

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



September 30, 1987

ALL-COUNTY INFORMATION NOTICE I- 87-87

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: DUPLICATE AID

REFERENCE:

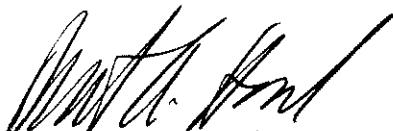
With the statewide implementation of the Income and Eligibility Verification System (IEVS) Recipient System, Duplicate Aid Detection for AFDC, Food Stamps, Medi-Cal and SSI/SSP has been incorporated into one of the computer match systems currently operated by the State Department of Social Services (SDSS), specifically, the Integrated Earnings Clearance/Fraud Detection System (IFD).

Several counties have suggested that it would expedite the process if each county would designate a specific contact person to handle all duplicate aid related issues.

Therefore, we are requesting that each county provide us with the name of a contact person (and alternate) to whom all duplicate aid matches can be referred. Upon receiving this information, we will develop a statewide list and forward a copy to each county via an All County Information Notice.

Please designate a duplicate aid contact person (and alternate) on the attached form and mail the completed form back to the State Department of Social Services before October 15, 1987.

If you have any questions regarding this letter, please call Ms. Susan Wright of the Fraud Program Management Bureau at (916) 445-0031.

  
ROBERT A. HOREL  
Deputy Director

Attachment

cc: CWDA

IEVS DUPLICATE AID CONTACT PERSON(S)

COUNTY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DUPLICATE AID CONTACT: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

Please return by October 15, 1987 to:

State Department of Social Services  
Fraud Program Management Bureau  
744 P Street, M.S. 19-26  
Sacramento, CA 95821

Attention: Susan Wright