



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

December 22, 2016

ERRATA

ALL COUNTY LETTER (ACL) NO. 16-98E

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL COUNTY REFUGEE COORDINATORS
ALL CONSORTIA PROJECT MANAGERS

SUBJECT: **CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
KIDS (CalWORKs) HOMELESS ASSISTANCE PROGRAM**

REFERENCE: ALL COUNTY LETTER (ACL) No. [16-98](#)

The purpose of this errata is to inform County Welfare Departments that the CW 42 – Homeless Assistance (HA) Statement of Facts currently attached to ACL 16-98 is an outdated version of the form. The form dated 11/06, which states that CalWORKs HA is limited to once-in-a-lifetime, is being replaced with the revised CW 42 – HA Statement of Facts dated 9/16, which states that CalWORKs HA is limited to once every 12 months.

Sincerely,

Original Document Signed By:

ELAINE WARD, Acting Chief
Employment and Eligibility Branch

c: CWDA
CSAC

Attachment

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

STATEMENT OF FACTS - HOMELESS ASSISTANCE

Important Information

- If you have no place to stay or have received a pay rent or quit notice from your landlord, you may be able to get Homeless Assistance payments limited to once every 12 months, unless your homelessness is due to an exception. To get Homeless Assistance, you cannot have more than \$100 in resources and you must either be eligible for CalWORKs or appear to be eligible for CalWORKs.
- Exceptions to the 12 month limit are homelessness due to: domestic violence, physical or mental illness, or uninhabitability of the home. These exceptions are also limited to once every 12 months. Homelessness that is directly caused by a State or Federal declared natural disaster is also an exception.
- If you received a pay rent or quit notice you may be able to get Homeless Assistance payments for up to two months of back rent.
- If you have no place to stay, you must be looking for permanent housing to get Homeless Assistance for Temporary Shelter (TS). If you find someplace to live, you may get money for permanent housing.
- You may get TS payments for up to 16 days in a row. The first day starts when you get the first TS payment. If you stay anywhere for free, or somewhere other than a shelter or business which rents rooms, you can't get a TS payment, but the days count as part of the 16 days.
- To get TS payments you must rent from a person or place that is in the business of renting property.
- At the end of the 16 days, TS will stop. You will not be eligible to receive TS again for another 12 months, unless you have an exception, even if you have not used up all the TS benefits.
- You will be asked to prove that your payments were spent on shelter. If you can't, future payments will go to a shelter, landlord or others for you.

Instructions: Print all answers in ink. If you need help, ask your worker.

1. Name of Caretaker Relative (first, middle, last)					COUNTY USE ONLY										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Message Phone</td> <td style="width: 5%; text-align: center; font-weight: bold;">A</td> <td style="width: 30%; padding: 5px;">Social Security Number - -</td> <td style="width: 5%; text-align: center; font-weight: bold;">B</td> <td style="width: 35%; padding: 5px;">Date of Birth Mo. ____ Day ____ Yr. ____</td> </tr> </table>					Message Phone	A	Social Security Number - -	B	Date of Birth Mo. ____ Day ____ Yr. ____	DATE RECEIVED					
Message Phone	A	Social Security Number - -	B	Date of Birth Mo. ____ Day ____ Yr. ____											
2. What is your current or last address? Number, Street City State Zip					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center; font-weight: bold;">C</td> <td style="width: 10%; padding: 5px;">CO</td> <td style="width: 10%; padding: 5px;">Aid Code</td> <td style="width: 40%; padding: 5px;">Case Number</td> <td style="width: 10%; padding: 5px;">AU</td> <td style="width: 15%;"></td> </tr> </table>					C	CO	Aid Code	Case Number	AU	
C	CO	Aid Code	Case Number	AU											
3. Do you get Cash Aid? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," in which county:					D Case Name (Last, First)										
4. Did you get Homeless Assistance from any county at any time? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," complete: Which county: When:					E Date HA Authorized Mo. ____ Day ____ Yr. ____										
5. Does anyone in your home get income from a job or training program or any other source? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", list all income and who gets it below:					F Type of HA (check)										
6. List all liquid resources you own (include cash, checks, savings or checking accounts, credit union accounts, etc.). List each item and give its value.					<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> TV <input type="checkbox"/> PV <input type="checkbox"/> TM <input type="checkbox"/> PM <input type="checkbox"/> TU <input type="checkbox"/> PU <input type="checkbox"/> TD <input type="checkbox"/> PD Start Date: _____ Start Date: _____										
7. If you get Homeless Assistance, you may have the payment made out to you or given directly to a shelter, landlord or other for you. Check (✓) below to tell us how you want the payment made: <input type="checkbox"/> To Yourself <input type="checkbox"/> To a Landlord <input type="checkbox"/> To a Shelter <input type="checkbox"/> Other (explain):					Disposition: <input type="checkbox"/> Shelter arranged prior to TS <input type="checkbox"/> Vendor payment issued <input type="checkbox"/> HA denied										
If you do not have a permanent home, fill out questions 8 through 12. If you are asking for back rent, skip to questions 13 through 17.					Worker:										
8. Explain where you are staying now.					Total resource value:										
9. How long have you been there?															
10. Do you pay for staying there? If "YES," how much?															
11. Explain why you have no place to live.															
12. Are you seeking permanent housing? Explain: <input type="checkbox"/> YES <input type="checkbox"/> NO															

13. What day did you get a pay rent or quit notice?

14. How many months of back rent do you owe?

15. How much is your monthly rent?

16. Why didn't you pay your rent?

17. Why is your Landlord evicting you?

CERTIFICATION

I understand that:

- Homeless Assistance Temporary Shelter (TS) and Permanent Housing (PH) payments are limited to once every 12 months, unless I have a verified exception.
- There is a limit on how much Homeless Assistance I can get.
- I am required to give my Social Security Number, which will be used to check identity and verify that I am not getting aid in more than one case, one county, or one state.

I understand that I must **provide proof** that:

- I am homeless; or I have received a notice to pay rent or quit.
- I am homeless due to an exception, if I have already gotten homeless assistance.
- I used the TS payment for housing, and that if I cannot, I must have my homeless assistance payments made out or given to a shelter, landlord or to others for me.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts - Homeless Assistance is true and correct.

SIGNATURE OF CARETAKER RELATIVE

DATE
