



CDSS

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DIRECTOR

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

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EDMUND G. BROWN JR.  
GOVERNOR

February 5, 2015

REASON FOR THIS TRANSMITTAL

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

ALL COUNTY LETTER (ACL) NO. 15-13

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CALWORKS PROGRAM SPECIALISTS  
ALL CONSORTIUM PROJECT MANAGERS  
ALL COUNTY IEVS COORDINATORS AND COLLECTION MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM: USE OF PROMISSORY NOTES FOR OVERPAYMENT COLLECTION; AND IMPLEMENTATION REMINDER FOR ALL COUNTY LETTER 11-80

REFERENCES: MANUAL OF POLICIES AND PROCEDURES SECTIONS 23-400.22, [44-351.1](#), [44-351.111](#), [44-352.112](#), [44-352.4](#); ACL [11-80](#)

The purpose of this ACL is to provide direction to County Welfare Departments (CWDs) regarding appropriate noticing requirements when establishing and demanding repayment of CalWORKs overpayments (OPs).

The California Department of Social Services (CDSS) has learned that there are some CWDs that are including a Promissory Note (Agreement to Reimburse) form or similar document when sending Notices of Action (NOAs) informing current and former recipients that a CalWORKs OP has been established to facilitate the CWD's collection efforts. These documents require the individual who received aid to which they were not entitled to sign an agreement to repay the OP and identify the method and amount of repayment. The document also advises the individual that the "County may take action against" him or her and assess additional fees for various administrative processing costs.

Upon careful consideration, the CDSS has determined that inclusion of the Promissory Note (Agreement to Reimburse) being used by some CWDs is not in accordance with the applicable Manual of Policies and Procedures (MPP) regulations as it constitutes a

“request” or demand in violation of MPP section 44-351.1. Furthermore, nothing on the Promissory Note (Agreement to Reimburse) indicates the payments are voluntary or can be suspended at any time. While CWDs are able to pursue all methods of overpayment recovery concurrently, as described in MPP section 44-352.4, et seq., this regulation must be taken in concert with other MPP regulations.

The MPP section 44-351.1 clearly states that “voluntary cash recovery should be explained by the county to a recipient (or former recipient) but no request for voluntary payments should be made.” In addition, any such agreement to voluntarily recover an overpayment from a client must be initiated by the client after an explanation of the process and “shall be in writing and shall clearly indicate to the individual that the repayment is voluntary” (MPP section 44-351.111). The client is not required to fulfill any voluntary agreement and as such can suspend any payments he or she has agreed to make (MPP section 44-351.112).

Upon receipt of this ACL, any CWDs and consortia that are currently engaging in this practice must immediately discontinue sending Promissory Notes or similar documents.

New Form – CW 2217, “CalWORKs Request for Voluntary Repayment” form

Upon implementation of this letter, the CWDs shall instead begin using the CW 2217, “CalWORKs Request for Voluntary Repayment” form. This form will be given to clients only under the following conditions:

- The client asked if voluntary repayment of their overpayment can be made.
- The request followed an explanation by the CWD of the overpayment.
- The CWD did not in any way initiate or request that the client undertake voluntary repayment.
- The client understands that he or she is not required to voluntarily repay the OP and can suspend voluntary repayment at any time.

The CW 2217 is designated as Required Form-Substitutes Permitted. Forms in this category are required forms for which modifications or substitutions with prior CDSS approval are permitted. The CWDs may modify these forms to add or obtain information that does not (a) conflict with program policies or regulations, or (b) change the legal content of the form. Substitute forms must be submitted to CDSS in writing and may not be used until the CWD or consortium has received written approval from CDSS (see MPP section 23-400.22). CWDs may email their requests to Shawn Dorris, Policy Unit Manager at

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[shawn.dorris@dss.ca.gov](mailto:shawn.dorris@dss.ca.gov) or via US Postal mail to:

California Department of Social Services  
CalWORKs Eligibility Bureau  
744 P Street, MS 8-8-31  
Sacramento, CA 95814  
ATTN: Shawn Dorris

The CWDs are to begin using this form as soon as administratively possible, but no later than 90 days from the date of this letter.

#### ACL 11-80 REMINDER

In addition to the CW 2217, described above, CWDs must ensure that the most current OP NOAs are being used. ACL 11-80 released on November 28, 2011, implemented two new overpayment NOA messages: M44-350I and M44-352H and revised nine additional overpayment NOAs. According to the ACL, CWDs were instructed to begin using these new and revised NOA messages as soon as administratively possible. All CWDs are advised that these NOA messages must be automated and are to be used by CWDs no later than 90 days from the date of this letter, if not already fully implemented.

#### Camera Ready Copies and Translations

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain this form from the CDSS webpage at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

When all translations are completed per MPP Section 21-115.2, including the Spanish form, they are posted on an on-going basis on our web site. Copies of the translated forms can be obtained at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm).

For questions on translated materials, contact Language Services at (916) 651- 8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the *GEN 1365-Notice of Language Services* and a local contact number. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide an interpreter if an applicant or recipient requests one. More information regarding

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translations can be found in MPP section 21-115.

The ACL and other CDSS Letters and Notices are available on the internet at:  
<http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

If you have any questions concerning this letter or ACL 11-80, please contact Kären Dickerson at (916) 651-6562 or by email at [Karen.Dickerson@dss.ca.gov](mailto:Karen.Dickerson@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare to Work Division

Attachment

# CALWORKS REQUEST FOR VOLUNTARY REPAYMENT

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

On \_\_\_\_\_, you were told that you were overpaid California Work Opportunity And Responsibility to Kids (CalWORKs) benefits:

All or part of the CalWORKs payment you got for the month(s) of \_\_\_\_\_ to \_\_\_\_\_ is an overpayment. You are getting this form because all of the following apply:

- You got this form after an explanation by the County of the overpayment; and
- The County did not ask you to make voluntary payments; but, you asked to make voluntary payments.
- You may volunteer to repay all or part of the overpayment. The amount of the overpayment is \$ \_\_\_\_\_. You are making a  one-time  monthly (check one) voluntary repayment of \$ \_\_\_\_\_. Repayment method:  Check  Cash  EBT. You can stop your voluntary payments at any time. If you decide to stop your voluntary payments, the county can collect the rest of your overpayment.

If you agree to this voluntary repayment, you may send a check or money order to the address listed below. Please include your case number on your check or money order. Payments should be mailed to:

County Contact Name:  
 County Department/District office:  
 Address:  
 City, State and Zip Code:

### OR

If you want money taken directly out of your EBT account at one time, please enter the amount you would like taken out of your CalWORKs EBT account and sign and date below .

\$ \_\_\_\_\_ Amount \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

EBT card number: \_\_\_\_\_ Overpayment claim number: \_\_\_\_\_

By signing this form, I understand that I am authorizing the County to deduct funds from my EBT account to repay my overpayment. I certify that I am the EBT cardholder on this account. I understand that as an EBT cardholder I have the authority to authorize payment from this account in order to make a payment on an overpayment. I understand that repayment of an overpayment using EBT account funds is a voluntary action and I am giving my consent to use CalWORKs benefits from this account to repay overpaid benefits. I understand that this agreement may be altered or terminated at any point in the future at my request. If you have any questions about how the overpayment was figured or about repayment arrangements, please call:

\_\_\_\_\_ at \_\_\_\_\_  
Worker Name Worker Phone Number

### County Only Section

Benefits withdrawn from Cash EBT account for cash overpayment:

Claim: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

Worker name: \_\_\_\_\_

Worker signature: \_\_\_\_\_

Worker number: \_\_\_\_\_

Date: \_\_\_\_\_