

# CalSAWS | Enhancement Request (CER)

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

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

<b>Region #: 1</b>	<b>County Name: Alameda</b>	
<b>Submitter:</b> Tonika Ellison	<b>Email:</b> <a href="mailto:tellison@acgov.org">tellison@acgov.org</a>	<b>Phone:</b> (510) 891-5794

<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 O/I 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

CF 377.7E1 continued

**To be completed by the county:**  
The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_ Date \_\_\_\_\_  
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

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

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 \_\_\_\_\_ Date \_\_\_\_\_  
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

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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 ~~510.206.9900~~ (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 #

Rejected By:

Date:

Rejection Reason(s) or other Comments: