x x x	SCD 2533 SCD 2534 SCD 2535 SCD 2539	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan PWEX Evaluation Month 2	Supportive Services Supportive Services CFET/CFES Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisitng CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet	New Rec. New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements WTW Agreements, Assessments, etc.
x x x x	SCD 2533 SCD 2534 SCD 2535 SCD 2539	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan PWEX Evaluation Month 2	Supportive Services Supportive Services CFET/CFES Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisitng CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs forms/ catergories do not meet business needs	New Rec. New Rec. New Rec. New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements WTW Agreements, Assessments, etc.
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x x x x	SCD 2533 SCD 2534 SCD 2535 SCD 2539	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan PWEX Evaluation Month 2	Supportive Services Supportive Services CFET/CFES Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisiting CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS	New Rec. New Rec. New Rec. New Rec. New Rec. New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements WTW Agreements, Assessments, etc.
x x x x	SCD 2533 SCD 2534 SCD 2535 SCD 2539 SCD 2540	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan PWEX Evaluation Month 2 PWEX Evaluation Month 4	Supportive Services Supportive Services CFET/CFES Supportive Services Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisiting CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs	New Rec.          New Rec.         New Rec.         New Rec.         New Rec.         New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements WTW Agreements, Assessments, etc.
x x x x	SCD 2533 SCD 2534 SCD 2535 SCD 2539 SCD 2540	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan PWEX Evaluation Month 2 PWEX Evaluation Month 4	Supportive Services Supportive Services CFET/CFES Supportive Services Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisiting CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to	New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements WTW Agreements, Assessments, etc.
x x x x	SCD 2533 SCD 2534 SCD 2535 SCD 2539 SCD 2540	Client Notification Job Search Client Agreement Job Search Activity Log CFES Activity Assignment Plan PWEX Evaluation Month 2 PWEX Evaluation Month 4	Supportive Services Supportive Services CFET/CFES Supportive Services Supportive Services	forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs contains client CFET Activity plan; exisiting CalWIN Documents do not Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS forms/ catergories do not meet business needs Forms in this category are related to various supportive serivces; CalSAWS	New Rec.	GA/GR Work Related and Activities Forms GA/GR Work Related and Activities Forms CFET Forms/Agreements WTW Agreements, Assessments, etc.
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				Forms in this category are related to		
				various supportive serivces; CalSAWS	S	
				forms/ catergories do not meet		
X	SCD 2543	Tier I Monthly Evaluation Month	2 Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS	S	
				forms/ catergories do not meet		
x	SCD 2544	Tier I Monthly Evaluation Month	3 Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS	S	
		Request for Attendance/Child		forms/ catergories do not meet		
х	SCD 2549	Care Information	Supportive Services	business needs	New Rec.	Child Care Referrals and Forms
			••	form for clients to record and report		Worker Use (Eligibility
		Medical Deduction/Dependent		deduction dependent care costs;		Determination/Tracking) Program
	× SCD 2550	Care Checklist	Income & Expense	exisitng CalSAWS documents do	New Rec.	Specific Checklists
				This form is a client request or		
		CONSENT TO RECEIVE		agreement; county business needs		
		ELECTRONIC COMMUNICATIONS		require a generic category; exisitng		
		FROM THE COUNTY OF SANTA		CalSAWS documents do contain a		Electronic Notification Agreement
	× SCD 2551	CLARA	Client Request/Agreement	general request and/or agreement	NA 1273	and Courtesy Confirmation Receipt
	× 3CD 2331	CLARA	client Request/Agreement	Form is used for Vocational Services	NA 1275	and courtesy commation receipt
				purposes; exisiting CalSAWS		
		Manatianal Ganziera Danmant		categories are too specific to		
	000 0550	Vocational Services Document		processes not utilized at Santa Clara		
Х	SCD 2553	Submission Face Sheet	Vocational Sevices	county. A general category is being	New Rec.	WTW Agreements, Assessments, etc.
				This form is a client request or		
				agreement; county business needs		
				require a generic category; exisitng		
		Housing and Disability Advocacy		CalSAWS documents do contain a		
x x	SCD 2555	Program Participation Agreement		general request and/or agreement	New Rec.	HSP and Homeless Assistance Forms
		CASH ASSISTANCE PROGRAM FOR	R	Notifies client of pending CAPI		
		IMMIGRANTS (CAPI) PENDING		application; exisiting CalSAWS		
х	SCD 2556	APPLICATION INFORMATION	CAPI	Documents do not meet this need	New Rec.	CAPI Application and Other Forms
				Forms in this category are related to		
				various supportive serivces; CalSAWS	S	
				forms/ catergories do not meet		
x	SCD 2558	WTW Child Care Voucher	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Forms in this category are related to		
				various supportive serivces; CalSAWS	S	
				forms/ catergories do not meet		
x	SCD 2559	Family Self-Sufficiency Plan	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
		· · ·	••	Form is used for RCA purposes;		<u> </u>
				exisiting CalSAWS categories are too		
		Employment & Training		specific to processes not utilized at		
		Requirements Refugee Cash		Santa Clara county. A general		
x	SCD 26	Assistance (RCA)	RCA	category is being requested	New Rec.	WTW Agreements, Assessments, etc.
^	365.20	Assistance (next)	Nort	There needs to be a generic	new nee.	wiwigreements, its essments, etc.
				miscellaneous category for		
				documents that do not index to any		
				of the exisiting exisiting CalSAWS		
				Documents and it does not make		
	×		N 41		New Dee	Fired Ferrer
	× SCD 270	NSDI Entry Request	Miscellaneous	business sense to create a new	New Rec.	Fiscal Forms
				Internal tracking of client IPV		
	SCD 271	CalWORKs Intentional Program Violation Tracking	Fraud	disqualification; exisiting CalSAWS Documents do not meet this need	PA 771	Notice of Intentional Program Violation (IPV) Determination

			There needs to be a generic		
			miscellaneous category for		
			documents that do not index to any		
			of the exisitng exisitng CalSAWS		
	Fax Request For Benefits Issuance		Documents and it does not make		
x SCD 274	Action	Miscellaneous	business sense to create a new	New Rec.	Fax/Coversheets
			Notice of Action for FC related		
			changes; exisiting CAISAWS forms do		
SCD 28	Notice of Non-Payment	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
			manual budget worksheet used when	1	-
			budget is incorrect in System or		
			manual budget needs to be		
			calculated- exisitng CalSAWS		
x SCD 30	Foster Care Budget Worksheet	Budget Worksheet	Documents do meet these needs	New Rec.	Program Budgets & Worksheets
	Tostel care badget worksheet	budget worksheet	manual budget worksheet used when		Hogian Badgets & Worksheets
			budget is incorrect in System or		
			manual budget needs to be		
			calculated- exisitng CalSAWS		
SCD 32	Museever d Dudget Merkeboot	Dudget Merkeheet	-	New Dee	Dragram Dudgata 8 Markahaata
SCD 32	Wraparound Budget Worksheet	Budget Worksheet	Documents do meet these needs Application related documents;	New Rec.	Program Budgets & Worksheets
			exisiting CalSAWS documents are too		
SCD 321	Healthy Kids Supplemental		specific to index to. In order to meet		
Supplem	ent Enrollment Application	Application	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 serivces; CalSAWS		
	Congratulations on Becoming		forms/ catergories do not meet		
x SCD 325	Employed (Packet form)	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
			This form is a client request or		
			agreement; county business needs		
			require a generic category; exisitng		
			CalSAWS documents do contain a		
× SCD 355	A Agreement to reimburse-sponsor	Client Request/Agreement	general request and/or agreement	New Rec.	Sponsor Related Forms
			Form is used to request verification;		
			exisiting CalSAWS categories are too		
			specific to processes not utilized at		
	ICAMA and ICPC Benefit		Santa Clara county. A general		
x SCD 36	Verification	Verification request	category is being requested	New Rec.	FC Forms
			form for clients to record and report		
			self-employment income and profit		
			income; exisitng CalSAWS documents		
× SCD 380	Income/Profit and Loss Statemen	t Income & Expense	do meet this need	CSF XXX	Profit and Loss Statement
		·	Forms in this category are related to		
			various supportive serivces; CalSAWS		
			forms/ catergories do not meet		
x SCD 384	Attention Off Aid Clients	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
			Form is used for OP/OI and UI/UP		8, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·
			purposes; exisiting CalSAWS		
			categories are too specific to		
	Notification Of CAPI Overnavmen	t Overpayment/Overissuance/Underpaym	÷ .		
x SCD 385	Adjustment Activity	ent/Underissuance	county. A general category is being	New Rec.	CAPI Application and Other Forms
^ 3CD 363	Aujustment Activity	eng ondenssuance	Form is used for OP/OI and UI/UP	new net.	or a Application and other rollins
			purposes; exisiting CalSAWS		
	CADI Internet Course	0	categories are too specific to		
x SCD 390	CAPI Intercounty Overpayment	Overpayment/Overissuance/Underpaym	•		
	Adjustment Request	ent/Underissuance	county. A general category is being	New Rec.	CAPI Application and Other Forms

				Application related documents;	
				exisiting CalSAWS documents are too	
				specific to index to. In order to meet	Application, Intake, or Screening
	X SCD 41	Identification and Intake Record	Application	county needs we need generic New Rec.	Tools
				Application related documents;	
				exisiting CalSAWS documents are too	
		Foster Care Identification and		specific to index to. In order to meet	Application, Intake, or Screening
×	SCD 41 FC	Intake Record	Application	county needs we need generic New Rec.	Tools
Α	565 4116	intake needra	Application	Application related documents;	10015
				exisiting CalSAWS documents are too	
				specific to index to. In order to meet	Application Intoles of Concerning
				•	Application, Intake, or Screening
	× SCD 41 FC A	Intake Record	Application	county needs we need generic New Rec.	Tools
				Application related documents;	
				exisiting CalSAWS documents are too	
				specific to index to. In order to meet	
	SCD 414	Special Need Requisition	Application	county needs we need generic What info is on this?	
				Internal tracking of client IPV	
				disqualification; exisiting CalSAWS	Notice of Intentional Program
	x SCD 446	IPV Flash	Fraud	Documents do not meet this need PA 771	Violation (IPV) Determination
				Form is used for Time on Aid	. /
				purposes; exisiting CalSAWS	
		One Time Exemption for a		categories are too specific to	
		Caretaker of a Child Under Six		processes not utilized at Santa Clara	
v v	SCD 46	Months (6 months)	ТОА	county. A general category is being CW 2186B	CalWORKs Exemption Determination
<u>^</u>	300 40	Month's (o month's)	104	Notice of Action for CWES sanction	Carworks Exemption Determination
	COD 470	CalWORKs Sanction/Penalty		related changes; exisiting CAISAWS	
x	SCD 473	Action	Notice of Action	forms do not meet business needs. New Rec.	Manual <program> NOA</program>
				This form is a client request or	
				agreement; county business needs	
				require a generic category; exisitng	
				CalSAWS documents do contain a	
x	SCD 48	Consent Form (AFLP)	Client Request/Agreement	general request and/or agreement New Rec.	CalLearn Agreements and Forms
				Forms in this category are related to	
				various supportive serivces; CalSAWS	
				forms/ catergories do not meet	
x	SCD 502	CWES Attandance Sheet	Supportive Services	business needs New Rec.	WTW Agreements, Assessments, etc.
			••	This form is a client request or	<u> </u>
				agreement; county business needs	
				require a generic category; exisitng	
		Would You Like to Register to		CalSAWS documents do contain a	
	× SCD 508	Vote?	Client Request/Agreement	general request and/or agreement CSF XXX	Would You Like to Register to Vote?
	× 3CD 308	vole:	Chern Request/Agreement	This form is a client request or	would fou like to register to vole?
				·	
				agreement; county business needs	
				require a generic category; exisitng	
		General Assistance Cooperation		CalSAWS documents do contain a	GA/GR Repayment
x	SCD 523	Agreement	Client Request/Agreement	general request and/or agreement New Rec.	Agreements/Forms
				This form is a client request or	
				agreement; county business needs	
				require a generic category; exisitng	
				CalSAWS documents do contain a	GA/GR Repayment
х	SCD 523 U	GA Cooperation Agreement	Client Request/Agreement	general request and/or agreement New Rec.	Agreements/Forms
		·	· · · ·	Notice of Action for employment and	- · ·
				supportive services related changes;	
		Trustline/Child Care Approval NA		exisiting CAISAWS forms do not meet	
x	SCD 532	832) Notice of Action	Notice of Action	business needs. New Rec.	Manual < Program > NOA
A	565 552	332,		Submets needs.	manual strograms non

				Forms in this category are related to		
				various supportive serivces; CalSAWS		
		Checklist for Trust Line and Health		forms/ catergories do not meet		
X	SCD 533	and Safety Self-Certification	Supportive Services	business needs	New Rec.	WTW Agreements, Assessments, etc.
				Internal referral to conduct fraud		
				investigation; exisiting CalSAWS		SIU (Fraud) Evidence, Contact
х	SCD 54	IEVS Fraud Referral to SIU	Fraud	Documents do not meet this need	SIU Documents	Records, Requests
				Appeals purposes- notice of action;		
				exisitng CalSAWS Documents do not		
х	SCD 555	Notice Of Filing Of Fair Hearing	Appeals	meet these needs	Court/Hearings Document	Fair Hearing Forms
				Application related documents;	· · · · · · · · · · · · · · · · · · ·	
		Statement Of Need For Mental		exisiting CalSAWS documents are too		
		Health Services Medi-Cal Minor		specific to index to. In order to meet		
x	SCD 558	Consent	Application	county needs we need generic	New Rec.	Non-Fraud Referral or Request
	000 000	consent	Application	Forms in this category are related to		Hon Hada Kelenaron Kequest
				various supportive serivces; CalSAWS		
				forms/ catergories do not meet		
x	SCD 568	Compliance Transmittal Form	Supportive Services	business needs	New Rec.	WTW Agroomonts Assossments at
X	300 308	compliance transmittal Form	Supportive Services		INCW REL.	WTW Agreements, Assessments, etc.
				Form is used for RCA purposes;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Refugee Services Information		Santa Clara county. A general		
x	SCD 569	Transmittal	RCA	category is being requested	New Rec.	Non-Fraud Referral or Request
				Form is used to request verification;		
				exisiting CalSAWS categories are too		
				specific to processes not utilized at		
		Important Information About		Santa Clara county. A general		
х	SCD 574	Required Verification (CAPI)	Verification request	category is being requested	New Rec.	CAPI Application and Other Forms
				Form is used to request verification;	Is this verification requested from	
		Application For Verification Of		exisiting CalSAWS categories are too	the customer? Or is this a form	
		Birth, Death or Marriage as		specific to processes not utilized at	sent to a governement agency to	
	SCD 58 (DFCS	Required for Social Services		Santa Clara county. A general	complete and verify?	
х	SCZ 58)	Agency Programs	Verification request	category is being requested	New Rec.	Non-Fraud Referral or Request
	•	Federal Medi card/Title IV -	•	Notice of Action for MC-related		
		Elig./Inelig. And Medi-		changes; exisiting CAISAWS forms do		
x	SCD 692	Cal/Financial Plan	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
	000 002	Title IV-E Foster Care, Kin-GAP &		Notice of Action for FC related		
		Adoption Assistance Children		changes; exisiting CAISAWS forms do		
Y .	SCD 75	Residing Outside California	Notice of Action	8, 8	Now Roc	Manual <program> NOA</program>
λ	30073	Residing Outside CallOffila	Notice of Action	not meet business needs.	New Rec.	manual Srivgianiz NOA
				Application related documents;		
				exisiting CalSAWS documents are too	Mile at the big of a stress of a set 2 D	
	CCD 022	Mark Cal Angelia, March 20, 100, 11	A secolities the se	specific to index to. In order to meet		
X	SCD 823	Medi-Cal Application 2nd Notice	Application	county needs we need generic	verifications?	
				Notice of Action for FC related		
		Important Notice Cash Aid Lump		changes; exisiting CAISAWS forms do		
x	SCD 836	Sum Notice	Notice of Action	not meet business needs.	New Rec.	Manual <program> NOA</program>
				Forms in this category are related to		
				various supportive serivces; CalSAWS		
				forms/ catergories do not meet		
Х	SCD 84	Trustline	Supportive Services	business needs	New Rec.	Child Care Referrals and Forms
				manual budget worksheet used when		
				budget is incorrect in System or		
				manual budget needs to be		
		License -Exempt Trustline Pending		calculated- exisitng CalSAWS		
x	SCD 9	Child Care Worksheet	Budget Worksheet	Documents do meet these needs	New Rec.	Child Care Referrals and Forms
A		Sind Sale WorkSheet	Saaber WorkSheer	socuments do meet mese needs		sina sare nerenais una ronnis

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right a genetic independence         right a genetic independence         Wait this is on bits form? Whit is on b					This form is a client request or		
Cafford Socurents of contrained and part and of a cancel and a contrained and part and of a cancel and of a ca					agreement; county business needs		
SCD 30     Good News for CA Families     Claim Request/Agreement our class supported for indicating our prested to warrisk supported environs.     Application of the Cale Agreement and the agreement our class supported environs.     Cale can Agreement and the variable agreement and the agreement agreement and the agreement and the agreement agreement agreement agreement and the agreement agreem					require a generic category; exisitng		
x         SCD 912         Cal Learn Progress Report         Supportive Servers: Calabox Servers: Supportive Servers: Supportite Servers: Supportite Servers: Supportite Servers:					CalSAWS documents do contain a	What info is on this form? What	
x     SCD 912     Cal-Lean Pagens Pagont     Supportive Services     Realifies interest     Max/Page     Callaran Agricements and Form       x     SCD 913     Cal-Lean Pagens Pagont     Supportive Services     Realifies interest     Max/Page     Callaran Pagenents       x     SCD 913     Medi Cal Aggination Coverienter     Aggination Services     Max/Page		SCD 90	Good News for CA Families	Client Request/Agreement	general request and/or agreement	purpose does the form serve?	
x     SCD 912     Cal-Lean Pagens Pagont     Supportive Services     Realifies interest     Max/Page     Callaran Agricements and Form       x     SCD 913     Cal-Lean Pagens Pagont     Supportive Services     Realifies interest     Max/Page     Callaran Pagenents       x     SCD 913     Medi Cal Aggination Coverienter     Aggination Services     Max/Page				· · · ·	Forms in this category are related to		
k     Callant Progress Report     Supportive Services     Home Sec.     Callant Argenericits and Services       x     SC 9212     Callant Progress Report     Supportive Services     Application related documents; et low Plant in Is on the coverfetter that coverfetter t							
x     S00 912     Gal Lear Progress Report     Support/services     Business membra     New Rec.     Collian Agreements and Services       x     S00 93     Medi-Cal Application Coverlatifier     Application related documents are UM and info is on the coverlater that Lear Market Application Coverlater documents are UM and info is on the coverlater that Lear Market Application Coverlater documents are UM and info is on the coverlater that Lear Market Application Coverlater documents are UM and info is on the coverlater that Lear Market Application Coverlater Application Coverlater Application coverlater documents are UM and info is on the coverlater that Lear Application coverlater documents are UM and info is on the coverlater that Lear Application coverlater documents are UM and info is on the coverlater that Lear Application coverlater documents are UM and info is on the coverlater that Lear Application coverlater documents are UM and info is on the coverlater that Lear Application coverlater documents are UM and info is on the coverlater that Lear Application Coverlater Application Coverlateret Applicatino Coverlater Applicateret Application Cover					forms/ catergories do not meet		
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SDS Self     New Rec.     WTW Agreements, Assessments       Directed Search     Self     CSF XXX     Self-Employment Income Stater	<u>^</u>	JUNC 0/0	racement of Regional Center	Autorization for placement/payment	Authorizes usage of fullus	new nec.	Teromis
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				gathers information for family		
				stabilazation on past due rents,		
				current rent, deposits due and who		Statement of Facts - Homeless
	SES FS 1	housing statement	FS rental amount	to make checks payable to	CW 42	Assistance
						Welfare-To-Work Assignment Plan
	SES59	Supportive services arrangement	appraisal document	supportive services information	GN 6386	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		
		self employment participation		WPR with self employment or need		Tracked WTW Activities, Hours,
x	SES82	worksheet	self employment tracking	additional activities	New Rec.	Exemptions
	SG-SSA-16	Application for SSA Letter	Income		Verification	
	Shot/Immuniza		income			
	tion Records	Shot/Immunization Records	School & Immunizations		Verification	
	Sierra College	Shotymmunization Accords			Vermeation	
	CW Elig Verif	Sierra College CW Elig Verif	WTW School/VTR		Verification	
	CVV LIIS VEITI	Sierra conege evv Liig vern		This form is a communication tool	- cieution	
				between eligibility specialist and the		
				customer applying for benefits. This		
				document is part of every face to face		
			Dravidae information to the evotors of	application interview and impacts the		CULI (Freud) Customer
			Provides information to the customer	workload of staff imaging/indexing		SIU (Fraud) Customer
X	SIU 615	Helping You to Avoid Fraud	about fraud prevention	documents to the case.	SIU Documents	Acknowledgement and Prevention
		Transitional Housing Placement		Extended Foster Care for 18 years of		
X	SOC 152	Plus Foster Care Provider	Extended Foster Care	age and older. Form not found on	New Rec.	FC Forms
				Over 18 years of Age Foster Family		
				and Agency agreement. Similar Form		
X	SOC 153	Foster Agency Agreement	Extended Foster Care	not Found on Forms List	New Rec.	FC Forms
		AGENCY GROUP HOME		NEEDED STATE FORM NOT ON TIER 1		
X	SOC 154	AGREEMENT	AGENCY GROUP HOME AGREEMENT	LIST -REQUIRED	New Rec.	FC Forms
				Under Age of 18 Group Home		
х	SOC 154	Group Home Agreement	Group Home Placement	Placement. Similar Form not found	New Rec.	FC Forms
				Required form for Foster Care Family		
		Placement Agency/ Foster Family		and child placement. Form not found		
x	SOC 154 A	Agreement	Child Placement	on Forms List	New Rec.	FC Forms
		Group Home Agreement Non-		Agency Placement in Foster Care		
х	SOC 154 B	Minor Dependent	Group Home Placement	Group Home. Form not found on	New Rec.	FC Forms
			Contains agreement between biological	Completed by biological parents and		
			parents and Title IV-E agency to allow	Title IV-E agency to allow place of a		
		Voluntary Placement Agreement -		child without court order. Required		
x x	SOC 155	Placement Request	order	documentation for Foster Care - No	New Rec.	FC Forms
				Completed by Non-Related Legal		
				Guardian (NRLG) youth who were		
				subject to a probate guardianship		
				and agency; will allow NRLG benefits		
			Contains agreement information	to continue up to age 19 if expected		
		Mutual Agreement for 18 Year	between the Non-Related Legal Guardiar			
		-	(NRLG) youth and agency	do not qualify for Extended benefits	New Rec	FC Forms
x	SOC 155 B	Olds				
x	SOC 155 B	Olds		Completed by biological parents and	New Nee.	
X	SOC 155 B	Olds	Contains agreement between biological	Completed by biological parents and	new net.	
X	SOC 155 B		Contains agreement between biological parents and Title IV-E agency to allow	Title IV-E agency to allow place of a	New Rec.	
		Voluntary Placement Agreement -	Contains agreement between biological parents and Title IV-E agency to allow placement of an Indian child without a	Title IV-E agency to allow place of a Indian child without court order.		50 Forme
xx	SOC 155 B SOC 155 C	Voluntary Placement Agreement - Parent/Agency (Indian Child)	Contains agreement between biological parents and Title IV-E agency to allow	Title IV-E agency to allow place of a Indian child without court order. Required documentation for Foster	New Rec.	FC Forms
		Voluntary Placement Agreement -	Contains agreement between biological parents and Title IV-E agency to allow placement of an Indian child without a	Title IV-E agency to allow place of a Indian child without court order.	New Rec.	FC Forms

				Agreement between parent and		
				Stanislaus County CWS placement		
		Foster Parents Agreement Foster		agreement. Similar Form not Found		
х	SOC 156	Home Placement	Child Placement	on Forms List.	New Rec.	FC Forms
		Supervised Independent Living		Supervised Extended Foster Care.		
х	SOC 157 A	Placement (SILP)	Approval and Placement Agreement	Similar Form not found on Forms List	New Rec.	FC Forms
			Contains agreement information	Completed the NMD and the agency;		
		Supervised Independent Living	between NMD and agency regarding the	provided to eligibility to inform them		
		Placement (SILP) Approval and	SILP, as well as the youths payment	of the agreement and who is the		
х	SOC 157 A	Placement Agreement	instructions	payee (per the agreement) - No	New Rec.	FC Forms
				The SOC 157 B is completed by the		
				SW to verify that the home the youth		
		SILP Inspection: Checklist of	Contains SILP approval requirements;	is residing in meets SILP standards;		Worker Use (Eligibility
		Facility Health and Safety	verifies that SILP meets eligibility	required documentation for		Determination/Tracking) Program
х	SOC 157 B	Standards	standards	Extended Foster Care (AB12) - No	New Rec.	Specific Checklists
		Supervised Independent Living		Supervised Extended Foster Care.		
х	SOC 157B	Placement (SILP)	Inspection Checklist Health and Safety	Similar Form not found on Forms List	New Rec.	FC Forms
			· · · ·			
			Contains agreement information	The SOC 161 is an agreement		
			between the NMD and agency; also	between the NMD and agency to		
		Six-Month Certification of	provides participation criteria; required	allow FC benefits to continue up to		
x	SOC 161	Extended Foster Care Participation		age 21 - No Match	New Rec.	FC Forms
		Six Month Certification of FC		Over 18 yrs of age 6 Month Extended		
x	SOC 161	Participation	Extended Foster Care	Foster Care	New Rec.	FC Forms
		Non Minor Dependance		Mutual Agreement for Extended		
x	SOC 162	Agreement		Foster Care	New Rec.	FC Forms
		Voluntary Re-Entry Agreement for		Same as SOC 161, but for re-entry		
x	SOC 163	Extended Foster Care	Same as SOC 161, but for re-entry youth.		New Rec.	FC Forms
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _,	Required form to send to the State		
		In-Home Supportive Services		outcomes of Unannounced Home		
		Unannounced Home Visit findings		visits by an Investigator; the State		
	SOC 2247	report	Mandated State form	sends the roster of recipients to visit	Other county drawer - IHSS	
	500 2247	IHSS Complaint of Suspected	Wandated State form	Required form for IHSS staff to refer	Other county drawer - miss	
	x SOC 2248	Fraud	Mandated State form	for client/provider investigation	Other county drawer - IHSS	
	× 5002240	11000	Disclosure agreement between relative	Completed by SW and relative		
		Agency-Relative Guardianship	legal guardian and agency; required for	guardian prior to guardianship - No		
v	SOC 369	Disclosure	KG eligibility	Match	New Rec.	KG Forms
*	300 309	Disclosure	KG engionity	Required form for relative prior to	New Rec.	KGTOTTIS
		Agency Relative Gaudianship		established guardianship for KinGAP.		
x	SOC 369	Disclosure	Gfuardianship	This Form is not listed on Forms List	New Rec	KG Forms
X	300 309	Disclosure	ordarulariship	KinGAP agreement that established	NEW NEL.	NG FUTTIS
				relationship (Relative Type) of family		
				member. This Form is not listed on		
	SOC 369 A	KinCon Brogrom Associate			Now Roc	KG Forms
X	SUC 309 A	KinGap Program Agreement		Forms List Completed by SW and relative	New Rec.	
		Kinchin Guardianshin Assistance	Agroomont botwoon relative quarties			
		Kinship Guardianship Assistance	Agreement between relative guardian	guardian prior to guardianship and at		
	500.360 4	Payment (Kin-GAP) Program	and agency; contains rate date of	each reassessment or change of	Now Roc	KC Forme
X	SOC 369 A	Agreement Amendment	agreement	benefits - No Match	New Rec.	KG Forms
		Level of Core (LOC) Digital Country		Completed by SW based on		
	COC 500	Level of Care (LOC) Digital Scoring	Drawides the level of some sets	child/caregiver scoring and provide	New Dee	FC Forme
X	SOC 500	Form	Provides the level of care rate	to eligibility to verify the rate - No	New Rec.	FC Forms
				Assessment of Social Worker. Similar		
X	SOC 500	Level of Care Manual Scoring Form	Assessment	Form not found on Forms List	New Rec.	FC Forms
				Assessment of Social Worker. Similar		
X	SOC 500A	Level of Care Digital Scoring Form	Assessment	Form not found on Forms List	New Rec.	FC Forms
				NEEDED STATE FORM NOT ON TIER 1		
Х	SOC 814	CAPI STATEMENT OF FACTS	USED IN DETERMINING CAPI ELIGIBILITY	LIST USED IN ELIGIBILITY	New Rec.	CAPI Application and Other Forms

x SOC 815 Approval Family Caregiver Home Caregiver Home Assessment not found on Forms List New Rec.	
x SOC 815 Approval Family Caregiver Home Caregiver Home Assessment not found on Forms List New Rec.	
	FC Forms
Checklist to determine if home is	Worker Use (Eligibility
Checklist to determine home is safe and Healthy and Safe. Similar Form Not	Determination/Tracking) Program
x SOC 817 Checklist of Health and Safety healthy for child Found on Forms List New Rec.	Specific Checklists
Relative or Non Relative Extended All answers must be answered to	· ·
Family Member Caregiver approve the caregiver. Similar Form	
x SOC 818 Assessment Caregive Assessment not Found on Forms List New Rec.	FC Forms
Dual Agency Rate plus supplement	
for either AAP, FC, KinGAP. Dual	
	FC F
x x x SOC 836 Form Determine eligibility for Supplement not found on Forms List New Rec.	FC Forms
Completed by SW and regional center	
Provides scoring details for the Dual worker to determine the appropriate	
Supplement to the Rate Eligibility Agency supplemental to the rate Dual Agency supplemental to the rate	
SOC 836         Form         determination; required for this rate         for the child - No Match         New Rec.	FC Forms
SUPPLEMENT TO THE RATE SUPPLEMENT TO THE RATE NEEDED STATE FORM NOT ON TIER 1 Supplement to what rate	e? What is
SOC 837 QUESTIONNAIRE QUESTIONNAIRE LIST - REQUIRED this form asking for?	
This notifies IHSS recipients that their	
Provider has committed Tier 2 crimes	
IHSS Program notice to Recipient e.g. sex offender, other felonies,	
SOC 855B of Provider Ineligibility Mandated State form Welfare Fraud Other county drawer - IH	HSS
Case Assistance Program for	Sponsor Related Forms - Indigence,
Immigrants (CAPI) Sponsor	Repayments, Responsibility
Statement of Fact I nome and Sponsor's Income and Resources. New Rec.	Agreements, Worksheet
x SOC 860 Resources Sponsor Statement of Fact This Form is not listed on Forms List New Rec.	CAPI Application and Other Forms
x SOC153 English Agency Agreement Agreement New Rec.	FC Forms
Social Security         Social Security Card         Vitals         Verification	
What information is on the second sec	
No possible map found in listing (This What does it clarify or p	rove for
x SOP Statement of Position ASH use only is for ASH Use Only) ASH?	
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	
Notice of requirement to apply for changes; exisiting CAISAWS forms do	
Spltr 744 Medicare insurance benefits Notice of Action not meet business needs. New Rec.	Manual < Program > NOA
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	5. 15
SSA 11 BK Request to be Selected as Payee Correspondence payee of Social Security Benefits New Rec.	Fiscal Forms
PUBLIC ASSISTANCE AGENCY Verifications	Social Security Administration
× SSA 1610-U2 INFORMATION REQUEST WFP&I View and Use only No possible map found in listing MC 194	Referral Notice
SSA 40	
Quarters SSA 40 Quarters Verification Income Verification 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	
x SSA 827 Auth to Disclose Info to SSA Disability/Work Reg Verification	
SSA	
SSA Adjudication SSA Adjudication Decision NOA Disability/Work Reg Verification	
SSA Adjudication SSA Adjudication Decision NOA Disability/Work Reg Verification SSA Income /	
SSA Adjudication SSA Adjudication Decision NOA Disability/Work Reg 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         SSA/SSI Award Ltrs/Printouts         Income         Verification	
App PrintOut SSA/SSI On-Line App PrintOut Income Verification	Qualified Medicare Beneficiart
x SSA-795 (QMB) SSA Statement of Claimant Income MC 176 QMB-3	(QMB) Referral
SSI/SSA SSI/SSA Printout Disability/Work Reg Verification	
SN Verif	
Printout from SSN Verif Printout from SSA Vitals Verification	
Form is used for SSI Advocacy	
purposes; exisiting CalSAWS	
categories are too specific to	
Authorization for Nonmedical Out- processes not utilized at Santa Clara	
SSP 22 Of-Home Care (Board and Care) SSI Advocacy county. A general category is being CSF XXX	Board and Care Statement
Is this a notice to t	he worker the
customer called? (	Dr record that
the worker call the	e customer?
Either way is this in	maged?
SSSD 1000 Phone Message New Rec.	Customer/Worker Contact
	Worker Use (Eligibility
	Determination/Tracking) Program
x SSSD 1004 CMSP Review Checklist New Rec.	Specific Checklists
SSSD 1018 Cope Family Center Referral New Rec.	Non-Fraud Referral or Request
	Direct Deposit Authorization Sign-Up
	Form
Direct Deposit Information & DCFS 6042	Direct Deposit Authorization Sign-Up
SSSD 2005 Authorization PA 1675	Form
What is this used f	
info from the custo	
angency, SSA? To s	send MC info to
SSSD 2006 Insurance Information Request another agency?	
× SSSD 2007 Declaration of Loan/Gift Verification	
SSSD 2008 Drug Referral New Rec.	Non-Fraud Referral or Request
Waiver of Ten-Day Notice /     CW 10	Notice of Withdrawn Application
× SSSD 2011 Request for Discontinuance CSF XXX	Request for Discontinuance Waiver
SSSD 2012 Hospital Release Verification	
CSF XXX	Self-Employment Income Statement
CSF XXX	Notice to Self-Employed Individuals
SSSD 2017 Income vs. Expense PA 167	Monthly Earnings Report
Is this completed b	
employer or worke	
notice to the custo	
happens w/ eligibl	
Employment Termination Info quit? An evaluatio	
SSSD 2018 Sheet CSF XXX	Job Quit Questionnaire
Is this just info to t	Authorization to Release Medical
Whole Person Care Release of it signed?	
Whole Person Care Release of         it signed?           SSSD 2021         Information         CW 61	Information
Whole Person Care Release of it signed?	Information Monthly Earnings Report Statement of Relationship

		CSF XXX	Income In-Kind/Housing Verification
		CSF XXX	Self-Employment Income Statement
		CSF XXX	Income and Eligibility Verification
SSSD 2026	Income Verification Form	PA 167	Form
	Landowner Notification of		
SSSD 2029	Voucher Payment	New Rec.	Property Statement and Verification
		CSF XXX	Self-Employment Income Statement
	Self Employment Income	CSF XXX	Notice to Self-Employed Individuals
x SSSD 2030	Questionnaire	PA 167	Monthly Earnings Report
		What is this asking to verify?	
		Identity? Citizenship? Is it used for	
SSSD 2032	Collateral Contact Sheet	SIU investigations?	
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</program>
SSSD 2039	HSP Landlord Agreement	New Rec.	HSP and Homeless Assistance Forms
	HSP Discontinuance - Landowner		
SSSD 2040	Notification	New Rec.	HSP and Homeless Assistance Forms
SSSD 2042	HSP Customer Contact	New Rec.	HSP and Homeless Assistance Forms
	HSP Customer Discontinuance		
SSSD 2043	Notification	New Rec.	HSP and Homeless Assistance Forms
SSSD 2044	MC Telephone Information Sheet	Info only?	
		What type of information? What	
SSSD 2046	Request for Updated Information	programs?	
x SSSD 2048	EBT Stagger Exemption Request	New Rec.	EBT Stagger Date
x SSSD 2050	Cal-Learn Referral	New Rec.	CalLearn Agreements and Forms
		What does V/V stand for? Is this	
SSSD 2052	V/V Landowner Contact	for housing?	
		Is this something received from	
	Request for Social Services - Third	another department for status on	
SSSD 2053	Party Query (TPQY)	MC?	
		Is this something received from	
		another department for status on	
	Third Party Query (TPQY) - Pickle	MC?	
SSSD 2054	Amendment Questionnaire	Verifications?	
		Is this something received from	
		another department for status on	
	Third Party Query (TPQY) -	MC?	
SSSD 2055	Disabled Adult Child (DAC)	Verifications?	
		Is this something received from	
		another department for status on	
	Third Party Query (TPQY) for	MC?	
SSSD 2056	Disabled Widow(er)	Verifications?	
			CalFresh Supplemental Form for
x SSSD 2057	CF Medical Deductions	CF 31	Special Medical Deductions
			Request for Tax Household
SSSD 2062	Tax Filing Information	RFTHI	Information (RFTHI)
		New Rec.	Property Statement and Verification
× SSSD 2063	Clarification of Deposits	CSF XXX	Sworn Statement
SSSD 2064	MC Property Spend Down	CSF XXX	Spend Down Declaration
	CalFresh Student Exemption		CalFresh Student Exemption
x SSSD 2066	Checklist	CSF XXX	Checklist
SSSD 2067	Homeless Affidavit	CSF XXX	Sworn Statement
x SSSD 2068	60-Month Clock Tracking Sheet	New Rec.	WTW Agreements, Assessments, etc.
	60-Month Clock Calculations:		
x SSSD 2069	TANF and CalWORKs	New Rec.	WTW Agreements, Assessments, etc.

		Is this a verification of benefits? O	r
		aid received in another county or	
		state?	
SSSD 2070	Statement of Aid Received	CSF XXX	Verification of Benefits
		MC 222 LA	DDSD Pending Information Update
x SSSD 2071	DDSD Referral Communique	New Rec.	DDSD Forms
		Calculation of what? Program	
		benefits? A customer's income?	
		Their income v expenses? Is this	
		program specific? Is it completed	
SSSD 2072	Calculation Grid	by the worker or the customer?	
		·	
		Is this for WTW or IHSS? Job Club?	Tracked WTW Activities, Hours,
SSSD 3000	Monthly Participant Timecard	New Rec.	Exemptions
			•
SSSD 3002	Payment Authorization	Is this for homeless payment only	?
		· · · ·	
		Is this something the worker	
		completes and the customer signs	?
		Or something the customer	
		completes on their own?	
SSSD 3003	Job Search Schedule	GN 6367-1	In-House Job Search Timesheet
		History of what? Emplyoment?	
SSSD 3005	Participant History Questionnaire	Education?	
		Is this to record a customer's job	
		apps? Or something staff provide	
		to customers with job	
		avaliability/activities?	In-House Job Search Employer
SSSD 3007	Job Search Log	GN 6367-3	Contact Daily Log
		Is this an application for all	Application for CalFresh, Cash Aid,
		progams?	And/Or Medi-Cal/Health Care
SSSD 3009	Master Application	SAWS 2 PLUS	Programs
	Subsidized Employment Job		
x SSSD 3036	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
	SB 1041 Comprehensive	What is this discussing? Is this	,
SSSD 3056	Discussion Info	signed by the customer?	
		<u> </u>	General Relief Opportunities For
SSSD 3058	Behavioral Health Referral	ABP 1467-MHS	Work Supportive Services Referral
			Applicant's Authorization for Release
			of Information
			Release of Information - Financial
		ABCDM 228	Institution
	Limited Release of Information for	CW 60	Authorization to Release Medical
SSSD 3059	the CW Program	CW 61	Information
SSSD 3066	SIP Discontinuance NOA	New Rec.	Manual <program> NOA</program>
SSSD 3076	Family Stabilization Referral to	New Rec.	Family Stabilization Forms and Docs
5555 5070	Opt Out for WTW Early		Tracked WTW Activities, Hours,
SSSD 3077	Engagement Education Activities	New Rec.	Exemptions
1106 0656			Exemptions

					Is this a request for	
					reimbursement? For upfront	
					funds? A voucher? Dose the	
					county have an agreement with	
	SSSD 3078	Ross Dress For Less Form			this store?	
					Is this a request for	
					reimbursement? For upfront	
					funds? A voucher? Is this the	
		Quinn's Uniforms Merchandise			county's agreement with this	
	SSSD 3079	Requisition Form			store?	
	3330 3073	Requisition of the			store:	GROW Vocational Assessment
x	SSSD 4000	GA Employment Plan			ABP 1608	Summary/Employment Plan
	SSSD 4000	GA Discontinuance NOA			New Rec.	Manual <program> NOA</program>
X						-
х	SSSD 4002	GA Repayment Agreement			New Rec.	GA/GR Repayment
		GA Household Reporting &				
X	SSSD 4003	Benefit Issuance			DRP 01	Direct Housing
X	SSSD 4004	GA Rental Agreement			New Rec.	GA/GR Other Forms
						Assistance with Completing This
						Application
x	SSSD 4005	General Assistance Application			SAWS 2 PLUS - APPX C	
x	SSSD 4006	GA Statement of Facts			New Rec.	GA/GR Application
х	SSSD 4007	GA Notice of Denial			New Rec.	Manual <program> NOA</program>
						General Relief Good Cause
x	SSSD 4008	GA Good Cause Claim			ABP 592	Determination Checklist
х	SSSD 4009	GA Screening Tool			New Rec.	Application, Intake, or Screening
						General Relief Rights and
					GR 21	Responsibilities
x	SSSD 4010	GA Rights and Responsibilities			GR RR SAWS 2 PLUS	SAWS II PLUS with the GR Rights and
		B			What info is on this that isn't	
					included on the application? Is it	
					signed by the customer? Is it	
					imaged?	
x	SSSD 4011	CA Application Coversheet			GR 20	GENERAL RELIEF (GR) APPLICATION
X	3330 4011	GA Application Coversheet			GR 20	General Relief Opportunities For
	SSSD 4012					
X	SSSD 4012	GA Exemption Treatment Plan			ABP 1461-A	Work Orientation Exemption Notice
		GA Sponsor Repayment				Sponsor's Income and Resources
X	SSSD 4013	Agreement			ABP 1073	Report and Reimbursement
		GA SSI Lump Sum Repayment				GA/GR Repayment
x	SSSD 4014	Agreement			New Rec.	Agreements/Forms
		GA Notice of Intended Action and	1			
X	SSSD 4015	Right to Request a Hearing			Court/Hearings Document	Fair Hearing Forms
X	SSSD 4016	GA Notice of GA Decrease			New Rec.	Manual <program> NOA</program>
		GA Grant & Eligibility			Included on NOA	
х	SSSD 4017	Computation			New Rec.	Program Budgets & Worksheets
х	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
					CW 10	Notice of Withdrawn Application
x	SSSD 4020	GA Withdrawal of Application			CSF XXX	Request for Discontinuance Waiver
x	SSSD 4022	GA Notice to Applicants			New Rec.	Manual <program> NOA</program>
	2000 1022					
					What is the purpose of this? To le	t
					the customer know of changes	
		IEV/S/Income Asset Natification				
		IEVS/Income Asset Notification			based on IEVS? Request IEVS	
	SSSD 6000	Letter	This former is used to the 1911		verification or proof?	
	( <b>T</b> 1 0)	Child Cons	This form is used to request child care	No constitute man for the little	New Dee	Child Cours Defensel
x	ST1-01	Child Care	services.	No possible map found in listing	New Rec.	Child Care Referrals and Forms

			This fame is used by CallWORKs Charsed			
			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			
x x	ST1-07	Stage 1CC Notification to County	participant information from the County	. No possible map found in listing	CSF XXX	Child Care Stages Information Letter
			CalWORKs Stage 1 Child Care Change			
v	ST1-07A	Stage 1CC Change Transmittal Fax		No possible map found in listing	New Rec.	Child Care Referrals and Forms
^	311-0/A	Stage Tee change transmittal tax	Transmitta Fax - Time Sensitive	No possible map found in listing	New Nec.	child care Referrais and Forms
		Request for Employment	This form is used to verify participant's			
	CT4 20			No. a satisfa was found to listing		Freedow Contract Marification
<u>x x x x</u>	ST1-20	Verification	employment by the R&R Agencies.	No possible map found in listing	CSF XXX	Employer Contact Verification
		Verification of WTW Participation				Tracked WTW Activities, Hours,
X	ST1-20A	Hours	Used to verify WtW participation hours.	No possible map found in listing	New Rec.	Exemptions
			This form is used for the participant to			
			verify his/her work/school/training			
			schedule when he/she does not have a			
		Monthly Variable Schedule	fixed or set work/school/training			Tracked WTW Activities, Hours,
,	ST1-21	Calendar	schedule.	No possible map found in listing	New Rec.	Exemptions
	UI1 61	Verification of Hours for A Welfare		the possible map found in listing	them nee.	Tracked WTW Activities, Hours,
x	ST1-23			No possible map found in listing	Now Boc	
X	311-23	to Work Activity	Used to verify hours for a WtW activity.	· · · · ·	New Rec.	Exemptions
				Form is used to Stop, Start or Change		
		Authorization to Start, Stop, or		FC benefits. Similar Form not found		
X	STAN 261	Change	Eligibity change	on Forms list	New Rec.	FC Forms
				Social Worker to Foster Care		
X	STAN 426 A	Placement Transmittal	Internal Correspondence	Correspondence	New Rec.	FC Forms
				Form iniatiated from Probation to		
			Probations changes that impact FC	Child Welfare Services. Similar Form		
x	STAN 426 AC	Probation Change	payments	not listed on the Forms List	New Rec.	FC Forms
		3		Statement taken from Legal Guardian		
				for Foster Care Program. Similar Form		
x	STAN FC 203	Legal Guardian (LG) Statement	(LG) Statement used for Foster Care	not found on Forms List.	New Rec.	FC Forms
*	STAILLE 203	Legal Guardian (LG) Statement	(EG) statement used for roster care	Required document must be signed.	New Rec.	TCTOINIS
	CTAN CC 00	Millerus Veukim (MAV) Decket	Dight & Decomposibilities		New Dee	FC Forme
X	STAN FC 98	Miller vs Youkim (MY) Packet	Right & Respponsibilities	Similar Form not found on Forms List	New Ket.	FC Forms
		o 14 14 (51)-		Payment Voucher to be used for		
			-	Customer's purchase. Similar form is		
X	STAN GA 2	Voucher Request	Requested	not listed on Forms List	New Rec.	GA/GR Other Forms
				Stop General Assistance Benefits due		
		Notice of Action General		to Monthly Report not received.		
	STAN GA 960	Assistance Program	General Assistance Discontinuance	Similar Form not listed on Forms List	New Rec.	Manual <program> NOA</program>
					If these are instructions, are they	
				CW/CF/Welfare to Work Self	imaged?	
				Employment. There are no Self-	CSF XXX	Self-Employment Income Statement
				Employment Forms listed on the	CSF XXX	Notice to Self-Employed Individuals
	STAN GEN 100	Self-Employment Instructions	Self Emplyment	Forms List	PA 167	Monthly Earnings Report
	STAN GLIN 100	Sen-Employment instructions	Jen Emplyment	CW/CF/Welfare to Work Self	14 10/	Monthly Lannings Report
				Employment. There are no Self-		
	STAN GEN 106			Employment Forms listed on the		Application, Intake, or Screening
	A	Self-Employment Screening Tool	Self Emplyment	Forms List	New Rec.	Tools
				CW/CF/Welfare to Work Self		
				Employment. There are no Self-		
	STAN GEN 106			Employment Forms listed on the		
	В	Statement of Profit or Loss	Self Emplyment	Forms List	CSF XXX	Self-Employment Income Statement
	-					

					If these are instructions, are they	
				CW/CF/Welfare to Work Self	imaged?	
				Employment. There are no Self-	CSF XXX	Self-Employment Income Statement
	STAN GEN 106			Employment Forms listed on the	CSF XXX	Notice to Self-Employed Individuals
	С	Self-Employment Packet	Self Emplyment	Forms List	PA 167	Monthly Earnings Report
				CW/CF/Welfare to Work Self		
				Employment. There are no Self-		
	STAN GEN 106			Employment Forms listed on the	CSF XXX	Self-Employment Income Statement
	E	Treatment of Expenses	Self Emplyment	Forms List	CSF XXX	Notice to Self-Employed Individuals
				CW/CF/Welfare to Work Self		
				Employment. There are no Self-		
	STAN GEN 106			Employment Forms listed on the	If these are instructions, are they	
	G	Guide To Self-Employment	Self Emplyment	Forms List	imaged?	
				CW/CF/Welfare to Work Self		
				Employment. There are no Self-	CSF XXX	Self-Employment Income Statement
		Information Regarding Self-		Employment Forms listed on the	CSF XXX	Notice to Self-Employed Individuals
	STAN GEN 106	Employment Forms	Self Emplyment	Forms List	PA 167	Monthly Earnings Report
				CW/CF/Welfare to Work Self		Colf Free laws and the State
	CTAN CON 100			Employment. There are no Self-	CSF XXX	Self-Employment Income Statement
		Self-Employment Property		Employment Forms listed on the	CSF XXX	Notice to Self-Employed Individuals
X	٢	Statement	Self Emplyment	Forms List	PA 167	Monthly Earnings Report
				Used when vital records are needed		
				from a County Clerk Recorder Office		
		Applicant's Authorization for	Vitals Records Request: Birth, Death,	that are not certified. Similar Form		
x	A	Release of Information	Marriage, Divorce, Other	Not found on Forms List	New Rec.	Other Contact Authorization Forms
				Required Form to grant benefits.		Sponsor Related Forms - Indigence,
	~ ~ ~	Request for Sponsor's Income and		Similar Form not listed on the Forms		Repayments, Responsibility
	Stan Gen 210	Resources	Benefit Recipient's Sponsor Information	List	New Rec.	Agreements, Worksheet
				To obtain information from Federal		
				State and Government Databases.		
				Unable to locate similar document		
		Authorization to Release and		for obtaining specific information		
		Obtain Information from	Authorization to Release Secific	stored in specific data bases. Similar		
X	STAN GEN 30	Equifax/TALX	Information	Form not listed on the Forms List	New Rec.	Other Contact Authorization Forms
				Form is used to determine degrees of		
	67.1.1 65.1 400			relationship. There is no comparable		
X	STAN GEN 400	Degrees of Relationship	Relationship Mapping to a Child	option on the forms list provided	CSF XXX	Statement of Relationship
	67			CalWORKs 2.0 Program. There are no		
	STAN WTW			similar Forms found for this program		<u></u>
	2.0A	Goal Plan Do Review	WTW	on the Forms List	New Rec.	CW 2.0 Forms
				CalWORKs 2.0 Program. There are no		
	STAN WTW			similar Forms found for this program		<u></u>
	2.0B	Getting to Know You	WTW	on the Forms List	New Rec.	CW 2.0 Forms
	CTANING			CalWORKs 2.0 Program. There are no		
	STAN WTW			similar Forms found for this program		
	2.0C	Your Life Index	WTW	on the Forms List	New Rec.	CW 2.0 Forms
				CalWORKs 2.0 Program. There are no		
	STAN WTW	6		similar Forms found for this program		0.000
x	STAN WTW 2.0D	CALMAP	WTW	on the Forms List	New Rec.	CW 2.0 Forms
x	2.0D	CALMAP	WTW	on the Forms List CalWORKs 2.0 Program. There are no		CW 2.0 Forms
x	2.0D STAN WTW			on the Forms List CalWORKs 2.0 Program. There are no similar Forms found for this program		
x	2.0D	CALMAP Goal Storming	wtw wtw	on the Forms List CalWORKs 2.0 Program. There are no similar Forms found for this program on the Forms List	New Rec.	CW 2.0 Forms CW 2.0 Forms
x	2.0D STAN WTW 2.0E			on the Forms List CalWORKs 2.0 Program. There are no similar Forms found for this program on the Forms List CalWORKs 2.0 Program. There are no	New Rec.	
x	2.0D STAN WTW			on the Forms List CalWORKs 2.0 Program. There are no similar Forms found for this program on the Forms List	New Rec.	

			CalWORKs 2.0 Program. There are no		
STAN WTW			similar Forms found for this program		
x 2.0G C	CW 2.0 Postcard	WTW	on the Forms List	New Rec.	CW 2.0 Forms
Chan TANE 134		For Time Limits	Permanent Retention - Lime Limits	New Pee	
	Child Support Recoupment		Similar form not listed on Forms List		Time Limit Forms
	Payee Data Record	Payee Data Record	State Form	Verification	
Student ID Card S	Student ID Card	Vitals		Verification	
Student Semester S	Student Semester Progress Report	WTW School ATP		Verification	
Semester 3	student semester Progress Report		This form is utilized in the reception	Vermeation	
			area. Customers use this form to		
		Message for your Public Assistance	leave a message for their worker		
SU 503 N	Message for your PAS	Specialisst	regarding their case.	New Rec.	Customer/Worker Contact
50,505		specialisse	Form mandatory to verify		
			homelessness for all customers		
			applying for GR. Form is used to		Important Notice about Mailing
SU 721 F	Iomeless/Mailing Statement	Homeless residency specifics	verify homelessness when	PA 1815	Address
50721	statement		Form is used for the CWD to fax to		
			Alta Regional to confirm an		
			individual's eligibility to the HCBS		
		Fax cover letter containing eligibility	Waiver program. Could not match to		
x X SU 942 A	Alta Fax	questions for HCBS Waiver	an existing CalSAWS document.	New Rec.	Fax/Coversheets
			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		
x SU 943 L	anguage Service Rights	Customer provides their own interpreter		New Rec.	Language Designation form
		· · ·	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		
Ν	Medi-Cal Application Transmittal	Medi-Cal Application Transmittal for	Medi-Cal application for the child.		
x SU 947 II	nformation Form - Sutter County	children in Juvenile Hall	Unable to match to an existing	New Rec.	Jail/Inmate Forms and Notices
			A manual worksheet used to		
			determine deprivation for Foster		
F	C Unemployment Deprivation	A manual worksheet used to determine	Care benefits. Could not find any		
x SU1001 V	Worksheet	deprivation for Foster Care benefits.	appropriate manual worksheets	New Rec.	FC Forms
			A manual worksheet used to obtain		
			employment history to determine		
		A manual worksheet used to obtain	Linkage for Foster Care benefits.		
		employment history to determine	Could not find any appropriate		
x SU1002 F	C Employment History	Linkage for Foster Care benefits.	manual worksheets listed in the	New Rec.	Program Budgets & Worksheets
			A manual referral used to request an		
			investigation of potential fraud from		
		A manual referral used to request an	SIU. Could not find any appropriate		SIU (Fraud) Evidence, Contact
x SU416 I	nvestigation Referral	investigation of potential fraud from SIU.	manual referrals listed in the	SIU Documents	Records, Requests
			A manual worksheet used to		
			determine qualifying quarters for		
		A manual worksheet used to determine	documented non-citizens. Could not		
		qualifying quarters for documented non-	find any appropriate manual		
SU492 A	Addendum to Work Quarters	citizens.	worksheets listed in the provided list.	New Rec.	Program Budgets & Worksheets

				A manual worksheet used to		
				determine the beginning date of aid		
			A manual worksheet used to determine	for CW when		
			the beginning date of aid for CW when	unemployed/underemployed		
			unemployed/underemployed	deprivation exists. Could not find any		
	SU494	100 Hour Rule Worksheet	deprivation exists.	appropriate manual worksheets	New Rec.	Program Budgets & Worksheets
				Client has the potential landlord		
				complete form listing the rent and		
				deposit amounts requested for CW		
				Permenent Housing Assistance. The		
				form supplements the CW 42		
				Homeless Application. Could not find		
		Permanent Housing Statement-	A request for the deposit payment for	any appropriate manual homeless		
	SU501	Deposit	CW Permanent Housing benefits.	documents listed in the provided list.	New Rec.	HSP and Homeless Assistance Forms
				Client has the landlord complete		
				form listing the rent due and any		
				additional fees required for CW		
				Permenent Housing Assistance. The		
				form supplements the CW42		
				Homeless Assiastance Application.		
			A request for the rent arrears payment	Could not find any appropriate		
	SU714	Permanent Housing- Arrears	for CW Permanent Housing benefits.	manual homeless documents listed in	New Rec	HSP and Homeless Assistance Forms
	30714		for ew remainent nousing benefits.	A form the client can have a 3rd party		hist and homeless Assistance Forms
				complete to value their vehicle.		
			A form the client can have a 3rd party	Could not find any appropriate		
	SU914	Vehicle Value Determination	complete to value their vehicle.	manual documents listed in the	New Rec.	Property Statement and Verification
	50514	Venicle Value Determination	complete to value their venicle.	A form the client can take to DMV to	New Net.	rioperty statement and vermeation
				verify if a vehicle is still in their name.		Property Statement and Verification
			A form the client can take to DMV to		Now Boo	
	SU921b	DMU/Mama		Could not find any appropriate	New Rec.	DMV/ID Referrals and Verification
	309210	DMV Memo	verify if a vehicle is still in their name.	manual documents listed in the A manual worksheet used to	New Rec.	Requests
			A	determine the value of a vehicle for		
	611020	FC Vehicle Vehice Mershele et	A manual worksheet used to determine	Foster Care. Could not find any	New Dee	
X	SU938	FC Vehicle Value Worksheet	the value of a vehicle for Foster Care.	appropriate manual worksheets	New Rec.	Property Statement and Verification
				A manual referral used to request		
				WRAP services for Foster Care. Could		
		WRAP Fed/Non-Fed Eligibility	A manual referral used to request WRAP			
Х	SU962	Determination Form	services for Foster Care.	documents listed in the provided list.	New Rec.	FC Forms
				A manual referral used in Foster Care		
		CAREGIVER AGREEMENT AND		to request payments for Educational		
		AUTHORIZATION FOR	A manual referral used in Foster Care to	Reimbursements. Could not find any		
		REIMBURSEMENT OF	request payments for Educational	appropriate manual documents listed		
	SU964	EDUCATIONAL TRAVEL	Reimbursements.	in the provided list.	New Rec.	Other Contact Authorization Forms
	Subsidized					
	Employment	Subsidized Employment Referral	WTW Referrals		New Rec.	WTW Agreements, Assessments, etc.
	Substance					Progress Report Mental
	Abuse	Substance Abuse Completion Cert	WTW Participation		GN 6008	Health/Substance Abuse/DV/Family
						SIU (Fraud) Evidence, Contact
х	SW Extention	Extention to Search Warrant	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
	SW Face Sheet					SIU (Fraud) Evidence, Contact
Х	SW&A1	Search Warrant	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
				Court Visit Similar Form not listed on		
x	SW Letter	Social Worker Letter RE: Trial Visit	Correspondence	the Forms List	New Rec.	FC Forms
	SW Return DA-					SIU (Fraud) Evidence, Contact
х		Return to Search Warrant	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
	Table of	Table of Contents - Exempt	·	Checklist for Exempt CC provider		·
		Provider Packet	Checklist for Exempt CC Provider	packet	New Rec.	Child Care Referrals and Forms
x	Contents	PIOVIDEI PACKEL				

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	Table Of			Documents customers circunstances	New Rec.	
	× TAD 126 NDCF	Disaster Narrative	Documents customers circumstances	for disaster CalFresh - no comparable	CSF XXX	Sworn Statement
		Unemployment Deprivation		Used to determine unemployment		
x	TAD 282	worksheet	Worksheet	deprivation - no comparable form	New Rec.	Supporting CW Forms
				informs custoerm of expense		
	× TAD 377.4 D	Disallowance of Deduction	Disallowance form	disallowance - no comparable form		
			Requests to add, update or correct a	To request for a provider to be	RDB mode has its own doc types.	
	TAD CC RDB		providers information in the Resource	added, updated or corrected in the	What are they? Can we reuse them	
x	x 101	RDB Request: Child Care Provider	•	Resource Databank (RDB) - no	for this?	
						Worker Use (Eligibility
		CalFresh Employment and		Used to determine E&T eligibility - no		Determination/Tracking) Program
x	TAD CF 711	Training Checklist	Checklist	comparable form	New Rec.	Specific Checklists
x	TAD CF 715	Engagement Letter	Referal letter	Used to refer customers to E&T	New Rec.	CFET Forms/Agreements
*	TAD CI 715	NonCitizen Eligibility	Referancetter	Used to determine eligibility to	New Net.	creir formay Agreements
		Determination and Work Quarter		CalWORKs/CalFRESH for non-citizens		
	TAD QA 2	Calculation	Worksheet	no comparable form	New Rec.	Program Budgets & Worksheets
X X	TAD QA 2	Calculation	Worksheet	allows for list of tattoos and	New Net.	Flogram Budgets & Worksheets
	TAD WTW FS		referral for Tattoo removal at local	approval/denial of services -no		
	10	Tattoo Removal - Referral form	hospital	comparable form	New Rec.	Non-Fraud Referral or Request
	10	Welfare-to-Work (WTW) Family	ποεριται	comparable form	New Net.	Non-riduu Relefial of Request
	TAD WTW FS	stabilization (FS) Vehicle Repair		outlings aligible repairs and		
	1224 Eng & Sp		voorvoot fou vohiele vonein	outlines eligible repairs and	New Dee	Property Statement and Verification
	1224 Eng & Sp	Request	request for vehicle repair	assistance limit - no comparable form	New Rec.	Property statement and vernication
		Department of Child Support		used to inform custoemrs about		
	× TAD/00 3 4 5/0	Department of Child Support	Information of	contact with the Department of Child	New Dee	Contained (Markey Contact
	X TAD/CS 2.1 E/S		Informational	Support - no comparable form	New Rec.	Customer/Worker Contact
	TAP Report	TAP Report	WTW Cal Learn		New Rec.	CalLearn Agreements and Forms
	× TEH 20	Profit and Loss	Profit and Loss Form	time	CSF XXX	Self-Employment Income Statement
		Manual Appointment Letter				
	× TEH 54	(English/Spanish)	Appointment Letter	Specific to county business process	CSF XXX	Appointment Letter
				Prefer county specific form over	CSF XXX	Immunization Verification
K	TEH 620	Immunization Verification	CW Immunization Verification Form	system form for ease of use	CSF XXX	Children Immunization Status
	TEH 727	Fiscal Case Plan TLC	Coordination of CWS & WTW	Coordination of CWS & WTW services	New Rec.	Customer/Worker Contact
		Homeless Assistance		No comparable form in new		
K X	TEH 732	(English/Spanish)	Checklist for Homeless Requirements	system/state forms	New Rec.	HSP and Homeless Assistance Form
				No comparable form in new		
	× TEH 733	Statement of Separation	Used to verify separation of partners	system/state forms	CSF XXX	Statement of Relationship
		Permanent Housing Statement		No comparable form in new		
x	TEH 734	(English/Spanish)	Permanent Housing Statement	system/state forms	New Rec.	HSP and Homeless Assistance Form
		Utility Deposit Verification		No comparable form in new		
κ	TEH 735	(English/Spanish)	Utility Deposit Verification	system/state forms	PA 956	Housing/Utility Verification Form
				No comparable form in new		
	TEH 739	Voluntary Vendor Voucher	Vendor Voucher Form	system/state forms	New Rec.	Vendor Agreements and Forms
		Alternative Mailing Address		No comparable form in new		Important Notice about Mailing
	× TEH 747	(English/Spanish)	CW Verification of Alt Mailing Address	system/state forms	PA 1815	Address
					CSF XXX	Self-Employment Income Statement
		Self Employment Questionnaire		No comparable form in new	CSF XXX	Notice to Self-Employed Individuals
	× TEH 779	(English/Spanish)	Self Employment Questionnaire	system/state forms	PA 167	Monthly Earnings Report
		Vendor Voucher Informing Notice		No comparable form in new		, , ,
K X X	TEH 787	(English/Spanish)	Vendor Voucher Informing Notice	system/state forms	New Rec.	Vendor Agreements and Forms
	-	Income In Kind Verification for		No comparable form in new		
x x	TEH 789	Cash Aid	IIK Verification for CW	system/state forms, specific to	CSF XXX	Income In-Kind/Housing Verificatio
				No comparable form in new		Notification of Potential Intentional
		Misuse of County Funds Letter		system/state forms, specific to		Program Violation (PIPV) Claim And
x x x	TEH 792	(English/Spanish)	Misuse of County Funds Perjury Stmt	county business process	WFP&I 397	Grant Adjustment
	1611/32		whouse of county runds reguly stillt	Specific to county business process	wir (1357	Grant Aujustment
	TEH 802	Education Transportation Reimbursement Agreement	Foster Care Reimbursement Form	for Foster Care	New Rec.	Student/College Related Forms

	× TEH 822	Slip	Next Day Appointment Referral Slip	Specific to county business process	New Rec.	Non-Fraud Referral or Request
	A 1L11022	Application Triage Form	Next Day Appointment Referrar silp	specific to county busiless process	New Rec.	Application, Intake, or Screening
	× TEH 827	(English/Spanish)	Application Triage Form	Specific to county business process	New Rec.	Tools
	× TEH 852	Application by Phone	Application by Phone	Specific to county business process	New Rec.	Tools
	A TEH 052	NNR Contribution Form	Application by mone	No comparable form in new	New Net.	10013
	× TEH 864	(English/Spanish)	NNR Contribution Form	system/state forms, specific to	New Rec.	Supporting CW Forms
		Request and Authorization to		system/state forms, specific to	New nee.	Supporting ever of this
	× TEH 881	Share Information Electronically	ROI for Electronic Sharing	ROI for Electronic Sharing	New Rec.	Other Contact Authorization Forms
		Share mornation Electromeany	Not for Electronic sharing	No comparable form in new	New Rec.	other contact Authorization Forms
x	TEH 923	Tribal Income Verification	Tribal Income Verification	system/state forms, specific to	Verification	
~	1211920				· cimeation	Request for Tax Household
x	TEH 944	Tax HH Information	Tax HH Information Form	Specific to county business process	RFTHI	Information (RFTHI)
~	1211011	CalFresh Student Exemption				CalFresh Student Exemption
x	TEH 975	Worksheet	CF Student Exemption Worksheet	Specific to county business process	CSF XXX	Checklist
x	TEH 995		ABAWD Exemption Screening Tool	Specific to county business process	New Rec.	Application, Intake, or Screening
A.	1211 333	Adoption Assistance Direct	Adoption Assistance Direct Deposit	Specific to county business process	New nee.	Application, intake, or servering
Y	TEH AAP 688B	Deposit Request	Request	for Foster Care	Other county drawer - AAP	
Λ		Voluntary Agreement to Remain in	•	loi roster cure	other county drawer 70%	
x	TEH CL 1	Cal Learn	CalLearn Voluntary Agreeement	CalLearn voluntary agreement	New Rec.	CalLearn Agreements and Forms
X	TEH CL 10	Cal Learn Education Referral	Cal Learn Education Referral	Cal Learn Education Referral	New Rec.	CalLearn Agreements and Forms
^	11110210			ROI for CalLearn Program - no state	New Rec.	Other Contact Authorization Forms
x	TEH CL 2	Cal Learn Authorization Release	Release of Information for CalLearn	form	New Rec.	CalLearn Agreements and Forms
X	TEH CL 3	Cal Learn Individual Service Plan	Cal Learn Individual Service Plan	Cal Learn Individual Service Plan	New Rec.	CalLearn Agreements and Forms
^	TENCES		2 Cal Learn Comprehensive Baseline	Cal Learn Comprehensive Baseline	New Net.	Calcean Agreements and ronns
x	TEH CL 4	Assessment	Assessment	Assessment	New Rec.	CalLearn Agreements and Forms
A		Cal Learn Individual Service Plan	Cal Learn Individual Service Plan	Cal Learn Individual Service Plan	New Rec.	
v	TEH CL 5	Worksheet	Worksheet	Worksheet	New Rec.	Program Budgets & Worksheets
^	TENCES	Cal Learn Case Management	Worksheet	Cal Learn Case Management	New Rec.	Hogram budgets & worksheets
x	TEH CL 6	Guideline	Cal Learn Case Management Guideline	Guideline	New Rec.	CalLearn Agreements and Forms
^	1211 62 0	Cal Learn Permission for	eur ceur euse management ourdenne	Cal Learn Permission for	New Rec.	
v	TEH CL 7	Transportation	Cal Learn Permission for Transportation	Transportation	New Rec.	CalLearn Agreements and Forms
A	1211 62 7	Cal Learn Supportive Services	Cal Learn Supportive Services	Cal Learn Supportive Services	New Rec.	culcult Agreements and Forms
x	TEH CL 8	Authorization	Authorization	Authorization	New Rec.	CalLearn Agreements and Forms
Λ.	1211 62 0	, attion 201011	Addionization	Addionzation	New Rec.	Worker Use (Eligibility
				Consistency for Appraisal		Determination/Tracking) Program
x	TEH WTW 10	Appraisal Packet Checklist	Checklist for Appraisal Forms	appointment - no state form	New Rec.	Specific Checklists
^		Appraisarracket checklist		Review Participant's Career Goal - no		Application, Intake, or Screening
x	TEH WTW 102	Career Assessment Screening Tool	Review Career Goal w/Participant	state form	New Rec.	Tools
X		Occupational Assessment	Worksheet for Assessment	Worksheet for participant	New Rec.	Program Budgets & Worksheets
A	101 105		Worksheet for Assessment	Participant guidelines for WTW	New Rec.	Hogram budgets & worksheets
x	TEH WTW 106	Transportation Guidelines	Guidelines for Transportation	transportation	New Rec.	Transportation Forms
× ×		LD Eval Referral	Learning Disability Referral	LD referral to local partner	New Rec.	Non-Fraud Referral or Request
× ×	TEH WTW 100	ABE GED and VESL Referral	Education Referral	Local education provider specific	New Rec.	Non-Fraud Referral or Request
×		WEX Application (TEH WTW 110)	Work Experience Application	Work Experience application	New Rec.	WTW Agreements, Assessments, etc.
~		Drug Screen Referral - Lane				
x	TEH WTW 111		Referral to Local Partner Agency	Referral to local partner agency	New Rec.	Non-Fraud Referral or Request
~				Participant consenting to drug screer		Authorization for Use and Disclosure
x	TEH WTW 112	Consent to Drug Screen	Participant Consent to Drug Screen	for work site placement	ABP 1676-2	of Protected Health Information
<u>^</u>		Additional Services Screening				Application, Intake, or Screening
x	TEH WTW 119	0	FSP/HSP Referral	Refer to FSP/HSP - no state form	New Rec.	Tools
A						
x	TEH WTW 18	Transportation Mileage Sheet	Request for Mileage Reimbursement	Request for mileage reimbursement	New Rec.	Transportation Forms
× × ×	TEH WTW 18	Community College Referral	Referral to Local College	Referral to local college	New Rec.	Student/College Related Forms
× ×	TEH WTW 24	Shasta College Work Study	Referral to Local College Workstudy	Referral to local college workstudy	New Rec.	Student/College Related Forms
Λ		Shasta college work study	Request WTW Information from Other	Request WTW information from	new net.	Stateny conege helated i offits
x	TEH WTW 27	ICT Request for Info	County	previous county	New Rec.	ICT Forms
^		ici nequesti ul IIIU	county	· · · ·	NEW NEL.	
x	TEH WTW 29	Shasta College Book Voucher	Voucher for Voc Ed Supplies	Voucher for Voc Ed supplies	New Rec.	Student/College Related Forms

				Summary of assessment/career goal		
v.	TEH WTW 33	Career Assessment Report	Participant's Assessment Report	no state form	WTW 2	Welfare-to-Work Activity Assignment
x x	TEH WTW 33	Informed Choice Agreement	Participant Stating Career Goal	Participant stating their career goal	New Rec.	WTW Agreements, Assessments, etc.
X		Voluntary Agreement to Remain in		Participant stating their career goar	New Rec.	WTW Agreements, Assessments, etc.
x	TEH WTW 35	BOOST	FSP Voluntary Agreement	FSP voluntary agreement	New Rec.	WTW Agreements, Assessments, etc.
*		80031	rsr voluntary Agreement	Participant researches career options		WTW Agreements, Assessments, etc.
	TEH WTW 37	Career Research Worksheet	Dertisinent Desseration Coroore			Dreaman Dudgets 8 Merlicheste
X	TEH WTW 37	WEX Evaluation (TEH WTW 43)	Participant Researches Careers Work Experience Evaluation	no state form	New Rec.	Program Budgets & Worksheets
X		Authorization for Release of	work experience evaluation	Work Experience evaluation	New Rec.	WTW Agreements, Assessments, etc. Applicant's Authorization for Release
	TEH WTW 44	Information	Release of Information	POL specific to local partners	ABCDM 228	of Information
X			Release of information	ROI - specific to local partners	ABCDIVI 228	
	TELL14/T14/ 4E	WEX Worksite schedule (TEH	March Free days of Calcadada	Manufa Economicano este a electrica	New Dee	Tracked WTW Activities, Hours,
x	TEH WTW 45	WTW 45)	Work Experience Schedule	Work Experience site schedule	New Rec.	Exemptions
	TELL14/T14/ 47	CWES Job Search Participant	Commence of the Connect Anti-Art	Summary/verification of participant's		In-House Job Search Employer
X X	TEH WTW 47	Summary	Summary of Job Search Activity	job search activity	GN 6367-3	Contact Daily Log
				Verification of participant's job		In-House Job Search Employer
X	TEH WTW 48	Job Search Report	List Job Searches	searches	GN 6367-3	Contact Daily Log
x	TEH WTW 5	Orientation Invitation	Invitation to Orientation	Invitation to Orientation	GN 6010	GAIN/REP Appointment Letter
				Guidelines & dates fro job search	Is this signed? Does it need to be	
x x	TEH WTW 50	CWES Job Search Guidelines	Guidelines & Dates for Job Search	activity	imaged?	
						WTW Agreements, Assessments, etc.
				Work Experience time sheet	New Rec.	Progress Report - Education/Post-
X	TEH WTW 52	WEX Time Sheets (TEH WTW 52)	Work Experience Time Sheet	verification	GN 6070	EMPL/WEX and Community Services
				Voucher for participant to purchase		
х	TEH WTW 53	Clothing Voucher	Participant Clothing Voucher	clothing from local vendors	New Rec.	Vendor Agreements and Forms
				Job Retention Service Plan when CW		
x	TEH WTW 56	Job Retention Service Plan	Job Retention Service Plan	is discontinued	New Rec.	WTW Agreements, Assessments, etc.
		Subsidized Employment Referral-		Referral to local partner for		
x	TEH WTW 61	Express Professionals	Referral to Local Subsidized Partner	subsidized employment	New Rec.	Non-Fraud Referral or Request
	TEH WTW					Behavioral/Mental Health Forms and
x x	636D	CalWORKs Referral Form	Referral to Behavior Health	Local provider specific referral	New Rec.	Referrals
		Extender-Exemption		Worksheet to determine		Tracked WTW Activities, Hours,
x	TEH WTW 64	Determination	Determine Exemption/Extender	exemption/extender	New Rec.	Exemptions
		CAA Family Stabilization Referral		Refer client to CAA program - no		
x	TEH WTW 71	Form	Community Action Agency Referral	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
				Report end date of BH services with		
x	TEH WTW 77	BHT Termination of CalWORKs	Stop Behavior Health Services	local partners	New Rec.	Non-Fraud Referral or Request
		Partner Agency Monthly	·	Behavior Health		Behavioral/Mental Health Forms and
x	TEH WTW 78	Treatment Report	Behavior Health Verification	verification/attendance	New Rec.	Referrals
		Voucher Authorization (TEH WTW	1	Voucher to pay supportive service to		
x	TEH WTW 79	79)	Voucher to Pay Supportive Service	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
						GAIN Transportation and Ancillary
x	TEH WTW 85	Transportation Request Form	Request for WTW Transport	Request for WTW transport	GN 6151	School & Work-Related Expenses
x	TEH WTW 87	WEX Referral Form	Work Experience Referral	Work Experience referral	New Rec.	Non-Fraud Referral or Request
				Verify attendance when no proof is		Tracked WTW Activities, Hours,
x	TEH WTW 90	Activity Attendance Log	Activity Attendance Verification	supplied by activity provider	New Rec.	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
				WTW screening for new or returning	-	Application, Intake, or Screening
x	TEH WTW 93	Jump Start	WTW Screening form	participants	New Rec.	Tools
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		GA Perjury Statement		Specific to county business process		
x	TEH/GA 4	(English/Spanish)	GA Perjury Stmt	for GA	New Rec.	GA/GR Other Forms
	.2.9 8/14	(=	2			,

r								
								GENERAL RELIEF OPPORTUNITIES
			TEU (0 4 00 4	Verification of GA Job Search		Specific to county business process	100 1007	FOR WORK VERIFICATION OF
	х		TEH/GA 994	Workshop Attendance	Verif of Workshop Attendance	for GA	ABP 4037	ORIENTATION ATTENDANCE NOTICE
					What to do when Lump Sum received	Fostor Caro Logal Cuardian		
			TEM 0 1000	Factor Core Lunce Sum	-	Foster Care Legal Guardian	New Dee	FC Forme
		X	TEMP 1683	Foster Care Lump Sum Cash Aid Food Stamp EBT Request	while receiving Foster Care benefits	Document	New Rec.	FC Forms EBT Alternate Card Holder
				for A Designated Alternate		State form TEMP 2201 listed on		EBT - Request for Authorized
			TEN 40 2204 1 4	Cardholder			M16 505A	Representative/Designated Alternate
x			TEMP 2201-LA	Authorize Rep		CalSAWS Forms	TEMP 2201	Cardholder
						Possible Form: State Form EBT 2259 -		
			TEN ID 0050	Report of Electronic Theft of Cash		Instructions to report electronic theft	557 0050	INTRUCTIONS TO REPORT
x x	х		TEMP 2259	Aid		of cash aid	EBT 2259	ELECTRONIC THEFT OF CASH AID
x			TEMP CW	CW/WTW Time Limit Exemption	WTW Exemptions		CW 2186A	CalWORKs Exemption Request Form
						some offices provide a mail		
			TEMP DPSS	In-Office Mail Repository User		repository, customer acknowledges		Important Notice about Mailing
			x 4668	Agreement	Customer consent	only County issued mail will be	PA 1815	Address
						To determine that a vehicle does not		
						exceed a certain value amount. Form		
						is used to determine General		
			TEMP GA 90-			Assistance Benefits. Similar Form not		
	x		500	Appraisal of Vehicle Value	Dealership Vehicle Appraisal	listed on Forms List	New Rec.	Property Statement and Verification
			Temporary					
			Restraining	Temporary Restraining Order	Absent Parent		Verification	
						Unsure of what mapping would be		Electronic Notification Agreement
			× TEXT 100	Text Notification Agreement	Text Notification	appropriate, form attached	NA 1273	and Courtesy Confirmation Receipt
						Used to obtain permission for		
						customers to receive automated		Electronic Notification Agreement
			× TEXT 100	Text Notification Agreement	Consent form in C-IV	messages through the IVR system.	NA 1273	and Courtesy Confirmation Receipt
							It this imaged? It sounds like a	
			Thank You				letter send from participants to	
			Letter	Thank You Letter	WTW Job Readiness		employers.	
			Three Day					
			Notice to Pay	Three Day Notice to Pay or Quit	Deductions/Shelter Costs		Verification	
								Notification of TrustLine Registration
			TLR 1	Trustline Registery Application	Trustline Registery Application	State Form	CSF XXX	Status
				Trustline Reg Criminal Record				Notification of TrustLine Registration
			TLR 508	Statement	Trustline Reg Criminal Record Statement	State Form	CSF XXX	Status
				Request For Live Scan Service For				
				Subsidized Trustline Registry	Request For Live Scan Service For			
			TLR 9163	Applicants	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</program>
			TPQY	SSA Third Party Query Report	Income		Verification	
			Transitional FS					
			Checklist	Transitional FS Checklist	Correspondence		New Rec.	Customer Use Checklists
			Trust Fund					
			x Verifications	Trust Fund Verifications	Property/Liens		Verification	
					This form includes a checklist of			
					qualifying requirements to screen			Worker Use (Eligibility
					participants for the Transitional			Determination/Tracking) Program
	x		TSE DOC 001	TSE Referral Checklist	Subsidized Employment Program	No possible map found in listing	New Rec.	Specific Checklists
			UIB	UIB denials/award letters	Income		Verification	
			UIB Verification	UIB Verification	Income		Verification	
					Signed statement under penalty of			California Residency Questionnaire
				Affidavit for Verification of	perjury of when they arrived in county	County residency and intent to stay is	CSF XXX	General Relief Application - Non-
			V-18-41	Residency	and that they intend to stay.	required for GR.	ABP 898-15	Resident
			: :			and the second sec		

			Asks about residency, intent to remain,	Required for review of various		Application, Intake, or Screening
	V-18-43		••	eligibility factors.	New Rec.	Tools
	V-18-43	GR Pre-Screening Questionnaire	income, property, etc	<u> </u>	New Rec.	10015
			Agreement between county and business			
			to hire client using OJT program. It states			
			how much client will be paid and job	Business is reimbursed based on		
	V-26-68	OJT Agreement	duties.	agreement.	New Rec.	WTW Agreements, Assessments, et
	Vehicle					
	Registration/Pi	Vehicle Registration/Pink Slip	Property/Liens		Verification	
	Veterans				Verifications	Veterans Benefits Verification And
	x Benefits Verif	Veterans Benefits Verif	Income		CW 5	Referral
	Victim Witness					
	× PA Verif	Victim Witness PA Verif Request	Correspondence		Verification	
	Vocational	•	•			
x	Training	Vocational Training Documents	WTW School/VTR		Verification	
Α	Voided Check-	Vocational Huming Docaments			Verifications	Direct Deposit Authorization Sign-U
Y.		Voided Check-Direct Deposit Reg	Ficcal /Iccuance /SEIS		PA 1675	Form
*	Vol Repay	Volded check-birect beposit keq	riscal/issualice/sils		FA 1075	
			5. 1/1. /0510		54 4000	CalFresh Repayment Agreement
X	Agreement -	Vol Repay Agreement - Cash EBT	Fiscal/Issuance/SFIS		PA 1820	Cover Notice
X	Volunteer	Volunteer Student	WTW School/VTR		Verification	
				Applicant's may not verification of		
				Birth. This form is utilized to request		
	VS 111	Application for Certified Birth		Certified Birth Record for		
	X State Form	Record	Birth Records from State of California	Government Use only. This Form is	Verification	
		GR ADMIN REVIEW DECISION				Notice of Hearing Decision - Genera
x	W 120	LETTER	LETTER TO NOTIFY CLIENT OF DECISION	REQUIRED NOTIFICATION	ABP 1768	Relief & GROW
			DOCUMENTED REPAYMENTS FOR CF,	USED AS VERIFICATION OF		GA/GR Repayment
	W 153	CW GR CF REPAYMENT	GR. CW	REPAYMENT	New Rec.	Agreements/Forms
			WARRANTS, BENNEFITS, ETC ISSUE	NEEDED TO INNITIATE ISSUANCE		Agreements, Forms
	W 156	MANUAL PROCESS REQUEST	REQUEST	AND VERIFICATION FOR FILE	New Rec.	Fiscal Forms
	VV 150	AGREEMENT TO REIMBURSE	AGREEMENT TO REIMBURSE COUNTY	AND VERIFICATION FOR THE	New Rec.	GA/GR Repayment
X	W 200	COUNTY	FOR GR GRANT	NEEDED FORM NOT ON TIER 1 LIST	New Rec.	Agreements/Forms
	W 209	SSI ADVOCATE DISC NOTICE	SSI ADVOCATE DISC NOTICE	NEEDED FORM NOT ON TIER 1 LIST	New Rec.	Manual <program> NOA</program>
	W 210	SSI ADVOCATE DENIAL NOTICE	SSI ADVOCATE DENIAL NOTICE	NEEDED FORM NOT ON TIER 1 LIST	New Rec.	Manual <program> NOA</program>
		REPLACEMENT OF CALFRESH				
	W 256	DENIAL NOTICE	NOA EXPLAINING DENIAL	CLIENT REQUIRED NOTIFICATION	New Rec.	Manual <program> NOA</program>
		REPLACEMENT OF				
	W 257	CALFRESHAPPROVAL NOTICE	NOA EXPLAINING APPROVAL	CLIENT REQUIRED NOTIFICATION	New Rec.	Manual <program> NOA</program>
		GR WORK SITE SAFETY				GA/GR Work Related and Activities
	W 270	REQUIREMENTS	GR WORK SITE SAFETY REQUIREMENTS	NEEDED FORM NOT ON TIER 1 LIST	New Rec.	Forms
		GR EQUIPMENT AND TOOL	GR EQUIPMENT AND TOOL			GA/GR Work Related and Activities
	W 271	REQUIREMENTS	REQUIREMENTS	NEEDED FORM NOT ON TIER 1 LIST	New Rec.	Forms
	VV Z/1			CLIENT SIGNS ACKNOWLEDING ALL	NEW NEL.	101113
	14/ 272	CALWORKS AND CALFRESH VIDEO			New Dee	Customer Line Charletter
	W 273	PRESENTATION	LISTS ALL FORMS GIVEN TO CLIENT	FORMS WERE RECEIVED	New Rec.	Customer Use Checklists
		PROGRAM AND FOSTER CARE				
X	W 282	COMMUNICATION			New Rec.	FC Forms
						General Relief Notice to Register for
	W 322	GR WORK ASSIGNMENT	GR WORK ASSIGNMENT	NEEDED FORM NOT ON TIER 1 LIST	ABP 589	Work
						GROW Vocational Assessment
						Disposition
		GR EMPLOYMENT AND TRAINING	GR EMPLOYMENT AND TRAINING		ABP 1607	GROW Vocational Assessment
	W 344	ASSESSMENT	ASSESSMENT	NEEDED FORM NOT ON TIER 1 LIST	ABP 1608	Summary/Employment Plan
		NOTICE TO FNS FACILITY				
		AUTHORIZED REPRESENTATIVES	NOA TO FNS AUTHORIZED REPS	REQUIRED NOTIFICATION	New Rec.	Manual < Program > NOA
	10/ 272		NUA TU FINS AUTHURIZED REPS		INEW REL.	
	W 373			DECLUDED NOTIFICATION	Navy Data	
	W 373 W 374	NOTICE TO FNS FACILITIES	NOA TO FNS FACILITIES	REQUIRED NOTIFICATION	New Rec.	Manual <program> NOA</program>
			NOA TO FNS FACILITIES		Is this something the customer or	Manual <program> NOA</program>
			NOA TO FNS FACILITIES	REQUIRED NOTIFICATION DETERMINES UNAVAILABLE INCOME OF ABD PERSON IN B&C	Is this something the customer or	Manual <program> NOA Board and Care Statement</program>

				USED TO MAKE SURE ALL ASPECTS OF		
	W 386	WTW CASE REVIEW	WTW CASE REVIEW	WTW CASE IS CORRECT	New Rec.	WTW Agreements, Assessments, etc.
				GATHERS INFORMATION FROM		
	W 387	DUPLICATE AID LETTER	DUPLICATE AID LETTER	OTHER COUNTY THAT ISSUED AID	New Rec.	ICT Forms
			SHOWS CALCULATION OF	SHOWS CALCULATION OF		
	W 40C	OVERPAYMENT WORKSHEET	OVERPAYMENTS	OVERPAYMENTS	New Rec.	Program Budgets & Worksheets
		COUNTY INQUIRY INFORMATION		INFORMATION USED TO CORRECTLY		Application, Intake, or Screening
	W 426	SHEET	CLIENT CLEARING INFORMATION	ASSIGN CLIENTS TO CASES	New Rec.	Tools
					Is this signed or just info to the	
					customer? Does it need to be	
					imaged?	California Electronic Benefit Transfer
	W 437	EBT INFO FOR GENERAL RELIEF	EBT INFO FOR GENERAL RELIEF	NEEDED FORM NOT ON TIER 1 LIST	PUB 388	(EBT) Card Publication
				NEEDED FORM NOT ON TIER 1 LIST -		
				REQUIRED		
		OTLICP PREMIUM	OTLICP PREMIUM REFUND/WAIVER	Optional Targeted Low Income		
	W 438	REFUND/WAIVER REQUEST	REQUEST	Children Program		
						Worker Use (Eligibility
				USED AS CHECKLIST TO MAKE SURE		Determination/Tracking) Program
	W 45	IPV REQUIRED ACTION	DETAILS CASE ACTIONS TO BE TAKEN	ALL ACTIONS ARE TAKEN	New Rec.	Specific Checklists
	VV 45		DETAILS CASE ACTIONS TO BE TAKEN		NEW NEC.	
				THIS SIGNED CONSENT ALLOWS US		
			CONSENT TO COMMUNICATE WITH	TO COMMINICATE WITH CW,CF AND		Electronic Notification Agreement
	W 459	E-COMMUNICATION CONSENT	CLIENT BY EMAIL AND TEXT MESSAGE	MEDI-CAL CLIENTS MORE EFFICENTLY		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
		WDTIP ONLINE CORRECTION		USED TO MAKE CORRECTIONS		
Х	W 477	FORM	WDTIP ONLINE CORRECTION FORM	ALONG WITH INSTRUCTIONS	New Rec.	WTW Agreements, Assessments, etc.
		VENDOR PAYMENT AGREEMENT	VENDOR PAYMENT AGREEMENT FOR			
	W 505	FOR HOUSING ONLY	HOUSING ONLY	NEEDED FORM NOT ON TIER 1 LIST	PA 320	Vendor Service Order and Invoice
					What content is on this form? Is it	
		GENERAL RELIEF EMPLOYABLES	GENERAL RELIEF EMPLOYABLES WORK		informational? Does the customer	
	W 618	WORK PROJECT	PROJECT	NEEDED FORM NOT ON TIER 1 LIST	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
		AGREEMENT TO PICK UP MAIL AT		CLIENT AGREES TO PICK UP MAIL AT		Important Notice about Mailing
	× W 636	COUNTY OFFICE	SIGNED AGREEMENT	THE COUNTY OFFICE	PA 1815	Address
			SPONSOR AGREES TO REIMBURSE			Sponsor's Income and Resources
	W 643	SPONSOR AGREEMENT	COUNTY FOR GR GRANT	NEEDED FORM NOT ON TIER 1 LIST	ABP 1073	Report and Reimbursement
						SIU (Fraud) Evidence, Contact
х	W 81	FRAUD REFERRAL	GENERIC FRAUD REFERRAL	USED IN ALL PROGRAMS	SIU Documents	Records, Requests
x	WEAVE	WEAVE Verifications	WTW Exemptions		Verification	
~		Work Registration and ABAWD	Work Registration and ABAWD Screening			Application, Intake, or Screening
	WEL 3345	Screening Tool	Tool		New Rec.	Tools
x	WEL 3348	CalLearn Communication	CalLearn Communication		New Rec.	CalLearn Agreements and Forms
۸	WLL 3340	Foster Care Overpayment	Carean communication		NEW NEL.	Calean Agreements and Forms
			Faster Care Overney ment information		New Dee	FC Former
X	WEL1002 FC	Information CalWORKs/CalFresh Overpayment	Foster Care Overpayment Information		New Rec.	FC Forms
		Lawurks/Lateresh Overnavment				
۶	WEL1002 NSDC	Form	CalWORKs/CalFresh Overpayment Form		NA 1263	Overissuance Budget Worksheet
<u>.</u>	WEL1005	Form AFDC Overpayment Report	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report		M44-350I	CalWorks Overpayment Notice
	WEL1005 WEL1048	Form AFDC Overpayment Report Special Diet Letter	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report Special Diet Letter		M44-350I Verification	*
<pre>4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4</pre>	WEL1005	Form AFDC Overpayment Report	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report		M44-350I Verification Verification	CalWorks Overpayment Notice
	WEL1005 WEL1048 WEL1048PG2	Form AFDC Overpayment Report Special Diet Letter Special Diet Letter	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report Special Diet Letter Special Diet Letter		M44-3501 Verification Verification CW 10	CalWorks Overpayment Notice Notice of Withdrawn Application
	WEL1005 WEL1048	Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report Special Diet Letter		M44-3501 Verification Verification CW 10 CSF XXX	CalWorks Overpayment Notice
	WEL1005 WEL1048 WEL1048PG2	Form AFDC Overpayment Report Special Diet Letter Special Diet Letter	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report Special Diet Letter Special Diet Letter		M44-3501 Verification Verification CW 10	CalWorks Overpayment Notice Notice of Withdrawn Application
	WEL1005 WEL1048 WEL1048PG2	Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report Special Diet Letter Special Diet Letter		M44-3501 Verification Verification CW 10 CSF XXX	CalWorks Overpayment Notice Notice of Withdrawn Application Request for Discontinuance Waiver
	WEL1005 WEL1048 WEL1048PG2 WEL1100	Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance Request for Withdrawal of	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance Request for Withdrawal of Application		M44-3501 Verification Verification CW 10 CSF XXX CW 10	CalWorks Overpayment Notice Notice of Withdrawn Application Request for Discontinuance Waiver Notice of Withdrawn Application
	WEL1005 WEL1048 WEL1048PG2 WEL1100	Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance Request for Withdrawal of Application Notification of Potential 3rd Party	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance Request for Withdrawal of Application Notification of Potential 3rd Party		M44-3501 Verification Verification CW 10 CSF XXX CW 10	CalWorks Overpayment Notice Notice of Withdrawn Application Request for Discontinuance Waiver Notice of Withdrawn Application
x	WEL1005 WEL1048 WEL1048PG2 WEL1100 WEL1104	Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance Request for Withdrawal of Application	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance Request for Withdrawal of Application		M44-3501 Verification CW 10 CSF XXX CW 10 CSF XXX CW 10 CSF XXX	CalWorks Overpayment Notice Notice of Withdrawn Application Request for Discontinuance Waiver Notice of Withdrawn Application Request for Discontinuance Waiver
x	WEL1005 WEL1048 WEL1048PG2 WEL1100 WEL1104 WEL1105	Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance Request for Withdrawal of Application Notification of Potential 3rd Party Liability	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance Request for Withdrawal of Application Notification of Potential 3rd Party Liability		M44-3501 Verification CW 10 CSF XXX CW 10 CSF XXX CW 10 CSF XXX	CalWorks Overpayment Notice Notice of Withdrawn Application Request for Discontinuance Waiver Notice of Withdrawn Application Request for Discontinuance Waiver Notice of Withdrawn Application
x	WEL1005 WEL1048 WEL1048PG2 WEL1100 WEL1104	Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance Request for Withdrawal of Application Notification of Potential 3rd Party	CalWORKs/CalFresh Overpayment Form AFDC Overpayment Report Special Diet Letter Special Diet Letter Request for Discontinuance Request for Withdrawal of Application Notification of Potential 3rd Party		M44-3501 Verification CW 10 CSF XXX CW 10 CSF XXX CW 10 CSF XXX	CalWorks Overpayment Notice Notice of Withdrawn Application Request for Discontinuance Waiver Notice of Withdrawn Application Request for Discontinuance Waiver

						SIU (Fraud) Evidence, Contact
		WEL1192	Fraud Deferred	Frend Deferred		
	X	VVEL1192	Fraud Referral	Fraud Referral	SIU Documents	Records, Requests SIU (Fraud) Evidence, Contact
	x	WEL1203	Fraud Complaint	Fraud Complaint	SIU Documents	Records, Requests
				•		, ,
		× WEL1267	Third Party Query Request Form	Third Party Query Request Form	New Rec.	Non-Fraud Referral or Request
						Veterans Benefits Verification And
		× WEL1538	Military Service Questionnaire	Military Service Questionnaire	CW 5	Referral
		WEL1551E	EBT Hardship Exemption	EBT Hardship Exemption	New Rec.	Fiscal Forms
			Request for Non-System	Request for Non-System Determined		
		WEL1553	Determined Issuance	Issuance	New Rec.	Fiscal Forms
			Homeless Clients without Mailing	Homeless Clients without Mailing		Important Notice about Mailing
		x WEL1555E	Address	Address	PA 1815	Address
				Screening-App/Reg-Appointment		Application, Intake, or Screening
		WEL1559	Template	Template	New Rec.	Tools
		WEL1560	Verification of Benefits Letter	Verification of Benefits Letter	CSF XXX	Verification of Benefits
			Response to HUD Verification of	Response to HUD Verification of Public		
		WEL1564	Public Assistance	Assistance		
x		WEL170	Transmittal of Accounts	Transmittal of Accounts Receivable		
х		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?	
			Statement of CalWORKs Mother	Statement of CalWORKs Mother and	CSF XXX	Statement of Relationship
		WEL3098e	and Roomer/Boarder	Roomer/Boarder	CSF XXX	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
			Calworks Diversion Payment			
x		WEL3199	Agreement	Calworks Diversion Payment Agreement	New Rec.	Supporting CW Forms
			Calworks Time-On-Aid Manual	Calworks Time-On-Aid Manual Update		
x		WEL3210	Update Request	Request	New Rec.	Time Limit Forms
						Direct Deposit Authorization Sign-Up
						Form
					DCFS 6041	Direct Deposit Authorization Sign-Up
		WEL3214pg1	Direct Deposit Form	Direct Deposit Form	PA 1675	Form
			Overpayment Repayment	·		
		WEL3219E	Information	Overpayment Repayment Information		
			Child Placement (Will I be held	Child Placement (Will I be held		
х		WEL3225	Financially Liable?)	Financially Liable?)	New Rec.	FC Forms
			Participant's Authorization for	Participant's Authorization for Release of		Applicant's Authorization for Release
		X WEL3241E	Release of Employment Info.	Employment Info.	ABCDM 228	of Information
			Rights and Responsibilities for			
			Caretakers of Children Who Have	Rights and Responsibilities for Caretakers		
			Been Placed in your Home	of Children Who Have Been Placed in		Your Rights Under California Welfare
		WEL3242	Through Foster Care	your Home Through Foster Care	PUB 13	Programs
		WEL3243	Wrap Around Determination	Wrap Around Determination		
						Worker Use (Eligibility
						Determination/Tracking) Program
x		WEL3266	Vocational Training Checklist	Vocational Training Checklist	New Rec.	Specific Checklists
^		WEL3200	Welfare to Work Monthly Budget	Welfare to Work Monthly Budget	New het.	
		WEL3267ES	Worksheet	Worksheet	New Rec.	Program Budgets & Worksheets
		WEL3207L3	Emergency Payment Voucher	Emergency Payment Voucher	New Rec.	Fiscal Forms
		WELJZ//		Consent for Release and Exchange of	14CW NCL.	Applicant's Authorization for Release
		WEL3285	of Confidential Information	Confidential Information	ABCDM 228	of Information
		WEL3285 WEL3286	Schedule Worksheet	Schedule Worksheet	New Rec.	Program Budgets & Worksheets
		VVLLJZOU	Jeneuule Worksheet	JUICAULE WUINSHEEL	NEW REL.	i rogram buugets & WUIKSHEELS

		SmartHire Participant Job-	SmartHire Participant Job-Readiness	GA/GR Work Related and Activities
	WEL3294	Readiness Agreement	Agreement New Rec.	Forms
			Subsidized Employment Extension	
X	WEL3295	Request	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?	
Х	WEL3311	Cal-Learn School Verification	Cal-Learn School Verification New Rec.	CalLearn Agreements and Forms
Х	WEL3314	Cal-Learn Auth Voucher	Cal-Learn Auth Voucher New Rec.	CalLearn Agreements and Forms
х	WEL3319	Client Contact	Client Contact New Rec.	Customer/Worker Contact
	WEL3325E	Employment and Education	Employment and Education History New Rec.	WTW Agreements, Assessments, etc.
		iPod Distance Learning User		-
	WEL3328	Agreement	iPod Distance Learning User Agreement Is this imaged?	
	WEL3331	Family Stabilization Assessment	Family Stabilization Assessment New Rec.	Family Stabilization Forms and Docs
		Housing Habitability Standards	Housing Habitability Standards	·
	WEL3337	Evaluation Checklist	Evaluation Checklist New Rec.	HSP and Homeless Assistance Forms
x	WEL3338ES		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
	WEL3340	BR/ETS Communication Template	•	Customer/Worker Contact
				Tracked WTW Activities, Hours,
	WEL3343ES	Exempt Volunteer Agreement	Exempt Volunteer Agreement New Rec.	Exemptions
		GA Incapacitated Person	anonge volunteer ngreement new neu	GA/GR Work Related and Activities
	WEL4043E	Agreement	GA Incapacitated Person Agreement New Rec.	Forms
	WEL4045E	Agreement	on incapacitated reson Agreement	Worker Use (Eligibility
		GA/CF Eligibility Verification		Determination/Tracking) Program
	WEL4048E	Checklist	GA/CF Eligibility Verification Checklist New Rec.	Specific Checklists
	WLL4048L	Checklist	GA/CI Ligibility verification checklist	Specialized Supportive Services
	WEL4060	Referral for SSI Advocacy	Referral for SSI Advocacy SSS SSIAP	SSI/SSP Advocacy Program Referral
	WEL4000	WEL 4066General Assistance		55/551 Advocacy Hogram Neterial
		AA/NA Meeting RecordPeriodic	WEL 4066General Assistance AA/NA	
	WEL4066	Reports	Meeting RecordPeriodic Reports New Rec.	GA/GR Monthly Reports
	WEL4000	Rent Difference	Rent Difference CSF XXX	Address Change/ Housing Costs
	WLL4070	Nent Difference		Applicant's Authorization for Release
	WEL4071ES	GA Release of Information	GA Release of Information ABCDM 228	of Information
	WEL5071pg2	Self Emp Expense Record	Self Emp Expense Record CSF XXX	Self-Employment Income Statement
	WEL5071pg2	Sen Linp Expense Record	CSF XXX	· · ·
				Solf Employment Income Statement
		Client Pernoncibility Solf		Self-Employment Income Statement
		Client Responsibility - Self-	Client Perspecificity Self Employment DA 167	Notice to Self-Employed Individuals
х	WEL5078esp	Client Responsibility - Self- Employment	Client Responsibility - Self-Employment PA 167	
х	WEL5078esp	Employment	Client Responsibility - Self-Employment PA 167 CSF XXX	Notice to Self-Employed Individuals
	·	Employment MC Self Employment	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX	Notice to Self-Employed Individuals Monthly Earnings Report
x	WEL5079pg1	Employment MC Self Employment Questionnaire	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement
	WEL5079pg1 WEL5113	Employment MC Self Employment Questionnaire KinGAP Referral Checklist	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms
x	WEL5079pg1	Employment MC Self Employment Questionnaire	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms
x	WEL5079pg1 WEL5113 WEL5120ES	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. What information is in th	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms
x	WEL5079pg1 WEL5113 WEL5120ES WEL5125	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. What information is in th CCAH Emergency Medi-Cal imaged?	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this
x	WEL5079pg1 WEL5113 WEL5120ES WEL5125 WEL8052	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification
x x	WEL5079pg1 WEL5113 WEL5120ES WEL5125 WEL8052 WEX-13	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the Medical Survey	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec. WTW WEX New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification WTW Agreements, Assessments, etc.
x	WEL5079pg1 WEL5113 WEL5120ES WEL5125 WEL8052 WEX-13 WEX-14	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the Medical Survey Voluntary Hours Agreement	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec. WTW WEX New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification WTW Agreements, Assessments, etc.
x x	WEL5079pg1 WEL5113 WEL5120ES WEL5125 WEL8052 WEX-13 WEX-14 WEX-18	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the Medical Survey Voluntary Hours Agreement State Compensation Ins Fund	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec. WTW WEX New Rec. WTW WEX New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc.
x x	WEL5079pg1 WEL5113 WEL5120ES WEL5125 WEL8052 WEX-13 WEX-14	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the Medical Survey Voluntary Hours Agreement	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec. WTW WEX New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc.
x x	WEL5079pg1 WEL5113 WEL5120ES WEL5125 WEL8052 WEX-13 WEX-14 WEX-18	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the Medical Survey Voluntary Hours Agreement State Compensation Ins Fund	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec. WTW WEX New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc.
x x	WEL5079pg1 WEL5113 WEL5120ES WEL5125 WEL8052 WEX-13 WEX-14 WEX-18 WEX-2	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the Medical Survey Voluntary Hours Agreement State Compensation Ins Fund WEX Appraisal	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. What information is in th CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec. WTW WEX New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc.
x x	WEL5079pg1 WEL5113 WEL5120ES WEL5125 WEL8052 WEX-13 WEX-14 WEX-18 WEX-2 WEX-3	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the Medical Survey Voluntary Hours Agreement State Compensation Ins Fund WEX Appraisal Work Exp Participant Agreement	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec. WTW WEX New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc. Brogress Report - Education/Post- EMPL/WEX and Community Services
x x	WEL5079pg1 WEL5113 WEL5120ES WEL5125 WEL8052 WEX-13 WEX-14 WEX-18 WEX-2 WEX-3 WEX-30	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the Medical Survey Voluntary Hours Agreement State Compensation Ins Fund WEX Appraisal Work Exp Participant Agreement Referral- Get hired sub wage prog	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec. WTW WEX New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification WTW Agreements, Assessments, etc. Progress Report - Education/Post- EMPL/WEX and Community Services Non-Fraud Referral or Request
x x	WEL5079pg1 WEL5113 WEL5120ES WEL8052 WEX-13 WEX-14 WEX-18 WEX-2 WEX-3 WEX-30 WEX-31	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the Medical Survey Voluntary Hours Agreement State Compensation Ins Fund WEX Appraisal Work Exp Participant Agreement Referral- Get hired sub wage prog Subsidized Wage Follow Up Form	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec. WTW WEX GN 6070 WTW WEX New Rec. WTW WEX New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc. Progress Report - Education/Post- EMPL/WEX and Community Services Non-Fraud Referral or Request WTW Agreements, Assessments, etc.
x x	WEL5079pg1 WEL5113 WEL5120ES WEL5125 WEL8052 WEX-13 WEX-14 WEX-18 WEX-2 WEX-3 WEX-30	Employment MC Self Employment Questionnaire KinGAP Referral Checklist Communication Authorization CCAH Emergency Medi-Cal Real Property Other than the Medical Survey Voluntary Hours Agreement State Compensation Ins Fund WEX Appraisal Work Exp Participant Agreement Referral- Get hired sub wage prog	Client Responsibility - Self-Employment PA 167 CSF XXX CSF XXX MC Self Employment Questionnaire PA 167 KinGAP Referral Checklist New Rec. Communication Authorization Form New Rec. CCAH Emergency Medi-Cal imaged? Real Property Other than the Home New Rec. WTW WEX New Rec.	Notice to Self-Employed Individuals Monthly Earnings Report Self-Employment Income Statement KG Forms Other Contact Authorization Forms is? Is this Property Statement and Verification WTW Agreements, Assessments, etc. WTW Agreements, Assessments, etc. Progress Report - Education/Post- EMPL/WEX and Community Services Non-Fraud Referral or Request

	WEX-4	WEX Placement Interview Referra			New Rec.	WTW Agreements, Assessments, etc.
	VVEA-4	WEX Placement interview Referra			New Rec.	WTW Agreements, Assessments, etc.
		WEV Del Werk Europieneo Chart			New Ree	
	11/5/ 40	WEX-Pd Work Experience Start			New Rec.	Progress Report - Education/Post-
	WEX-40	Date	WTW WEX		GN 6070	EMPL/WEX and Community Services
	WEX-41	WEX- Paid Wex Cover Sheet	WTW WEX		New Rec.	WTW Agreements, Assessments, etc.
						Progress Report - Education/Post-
	WEX-6	Work Exp Prog Training Specs	WTW WEX		GN 6070	EMPL/WEX and Community Services
	WEX-6X	Sub Wage Prog Training Specs	Income		New Rec.	WTW Agreements, Assessments, etc.
		Work Experience Program				Progress Report - Education/Post-
	WEX-7	Timesheet	WTW WEX		GN 6070	EMPL/WEX and Community Services
						SIU (Fraud) Evidence, Contact
>	x WFP&I 101	Informant Referral / Intake	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
		Field Investigation Caseload Log				SIU (Fraud) Evidence, Contact
)	x WFP&I 150	(last modified 2005)	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
						SIU (Fraud) Evidence, Contact
,	x WFP&I 260	Repayment Agreement	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
		Request for Case Records for	,			SIU (Fraud) Evidence, Contact
 	x WFP&I 343	Welfare Fraud Prosecution	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
, 						SIU (Fraud) Evidence, Contact
	x WFP&I 350	Request for Child Support Service	s WEP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
, ,		WFP&I User Agreement DMV and		the possible map round in isting	c.o boouments	SIU (Fraud) Evidence, Contact
	x WFP&I 373	CLETS	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
,	wrrd15/5	Investigation Closed Because of	with the view and use unity	No possible map round in itstillg	Sio Documents	SIU (Fraud) Evidence, Contact
	x WFP&I 379		WERELView and Lice and	No possible man found in listin -	SILL Documents	
,,	x WFP&I 379	Missing record from district J1	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
		Investigation Closed because of				
		missing documents/forms from				SIU (Fraud) Evidence, Contact
>	x WFP&I 380	district K1	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
		Investigation closed because of				SIU (Fraud) Evidence, Contact
>	x WFP&I 381	missing CA7/CW7	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
		Dispostion of IEVS Fraud Referral				SIU (Fraud) Evidence, Contact
>	x WFP&I 412	(Letter to District)	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
					CSF XXX	Employment Statement Request
,	x WFP&I 453	A Employment Verification Request	WFP&I View and Use only	No possible map found in listing	CSF XXX	Verification of Employment/Earning
	WFP&I Ima	ge		No possible map found in listing (This	i	SIU (Fraud) Evidence, Contact
))	x Doc	WFP&I Imaged Documents	WFP&I View and Use only	is for WFP&I Use Only)	SIU Documents	Records, Requests
			·			SIU (Fraud) Evidence, Contact
,	x WFP&I-DA-	AW DA Prosecution Arrest Warrant	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
	·		•			SIU (Fraud) Evidence, Contact
	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	Records, Requests
,		SA- DA Surrender Letter - 1st Notice -				SIU (Fraud) Evidence, Contact
	x I(S)	Spanish	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
, ,		-pointer				SIU (Fraud) Evidence, Contact
	x WFP&I-DA-	W DA Surrender Letter - Warrant	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
, ,	x WFP&I-DA- WFP&I-DA-	DA surrender Letter - Warrant -	with all view and use Ully	no possible map round in listing	Sio Documents	SIU (Fraud) Evidence, Contact
			WERS Wow and Lice only	No possible man found in listing	SILL Documents	
, ,	x W(S)	Spanish	WFP&I View and Use only	No possible map found in listing	SIU Documents	Records, Requests
		IC COLLECTIONS REQ TRANSFER			Assuming forms are related to ICT	
				NEEDED STATE FORM NOT ON TIER 1		
	W-ICC1	OUT	IC COLLECTIONS REQ TRANSFER OUT	LIST -REQUIRED	New Rec.	ICT Forms
	W-ICC1	OUT	IC COLLECTIONS REQ TRANSFER OUT		Assuming forms are related to ICT	ICT Forms
		OUT		NEEDED STATE FORM NOT ON TIER 1	Assuming forms are related to ICT benefit recovery	
	W-ICC1 W-ICC1A	OUT	IC COLLECTIONS REQ TRANSFER OUT		Assuming forms are related to ICT benefit recovery New Rec.	ICT Forms
		OUT		NEEDED STATE FORM NOT ON TIER 1	Assuming forms are related to ICT benefit recovery	
	W-ICC1A	OUT		NEEDED STATE FORM NOT ON TIER 1	Assuming forms are related to ICT benefit recovery New Rec. Assuming forms are related to ICT	
		OUT IC COLLECTIONS REQ 2ND REQUEST		NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED	Assuming forms are related to ICT benefit recovery New Rec. Assuming forms are related to ICT	
	W-ICC1A	OUT IC COLLECTIONS REQ 2ND REQUEST IC COLLECTIONS RECEIVING CTY	IC COLLECTIONS REQ 2ND REQUEST	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED NEEDED STATE FORM NOT ON TIER 1	Assuming forms are related to ICT benefit recovery New Rec. Assuming forms are related to ICT benefit recovery	ICT Forms
	W-ICC1A	OUT IC COLLECTIONS REQ 2ND REQUEST IC COLLECTIONS RECEIVING CTY	IC COLLECTIONS REQ 2ND REQUEST	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED NEEDED STATE FORM NOT ON TIER 1	Assuming forms are related to ICT benefit recovery New Rec. Assuming forms are related to ICT benefit recovery New Rec. Assuming forms are related to ICT	ICT Forms
	W-ICC1A	OUT IC COLLECTIONS REQ 2ND REQUEST IC COLLECTIONS RECEIVING CTY RESP	IC COLLECTIONS REQ 2ND REQUEST	NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED NEEDED STATE FORM NOT ON TIER 1 LIST -REQUIRED NEEDED STATE FORM NOT ON TIER 1	Assuming forms are related to ICT benefit recovery New Rec. Assuming forms are related to ICT benefit recovery New Rec. Assuming forms are related to ICT	ICT Forms

	Matter and the Robert					
	Winter Holiday		MTM Correspondence		New Rec.	
	Gife Request	Winter Holiday Gife Request	WTW Correspondence		New Rec.	WTW Agreements, Assessments, etc. General Relief Notice to Register for
	Work reg. CEN					
	Work reg - GEN	4			ABP 589	Work
	827, GAIN,	Markers CEN 027 CAIN FOFT				Food Stamp Work Registration Rights
	FSET	Work reg - GEN 827, GAIN, FSET	Disability/Work Reg		PA 1865	and Responsibility
	Workers Comp					
		Workers Comp Settlement Ltr	Income		Verification	
	Workers					
	•	Workers Compensation				
	Documents	Documents	Disability/Work Reg		Verification	
	WorkForce					
X	Academy	WorkForce Academy Guidelines	Guidelines for Job Club	Guidelines for job club activity	New Rec.	WTW Agreements, Assessments, etc.
			Allows DPSS to share MC PII information			
			with DHS and/or LASD when a MC			
		Authorization for the Use and	beneficiary is an inmate in the Los			
		Disclosure of Health and Social	Angeles County jail or participant in the		New Rec.	Other Contact Authorization Forms
x	WPC 001	Service Information	WPC program.	No possible map found in listing	New Rec.	Jail/Inmate Forms and Notices
				WrapAround Program is a service		
				provided to our Foster Child and Bio-		
				Parent/Relative before dependency is	5	
	WRAP Referral			being terminated. Similar Form not		
х	Form	Wrap Around Program	Program Referral	found on Forms List	New Rec.	Non-Fraud Referral or Request
x	WRAT	WRAT	WTW Assessments		What is this?	
				Form is used for OP/OI and UI/UP		
		Welfare to Work/Cal-Learn		purposes; exisiting CalSAWS		
		Supportive Services		categories are too specific to		
		Overpayment/Underpayment	Overpayment/Overissuance/Underpaym	÷ .		
	WTW 11	Notice	ent/Underissuance	county. A general category is being	New Rec.	WTW Agreements, Assessments, etc.
	*****	Notice	entyondenssdance	Form is used for OP/OI and UI/UP	New Rec.	WiW Agreements, Assessments, etc.
				purposes; exisiting CalSAWS		
		Welfare to Work/Cal-Learn		categories are too specific to		
		Supportive Service Repayment	Overpayment/Overissuance/Underpaym			
	WTW 12	Agreement	ent/Underissuance	•	New Rec.	WTW Agreements, Assessments, etc.
	WTW 12 WTW 16	0	WTW WEX	county. A general category is being	New Rec.	0 1 1
	VV I VV 10	Grant-Based OJT: Vol Consent	WIW WEX		New Rec.	WTW Agreements, Assessments, etc.
		Learning Disabilities Evaluation		a		Waiver of CalWORKs Learning
X	WTW 17SP	(Spanish)	LD Evaluation - Spanish	State Form	WTW 17	Disabilities Screening and/or
				Forms in this category are related to		
				various supportive serivces; CalSAWS	1	
		Welfare to Work Plan Activity		forms/ catergories do not meet		
x	WTW 2	Assignment	Supportive Services	business needs	WTW 2	Welfare-to-Work Activity Assignment
			Used to track WtW 24-Month Time Clock			
X	WTW 24	Time Clock Tracking Log	adjustments needed.	No possible map found in listing	New Rec.	Time Limit Forms
	WTW 3	WTW Plan Activity Asgnmt Chang			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
		Online Calworks Appraisal Tool	Used to inform participants of the OCAT			
x	WTW 47	Rights and Privacy	rights and privacy.	No possible map found in listing	New Rec.	OCAT Forms and Info
		Welfare-to-Work Exemption	WTW Exemptions		New Rec.	WTW Agreements, Assessments, etc.
	WTW 6					
	WTW 7	WTW Exemption Determination	WTW Exemptions		New Rec.	WTW Agreements, Assessments, etc.
			WTW Exemptions	allowable study/homework	New Rec.	WIW Agreements, Assessments, etc.
			WTW Exemptions	allowable study/homework determined by the education	New Rec.	WIW Agreements, Assessments, etc. Tracked WTW Activities, Hours,
×		WTW Exemption Determination	WTW Exemptions documents study/homework time		New Rec.	
x	WTW 7	WTW Exemption Determination Education Provider Expectations	·	determined by the education	New Rec.	Tracked WTW Activities, Hours,

				captures necessary classes needed to		
				complete degree/certificate in a SIP -		
	WTW 772.4A	SIP Individual Education Plan	captures classes for degree or certificate	no comparable form	New Rec.	SIP Agreement/Notice
	WTW	WTW Educational Plan	WTW School/VTR		New Rec.	WTW Agreements, Assessments, etc.
	WTW Home				CSF XXX	Service Referral to Activity
	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</program>
	WTW Program	WTW Program Notice	WTW Correspondence		New Rec.	WTW Agreements, Assessments, etc.
			Form for client to write a message to	Client can provide their name and		
			their worker if unable to see them in	case #, and write a message to their		
	х	Client Message	person	worker. No match	New Rec.	Customer/Worker Contact
		CAAP X Discontinuance: CAAP 1	Discontinuance for CAAP 1 (monthly			
x	X3	Monthly Report Not returned	income report) not retured	There is no index for GA	New Rec.	GA/GR Monthly Reports
		CAAP Discontinuance: CAAP-1	CAAP Discontinuance: CAAP-1			
х	Y 3	Incomplete	Incomplete	There is no index for GA	New Rec.	Manual <program> NOA</program>
			Discontinuance for Incomplete CAAP 1	There is no index for incomplete		
		CAAP Discontinuance - CAAP 1	(monthly income report) or missing	monthly income report or missing		
х	Y3	Incomplete	documents	documents	New Rec.	Manual < Program > NOA
		•		Yolo County does not contract out FS		3
			FS plan was created to be completed	services and we don't use the WTW		
x	YC 105	Family Stabilization Plan	outside of the WTW plan.	plan for FS.	New Rec.	Family Stabilization Forms and Docs
~	10 100			Yolo County does not contract out FS		
			Tasks to give to participant and CM's for	services. We don't use the WTW plan		
x	YC 107	Family Stabilization Tasks	FS.	for FS.	New Rec.	Family Stabilization Forms and Docs
^	10 107		13.	Yolo County does not contract out FS	New Net.	ranny stabilization ronns and bocs
			Tasks to give to participant and CM's for	services. We don't use the WTW plan		
x	YC 108	Family Stabilization Tasks	FS. Spanish version.	for FS.	New Pec	Family Stabilization Forms and Docs
X	10 100	Authorization for Release of	rs. spanish version.	101 F3.	New Rec.	Failing Stabilization Forms and Docs
			Delege of information and ifically for	Deleges of the formation of the allowed		Annelise state Antheories time for Delegar
	200.000	Information for Permanent	Release of information specifically for	Release of Information, Landlords		Applicant's Authorization for Release
	YC 142	Homeless Assistance	Landlords Hoemless Assistance	Verification	ABCDM 228	of Information
				FC predetention Claim form to Fiscal,		
		Foster Care Pre-Detention Claim		used to reimburse the county for		
Х	YC 158	Form	FC predetention Claim for to Fiscal	Foster Care payments	New Rec.	FC Forms
			Vendor Payment Agreement allowing a			
			split payment betweek client and	Vendor Payment Agreement		
			landlord/roomates. Hoemelss	allowing a split payment betweek		
	YC 218	Vendor Payment Agreement	Assistance.	client and landlord/roomates.	New Rec.	Vendor Agreements and Forms
			Documentation between employment			
			services staff and Fiscal department			
	YC 288A	Gift Card Transmittal	when a gift card is issued.	Tracks issuance of gift cards.	New Rec.	Customer/Worker Contact
	YC 302	Tribal TANF Request	Referral form	County specific Tribal TANF referal	New Rec.	Non-Fraud Referral or Request
		·	In-depth assessment (questionnaire)	Yolo County does not cotract out CL		
		Cal-Learn Comprehensive Baseline	similar to that used by AFLP providers for	,		
x	YC 33	Assessment	CL.	program.	New Rec.	CalLearn Agreements and Forms
				Yolo County does not contract out		
		CalWORKs Housing Support		HSP services. Since following a		
		Allocation Housing Needs	HSP plan signed by client and HSP case	housing plan is part of HSP, Yolo		
	YC 380	Assessment Questionnaire	manager towards housing goals.	County created its own plan for this	New Rec	HSP and Homeless Assistance Forms
	10 300		וומוומצבו נטשמוטג ווטעגוווצ צטמוג.		NEW REL	nor and nomeless Assistance FORMS
				Yolo County does not contract out		
				HSP services. Notice needed to		
				communicate approval/denial. Yolo		
	YC 381	CalWORKs Housing Support	Notice to let client know if request for HSP services was approved/denied.	communicate approval/denial. Yolo County allows for Fair Hearing option for HSP. Notice includes NA Back 9.	New Rec.	Manual <program> NOA</program>

				Yolo County does not contract out		
				HSP services. Notice needed to		
				communicate discontinunace. Yolo		
		CalWORKs Housing Support	Notice to let client know that HSP	County allows for Fair Hearing		
x	YC 382	Allocation Discontinuancel Notice	services have ended.	opotion for HSP. Notice includes NA	New Rec.	Manual <program> NOA</program>
				Keep as this is used in conjunction		
X	YC 43	Family Stabilization Expectations	FS rights and responsibilities.	with YC 105 FS Plan.	New Rec.	Family Stabilization Forms and Docs
				Currently OCAT is only vailable in		
			Helps collect information during the	English, this is used for Non-English		
x x	YC 440	CWES Appraisal Worksheet	appraisal process.	speaking customers	New Rec.	Program Budgets & Worksheets
				Yolo County does not contract out CL		
X	YC 445J	Cal-Learn Case Plan	Plan for CL.	services.	New Rec.	CalLearn Agreements and Forms
				Yolo County does not contract out CL		
			Consent from CL pariticipant to contact	services. Often need to concact		
X	YC 445N	Cal-Learn Consent Form	HS.	school to confirm attendance.	New Rec.	CalLearn Agreements and Forms
			Supplemental plan used for incremental			
			assessment, vocational assessment, and	Used in developing and maintaining		
X	YC 470	WTW Supplemental Plan	reassessment.	plans for participants.	New Rec.	WTW Agreements, Assessments, etc.
			Used to inform customers and obtain			
		WTW/CalLearn Supportive	their signature that they understand	Used to avoid miscommunications		
X	YC 476	Services Policies	supportive services policies.	between workers and customers.	New Rec.	CalLearn Agreements and Forms
				CalWORKs 2.0 Tool needed to meet		
x	YC 795	CalMAP Tool	CalWORKs 2.0 Tool	state mandates	New Rec.	CW 2.0 Forms
				CalWORKs 2.0 Tool needed to meet		
x	YC 796	Goal/Plan/Do/Review Tool	CalWORKs 2.0 Tool	state mandates	New Rec.	CW 2.0 Forms
				CalWORKs 2.0 Tool needed to meet		
x	YC 797	My Road Map Tool	CalWORKs 2.0 Tool	state mandates	New Rec.	CW 2.0 Forms
				CalWORKs 2.0 Tool needed to meet		
x	YC 798	Potholes and Detours Tool	CalWORKs 2.0 Tool	state mandates	New Rec.	CW 2.0 Forms
				CalWORKs 2.0 Tool needed to meet		
X	YC 799	Quality of Life Tool	CalWORKs 2.0 Tool	state mandates	New Rec.	CW 2.0 Forms
				CalWORKs 2.0 Tool needed to meet		
X	YC 800	Triage Tool	CalWORKs 2.0 Tool	state mandates	New Rec.	CW 2.0 Forms
				ACL 19-77 - Form used for manual		
				tracking until state/SAWS gives		
			Internal County tool used to manually	additional direction on how to	Is this imaged to a case?	
X	YC 96	Eligibility and Tracking	track Homeless assistance participants	capture this population.	New Rec.	HSP and Homeless Assistance Forms
				Foster Care Legal Guardian, Non-	6111 B	SIU (Fraud) Customer
X		Fraud Statement	Facts you need to know about Fraud	Needy CalWORKS	SIU Documents	Acknowledgement and Prevention
		Request for Information Foster		Foster Care Legal Guardian	New Dee	
X		Care	Income & Property foster child may have		New Rec.	FC Forms
		Approval Page for Specialized Care		Instruct Eligibility what Foster Care	New Dee	56 5
х	YCHHSD 350	Rate	Approval signed by CPS Supervisor	rate to be paid	New Rec.	FC Forms
				Foster Care Placement activity		
		Foster Care Referral to Eligibility	Instructions from CPS Social Workers	referred to Eligibility	New Rec.	Non-Fraud Referral or Request
		Specialized Care Rate Certification	Certification by CPS Social Worker	in conjuction with YCHHSD 350	New Rec.	FC Forms
	Your Reporting	Maxim Dama at the D				Rights & Responsabilities & other
	Responsibilities	Your Reporting Responsibilities	Applications/SOF/ICT	Markes on find annuality -1-1	SAWS 2A SAR	Important Information
		2010 ACA EDI Mortishaat ula	MC/ACA EDI Automatad warlichast	Workes can find appropriate aid	Now Poc	Drogrom Budgots & Markshoots
X		2019 ACA FPL Worksheet.xlsx	MC/ACA FPL Automated worksheet	codes for HH based in HH income	New Rec.	Program Budgets & Worksheets
		2019 Determination of ACA Health		and a second sector at	New Dee	Deserve Dudests Carry 1.1
X		Insurance Affordability.xlsx	Determines affordability of ESI	no equivalent	New Rec.	Program Budgets & Worksheets
			Automated Weikehoste, JTC DIGUS	Excel worksheet that has multiple		
			Automated Worksheets - LTC, PICKLE,	automated worksheet for	New Dee	December Dudects C Marticles
		ABD Budgets.xlsx	250%WD	determination of MC ABD programs.	New Kec.	Program Budgets & Worksheets

		CalWORKs Issuance Worksheet (4			New Dee	Due energy Due le etc. 0. Marchele etc.
(1-19 thru 6-30-19).xlsx	Automated Worksheet for CW	no CW 30 option	New Rec.	Program Budgets & Worksheets
		CalWORKs Issuance Worksheet (7			New Dee	Due energy Due le etc. 0. Marchele etc.
(1-19 thru 9-30-19).xlsx	Automated Worksheet for CW	no CW 30 option	New Rec.	Program Budgets & Worksheets
<u>(</u>		CalWORKs Issuance	Automated Worksheet for CW	no CW 30 option	New Rec.	Program Budgets & Worksheets
		Child Protective Services (CPS)		SIU - Reports to address on-view CPS		SIU (Fraud) Evidence, Contact
	x	Report	Child Protective Services (CPS) Report	complaints	SIU Documents	Records, Requests
						SIU (Fraud) Evidence, Contact
	x	Community Complaint Form	Community Complaint Form	SIU - citizen complaint documenation		Records, Requests
				SIU - citizen complaint documenation		
		Community Complaint Form		(online version - can be same		SIU (Fraud) Evidence, Contact
	x	Online	Community Complaint Form	category as above	SIU Documents	Records, Requests
(CW 2.0 Backward Mapping	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
		CW 2.0 CalMAP	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
		CW 2.0 Executive Skills				
1		Improvement Tool	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
		CW 2.0 Executive Skills Self-				
<u> </u>		Assessment	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
(CW 2.0 Goal Plan Do Review-	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
		CW 2.0 Multicultural Quality of				
(Life Index	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
		CW 2.0 My Road Map - Potholdes	i			
(and Detours	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
(CW 2.0 Triage Tool	New State CalWORKs forms	CW 2.0	New Rec.	CW 2.0 Forms
		CW IRT Determination Workshee	t	eligibility determination, no		
		(4-1-19 thru 9-30-19).docx	Automated IRT worksheet	equivalent	New Rec.	Program Budgets & Worksheets
		CW IRT Determination		eligibility determination, no		
		Worksheet.docx	Automated IRT worksheet	equivalent	New Rec.	Program Budgets & Worksheets
						SIU (Fraud) Evidence, Contact
	x	District Attorney Packets	District Attorney Packets	SIU - Criminal case filing procedure	SIU Documents	Records, Requests
			,	SIU - fax cover sheets with law		
				enforcement verification to request		SIU (Fraud) Evidence, Contact
	×	Fax Cover Sheets / Police / SIU	Fax cover sheets - Law enforcement	information from 3rd parties	SIU Documents	Records, Requests
	~			SIU - Summary page or book end to	Sio Documents	necorus, nequests
				indicate the end of the fraud		SIU (Fraud) Evidence, Contact
	v	Eraud Closing Momo	Eraud Closing Momo	invoctigation		
	X	Fraud Closing Memo	Fraud Closing Memo	investigation	SIU Documents	Records, Requests
	x	-	-	County created automated	SIU Documents	Records, Requests
	X	HCBS Spousal Impoverishment	MC LTC Spousal Improverishment	County created automated worksheet to determine spousal		
	x	HCBS Spousal Impoverishment Budgets.xlsx	-	County created automated worksheet to determine spousal impoverishment for MC LTC cases.	SIU Documents New Rec.	Program Budgets & Worksheets
	X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline	MC LTC Spousal Improverishment	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no	New Rec.	Program Budgets & Worksheets
((X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form	MC LTC Spousal Improverishment worksheet	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS		Program Budgets & Worksheets HSP and Homeless Assistance Forms
: :	X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form Income & Eligibility Verification	MC LTC Spousal Improverishment worksheet Income & Eligibility Verification Systems	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS SIU - Documentation of	New Rec. New Rec.	Program Budgets & Worksheets HSP and Homeless Assistance Forms SIU (Fraud) Evidence, Contact
	X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form	MC LTC Spousal Improverishment worksheet	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS SIU - Documentation of correspondences with IEVS worker	New Rec.	Program Budgets & Worksheets HSP and Homeless Assistance Forms
:	X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form Income & Eligibility Verification	MC LTC Spousal Improverishment worksheet Income & Eligibility Verification Systems	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS SIU - Documentation of correspondences with IEVS worker Automated worksheet to determine	New Rec. New Rec.	Program Budgets & Worksheets HSP and Homeless Assistance Forms SIU (Fraud) Evidence, Contact
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	X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form Income & Eligibility Verification Systems (IEVS) Magi Household Worksheet	MC LTC Spousal Improverishment worksheet Income & Eligibility Verification Systems (IEVS)	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS SIU - Documentation of correspondences with IEVS worker Automated worksheet to determine Magi based MC. Generates budgets based on family size and income.	New Rec. New Rec. SIU Documents	Program Budgets & Worksheets HSP and Homeless Assistance Forms SIU (Fraud) Evidence, Contact Records, Requests
X	X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form Income & Eligibility Verification Systems (IEVS)	MC LTC Spousal Improverishment worksheet Income & Eligibility Verification Systems (IEVS) MAGI based MC worksheet	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS SIU - Documentation of correspondences with IEVS worker Automated worksheet to determine Magi based MC. Generates budgets based on family size and income. County created automated	New Rec. New Rec.	Program Budgets & Worksheets HSP and Homeless Assistance Forms SIU (Fraud) Evidence, Contact
~	X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form Income & Eligibility Verification Systems (IEVS) Magi Household Worksheet 2019.xlsx	MC LTC Spousal Improverishment worksheet Income & Eligibility Verification Systems (IEVS) MAGI based MC worksheet 1353 SI 01 Determine Potential Spousal	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS SIU - Documentation of correspondences with IEVS worker Automated worksheet to determine Magi based MC. Generates budgets based on family size and income. County created automated MC - San Mateo County required	New Rec. SIU Documents New Rec.	Program Budgets & Worksheets HSP and Homeless Assistance Forms SIU (Fraud) Evidence, Contact Records, Requests Program Budgets & Worksheets
x x	X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form Income & Eligibility Verification Systems (IEVS) Magi Household Worksheet	MC LTC Spousal Improverishment worksheet Income & Eligibility Verification Systems (IEVS) MAGI based MC worksheet	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS SIU - Documentation of correspondences with IEVS worker Automated worksheet to determine Magi based MC. Generates budgets based on family size and income. County created automated MC - San Mateo County required form. No match found from	New Rec. SIU Documents New Rec. New Rec.	Program Budgets & Worksheets HSP and Homeless Assistance Forms SIU (Fraud) Evidence, Contact Records, Requests
~	X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form Income & Eligibility Verification Systems (IEVS) Magi Household Worksheet 2019.xlsx MC Budget Worksheet	MC LTC Spousal Improverishment worksheet Income & Eligibility Verification Systems (IEVS) MAGI based MC worksheet 1353 SI 01 Determine Potential Spousal Allocation	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS SIU - Documentation of correspondences with IEVS worker Automated worksheet to determine Magi based MC. Generates budgets based on family size and income. County created automated MC - San Mateo County required form. No match found from MC - San Mateo County required	New Rec. SIU Documents New Rec. New Rec. Is this imaged? Sounds like flyer	Program Budgets & Worksheets HSP and Homeless Assistance Forms SIU (Fraud) Evidence, Contact Records, Requests Program Budgets & Worksheets
~	x	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form Income & Eligibility Verification Systems (IEVS) Magi Household Worksheet 2019.xlsx MC Budget Worksheet MC Flyer	MC LTC Spousal Improverishment worksheet Income & Eligibility Verification Systems (IEVS) MAGI based MC worksheet 1353 SI 01 Determine Potential Spousal	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS SIU - Documentation of correspondences with IEVS worker Automated worksheet to determine Magi based MC. Generates budgets based on family size and income. County created automated MC - San Mateo County required form. No match found from	New Rec. SIU Documents New Rec. New Rec.	Program Budgets & Worksheets HSP and Homeless Assistance Forms SIU (Fraud) Evidence, Contact Records, Requests Program Budgets & Worksheets
x	X	HCBS Spousal Impoverishment Budgets.xlsx Your CW HSP Program Timeline Form Income & Eligibility Verification Systems (IEVS) Magi Household Worksheet 2019.xlsx MC Budget Worksheet	MC LTC Spousal Improverishment worksheet Income & Eligibility Verification Systems (IEVS) MAGI based MC worksheet 1353 SI 01 Determine Potential Spousal Allocation	County created automated worksheet to determine spousal impoverishment for MC LTC cases. local Housing Support Program - no existing index code in CalSAWS SIU - Documentation of correspondences with IEVS worker Automated worksheet to determine Magi based MC. Generates budgets based on family size and income. County created automated MC - San Mateo County required form. No match found from MC - San Mateo County required	New Rec. SIU Documents New Rec. New Rec. Is this imaged? Sounds like flyer	Program Budgets & Worksheets HSP and Homeless Assistance Forms SIU (Fraud) Evidence, Contact Records, Requests Program Budgets & Worksheets

		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,	This form is used for our contingency		
		warrant information, aid code, signature	purposes when we are unable to		
	OTC Warrant Request via PC	lines for eligibility and benefit issuance	print a warrant from C-IV. There is no)	
	Warrant Writer	staff.	relevant form on the list.	New Rec.	Fiscal Forms
			SIU - Request for postal records (i.e.		
			ID'ing PO BOX users and change of		SIU (Fraud) Evidence, Contact
x	Postal Records	Postal Records	address records)	SIU Documents	Records, Requests
			SIU - documentation of requests of		
X	School Requests	School Requests	child's school demographics	WFP&I 314	Request For School Records
			Automated worksheet to determine		
	HSP Housing Sustainability		if applicant is eligible, income needs		
	Worksheet \$10.50 Minimum	Housing Support Program Sustainability	and rental income limits. Optional	New Rec.	HSP and Homeless Assistance Forms
x	Wage.xlsx	Worksheet	housing programs. Budget based in	New Rec.	Program Budgets & Worksheets
			Automated worksheet to determine		
			if applicant is eligible, income needs		
	HSP Housing Sustainability	Housing Support Program Sustainability	and rental income limits. Optional	New Rec.	HSP and Homeless Assistance Forms
x	Worksheet.xlsx	Worksheet	housing programs. Budget based in	New Rec.	Program Budgets & Worksheets
			Form is used for OP/OI and UI/UP		
			purposes; exisiting CalSAWS		
			categories are too specific to		
		Overpayment/Overissuance/Underpaym		What info is on this form? What	
	Month	ent/Underissuance	county. A general category is being	purpose does the form serve?	

Identified Trends	Questions & Notes	Counts
ABAWD Forms	All forms specific to ABAWD, excluding CFET	9
	For program screening, case opening and	
	assignment checklist/questions, intake	
	questions. Not applications themselves	
Application, Intake, or Screening Tools	(SAWS 2 PLUS).	78
Behavioral/Mental Health Forms and Referrals	Referrals, statuses, doctor statements	7
	Forms needed to pay for burial/cremation	
Burial/Cremation Forms	through the GA/GR program	13
	CalLearn referrals, agreements, plans, logs,	
CalLearn Agreements and Forms	school progress	40
	CAPI applications, agreements, sponsorship,	
CAPI Application and Other Forms	OP/OI	17
	Agreements, CFET Referrals, orientation,	
CFET Forms/Agreements	questionnaires, hours	51
	Agreements, referrals, Trustline documents,	
Child Care Referrals and Forms	provider statements	79
Customer Use Checklists	Checklists customers use or complete	13
	Cust to Worker. Worker to worker. Worker to	
Customer/Worker Contact	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
	Form requesting changes to the EBT Stagger	
EBT Stagger Date	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
	Update when there are more details on the	0
FC Forms	FC design.	207
	Warrants, Direct Deposit, EBT, Issuances	207
Fiscal Forms	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
	Exemptions, job search, work registrations,	10
GA/GR Work Related and Activities Forms	attendance, contracts	47
	Home Visit Program (HVP) referrals, progress	
Home Visit Forms	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
	Manual budgets or worksheets for benefit calculations separated by	
Program Budgets & Worksheets	program	145
	Notices of action not	
	generated automatically by	
	CalSAWS, distinguished by	
Manual <program> NOA</program>	program	309

HSP and Homeless Assistance Forms	Homeless, Housing, and HSP referrals and forms	130
HSP and Homeless Assistance Forms		150
	ICT related forms, not including the CF 215,	
ICT Forms	MC 385, CW 215	14
	Incl. youth corrections, MC apps for	
	transitions, communications and	
Jail/Inmate Forms and Notices	confirmations	13
KG Forms		19
Language Designation form		10
	Not including virtual prints of MEDS itself?	
MEDS Related - Clearance, Updates, Requests	Those would be included under verifications	12
wieds Related - Clearance, Opuates, Requests	Program referrals, Dept. or agency contact or	
	voucher, send or receive program info,	
New Frend Defensel en Democrat	general communication	05
Non-Fraud Referral or Request	PA 30 for referrals w/ no specific title	85
OCAT Forms and Info		5
	Info release, photo release	
	Alternately, may use ABDCM 228, CW 60, CW	
Other Contact Authorization Forms	61	37
Other State Forms	DHCS 0011, SOC 2247, MC 176 S	6
	MC 201 PA; Include cars, banks, real property	
Drenerty Statement and Verification		30
Property Statement and Verification	Property Forms	10
SIP Agreement/Notice	Approvals, evaluations, plans	10
SIU (Fraud) Customer Acknowledgement and Prevention	Acknowledgements/ Agreements	6
Sio (Fradd) customer Acknowledgement and Frevention	Referrals, contact verifications, proof	0
CILL (Fraud) Fuidance, Contact Deserves, Desugate		40
SIU (Fraud) Evidence, Contact Records, Requests	Customer: Notices/Appointment	48
	Indigence, Repayments, Responsibility	
Sponsor Related Forms	Agreements, Worksheet	21
	Attendance, textbooks, referrals	
Student/College Related Forms	GN 6151	38
	PWE, Diversion, Immediate Need, Non-	
Supporting CW Forms	Needed Caretaker Relative, deprivation	21
Time Limit Forms	All time limit forms, regardless of program.	16
	An time mine torms, regulatess of program.	10
	Attendance records, Employment hours,	
Tracked WTW Activities, Hours, Exemptions	activity records, exemption determinations	47
	Mileage records and logs, bus passes, travel	
Transportation Forms	vouchers, reimbursement	17
Vendor Agreements and Forms	Vendors, providers	47
	Internal communication and notices between	
	staff, separate from referrals.	
	I.e. sanction info between WTW and	
Worker/Worker Contact		4.7
Worker/Worker Contact	eligibility.	12
	Participant assessments/evaluations,	
WTW Agreements, Assessments, etc.	agreements, reviews, statements, plans	178