STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

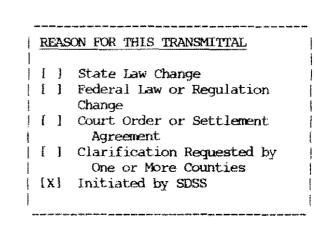
DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

February 1, 1993

ALL-COUNTY INFORMATION NOTICE I-05-93

TO: ALL COUNTY WELFARE DIRECTORS



SUBJECT: Revision of the DE 8720

The Employment Development Department (EDD) has completed its conversion to the Single Client Data Base (SCDB). The old system for providing abstracts has been abolished. Effective immediately, your agency is required to use the most current version (Rev. 2. (1-91)) of the Request for Information, DE 8720. Enclosed is a sample of the new DE 8720s. Additional supplies of the DE 8720s can be ordered from the DSS Warehouse. Their address is:

> Department of Social Services Warehouse P.O. Box 22429 Sacramento, CA 95822-3799

For your information, enclosed is an instructional sheet for completing the DE 8720. Please ensure that all persons within your agency that request information through this process are notified of this required use of the most current version of the DE 8720, Rev. 2. (1-91).

If you have any questions, please call Gary Scriven of the Fraud Bureau at (916) 445-0031.

MICHAEL C. GENEST Deputy Director Welfare Programs Division

Enclosures

cc: CWDA

REQUEST FOR INFORMATION, DE 8720, COMPLETION

The Request for Information, DE 8720, is used to request abstracts from the Employment Development Department (EDD). The DE 8720 is a key-entry document and must be completed carefully and legibly. Please <u>do not</u> submit photocopies of the DE 8720. The following are some basic instructions which should aid you in the completion of the document.

• Always complete the return address portion of the form. It may be the only information allowing EDD to return the DE 8720 to you should it be in error.

You must complete items A and E in all cases. In items B, C, and D, an entry must be made in at least one of the items, but there may be entries in any two or all three items. Additionally, for items B, C, and D, select only the item(s) which is/are covered in your contract with EDD.

- o Item A, Requester Code Complete all six positions in this field. This code is used to direct the output to you. Additionally, we will be unable to provide you any information without the correct requester code. Be sure it is complete and legible.
- o Item B, DE 507 and DE 4989 Enter a "1", "2", or "3" in this field if you want a Wage and Claim Abstract, DE 507; and/or Employer Address, DE 4989. Otherwise, leave blank. Any other entry will be considered an error.
- o Item C, ABS009.01, UI/DI Payment History Enter a "1", "2" or "3" in this field if you want UI Payment History and/or DI Payment History (up to 18 months of data). Otherwise, leave blank. Any other entry will be considered an error.
- o Item D, Archive UI/DI Payment History Enter a "1" in this field if you want Archive UI/DI Payment History (up to 48 months of data). Otherwise, leave blank. Any other entry will be considered an error.
- Item E, SSA Numbers Enter from 1-18 SSA numbers on the form. Enter a full 9 digit numeric SSA number. Be sure that they are accurate and legible. SSA number(s) which are illegible or incomplete will not be keyed. A check mark next to the SSA number(s) indicate that they have not been processed, because they are not legible or are in error.

Once completed, please check the document over carefully to ensure that it has been properly completed and is legible. Then forward it to:

Employment Development Department Data Processing Division 800 Capitol Mall P. O. Box 826880, MIC 58-2 Sacramento, CA 94280-0001

| STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT L REQUEST FOR CONF | | FORMATION | FOLLOW SAMPLE | > 1234 | 567890 | | | | | | |
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| 10: EMPLOYMENT DEVELOPMENT DEPARTMENT P.O. BOX 826880 SACRAMENTO, CA. 94280-0001 ATTN: DOCUMENT CONTROL MIC 58-2 FROM: «NAME OF DEPT, AGY, DIV., IO, LIC.) ADDRESS: «NUMBER, P.O. BOX, STREET NAME) | | | A REQUESTER CODE MUST START WITH YOUR EDD ASSIGNED REQUESTER CODE Complete all six blocks REQUESTER CODE B SELECT TRANSACTION AND ENTER CORRESPONDING NUMBER HERE. → 1. DE 507 — WAGE AND CLAIM ABSTRACT 2. DE 4989 — EMPLOYER ADDRESS 3. BOTH OF THE ABOVE → | | | | | | | | |
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| DO NOT DUPLICATE THIS FORM WRITING TO: EDD SUPPLY WAI 805 "R" STREET | - | ξΥ | D SELECT TRANSACTION CORRESPONDING NU | AND ENTER | | | | | | | |
| SACRAMENTO, CA 95814 E SSA NUMBERS | | | T. ARCHIVE UI/DI PAYMENT HISTORY . UP TO 48 MONTHS OF DATA. ALLOW 4-6 WEEKS FOR PROCESSING. | | | | | | | | |
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DE 8720 Rev. 2 (1-91)