## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Secramento, CA 95814 (916) 322-6250

April 11, 1995

#### **ALL-COUNTY INFORMATION NOTICE 1-18-95**

TO:

COUNTY WELFARE DIRECTORS

**AUDITORS** 

**ADMINISTRATIVE SERVICES OFFICERS** 

DISTRICT ATTORNEYS

MENTAL HEALTH DEPARTMENTS

**COUNTY CLERKS** 

PROBATION DEPARTMENTS
PUBLIC ADOPTION AGENCIES

SUBJECT: 1995 COUNTY FORMS CATALOG

REFERENCE:

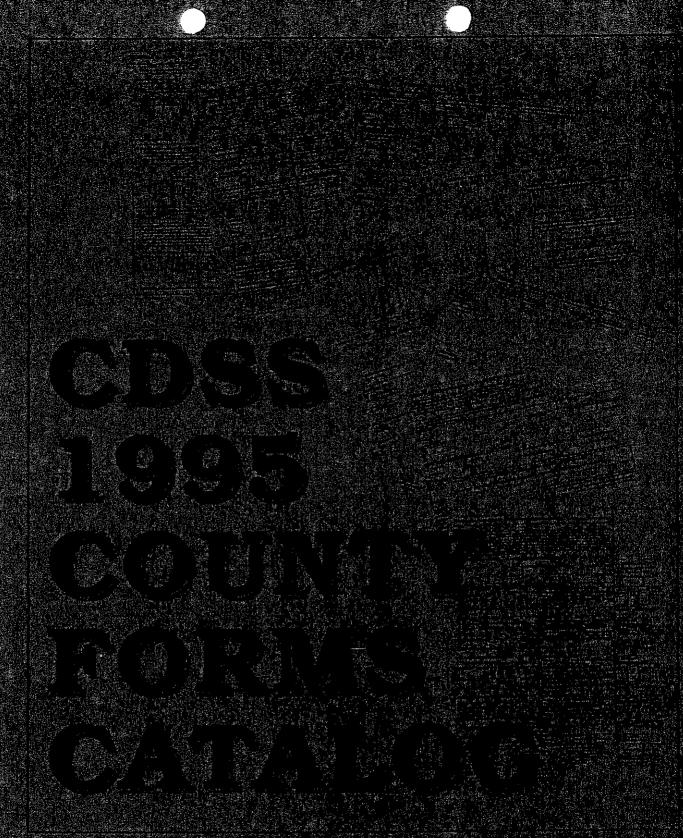
Attached is the 1995 edition of the California Department of Social Services (CDSS) County Forms Catalog. The catalog includes all forms and numbered publications available to CWD/Agencies through the CDSS Warehouse. It has been revised to reflect all changes through Notice of Forms Change Numbers 93-286, 94-256 and 95-088. The unit prices listed in this catalog are effective May 1, 1995, and will remain in effect until further notice.

Before placing your next order, please read through the preface of the catalog which contains all current ordering procedures. If you have any questions, contact Gail Geisick, Warehouse Manager, at (916) 322-6250, ATSS 492-6250.

JARVIO A. GREVIOUS

Deputy Director
Administration

Attachment



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## **ORDERING INSTRUCTIONS**

Orders for forms must be on the Forms Order (GEN 727B) only. Detailed instructions for filling out the forms order are shown on the reverse side of the form. Whenever possible, consolidate orders until all lines of the Forms Order are filled and limit your order to a three-month supply of each item.

California Department of Social Services has forms which are both free and sold to the counties. Forms which must be purchased by the counties are indicated as such in the catalog by the price in the far right column. Free/sold forms and numbered publications may be placed on the same order.

Prices shown in the catalog are computed to recoup printing and administrative costs.

Send your orders to:

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

Forms with revision dates prior to the most recent printing will be shipped by California Department of Social Services Warehouse provided the order revision is still valid. These valid forms bearing older revision dates will not be accepted by the Warehouse in exchange for the latest revision.

Orders may be reduced at the discretion of the Warehouse, depending upon the level of stock available.

For information on ordering forms not listed in this catalog, please contact Social Services, Forms Management Unit, at (916) 657-1907, ATSS 437-1907.

# **CAMERA-READY COPY**

Camera-ready copies may be requested by counties currently printing their own supplies.

Requests can be made by contacting the Forms Management Unit, at (916) 657-1907, ATSS 437-1907.

## BACK ORDER PROCEDURE

If a form is backordered, it will be noted on the copy of the forms order returned to you. A duplicate copy of the order will be retained by DSS Warehouse and the order shipped when stock becomes available. Do not reorder backordered forms or you may receive and be billed for duplicate shipments. If the backordered form is sold, counties will be billed in the quarter the order is filled.

In some instances, orders may be reduced and the balance will not be backordered. This will be indicated on the forms order returned to you. To obtain the balance, you should reorder on another form GEN 727B.

### SHORTAGES AND DAMAGED DELIVERIES

If an order is short or damaged, please contact the CDSS Warehouse within five (5) working days after receipt of the order to request an adjustment to your invoice for the billing quarter. In the event of damage in transit, the California Department of Social Services will file a claim against the carrier. The following documents should be forwarded in order to substantiate the claim:

- 1. Copy of carrier's freight bill or delivery document bearing notation of shortage and/or damage.
- 2. Copy of carrier's inspection report when issued.
- 3. Statement of all pertinent facts concerning the shortage or damage not in the above documents, signed and dated.

If stock is defective or ordered in error, contact CDSS Warehouse at (916)322-6250, ATSS 492-6250.

#### **OBSOLETE FORMS**

Whenever possible, the California Department of Social Services will keep the obsoleting of forms to a minimum. However, when State or Federal legislation/regulation changes make it necessary to obsolete a form, CDSS will credit CWDs/Agencies for the return of their obsoleted stock.

An official obsoletion notice via the GEN 127 process will be issued on all forms to be obsoleted by CDSS; do not return any forms for credit until such notices have been issued. Follow the instructions below on the return of stock.

# **RETURN OF STOCK**

If reason for return of stock is acceptable, such as obsoletion by DSS or stock shipped in error by CDSS, the stock must be returned in its original condition within 30 days of the receipt of stock or the date on the notice of obsoletion for credit to be given. Also the stock must have been ordered within 180 days of the return date. Stock returned must be accompanied by a copy of the original GEN 727B order form on which it was ordered so that credit can be given. The amount credited will be based on the unit price of the form at the time of purchase and applied to the current quarter's bill. The shipping costs for return of stock must be paid by the county.

#### CATEGORIES OF DEPARTMENT DEVELOPED FORMS

The following definitions pertain to the classification of forms listed in this catalog:

# Required Form - No Substitute Permitted - Section 23-400.111, Management and Office Procedures - Forms Management

Forms in this category are required and cannot be modified or reconstructed. However, overprinting is permitted.

A form is assigned to this category if: a) the form is legally mandated or federally required; b) uniformity is necessary in the gathering or reporting of data; or c) the form will be used to communicate information between CWDs/agencies and some state or federal agency.

# Required Form - Substitute with Prior DSS Approval - Section 23-400.112, Management and Office Procedures - Forms Management

Forms in this category are required forms for which modifications or substitutions with prior California Department of Social Services' approval are permitted. The CWDs/agencies may modify these forms to add or obtain information that does not 1) conflict with program policy/regulations; or 2) change the legal content of the form. Ordinarily, rewording the content of a form in this category will not be approved. However, such suggestions for language improvement will be considered by the Department on future revisions.

A form is assigned to this category if: a) legal or regulatory considerations require only certain content in the form; or b) uniformity is desirable, but variations in CWD/agency systems or demographic characteristics require flexibility so the form will be more useful without the need for supplementary forms.

#### Recommended Forms - Section 23-400.113, Management and Office Procedures - Forms Management

Forms in this category are recommended forms that CWDs/agencies may modify without prior California Department of Social Services' approval or may opt not to use. A form is assigned to this category if: a) it is used within the internal operation (not for client use) of the CWD/agency with no specific use or reference required by the Department of Social Services; b) it is a referral of verification form used within the CWD/agency not requiring uniformity or specific interagency coordination, and not legally mandated; or c) it is a model or experimental form being tested in CWDs/agencies prior to release for general use.

## **PROGRAM CONTACT**

A program contact is indicated next to each form listed. You should contact that office about questions concerning the use of the form, suggestions for changes and improvements, and approvals of substitute county forms. Send inquiries to the attention of the program contact at:

California Department of Social Services P. O. Box 944243 Sacramento, CA 94244-2430

#### **NOTICE OF FORM CHANGE - GEN 127**

The CWD/agencies will be notified about new, revised and obsoleted forms through Form GEN 127, "Notice of Form Change". The notice will contain information about the following:

- Order unit and price;
- Information on whether previous versions can continue to be used or shall be removed from future use;
- Effective dates to use new forms:
- References to manual sections, and All-County correspondence containing instructions and policy about the new form;
- A list of changes to revised forms;
- Obsolete forms, or advance notice of forms to be obsoleted in the future.

CWDs/agencies should use the Notice of Form Change to update their County Forms Catalog.

The notices are numbered in sequence within calendar years (e.g., 95-001). Counties can obtain missing notices by contacting California Department of Social Services Forms Management Unit (916) 657-1907, ATSS 437-1907.

## **UNIT OF ISSUE ABBREVIATIONS**

 BD - Band
 PD - Pad

 BDL - Bundle
 SE - Set

 CTN - Carton
 SH - Sheet

 EA - Each

# **PUBLICATIONS**

Publications (PUBs) are listed accordingly in the forms catalog and should be ordered on the County Forms Order (GEN 727B).

Requests for other publications such as manuals, manual letters, All-County Letters, and ALL County Information Notices not listed in the catalog should be ordered on GEN 387A, Request for Publications. Requests and inquiries regarding these items should be sent to:

California Department of Social Services Attention: Publication Unit P. O. Box 22429 Sacramento, CA 95822-3799 REO. REQUIRED FORM NO RSP= REO. WITH

P= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

RECOMMENDED

**FORM** 

AMOUNT PER ORDER UNIT PROGRAM ORDER REQ. TITLE FORM only 100/50 SH per PD or BD unless otherwise specified CONTACT UNIT RSP NUMBER REC FREE Fiscal SE REQ **AA 18** Requisition Systems & Accounting Branch 50 SH REQ PD Request For Revolving Fund Check AA 71 FREE FREE REQ EΑ **Employee Time Report** AA 323 MASTER ONLY М Hotel/Motel Transient Occupancy Tax Waiver Exemption REQ **AA** 571 Certificate For State Agencies MASTER ONLY М REQ Request For Higher Lodging Allowance AA 572 PD50 SH REC Adoptions AAP 1 ENG/SP Request For Adoption Assistance 3.37 PD Recruitment & Community Services Bureau REQ SE .11 SE Payment Instructions Adoption Assistance Program AAP 2 PD 50 SH Recertification Information Adoption Assistance Program REO AAP 3 2.21 PD PD 25 SH Recertification Information Adoption Assistance Program REQ AAP 3 SP 4.50 PD .07 EA Eligibility Certification - Adoption Assistance Program REQ EΑ AAP 4 PD 50 SH Fraud RFO ABCD 239.7A Notice of Administrative Disqualification 2.53 PD Program Management Bureau REQ EΑ .05 EA ABCD 239.7A SP Notice of Administrative Disqualification Information М MASTER ONLY AFDC-Family Groups And Unemployed Report On Reasons For REQ ABCD 253 Services Discontinuance Of Cash Grant Discontinuance Of Cash Grant Bureau MASTER ONLY AFDC-Family Groups And Unemployed Report On Denials And М **ABCD 255** REQ Other Nonapprovals Of Applications For Cash Grant MASTER ONLY REQ М **ABCD 257** AFDC Applications Disposition Report PD List Of Authorizations To Start, Change, Or Stop Aid Payments **RSP** Fiscal 100 SH ABCD 278L 4.83 PD Policy Bureau PD 50 SH RSP Authorization To Start, Change, Or Stop Aid Payments ABCD 278M 1.87 PD MASTER ONLY REQ Information М Annual Recipient Report On AFDC, Social Services, ABCD 350 Services Non Assistance Food Stamps, GAIN, and RCA Ethnic Origin Bureau And Primary Language AFDC BD 100 BD County Welfare Department UIB/DIB Payment Verification REQ **ABCD 351** 3.88 BD Policy Implementation Bureau

FORM Number	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AD 831	Private Adoption Agency Cost Justification For Adoptive Placement	REQ	Adoptions Recruitment & Community Services Bureau	М	MASTER ONLY
AD 836	Report Of Physician Attending Birth Of Child Placed For Adoption	REC	<b>L</b>	М	MASTER ONLY
AD 842	Consent To Adoptive Placement By Alleged Natural Father (Outside California in Armed Forces)	REQ	м	м	MASTER ONLY
AD 857	Consent To Adoption Of Indian Child Parent In California	REQ	66	М	MASTER ONLY
AD 858	Consent To Adoption of Indian Child By Parent(s) In California	RSP	ш	М	MASTER ONLY
AD 859	Consent To Adoption Of Indian Child By Parent(s) Outside California	RSP	4	М	MASTER ONLY
AD 860	Consent To Adoption Of Indian Child By Father Outside California	REO	M	м	MASTER ONLY
AD 861	Consent To Adoptive Placement Of Indian Child By Alleged Natural Father (In Or Out Of California)	REQ	44	м	MASTER ONLY
AD 862	Relinquishment Of Indian Child By Alleged Natural Father (Out Of State Or Country)	REQ	#	М	MASTER ONLY
AD 863	Relinquishment Of Indian Child (Out Of State)	REO	4	м	MASTER ONLY
AD 864	Relinquishment Of Indian Child	REO	#	PD	50 SH 3.57 PD
AD 865	Relinquishment Of Indian Child (Out Of County)	REQ	*	PD	50 SH 3.61 PD
AD 866	Relinquishment Of Indian Child (To Be Used When Presumed Father Denies He Is The Natural Father)	REQ	4	М	MASTER ONLY
AD 867	Relinquishment Of Indian Child Presumed Father Denies He Is The Birth Father Out of State	REQ	W	м	MASTER ONLY
AD 868	Relinquishment Of Indian Child (Alleged Natural Father In California) (In Or Out Of County)	REQ	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	м	MASTER ONLY
AD 873	Relinquishment Of Indian Child Presumed Father Denies He is Birth Father Out Of County	REQ	u	М	MASTER ONLY
AD 880	Declaration Of Mother	REO	н	SE	.16 SE
AD 880 SP	Declaration Of Mother	REC	¥.	SE	.28 SE
AD 885	Statement Of Understanding-Relinquishment Adoption Program For Parent Who Gave Physical Custody Of The Child To The Agency	REQ	4	SE	.21 SE
AD 824	Consent And Joinder To Adoption Reimbursement Program	REC	44	PD	50 SH 3,66 PD
AD 831	Private Adoption Agency Cost Justification For Adoptive Placement	REQ	u u	м	MASTER ONLY
AD 836	Report Of Physician Attending Birth Of Child Placed For Adoption	REC	u	м	MASTER ONLY
AD 842	Consent To Adoptive Placement By Alleged Natural Father (Outside California In Armed Forces)	REQ	<b>6</b>	М	MASTER ONLY

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AD 857	Consent To Adoption Of Indian Child Parent In California	REQ	Adoptions Recruitment & Community Services Bureau	М	MASTER ONLY
AD 858	Consent To Adoption of Indian Child By Parent(s) In California	RSP	м	М	MASTER ONLY
AD 859	Consent To Adoption Of Indian Child By Parent(s) Outside California	RSP	u	м	MASTER ONLY
AD 860	Consent To Adoption Of Indian Child By Father Outside California	REQ	•	м	MASTER ONLY
AD 861	Consent To Adoptive Placement Of Indian Child By Alleged Natural Father (In Or Out Of California)	REQ	H	м	MASTER ONLY
AD 862	Relinquishment Of Indian Child By Alleged Natural Father (Out Of State Or Country)	REQ	И	М	MASTER ONLY
AD 863	Relinquishment Of Indian Child (Out Of State)	REQ	4	М	MASTER ONLY
AD 864	Relinquishment Of Indian Child	REQ	ш	PD	50 SH 3.57 PD
AD 865	Relinquishment Of Indian Child (Out Of County)	REQ	u	PD	50 SH 3,61 PD
AD 866	Relinquishment Of Indian Child (To Be Used When Presumed Father Denies He Is The Natural Father)	REQ		М	MASTER ONLY
AD 867	Relinquishment Of Indian Child Presumed Father Denies He Is The Birth Father Out of State	REQ	ш	М	MASTER QNLY
AD 868	Relinquishment Of Indian Child (Alleged Natural Father In California) (In Or Out Of County)	REQ	u	М	MASTER ONLY
AD 873	Relinquishment Of Indian Child Presumed Father Denies He is Birth Father Out Of County	REO	u.	М	MASTER ONLY
AD 880	Declaration Of Mother	REQ	ш	SE	.16 SE
AD 880 SP	Declaration Of Mother	REC	4	SE	.28 SE
AD 885	Statement Of Understanding-Relinquishment Adoption Program For Parent Who Gave Physical Custody Of The Child To The Agency	REO	ц	SE	.21 SE
AD 885 SP	Statement Of Understanding-Relinquishment Adoption Program For Parent Who Gave Physical Custody Of The Child To The Agency	REQ	н	SE	.40 SE
AD 885A	Statement of Understanding-Mother Or A Presumed Father Who Has Been Deprived of Physical Custody Of The Child By Juvenile Court Order And Has Not received Family Maintenance Or Family Reunification Services	REC	4	SE	.32 SE
AD 885A SP	Statement of Understanding-Mother Or A Presumed Father Who Has Been Deprived of Physical Custody Of The Child By Juvenile Court Order And Has Not received Family Maintenance Or Family Reunification Services	REC	<b>«</b>	SE	.36 SE
AD 885B	Statement Of Understanding Agency Adoptions Program	REQ	#	SE	.23 SE
AD 885B SP	Statement of Understanding-Agency Adoptions Program	REQ	u u	SE	.30 SE

P= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TETLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AD 885C	Statement of Understanding Alleged Natural Father Who Relinquishes His Child	REQ	Adoptions Recruitment & Comminty Services Bureau	SE	.28 SE
AD 885C SP	Statement of Understanding Alleged Natural Father Who	REQ		SE	.19 S
AD 887	Statement of Understanding-Parent Who Gave Physical Custody Of The Child To Adoptive Parents	REQ	da da	SE	.23 SE
AD 887 SP	Statement of Understanding-Parent Who Gave Physical Custody Of The Child To Adoptive Parents	REQ	<b></b>	SE	.23 SE
AD 887A	Statement of Understanding	REQ	*	SE	.22 SE
AD 887A SP	Statement Of Understanding-Parent Who Did Not Give Physical Custody Of The Child To The Adoptive Parents	REQ	L L	SE	.21 SE
AD 887B	Statement Of Understanding Independent Adoption Program Alleged Natural Father	REQ	u L	SE	.24 SE
AD 887B SP	Statement of Understanding-Independent Adoption Program Alleged Natural Father	REQ		SE	.30 SE
AD 899	Statement of Understanding-Relinquishment Statement Of Understanding For The Parent Qf An Indian Child	REQ	"	SE	.34 SE
AD 899A	Statement of Understanding-Mother Or Presumed Father Who Has Been Deprived Of Physical Custody	REC	ц	SE	.36 SE
AD 899B	Statement Of Understanding For The Parent Of An Indian Child Relinquishment Adoption Program	REC	н	SE	.29 SE
AD 899C	Statement Of Understanding-Alleged Natural Father Who Relinquishes His Child And Whose Child Is Subject To The Indian Child Welfare Act	REQ	440	SE	.33 SE
AD 900	Statement of Understanding Independent Adoptions Program Parent Who Gave Physical Custody Of The Indian Child To The Adoptive Parent	REQ	M	SE	.26 SE
AD 900A	Statement Of Understanding-Parent Who Did Not Give Physical Custody Of RThe Indian Child To The Adoptive Parents	REQ		SE	.38 SE
AD 900B	Statement of Understanding For The Alleged Natural Father Of An Indian Child	REQ	и	SE	.32 SE
AD 904	Consent for Contact	REQ	u	PD	50 SH 3.18 PD
AD 904 SP	Consent for Contact	REQ		М	MASTER ONLY
AD 904A	Waiver Of Rights To Confidentiality Of Adoption Records For Siblings	REQ	4	PD	50 SH 3.48 PD
AD 907	Adoptive Placement Agreement	REQ	, u	PD	50 SH 1.67 PD
AD 907 SP	Adoptive Placement Agreement	REQ	м	М	MASTER QNLY
AD 908 ENG/SP	Adoptions Information Act Statement	REC	# H	EA	.02 EA

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AD 909	Photo Listing Data Sheet	RSP	Adoptions Recruitment & Community Services Bureau	EA	.05 EA
AD 914	Nonrecurring Adoption Expense Reimbursement Program Claim Information	REC	all the state of t	PD	50 SH FREE
AD 917	Adoption Information Sheet	REC	4	SE	FREE
AD 918	Adoption Questionnaire II	REC	a	SE	FREE
AD 918 SP	Adoption Questionnaire II	REC	ét	SE	FREE
AD 920 ENG/SP	Relinquishment (Alleged Natural Father in California)	REC	41	PD	50 SH 2.78 PD
AD 921 ENG/SP	Relinquishment (Birth Mother and/or Presumed Father)	RSP	al.	PD	50 SH FREE
AD 922 ENG/SP	Relinquishment Addendum	REC	ŧ	EA	.05 EA
AD 923	Adoption's Postcard	REC	<b>\$</b> 4	EA	FREE
AD 924	Independent Adoption Placement Agreement	REQ	24	PD	50 SH 3.78 PD
AD 925	Independent Adoption Placement Agreement (Indian Child)	REQ	hí	PD	50 SH 4.71 PD
AD 926	Statement of Understanding Independent Adoption Program Parent Who Places The Child With The Adoptive Parents	REQ	64	SE	.27 SE
AD 926 SP	Statement of Understanding Independent Adoption Program Parent Who Places The Child With The Adoptive Parents	REQ	44	SE	.24 SE
AD 927	Statement of Understanding Independent Adoption Program	REQ	44	SE	.32 SE
AD 928	Consent Revocation - Independent Adoption Program	REQ	u	М	MASTER ONLY
AD 929	Waiver Of Rights To Revoke Consent Independent Adoption Program	REQ	gi	PD	50 SH 3.42 PD
AD 929 SP	Waiver Of Right To Revoke Consent Independent Adoption Program	REQ	II .	PD	50 SH 3.42 PD
AD 930	Independent Adoption Placement Agreement Transmittal	REQ	ш	PD	50 SH 5.08 PD
AD 4310 ENG/SP	Adoption Programs Notice Required By Information Practices Act	REQ	\$4	PD	50 SH FREE
AD 4311	Information On American Indian Child (Adoption Program)	REQ	м .	PD	50 SH 3.19 PD
AD 4312	7017(c) Court Report Guide	REC	π.	M	MASTER ONLY
AD 4313	Letter Requesting Parent To Be Interviewed	REC	¥	EA	FREE
AD 4317	Revocation Of Relinquishment	REQ		М	MASTER ONLY
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RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AD 4320 ENG/SP	Adoption Assistance Agreement	REQ	Adoptions Recruitment & Community Services Bureau	PD	50 SH 2.23 PD
AD 4324	Adoption Questionnaire (	REC	_	SE	.28 SE
AD 4324 SP	Adoption Questionnaire I	REC	lt.	М	MASTER ONLY
AD 4328	Authorization For Release Of Personal Items	REC	4	PD	50 SH 4.58 PD
AFDC 94.91t	Notice Of Action - MAP Reduction Only	RSP	AFDC Policy Implementation Bureau	М	MASTER ONLY
AFDC 94.91t SP	Notice Of Action - MAP Reduction Only	RSP	*	м	MASTER ONLY
AFDC 94,92t	Notice Of Action - Action Includes MAP Reduction	RSP	H	М	MASTER ONLY
AFDC 94.92t SP	Notice Of Action - Action Includes MAP Reduction	RSP		м	MASTER ONLY
AFDC 94.93t	Notice Of Action - Action Includes MAP & Pregnancy Special Need Reductions	RSP	M	М	MASTER ONLY
AFDC 94,93t SP	Notice Of Action - Action Includes MAP & Pregnancy Special Need Reductions	RSP	¥	М	MASTER ONLY
AGO 107 PART I	Confidential Paternity Questionnaire-Part I	REQ	Child Support Management Bureau	PD	100 SH 2.97 PD
AGO 107 PART I	Confidential Paternity Questionnaire Part I	REQ	44	PD	100 SH 2.84 PD
AGO 107 PART II	Confidential Patemity Questionnaire Part II	REQ	H	PD	100 SH 4.39 PD
AGO 107 PART II SP	Department Of Justice Confidential Paternity Questionnaire-Part II	REQ	4	PD	100 SH 4.64 PD
AGO 107 PART III	Confidential Paternity Questionnaire Part III	REQ	44	PD	100 SH 4.47 PD
AGO 107 PART III SP	Confidential Paternity Questionnaire Part III	REQ	46	PD	100 SH 4.76 PD
BID 7A	Fingerprint Card (County Use)	REQ	Community Care Licensing Program Development Bureau	EA	FREE
BC CA 8	Statement of Facts For Additional Persons	REC	AFDC Policy Implementation Bureau	SE	.05 SE
BC CA 8 SP	Statement Of Facts For Additional Persons	REC	14	SĒ	.08 SE
BC CA 30	AFDC Budget Worksheet	RSP	#	PD	100 SH 1.81 PD

REQUIRED FORM SUBSTITUTE RECOMMENDED REC= RSP= REQ= REQUIRED FORM NO **FORM** CHANGE PERMITTED WITH PRIOR DSS APPROVAL AMOUNT PER ORDER UNIT **PROGRAM** ORDER REQ TITLE **FORM** only
100/50 SH per PD
or BD unless
otherwise specified **RSP** CONTACT UNIT NUMBER REC REQ AFDC Policy SE .09 SE BC JA 2 Statement Of Facts Cash Aid And Food Stamps Implementation Bureau .10 SE REQ SE BC JA 2 SP Statement Of Facts Cash Aid Food Stamps RSP Child PD 100 SH Child/Spousal And Medical Support Notice And Agreement **CA 2.1NA** 1.87 PD Support Management Bureau REQ PD100 SH CA 2.1NA SP Child/Spousal And Medical Support Notice And Agreement 2.13 PD REQ SE .07 SE CA 2.1Q Child Support Questionnaire REQ \$E .05 \$E **CA 2.1Q SP** Child Support Questionnaire RSP AFDC Policy SE .08 SE CA 4 Immediate Need Payment Request Implementation Bureau RSP SE .06 SE Immediate Need Payment Request CA 4 SP SE .12 SE CA<sub>5</sub> Veterans' Benefits Verification And Referral REQ CA 7 Monthly Eligibility Report REQ PD 100 SH 1.92 PD REQ PD100 SH CA 7 SP Monthly Eligibility Report 3.13 PD REC MASTER ONLY CA 7A Important Information About Your Monthly Report Form (CA 7) М REC MASTER ONLY CA 7A SP М Important Information About Your Report Form (CA 7) REC MASTER ONLY CA 8A Statement Of Facts To Add A Child(ren) Under 16 Years М MASTER ONLY CA 8A SP Statement Of Facts To Add A Child(ren) Under 16 Years REC М RSP \$E .05 SE **CA 10** Notice Of Withdrawn Application RSP SE .08 SE **CA 10 SP** Notice Of Withdrawn Application RSP MASTER ONLY **CA 13** м Caretaker Relative Agreement **CA 13 SP** RSP М MASTER ONLY Caretaker Relative Agreement Important Facts For Recipients of Cash Aid REQ \$E .19 SE CA 20 **CA 20 SP** Important Facts For Recipients of Cash Aid REQ SE .31 SE MASTER ONLY **CA 22** Sponsor's Statement Of Facts, Income and Resources, REQ М Cash Aid And/Or Food Stamps REQ М MASTER ONLY Sponsor's Statement Of Facts, Income and Resources, **CA 22 SP** Cash Aid And/Or Food Stamps MASTER ONLY R\$P М **CA 23** Supplemental Statement Of Facts Senior Parent/Legal Guardian MASTER ONLY REQ М **CA 23 SP** Supplemental Statement Of Facts Senior Parent/Legal Guardian

P= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CA 24	Sponsoring Agency Or Organization's Statement Of Facts Regarding Ability To Meet The Alien's Needs	REQ	<b>A</b> FDC Policy Implementation Bureau	М	MASTER ONLY
CA 24 SP	Sponsoring Agency Or Organization's Statement Of Facts Regarding Ability To Meet The Alien's Needs	REQ	u	М	MASTER ONLY
CA 30A	Work Supplementation Program (WSP) Budget Worksheet	RSP	u	М	MASTER ONLY
CA 31	Receipt For Documents	REC	и	PD	100 SH FREE
CA 40	AFDC-Reduced Income Supplemental Payment Request	REQ	<u>4</u>	PD	100 SH 2.55 PD
CA 40 SP	AFDC-Reduced Income Supplemental Payment Request	REQ	54	PD	50 SH 3.20 PD
CA 40 SAWS	AFDC - Reduced Income Supplemental Payment Request	REQ	ı	М	MASTER ONLY
CA 40 SAWS SP	AFDC - Reduced Income Supplemental Payment Request M	REO	u.	м	MASTER ONLY
CA 41	Lump Sum Request/Certification Form	REQ	"	EA	.03 EA
CA 41 SP	Lump Sum Request/Certification Form	REQ	u	EA	.04 EA
CA 42	Statement Of Facts-Homeless Assistance	ASP	41	SE	.06 SE
CA 42 SP	Statement Qf Facts-Homeless Assistance	RSP	u	SE	.14 SE
CA 43	Applicant Choice Form Immediate Need Payment/Expedited Grant	RSP	44	SE	.10 SE
CA 43 SP	Applicant Choice Form Immediate Need Payment/Expedited Grant	RSP	ш.	SE	.10 SE
CA 51 BI	Child Support-Good Cause For Noncooperation	REQ	"	SE	.10 SE
CA 61	Medical Report Aid To Families With Dependent Children (AFDC)	REQ		SE	.08 \$E
CA 63	Income And Eligibility Verification Form	REC	11	М	MASTER ONLY
CA 63 SP	Income And Eligibility Verification Form	REC	н	М	MASTER ONLY
CA 64	Statement Of Citizenship/Alien Status	RSP	11	PD	100 SH 2,46 PD
CA 64 SP	Statement Of Citizenship/Alien Status	RSP	"	PD	100 SH 2.17 PD
CA 71	Statements Of AFDC Mother And Unrelated Adult Male	RSP	LL CONTRACTOR CONTRACT	PD	100 SH 5.91 PD
CA 71 SP	Statement Qf AFDC Mother And Unrelated Adult Male	RSP	44	PD	100 SH 5.92 PD
CA 72	Sponsor's Monthly Income And Resources Report	REQ	И	PD	50 SH 2.96 PD
CA 72 SP	Sponsor's Monthly Income And Resources Report	REO	a a constant of the constant o	PD	50 SH 3.06 PD
			- ALCOHOLIN		

					AMOUNT PER
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CA 72 SAWS	Sponsor's Monthly income And Resources Report	REQ	AFDC Policy Implementation Bureau	М	MASTER ONLY
CA 72 SAWS SP	Sponsor's Monthly Income And Resources Report	REQ	u	М	MASTER ONLY
CA 73	Supplemental Monthly Income Report Senior Parent/Legal Guardian	REQ		М	MASTER ONLY
CA 73 SP	Supplemental Monthly Income Report Senior Parent/Legal Guardian	REQ	м	М	MASTER ONLY
CA 73 SAWS	Supplemental Monthly Income Report	RSP		М	MASTER ONLY
CA 73 SAWS SP	Supplemental Monthly Income Report	RSP	*	М	MASTER ONLY
CA 74	Permanent Housing Search Document	REC	и	М	MASTER ONLY
CA 74 SP	Permanent Housing Search Document	REC	и	М	MASTER ONLY
CA 81	Lien Agreement	REQ	W	М	MASTER ONLY
CA 81 SP	Lien Agreement	REQ	*	М	MASTER ONLY
CA 82	Agreement To Sell Property	REQ	<b>4</b>	М	MASTER ONLY
CA 82 SP	Agreement To Sell Property	REQ	u.	М	MASTER ONLY
CA 84	Money Management-Monthly Budget Worksheet	REC		М	MASTER ONLY
CA 84 SP	Money Management-Monthly Budget	REC	4	м	MASTER ONLY
CA 84A	Money Management Information-General	RSP	M	SE	.06 SE
CA 84A SP	Money Management Information-General	RSP	M	SE	.08 SE
CA 86	Agreement - Restricted Account, AFDC Program	RSP	м	м	MASTER ONLY
CA 86 SP	Agreement - Restricted Account, AFDC Program	RSP	4	м	MASTER ONLY
CA 87	Reinforming Letter/Add Person(s)	REC	M	м	MASTER ONLY
CA 87 SP	Reinforming Letter/Add A Person(s)	REC	94	м	MASTER ONLY
CA 215	Notification of Intercounty Transfer	REQ	4	м	MASTER ONLY
CA 237FC	Aid To Families With Dependent Children - Foster Care (FC) Caseload Movement And Expenditures Report	REQ	Information Services Bureau	EA	FREE
CA 237FGU	Aid To Families With Dependent Children-Cash Grant Caseload Movement And Expenditures Report	REQ	a a	PD	50 SH FREE
CA 237HA	Aid To Families With Dependent Children-Homeless Assistance Program Monthly Statistical Report	REQ	84	М	MASTER ONLY
CA 237TCC	Transitional Child Care (TCC) Monthly Caseload Report	REQ	ы	м	MASTER ONLY
CA 331/333	Notice Of Status Change	RSP	Employment Program Bureau	M	MASTER ONLY
					hand and processing

REG= REQUIRED FORM NO PSP= REQUIR WITH PF

PSP= REQUIRED FORM SUBSTITUTE.
WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CA 371	Referral To District Attorney For Action On AFDC Absent Parent	REQ	AFDC Policy Implementation Bureau	SE	.06 SE
CA 800 EA	Summary Report Of Assistance Expenditures Emergency Assistance Foster Care	REQ	Information Services Bureau	PD	50 SH FREE
CA 800 FED- VOLUNTARY FC	Summary Report Of Assistance Expenditures Federal Children In Voluntary Foster Care	REQ	Fiscal Policy Bureau	M	MASTER ONLY
CA 800 FEDERAL	Summary Report Of Assistance Expenditures Aid To Families With Dependent Children Federal	REQ	ע	PD	50 SH FREE
CA 800 STATE	Summary Report Of Assistance Expenditures Aid To Families With Dependent Children State-Only	REQ	Information Services Bureau	PD	50 SH FREE
CA 800 AFC NONFED	Summary Report of Assistance Expenditures-Nonfederal Children in Foster Care	REQ	Fiscal Policy Bureau	М	MASTER ONLY
CA 800FC FED	Summary Report Of Assistance Expenditures Federal Children In Foster Care	REQ	d	М	MASTER ONLY FREE
CA 800FC1 FED	Foster Care Facility Expenditure Statement Amounts Not Reimbursable From Federal Funds	REQ	N	PD	50 SH FREE
CA 800FC2 FED	Foster Care Facility Expenditure Statement Amounts Not Reimbursable From State Funds	REC	es	М	MASTER ONLY
CA 800GD	Grant Diversion Summary Report Of Employer Payments	REQ	áž	М	MASTER ONLY
CA 800RDP	Summary Report Of Assistance Expenditures Refugee Demonstration Project (RDP)	REQ	и	М	MASTER ONLY
CA 801GD	Grant Diversion Wage Pool Financial Report	REQ	и	М	MASTER ONLY
CA 802	Statistical Report On AFDC FG/U Recipients Aged 5-7 Needed To Implement The Education Consolidation and Improvement Act Of 1981	REQ	Information Services Bureau	M	MASTER ONLY
CA 803	Statistics On Children In Foster Family Homes Needed To Implement the Education Consolidation an Improvement Act of AFDC	REQ	ч	М	MASTER ONLY
CA 812	Quarterly Report Of Overpayments And Collections	REQ	al	М	MASTER ONLY
CA 1015	Education Consolidation And Improvement Act Of 1981	REQ		м	MASTER ONLY
CA 1019	Summary Report Of Expenditures For - Seriously Emotionally Disturbed Children	REQ	a	М	MASTER ONLY FREE
CA 1019EA SED	Summary Report Of Emergency Assistance Expenditures For Seriously Emotionally Disturbed Children (SED)	REC	4	М	MASTER ONLY

REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIQR DSS APPROVAL

AMOUNT PER ORDER UNIT REQ **PROGRAM ORDER** TITLE only
100/50 SH per PD
or BD unless
otherwise specified **FORM** CONTACT UNIT RSP NUMBER REC РD Important Information-Aid To Families With Dependent RSP AFDC Policy 100 SH CA 1030 Implementation FREE Children (AFDC) Bureau PD 100 SH RSP CA 1030 SP Important Information-Aid To Families With Dependent FREE Children (AFDC) REC М MASTER ONLY **CA 1031 ENG/SP** Work Pays! Get Cash Back From The IRS (Earned income Credit Informational Stuffer) MASTER ONLY Employment М REQ **CAAP 100** California Alternative Assistance Program (CAAP) Information Program ENG/SP Bureau М MASTER ONLY Agreement - Calfiornia Alternative Assistance Program (CAAP) REQ **CAAP 101** ENG/SP PD 50 SH REC Child Support CAS 859 Natural Parent Worksheet FREE Management Bureau Employment MASTER ONLY Cal Learn Registration Program Information Orientation Appointment RSP М CL 1 ENG/SP Program Bureau RSP М MASTER ONLY CL 2 ENG/SP Cal Learn Program Requirements Cal Learn Notice Of A Participation Problem MASTER ONLY RSP М CL 3 ENG/SP RSP М MASTER ONLY Cal Learn Informing Notice To Parent/Legal Guardian Of CL 4 ENG/SP Cal Learn Participant RSP М MASTER ONLY CL 5 ENG/SP Cal Learn Supportive Services Overpayment Notice MASTER ONLY RSP М CL 6 ENG/SP Cal Learn Supportive Services Repayment Agreement MASTER ONLY Cal Learn Supportive Services Overpayment Final Notice RSP м CL 7 ENG/SP MASTER ONLY RSP М CL 8 ENG/SP Cal Learn Notice Of Report Card Submittal Schedule RSP М MASTER ONLY Cal Learn Notice Of No Good Cause Determination CL 9 ENG/SP RSP М MASTER ONLY CL 10 ENG/SP Cal Learn Notice Of Exemption/Deferral MASTER ONLY RSP М CL 11 ENG/SP CAL-LEARN Notice of Incomplete Grades MASTER ONLY Request For Cal-Learn Childcare Payment RSP М CL 12 ENG/SP PD 100 SH REQ Child CS 196 Child Support Enforcement Program Notice Support FREE Management Bureau 100 SH REC PD CS 196 SP Child Support Enforcement Program Notice FREE PD 100 SH Child And Spousal Support Case History And List Of Authorizations **RSP CS 278L** 2.89 PD PD 100 SH RSP **CS 278M** Child And Spousal Support Transmittal/Action Document 2.98 PD

REC=

RECOMMENDED

FORM

PE REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CS 355	District Attorney Employee's Child Support Time Study For IV-D Functions	RSP	Child Support Program Management Bureau	PD	50 SH FREE
CS 356.1	IV-D Child Support Expenditure Schedule And Certification	RSP	u	EA	FREE
CS 356.2	IV-D Child Support Expenditure Schedule And Certification	RSP	ű	EA	FREE
CS 356.3	IV-D Child Support Time Summary And Activity Allocation Ratios	RSP	4	EA	FREE
CS 356.4	IV-D Child Support Program Distribution Total Allocable Costs	RSP	щ	EA	FREE
CS 356.5	IV-D Child Support Program Distribution Direct Costs (Excluding Lab costs)	RSP	ч	EA	FREE
CS 356.6	IV-D Child Support Program Distribution Total Allocable And Direct Costs (Excluding Lab costs)	RSP	a	EA	FREE
CS 356.7	IV-D Child Support Program Distribution Report Of Total Expenditures	RSP	и	EA	FREE
CS 356.8	IV-D Child Support Program - Personal Services	RSP	4	EA	FREE
CS 357	Group A Individual Employee Worksheet Local IV-D Agency Direct Costs	RSP		EA	FREE
CS 800	Summary Report Of Child And Spousal Support Payments FREE	RSP		PD	50 SH
CS 801	Child And Spousal Support Payroll Form For Collections And Disbursement	RSP	м	PD	100 SH FREE
CS 801A	Summary CS 800 Reconciliation-Intracounty/Interstate	REC	#	EA	FREE
CS 801B	Intercounty Summary CS 800 Reconciliation	REC	#	EA	FREE
CS 810	Summary Report of Health Insurance Obtained - Non-AFDC	RSP	4	EA	FREE
CS 811	Monthly Report Of Health Insurance Identified	RSP	n	EA	FREE
CS 820	Child/Spousat/Medical Support Collections Summary Report	RSP	ц	EA	FREE
CS 821	Support Collection Report	REC	A	EA	FREE
CS 822	Summary CS 820 Reconciliation Statement	REC	n	EA	FREE
C\$ 825A	Child Support Enforcement Activities Monthly Accounts Receivable Report	REQ	44	EA	FREE
CS 825 <b>B</b>	Child Support Enforcement Activities Annual Point In Time Report Of Courts	REQ	M	EA	FREE
CS 831	Collection Agency-Accounts Receivable	RSP		М	MASTER ONLY
CS 850	Monthly Report On Paternities Established (Source: CS 850)	REQ	Information Services Bureau	SE	FREE
CS 850A	Monthly Statistical Report On Child Support Enforcement Activities	REQ	44	SE	FREE

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CS 858	Important Information Regarding The Establishment Of Paternity	REQ	Child Support Management Bureau		100 SH 6.83 PD
CS 858 SP	Important Information Concerning The Establishment Of Paternity	REQ	*	м	MASTER ONLY
CS 864	Request For Administrative Review	REQ	ы	м	MASTER ONLY
CAS 867	Relinquishment Of Indian Child (alleged natural father in California) (in or out of county)	REQ	•	PD	25 SH FREE
CS 870	Attestation Statement	REQ	<u>.</u>	PD	100 SH 2.94 PD
CS 870 SP	Attestation Statement	REQ	<u>u</u>	М	MASTER ONLY
CS 871	Child Support Intercept - County Transaction Document	RSP	4	PD	50 SH FREE
CS 872	Child Support Intercept System Transmittal	REC	M	PD	50 SH FREE
CS 876	Collection And Distribution Worksheet #1	REQ		М	MASTER ONLY
CS 876 A	Collection And Distribution Worksheet #2	REQ		м	MASTER ONLY
CS 876 B	Collection And Distribution Worksheet #3	REQ		м	MASTER ONLY
CS 876 C	Collection and Distribution Worksheet \$4	REQ	<b>*</b>	М	MASTER ONLY
CS 876 D	Collection And Distribution Worksheet \$5	REQ	u	М	MASTER ONLY
CS 876 E	Collection And Distribution Worksheet #6	REQ	#	м	MASTER ONLY
CS 877	Child Support Case Data Key Entry	REQ	u.	м	MASTER ONLY
CS 878	Child Support Case Listing Transmittal	REQ	Ą	м	MASTER ONLY
CS 880	Quarterly Statement Of Collections And Distribution	REQ	a a	EA	FREE
CS 880 SP	Quarterly Statement Of Collections And Distributions	REQ	u	м	MASTER QNLY
CS 883	Child Support Credit Reporting System Transaction Document	REQ	u	М	MASTER ONLY
CS 884	Child Support Credit Reporting Transmittal	REQ	ĸ	М	MASTER ONLY
CS 885	Request For Investment Funds Certification	REQ	*	м	MASTER ONLY
CS 886	Request For Investment Funds Worksheet	REQ	4	м	MASTER ONLY
CS 887	State Licensing Match System Request For Review	REQ	si .	М	MASTER ONLY
CS 888	State Licensing Match System Release Form	REQ	, u	PD	100 SH FREE
CS 889	Worksheet For Calculating Excess Incentive SFY 1990/91	REC	u	м	MASTER ONLY
CS 890	Worksheet For Calculations Excess Incentives SFY 1991/92	REC	u u	м	MASTER ONLY
CS 891	Worksheet For Calculating Excess Incentives SFY 1992/93	REC	•	м	MASTER ONLY
CS 892	Intercase County Transfer Notification	RSP		м	MASTER ONLY
CS 692A	Case Transfer Caselist	RSP	u u	м	MASTER ONLY

# REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

CS 893 SP T F CS 894 CS 895 CS 899 CS	This Notice Has Important Information About Child Support That Has Been Collected - Please Read It Carefully  This Notice Has Important Information About Child Support That Has Been Collected - Please Read It Carefully  Request For Further Review To The California Department Of Social Services  CDSS Written Decision-Barnes Special Notice Appeals	REQ REQ RSP	Child Support Support Management Bureau "	EA M	FREE MASTER ONLY
CS 894 F CS 895 CS 899 C	Has Been Collected - Please Read It Carefully Request For Further Review To The California Department Of Social Services			М	MASTER ONLY
CS 895 CS 899 C	Of Social Services	RSP			
CS 899	CDSS Written Decision-Barnes Special Notice Appeals			М	MASTER ONLY
	i	RSP	и	М	MASTER ONLY
CS 899 SP	County Acknowledgment Of Receipt Of Formal Complaint	RSP	*	М	MASTER ONLY
	County Acknowledgment Of Receipt Of Formal Complaint	RSP		М	MASTER ONLY
CS 900 C	County Written Response To Complaint	RSP	u	М	MASTER ONLY
CS 900 SP	County Written Response To Complaint	RSP	K	М	MASTER ONLY
	Formal Complaint Form (To Be Used In Filing A Complaint With The District Attorney)	RSP	u	М	MASTER ONLY
CS 901 SP	Formal Complaint Form (To Be Used In Filing A Complaint With The District Attorney)	RSP	u .	М	MASTER ONLY
CS 902 C	Counties Final Written Decision	RSP	*	М	MASTER ONLY
CS 902 SP	Counties Final Written Decision	RSP	и	М	MASTER ONLY
	County Notice About Delayed Decision Or Complaint Transferred To Another County	RSP	u	М	MASTER ONLY
	County Notice About Delayed Decision Or Complaint Transferred To Another County	RSP	u	М	MASTER ONLY
CS 904	County Notice About Problem With Complaint	RSP	ıs	М	MASTER ONLY
CS 904 SP	County Notice About Problem With Complaint	RSP	-	М	MASTER ONLY
CS 905	County Notice Of Incomplete Complaint	RSP	u	М	MASTER ONLY
CS 905 SP	County Notice Of Incomplete Complaint	RSP	<u>.</u>	М	MASTER ONLY
fo	Paternity Opportunity Program Paternity Declaration - Instructions for Completion (This Form is To Be Completed By Unmarried Parents Only)	REQ	6	SE	FREE
fe	Paternity Opportunity Program Paternity Declaration - Instructions for Completion (This Form Is To Be Completed By Unmarried Parents Only)	REQ	и	SE	FREE
CS 910 ENG/SP	How a Declaration of Paternity Can Help You and Your New Baby	REQ	44	EA	FREE
DE 3000 L	Unemployment Insurance Benefit (UIB) Computer Slide	REC	AFDC Policy Implementation Bureau	EA	.30 EA
DE 3000A	Unemployment insurance Benefit (UIB) Computer Sleeve	REC	*	EA	1.76 EA

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DE 8720	EDD-Request For Information	REQ	Fraud Program Management Bureau	EA	FREE
DFA 1	Special Time Reporting - Elegibility Nonservice	REQ	Information Services Bureau	М	MASTER ONLY
DFA 7	Support Staff Time Report	REO	Fiscal Policy Bureau	М	MASTER ONLY
DFA 7A	Support Staff Summary	REQ	α	М	MASTER ONLY
DFA 7B	Support Staff Salary Distribution To Program	REO	u	M	MASTER ONLY
DFA 10	Generic Time Study Caseworker/EDP/Staff Development	REO	и	М	MASTER ONLY
DFA 47	Social Services Time Study Summary	REQ	u	М	MASTER ONLY
DFA 53	Employment Services Time Study Summary	REQ	¥	M	MASTER ONLY
DFA 256	Participation And Coupon Issuance Report - Food Stamp Program	REQ	#	SE	.12 SE
DF <b>A</b> 280	Homeless Meal Providers Certification	REC	AFDC Policy Implementation Bureau	M	MASTER ONLY
DFA 285-A1	Application For Food Stamps-Part 1	REO	Food Stamp Program Bureau	PD	100 SH 1.85 PD
DFA 285-A1 SP	Application For Food Stamps - PART 1	REQ	si	PD	50 SH 1.86 PD
DFA 285-A2	Application For Food Stamps-Part 2	REQ	et	SE	.08 SE
DFA 285-A2 SP	Application For Food Stamps - PART 2	REQ	ц	SE	.08 SE
DFA 285-A3	Important Facts for Food Stamp Applicants	REQ	a	SE	.06 SE
DFA 285-A3 SP	Important Facts For Food Stamp Applicants	REQ	и	SE	.06 SE
DFA 285.1	Income From Farm Operations And Other Self-Employment Sheet	REQ		PD	100 SH 1.85 PD
DFA 285.1 SP	Income From Farm Operations And Other Self-Employment Sheet	REQ	н	М	MASTER ONLY
DFA 285B	Food Stamp Budget Worksheet	RSP	ч	PD	100 SH 2.12 PD
DFA 285C	Food Stamp Supplemental Application For Special Medical Deductions	REQ	#	PD	100 SH 5.94 PD
DFA 285C SP	Supplemental Application For Special Medical Deductions	REQ	44	PD	50 SH 5.85 PD
DFA 285D	Food Stamp Budget Worksheet	RSP	u	PD	100 SH 5.91 PD
DFA 286	Household Issuance Record (HIR Card)	RSP	ы	EA	.07 EA

REQ= REQUIRED FORM NO CHANGE PERMITTED REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DFA 287	Food Stamp Program Identification Card	RSP	Food Stamp Program Bureau	EA	.03 EA
DFA 288	Notice Of Change To Authorization To Participate Master File Or Household Issuance Record	RSP	и	PD	100 SH 3,76 PD
DFA 289	Food Stamp Program Receptionist's Daily Tally Sheet	RSP	4	М	MASTER ONLY
DFA 290	Food Coupon Book Issuance Register	RSP	"	PD	100 SH 4.24 PD
DFA 293	Cashier's Daily Report	RSP	u	PD	100 SH 5.33 PD
DFA 293.1	Summary Of Daily Reports	RSP	и	PD	100 SH 2.93 PD
DFA 296	Food Stamp Program Monthly Caseload Movement Statistical Report	REO	Fiscal Policy Bureau	М	MASTER ONLY
DFA 296X	Food Stamp Program Expedited Service Quarterly Statistical Report	REQ	ы	М	MASTER ONLY
DFA 299	Authorization To Participate Card	REQ	Food Stamp Program Bureau	EA	.01 EA
DFA 300	Food Stamps Mail Issuance Log	RSP	3.4	М	MASTER ONLY
DFA 301	Mail Issuance Request	RSP	M+	PD	50 SH 1,61 PD
DFA 301 SP	Mail Issuance Request	RSP	44	PD	50 SH 1.11 PD
DFA 303	Replacement Affidavit/Authorization	RSP	44	PD	100 SH 3.79 PD
DFA 303 SF	Replacement Affidavit/Authorization	RSP		М	MASTER ONLY
DFA 323	Eligibility Time Study Summary	REQ	Fiscal Policy Bureau	М	MASTER ONLY
DFA 325.1	County Administrative Expense Claim-Expenditure Schedule	REQ	u	М	MASTER ONLY
DFA 325,1A	County Administrative Expense Claim - EDP Cost Detail Schedule	REQ	ч	М	MASTER ONLY
DFA 325.1AA	County Administrative Expense Claim EDP Program Input Schedule	REQ	4	М	MASTER ONLY
DFA 325.1B	County Administrative Expense Claim - Direct Cost Input Schedule	REQ	и	м	MASTER ONLY
DFA 325.1C	County Administrative Expense Claim - Staff Development	REQ	в	М	MASTER ONLY
DFA 325,1E	Direct-To-Program Support Staff Salary Input	REQ	"	М	MASTER ONLY
DFA 325.5	Expenditure Certification For Welfare Administrative Expense Claims	REQ	н	м	MASTER ONLY
DFA 332.1	Verification Of Food Stamp ATP Usage	REC	Food Stamp Program Bureau	PD	100 SH 3.17 PD
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REC= RECOMMENDED

**FORM** 

= REOUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DFA 377.4	Food Stamp Notice Of Change	REQ	Food Stamp Program Bureau	SE	.12 SE
DFA 377.4 SP	Food Stamp Notice Of Change	REO	ជ	SE	.09 SE
DFA 377.5	Food Stamp Household Change Report	REQ	н	PD	50 SH 3.22 PD
DFA 377.5 SP	Food Stamp Household Change Report	REQ	4	PD	50 SH 3.05 PD
DFA 377.7A	Notice Of Administrative Disqualification	REQ	u.	SE	.15 SE
DFA 377.7A SP	Notice Of Administrative Disqualification	REO	н	М	MASTER ONLY
DFA 377.7B	Food Stamp Repayment Notice For Inadvertent Household Errors Only	REQ	ы	SE	.09 SE
DFA 377.7B SP	Food Stamp Repayment Notice For Inadvertent Household Errors Only	REQ	и	М	MASTER ONLY
DFA 377.7B1	Food Stamp Repayment Notice For Inadvertent Household Errors Only Final Notice	REQ	н	SE	.10 SE
DFA 377.7B1 SP	Food Stamp Repayment Notice For Inadvertent Household Errors Only Final Notice	REQ	N.	М	MASTER ONLY
DFA 377.7C	Food Stamp Repayment Agreement For Inadvertent Household Errors Only	REO	44	PD	100 SH 4.08 PD
DFA 377.7C SP	Food Stamp Repayment Agreement For Inadvertant Household Errors Only	REQ	44	SE	.28 SE
DFA 377.7D	Food Stamp Repayment Notice For Administrative Errors Only	REQ	*	SE	.09 SE
DFA 377.7D SP	Food Stamp Repayment Notice For Administrative Errors Only	REQ	35	М	MASTER ONLY
DFA 377.7E	Food Stamp Repayment Agreement For Administrative Errors Only	REQ	M	PD	100 SH 3.23 PD
DFA 377.7E SP	Food Stamp Repayment Agreement For Administrative Errors Only	REQ	,,	SE	.14 SE
DFA 377.7F	Food Stamp Repayment Notice For An Intentional Program Violation (IPV) Only	REQ	)1	SE	.23 SE
DFA 377.7F SP	Food Stamp Repayment Notice For An Intentional Program Violation (IPV) Only	REO	Н	М	MASTER ONLY
DFA 377.7F1	Food Stamp Repayment Notice For An Intentional Program Violation (IPV) Only - Final Notice	REQ	и	SE	.23 SE
DFA 377.7F1 SP	Food Stamp Repayment Notice For An Intentional Program Violation (IPV) Only - Final Notice	REO	4 .	м	MASTER ONLY
DF <b>A</b> 3 <b>7</b> 7.7 <b>G</b>	Food Stamp Repayment Agreement For An Intentional Program Violation (IPV) Only	REQ		PD	50 SH 4.99 PD
DFA 377.7G SP	Food Stamp Repayment Agreement For An Intentional Program Violation (IPV) Only	REO	ь	М	MASTER ONLY

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DFA 377.9	Notice Of Back Food Stamp Benefits	RSP	Food Stamp Program Bureau	SE	1.17 SE
DFA 377.9 SP	Notice Of Back Food Stamp Benefits	RSP	u	SE	.21 SE
DFA 377.10	Food Stamp Notice Of Disqualification	REQ	н	SE	.08 SE
DFA 377.10 SP	Food Stamp Notice Of Disqualification	REQ		М	MASTER ONLY
DFA 385	Application For Emergency Food Stamp Assistance	REQ		м	MASTER ONLY
DFA 385 SP	Application For Emergency Food Stamp Assistance	REQ	*	м	MASTER ONLY
DFA 385A	Notice Of Action Emergency Food Stamp Assistance	REC	. 41	м	MASTER ONLY
OFA 385A SP	Notice Of Action Emergency Food Stamp Assistance	REC		М	MASTER ONLY
DFA 403	Reconciliation Of Time Studies To Allocable Salary Pools	REQ	Fiscal Policy Bureau	М	MASTER ONLY
OFA 419	Claim Summary Sheet	REQ	4	м	MASTER ONLY
DFA 440	Verification Of Physical Or Mental Disability (Food Stamp Program)	REC	Food Stamp Program Bureau	PD	100 SH
)FA 440 SP	Verification Of Physical Or Mental Disability (Food Stamp Program)	REC	4	М	MASTER ONLY
DFA 478	Disqualification Consent Agreement	REC	Fraud Program Management Bureau	<b>P</b> D	50 SH FREE
)FA 478 SP	Disqualification Consent Agreement	REC	44	PD	50 SH FREE
DFA 837	Summary Report Of Assistance Expenditures Old Age Security, Aid To The Blind, And Aid To The Disabled	REQ	Fiscal Policy Bureau	М	MASTER ONLY
DFA 842	Claim Determination Worksheet	RSP	Food Stamp Program Bureau	М	MASTER ONLY
)FA 844	ORR Funds For AFDC Time Eligible Refugees/Entrants	REQ	Fiscal Policy Bureau	M	MASTER ONLY
FA 844RDP	ORR Funds For Refugee Demonstration Project Recipients (RDP)	REQ	44	М	MASTER ONLY
OFA 846	Summary Report Of Assistance Expenditures For The Refugee Cash Assistance Program (RCA) (Includes Entrants)	REQ	4	м	MASTER ONLY
)FA 847	Additional Federal Funds Claimable Based On The Nonfederal Share of Expenditures For Refugee Resettlement, Cuban Program Phasedown and C/H Entrant Recipients Fed AFDC/FC	REQ	44	М	MASTER ONLY
FA 856	Welfare Fraud Invesstigators Time Study	REQ	ц	м	MASTER ONLY
PFA 863	Additional Federal Funds claimable Based On The Nonfederal Share For Refugee Resettlement And Cuban/Haitian Dentran Recipients In Receipt Of EA-UP	REQ	и	М	MASTER ONLY
FA 874	Statewide Intercounty Lost Warrant Replacement Affidavit	REC	44	SE	.11 SE

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DFA 876	State Legalization Impact Assistance Grant (SLIAG) Funds Claimable Based On Expenditures For Eligible Legalized Aliens (ELA) General Assistance	REQ	Fiscal Policy Bureau	М	MASTER ONLY
DFA 877	State Legalization Impact Assistance Grant (SLIAG) Funds For Eligible Legalized Aliens (ELA) AFDC-Foster Care	REO	*	М	MASTER ONLY
OFA 878	State Legalization Impact Assistance Grant (SLIAG) Funds For Eligible Legalized Aliens (ELA) State-Only AFDC/FG-U	REQ	M	М	MASTER ONLY
OFA 879	Fraud Investigators Time Study Summary	REQ	H	М	MASTER ONLY
OFA 880	Time Study Methodologly Certification	REQ	•	М	MASTER ONLY
OFA 881	Summary Report Of Assistance Expenditures GA/FC	REQ	4	м	MASTER ONLY
DFA 882	Process Checklist	REQ	a	м	MASTER ONLY
DPA 13	Request For State Hearing Before The State Department Of Social Services	REQ	Administration Adjudication Operations Support Bureau	EA	.03 EA
OPA 13 SP	Request For State Hearing Before The State Department Of Social Services	REO	u	EA	.04 EA
)PA 19	Authorized Representative	REQ	a.	EA	.04 EA
PA 27	Report Of County Compliance With State Hearing Decision	REC	u u	SE	.18 SE
)PA 27 SP	Report Of County Compliance With State Hearing Decision	REQ	×	М	MASTER ONLY
PA 83	Report Of Oral State Hearing Request	REC	Management Services Branch	SE	FREE
)PA 266	Fraud Investigation Activity Report	REQ	Fiscal Policy Bureau	PD	50 SH FREE
DPA 302	Interpreter/Translator Billing	REQ	Management Services Branch	SE	FREE
DPA 315 ENG/SP	Withdrawal/Conditional Withdrawals Of Request For Hearing	REQ	Administrative Adjudication Operations Support Bureau	PD	50 SH 3.17 PD
)PA 316	Subpena/Subpena Duces Tecum	REQ	ĸ	PD	50 SH FREE
DPA 354	Request For Administrative Disqualification Hearing(Food Stamps)	REQ	<b>4</b>	SE	.18 SE
)PA 401	Appeals Transmittal List	REQ	M	PD	50 SH FREE
)PA 421 SP	Notification Of Open Record And Waiver Of Time	REQ	<b>*</b>	М	MASTER ONLY
PA 433	Penalty Case Analysis Report	REQ	Má	М	MASTER ONLY
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REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DPS 248A	Child Support Consumer Credit Report Notification (County Used)	REQ	Fraud Program Management Bureau	SE/BX	FREE
DPS 249	AFDC/FS Intercept County Transaction Document	REQ	u	м	MASTER ONLY
DPS 526	IEVS/Payment Verification System County Response Document	RSP	u	SE	FREE
DWCWCAB 6	Notice And Request For Allowance of Lien	REQ	ri e	PD	50 SH FREE
EC 161A	State Absent Parent Letter	RSP	Review And Evaluation Bureau	EA	FREE
EC 179A	Appointment Letter (County Use)	RSP	н	М	MASTER ONLY
EC 179A SP	Appointment Letter (County Use)	RSP	и	М	MASTER ONLY
EC 200A	Request For Verification - Financial	RSP	i i	М	MASTER ONLY
EC 202A	Request For Verification - General	RSP	н	М	MASTER ONLY
EC 233	AFDC Computation Form	RSP	H	М	MASTER ONLY
EC 274	Time And Task Report	RSP	u	М	MASTER ONLY
EC 278	Quality Control Sampling System Transmittal	REC	#	EA	FREE
EL 800	Summary Report Of Uncollected Loans	REQ	Fiscal Policy Bureau	М	MASTER ONLY
FC 2	Statement Of Facts Supporting Eligibility For AFDC-Foster Care (FC)	REQ	Foster Care Policy Bureau	PD	100 SH 2.85 PD
FC 2 SP	Statement Of Facts Supporting Eligibility For AFDC-Foster Care (FC)	REQ	4	PD	25 SH 3.67 PD
FC 3	Determination Of Federal AFDC-FC Eligibility	RSP	и	PD	50 SH 2.51 PD
FC 3A	AFDC-FG/U Linkage Worksheet	RSP		PD	50 SH 2.56 PD
FC 4	AFDC Program Choice Indicator	RSP	AFDC Policy Implementation Bureau	PD	100 SH 3.59 PD
FC 4 SP	AFDC Program Choice Indicator	RSP	*	PD	25 SH 1.05 PD

REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

REC= RECOMMENDED FORM

AMOUNT PER ORDER UNIT ORDER FORM TITLE REQ **PROGRAM** only 100/50 SH per PD or BD unless otherwise specified UNIT RSP CONTACT NUMBER REC Adoptions ⊏Δ .03 EA Federal Eligibility Certification For Adoption Assistance Program REQ FC 8 Policy Bureau REQ EΑ .10 EA Federal Eligibility Certification For Adoption Assistance Program FC 8 SP REC Foster PD 50 SH Income And Property Checklist For Federal Eligibility FC 10 3.41 PD Determination-Adoption Assistance Program Care Policy Bureau Food Stamp SE FREE Issuance Reconciliation Report REQ **FNS 46** Program Bureau EΑ FREE REC Food Stamps Make A Difference FNS 111 SP Affidavit Of Return Or Exchange Of Food Coupons REQ SE FREE **FNS 135** REQ EΑ FREE FNS 182 USDA Food Assistance FREE REQ FΑ FNS 182 SP USDA Food Assistance FREE REQ EΑ **FNS 183** Food Stamp Rights FREE REQ EΑ FNS 200 Poster - USDA Food Assistance EΑ FREE REQ FNS 200 SP Poster-USDA Food Assistance FREE REO EΑ Status Of Claims Against Households FNS 209 REQ Review And EΑ FREE Negative Quality Control Review Schedule FNS 245 Evaluation Bureau Food Stamp MASTER ONLY REQ М FNS 250 Food Coupon Accountability Report Program Bureau REQ EΑ FREE FNS 259 Food Stamp Mail Issuance Report SE FREE REQ Requisition For Food Coupon Books FNS 260 FREE REQ EΑ FNS 283 Poster - Using Food Stamps FREE EΑ REQ FNS 283 SP Poster - Using Food Stamps **FREE** REQ SE **FNS 300** Advice Of Transfer (Food Coupons) ŚΕ FREE RFQ FNS 471 Coupon Account And Destruction Report MASTER ONLY REC М FS<sub>3</sub> Food Stamp Policy Question MASTER ONLY Important Notice Please Read REQ M FS 4 MULTILINGUAL REQ М MASTER ONLY Important Notice Please Read MULTILINGUAL

REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

AMOUNT PER ORDER UNIT ORDER PROGRAM REQ TITLE only
100/50 SH per PD
or BD unless
otherwise specified **FORM** UNIT RSP CONTACT NUMBER REC MASTER ONLY Food Stamp М Notice To All Food Stamp Recipients REC FS<sub>5</sub> Program Bureau MASTER ONLY REC М Notice To All Food Stamp Recipients FS 5 SP Important Information About Required Verifications In RSP PD 100 SH FS 8 2.01 PD The Food Stamp Program PD 100 SH Important Information About Required Verifications In The RSP FS 8 SP 2.14 PD Food Stamp Program 100 SH PDRSP Important Information-Food Stamps FS 9 FREE PD 50 SH RSP FS 9 SP Important Information-Food Stamps FREE REC М MASTER ONLY Important Notice To All Food Stamp Recipients FS 10 MULTILINGUAL MASTER ONLY REC М Important Notice To All Food Stamp Recipients **FS 10A** MULTILINGUAL .06 SE REC Child SE Child Support Enforcement Transmittal (Pages 1-2) FSA 200 Support Program Management Bureau SE .27 SE REC Uniform Support Petition FSA 201 SE 1.22 SE REC FSA 202 General Testimony For Uresa (Pages 1-6, includes 4a & 4b) SE ,10 SE REC FSA 203 Certificate And Order REC SE .21 SE FSA 204 Paternity Affidavit .10 SE SE REC Order Transmittal FSA 205 SE .10 SE REC Locate Data Sheet FSA 206 FREE Review And SE REC Worksheet For Integrated AFDC, Food Stamps And Medicaid FSA 4340 Evaluation Quality Control Reviews Bureau FREE REO Fraud EΑ Document Verification Request Los Angeles G 845LA Program Management Bureau FREE REO EΑ Document Verification Request San Diego G 845SD EΑ FREE Document Verification Request San Francisco REQ G 845SF Employment М MASTER ONLY REQ GAIN Contract Activity Agreement Basic Education Services GAIN 2A ENG/SP Program For Young Parents Bureau М MASTER ONLY REQ GAIN Contract Activity Agreement - Basic Education Srvcs -GAIN 2B ENG/SP AFDC - U Parent

RECOMMENDED

**FORM** 

REC≃

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
GAIN 3B ENG/SP	GAIN Contract Activity Agreement - Self Initiated Program AFDC-U	REQ	Employment Program Bureau	М	MASTER ONLY
GAIN 4B ENG/SP	GAIN Contract Activity Agreement Self-Initiated Program AFDC-U	REQ	££	М	MASTER ONLY
GAIN 5B ENG/SP	GAIN Contract Activity Agreement - Assessment AFDC-U	REQ	<b>4</b>	М	MASTER ONLY
GAIN 6	GAIN Contract Activity Agreement Training And Education Services After Assessment	REQ	M	М	MASTER ONLY
GAIN 6 SP	GAIN Contract Activity Agreement Training And Education Services After Assessment	REQ	46	М	MASTER ONLY
GAIN 6B ENG/SP	GAIN Contract Activity Agreement - Training And/or Education Services After Assessment AFDC-U Parent	REQ	н	М	MASTER ONLY
GAIN 7B ENG/SP	GAIN Contract Activity Agreement - Job Services After Assessments AFDC-U	REQ	H	М	MASTER ONLY
GAIN 8B ENG/SP	GAIN Contract Activity Agreement Preemployment Preparation (PREP) AFDC-U	REQ		М	MASTER QNLY
GAIN 9B ENG/SP	GAIN Contract Activity Agreement Miscellaneous AFDC-U	REQ	м	М	MASTER ONLY
GAIN 24 ENG/SP	GAIN Registration	REQ	u.	М	MASTER ONLY
GAIN 25	GAIN Monthly Activity Report	REQ	Information Services Bureau	PD	50 SH FREE
GAIN 26	GAIN Appraisal	RSP	Employment Program Bureau	М	MASTER ONLY
GAIN 27	GAIN Program Status	RSP	**	М	MASTER ONLY
GAIN 28	GAIN Program Activity	RSP	и	М	MASTER ONLY
GAIN 29	GAIN Employment Follow-Up	RSP	u	м	MASTER ONLY
GAIN 31	GAIN Quarterly Characteristics Report	REQ	Information Services Bureau	М	MASTER ONLY
GAIN 36	GAIN Appraisal Appointment Letter	REC	Employment Program Bureau	М	MASTER ONLY
GAIN 36 SP	GAIN Appraisal Appointment Letter	REC	и	М	MASTER ONLY
GAIN 39 ENG/SP	Notice To Other Parent	RSP	u	М	MASTER ONLY
GAIN 40 ENG/SP	Reminder To End Sanction	RSP	4	М	MASTER ONLY
GAIN 43 ENG/SP	GAIN Notice Of A Participation Problem	REQ	N	М	MASTER ONLY
GAIN 44 ENG/SP	GAIN Notice Of No Good Cause Determination And Conciliation Appointment	REQ	н	М	MASTER ONLY

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
GAIN 46 ENG/SP	GAIN Notice Of Missed Conciliation Appointment; Failed Telephone Attempt	REQ	Employment Program Bureau	М	MASTER ONLY
GAIN 50 ENG/SP	Your GAIN Hearing Rights How To Ask For A State Hearing	REQ	40	м	MASTER ONLY
GAIN 51 ENG/SP	GAIN Priority Statement	REC	K.	М	MASTER ONLY
GAIN 52 ENG/SP	Request To Be Excused Form GAIN	REQ	B-	М	MASTER ONLY
GAIN 53 ENG/SP	GAIN Program Notice	REQ	45	м	MASTER ONLY
GAIN 54 ENG/SP	Agreement To End GAIN Conciliation Sooner Than 20 Calendar Days	RSP	<b>3</b> 4	М	MASTER ONLY
GAIN 55 ENG/SP	Agreement To Extend Conciliation 10 Calendar Days	RSP	¥	М	MASTER ONLY
GAIN 61	GAIN Program Participant Data Collection	REQ	Information Services Bureau	М	MASTER ONLY
GAIN 62	Registration Fee Worksheet 1.5 Regional Market Rate (RMR) Ceiling Level	REQ	Employment Program Bureau	М	MASTER ONLY
GAIN SUPPLEMENT B	Short Term Prep Worksheet	RSP	44	М	MASTER ONLY
GAIN SUPPLEMENT B SP	Short Term Prep Worksheet	RSP	± <b>™</b>	М	MASTER ONLY
GAIN 105 ENG/SP	Agreement To Balance GAIN Supportive Services Overpayment With Child Care/AFDC Corrective Underpayment	REQ	# ##	М	MASTER ONLY
GAIN 106 ENG/SP	Agreement To Balance Child Care/AFDC Overpayment With GAIN Supportive Services Corrective Underpayment	REQ	pt	М	MASTER ONLY
GEN 387A	Request For Publications	REC	Administrative Services Bureau	SE	FREE
GEN 483	Record Of Manuais Added And Dropped	REC	R.	М	MASTER ONLY
GEN 727B	County Forms Order	REC	u	SE	.23 SE
GEN 759	County Roster	REC	Fiscal Systems & Accounting Branch	PD	50 SH FREE
GEN 827	Work Registration Referral	REQ	Employment Program Bureau	M	MASTER ONLY
GEN 973	Request For Photocopies Of UIB Or DIB Checks	REQ	Fraud Program Management Bureau	EA	FREE
GEN 1172	Court Case Statistical Report	REQ	Information Services Bureau	M	MASTER ONLY

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				FORM		
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified	
GR 237	General Relief And Interim Assistance To Applicants For SSI/ SSP Monthly Caseload And Expenditure Statistical Report Statistical	REQ	Information Services Bureau	PD	50 SH	
GR 238	County Mental Health Department-Interim Assistance To Applicants For SSI/SSP Monthly Caseload And Expenditure Statistical Report	REQ	*	PD	25 SH FREE	
ICPC 100A	Interstate Compact Placement Request-Instructions	REQ	Child Welfare Services Operation Bureau	SE	.29 SE	
ICPC 100B	Interstate Placement Report on Child's Placement Status	REC	Ľ	SE	.32 SE	
ICPC 100E	Interstate Compact Placement Request for Private Placements	REC	H	SE	1.56 SE	
ICPC 101	Interstate Compact On The Placement Of Children Social Assessment Of The Child And Family - Outline	RSP	4	м	MASTER ONLY	
IRCA 1	Immigration Reform And Control Act Of 1986 (IRCA) Monthly Caseload Report For Eligible Legalized Aliens (ELAs)	REQ	Information Services Bureau	М	MASTER ONLY	
ISAWS 7	Monthly Eligibility/Status Report	REQ	System Support Bureau	EA	.05 EA	
ISAWS 7 SP	Monthly Eligibility/Status Report	REQ	#	EA	.06 EA	
LIC 100	Facility File Summary Sheet	REC	Community Care Licensing Program Development Bureau	PD	50 SH FREE	
LIC 102	Sanitation Inspection Request	REQ	#5	PD	50 SH 1.79 PD	
LIC 107	Applicant Fingerprint Card Follow-Up Request	REC	4	SE	FREE	
LIC 122	Release Of Information	REC		PD	50 SH FREE	
LIC 166	Form Letter, Residential Care Facility Requirements Regarding The Overconcentration Of Facilities	REC	44	PD	50 SH FREE	
LIC 178	Penalty Review	REC	24	SE	FREE	
LIC 181	Licensing Of Facilities For Children Monthly Statistical Report	REC	u	PD	50 SH FREE	
LIC 183	Day Care/Residential CareFacilities Form Request	REC		SE	FREE	
LIC 184	Notification Of Incomplete Application	REC	4	SE SE	.09 SE	
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RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 185	Contact Sheet	REC	Community Care Licensing Program Development Bureau	PD	50 SH 1.58 PD
LIC 186	Orientation Meeting Tally	REC	W	PD	FREE
LIC 192	Notification Of Initial Application Denial	REC	64	PD	50 SH 1.65 PD
LIC 195	Notice Of Operation In Violation Of Law	REC	×	PD	50 SH FREE
LIC 195A	Notice Of Operation In Violation Of Law - Family Day Care	REC	ii	SE	FREE .
LIC 197	Foster Family Agencies Notification Of Action Taken	REC	#	PD	50 SH FREE
LIC 198	Child Abuse Index Check For County Licensed Facilities	REQ	ss	SE	FREE
LIC 198A	Child Abuse Index Check For State Licensed Facilities	REQ	44	PD	50 SH FREE
LIC 200	Application For A Community Care Facility or Residential Care Facility For The Elderly License	REC	¥	PD	50 SH FREE
LIC 200A	Application For A Child Day Care Center License	REC	ч	PD	50 SH FREE
LIC 201F	Annual License Fee Notice	REQ	ės.	SE/BD	FREE
LIC 203	License To Operate Facility	REQ	Ć(	PD	50 SH FREE
LIC 203A	Facility License (Computer)	REQ	44	SE/BD	FREE
LIC 215	Applicant Information	REC	44	PD	50 SH 2.92 PD
LIC 215 SP	Applicant Information	REC	u	EA	.06 E <b>A</b>
LIC 229	Certificate Of Approval For Certified Family Homes	REC	44	PD	50 SH FREE
LIC 279	Family Day Care Application	REC	EI .	PD	50 SH 2.98 PD
LIC 279 SP	Family Day Care Application	REC	et	EA	.05 EA
LIC 279A	Application Booklet For Community Care Homes	REC	ы	EA	FREE
LIC 279A SP	Application Booklet For Community Care Homes	REC	44	EA	FREE
LIC 281	Application Booklet For A Facility License	REC	u	EA	FREE
LIC 281A	Application Booklet for Child Day Care Centers	REC	H	EA	FREE
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RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 281B	Supplemental Application Information Booklet	REC	Community Care Licensing Program Development Bureau	EA	FREE
LIC 281C	Orientation/Application Process Certification of Completion	REC	и	EA	FREE
LIC 282	Affidavit Regarding Liability Insurance For Family Day Care Home	REC	N	PD	50 SH FREE
LIC 283	Foster Family Home Application	REC	ű	PD	50 SH FREE
LIC 283 SP	Foster Family Home Application	REC	u	EA	FREE
LIC 283A	Application Booklet For Foster Family Homes	REC	u	EA	FREE
LIC 301	Reference Request	REC	u	PD	50 SH 2,44 PD
LIC 306	Reporting Requirements By Licensees To The State Department Of Social Services	REC	N	PD	50 SH FREE
LIC 308	Designation Of Administrative Responsibility	REC	4	₽D	50 SH FREE
_IC 309	Administrative Organization	REC	и	PD	50 SH FREE
LIC 311A	Records To Be Maintained At The Facility - Day Care Centers, Infant Centers, School Age Centers And Care Centers For Mildly III Children	REC	d d	EA	FREE
LIC 311B	Records To Be Maintained By The Facility - Group Home	REC	4	PD	50 SH FREE
LIC 311C	Records To Be Maintained At The Facility - Adult Residential	REC		PD	50 SH FREE
LIC 311E	Records To Be Maintained At The Facility - Small Family Home And Foster Family Home	REC	u	PD	50 SH FREE
LIC 311F	Records To Be Maintained At The Facility - Residential Care Facility For The Elderly	REC	44	PD	50 SH FREE
LIC 313	Evidence Of Program Consultant	RÉC	М	SE	FREE
LIC 400	Affidavit Regarding Client/Resident Cash Resources	REQ	<b>4</b>	PD	50 SH FREE
LIC 400 SP	Affidavit Regarding Client/Resident Cash Resources	REQ	u u	E <b>A</b>	FREE
LIC 401	Estimated Monthly Operating Budget	REQ	36	PD	50 SH 2.44 PD
_IC 402	Surety Bond	REC	ja.	PD	50 SH 1.74 PD

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 403	Financial Statement	REC	Community Care Licensing Program Development Bureau	PD	50 SH 1.84 PD
LIC 404	Financial Information Release And Verification	REC	ĸ	PD	50 SH 1.72 PD
LIC 405	Record of Client's/Resident's Safeguarded Cash Resources	REC	<b>24</b>	PD	50 SH FREE
LIC 420	Budget Information	REC	44	PD	50 SH 1.86 PD
LIC 421	Facility Civil Penalty Assessment	REC	i i	SE	FREE
LIC 423	Evaluator Worksheet Community Care Facility (CCF) Residential Care Facility For The Elderly (RCFE) Financial Records Review	REC	à l	SE	.18 SE
LIC 424	Accounting Record For Change Of License	REC	44	SE	FREE
LIC 500	Personnel Report	REC	Œ	PD	50 SH FREE
LIC 501	Personnel Record	REC	H	PD	50 SH FREE
LIC 503	Health Screening Report - Facility Personnel	REC	44	PD	50 SH FREE
LIC 503 SP	Health Screening Report - Facility Personnel	REC	44	EA	FREE
LIC 507	Facilities Staff Work Schedule	REQ	44	PD	50 SH FREE
LIC 508	Criminal Record Statement	REQ	44	PD	50 SH FREE
LIC 508 SP	Criminal Record Statement	REQ	\$4	EA	FREE
LIC 601	Identification And Emergency Information	REC	44	PD	50 SH FREE
LIC 602	Physician's Report For Community Care Facilities	REC	M	PD	50 SH FREE
LIC 602 <b>A</b>	Physician's Report For Residential Care Facilities For the Elderly (RCFE)	RSP	a a	PD	50 SH FREE
LIC 603	Preplacement Appraisal Information Admission Residential Care Facilities	REC	44	PD	50 SH FREE
LIC 603A	Resident Appraisal Residential Care Facilities For the Elderly (RCFE)	REÇ	L L	PD	50 SH FREE
LIC 604	Admission Agreement Guide For Residential Facilities	REC	545	PD	50 SH FREE
LIC 604A	Admission Agreement For Residential Care Facilities For The Elderly	REC	44	PD	50 SH FREE
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RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER	AMOUNT PER ORDER UNIT only 100/50 SHI per PD or BD unless otherwise specified
LIC 605A	Release Of Client/Resident Medical Information	REC	Community Care Licensing Program Development Bureau	PD	50 SH FREE
LIC 610	Emergency Disaster Plan For Residential Care Facilities For The Elderly, Community Care Facilities & Child Care Daycare Centers	REC	44	SE	FREE
LIC 610 SP	Emergency Disaster Plan For Residential Care Facilities For The Elderly, Community Care Facilities & Child Care Daycare Centers	REC	44	SE	FREE
LIC 610A	Emergency Disaster Plan For Foster Family Homes and Family Day Care Homes	REC	***	SE	.08 SE
LIC 610A SP	Emergency Disaster Plan For Foster Family Homes and Family Day Care Homes	REC	¥	SE	.13 SE
LIC 613	Personal Rights - Community Care Facilities Child Day Care Facilities, Residential Care Facilities For The Elderly	REC	н	PD	50 SH FREE
LIC 613 SP	Personal Rights - Community Care Facilities And Residential Care Facilities For The Elderly	REC	66	PD	50 SH FREE
LIC 613A	Personal Rights - Child Day Care Facilities	REC	ti in the same of	PD	50 SH FREE
LIC 613A SP	Personal Rights - Child Day Care Facilities	REC	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PD	50 SH FREE
LIC 618	Client Weight Record	REC	28	PD	50 SH FREE
LIC 621	Client Resident Personal Property And Valuables	REC	55	PD	50 SH FREE
LIC 622	Centrally Stored Medication And Destruction Record	REC	55	PD	50 SH FREE
LIC 624	Unusual Incident/Injury/Death Report	REC	44 A A A A A A A A A A A A A A A A A A	PD	50 SH FREE
LIC 625	Appraisal Needs and Services Plan	REC	0	PD	50 SH FREE
LIC 627	Consent For Medical Treatment	REC	u ·	PD	50 SH FREE
LIC 627 <b>A</b>	Consent To A Medical Examination	REC	*	PD	50 SH FREE
LIC 700	identification And Emergency Information Day Care Centers To Be Completed By Parent Or Guardian	REC	<b>K</b>	PD	50 SH FREE
LIC 701	Physician's Report Day Care Centers	REC	M M	PD	50 SH FREE

RSP= REQUIRED FORM NO

REQUIRED FORM SUBSTITUTE

RECOMMENDED RFC= WITH PRIOR DSS APPROVAL **FORM** CHANGE PERMITTED AMOUNT PER ORDER UNIT REQ **PROGRAM** ORDER TITLE **FORM** only 100/50 SH per PD or BD unless otherwise specified UNIT **RSP** CONTACT NUMBER REC PD50 SH Community Child's Preadmission Health History-Parent's Report REC LIC 702 Care FREE Licensina Program Development Bureau PD 50 SH REC LIC 802 Complaint Report 2.39 PD SE .08 SE REQ Facility Evaluation Report LIC 809 REC SE .08 SE Confidential Names LIC 811 PD 50 SH REÇ Detail Supportive Information LIC 812 1.51 PD PD 50 SH REQ Facility Photography Report LIC 813 2.26 PD REC SE FREE LIC 837 Request For Audit Services REC PD 50 SH LIC 855 Declaration 2.41 PD SE .17 SE REC LIC 856 Complaint Response SE FREE RFC LIC 857 Children's Records Review (Day Care Center) SE FREE REC LIC 858 Client /Resident Records Review (Residential) FREE SE Additional Child Records Review for Specialized Foster Care REC LIC 858A Homes SE .12 SE REC LIC 859 Review Of Staff/Volunteer Records REC PD 50 SH LIC 907 Transmittal For Processing FREE FREE REC SE Facility File Folder Inserts LIC 908 SE **FREE** REC Facility File Folder Inserts For The Confidential Files LIC 908A REC PD 50 SH LIC 953 Monthly Application Control Log 1.92 PD PD 50 SH REC LIC 956 Facility Waiver Request 2.47 PD PD 50 SH REC LIC 957 Complaint Control Log FREE SE .23 SE REQ LIC 959 County Licensing Service Request REC SE .12 SE Exception/Exemption Request LIC 971 PD 50 SH REQ Individual Waiver Exception Log LIC 972 2.81 PD PD 50 SH REÇ Notice To Cancel Subsequent Arrest Reports LIC 975 FREE PD REC 50 SH LIC 981 Weekly Itinerary **FREE** 

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 986A	Notice Of Revocation Action	REC	Community Care Licensing Program Development Bureau	EA	FREE
LIC 989	Information Request	REQ	u	PD	50 SH 2.44 PD
LIC 995	Notification Of Parent's Rights	REQ	*	PD	50 SH FREE
LIC 995 SP	Notification Of Parent's Rights	REQ	A	PD	50 SH FREE
LIC 996	Agreement For Licensure Of Community Care Facility/Child Day Care Facility On Federal Propert	REQ	d d	PD	50 SH FREE
LIC 996A	Agreement For Licensure Of Community Care Facility/Child Day Care Facility On Indian Reservations	REQ		EA	FREE
LIC 997	Agreement By Licensee/Applicant On Federal Property	REQ	34.	PD	50 SH FREE
LIC 997A	Agreement By Licensee/Applicant On Indian Reservations	REQ	15	EA	FREE
LIC 999	Facility Sketch	REC	ā	PD	50 SH FREE
LIC 999 SP	Facility Sketch	REC	## No. of the last	PD	50 SH FREE
LIC 9011A	Department of Justice Notification	REC	26 26 27 28	PD	50 SH FREE
LIC 9017	Training Bulletin	REC	46	M	MASTER ONLY
LIC 9020	Roster Of Facility Client/Residents	REC	*	EΑ	FREE
LIC 9024	Capacity Worksheet	RSP	4	PD	50 SH FREE
LIC 9027	Resident's Health Status - Summary	REC	ч	SE	FREE
LIC 9029A	Statement Of Facts Summary Sheet	REC	H	SE	FREE
LIC 9031	Notice - Temporary Suspension Order Of License	REC	н	EA	FREE
LIC 9040	Child Day Care Facility Roster (Retain For 3 Years) Day Care Centers, Infant Care Centers, School Age Centers And Family Day Care Homes	REC	A A A A A A A A A A A A A A A A A A A	EA	FREE
LIC 9052	Notice Employee Rights	REC	et.	PD	50 SH FREE
LIC 9053	Preliminary Application Review Certificate For Residential Care Facilities For The Elderly (RCFE)	REC	QQ .	PD	50 SH FREE
LIC 9054	Local Fire Inspection Authority Information Required By The Department Of Social Services, Community Care Licensing	REC	34 34 34 34 34 34 34 34 34 34 34 34 34 3	PD	50 SH FREE
LIC 9054 SP	Local Fire Inspection Authority Information Required By The Department Of Social Services, Community Care Licensing	REC	a a	PD	50 SH FREE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

HEC= HECOMMENDED FORM

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 9058	Applicant/Licensee Rights	REC	Community Care Licensing Program Development Bureau	PD	50 SH FREE
LIC 9058 SP	Applicant/Licensee Rights	REC	N	PD	50 SH FREE
LIC 9059	Personal Property Procedures (RCFE)	REC	4	PD	50 SH FREE
LIC 9060	Resident Theft And Loss Record	REC	44	PD	50 SH FREE
LIC 9067	Management Visit Control Log	REC	#	м	MASTER ONLY
LIC 9068	Criminal Record Notice Log	REC	н	М	MASTER ONLY
LIC 9076	Letter Of Audit Findings (Audits) Certified Mail	REC	la la	М	MASTER ONLY
LIC 9077	Solvency Audit Letter (Audits)	REC	u	М	MASTER ONLY
LIC 9082	Receipt For Delivery Of Records (Audits)	REC	u.	SE	FREE
LIC 9089	Annual Focus Visit Report For Residential Care Facilities For The Elderly	REC	¥	SE	FREE
LIC 9090	Annual Focus Visit Report For Child Day Care Centers	REC	ы	SE	FREE
LIC 9091	Unannounced Focused Renewal Visit Report For Community Care Facilities	REC	99	SE	FREE
LIC 9092	Pre-Inspection/Consultation Request	REC	u	PD	50 SH FREE
LIC 9095	Evaluation Of Teacher Qualifications Child Day Care Center	REC	EA.	EA	FREE
LIC 9096	Evaluation Of Director Qualifications	REC	#	EA	FREE
LIC 9099	Complaint Investigation Report	REC	g	SE	FREE
LIC 9102	Advisory Notes	REC	**	SE	FREE
LIC 9104	LIS Input Sheet	REC	•	PD	50 SH FREE
LIC 9105	Residual Request-Health Condition Relocation Review Residential Care Facilities For The Elderly	REC	4	SE	FREE
LIC 9106	Group Home Program Statement	REC	¥	SE	FREE
LIC 9108	Statement Acknowledging Requirement to Report Suspected Child Abuse	REC	ęz.	SE	FREE
LIC 9111	Noncompliance Conference Summary	REC	64	PD	50 SH FREE
LIC 9112	Facility Compliance Plan	REC	и	PD	50 SH FREE
LIC 9115	Provisional Certificate of Authority - Continuing Care Contracts	REC	4	м	MASTER ONLY

REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

AMOUNT PER ORDER UNIT FORM TITLE REQ **PROGRAM** ORDER only 100/50 SH per PD or BD unless otherwise specified RSP UNIT NUMBER CONTACT REC LIC 9116 Provisional Certificate of Authority - Life Care Contracts REC Community M MASTER ONLY Care Licensing Program Development Bureau PD REC LIC 9118 Annual License Visit Checklist Day Care & Infant Centers 50 SH FREE LIC 9119 REC PD 50 SH Annual License Visit Checklist Group Homes FREE PD 50 SH LIC 9120 Annual License Visit Checklist Adult Residential Facilities REC FREE PD LIC 9121 Annual License Visit Checklist Family Day Care REC 50 SH FREE LIC 9122 Annual License Visit Checklist SFH or FFH REC PD 50 SH FREE PDLIC 9123 Annual License Visit Checklist RCFE REC 50 SH FREE LIC 9124 REQ SE FREE County Child Abuse Complaint Record Information Request LIC 9129 REC EΑ FREE Certified Family Home Checklist LIC 9130 Administrator's Checklist REC EΑ FREE FREE LIC 9131 Request To Delete Personnel Or Facilities REC SE LIC 9134 Fingerprint Transfer List REC EΑ FREE MILLER vs Your NET Hearing Rights - How To Ask For A State Hearing REQ Employment М MASTER ONLY CARLSON Program Bureau MASTER ONLY MILLER vs. Your NET Hearing Rights - How To Ask For A State Hearing REQ М CARLSON SP NA 100 ENG/SP Notice Of Action - Supplemental Child Care REQ М MASTER ONLY MASTER ONLY NA 110 ENG/SP Notice of Action - Blank CAAP REQ М NA 111 ENG/SP Notice Of Action Approval (CAAP) REQ М MASTER ONLY NA 112 ENG/SP REQ MASTER ONLY Notice Of Action Denial (CAAP) М NA 113 ENG/SP REQ М MASTER ONLY Notice Of Action (CAAP) Incomplete SCC 6 NA 115 ENG/SP Notice of Action to Restore Eligibility (CAAP) REQ М MASTER ONLY REQ М MASTER ONLY NA 116 ENG/SP Notice of Action Change of Payment (CAAP) M MASTER ONLY NA 117 ENG/SP Notice Of Action Overpayment Adjustment (CAAP) REQ MASTER ONLY REQ М NA 118 ENG/SP Notice Of Action DOverpayment Demand Notice (CAAP) MASTER ONLY NA 119 ENG/SP Notice of Action Underpayment Adjustment (CAAP) REQ М

REC = RECOMMENDED

FORM

REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIQR DSS APPROVAL

AMOUNT PER ORDER UNIT **PROGRAM** ORDER REQ TITLE only 100/50 SH per PD or BD unless otherwise specified FORM UNIT CONTACT RSP NUMBER REC .09 SE RSP AFDC Policy SE Notice Of Action (Multi Purpose-Includes Budget) NA 200 implementation Bureau SE 29 SE **RSP** Notice Of Action (Multi Purpose-includes Budget) NA 200 SP SE .13 SE Deny Discontinue, Suspend-Financial Eligibility And Lump Sum REQ NA 210 .13 SE SE Deny, Discontinue, Suspend-Financial Eligibility And Lump Sum REQ NA 210 SP SE .06 SE REQ Deny, Discontinue, Suspend - 185% NA 211 .07 SE SE REQ Deny, Discontinue, Suspend - 185% NA 211 SP SE .06 SE FO NA 270 Continuation Page SE .07 SE REQ NA 270 SP Continuation Page MASTER ONLY RSP М Continuation Page Deemed Income Computations - Cash Aid NA 271 MASTER ONLY RSP м Continuation Page Deemed Income Computation - Cash Aid NA 271 SP MASTER ONLY Continuation Page-Income of Aided Parent/Ineligible. Alien Child М RSP NA 272 MASTER ONLY Continuation Page-Income of Aided Parent/Ineligible. Alien Child М RSP NA 272 SP SF .06 SE **RSP** Continuation Page Deny Federal AFDC-U NA 273 .07 SE SE REQ Continuation Page Deny Federal AFDC-U NA 273 SP REO SE .10 SE Notice Of Action - Continuation Page - Overpayment Computations NA 274 SE REQ .19 SE NA 274 SP Notice Of Action - Continuation Page - Overpayment Computations **RSP** SE .16 SE Notice Of Action - Continuation Page - Overpayment Computations NA 274B SE .12 SE **RSP** Notice Of Action - Continuation Page - Overpayment Computations NA 274B SP SE .08 SE REQ Notice Of Action - Continuation Page-Overpayment Computations NA 274C SE .24 SE REQ Notice Of Action - Continuation Page - Overpayment Computations NA 274C SP SE .11 SE Notice Of Action - Continuation Page (Overpayment Adjustment REQ NA 275 Computation - Cash Aid) .20 SE Notice Of Action - Continuation Page (Overpayment Adjustment REQ SE NA 275 SP Computation - Cash Aid) М MASTER ONLY **RSP** Notice Of Action - Continuation Page (Computation of Unmet NA 276 Needs of Aided Parent's Ineligible Alien Children) MASTER ONLY Notice Of Action - Continuation Page (Computation of Unmet RSP М NA 276 SP Needs of Aided Parent's Ineligible Alien Children) SE .09 SE **RSP** NA 290 Notice of Action - Multipurpose SE .25 SE RSP NA 290 SP Notice of Action - Multipurpose MASTER ONLY **RSP** М Notice of Action - Ceja v. Carlson Retroactive Request for NA 296 Information

RECOMMENDED

**FORM** 

REC=

REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

OHANGL	: FL HIVITTED	-			
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
NA 296 SP	Notice of Action - Ceja v. Carlson Retroactive Request for Information	RSP	AFDC Policy Implementation Bureau	М	MASTER ONLY
NA 297	Notice of Action - Ceja v. Carlson Retroactive Denial	RSP	#	М	MASTER ONLY
NA 297 SP	Notice of Action - Ceja v. Carlson Retroactive Denial	RSP	н	М	MASTER ONLY
NA 298	Notice of Action - Ceja v. Carlson Retroactive Approval	RSP	24	M	MASTER ONLY
NA 298 SP	Notice of Action - Ceja v. Carlson Retroactive Approval	RSP	e e	М	MASTER ONLY
NA 690	In Home Supportive Services Natice Of Action	RSP	Adult Services Management Branch	M	MASTER ONLY
NA 690 SP	In Home Supportive Services Notice Of Action	RSP	15	M	MASTER ONLY
NA 690A	In Home Supportive Services Notice Of Action - Denial	RSP	u	M	MASTER ONLY
NA 690A SP	In Home Supportive Services Notice Of Action - Denial	RSP	H	M	MASTER ONLY
IA 690B	In Home Supportive Services Notice Of Action - Reassessment	RSP		М	MASTER ONLY
IA 690C	In Home Supportive Services Notice Of Action-Discontinuance	RSP	u u	М	MASTER ONLY
IA 690C SP	In Home Supportive Services Notice Of Action Discontinuance	RSP	44	М	MASTER ONLY
JA 791	AAP - Approval/Denial/Change	REQ	Adoptions Policy Bureau	EA	.06 EA
IA 791 SP	AAP Approval/Denial/Change	RSP	u	SE	.09 SE
IA 801 ENG/SP	Notice Of Action GAIN (Manual Process)	REQ	Employment Program Bureau	M	MASTER ONLY
NA 802 ENG/SP	Notice Of Action GAIN (Automated)	REQ	STATE OF THE STATE	М	MASTER ONLY
NA 803 ENG/SP	Notice Of Action GAIN (Continuation Page)	REQ	н	M	MASTER ONLY
IA 804 ENG/SP	Non-GAIN Education Or Training Notice Of Action (Blank)	REQ	H	M	MASTER ONLY
IA 805 ENG/SP	Notice Of Action To Approve NET Programs	REQ		М	MASTER ONLY
IA 805A ENG/SP	Notice Of Action - Approval Of NET Program	REQ	a.	M	MASTER ONLY
IA 805B ENG/SP	Notice Of Action - Approval Of NET Program	REQ	<b>u</b>	М	MASTER ONLY
IA 806 ENG/SP	Notice Of Action NET Program Denial	REQ	*	M	MASTER ONLY
IA 807	Notice Of Action Discontinue NET Child Care	REQ		M	MASTER ONLY
IA 807 SP	Notice Of Action Discontinue NET Child Care	REQ	24	М	MASTER ONLY
808 A	Notice Of Action NET Child Care Change	REQ	++	м	MASTER ONLY
IA 806 SP	Notice Of Action NET Child Care Change	REQ		М	MASTER ONLY
IA 809 ENG/SP	Notice Of Action NET Child Care Denial	REQ	1 14 14 14 14 14 14 14 14 14 14 14 14 14	М	MASTER ONLY
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RECOMMENDED

FORM

REC≖

AMOUNT PER ORDER UNIT TITLE REQ **PROGRAM** ORDER **FORM** only 100/50 SH per PD or BD unless otherwise specified RSP CONTACT UNIT NUMBER REC Employment MASTER ONLY NA 810 Notice Of Action Non-Gain Education Or Training (NET) REQ М Program Qverpayment Bureau Notice Of Action Non-Gain Education Or Training (NET) REQ М MASTER ONLY NA 810 SP Overpayment MASTER ONLY NA 811 Notice Of Action Good Cause (NET) REQ М MASTER ONLY NA 811 SP REQ М Notice Of Action Good Cause (NET) RSP М MASTER ONLY (FSET) Notice Of A Participation Problem And Opportunity NA 812 ENG/SP For Conciliation MASTER ONLY RSP NA 813 ENG/SP Food Stamp Employment And Training Program (FSET) Notice М Of No Good Cause Determination And Conciliation MASTER ONLY NA 814 ENG/SP Notice of Action - NET SCC 2 Incomplete Request REQ М NA 960X CA 7 Not Received REQ AFDC SE .07 SE Policy Implementation Bureau REQ SE .23 SE NA 960X SP CA 7 Not Received. REQ SE .08 SE NA 960Y Stop Aid - Report Incomplete (CA 7) NA 960Y SP Stop Aid - Report Incomplete (CA 7) REQ SE .20 SE NA 981 Child Welfare Services Notice Of Action REQ Child SE .11 SE Welfare Services Operations Bureau MASTER ONLY NA 981 SP Child Welfare Services Notice Of Action REQ M Family & **CWS Notice Of Action Services** REQ SE .07 SE NA 982 Children Services Policy Bureau REQ SE .12 SE NA 982 SP **CWS Notice Of Action Services** AFDC Policy MASTER ONLY NA 990 Notice of Action (Master for use in automated NOA production) RSP М Implementation Bureau RSP MASTER ONLY NA 990 SP **Automated Notice Of Action** М REQ Refugee & SE .10 SE NA 991 RCA/ECA MC-Decrease/Expiration (Time Expiration) Immigration Program Bureau NA 991 SP RCA/ECA MC-Decrease/Expiration (Time-Expiration) REQ SE .40 SE

RFO= REQUIRED FORM NO RSP= CHANGE PERMITTED

Food Stamp Program Standard NOA Budget

Food Stamp Program NOA Gross Test Budget

Food Stamp Program NOA Net Test Budget

FORM

NUMBER

NA 1000

NA 1001

NA 1002

NA 1003

NA 1004

NA BACK 7

NA BACK 7 SP

NAIGL BACK

NA SCC/CAAP

BACK ENG/SP

ORR 3 PAGE 1

ORR 3 PAGE 2

**Building A Better Diet** 

Eating For Better Health

Facts About The Food Stamp Program

Facts About The Food Stamp Program

Make Your Food Dollars Count

Make Your Food Dollars Count

Which Brand is The Best Buy?

Which Brand Is The Best Buy?

Eat A Variety Of Foods

ORR 4

PA 1241

PA 1290

PA 1340

PA 1340 SP

PA 1342 SP

PA 1342

PA 1343

PA 1344

PA 1345

PA 1346

PA 1344 SP

PA 1345 SP

ENG/SP

TITLE

REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

REC- RECOMMENDED FORM AMOUNT PER ORDER UNIT ORDER PROGRAM REO only 100/50 SH per PD or BD unless otherwise specified UNIT RSP CONTACT REC MASTER ONLY **RSP** Food Stamp M Program Bureau MASTER ONLY Food Stamp Program Minimum NOA Budget For Approvals М **BSP** M MASTER ONLY RSP MASTER ONLY **RSP** V **RSP** М MASTER ONLY Food Stamp Program Standard Overissuance NOA Budget MASTER ONLY AFDC Policy REQ М Your Hearing Rights/How To Ask For A State Hearing Implementation Bureau MASTER ONLY REQ M Your Hearing Rights/How To Ask For A State Hearing Employment REQ M MASTER ONLY Cal Learn Hearing Rights - How To Ask For A State Hearing Program Bureau **RSP** Μ MASTER ONLY (SCC) Or (CAAP) Hearing Rights How To Ask For A State Hearing Refugee & SE FREE Refugee And Entrant Unaccompanied Minor Placement Report Immigration Program Bureau FREE SE Refugee And Entrant Unaccompanied Minor Placement Report Form SE FREE Refugee And Entrant Unaccompanied Minor Progress Report Food Stamp EΑ FREE **RSP** Program Bureau FREE RSP EΑ FREE EΑ RSP FREE EΑ RSP EΑ FREE RSP ĒΑ FREE RSP FREE Making Your Food Dollars Count - Buy Better (USDA Poster) **RSP** ĔΑ FREE EΑ **RSP** EΑ FREE RSP EΑ FREE RSP Do You Use Food Labels To Make Smart Choices? FREE ĒΑ **RSP** Do You Use Food Labels To Make Smart Choices? EΑ FREE RSP

RSP≈ REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
PA 1347	Plan Ahead To Make Your Food Dollars Count	ASP	Food Stamp Program Bureau	EA	FREE
PA 1347 SP	Plan Ahead To Make Your Food Dollars Count	RSP	44	EA	FREE
PA 1385	Enjoy Fruits	ASP	4	EA	FREE
PA 1385 SP	Enjoy Fruits	RSP	tu .	EA	FREE
PA 1386	Enjoy Vegetables	ASP	a	EA	FREE
PA 1386 SP	Enjoy Vegetables	ASP	44	EA	FREE
PA 1387 SP	Enjoy Legumes	RSP	u	EA	FREE
PA 1387 SP	Enjoy Legumes	RSP	и	EA	FREE
PA 1388	Using Less	RSP	44	EA	FREE
PA 1388 SP	Using Less	RSP	44	EA	FREE
PA 1419	Choosing Foods For A Healthy Family	RSP	u	EA	FREE
PA 1419 SP	Choosing Foods For A Healthy Family	ASP	64	EA	FREE
PM 357	CHDP Referral Form	RSP	AFDC Policy Implementation Bureau	SE	FREE
PUB 3 Bi	Adopting Todays Children	REQ	Adoptions Recruitment & Community Services Bureau	EA	FREE
PUB 13	Your Rights	REQ	Administrative Adjudications Operations Support Bureau	EA	FREE
PUB 13 SP	Your Rights	REQ	ħ	EA	FREE
PUB 47 BI	Poster - Eligibility Report Reminder	AEC	AFDC Policy Implementation Bureau	EA	FREE
PUB 50	Adoption in California	REC	Adoptions Recruitment & Community Services Bureau	EA	FREE
PUB 56	In-Home Supportive Services General Information Brochure	REC	Adult Services Management Branch	EA	FREE
PUB 56 SP	IHSS General Information Brochure	REC	4	EA	FREE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REG RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
PUB 62	AFDC Recipient Handbook	REC	AFDC Policy Implementation Bureau	ĒΑ	FREE
PUB 62 SP	AFDC Recipient Handbook	REC	ц	EA	FREE
PUB 69	County Forms Catalog	REC	Administrative Services Bureau	EA	FREE
PUB 72	Community Care For Children. What Are Parents Responsibilities?	REC	Community Care Licensing Program Development Bureau	EA	FREE
PUB 72 SP	Community Care For Children. What Are Parents Responsibilities?	REC	ed.	EA	FREE
PUB 99	Medi-Cal Information Document For California Children Placed In Out-Of-State Care	REC	Children's Services Program Development Bureau	М	MASTER ONLY
PUB 104	In-Home Supportive Services Individual Provider Benefits And Services Information	REC	Adult Services Management Branch	EA	FREE
PUB 104 SP	In-Home Supportive Services Individual Provider Benefits And Services Information	REC	\$4	EA	FREE
PUB 106A	Facing The Facts: A Parents Guide To The Understanding Of Child Sexual Abuse	REC	Children Services Branch	EA	FREE
PUB 106A SP	Facing The Facts: A Parent's Guide To The Understanding Of Child Sexual Abuse	REC	44	EA	FREE
PUB 119	A Consumer Guide To Community Care Facilities	REC	Community Care Licensing Program Development Bureau	EA	FREE
PUB 122	Child Care Ombudsman Program. "Communication, Knowledge, Advocacy"	REQ	66	EA	FREE
PU8 126	Confidentiality Of Adoption Records Independent Adoptions	REC	Adoptionos Recruitment & Community Services Bureau	EA	FREE .
PUB 129	Child Abuse Reporting And You - What Happens When A Report Is Made?	REC	Children Services Branch	EA	FREE
PUB 129 SP	Child Abuse Reporting- And You What Happens When A Report Is Made	REC	M. M. Marian and M.	M	FREE
PUB 132	Child Abuse Reporting Law	REQ	N N	EA	FREE
		<u> </u>	<u> </u>	<u> </u>	

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
PUB 141	Child Welfare Services Voluntary Family Maintenance	REC	Child Welfare Services Operations Bureau	EA	FREE
PUB 142	Child Welfare Services Court Ordered Family Maintenance	REC		EA	FREE
PUB 143	Child Welfare Services Voluntary Family Reunification	REC	ш	EA	FREE
PUB 144	Child Welfare Services Court Ordered Family Reunification	REC	4	EA	FREE
PUB 145	Child Welfare Services Permanent Placement For Youths Over 18 in School Or Training	REC	4	EA	FREE
PUB 146	Child Welfare Services Court Ordered Permanent Placement	REC	44	EA	FREE
PUB 147	Child Welfare Services Court Ordered Permanent Placement With Parent Visitation	REC	44	EA	FREE
PUB 152	Adoption Assistance Program A Family - Every Special Child's Dream	REC	Adoptions Recruitment & Community Services Bureau	EA	FREE
PUB 160	California Child Support Information Handbook	REC	Child Support Management Bureau		FREE
PUB 160 SP	California Child Support Information Handbook	REC	u	EA	FREE
PUB 168	GAIN Guidebook	REQ	Employment Program Bureau	EA	FREE
PUB 168 SP	GAIN Guidebook	REQ	и	EA	FREE
PUB 180	Poster - Don't Turn Your Back On Your Kids	REC	Child Support Management Bureau	EA	FREE
PUB 180A	Poster - Don't Turn Your Back On Your Kids	REC	#	EA	FREE
PUB 180B	Poster - Don't Turn Your Back On Your Kids	REC	a	EA	FREE
PUB 187	Poster - Do You Know Someone Who Needs Help "Hearing"?	REC	Office Of Deaf Access	EA	MASTER ONLY
PUB 190	How To Hire And Supervise Your In-Home Supportive Services (IHSS) Provider	REC	Adult Services Management Bureau	EA	FREE
PUB 190 SP	How To Hire And Supervise Your In-Home Supportive Services (IHSS) Provider	REC	u	EA	FREE
PUB 197	Preparation Options For Teachers Of Young Children	REC	Community Care Licensing Program Development Bureau	EA	FREE

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FORM Number	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
PUB 198	Adoption Every Waiting Child's Dream	REC	Adoptions Recruitment & Community Services Bureau	EA	FREE
PUB 199	Facts You Need To Know About Licenses For Child Day Care Facilities	REC	Community Care Licensing Program Development Bureau	EA	FREE
PUB 200	Facts You Need To Know About Licenses for Community Care Facilities And Residential Care Facilities For The Elderly	REC	ii	EA	FREE
PUB 203	Your Guide To Workers' Compensation For IHSS Providers		Adult Services Management Branch	EA	FREE
PUB 203 SP	Your Guide To Worker's Compensation For IHSS Providers	REC	da	EA	FREE
PUB 206	Department of Social Services Injury And Illness Prevention Program	REQ	Administrative Services Bureau	EA	FREE
PUB 208	Are You Working?The At Risk Child Care Program May Be Able To Help You. Alternate Payment Program (Brochure)	AEC	Employment Program Bureau	EA	FREE
PUB 208 SP	Are You Working?The At Risk Child Care Program May Be Able To Help You. Alternate Payment Program (Brochure)	REC	44	EA	FREE
PUB 209 ENG/SP	We May Be Able To Help You Pay For Child Care. Alternate Payment Program (Flyer)	REC	l l	EA	Free
PUB 210	Are You Working? Do You Need Help Paying For Child Care? Alternate Payment Program (Poster)	REC	54.	EA	FREE
PUB 210 SP	Are You Working? Do You Need Help Paying For Child Care? Alternate Payment Program (Poster)	REC	44	EA	FREE
PUB 223	Information for Potential Group Home License Applicants	REG	Community Care Licensing Program Development Bureau	EA	FREE
PUB 227	Child Abuse Prevention Handbook	REC	Children Services Branch	EA	FREE
PUB 232 SP	How Would You Like To Have An Extra \$100 Every Month? - Work Pays	REC	Deputy Director Public	EA	FREE
PUB 237 ENG/SP	Never, Never Shake Your Child	REC	Children Services Bureau	EA	FREE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
PUB 242 BI	Poster-Social Security Information	REQ	Child Support Management Bureau	EΑ	FREE
PUB 244	Establishing Paternity For You And Your Child	REQ	<b>"</b>	EA	FREE
PUB 244 SP	Establishing Paternity For You And Your Child	REQ	u	EA	FREE
QC 1	Worksheet For Integrated Change To AFDC, Adult Food Stamps And Medicaid Eligibility Quality Control Reviews	REC	Review and Evaluation Bureau	SE	.08 SE
QC 10	Monthly Quality Control Caseload Statistics Report	REC	44	М	MASTER ONLY
QC 11	Department Of Social Services Individual Equipment Assignment - REB District Office	REC	44	м	MASTER QNLY
RCA 43	RCA Notice Of A Participation Problem	REQ	Refugee & Immigration Program Bureau	M	MASTER ONLY
RCA 44	RCA Notice of no Good Cause Determination And Conciliation Appointment	REQ	4	М	MASTER ONLY
RS 1	Refugee Resettlement Program Services Application And Assessment Information	RSP	u	SE	FREE
RS 1C	Refugee Resettlement Program Services Application And Assessment	RSP	t.	М	MASTER ONLY
RS 3	Central Intake Unit (CIU) Referral/Notification Form	REQ	44	SE	.17 SE
RS 3A	Client Tracking	RSP	H	SE	FREE'
RS 3B	Central Intake Unit/Central Intake Point Nonparticipation Interview Appointment Letter	RSP	μ	SE	FREE
RS 3C	Nonparticipation Interview Report Demonstration Project (RDP)	REQ	ú	SE	FREE
RS 8A	90 Day Follow-Up	RSP	14	PD	50 SH FREE
RS 9A	Health Accessing Referral	RSP	i i	PD	100 SH FREE
RS 10	Refugee Resettlement Program Quarterly Report On Assessments And Select Demographics	REQ	Information Services Bureau	M	MASTER ONLY
RS 14	Targeted Assistance Program Intake/Assessment And Referral Monthly Report	RSP	***	SE	FREE
RS 15	Refugee Monthly Employment Social Services Report	REQ	4	М	MASTER ONLY
RS 16 RRP	Refugee Resettlement Program Monthly Grant Reductions, Terminations And Sanctions	REQ	64	М	MASTER ONLY
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REG= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

CHANGE	PERMITIED WITH PRIOR DOG APPROVE	11 <del>-</del>			
FORM NUMBER	TITLE	REQ RSP REG	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
RS 16TA	Refugee Resettlement Program Monthly Grant Reduction, Terminations and Sanctions - Targeted Assistance	REQ	Information Services Bureau	M	MASTER ONLY
RS 18	Refugee Services - Information Transmittal	REQ	и	SE	.06 SE
RS 22A	Refugee Program Report Time-Expired Cased and GA/GR Refugee Cases And Persons	REQ	"	EA	FREE
RS 30	Explanation Of The Mandatory Work Registration Requirements	RSP	ıţ	PD	100 SH FREE
RS 237	Refugee Resettlement Program - Cash Grant Only)	REQ	н	м	MASTER ONLY
RS 238	Refugee Assistance By Nationality Annual Report - (Persons	REQ	и	ħ/i	MASTER ONLY
RS 249	Refugee Cash Assistance (RCA) Conciliation Report	REQ	tš	М.	MASTER ONLY
SAWS 1	Application For Cash Aid, Food Stamps, And/Or Medical Assistance (SAWS 1)	REQ	AFDC Policy Implementation Bureau	SE	.04 SE
SAWS 1 SP	Coversheet And Application For Cash Aid, Food Stamps, And/Or Medical Assistance	REQ	ĸ	SE	.05 SE
SAWS 2	Statement Of Facts Cash Aid, Food Stamps And Medical Assistance	REQ	к	M	MASTER ONLY
SAWS 2 SP	Statement of Facts - Cash Aid, Food Stamps & Medi-Cal	REQ	6	М	MASTER ONLY
SAWS 2A	Important Information For Cash Aid, Food Stamps, And Medical Assistance Applicants And Recipients	REQ	и .	SE	.12 SE
SAWS 2A SP	Important Information For Cash Aid, Food Stamps, Medical Assistance Applicants And Recipients	REQ	63	SE	.12 SE
SAWS 7	Monthly Eligibility/Status Report	REQ	u	PD	100 SH 3.54 PD
SAWS 7 SP	Monthly Eligibility/Status Report	REQ	#	M	MASTER ONLY
SC 800	Summary Report Of Special Circumstances	REQ	Fiscal Policy Burezu	М	MASTER ONLY
SCC 4 ENG/SP	Important Notice (SCC) Program	REC	Employment Program Bureau	M	MASTER ONLY
SCC 5 ENG/SP	Supplemental Child Care (SCC) Program Information	RSP	**	M	MASTER ONLY
SCC 6 ENG/SP	Monthly Child Care Eligibility Report	RSP	<b>65</b>	M	MASTER ONLY
SCC 7	Child Care Payment Calculation Worksheet	REC	4	M	MASTER ONLY
SCC 10 ENG/SP	Child Care Repayment Agreement	RSP	M	М	MASTER ONLY
SCC 12	Registration Fee Worksheet For 75th Percentile Regional Market Rate (RMR) Ceiling Level	REC	¥	M	MASTER ONLY
SOC 154	Agency - Group Home Agreement Child Placed By Agency In Group Home	REQ	NA N	PD	100 SH 4.29 PD
		-			

REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

CHANG	E PERMITTED WITH PRIOR DSS APPROVA	: <b>L</b>		1 0111	
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
SOC 154 SP	Agency - Group Home Agreement Child Placed By Agency In Group Home	REQ	Information Services Bureau	М	MASTER ONLY
SOC 155	Voluntary Placement Agreement - Parent/Agency	REQ		PD	50 SH 2.54 PD
SOC 155 SP	Voluntary Placement Agreement - Parent/Agency	REQ	u	PD	50 SH 3.51 PD
SOC 155B	Mutual Agreement For 18 Year Olds	REQ	46	PD	50 SH 1.81 PD
SOC 155C	Voluntary Placement Agreement - Parent/Agency (Indian Child)	REQ	# H	SE	.08 SE
SOC 156	Agency - Foster Parents Agreement Child Placed By Agency In Foster Home	REQ	ŭ	PD	100 SH 8.27 PD
SOC 156 SP	Agency - Foster Parents Agreement Child Placed By Agency In Foster Home	REQ	64	М	MASTER ONLY
SOC 158	Foster Child's Data Record And AFDC-FC Certification	REQ	<b>4</b>	BX/SE	FREE
SOC 158A	Foster Child's Data Record And AFDC-FC Certification	REQ	u	SE	FREE
SOC 158B	Foster Child's History Record	REQ	u	SE	.16 SE
SOC 158C	Foster Child's Data Record Batch Transmittal	RSP	u	SE	.07 SE
SOC 159	Face Sheet	RSP	Adult Services Management Branch	PD	100 SH 4.13 PD
SOC 242	County Services Block Grant Programs Monthly Statistical Report	REQ	<b>4</b>	EA	FREE
SOC 291	Preplacement Preventive Services	REQ	Information Services Bureau	EA	FREE
SOC 293A	in-Home Supportive Services Needs Assessment-Face Sheet	REQ	Adult Services Management Branch	PD	50 SH 3,04 PD
SOC 294A	IHSS Income Eligibility-Adult	REC	<b>1</b>	PD	100 SH 4.36 PD
SOC 294C	IHSS Income Eligibility - Child	REC	π	PD	50 SH 1.75 PD
SOC 295	Application For Social Services	RSP	14	SE	.06 SE
SOC 295 SP	Application For Social Services	RSP		SE	.14 SE
SOC 310	Statement Of Facts For In-Home Supportive Services	REC	L.	SE	.13 SE
SOC 310 SP	Statement Of Facts For In-Home Supportive Services	REC	44	SE	.18 SE
SOC 311	In Home Supportive Services	REC	44	M	MASTER ONLY

REC= RECOMMENDED

FORM

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ ASP REC	PROGRAM CONTACT	order Umit	AMOUNT PER ORDER UNIT enly 100/50 SH per PI er BD unless otherwise specifie
SOC 312	In-Home Supportive Services Special Pre-Authorized Transaction	REC	Adult Services Management Branch	PD	100 SH 2.56 PD
SOC 316	IHSS Payrolling System Document Transmittal	REQ		SE	.20 SE
SOC 317	In-Home Supportive Services Batch Cover Sheet	REC	44	PD	100 SH 9.53 PD
SOC 318	Request For Confirmation Of Child's Status As Indian	REQ	Child Weltare Services Bureau	EΑ	.06 EA
SOC 319	Notice Of Involuntary Child Custody Proceeding Involving An Indian Child	REQ	u	PD	50 SH 2.28 PD
SOC 321	Request For Order And Consent - Paramedical Services	RSP	a	EA	.08 EA
SOC 330	In-Home Supportive Services Overpayment Collection Transaction	REQ	er er	PD	100 SH 4.27 PD
SOC 332	In-Home Supportive Services Recipient/Employee Responsibility Checklist	REQ	ed e	M	MASTER ONLY
SOC 332 SP	In-Home Supportive Services Recipient/Employer Responsibility Checklist	REQ	W W	М	MASTER ONLY
SOC 340	Elder Abuse/Dependent Adult Abuse Monthly Statistical Report R	ASP	Information Services Bureau	EA	FREE
SOC 341	Report Of Suspected Dependent Adult/Elder Abuse	REO	45	SE	FREE
SOC 343	Investigation Of Suspected Dependent Adult/Elder Abuse	REQ	18	SE	FREE
SOC 352	Section A - County Plan Summary	REQ	46	М	MASTER ONLY
SOC 352A	Program Reduction Detail By Delivery Mode	REQ	41	M	MASTER ONLY
SOC 3528	Program Reduction Forecast	REQ	**	M	MASTER ONLY
SOC 352C	Forecast Detail And Narrative	REQ	ec .	M	MASTER ONLY
SOC 352D	Section C1. FY Forecast Summary	REQ	4	M	MASTER ONLY
SOC 352E	Section B Record Of FY 1981/82 Expenditures	REQ	Ad Ad	M	MASTER ONLY
SOC 361	Statement Of Earnings And Deductions	REO	41	NA.	MASTER ONLY
SOC 367	1986 CWS Case Review - Emergency Response	REQ	15	K	MASTER ONLY
SOC 368	1986 Child Wolfare Services (CWS) Case Review Family Maintenance (FM) Program Log	REQ	b5	M	MASTER ONLY
SOC 369	Agency-Relative Foster Parent Financial Disclosure	REQ	Family & Children Services Policy Bureau	PD	100 SH 2.55 PD

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FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
SOC 374	In-Home Supportive Services Case Management Information And Payrolling System (IHSS/CMIPS) County Summary (CSUM) Input Document	REC	Adult Services Branch	EA	FREE
SOC 383	Child Welfare Services Application	REQ	Child Welfare Services Bureau	EA	.02 EA
SOC 383 SP	Child Welfare Services Application	REQ	ű.	EA	.03 EA
SOC 385	Independent Living Skills Program Individual Client Characteristics Data	REQ	a	м	MASTER ONLY
SOC 387	Child Protective Services Alert	REQ	<b>"</b>	M	MASTER ONLY
SOC 390	Form Letter - Unprocessed invoice	REQ	Children Services Branch	м	MASTER ONLY
SOC 393	SDSS Adult Services Activity Questionnaire	REC	Adult Services Management Branch	M	MASTER ONLY
SOC 404	In-Home Supportive Services Program Direct Deposit Enrollment/Change/Cancellation Form	REC	44	SE	FREE
SOC 404 SP	In-Home Supportive Services Program Direct Deposit Enrollment/Change/Cancellation Form	REC	44	SE	FREE
SOC 405	(ILP) Report of Individual Youths Served	REO	Information Services Bureau	M	MASTER ONLY
SOC 405A	Independent Living Program (ILP)	REQ	H	М	MASTER ONLY
SOC 409 ENG/SP	IHSS/CMIPS Elective State Disability Insurance (SDI) Form	REC		М	MASTER ONLY
SOC 412	In-Home Supportive Services (IHSS) Employee's Claim for Workers Compensation Benefits Notice of Potential Eligibility For Benefits	REQ	<u>u</u>	SE	FREE
SOC 412 SP	In-Home Supportive Services (IHSS) Employee's Claim for Workers Compensation Benefits Notice of Potential Eligibility For Benefits	REQ	<b>4</b>	SE	FREE
SOC 413 ENG/SP	Notice to Employees DSS/IHSS State Compensation Fund Insurer (Bilingual)	REC	ď	EA	FREE
SOC 422	Family Preservation Services Case Information Assitance - Foster Care	RSP	#	M	MASTER ONLY
SOC 423	Emergency Response Protocol	RSP	a	М	MASTER ONLY
SOC 425	Physician's Certification of Medical Necessity	REO	и	PD PD	50 SH 2.76 PD
SOC 426	Personal Care Program Provider Enrollment Agreement	REQ	u u	SE	.07 SE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL.

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FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	CHOER	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
SOC 426 SP	Personal Care Program Provider/Enrollment Agreement	REQ	Information Services Bureau	SE	.09 SE
SOC 427	Nurse Review	REQ	441	M	MASTER ONLY
SOC 428	IHSS Personal Care Program Eligibility	REQ	All All Annual Property and All All Annual Property and Annual Property an	M	MASTER ONLY
SOC 431	Personal Care Program Contract Agency Certification	REC	A T	M	MASTER ONLY
SOC 433	Emergency Assistance Application (Title IV-A)	REC	RP		MASTER ONLY
SOC 434	Request For Verification Of Emergency Assistance Eligibility	REC	i i	₩	MASTER ONLY
SOC 435 ENG/SP	PCSP Provider Enrollment Notice	REC	1 1 1	M	MASTER ONLY
SOC 436 ENG/SP	PCSP Recipient Non-Compliance Notice	REC	•	М	MASTER ONLY
SOC 437 ENG/SP	PCSP Provider Enrollment Recipient Notice	REC	A A A A A A A A A A A A A A A A A A A	Ĭ M	MASTER ONLY
SOC 443	Homemaker Services Time Report	REC	## ## ## ## ## ## ## ## ## ## ## ## ##	M	MASTER ONLY
SOC 444	IHSS Contract Procurement Process Certification	REC	de de la companya de	М	MASTER ONLY
SOC 445	Medi-Cal Recovery for the Personal Care Services Program	REQ	A district to the second secon	EA	FREE
SOC 800	Summary Report Of Assistance Expenditures Emergency	REQ	Fiscal Policy Bureau	M	MASTER ONLY
SOC 801	Summary Report Of Assistance Expenditures Emergency Assistance-Unemployed Parent	REQ	25.	M	MASTER ONLY
SR 6A	Employee Training Log Worksheet	REC	Children Services Bureau	EA	FREE
SSP 4A	Application And Verification For Special Circumstances Allowance (EAS 46-425)	RSP	a	SE	. 13 SE
SSP 4B	Notice Of Intended Action And Right To Request A State Hearing On Your Application For A Special Circumstances Allowance	REQ	H	SE	.16 SE
SSP 14	Authorization For Reimbursement Of Interim Assistance Granted Pending SSI/SSP Eligibility Determination	RSP	Adult Services Management Branch	S.	.12 SE
SSP 14 SP	Authorization For Reimbursement Of Interim Assistance Granted Pending SSI/SSP Eligibility Determination	RSP	ik ik	M	MASTER ONLY
SSP 17	Notice Of Action And Right To Request A State Hearing On Interim Assistance	HSP	i i	SE	.09 SE
SSP 17 SP	Notice Of Action And Right To Request A State Hearing On Interim Assistance	BSP	The second secon	M	MASTER ONLY
SSP 22	Authorization For Nonmedical Out-Of-Home Care (Board And	REQ	Adult Services Management Branch	PD	100 SH FREE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
STAT 16	Request For Correction Of Statistical Reports	RSP	Information Services Bureau	М	MASTER ONLY
STD 435	Request for Duplicate Controller's Warrant/Stop Payment	REQ	Assistant Chief Counsel	SE	FREE
STD 850	Fire Safety Inspection Request	REQ	Community Care Licensing Program Development Bureau	EA	FREE
STO CA 0034	Forged Endorsement Affidavit	REQ	ä	PD	50 SH FREE
TCC 1 ENG/SP	Application For Transitional Child Care Benefits Coversheet And Longform	RSP	Employment Program Bureau	M	MASTER ONLY
TCC 1A ENG/SP	Application For Transitional Child Care Benefits Coversheet And Shortform	RSP	#	М	MASTER ONLY
TCC 11 ENG/SP	You May Get Money To Help Pay Part Of Your Child Care	REC	SI SI	M	MASTER ONLY
TCC 12 ENG/SP	ICT Reminder-Recipient Moves To A New County	REC	44	м	MASTER ONLY
TCC 13 ENG/SP	Do You Need Help Paying For Your Child Care? Information Sheet	REC	Marian deliveration of the second of the sec	М	MASTER ONLY
TCC 30	Transitional Child Care Worksheet	REC	AFDC Policy Implementation Bureau	PD	100 SH 5.38 PD
TCC 30A	Family Fee Worksheet Transitional Child Care	REC	. u	М	MASTER ONLY
TCC 43	Request For Transitional Child Care (TCC) Payment	REC	H	М	MASTER ONLY
TCC 43 SP	Request For Transitional Child Care Payment	REQ	M M	м	MASTER ONLY
TCC 83	Transitional Child Care (TCC) Repayment Agreement	REC	<u>.</u>	м	MASTER ONLY
TCC 85 ENG/SP	Transitional Child Care (TCC) Status Report	REC	н	М	MASTER ONLY
TEMP 1591	Food Stamp Program Retrospective Budgeting Requirements	REQ	Food Stamp Policy Bureau	М	MASTER ONLY
TEMP 1591 SP	Food Stamp Program Retrospective Budgeting Requirements	REQ		м	MASTER ONLY
TEMP 1625	Exhibit A - FY 87-88 IHSS Program Expenditures -Individual Providers	REC	a a	М	MASTER ONLY
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FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
TEMP 1662	Basic English Skills Test Form C Literacy Skills Section	REQ	Employment Program Bureau	EA	FREE
TEMP 1663	Basic English Skills Test Form D Literacy Skills Section Scoring Sheet	REQ	я.	EA	FREE
TEMP 1664	Basic English Skills Test - Core Section Score Sheet Form D	REQ	*	EA	FREE
TEMP 1665	Basic English Skill Test - Cere Section Score Sheet	REQ	u	EA	FREE
TEMP 1666	Basic English Skills Test Form D	REQ	Œ	EA	FREE
TEMP 1668	Basic English Skills Test Literacy Skills Section Form C	REQ	ž4	EA	FAEE
TEMP 1670	Basic English Skills Test - Core Section Score Sheet Form B	REQ	ec	EA	FREE
TEMP 1671	Basic English Skills Test Literacy Skills Section Form B	REQ	и	EA	FREE
TEMP 1672	Basic English Skills Test Core Section Scoring Booklet Form B	REQ	u	EA	FREE
TEMP 1701	Services Provision To Homeless Families With Children	REC	si,	M	MASTER ONLY
TEMP 1711	Child Abuse Challenge Grant Report Of Expenditures/ Encumbrances Part I	REC	Children's Services Branch	М	MASTER ONLY
TEMP 1712	Child Abuse Challenge Grant Report Of Expenditures/ Encumbrances Part II	REC	et et en	M	MASTER ONLY
TEMP 1721	Food Stamp Program UAW/UMWA Strikers Provision Report	REQ	Fraud Program Management Bureau	М	MASTER ONLY
TEMP 1722	AFDC/FS Intercept Program	REQ	ñ	M	MASTER ONLY
TEMP 1722A	Food Stamp Intercept System Transmittal	REQ	Fraud Program Management Bureau	М	MASTER ONLY
TEMP 17228 ENG/SP	Food Stamp Intercept System - Input Document	REQ	н	M	MASTER ONLY
TEMP 1722C	Limited Assignment Of Delinquent Restitution	REQ	н	М	MASTER ONLY
TEMP 17220	Interagency Offset Program - Modification Request(s)	REQ	al	М	MASTER ONLY
TEMP 1750	(AFDC) Immediate Need Monthly Statiscal Report	ASP	Information Services Bureau	M	MASTER ONLY
TEMP 1763	Collection Of Child Support Information During Quality Control Review	RSP	REB Policy Administrative Support Unit	Mª	MASTER ONLY
TEMP 1774 ENG/SI	State Disability Insurance	REC	Adult Services Management Branch	М	MASTER ONLY
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RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
TEMP 1803	Face Sheet	RSP	Child Support Performance Review Bureau	М	MASTER ONLY
TEMP 1803A	Case Opening	RSP	в	М	MASTER ONLY
TEMP 1803B	Locating Absent Parent Or Income/Assets	RSP	u	М	MASTER ONLY
TEMP 1803C	Establishing Patemity	RSP	u	M	MASTER ONLY
TEMP 1803D	Establishing/Adjusting Support Orders	RSP		М	MASTER ONLY
TEMP 1803E	Enforcement Of Support Order	RSP	u	М	MASTER ONLY
TEMP 1803F	Wage Assignment	RSP	H	М	MASTER ONLY
TEMP 1803G	Withholding of UIB/SDI	RSP	u	М	MASTER ONLY
TEMP 1803H	IRS/FTB Intercept	RSP	L	М	MASTER ONLY
TEMP 1803I	interstate URESA	ASP	u	М	MASTER ONLY
TEMP 1803Ja	Collections and Distribution	RSP	a a	м	MASTER ONLY
TEMP 1803Jb	Collection And Distribution	RSP		М	MASTER ONLY
TEMP 1803K	Liens- Personal And Real	RSP	u	M	MASTER ONLY
TEMP 1803M	Case Closure	RSP	u	М	MASTER ONLY
TEMP 1803N	Performance Review Tool Worksheet	ASP	44	M	MASTER ONLY
TEMP 1803P	Review And Adjustment Of Support Orders	RSP	66	М	MASTER ONLY
TEMP 1805A	Case Review Tabulation Sheet-Case Opening	ASP	ĸ	м	MASTER ONLY
TEMP 1805B	Case Review Tabulation Sheet-Locate	RSP		М	MASTER ONLY
TEMP 1805C	Case Review Tabulation Sheet-Establishing Paternity	RSP	54	М	MASTER ONLY
TEMP 1805D	Case Review Tabulation Sheet-Establishing Support Orders	RSP	u	М	MASTER ONLY
TEMP 1805E	Case Review Tabulation Sheet-Enforcement of Support Order	RSP	65	М	MASTER ONLY
TEMP 1805F	Case Review Tabulation Sheet-Earnings Assignment	RSP	N	М	MASTER ONLY
TEMP 1805G	Case Review Tabulation Sheet-UIB/SDI	RSP	## ###	м	MASTER ONLY
TEMP 1805H	Case Review Tabulation Sheet-Tax Refund Intercept	RSP	•	М	MASTER ONLY
TEMP 1805J	Case Review Tabulation Sheet-Collections & Distributions	RSP	<u> </u>	М	MASTER ONLY
TEMP 1805L	Case Review Tabulation Sheet-Medical Support	RSP	4	М	MASTER ONLY
TEMP 1805O	Case Review Tabulation Sheet-Payments to the FAmily	RSP	<b>a</b>	М	MASTER ONLY
TEMP 1805S	Case Review Tabulation Sheet-Non-Welfare	HSP	u	м	MASTER ONLY
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ASP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMCUNT PER ORDER UNIT only 100/50 SH per PD or 3D unless otherwise specified
TEMP 1805U	Case Review Tabulation Sheet	ASP	Child Support Program Management Bureau	M	MASTER ONLY
TEMP 1805V	Case Review Tabulation Sheet-Recovery of Direct Payment	RSP	9	M	MASTER ONLY
TEMP 1806	AFDC/Non-AFDC Worksheet	RSP	4	M	MASTER CHLY
TEMP 1807	Review Summary	RSP	B	M	MASTER ONLY
TEMP 2037 ENG/SP	Stuffer: Ceja vs Carison	ASP	본	М	MASTER ONLY
TEMP 2038 ENG/SP	Stuffer: Ceja vs Carlson	RSP	oi.	M	MASTER ONLY
TEMP 2039	Poster: Welfare May Owe You Money	RSP	u	M	MASTER ONLY
TEMP 2039 SP	Poster: Welfare May Owe You Money	RSP	44	М	MASTER ONLY
TEMP 2045	Application Processing Corrective Action Plan Steffens v. McMahon	REQ	Food Stamp Program Bureau	M	MASTER ONLY
TEMP 2048	Summary of Food Stamp Employment And Training Program FSET	REQ	Employment Operations	M	MASTER ONLY
TEMP 2052	Notice - Working On Welfare	REQ	AFDC Policy implementation Bureau	M	MASTER ONLY
TEMP 2052 SP	It Pays To Work	REQ	ų.	M	MASTER ONLY
TEMP 2061 ENG/SP	New Property Rules - For Recipients of AFDC	REQ	64	W	MASTER ONLY
TEMP 2061A ENG/SP	New Property Rules - For Recipients of AFDC	RSP	ı.	М	MASTER ONLY
TEMP 2062	County Performance Demonstration Project Application	REQ	Employment Operations Section	M	MASTER ONLY
TEMP 2063	County Performance Demonstration Project Quarterly Progress Report	REQ	M	М	MASTER ONLY
TEMP 2065	Imperiant Notice For GAIN Participants In On-the-Job Training And Grant	REG	ss	M	MASTER ONLY
TEMP 2069	Monthly Child Care Eligibility Report - GAIN/NET/CAL-LEARN SCC/CAAP	REC	<b>3</b>	M	MASTER ONLY
TEMP 2070 ENG/SP	New GAIN Exemption Limit For Applicants and Recipients of AFDC	REQ	E:	M	MASTER ONLY
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		edi kanamikiyeyayin pependakini	To be a second of the second o	deline and the state of the sta	

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

REC= RECOMMENDED FORM AMOUNT DED

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
TEMP 2074 MULTILINGUAL	Important Notice To All Food Stamp Recipients	REC	Employment Operation Section	М	MASTER ONLY
TEMP 2075 MULTILINGUAL	Important Notice To All Food Stamp Recipients	REC	a la	М	MASTER ONLY
TEMP 2077A	Welfare May Owe You Money (Extra Cash Aid Claim Form - Ceja V Carlson)	RSP	AFDC Policy Implementation Bureau	М	MASTER ONLY
TEMP 2077A SP	Welfare May Owe You Money (Extra Cash Aid Claim Form - Ceja V Carlson)	RSP		M	MASTER ONLY
TEMP 2081 ENG/SP	New Maximum Family Grant Rules For Recipients Of Cash Aid	REQ	u	М	MASTER ONLY
TEMP 2081A ENG/SP	New Maximum Family Grant Rules For Recipients Of Cash Aid	REQ	4	М	MASTER ONLY
TEMP 2082	Welfare May Owe You Money - Welch v. Anderson	REQ	u .	М	MASTER ONLY
TEMP 2082 SP	Welfare May Owe You Money - Welch v. Anderson	REQ		M	MASTER ONLY
TEMP AD 56A	Applications And Homes Approved For Adoptive Placements	RSP	Information Services Bureau	М	MASTER ONLY
TEMP CA 60	Release Of Information-Financial Institution	REQ	AFDC Policy Implementation Bureau	М	MASTER ONLY
TEMP CA 237EA	Title IV-A Emergency Assistance (EA) Program Interim Caseload An Expenditures Report	REQ	Information Services Bureau	M	MASTER ONLY
TEMP CA 371sb	Referral To District Attorney For Action	REQ	Child Support Management Bureau	M	MASTER ONLY
TEMP CA 602A	Important Information For Recipients Of Cash Aid & Food Stamps And Walk-Ins By Questions-Pilot County	REQ	AFDC Policy Implementation Bureau	M	MASTER ONLY
TEMP GAIN 1	Gain Contract General Agreement	REQ	Employment Program Bureau	SE	.04 SE
TEMP GAIN 1 SP	Gain Contract General Agreement	REQ	N N	SE	.05 SE
TEMP GAIN 2	Gain Contract Activity Agreement Basic Education Services	REQ	я	SE	.05 SE
TEMP GAIN 2 SP	Gain Contract Activity Agreement Basic Education Services	REQ	44	SE	.11 SE
TEMP GAIN 2A	GAIN Contract Activity Agreement-Basic Education Services For Young Parents	REQ	<b>u</b>	SE	.08 SE
TEMP GAIN 2A SP	GAIN Contract Activity Agreement-Basic Education Services For Young Parents	REQ	64	SE	FREE
TEMP GAIN 3	Gain Contract Activity Agreement Job Club/Supervised Job Search	REO	4	M	MASTER ONLY
TEMP GAIN 3 SP	Gain Contract Activity Agreement Job Club/Supervised Job Search	REQ		SE	.06 SE
TEMP GAIN 3A	GAIN Contract Activity Agreement Job Club/Supervised Job Search	REQ	ia ia	M	MASTER ONLY
	Page 57			<u> </u>	

Form Number	TITLE	req RSP REC	PROGRAM CONTACT	ORDER	AMOUNT PER ORDER UNIT only 100/50 SH per PE or BD unless otherwise specified
TEMP GAIN 3A SP	GAIN Contract Activity Agreement Job Club/Supervised Job Search	REQ	Employment Program Bureau	М	MASTER ONLY
TEMP GAIN 4	Gain Contract Activity Agreement Self-Initiated Program	REQ	L.	SE	.05 SE
TEMP GAIN 4 SP	Gain Contract Activity Agreement Self-Initiated Program	REQ	ts	SE	.07 SE
TEMP GAIN 5	Gain Contract Activity Agreement Assessment	REQ	61	M	Master Only
TEMP GAIN 5 SP	Gain Contract Activity Agreement Assessment How To Ask For A State Hearing	REQ	47	SE	.07 SE
TEMP GAIN 6A	GAIN Contract Activity Agreement Training Or Education Services After Assessment	REQ	<b>1</b>	M	MASTER ONLY
TEMP GAIN 6A SP	GAIN Contract Activity Agreement Training Or Education Services After Assessmen	REQ	61	R⊌fi	MASTER ONLY
TEMP GAIN 7	Gain Contract Activity Agreement- Job Services After Assessment	REQ	<u>u</u>	M	MASTER ONLY
TEMP GAIN 7 SP	Gain Contract Activity Agreement- Job Services After Assessment	REQ		М	MASTER ONLY
TEMP GAIN 8	GAIN Contract Activity Agreement (PREP)	REG	t t	M	MASTER ONLY
TEMP GAIN 8 SP	GAIN Contact Activity Agreement (PREP)	REQ	is a	М	MASTER ONLY
TEMP GAIN 9	GAIN Contract Activity Agreement - Miscellaneous	REQ	4.	М	MASTER ONLY
TEMP GAIN 9 SP	GAIN Contract Activity Agreement Miscellaneous	REQ	14 14 14 14 14 14 14 14 14 14 14 14 14 1	M	MASTER ONLY
TEMP GAIN 10	GAIN Contract Activity Agreement - Amendment	REQ	N	M	MASTER ONLY
TEMP GAIN 10 SP	GAIN Contract Activity Agreement - Amendment	REQ	55	M	MASTER ONLY
TEMP GAIN 32	Request For Gain Third-Party Assessment	REQ	а	М	MASTER ONLY
Temp gain 32 Sp	Request For Gain Third-Party Assment	REQ	<b>u</b> .	М	MASTER ONLY
TEMP GAIN 42	GAIN Informing Notice to Parent/Legal Guardian Of Teen Participation Problem	REQ	M	M	MASTER ONLY
TEMP GAIN 42 SP	GAIN Informing Notice to Parent/Legal Guardian Of Teen Participation Problem	REQ	· tf	M	MASTER ONLY
TEMP GAIN 45	GAIN Notice Of Determination Of No Good Cause Upheld	REQ	L.	SE	.12 <b>SE</b>
TEMP GAIN 45 SP	GAIN Notice Of Determination Of No Good Cause Upheld	REQ	, K	М	MASTER ONLY
TEMP GAIN 48	GAIN Notice Of Good Cause Determination	REQ	į u	SE	.05 SE
TEMP GAIN 48 SP	GAIN Notice Of Good Cause Determination	REQ	45	M	MASTER ONLY

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
TEMP GAIN 49	GAIN Notice Of Reversal Of No Good Cause	REQ	Employment Program Bureau	SE	.08 SE
TEMP GAIN 49 SP	GAIN Notice Of Reversal Of No Good Cause	REQ	ů.	м	MASTER ONLY
TEMP GAIN 55 ENG/SP	Agreement To 10 Calendar Day Extension Of Conciliation	REQ	4	М	MASTER ONLY
TEMP GAIN 56	GAIN Supportive Services Request Form	RSP	¥	М	MASTER ONLY
TEMP GAIN 56 SP	GAIN Supportive Services Request Form	RSP	4	М	MASTER ONLY
TEMP GAIN 56A ENG/SP	Student Financial Aid Statement GAIN Supportive Services	REQ	м	М	MASTER ONLY
TEMP GAIN 57	GAIN Supportive Service Repayment Agreement	RSP	<b>H</b>	М	MASTER ONLY
TEMP GAIN 57 SP	GAIN Supportive Service Repayment Agreement	RSP	ii.	М	MASTER ONLY
TEMP GAIN 58	GAIN Supportive Services Overpayment Notice	RSP	N	М	MASTER ONLY
TEMP GAIN 58 SP	GAIN Supportive Services Overpayment Notice	RSP	M	М	MASTER ONLY
TEMP GAIN 59	GAIN Supportive Services Overpayment Final Notice	RSP		М	MASTER ONLY
TEMP GAIN 59 SP	GAIN Supportive Services Overpayment Final Notice	RSP	6	M	MASTER ONLY
TEMP GAIN 60	Miller vs. Carlson Rights And Responsibilities Notice	RSP	H	М	MASTER ONLY
TEMP GAIN 60 SP	Miller vs Carlson Rights And Responsibilities Notice	RSP	er.	М	MASTER ONLY
TEMP GAIN 68	GAIN Contract Activity Agreement Basic Eduction Services	REQ	u	м	MASTER ONLY
TEMP GAIN 68 SP	GAIN Contract Activity Agreement Basic Education Services	REQ	is	М	MASTER ONLY
TEMP GAIN 69	GAIN Contract Activity Agreement Job Club Supervised Job Search	REQ		М	MASTER ONLY
TEMP GAIN 69 SP	GAIN Contract Activity Agreement Job Club Supervised Job Search	REQ	4	М	MASTER ONLY
TEMP GAIN 69A	GAIN Contract Activity Agreement-Job Club/Supervised Job Search (Riverside County Only)	REQ	<b>*</b>	М	MASTER ONLY
TEMP GAIN 69A SP	GAIN Contract Activity Agreement-Job Club/Supervised Job Search (Riverside County Only)	REQ	44	М	MASTER ONLY
TEMP GAIN 70	GAIN Contract Activity Agreement Self Initiated Program Demo	REQ	u	M	MASTER ONLY
TEMP GAIN 70 SP	GAIN Contract Activity Agreement Self Initiated Program	REQ	is	М	MASTER ONLY
TEMP GAIN 71	GAIN Contract Activity Agreement Assessment Demo	REQ	u	M	MASTER ONLY
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FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
TEMP GAIN 71 SP	GAIN Contract Activity Agreement Assessment	AEQ	Employment Program Bureau	M	MASTER ONLY
TEMP GAIN 72	GAIN Contract Activity Agreement Training Or Education Services After Assessment Demo	REQ	4	M	MASTER ONLY
TEMP GAIN 72 SP	GAIN Contract Activity Agreement Training Or Education Services After Assessment	REQ	AL AL	М	MASTER ONLY
TEMP GAIN 72A	GAIN Contract Activity Agreement- Training or Education Services After Assessment (Riverside County Only)	REQ	I S	М	MASTER ONLY
TEMP GAIN 72A SP	GAIN Contract Activity Agreement- Training or Education Services Alter Assessment (Riverside County Only)	REQ	e e	M	MASTER ONLY
TEMP GAIN 73	GAIN Contract Activity Agreement Job Services After Assessment Demo	REQ	a	M	MASTER ONLY
TEMP GAIN 73 SP	GAIN Contract Activity Agreement Job Services After Assessment	REQ	44	М	MASTER ONLY
TEMP GAIN 74	GAIN Contract Activity Agreement Preemployment Preparation (PREP) Demo	REQ	44	М	MASTER CNLY
TEMP GAIN 74 SP	GAIN Contract Activity Agreement Preemployment Preparation (PREP)	REQ	A	М	MASTER ONLY
TEMP GAIN 75	GAIN Contract Activity Agreement Miscellaneous Demo	REQ	Ą	M	MASTER ONLY
TEMP GAIN 75 SP	GAIN Contract Activity Agreement Miscellaneous	REQ	Re 1	M	MASTER ONLY
TEMP GAIN 84 MULTILINGUAL	Yslas vs. Anderson Informing Notice	RSP	g	M	MASTER ONLY
TEMP GAIN 85 MULTILINGUAL	Yslas vs. Anderson Claim Form	RSP	ž Š	М	MASTER ONLY
TEMP GAIN 86 MULTILINGUAL	CCWRO vs. Anderson Informing Notice	RSP	ác ác	M	MASTER ONLY
TEMP GAIN 87 ENG/SP	CCWRO vs. Anderson Claim Form	RSP		M	MASTER ONLY
TEMP MILLER 50A	Your Hearing Rights - How To Ask For A State Hearing	REQ	8	М	MASTER ONLY
TEMP MILLER 50A SP	Your Hearing Rights - How To Ask For A State Hearing	REQ	4 H	М	MASTER ONLY
TEMP NA 2	Food Stamp Change	RSF	Food Stamp Policy Bureau	M	MASTER ONLY
TEMP NA 3	Important Notice For Cash Recipients MAP Rollback	ASP	AFDC Policy implementation Bureau	M	MASTER ONLY
TEMP NA 3 SP	Important Notice For Cash Recipients MAP Rollback	RSP	<b>II</b>	M	MASTER ONLY
TEMP NA 4	Important Notice For Cash Aid Recipients	RSP	#1	M	MASTER ONLY
TEMP NA 5	Important Notice For Cash Aid Recipients MAP Change/ Food Stamp Change	REQ	Food Stamp Policy Bureau	M	MASTER ONLY

REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

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FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
TEMP NET 1 ENG/SP	Important Notice	RSP	Employment Program Bureau	M	MASTER ONLY
TEMP NET 2 ENG/SP	Request For NET Benefits	RSP	is:	М	MASTER ONLY
TEMP NET 2 COVERSHEET ENG/SP	NET Services Rights And Responsibilities	RSP	44	М	MASTER ONLY
TEMP NET 4 ENG./SP	Non-GAIN Education Or Training (NET) Child Care Overpayment Notice	RSP	36	М	MASTER ONLY
TEMP NET 5 ENG/SP	Non-GAIN Education Or Training (NET) Child Care Repayment Agreement	RSP	si i	М	MASTER ONLY
TEMP NET 6 ENG/SP	Non-GAIN Education Or Training (NET) Child Care Overpayment Final Notice	RSP	ú	M	MASTER ONLY
TEMP SCC 1 ENG/SP	Important Notice (CDE) Subsidized Child Care	RSP	4	М	MASTER ONLY
TEMP SCC 2	Determination For Title IV A Child Care AB 2184	RSP	н	М	MASTER ONLY
TEMP SCC 3	Change In Status For Title IV A Child Care AB 2184	RSP	u u	М	MASTER ONLY
TEMP SOC 6	Individual Case Information Sheet:SB438 Demonstration Project	REC	Adult Services Management Bureau	EΑ	FREE
TEMP SOC 299	IHSS Request For Evaluation Of Need For Long-Term Medical Care	REC	N	PD	100 SH FREE
TEMP SOC 329 ENG/SP	Form Letter To Recipient - IHSS Provider Invalid Social Security Number	REC	#	М	MASTER ONLY
TEMP SOC 362	Office Of Child Abuse Prevention Exhibit A - Scope Of Work	REC	Children Services Branch	М	MASTER ONLY
TEMP SOC 363	Office Of Child Abuse Prevention Exhibit A - Scope Of Work Continued	REC	4	М	MASTER ONLY
TEMP TCG 1772	Important Notice Transitional Child Care And Transitional Medi-Cal	REQ		M	MASTER ONLY
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			A.V.		and the second s