

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 2, 1979

ALL-COUNTY INFORMATION NOTICE I-70-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PUBLIC ASSISTANCE/FOOD STAMP JOINT APPLICATION PROCESS

REFERENCE:

The purpose of this letter is to issue instructions for implementing a joint Public Assistance/Food Stamp (PA/FS) application process which is to be effective in all counties no later than August 1, 1979. The federal food stamp regulations issued October 18, 1978 and implemented in California beginning April 1, 1979, require that the application for AFDC or other public assistance contain all the information necessary to determine a household's food stamp eligibility and level of benefits (CFR 273.2(j)(1)). Time constraints in meeting the federal deadline for implementing a joint PA/FS application process preclude revisions to any AFDC certification forms at this time.

As an interim solution, a food stamp supplement (Form CA 2/FS Supplement (6/79)) has been developed for use in conjunction with the AFDC Forms CA 2 (Statement of Facts Supporting Eligibility) and CA 20 (Statement of Facts Supporting Eligibility - Redetermination) in determining an applicant's food stamp eligibility and level of benefits. In addition, Part I of the Form DFA 285A has been slightly modified for use in screening PA/FS applicants for expedited food stamp services. Camera ready copies of the CA 2/FS Supplement (6/79) and the Temp DFA 285A Part I (6/79) are attached for your information.

The following attachments provide details on how the joint PA/FS application should be implemented and processed:

1. Attachment #1 - CWD instructions for implementing joint PA/FS application process.
2. Attachment #2 - Instructions for handling changes in classification.
3. Attachment #3 - Flow chart of PA/FS application process.

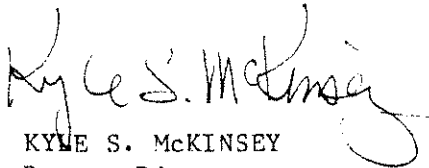
4. Attachment #4 - Summary of interim joint PA/FS forms.

Revisions to the state food stamp manual which incorporate the interim procedures described in the above attachments are being developed and will be issued shortly.

An interim supply of both the CA 2/FS Supplement and the Temp DFA 285A Part I should be received by each county no later than July 9, 1979. Bulk supplies of the two new forms should be available for shipment from the SDSS warehouse the end of July. While counties may begin ordering the new forms through the normal ordering process the middle of July, the warehouse will be holding these orders until the forms are available for shipment. So as not to delay receipt of other forms the county may be ordering at that time, these two new forms should be requested on a separate Form GEN 727B.

As stated previously, this new procedure is an interim process only. Staff from the Food Stamp Program Management Branch and AFDC Program Management Branch are in the process of developing a joint application procedure which will more adequately incorporate the requirements of the two programs and reduce administrative duplication. Any questions regarding the attached form or instructions should be directed to the Food Stamp Program Operations Bureau at (916) 322-5475.

Sincerely,



KYLE S. MCKINSEY
Deputy Director

Attachments

cc: CWDA

APPLICATION FOR FOOD STAMPS
PART I

FOR COUNTY USE ONLY

COUNTY

CASE NUMBER

DATE RECEIVED

Complete Page 1

To begin to apply for food stamps, you can complete this first page, tear it off and give it to us. We are required to take action on your application within 30 days from the date you give us this first page. So, the sooner you give us the first page, the quicker you will know whether you will receive food stamps.

YOUR NAME (LAST, FIRST, MIDDLE INITIAL)

TELEPHONE NUMBER WHERE YOU CAN BE REACHED

MAILING ADDRESS (NUMBER, STREET, ROUTE NUMBER)

CITY

STATE

ZIP CODE

IF YOU DON'T HAVE A STREET ADDRESS, TELL US HOW TO GET TO YOUR HOME

SIGN HERE

TODAYS DATE

If You Need Food Stamps Right Away

If your household (you and the people who live and eat with you) has little or no income right now, you may be able to receive food stamps within a few days. Answer the following questions only if your household has little or no income and needs food stamps right away:

HAS ANYONE IN YOUR HOUSEHOLD RECEIVED ANY INCOME SO FAR THIS MONTH?

 YES NO IF YES, HOW MUCH? \$

DID YOUR HOUSEHOLD'S ONLY INCOME RECENTLY STOP?

 YES NO

DOES ANYONE IN YOUR HOUSEHOLD EXPECT TO RECEIVE INCOME LATER THIS MONTH?

 YES NO DON'T KNOW IF YES, HOW MUCH? \$ WHEN?

HOW MANY PEOPLE LIVE IN YOUR HOME AND EAT WITH YOU? (INCLUDE YOURSELF)

IS ANYONE IN YOUR HOUSEHOLD 60 YEARS OR OLDER?

 YES NO

HOW MUCH DO THE MEMBERS OF YOUR HOUSEHOLD HAVE IN CASH AND SAVINGS? (GIVE YOUR BEST ESTIMATE OF THE TOTAL)

21 DO DO NOT WISH TO APPLY FOR FOOD STAMPS. If YES complete both sides of this page.

FOR COUNTY USE ONLY

22 ROOMERS AND BOARDERS

DOES ANYONE PAY YOU FOR MEALS? YES NO, A ROOM? YES NO, BOTH? YES NO
IF YES, COMPLETE THE FOLLOWING:

NAME	HOW MUCH DO THEY PAY YOU?	HOW OFTEN?
1.	\$	
2.	\$	

23 OTHER PERSONS IN YOUR HOME

If you listed any person(s) in answer to question number 3, page 2, and that person is an alien or has income or resources, answer the following questions.

NAME(S)	SOURCE OF INCOME	AMOUNT	How Often (WK., MO.)	Resource (AUTO, SAVINGS CHKING, ETC)	Amount or Value	Alien Status (CH. APPR BX)
		\$			\$	TEMP. PERM. <input type="checkbox"/> <input type="checkbox"/>
		\$			\$	<input type="checkbox"/> <input type="checkbox"/>
		\$			\$	<input type="checkbox"/> <input type="checkbox"/>

Anyone in home eligible for Meals on Wheels or a Resident of Rehab. Center?

Alien Verification Required?

YES NO

Type of Verification and date provided

24 STUDENTS

DOES ANYONE IN YOUR HOUSEHOLD RECEIVE EDUCATIONAL GRANTS, SCHOLARSHIPS OR LOANS? YES NO If YES, complete the following:

NAME OF STUDENT	TOTAL AMOUNT	MONTHS COVERED BY THIS AMOUNT	
1.	\$	FROM	TO
2.	\$	FROM	TO

Is student tax dependency statement (DFA 813) required?

yes no

Is tax-payers report (DFA 377,8) required?

yes no

HOW MUCH OF THE GRANTS, SCHOLARSHIPS OR LOANS ARE USED TO PAY TUITION AND MANDATORY FEES CHARGED BY THE SCHOOL? (DO NOT INCLUDE EXPENSES THAT ARE NOT CHARGED BY THE SCHOOL SUCH AS TEXT BOOKS OR TRANSPORTATION.)

ARE THERE ANY STUDENTS IN YOUR HOUSEHOLD WHO ARE 18 OR OVER AND ATTEND COLLEGE OR CAREER TRAINING?

YES NO

WORK REGISTRATION Has anyone in your household quit a job in the last 60 days? yes no

Are any persons in home required to meet

26 SHELTER EXPENSES - (Check box next to the shelter cost you pay and list amount you are billed.)

SHELTER (Check appropriate box)	AMOUNT BILLED	HOW OFTEN
<input type="checkbox"/> Rent or <input type="checkbox"/> Board and Room	\$	
Mortgage Payment	\$	
Property Tax - if not included in mortgage	\$	
Insurance on Home - Not furniture or personal belongings (if not included in mortgage)	\$	

F.S. Work Registration Requirements?

If so, list name(s) + date(s) registered

27 UTILITIES EXPENSES

Check the box next to the utility cost you pay and list the amount you are billed. If you don't list the amount you are billed we'll use a standard amount to compute your benefits. But, if your utility bills are higher than the state standard amount listing them below may help you receive more food stamps.

UTILITIES (Check appropriate box(s))	AMOUNT BILLED	HOW OFTEN
Telephone (Basic Rate)	\$	
Electricity	\$	
Gas for heating and cooking	\$	
Oil	\$	
Water and sewerage	\$	
Garbage and trash	\$	
Installation of utilities	\$	
Other (Coal, wood)	\$	

IS ANYONE OUTSIDE YOUR HOUSEHOLD PAY OR HELP YOU PAY ANY OF THE SHELTER UTILITY BILLS YOU HAVE LISTED?

IF YES, WHICH BILLS DO THEY PAY?

HOW MUCH DO THEY PAY?

(28) DEPENDENT CARE

DOES ANYONE IN YOUR HOUSEHOLD PAY FOR SOMEONE TO BABYSIT OR CARE FOR A CHILD OR A DEPENDANT ADULT, SO THAT A MEMBER CAN GET WORK OR TRAINING OR LOOK FOR A JOB? YES NO

IF YES, HOW MUCH DO YOU PAY? \$

HOW OFTEN?

NAME OF PERSON WHO PROVIDES THIS CARE

TELEPHONE NUMBER

ADDRESS

FOR COUNTY USE ONLY

(29) AUTHORIZED REPRESENTATIVE

You can authorize someone outside your household to get your Food Stamps for you or to use them to buy food for you. If you would like to authorize someone, complete below.

NAME ADDRESS TELEPHONE NUMBER

AFDC/Food Stamps Joint Application

The information you provided on the CA 2 and the CA 2 Food Stamp Supplement will be used to determine your eligibility for both AFDC and food stamps.

If you receive an AFDC payment after you are certified for Food Stamps and such payment requires a reduction or discontinuance of your food stamp benefits, you will not be notified of the Food Stamp reduction or discontinuance unless your worker did not inform you of this at the time of the certification.

Your Rights and Responsibilities

I understand the questions on this application and have been informed of my rights and responsibilities and am aware of the possibilities of criminal penalties for making false statements or failing to report information or situations which may affect my eligibility or amount of benefit entitlement. My answers are correct and complete to the best of my knowledge.

I understand that I may have to provide documents to prove what I've said. I agree to do this. If documents are not available I agree to give the name of a person or organization the Food Stamp office may contact to obtain the necessary proof. I will also cooperate fully with state and federal personnel in a quality control review.

I understand that I or my authorized representative may request a hearing if I am not satisfied with the action taken on my application by the Food Stamp Office. I may discuss the action with the County Welfare Department. If I am not satisfied with the discussion I may request a hearing by the Department of Social Services. The request may be written or oral and must say why I am not satisfied. The request must be received by the Office of the Chief Referee, DSS, 744 P Street, Sacramento, California 95814, within 1 year of the postmarked date of the Notice of Intended Action with which I am dissatisfied.

PENALTY WARNING:

If your household receives food stamps, it must follow the rules listed below. Any member of your household who breaks any of these rules on purpose can be barred from the food stamp program for 3 months to 2 years; fined up to \$10,000, imprisoned up to 5 years, or both; and subject to prosecution under other applicable federal laws.

- DO NOT give false information, or hide information, to get or continue to get food stamps!
- DO NOT trade or sell food stamps or authorization cards!
- DO NOT alter authorization cards to get food stamps you're not entitled to receive!
- DO NOT use food stamps to buy ineligible items, such as alcoholic drinks and tobacco!
- DO NOT use someone else's food stamps or authorization cards for your household!

Nondiscrimination

This application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief.

SIGNATURE (HEAD OF HOUSEHOLD OR SPOUSE) DATE

WITNESS, IF YOU SIGNED WITH AN "X"

SIGNATURE (AUTHORIZED REPRESENTATIVE OR OTHER PERSON COMPLETING APPLICATION) DATE

If an authorized representative completes application attach written authorization of head of household or spouse.

IF SIGNED BY "X" SIGNATURE OF WITNESS DATE

Approved

Effective _____

Denied

Reason _____

EW Signature

Date

INSTRUCTIONS ON USING INTERIM PA/FS JOINT APPLICATION FORMS

I. Joint PA/FS Application Forms

The combined use of Forms CA 1, CA 2, CA 2/FS Supplement and Temp DFA 285A (Part 1) constitutes the interim joint PA/FS application as required by the federal food stamp regulations. Processing will be in accordance with the following instructions.

II. CA 1 (PA Application)

The CA 1 is the official application for public assistance and is used in conjunction with the CA 2 Statement of Facts. When all members of a household apply for both food stamps and public assistance, the Form CA 1 is also considered the primary food stamp application and serves as the control document for the 30-day processing period.

Federal food stamp regulations require that the PA application clearly indicate if the applicant does or does not wish to apply for food stamps. Since the CA 1 format does not meet this requirement, it is important that the EW instruct all PA applicants not desiring food stamps to either enter a signed statement to this effect on the CA 1 or to check the appropriate box in question #21 of the CA 2/FS Supplement. In instances where a PA applicant has not checked the box marked Food Stamps on the CA 1 or otherwise specifically indicated that she/he does not wish food stamps, their application will be considered a request for both PA and food stamps unless it is determined otherwise during the interview.

III. CA 2 Statement of Facts Supporting PA Eligibility

Certification of PA/FS households is accomplished on the basis of the applicant's statement of fact contained in the CA 2 form and the CA 2/FS Supplement. Counties may also use the CA 2 with its FS Supplement to certify mixed NA FS households (ones in which at least one but not all members apply for public assistance). Counties that opt to use the CA 2 to certify mixed NA FS households must also use the CA 1 as the primary food stamp application. Counties that opt to use Form CA 20 instead of the CA 2 for PA eligibility redetermination may use the CA 20 together with the CA 2/FS Supplement to redetermine food stamp eligibility, provided the process includes a review of the most recently completed CA 2, all intervening CA 7s, and any other pertinent case record information. This is to ensure that a comprehensive update of case record information is provided in determining the household's continuing eligibility.

IV. CA 2 Food Stamp Supplement

The CA 2/FS Supplement shall be attached to each CA 2 Statement of Facts given or mailed to applicants who request both AFDC and Food Stamps. Certification of PA/FS households cannot be accomplished without completion of both the CA 2 form and its food stamp supplement. The CA 2/FS Supplement may also be used in conjunction with the CA 2 to certify a PA household which later applies for food stamps and has on file a current CA 2 that was completed in establishing the household's eligibility for public assistance.

V. Temp DFA 285 A, (Part I)

The 6/79 revised Form Temp DFA 285A, (Part I) shall be used to screen and identify PA food stamp applicants who are eligible for expedited food stamp services. Its usage will be signalled by the applicant's request for food stamps or emergency food assistance and could be attached to the CA 1 or the CA 2/FS Supplement or issued separately to the applicant. In any case, every PAFS applicant must be screened via the Temp DFA 285A to determine if expedited services are required.

VI. Certifying for Expedited Food Stamp Services

In instances where the PA/FS applicant is eligible for and desires expedited food stamp services, both the CA 2 and CA 2/FS Supplement must be completed. However, in conducting the interview for expedited services the EW need only cover those data elements that are applicable to food stamps. With respect to the CA 2, this would include the following numbered data elements: 1, 2, 3, 6, 10, 12, 13, 15, 16, 17, and 18.

CHANGES IN CLASSIFICATION IN THE MIDDLE OF CERTIFICATION PERIODS

I. PA/FS Household Becomes NA FS (Nonmixed) Household

- Original CA 2 remains in effect for duration of initial or adjusted certification period assigned.
- If still NA at recertification, a DFA 285A shall be completed.

II. PA/FS Household Becomes NA FS (Mixed) Household

- Original CA 2 remains in effect for duration of initial or adjusted certification period assigned.
- CWD could recertify household (if still NA FS mixed) on the CA 2 (+ FS supplement) the CA 20 (+ FS supplement) or the DFA 285A.

III. NA FS (Nonmixed) Household Becomes PA/FS

- Certify for PA/FS on CA 2 (+ FS supplement).

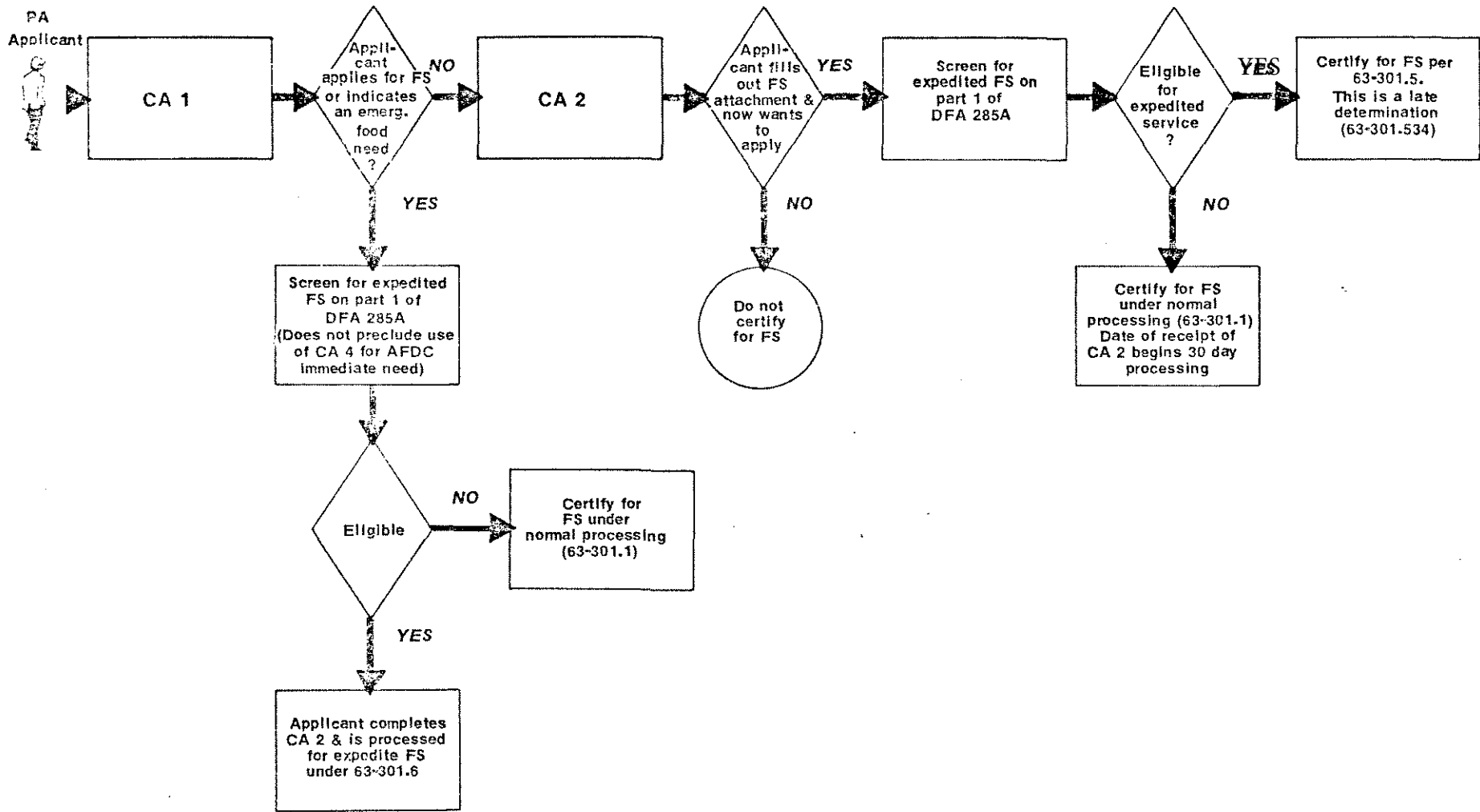
IV. NA FS (Mixed) Becomes PA/FS

- Original CA 2 and DFA 285 remains in effect; extend FS certification period to correspond with PA redetermination.

V. Household Applies for PA and FS, is Certified for FS, But PA is Denied

- Original CA 2 (+ FS supplement) remains in effect for duration of initial certification period. (Recommend certifying initially for at least 2-3 months.)
- If still NA at recertification, a DFA 285A shall be completed.

JOINT PA/FS APPLICATION PROCESS



*CA 2 is defined as AFDC form CA 2 + FS attachment.

FORMS SUMMARY

These documents used in combination constitute the interim PA/FS joint application.

CA - 20 Eligibility Redetermination

Purpose: May be used in conjunction with the CA - 2/FS supplement to redetermine a PA household's eligibility for food stamps, provided the redetermination process includes a review of the most recently completed CA - 2, all intervening CA - 7's and pertinent case record information.

DFA - 285A (Part I)

Purpose: To be used to screen and identify PAFS applicants eligible for expedited food stamp services.

CA - 2/Food Stamp Supplement

Purpose: To be used in conjunction with the CA - 2 to determine a PAFS or mixed NAFFS applicant's eligibility for and level of food stamp benefits.

CA - 2 Statement of Facts Supporting PA Eligibility

Purpose: To be used to determine an applicant's eligibility for Public Assistance.

CA - 1 (PA Application)

Purpose: To be used as the primary application for food stamps when a household requests both food stamps and Public Assistance. Accordingly, it serves as the controlling document for processing food stamp applications within the 30 day time period.