

## CalSAWS Project County Design Input (CDI) Form

Primary Point of Contact (PPOC): Please send the completed request to [Design.Input@CalSAWS.org](mailto:Design.Input@CalSAWS.org), with a cc to your Regional Manager (RM).

C O U N T Y	<b>County:</b>	<b>Date Created:</b>	<b>Sent to CalSAWS Date:</b>	
	<b>Submitter's Name:</b>	<b>Phone:</b>	<b>Email:</b>	
	<b>Functional Area/ Programs Impacted:</b>			
	<input type="checkbox"/> AAP	<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"/> Fiscal	<input type="checkbox"/> Foster Care	<input type="checkbox"/> IEVS	<input type="checkbox"/> Kin-GAP
	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> MEDS	<input type="checkbox"/> State Reports	<input type="checkbox"/> Welfare to Work
	<input type="checkbox"/> Other (Specify)			
	<b>SCR Number (If known):</b>			
	<b>State Letter Type:</b>			
<b>State Letter Number:</b>				
<b>State Letter Subject:</b>				
<b>Attachments:</b>				
<b>Design Input Suggestions:</b>				
C A L S A W S	<b>CDI Tracking #:</b>		<b>Assigned Consortium Contact:</b>	
	<b>Comments:</b>			