

☐ CalSAWS DD&I☒ C-IV M&O☐ CalWIN M&O☐ LRS M&E

Distribution Date:	April 13, 2020
To:	PPOC.40, Committee.CalWORKs_CalFresh.All, CorrespondenceCommittee.All, Consortium.RegionalManagers.All, Consortium.SectionDirectors
CIT Name:	Additional Forms were added to the CIV- E-Signature functionality
From:	CalSAWS Project

PPOCs, please forward to the appropriate impacted staff in your county:

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| <input type="checkbox"/> General
<input checked="" type="checkbox"/> Policy
<input checked="" type="checkbox"/> CW
<input checked="" type="checkbox"/> CF
<input checked="" type="checkbox"/> MC
<input type="checkbox"/> CMSP
<input type="checkbox"/> FC/KG/AAP
<input type="checkbox"/> Child Care
<input type="checkbox"/> WtW
<input type="checkbox"/> Other Program(s) _____
<input type="checkbox"/> C4Yourself
<input checked="" type="checkbox"/> Customer Correspondence
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Reports
<input type="checkbox"/> Fiscal
<input type="checkbox"/> Caseload Movement
<input type="checkbox"/> Management
<input type="checkbox"/> Fiscal
<input type="checkbox"/> Security
<input type="checkbox"/> Batch and Interfaces
<input type="checkbox"/> Imaging
<input type="checkbox"/> Migration
<input type="checkbox"/> Conversion
<input type="checkbox"/> Technical
<input type="checkbox"/> Training
<input type="checkbox"/> Help Desk |
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Description: (Including any step-by-step instructions)	<p>Purpose (Identify what Counties this CIT affects)</p> <p>The purpose of this CIT is to provide a list of additional Electronic Signature forms added to C-IV Counties. SCR CIV-11210-Add E-Signature for additional electronic forms had a priority release date of 04/07/20.</p> <p>The following forms can be used with Electronic Signature for the C-IV system:</p> <ul style="list-style-type: none"> • ARC 1: Statement of Facts Supporting Eligibility for the ARC Funding Option Program • ARC 2: ARC Redetermination • CF 10: Dependent Care Cost Affidavit • CF 303: Replacement Affidavit / Authorization • CW 2.1NA: Notice and Agreement for Child, Spousal and Medical Support • CW 2.1Q/2.1NA: Support Questionnaire / Notice and Agreement for Child, Spousal and Medical Support • CW 2200: Request for Verification Form • CW 2209: Immunization Good Cause Request Form • CW 2218: Rights, Responsibilities and Important Information for CalWORKs (Non-Needy Caretaker Relative)
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	<ul style="list-style-type: none"> • CW 2219: Application for CalWORKs (Non-Needy Caretaker Relative With Relative Foster Child) • CW 51: Child Support - Good Cause Claim for Noncooperation • CW 8: Statement of Facts for An Additional Person • CW 80: Self-Certification Form for Motor Vehicles - CalWORKs • CW 89: Application Withdrawal Request • CW 8A: Statement of Facts to Add A Child Under 16 • SAR 23: Senior Parent Statement of Facts <p>Background E-Signature SCR CIV-11210 (Add E-Signature for additional electronic forms) was an existing CIV SCR, as a result of COVID-19 a CRPC (Consortium Request for Policy Clarification) #2195, was sent to CDSS to request emergency approval to implement SCR CIV-11210. The request was approved for the 16 Forms listed above.</p> <p>Additional Information Regions requested additional forms resulting in the creation of SCR CIV-106886, which will be worked as time permits.</p> <p>County Action No County action needed.</p>
Primary Project Contact: (Name, phone number, email address)	Maria Arceo Arceom@calsaws.org
Backup Project Contact: (Name, phone number, email address)	None
Attachments:	CIT 0053-20 Job Aid – Electronic Signature (e-Sign)
Web Portal Link:	<div style="background-color: black; width: 80px; height: 15px; margin-bottom: 5px;"></div> <p>OR</p> <p>You may also retrieve the CIT document and attachments by following these steps:</p> <ol style="list-style-type: none"> 1. Click on the CRFIs & CITs link at the top of the page. 2. Click on the "CalSAWS Information Transmittal (CIT)" folder. 3. Click on the "2020" folder. 4. Click on the appropriate CIT # folder.