

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 322-5475



August 24, 1979

ALL-COUNTY INFORMATION NOTICE 94-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - REVISION OF FORM DE 8435 USED FOR  
WORK REGISTRATION

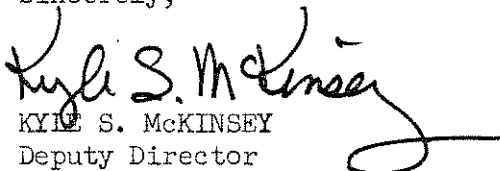
Effective October 1, 1979, EDD employment service offices will begin utilizing a revised work registration form DE 8435. This EDD form is currently used by food stamp applicants/recipients to comply with the work registration requirement.

The revisions will not impact the current required applicant/recipient information or the current procedures employed at the county welfare department level. The revisions will impact that part of the form EDD uses for their reporting purposes. A color-coded DE 8435 will also become effective October 1, 1979, for the purpose of readily identifying unemployed veterans.

The new forms will be available in September and will be sent directly to the State Department of Social Services' warehouse. It will not be necessary for you to order the initial supply of forms because our warehouse has been instructed to immediately distribute them to you. This should ensure your receipt of the new forms in a timely manner. However, do not destroy your supply of the current DE 8435 until you receive the revised form.

If you should have any questions regarding the form, please contact your Food Stamp Program Operations Analyst at (916) 322-5475.

Sincerely,

  
KYLE S. MCKINSEY  
Deputy Director

cc: CWDA

1. LAST NAME (PRINT ONLY) FIRST			15. SOCIAL SECURITY NUMBER			21. PRIMARY OCCUPATION CODE					
2. DATE MO. DAY YEAR			9. EMPLOYMENT STATUS			16. FOOD STAMP RECIPIENT - WHP-REGISTRATION REQUIRED			22. WELFARE STATUS		
3. SEX			3. UNEMPLOYED, NO JOB ATTACHMENT			1. YES - HEAD OF HOUSEHOLD			2. WITH VOLUNTEER		
1. MALE			4. UNEMPLOYED, WORKING JOB ATTACHMENT			2. YES - OTHER			5. UNEMPLOYED FATHER		
2. FEMALE			1. WORKING PART TIME			3. YES - HEAD OF HOUSEHOLD JOB/SEARCH ACTIVITY			1. WITH MANDATORY		
4. RACE/ETHNIC			2. WORKING FULL TIME			4. YES - OTHER JOB/SEARCH ACTIVITY			3. OTHER WELFARE		
1. WHITE			10. HANDICAPPED			17. CETA PARTICIPANT			20. MIN FAMILY SIZE		
2. BLACK NOT HISPANIC			0. NO			1. YES			24. SEASONAL MIGRANT		
3. BLACK HISPANIC			1. PHYSICALLY DISABLED			18. VETERAN			1. SEASONAL FARM WORKER		
4. HISPANIC			2. MENTALLY RETARDED			ENTER TOTAL OF A & B BELOW			2. MIGRANT FARM WORKER		
5. AMERICAN INDIAN & ALASKAN NATIVE			3. OTHER			A. TYPE			3. MIGRANT FOOD PROCESSING WORKER		
6. ASIAN & PACIFIC ISLANDERS			11. MONTH/YEAR OF BIRTH MONTH YEAR			1. RECENTLY SEPARATED			25. ELIGIBLE CLAIMANT		
7. FILIPINO			12. [REDACTED]			2. RECENTLY SEPARATED			27-31. FUTURE USE		
8. INA			ITEMS 13-15 To be completed by interviewer			3. OTHER VETERAN			28. [REDACTED]		
5. OFFENDER - CONVICTIONS OTHER THAN TRAFFIC			ITEMS 16-17 To be completed if appropriate			1. SPECIAL VETERAN			29. [REDACTED]		
1. YES			13. LOCATION NO.			2. NON-VETERAN ELIGIBLE FOR VETERAN BENEFITS			30. [REDACTED]		
2. NO			14. COUNTY CODE			3. OTHER VIETNAM ERA			31. [REDACTED]		
6. SUMMER YOUTH			19. OTHER VETERANS & ELIGIBLES			20. ECONOMICALLY DISADVANTAGED			32. [REDACTED]		
1. YES			1. [REDACTED]			1. YES			26. STATION - DEER		
2. NO			2. [REDACTED]			2. YES			27. [REDACTED]		
7. HIGHEST GRADE COMPLETED			13. LOCATION NO.			3. YES			28. [REDACTED]		
1. TWO DIGITS - MAIL NUMBER IS 191			14. COUNTY CODE			4. YES			29. [REDACTED]		
8. HEAD OF HOUSEHOLD			19. OTHER VETERANS & ELIGIBLES			5. YES			30. [REDACTED]		
1. YES			1. [REDACTED]			6. YES			31. [REDACTED]		
2. NO			2. [REDACTED]			7. YES			32. [REDACTED]		

DE 01 REV. 4-10-79) APPLICANT CHARACTERISTICS STATE OF CALIFORNIA COMPLETED BY: REVIEWED BY:

**A. EMPLOYMENT HISTORY - FULLY DESCRIBE YOUR JOB AND DUTIES** DESCRIBE LOWEST OR MOST IMPORTANT JOBS HELD, STARTING WITH THE MOST RECENT. INCLUDE SPECIALIZED MILITARY EXPERIENCE.

EMPLOYER	JOB TITLE - DESCRIBE WHAT YOU DID - MACHINES OPERATED - TOOLS USED
CITY AND STATE	
TYPE OF BUSINESS	
LENGTH OF JOB	ENDING DATE PAY
REASON FOR LEAVING JOB	
EMPLOYER	JOB TITLE - DESCRIBE WHAT YOU DID - MACHINES OPERATED - TOOLS USED
CITY AND STATE	
TYPE OF BUSINESS	
LENGTH OF JOB	ENDING DATE PAY
REASON FOR LEAVING JOB	
EMPLOYER	JOB TITLE - DESCRIBE WHAT YOU DID - MACHINES OPERATED - TOOLS USED
CITY AND STATE	
TYPE OF BUSINESS	
LENGTH OF JOB	ENDING DATE PAY
REASON FOR LEAVING JOB	

**B. ACTIVE MILITARY SERVICE** ENTERED (DATE) RELEASED (DATE) HAVE YOU A SERVICE-CONNECTED DISABILITY? YES NO MILITARY OCCUPATION VERIFIED BY:

I. V 1 2 3 4 W WIN FS AF OC TAA										II. OCCUPATIONAL TITLES		LOG #
C. PRINT: LAST NAME FIRST INITIAL										III. SUMMARY		IV. CONTACT DATES
STREET ADDRESS												
MAILING ADDRESS												
CITY STATE ZIP CODE												
D. SOCIAL SECURITY NUMBER					E. PHONE NUMBER					MESSAGE WILL CALL		
F. U.S. CITIZEN		G. NUMBER IN FAMILY		H. FAMILY INCOME (LAST 12 MONTHS)		I. RESIDENCE LOCATION						
YES NO				\$		1. FARM 2. NON-FARM						
J. EDUCATION: CIRCLE HIGHEST YEAR OF EDUCATION COMPLETED, INCLUDING GED TRADE THROUGH HIGH SCHOOL COLLEGE										M. MINIMUM WAGE ACCEPTABLE:		
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7										DAYS AVAILABLE:		
SHOW COLLEGE BUSINESS, MILITARY OR TRADE SCHOOL SUBJECTS AND DEGREES OR CERTIFICATES. INCLUDE SPECIALIZED MILITARY TRAINING.										HOURS AVAILABLE:		
										TRANSPORTATION TO JOB: YES NO		
										WILL COMMUTE: MILES TIME		
										DELEGATE TO ANOTHER APPL: YES NO		
K. IF NEEDED FOR WORK, DO YOU HAVE										N. KIND OF WORK WANTED - BE SPECIFIC		FO #
WORK TOOLS		SPECIAL CLOTHING		REQUIRED LICENSE		AUTO OR PALCA				CALIF. DRIVER'S LICENSE		
YES NO		YES NO		YES NO		YES NO				YES NO		
L. DO YOU HAVE ANY DISABILITIES OR HEALTH PROBLEMS WHICH MIGHT LIMIT YOUR ABILITY TO WORK, OR TO PARTICIPATE IN A TRAINING PROGRAM? YES NO										O. MONTH AND YEAR OF BIRTH		17. SEX RACE
YES NO												

DE BASE REV. 4-10-79) APPLICATION EMPLOYMENT DEVELOPMENT DEPARTMENT - STATE OF CALIFORNIA

