

General Relief (GR) Program Guide Letter #45

November 7, 2007

Subject	GR EXPEDITED INTAKE EVALUATIONS
Effective Date	Upon receipt.
Reference	County policy.
Purpose	The purpose of this letter is to provide clarifications on the requirement to evaluate for eligibility to an Expedited Intake appointment.
Background	The GR Program does not use the SAWS 1. Since the 16-94 HHSA, Welcome Form, was recently revised to remove the eligibility questions due to instruction from the Department of Social Services (DSS), GR workers lost the ability to document the decision regarding an Expedited Intake appointment.
Changes/ Clarifications	Form 11-111 HHSA, GR Expedited Intake Evaluation (Attachment A), has been developed to gather the necessary information for the preapplication worker to be able to evaluate for potential eligibility for an Expedited Intake appointment.
Required Action	Effective upon receipt of this letter, reception must include the 11-111 HHSA in all preapplication packets. The preapplication worker must review the 11-111 HHSA to determine if the applicant meets the requirements for an Expedited Intake appointment. Any "Yes" answer indicates that the individual must be evaluated for an Expedited Intake appointment. The decision must be documented in the County Use section of the 11-111 HHSA. The 11-111 HHSA must be filed in the case file under the "Affirmation/ Declaration" tab.
Automation Impact	No impact.
Forms Impact	Form 11-111 HHSA has been uploaded into iWay and is available in English and Spanish.

Continued on next page

General Relief (GR) Program Guide Letter #45, Continued

Quality Assurance Impact

Effective with the January 2008 review month, Quality Assurance will cite with the appropriate error any case that does not follow the requirements of this letter.

Summary of Change

The table below shows the changes in the Program Guide.

Article/Section	Changes
GRPG 90-100	<ul style="list-style-type: none">• 16-2A DSS, Reception Referral Form changed to 16-94 HHSA, Welcome Form.• Added 11-111 HHSA to the GR Preapplication packet.
GRPG 90-101	<ul style="list-style-type: none">• 16-2A DSS, Reception Referral Form changed to 16-94 HHSA, Welcome Form.• Added requirement for preapplication worker to review 11-111 HHSA for potential eligibility to an Expedited Intake appointment.

Filing Instructions

The table below shows how to file the Program Guide material.

Action	Pages
Remove	GRPG 90-100-3 through 90-900-6
	GRPG 90-100-9 through 90-100-12
Replace	GRPG 90-100-3 through 90-100-6
	GRPG 90-100-9 through 90-100-12

Manager Approval

ORIGINAL SIGNED BY:

DANN CRAWFORD, ASSISTANT DEPUTY DIRECTOR
Medi-Cal, General Relief, and CAPI Program Administration
Strategic Planning & Operational Support Division



County of San Diego

Health and Human Services Agency

GENERAL RELIEF EXPEDITED INTAKE EVALUATION

Please answer the following questions to assist us in determining if you may be eligible for an expedited intake appointment.

Yes No

1. Have you recently started working?
2. Do you have an eviction notice?
3. Do you have a utilities shut-off notice?
4. Are you homeless and not eligible to CalWORKs or other aid programs?
5. Have you recently completed a three-month sanction (were not homeless when the sanction was imposed) and now homeless?
6. Are you homeless and likely to be in immediate danger of physical or mental damage due to the absence of shelter?
7. Would one of the above situations occur if you had to return for a later appointment?

Applicant's signature

Date

-----COUNTY USE ONLY-----

- Need met by availability of other resources.
- Application referred for Expedited Intake.
- Application **not** referred for Expedited Intake.

Reason: _____

Worker Signature

Number

Date

ATTACHMENT A-1



Condado de San Diego

Agencia de Salud y Servicios Humanos Evaluación inmediata para Ayuda General (monetaria)

Por favor conteste las siguientes preguntas para asistimos en determinar si usted es elegible para una sita inmediata.

- | Si | No | |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | ¿Usted ha comenzado recientemente un trabajo? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | ¿Usted tiene un aviso de desalojo? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | ¿Usted tiene un aviso que le van a cerrar sus utilidades? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | ¿Usted está sin hogar y no es elegible para el programa de CalWORKS u otros programas de ayuda? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | ¿Usted ha completado recientemente una sanción de tres meses (no estaba sin hogar cuando tenía la sanción) pero ahora si está sin hogar? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | ¿Usted está sin hogar y es probable que esté en peligro inmediato de daño físico o mental debido a la falta de un hogar? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | ¿Si tendría que regresar para una sita le podría suceder alguna de las situaciones nombradas arriba? |

Firma del Solicitante

Fecha

-----COUNTY USE ONLY-----

- Need met by availability of other resources.
- Application referred for Expedited Intake.
- Application **not** referred for Expedited Intake.

Reason: _____

Worker Signature

Number

Date

ATTACHMENT A-2