

**County of San Diego, Health and Human Services Agency (HHS)A)
CalWORKs Program Guide Letter**

CALWORKS REQUEST FOR VOLUNTARY REPAYMENT

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Issue Date:

04/13/2015

Effective Date:

Upon receipt

Purpose:

To introduce a new agreement form when establishing voluntary repayment of CalWORKs overpayments

Background:

Any agreement to voluntarily recover an overpayment must be initiated by the customer after an explanation of the process. The agreement needs to be in writing and clearly indicate to the customer that the repayment is voluntary. The customer is not required to fulfill any voluntary agreement and as such can suspend any payments he or she has agreed to make.

Policy Change:

Form **CW 2217 - CalWORKs request for Voluntary Repayment** is to be used when the customer requests to make voluntary repayments.

Form **16-102 HHS)A Authorization for Benefit Collection From EBT Account** will no longer be used for CalWORKs voluntary overpayment repayments.

Summary of Changes:

[CPG 44-350.E - Methods of Overpayment Recovery](#)

- Updated to include information regarding form CW 2217
- Reformatted section and removed obsolete and unnecessary information

Changes to the CPG are noted with highlighted text.

Impacts:

Automation:

None.

Forms and Document Capture:

CW 2217 - CalWORKs request for Voluntary Repayment

This form is not available in CalWIN and it is in the process of being uploaded into the Eligibility Form Repository and Xerox Print Center. In the meantime the English version of the form is attached to this letter for immediate use, pending its availability in CalWIN, Eligibility Form Repository and the Xerox Print Center.

Until translations are available, customers who elect to receive materials in languages other than English should be provided with the English version of the form along with the **GEN 1365-Notice of Language Services**.

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Due to the fact that the **CW 2217** form requires a client's signature, the form must be submitted for document capture.

Eligibility Worker Actions:

Cease using form **16-102** for CalWORKs voluntary overpayment repayments.

Instead provide form **CW 2217** to customers when they inquire if voluntary repayments of the overpayment can be made.

Management Report:

None.

Programs Affected:

None.

Quality Control:

Quality Control will cite the appropriate error when the regulations cited in this program material have not been followed.

References:

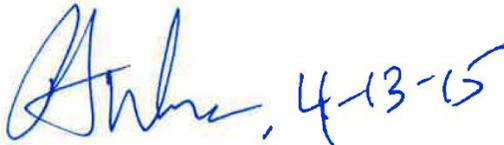
[EAS 44-351.1](#)

[ACL 15-13](#)

Sunset Date:

This policy will be reviewed for continuance by April 30, 2018

Approval for Release:



Rick Wanne, Director
Eligibility Operations