

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

November 24, 1986



ALL COUNTY INFORMATION NOTICE I- 111-86

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: EMERGENCY ASSISTANCE: APPLICATION AND NOA

The purpose of this All County Information Notice (ACIN) is to transmit to county welfare departments (CWDs) camera-ready copies of the revised application, optional worksheet and notice of action (NOA) for the restructured Emergency Assistance (EA) program.

The current Emergency Assistance-Abused, Neglected and Exploited Children program has been restructured in response to deferrals of federal EA funds. The purpose of the restructured program is to provide immediate benefits to needy families with minor children who are in an emergency situation. The benefits are provided in order to maintain the family unit or to provide emergency shelter care for children as necessary to prevent abuse, neglect, or exploitation of such children.

Attached is a camera-ready copy of the EA application (SOC 349, revised 11/86) and instructions. This is a mandatory form, no substitutions permitted. A camera-ready "Optional Worksheet" (SOC 349A) is being provided to assist CWD staff in determining the EA family unit. Use of the SOC 349A is optional at county discretion.

Federal Title IV-A provisions and EA regulations require that an NOA be issued when EA benefits are either provided or denied. Whenever possible, EA NOAs will be combined with Child Welfare Services (CWS) NOAs. When benefits are provided under the EA program, the EA notice will be incorporated into the CWS NOA. EA NOAs will also be incorporated into CWS NOAs in cases where services are denied to an applicant who has requested services for her/his family (a self-referred case).

A separate EA NOA must be sent to clients who have not self-referred and are not eligible for EA or CWS. The EA NOA must be completed and sent to the applicant. Attached is a camera-ready copy of the EA NOA (SOC 379). This is a mandatory form, no substitutions permitted. A camera-ready Spanish language version will be distributed at a later date.

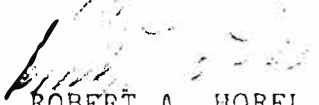
The revised EA application (SOC 349, revised 11/86) and EA NOA (SOC 379) must be used by CWDs beginning on January 1, 1987, or upon the effective date of the proposed EA regulations, whichever is later. Instructions regarding statewide implementation of the CWS NOAs will follow under separate cover.

CWDs should reproduce the forms using the copies provided until they will be available from the Department of Social Services (DSS) in mid-March, 1987. To order at that time, complete a GEN 727B and submit it to:

DSS Warehouse
M.S. 19-20
P.O. Box 22429
Sacramento, CA 95822-3799

During early December, Foster Care Program Bureau staff will be conducting statewide training on the EA program which will include instructions for completing and using the application and NOA.

If you have any questions regarding these forms, please contact Steve Johnson of the Foster Care Program Bureau at (916) 445-0813 or ATSS 485-0313.



ROBERT A. HOREL
Deputy Director
Welfare Program Division

Attachments

cc: CWDA

Emergency Assistance Notice of Action

NOTICE OF INTENDED ACTION AND RIGHT TO REQUEST A HEARING

DATE MAILED	
AGENCY	
ADDRESS	
CITY	ZIP CODE
SOCIAL WORKER	TELEPHONE
REFERRAL DATE	

THERE HAS BEEN A RECENT CONTACT OR ATTEMPTED CONTACT BY THE COUNTY BECAUSE OF A POSSIBLE CHILD ABUSE, NEGLECT OR EXPLOITATION SITUATION IN YOUR FAMILY. IT HAS BEEN DETERMINED THAT YOU ARE NOT ELIGIBLE FOR SERVICES UNDER THE EMERGENCY ASSISTANCE PROGRAM BECAUSE IT WAS NOT ESTABLISHED THAT YOUR SITUATION WAS AN EMERGENCY AT THAT TIME.

THIS ACTION IS REQUIRED BY THE FOLLOWING STATE REGULATIONS which may be reviewed at the county welfare department:

Manual of Policies and Procedures No. 30-182

If you want more information about this notice or believe additional facts should be considered, please contact

AGENCY REPRESENTATIVE

at _____

TELEPHONE

*SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ABOUT YOUR RIGHT TO REQUEST A STATE HEARING.*

State Hearing Information

GENERAL INFORMATION

If you think this action is wrong or you do not agree with your service plan, you may ask for a State Hearing.

If you ask for a hearing before this action takes place you may continue your present service plan unchanged unless the court ordered the change(s).

The best way to ask for a hearing is to fill out the section at the right.

You must ask for a State Hearing within 90 days of the mailing date of this notice.

You may get more information from:

Public Inquiry and Response Unit (PIAR)
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

TOLL FREE NUMBER: 1-(800)952-5253
FOR THE DEAF ONLY CALL: TDD 1-(800)952-8349

The Public Inquiry and Response Unit can also tell you about your hearing rights, your State Hearing file, where to get free legal aid and how to request an interpreter.

You can speak for yourself at the State Hearing. You may also bring a friend, an attorney or anyone else to the hearing to speak for you. You must get the other person yourself. Free legal aid may be available.

I know that the State Hearing Officer might need to see (my, my child's) court records if (I am, my child is) a dependent of the court. By signing this form to ask for a State Hearing, I am also asking the Juvenile Court to give (my, my child's) record to the State Hearing Officer if (I am, my child is) a dependent. This request for the court record can only be used to get information for the State Hearing held because of this request.

HOW TO ASK FOR A STATE HEARING

I am asking for a hearing because of an action by the Welfare Department of _____ County.

I am asking for a hearing because:

☐ I need an interpreter at no cost to me.

I speak only _____ language,
_____ dialect.

MY NAME		PHONE NUMBER	
		()	
HOUSE NUMBER (STREET/AVENUE/BLVD.)			
CITY		STATE	ZIP CODE
MY AUTHORIZED REPRESENTATIVE			
SIGNATURE		DATE	

The best way to ask for a hearing is to fill out this page and send or take it to:

You can also ask for a hearing by calling the PIAR number listed above.

SIGNATURE _____

DATE _____

If you ask for a hearing the State will set up a file. You have the right to see this file. The State may give you file to the Welfare Department, the U.S. Department of Health and Human Services.

EMERGENCY ASSISTANCE APPLICATION

CASE NUMBER

CASE NAME

A. APPLICANT'S NAME (FIRST, MIDDLE INITIAL, LAST)

PHONE NUMBER

ADDRESS

"I APPLY FOR EMERGENCY ASSISTANCE"

B. SIGNATURE (CARETAKER RELATIVE OR AUTHORIZED REPRESENTATIVE)

DATE

C. EA FAMILY MEMBERS (INCLUDE ADULTS AND CHILDREN)

NAME (FIRST, MIDDLE INITIAL, LAST)	BIRTHDATE	SEX	
		MALE	FEMALE
(CARETAKER RELATIVE)			
1.	/ /	<input type="checkbox"/>	<input type="checkbox"/>
2.	/ /	<input type="checkbox"/>	<input type="checkbox"/>
3.	/ /	<input type="checkbox"/>	<input type="checkbox"/>
4.	/ /	<input type="checkbox"/>	<input type="checkbox"/>
5.	/ /	<input type="checkbox"/>	<input type="checkbox"/>
6.	/ /	<input type="checkbox"/>	<input type="checkbox"/>

D. RESOURCES

AFDC Case?

☐

YES

☐

NO

If YES, Case Number

County

If NO: Total Resources \$2,000 or less?

☐

YES

☐

NO

PARENT/CARETAKER RELATIVE DECLARATION:

I declare under penalty of perjury that the total resources of my family are \$2,000 or less.

SIGNATURE OF PARENT/CARETAKER RELATIVE

COUNTY WHERE SIGNED

DATE

E. EA ELIGIBILITY CERTIFICATION

	YES	NO
1. The child(ren) is being or is in immediate danger of being abused, neglected, or exploited.	<input type="checkbox"/>	<input type="checkbox"/>
2. The child(ren) is living with a relative or has lived with a relative within six months of application for EA.	<input type="checkbox"/>	<input type="checkbox"/>
3. The EA family's resources are within prescribed limits.	<input type="checkbox"/>	<input type="checkbox"/>
4. The child(ren), any family member, or any related child who lived with the family within the last twelve months has not received EA benefits within the last twelve months.	<input type="checkbox"/>	<input type="checkbox"/>
5. The child(ren)'s or child(ren)'s family's need for EA is not a result of refusal without good cause by the child(ren)/relative to accept employment or training for employment.	<input type="checkbox"/>	<input type="checkbox"/>
6. EA benefits are appropriate to meet the family's needs.	<input type="checkbox"/>	<input type="checkbox"/>
7. The CWD has services case management responsibility.	<input type="checkbox"/>	<input type="checkbox"/>

F. CHILD(REN)/FAMILY IS ELIGIBLE FOR EA

☐☐

IF YES:

FIRST DAY OF BENEFITS

LAST DAY OF BENEFITS

G. SIGNATURE OF COUNTY WELFARE DEPARTMENT STAFF

DATE

INSTRUCTIONS FOR COMPLETING APPLICATION

- A. **APPLICANT'S NAME** — Enter name on Emergency Response referral.
- B. **SIGNATURE (CARETAKER RELATIVE OR AUTHORIZED REPRESENTATIVE)** — Caretaker relative signs or the county welfare department staff signs as authorized representative (in accordance with SS 30-182.323).

NOTE: When a social worker responds to an Emergency Response referral and determines that there is no emergency, the entire SOC 349 (11/86) need not be completed. In this situation, proceed to Section E, EA ELIGIBILITY CERTIFICATION, and check the NO box following the first statement. Also check NO box in Section F. Sign and date the form.

- C. **EA FAMILY MEMBERS (INCLUDE ADULTS AND CHILDREN)** — EA family is defined in SS 30-182.2(n).
1. Enter name of caretaker relative as defined in SS 30-182.2(e).
 - 2-6. Enter names of all other members of the EA family in accordance with SS 30-182.41. (If there are more than six family members, attach an additional SOC 349 completing only Section C.)
- D. **RESOURCES** — If the family is receiving AFDC, check the YES box. Enter AFDC case number. Continue to Section E. If the family is **not** receiving AFDC, check the NO box.

If the family is **not** receiving AFDC, determine if the EA family's immediately accessible resources are \$2,000 or less. Immediately accessible resources are defined in SS 30-182.2(r). They include unspent income, other cash, savings, checking, negotiable securities and similar items.

If the EA family's resources are \$2,000 or less and the parent/caretaker relative signs the PARENT/RELATIVE DECLARATION in Section D, check the YES box.

Check the NO box if the EA family's resources are more than \$2,000, if the family fails to provide information, or if the parent/caretaker relative does not sign the DECLARATION.

- E. **EA ELIGIBILITY CERTIFICATION** — Check each statement YES or NO as appropriate. See SS 30-182.42.
- F. **CHILD(REN)/FAMILY IS ELIGIBLE FOR EA** — Check YES box only if YES box checked for all seven preceding eligibility criteria. One NO answer makes the child/family ineligible for EA.

If child/family is eligible for EA, enter the FIRST DAY OF BENEFITS. SS 30-182.62 defines first day of benefits as the "date of application if the family is eligible on that date or no later than the date of the CWD response to the request or referral if the family is **not** eligible on the date of application."

Also enter LAST DAY OF BENEFITS. The last day of benefits is the last day benefits are provided or the last day of the 30 day eligible period, whichever is earlier. See 30-182.2(j).

- G. **SIGNATURE OF COUNTY WELFARE DEPARTMENT STAFF** — County welfare department staff sign and date the form.

EMERGENCY ASSISTANCE FAMILY UNIT OPTIONAL WORKSHEET

I. IDENTIFY THE CARETAKER RELATIVE ON LINE ONE AND THEN LIST ALL PERSONS IN THE HOME

(CARETAKER RELATIVE)	SOCIAL SECURITY NUMBER	SEX F/M	BIRTHDATE	RELATIONSHIP TO CARETAKER RELATIVE
1.			/ /	
2.			/ /	
3.			/ /	
4.			/ /	
5.			/ /	
6.			/ /	
7.			/ /	
8.			/ /	
9.			/ /	
10.			/ /	
11.			/ /	
12.			/ /	

II. LIST ALL OTHER CHILDREN WHO HAVE LIVED IN THE HOME WITHIN THE LAST TWELVE MONTHS AND INDICATE REASON EACH CHILD IS NO LONGER IN THE HOME:

CHILD'S NAME	SOCIAL SECURITY NUMBER	REASON	SEX F/M	BIRTHDATE	RELATIONSHIP TO CARETAKER RELATIVE
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	

III. IS THERE A STEPPARENT LIVING IN THE HOME WHO IS NOT RELATED BY BLOOD OR ADOPTION TO ONE OR MORE CHILDREN IN THE EA FAMILY?

YES NO

☐ ☐

If YES, is stepparent employed full time?

☐ ☐

If YES, is stepparent's spouse (child's parent) incapacitated?

☐ ☐

EA OPTIONAL WORKSHEET INSTRUCTIONS

The purpose of the worksheet is to identify who is in the household. The worker then determines which of these persons are members of the EA family. Only members of the EA family are eligible for EA benefits. Their names are listed on the EMERGENCY ASSISTANCE APPLICATION (SOC 349).

The EA family generally consists of one or more children and their caretaker relative living in a family setting. There may be one or more EA family units living in one household. A separate application is required for each EA family.

EA family members include:

- 1) a caretaker relative — the relative in the home responsible for care and control of the child(ren). SS 30-182.2(f) defines care and control.
- 2) a child(ren) living in the home related to the caretaker relative. SS 30-182.2(q) defines relative.
- 3) a child(ren) not living in the home, related to the caretaker relative, absent from the family setting for not more than six months and who is not living with another specified relative.
- 4) any parent(s) in the home who is not the caretaker relative.
- 5) a stepparent in the home not related by blood or adoption to one or more children in the EA family who is either unemployed or married to the child(ren)'s parent and that parent is incapacitated. SS 30-182.2(o) defines incapacity. Incapacity must be documented in the case file.

For further information, see SS 30-182.41, Identification of EA Family Members.

Certain children are INELIGIBLE members of the EA family. INELIGIBLE children are those absent from the home due to a judicial determination removing them from the home or their voluntary placement into out-of-home care. INELIGIBLE children are not listed on the EA application.

Resource information is required only for the EA family members.