Cal**SAWS** | Enhancement Request (CER)

	9/XX/2022						
Title	Recalculated Expedited Service						
Region #: 5	County: San Bernardino						
Submitter: Angelica Ruiz		Phone : 909-386-9717		Email: angelica.ruiz@hss.sbcounty.gov			
Program(s) Impacted:							
Adoptive Services	ARC				า	Т	Cal-Learn
CalWORKS / RCA	CAPI		Child Ca		re	Ī	CMSP
Foster Care	GA,	GA/GR		GAIN/REP/WTW			GROW
Kin-GAP	Me	Medi-Cal / RMA					
Area(s) Impacted: Call Center	Cas						
Call Celllel	Hearings			Client C	orrespondence		Eligibility
Fiscal / Collections		e Assignment arings		Client C	orrespondence		Eligibility Lobby Management
_	Hea						
Fiscal / Collections	☐ Hea	arings		Imaging	e Appt		Lobby Management
Fiscal / Collections Reports	☐ Hea	arings Source Data Bank		Imaging Schedul	e Appt		Lobby Management Security

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Rejected By:	Date:
Rejection Reason(s) or other Comments:	
Rejection Reason(s) of other comments.	

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