

# CalSAWS | Enhancement Request (CER)

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

|                        |  |
|------------------------|--|
| <b>Submission Date</b> | 7/13/2022                                      |
| <b>Title</b>           | Add Foster Care t Program Drop-Down for MC 194 |

|   |                                     |                               |
|---|-------------------------------------|-------------------------------|
| <b>Region #: 5</b>                      | <b>County: Riverside</b>            |                               |
| <b>Submitter:</b><br>Kali Sorrels-Goode | <b>Email:</b><br>ksorrels@rivco.org | <b>Phone:</b><br>951-358-3283 |

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

|   |  |   |   |
|---|--|---|---|
| <b>Area(s) Impacted:</b>                            |  |   |   |
| <input type="checkbox"/> Call Center                | <input type="checkbox"/> Case Assignment       | <input checked="" type="checkbox"/> Client Correspondence | <input type="checkbox"/> Eligibility      |
| <input type="checkbox"/> Fiscal / Collections       | <input type="checkbox"/> Hearings              | <input type="checkbox"/> Imaging                          | <input type="checkbox"/> Lobby Management |
| <input type="checkbox"/> Reports                    | <input type="checkbox"/> Resource Data Bank    | <input type="checkbox"/> Schedule Appt                    | <input type="checkbox"/> Security         |
| <input type="checkbox"/> Self Service Portal        | <input type="checkbox"/> Special Investigation | <input type="checkbox"/> Task Mgmt                        | <input type="checkbox"/> Time Limits      |
| <input type="checkbox"/> Training                   |  |   |   |
| <input type="checkbox"/> Interface(s) - specify     |  |   |   |
| <input checked="" type="checkbox"/> Other – specify |  |   |   |
| Client Corres./Form                                 |  |   |   |

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| <b>Justification / Request Summary:</b>   |
| <b>Issue:</b><br><br>Currently, even though Foster Care is required to verify a child's SSN, they are unable to complete an MC 194 in the context of a case and have the information populate to the form, because Foster Care is not in the Program drop down once they select the MC 194. |
| <b>Proposed Recommendation:</b><br><br>Add Foster Care to the Program drop-down list for the MC 194 Social Security Administration Referral Notice in Client Corres. Having Foster Care in the Program drop-down would make the process of completing and sending an MC 194 more efficient. |
| <b>Priority/Implementation Consideration(s):</b>  |

|   |              |
|---|--------------|
| <b>CalSAWS Response:</b>                                |              |
| <b>CER Tracking #: (automatically generate by JIRA)</b> | <b>SCR #</b> |
| <br>  |              |
| <b>Rejected By:</b>                                     | <b>Date:</b> |
| <b>Rejection Reason(s) or other Comments:</b>           |              |