

# CalSAWS | Enhancement Request (CER)

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

Submission Date	5/21/2025
Title	Payment Address on CSF 104 & Repayment Agreement forms in the 'CalFresh AE Packet' and 'CalFresh IHE Packet'

Region #: 1	County Name: Alameda	
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<b>Program(s) Impacted:</b>			
<input type="checkbox"/> Adoptive Services	<input type="checkbox"/> ARC	<input checked="" type="checkbox"/> CalFresh	<input type="checkbox"/> Cal-Learn
<input checked="" 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 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 type="checkbox"/> Client Correspondence
<input type="checkbox"/> Eligibility	<input checked="" 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			
<input type="checkbox"/> Other – specify			

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## Justification / Request Summary:

### Issue:

Need the forms in the following **packets** corrected:

- 'CalFresh AE Packet' pages 4 & 5
- 'CalFresh IHE Packet' pages 4 & 5

CA-274042 updated the CalSAWS functionality to ensure that when the following forms are generated as **stand-alone documents**, Central Collections contact information is not shown when the program is active.

- If the program is active, the contact information is populated with the address of the primary worker.
- If the program is no longer active, the contact information is populated with the Central Collections Physical Address from DOC\_DATA (1106 Madison Street, Oakland CA 94607)

#### I. Impacted Forms:

- CF 377.7E1 – CF Repayment Agreement For AE Only
- CF 377.7C – CF Repayment Agreement For IHE Only
- DFA 377.7G – CF Repayment Agreement For An IPV Only

#### II. Impacted Form:

- CSF 104 – EBT Repayment:
  - ❖ Updated to display the Primary Worker's Physical Office Address in the '**In Person**' section, and
  - ❖ Updated to display the Finance office address in the '**By Mail**' section (Alameda County Social Services Agency, 1111 Jackson Street, 3rd Floor, Oakland, CA 94607)

## Proposed Recommendation:

Need the forms in the following **packets** corrected:

- 'CalFresh AE Packet' pages 4 & 5
- 'CalFresh IHE Packet' pages 4 & 5

#### 1. Page 4:

The following forms list the Central Collections address in the "Payments should be made at:" section:

- CF 377.7E1 – CF Repayment Agreement For AE Only
- CF 377.7C – CF Repayment Agreement For IHE Only
- DFA 377.7G – CF Repayment Agreement For An IPV Only

If the program is active, Central Collection will not pursue recovery of the account. Allotment reduction/grant reduction is the primary recovery method for active programs.

- If the program is active, the contact information should be populated with the address of the primary worker.
- If the program is no longer active, the contact information should be populated with the Central Collections Physical Address from DOC\_DATA (1106 Madison Street, Oakland CA 94607)

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6. I will be subject to involuntary collection action(s) if payment is not received by the due date and the claim becomes delinquent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ COUNTY \_\_\_\_\_  
Alameda

CF 377.7E1 (1/14) AE OI OCCURRING ON/AFTER TO 10/1/96 - RECOMMENDED FORM  
CALFRESH ADMINISTRATIVE ERROR PACKET  
0000000609681863 

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

If the program is active, the contact information should be populated with the address of the primary worker.

CF 377.7E1 continued

**To be completed by the county:**  
The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_  
for \_\_\_\_\_ Alameda \_\_\_\_\_ County. Payments should be made at: **Central Collections  
1106 Madison Street  
Oakland, CA 94607**

(Signature of Authorized County Official)

Page 4

7. If this inadvertent household error is later found to be an intentional program violation, penalties will apply even if pay back what owe.

Signature \_\_\_\_\_ Date \_\_\_\_\_ County \_\_\_\_\_  
Alameda

CF 377.7C (2/14) REQUIRED FORM - NO SUBSTITUTES PERMITTED  
CALFRESH INADVERTENT HOUSEHOLD ERROR PACKET  
0000000606057984 

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**To be completed by the county:**  
The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_  
for \_\_\_\_\_ Alameda \_\_\_\_\_ County. Payments should be made at: **Central Collections  
1106 Madison Street  
Oakland, CA 94607**

(Signature of Authorized County Official)

If the program is active, the contact information should be populated with the address of the primary worker.

Page 4

2. **Page 5:**

- The phone number listed in the "If you have any questions, please call..." section should indicate: (510) 263-2420.
- Incorrect information** populating on page 5: Form CSF 104 – EBT Repayment in the '**In Person**' section:
  - Should be populated with the address of the primary worker.
- Incorrect information** populating on page 5: Form CSF 104 – EBT Repayment in the '**By Mail**' section:
  - Should be populated with the Finance office address: Alameda County Social Services Agency, 1111 Jackson Street, 3rd Floor, Oakland, CA 94607

# CalSAWS | Enhancement Request (CER)

In order for the County to deduct benefits from your EBT account, you must sign this EBT Release form and return it to this office.

In Person:

Central Collections

1106 Madison Street

Oakland, CA 94607

Should be populated with the address of the primary worker.

By Mail:

Central Collections

1106 Madison Street

Oakland, CA 94607

Should be populated with the Finance office address:

Alameda County Social Services Agency,  
1111 Jackson Street, 3rd Floor,  
Oakland, CA 94607

If you have any questions, please call ~~5102009900~~ (510) 263-2420

By signing this form, I understand that I am authorizing the County to deduct funds from my EBT account to repay my overpayment/overissuance. I certify that I am the EBT cardholder on this account. I understand that as an EBT cardholder ~~I have the authority to authorize payment from this account in order to make a payment on an overpayment/overissuance~~

## Priority/Implementation Consideration(s):

ASAP, no later than 7/31/2025

CalSAWS Response:

CER Tracking #: (automatically generate by JIRA)	SCR #
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Rejected By: Date:

Rejection Reason(s) or other Comments: