

CalSAWS | Enhancement Request (CER)

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

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| Submission Date | 11/7/2024 |
| Title | Correction to Application Registration functionality associated with the "Are you homeless?" question |

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| Region #: 4 | County Name: Stanislaus | |
| Submitter: Christen Rocha | Email: Rochch@stancounty.com | Phone: 209-324-0235 |

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|---|---|---------------------------------------|------------------------------------|
| Program(s) Impacted: | | | |
| <input 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 type="checkbox"/> Kin-GAP | <input type="checkbox"/> Medi-Cal / RMA | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Other – specify Homeless Assistance Program | | | |

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| Area(s) Impacted: | | | |
| <input type="checkbox"/> Call Center | <input checked="" type="checkbox"/> Case Assignment | <input type="checkbox"/> Central Print | <input type="checkbox"/> Client Correspondence |
| <input checked="" 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 type="checkbox"/> County Operational (ex. Business Reply Mail (BRM), EBT Printers, Change of Address, Opt In/Out, etc.) – specify | | | |

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☒ Other – specify

Functionality does not match program rules regarding application for Homeless Assistance Program (HAP) benefits.

Justification / Request Summary: Functionality does not match program rules regarding application for Homeless Assistance Program (HAP) benefits.

Marking Yes to the "Are you homeless?" question on App Reg should not be automatically opening the Homeless program in CalSAWS. Just because they are homeless, doesn't mean they are applying for the Homeless program.

Regulation 44-211.513(a) The AU must complete a separate Statement of Facts for Homeless Assistance (CW 42) to apply for a temporary shelter payment and/or permanent housing assistance. The Statement of Facts for Homeless Assistance is designed to gather information specific to the elements of eligibility for the nonrecurring special need for homeless assistance.

The App Reg page is supposed to be the same as the SAWS 1. The SAWS 1 states: "Are you homeless? ■ Yes ■ No If yes, please let the County know right away if you are homeless, so they can help you figure out an address to use to accept your application and get notices from the county about your case."

The purpose of this question is so we can collect a good mailing address.

Issue:

Clerical staff complete Application Registration by inputting the customers answers into Application Registration Summary.

The App Reg page is supposed to be the same as the SAWS 1. The SAWS 1 states: "Are you homeless? ■ Yes ■ No If yes, please let the County know right away if you are homeless, so they can help you figure out an address to use to accept your application and get notices from the county about your case."

The purpose of this question is so we can collect a good mailing address.

The question should not trigger opening of the Homeless-Temp program as it currently does on the New Program Detail page. This occurs no matter what other programs have been indicated in the application registration, so it is not driven by a CalWORKS application.

The SAWS 1/SAWS 2+ is not an appropriate application to open Temp HAP as the CW 42 is required.

What Programs are you applying for?: *

- Cash Aid Medi-Cal/Health Coverage
- ☐ CalWORKS ☐ Medi-Cal
- ☐ RCA ☐ Minor Consent
- ☐ General Assistance/ ☐ None
- General Relief
- ☐ CAPI
- ☐ None
- ☒ CalFresh

Are you homeless? Yes

Do you want to use the District Office address?

What language do you prefer to read? * English

What language do you prefer to speak? * English

Are you deaf or hard of hearing?

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Case Member List

* - Indicates required fields

Add Person

Save and Continue

Case Name: *

Minnie Mouse

| <input checked="" type="checkbox"/> Name | SSN | DOB |
|--|-----|-----|
| <input checked="" type="checkbox"/> Minnie Mouse | | |

Remove

Add Person

Save and Continue

New Programs Detail

* - Indicates required fields

Save and Continue

Cancel

Administrative Roles

Primary: * Date of Application: * Source: * Language: *

Minnie Mouse F 08/29/2024 Drop Off English

Program Information

| Name | DOB | Programs | Add/Remove Programs |
|--------------|-----|---------------------------|---------------------|
| Minnie Mouse | | CalFresh, Homeless - Temp | <p>Edit</p> |

Proposed Recommendation:

The "Yes" response to the "Are you homeless?" question in application registration should not result in opening the HAP program. Remove this functionality from this question.

Priority/Implementation Consideration(s):

Workarounds are currently being utilized to mitigate this error, but there is risk in incorrect eligibility assessments should the workaround be missed.

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