

# CalSAWS | Enhancement Request (CER)

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

<b>Submission Date</b>	07/02/25
<b>Title</b>	Add self-address return envelopes to the KG 2, AAP 3, and CSF 186 forms

<b>Region #: 4</b>	<b>County Name:</b>	
<b>Submitter:</b> Maria Chavez	<b>Email:</b> <a href="mailto:chavez@kerndhs.com">chavez@kerndhs.com</a>	<b>Phone:</b> 661 873-2340

<b>Program(s) Impacted:</b>			
<input checked="" type="checkbox"/> Adoptive Services	<input 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 type="checkbox"/> Foster Care	<input type="checkbox"/> GA/GR	<input type="checkbox"/> GAIN/REP/WTW	<input type="checkbox"/> GROW
<input checked="" 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 type="checkbox"/> Central Print	<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"/> County Operational (ex. Business Reply Mail (BRM), EBT Printers, Change of Address, Opt In/Out, etc.) – specify Business Reply Mail requesting to be included for forms KG 3, AAP 3 and CSF 186.			
<input type="checkbox"/> Other – specify			

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<b>Justification / Request Summary:</b>	
<b>Issue:</b> The issue is that the KG 2 and AAP 3 are both renewal forms and are used for annual redeterminations, and the CSF 186 is a required school form used to determine Kin-GAP eligibility when the youth is 18 or 19 years old. Currently, these forms do not include a self-return envelope option, which hinders our clients' ability to return the necessary documents timely and can result in delays in processing.	
<b>Proposed Recommendation:</b>  Kern is requesting to add a return envelope to these forms as this would help streamline the process for both staff and clients and reduce delays in eligibility determinations and benefit renewals. Adding the return envelopes functionality would support timely processing and reduce delays caused by incomplete or unreturned documents. To maintain confidentiality and ensure mail is routed appropriately, the return envelopes for all three forms must be prefilled with the following address:  Department of Human Services P.O. Box 1261 Bakersfield, CA. 93302	
<b>Priority/Implementation Consideration(s): High</b>	

CalSAWS Response:	
CER Tracking #: (automatically generate by JIRA)	SCR #
Rejected By:	Date:
Rejection Reason(s) or other Comments:	