

# General Relief (GR) Program Guide (PG) Letter #76

August 11, 2014

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<b>Subject</b>	<b>CLARIFICATIONS FOR GR PROGRAM CHANGES</b>
<b>Effective</b>	Upon receipt.
<b>Reference</b>	County Policy
<b>Purpose</b>	To provide clarifications due to the GR Program changes implemented in <a href="#">GRPG Letter 73</a> .
<b>Background</b>	<a href="#">GRPG Letter 73</a> provided instructions for the changes to the GR program.
<b>Highlighted Changes</b>	<p>The following clarifications have been added to the GRPG:</p> <ul style="list-style-type: none"><li>• When the 30<sup>th</sup> day after the date of application falls on a weekend or holiday, the denial action will be taken on the first business day after the weekend or holiday</li><li>• SAWS 1 Plus is added as the initial application form for GR</li><li>• SAWS 2 Plus is added as an allowable statement of facts for GR</li><li>• Treatment of applications received through my Benefits CalWIN (myBCW)</li><li>• Treatment of phone inquiries for GR at Access</li><li>• Modified Aid Payment Cycle (MAPC) applications</li><li>• Partial month Job Search (JS)</li><li>• Instructions for determining when the QR 7 is due</li></ul>
<b>Required Action</b>	Workers must follow the instructions in the GRPG for processing an application, allowable forms, treatment of applications received via my BCW or over the phone, MAPC applications and the QR 7.
<b>Automation Impact</b>	<p>Tracking of the 30 day application processing and MAPC determination continue to be outside of CalWIN.</p> <p>The QR 7 process is anticipated to be automated with Release 39, scheduled for November 2014.</p>

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*Continued on next page*

## General Relief (GR) Program Guide (PG) Letter #76, Continued

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**Forms Impact** No impact.

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**Scanning Impact** No impact.

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**Access Impact** No impact.

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**Other Program Impact** No impact.

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**Quality Control (QC) Impact** Effective with the August 2014 review month, QC will cite with the appropriate error on any case that does not follow the requirements of this Letter.

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**Summary of Changes** The table below shows the changes to the GRPG.

<b>Section</b>	<b>Changes</b>
<a href="#">90-100.1</a>	<ul style="list-style-type: none"> <li>• Added SAWS 1 Plus</li> <li>• Added instructions for:                             <ul style="list-style-type: none"> <li>– Applications received through my Benefits CalWIN</li> <li>– Applications received by mail</li> <li>– Applications received by phone</li> </ul> </li> </ul>
<a href="#">90-100.2</a>	Added SAWS 1 Plus
<a href="#">90-100.3</a>	Added instructions for: <ul style="list-style-type: none"> <li>• when 30<sup>th</sup> day is on a weekend or holiday</li> <li>• QR 7</li> </ul>
<a href="#">90-100 Appendix D</a>	Updated script to reflect the QR 7
<a href="#">90-170.5</a>	Added QR 7
<a href="#">90-170.7</a>	Added QR 7
<a href="#">90-250.7</a>	Added QR 7
<a href="#">90-400.1</a>	Added QR 7

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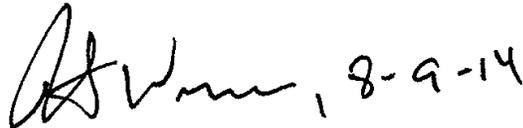
## General Relief (GR) Program Guide (PG) Letter #76, Continued

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**Summary of  
Changes**  
(continued)

<b>Section</b>	<b>Changes</b>
<a href="#">90-400.6</a>	Added QR 7
<a href="#">90-500.3</a>	Added QR 7
<a href="#">90-600.9</a>	Added QR 7
<a href="#">90-600 Appendix D</a>	Added QR 7
<a href="#">90-700.1</a>	Added QR 7
<a href="#">90-700.13</a>	Added clarification for partial month Job Search assignment
<a href="#">90-700.20</a>	Added QR 7
<a href="#">90-700.23</a>	Added MAPC scheduling clarification
<a href="#">90-750.2</a>	Added QR 7
<a href="#">90-750.4</a>	Added QR 7
<a href="#">90-750.5</a>	Added QR 7
<a href="#">90-800.1</a>	Added QR 7

**Approval for  
Release**

 8-9-14

DH

## 90-100.01 RECEPTION

### B. Clerical/ Reception Desk

The Clerical Reception Desk must follow the actions in the table below when an individual requests an application for GR.

Step	Action																		
1	Give the applicant the GR Pre-application packet including forms: <table border="1" data-bbox="537 548 1398 968"> <thead> <tr> <th data-bbox="537 548 760 579">Form #</th> <th data-bbox="760 548 1398 579">Title</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 579 760 611">11-38 HHSA</td> <td data-bbox="760 579 1398 611">Coversheet</td> </tr> <tr> <td data-bbox="537 611 760 642">11-68 HHSA</td> <td data-bbox="760 611 1398 642">Directory of Employment Services</td> </tr> <tr> <td data-bbox="537 642 760 674">11-79 HHSA</td> <td data-bbox="760 642 1398 674">Identification Requirements</td> </tr> <tr> <td data-bbox="537 674 760 705">16-94 HHSA</td> <td data-bbox="760 674 1398 705">Welcome Form</td> </tr> <tr> <td data-bbox="537 705 760 737">GEN 1365</td> <td data-bbox="760 705 1398 737">Notice of Language Needs</td> </tr> <tr> <td data-bbox="537 737 760 768">CSF 47</td> <td data-bbox="760 737 1398 768">Shared Housing Statement</td> </tr> <tr> <td data-bbox="537 768 760 800">16-54 HHSA</td> <td data-bbox="760 768 1398 800">Sharing Information with Housing Authorities</td> </tr> <tr> <td data-bbox="537 800 760 831">SAWS 1 Plus</td> <td data-bbox="760 800 1398 831">Application for Cash Aid, Food Stamps and/or Medi-Cal/State CMSP</td> </tr> </tbody> </table>	Form #	Title	11-38 HHSA	Coversheet	11-68 HHSA	Directory of Employment Services	11-79 HHSA	Identification Requirements	16-94 HHSA	Welcome Form	GEN 1365	Notice of Language Needs	CSF 47	Shared Housing Statement	16-54 HHSA	Sharing Information with Housing Authorities	SAWS 1 Plus	Application for Cash Aid, Food Stamps and/or Medi-Cal/State CMSP
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2	Inform the applicant that they may be categorically eligible for CalFresh benefits and provide the CF 285.																		
3	Instruct the applicant in the completion of the forms and to return the completed forms to the reception area as soon as they are finished.																		
4	Accept the completed forms from the applicant and instruct the applicant to wait until he/she is called by a pre-application worker.																		
5	Give the completed forms to the clearance clerk for immediate clearance. Clearance must include CalWIN, all MEDS screens (including QS screen), and IDX for CMS coverage.																		
6	Once the clearance is complete, give the forms to the pre-application worker. Be sure that form 16-94 HHSA, Welcome Form, is attached. Note any denial/discontinuance codes and attach available screen prints.																		
7	Identify all applicants with other language needs by notation of form 16-94 HHSA and follow the appropriate FRC procedures for these referrals.																		
8	Direct applicants who provide a Modified Aid Payment Cycle (MAPC) notice immediately to Intake Scheduling without referring them to pre-application.																		
9	Direct the applicants to the appropriate pre-application, intake or reception area as required and provide other																		

	assistance as directed by FRC procedures.
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**E.  
Phone  
Requests for  
GR**

If an applicant contacts Access by phone and requests to apply for GR, the Access agent will inform the applicant to go to the appropriate FRC for the GR application. No application will be registered by the agent.

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**F.  
Mail Requests  
for GR**

San Diego County does not allow GR applications by mail. If an application is received by mail for GR, the worker must attempt to contact the applicant to inform them of the need to go to the appropriate FRC to apply for GR.

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**G.  
Applications  
Received  
through My  
Benefits  
CalWIN**

Should an application be received through My Benefits CalWIN, the application will show as a CalWORKs application. The worker who identifies that the application should be for GR must take the actions in the table below.

Step	Action															
1	Deny the CalWORKs application.															
2	Pend a GR application with the same date as the CalWORKs application. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th style="text-align: center;">FRC</th> <th style="text-align: center;">Caseload ID</th> <th style="text-align: center;">Generic Account</th> </tr> </thead> <tbody> <tr> <td>El Cajon</td> <td>LTGR</td> <td>EC MBC, GR Intake</td> </tr> <tr> <td>Metro</td> <td>ATGR</td> <td>AA MBC, GR Intake</td> </tr> <tr> <td>North Coastal</td> <td>KTGR</td> <td>KT MBC, GR Intake</td> </tr> <tr> <td>South</td> <td>VTGR</td> <td>SR MBC, GR Intake</td> </tr> </tbody> </table>	FRC	Caseload ID	Generic Account	El Cajon	LTGR	EC MBC, GR Intake	Metro	ATGR	AA MBC, GR Intake	North Coastal	KTGR	KT MBC, GR Intake	South	VTGR	SR MBC, GR Intake
FRC	Caseload ID	Generic Account														
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Metro	ATGR	AA MBC, GR Intake														
North Coastal	KTGR	KT MBC, GR Intake														
South	VTGR	SR MBC, GR Intake														
3	Contact the applicant, if possible, to notify them of the need to contact the appropriate FRC (if not the same as the one processing the CalWORKs application) to schedule the GR Intake.															

The GR FRC will keep the application pending for the 30-day application processing period.

If the applicant ...	Then the FRC will ...
contacts the FRC during the 30-day processing period,	schedule the Intake interview and continue to process the application.

does not contact the FRC during the 30-day processing period,	deny the application for failure to complete the application process.
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## 90-100.02 PRE-APPLICATION

### C. Interview Requirements

The pre-application worker must follow the actions in the table below for the pre-application interview.

Step	Action
1	Log the case in.
2	Explain to the applicant the role of both Pre-application and Intake.
3	Complete Application Registration in CalWIN and instruct the applicant to sign the SAWS 1 Plus.
4	Review the Welcome Form (16-94 HHSA) for obvious ineligibility or linkage to CalWORKs or other programs. Discuss the information with the applicant to clarify any item that is incomplete or unclear. Make sure all questions are answered.
5	Review for sponsored alien status and provide a Sponsor's Statement of Facts (CW 22) and an Alien Sponsor Information form (07-22 HHSA). Explain the requirement of the sponsor and sponsored alien to sign lien forms in person for repayment of aid.
6	Review and record, as appropriate, the applicant's documentation of identification and residence (see <a href="#">90-150</a> and <a href="#">90-200</a> ) on Form 16-94 HHSA.
7	Review the 11-65 HHSA to determine the likely program classification.
8	If employable and the applicant has had employment within the past 30 days, determine if there was good cause for leaving employment (see <a href="#">90-700.5</a> ). If there is not good cause, schedule the Intake for after the 30 <sup>th</sup> day from the date of occurrence so that any penalty due to the Job Quit has been served.
9	If the applicant reports/appears to have received aid in another county within the past nine months, document the County Use Section of the 16-94 HHSA to alert the Intake worker to potential ineligibility due to time limits, sanctions, or mandatory MAPC eligibility.  Note: San Diego County will honor sanctions (up to our maximum), time-limited benefits, and mandatory MAPC eligibility imposed/received by/from another county.
10	If employable, explain alternative Job Training via form 11-49A HHSA.
11	If not applying as employable, explain the requirements necessary to determine light duty or Work Project exemption

	from the Employable program and have the applicant complete and sign the Applicant's Statement of Employability (11-65 HHSA). The 11-65 HHSA is to be imaged in the case file.						
12	Follow GREE scheduling procedures as outlined in <a href="#">90-100.1.D</a> for applicants who want the County to pay for the employability evaluation.						
13	<p>A Verification of Physical/Mental Incapacity – General Assistance (CSF 24) is to be provided to applicants who choose to go to a private provider. The patient's statement of medical condition and authorization for release sections are to be completed by the applicant during the pre-application interview.</p> <p>Note: Do not use black ink to complete this form. Use of colored ink will assist workers to identify forms which have been inappropriately photocopied.</p>						
14	<p>Determine if the applicant is potentially eligible for GR or is obviously ineligible for GR according to all other eligibility requirements.</p> <table border="1" data-bbox="537 940 1399 1241"> <thead> <tr> <th data-bbox="537 940 870 1052">If the information provided shows the applicant is ...</th> <th data-bbox="870 940 1399 1052">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 1052 870 1129">clearly ineligible,</td> <td data-bbox="870 1052 1399 1129">deny the application and provide a NOA.</td> </tr> <tr> <td data-bbox="537 1129 870 1241">potentially eligible or any eligibility factor is questionable,</td> <td data-bbox="870 1129 1399 1241">refer the applicant to Intake for an interview.</td> </tr> </tbody> </table>	If the information provided shows the applicant is ...	Then ...	clearly ineligible,	deny the application and provide a NOA.	potentially eligible or any eligibility factor is questionable,	refer the applicant to Intake for an interview.
If the information provided shows the applicant is ...	Then ...						
clearly ineligible,	deny the application and provide a NOA.						
potentially eligible or any eligibility factor is questionable,	refer the applicant to Intake for an interview.						
15	If the applicant is potentially eligible for GR, then determine if the applicant has an urgent situation which would qualify for an Expedited Intake appointment (see E and F, below).						

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**H.  
MAPC  
Appointment**

Voluntary MAPC applicants shall be referred to pre-application on an exception basis only as described in [90-700.22.D](#). Applicants who submit a timely request for GR under MAPC shall be scheduled for an Intake appointment on the 30<sup>th</sup> calendar day following the date of discontinuance. It is understood that these applications will not meet the standard Intake scheduling timeframes. Refer to [90-700.23](#) for required timeframes and conditions.

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## 90-100.03 INTAKE

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### B. Purpose

The Intake interview is the second step in the Intake process and is designed to accomplish the following objectives:

- determine that the applicant meets all eligibility requirements
- complete all necessary forms and documentation required to establish eligibility and complete the Intake process
- explain the rights, responsibilities, and requirements to the applicant including the right to a GR Hearing
- notify the applicant of any additional requirements that must be met before aid is continued beyond a specified period

All applications must be processed (approved/denied) within 30 days of the date of application. If the 30<sup>th</sup> day falls on a weekend or holiday, the application must be processed by the following business day. Applicants approved for an Expedited Intake must have an Intake interview within 3 business days of application (along with the CalFresh Expedited Services processing to the extent possible).

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### C. General Interview Requirements

Intake workers must follow the actions in the table below for all GR Intake interviews.

Step	Action
1	Log in the case on the Intake Appointment Log.
2	Complete the Statement of Facts (CalWIN Statement of Facts or SAWS 2 Plus) and review the GR/CalFresh Orientation Form (11-73 HHS) and Welcome Form (16-94 HHS) for consistency and to be sure all questions are answered.
3	Clarify all unclear or inconsistent information with the applicant.
4	If the applicant has a pending SSI application or appeal on MEDS, refer the applicant to SSI Advocacy and Medi-Cal.
5	Explain that if the applicant applies for and receives Supplemental Security Income/State Supplemental Payments (SSI/SSP) the first check will be sent to the Office of Revenue & Recovery (ORR) and any GR paid during this SSI/SSP eligible period will be deducted and the remainder will be sent to the applicant. Complete an Interim Assistance Reimbursement Authorization, SSP 14 and have the applicant sign and date it.
6	If there is a currently active case for another program in

	another FRC, review the case for consistency with the new application and statement of facts.
7	All homeless applicants will complete a form 11-44H HHSA, Affidavit of Homeless Living Situation, at Intake. Homeless recipients will be required to complete a form 11-44H HHSA at their next face-to-face interview. All recipients who become homeless while receiving GR will be required to complete form 11-44H HHSA during the month in which they report their homeless status.
8	Document all verifications provided and determine if additional items are needed to establish ongoing eligibility.
9	Explain to the applicant his/her rights and responsibilities, including an explanation of the Medi-Cal and CalFresh programs and regulations, if applicable. Advise the applicant that he/she may be categorically eligible to CalFresh benefits and provide the CalFresh application forms, if needed.
10	Have the applicant and sponsor, if applicable, read and sign form 11-19 HHSA (Lien Information), and form 11-22 HHSA (Grant of Lien) if the clearance does not indicate an active lien.
11	Evaluate if the client meets the criteria for Substance Abuse Services "reasonable suspicion." If yes, complete form 11-94 HHSA, Documentation of Reasonable Suspicion (file in case and fax a copy to the RRC), and provide the client form 11-89 HHSA GIN, Substance Abuse Services Informational Notice. Refer the applicant to an Orientation. The case will be approved, if otherwise eligible.

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**E.  
Requirements  
for Non-Able  
Bodied**

Intake workers must follow the actions in the table below for Non Able-Bodied applicants.

<b>Step</b>	<b>Action</b>	
1	All applicants claiming to be unable to work or to have work restrictions are required to complete and sign the Applicant's Statement of Employability, 11-65 HHSA.	
2	<b>If the applicant is...</b>	<b>Then...</b>
	under a sanction or quit a job without Good Cause within the past 30 days,	no aid is to be issued until verification of inability to work is received.
	not under a sanction,	explain the requirements and provide verification forms as needed for verifying inability to

	work.
3	Follow the procedures in GRPG 90-250.2 for applicants who choose to have the County pay for the employability evaluation.
4	<p>Give a Verification of Physical/Mental Incapacity – General Assistance (CSF 24) to applicants who choose to go to a private provider. The patient’s statement of medical condition and authorization for release sections are to be completed by the applicant during the pre-application interview.</p> <p>Note: Do not use black ink to complete this form. Use of colored ink will assist workers to identify forms which have been inappropriately photocopied.</p>
5	Presume the applicant to be employable until verification of unemployability status is received unless the applicant meets the requirements for Administrative Unemployability.
6	Provide form QR 7 (if not provided at the Rights and Responsibilities Orientation).

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## 90-100 APPENDIX D. GR ORIENTATION SCRIPT

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### GR Program Requirements

9. You are considered Employable with Limitations if you are not able to perform a JT work project. Medical verification of your limitations is required. If you cannot obtain a medical verification from your own doctor, you will be scheduled for an appointment to see a county contracted doctor for an employability evaluation. If you have any medical records, bring them to your medical appointment. You must cooperate fully with all Employable with Limitations rules. Rules include completion of a quarterly eligibility report (QR 7).

If otherwise eligible for GR, you will be eligible as Employable with Limitations for as long as you are medically verified as unable to work.

10. You are considered Incapacitated if you are receiving disability based income (such as disability insurance, State Disability Insurance, Worker's Compensation, Social Security disability, VA disability based on 100% disability). You must cooperate fully with all Incapacitated rules. Rules include:

Completion of a quarterly eligibility report form (QR 7).

If you fail to cooperate, your case may be closed or denied.

11. You are considered Interim Assistance if you are unemployable for 12 cumulative months or longer with the same medical/mental condition(s) and can provide medical verification. A legal immigrant may be eligible under Interim Assistance Program (IAP) if he/she has a disability that has lasted or is expected to last 12 months or longer and:

- Has applied for or is receiving ABD Medi-Cal based on a disability determined by the State Disability Determination Service Division (DDSD), or is under reconsideration or appeal for SSI or Medi-Cal DDSD denial; or
- Is age 65 or older and has applied for or is receiving ABD Medi-Cal or is under reconsideration or appeal for and SSI or Medi-Cal DDSD denial.

You must cooperate fully with all Interim Assistance rules. Rules include:

- Applying for or reapplying for SSI if potential eligibility exists;
- Filing an appeal if your SSI is denied and potential eligibility

- exists (for example, U.S. citizen who is permanently disabled);
- Applying for or reapplying for Medi-Cal DDS;D;
  - Filing an appeal if your Medi-Cal DDS is denied and your medical condition has worsened or is not being corrected through the prescribed course of treatment;
  - Providing acceptable medical verification; and
  - Completion of a quarterly eligibility report form (QR 7).

If you fail to cooperate, your case may be closed or denied.

If you want to apply for SSI benefits, or even if you have already applied and want some help, we have an SSI Advocate in this FRC who can help you. The SSI Advocate in this FRC is from the Legal Aid Society of San Diego. If you want to see the Advocate, ask for an SSI Advocacy flier or ask your worker to refer you to the Advocate.

## 90-170.5. FRAUD PREVENTION AND REFERRAL

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### D. Worker Role in Fraud Prevention/ Detection/ Referral

Workers are responsible for issuing GR assistance to applicants/recipients who meet all eligibility requirements. There are times when the documentation is questionable or the applicant's/recipient's information is not consistent. In these situations, inconsistencies must be clarified before issuing benefits.

The worker must make every effort to ensure that the applicant/recipient understands his/her responsibilities to provide truthful information and to report within 5 days any changes that may affect his/her eligibility and/or grant amount. Additionally, the applicant/recipient needs to understand the penalties for failing to report truthfully and promptly. These responsibilities must be reviewed with the applicant/recipient at each application and redetermination. Furthermore, the case record must be documented to reflect if the applicant/recipient appeared to understand these responsibilities.

The worker is required to obtain all mandated verifications and to review these verifications to determine if they are questionable, inconsistent, or appear to have been altered. The worker is to attempt to resolve any conflicting, inconsistent, or incomplete information with the applicant/recipient to the fullest extent possible. All contacts, responses from the applicant/recipient, and any additional information received as a result of contacts shall be fully documented in the case record. If the inconsistent or questionable information still cannot be resolved after the worker has contacted the applicant/recipient, the worker must then initiate a fraud referral.

If a questionable applicant/recipient situation exists and the worker is uncertain if a referral is appropriate, he/she should consult with his/her supervisor and/or the Fraud Prevention Investigator assigned to the FRC.

The table below shows the worker's responsibilities in preventing or detecting fraud.

Process	Action	
Ask the Right Questions	Workers have the right to ask questions regarding the applicant's/recipients situation which pertain to eligibility for assistance.	
	<b>If the ...</b>	<b>Then ...</b>
	information is not consistent with the previous case record information or the previous CW 7/	the worker has the right to ask the applicant/recipient why the information is not

	QR 7,	consistent.						
	applicant/recipient refuses to clarify inconsistent information,	aid must not be issued or continued.						
Gather Accurate Information	It is the worker's responsibility to gather accurate information. If the applicant/recipient cannot provide accurate information, it is the worker's responsibility to assist the applicant/recipient. Third-party verification may be necessary in situations where the applicant/recipient cannot provide accurate information. The worker must verify information before issuing assistance or before allowing assistance to continue.							
Review Documentation Carefully	All case documentation must be reviewed carefully for content and consistency. Each form, Case Comment, and piece of case documentation must build the history of the applicant's/recipient's situation. All forms and NOAs must be dated and allow the reader of a case file to understand the applicant's/recipient's situation.							
Share Information Across Programs	<p>In situations where companion cases exist, workers must compare case information. New information such as IEVS reports must be shared with a worker who has the other active case. If information is not imaged for the companion case, a Case Comment must be made.</p> <p>In the case of CW 7's/QR 7's, GR requires that both spouses, if present in the household, must sign the CW 7/QR 7 to meet program integrity requirements. However, a companion CalFresh case only requires one signature. In this situation, a CalFresh SAR 7 that is not signed by both spouses is not valid for continuing GR. The GR worker must obtain both signatures before releasing any suspense holds.</p>							
Third-Party Contacts	<p>GR regulations require that third-party verifications will be obtained to verify conflicting information. If third-party verification is not obtainable, a sworn statement or detailed entry on the Statement of Facts may be used in rare circumstances, with supervisor approval. This may only be used as temporary documentation for income pending receipt of acceptable verification.</p> <p>The table below shows follow-up requirements.</p> <table border="1"> <thead> <tr> <th>If ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>the verification is temporary,</td> <td>the worker must follow up within 30 days to obtain a permanent verification.</td> </tr> <tr> <td>a sworn statement is the only verification available and a future third-party verification cannot be obtained,</td> <td>no follow up is required.</td> </tr> </tbody> </table>		If ...	Then ...	the verification is temporary,	the worker must follow up within 30 days to obtain a permanent verification.	a sworn statement is the only verification available and a future third-party verification cannot be obtained,	no follow up is required.
If ...	Then ...							
the verification is temporary,	the worker must follow up within 30 days to obtain a permanent verification.							
a sworn statement is the only verification available and a future third-party verification cannot be obtained,	no follow up is required.							

<p>Sworn Statements</p>	<p>A sworn statement will not be used as verification when third-party verification is available. Third-party verification is available in most instances. An example where third-party verification may not be available is for declared income from a swap meet.</p> <p>The table below shows possible Quality Assurance (QA) error citations.</p> <table border="1" data-bbox="456 520 1414 1010"> <thead> <tr> <th data-bbox="456 520 656 562">Citation</th> <th data-bbox="656 520 1414 562">Cause</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 562 656 674">Third-Party Verification</td> <td data-bbox="656 562 1414 674">Case lacks required verifications/documents/actions to certify eligibility and grant amount.</td> </tr> <tr> <td data-bbox="456 674 656 747">Potential Dollar Error</td> <td data-bbox="656 674 1414 747">Worker obtained sworn statement, but fails to take required follow-up actions.</td> </tr> <tr> <td data-bbox="456 747 656 936">Information Item</td> <td data-bbox="656 747 1414 936">Worker obtained sworn statement. Verbal confirmation was provided by another individual who was to follow up in writing, but neglected to do so. Worker failed to follow up to obtain written confirmation.</td> </tr> <tr> <td data-bbox="456 936 656 1010">No QA Error</td> <td data-bbox="656 936 1414 1010">A sworn statement was the only documentation available.</td> </tr> </tbody> </table>	Citation	Cause	Third-Party Verification	Case lacks required verifications/documents/actions to certify eligibility and grant amount.	Potential Dollar Error	Worker obtained sworn statement, but fails to take required follow-up actions.	Information Item	Worker obtained sworn statement. Verbal confirmation was provided by another individual who was to follow up in writing, but neglected to do so. Worker failed to follow up to obtain written confirmation.	No QA Error	A sworn statement was the only documentation available.
Citation	Cause										
Third-Party Verification	Case lacks required verifications/documents/actions to certify eligibility and grant amount.										
Potential Dollar Error	Worker obtained sworn statement, but fails to take required follow-up actions.										
Information Item	Worker obtained sworn statement. Verbal confirmation was provided by another individual who was to follow up in writing, but neglected to do so. Worker failed to follow up to obtain written confirmation.										
No QA Error	A sworn statement was the only documentation available.										

## 90-170.7. SYSTEM ABUSE SANCTIONS

### F. System Abuse Discovery by Worker

The table below shows how the case must be handled when the worker discovers System Abuse.

Issue	Action				
Policy	<p>Fraudulent documents detected by the worker will result in a 30-day sanction period. These sanctions apply to applicants as well as recipients and are subject to the GR hearing process.</p> <p>The worker will take action to sanction the case, with timely and adequate notice, when:</p> <ul style="list-style-type: none"> <li>• CalFresh, Medi-Cal, or CalWORKs case documentation, including IEVS/PVS/MEDS records, is discrepant with GR forms such as the Statement of Facts, CW 7/QR 7, Lien, or sworn statements on file and this information was known to the applicant/recipient at the time documents were submitted; or</li> <li>• Falsified medical evidence is provided by the applicant/recipient as proof of inability to comply with employable program requirements or good cause for non-compliance with a requirement.</li> </ul> <p>The worker will thoroughly review case circumstances prior to taking adverse action. This allows workers to identify applicants/recipients who have genuinely made a mistake. The worker will document the reason for not sanctioning the case.</p> <p>If the worker is unable to verify fraudulent documents, refer to the FRC Fraud Prevention Investigator for follow-up. Second and subsequent detection must be referred to the Fraud Prevention Investigator.</p>				
Case Documentation	<p>Case documentation must demonstrate that a thorough investigation of the facts was made prior to taking adverse action or to document the reason for not taking adverse case action. All system abuse documentation will be imaged in the case file. The table below shows some examples.</p> <table border="1" data-bbox="678 1818 1398 1887"> <thead> <tr> <th data-bbox="678 1818 764 1856">Ex.</th> <th data-bbox="764 1818 1398 1856">Situation</th> </tr> </thead> <tbody> <tr> <td data-bbox="678 1856 764 1887">1</td> <td data-bbox="764 1856 1398 1887">IEVS/PVS/MEDS forms showing income,</td> </tr> </tbody> </table>	Ex.	Situation	1	IEVS/PVS/MEDS forms showing income,
Ex.	Situation				
1	IEVS/PVS/MEDS forms showing income,				

	<p>property, or work history discrepancies with the GR Statement of Facts, Lien, CW 7/QR 7, or other sworn statements on file, and a Case Comment entry explaining the discrepancy and/or resolution of the discrepancy.</p> <p>2 CalFresh, CalWORKs, or Medi-Cal Full Field Quality Control letter, reporting information which differs, along with a Case Comment explaining the discrepancy and/or resolution of it.</p> <p>3 A Case Comment stating that medical evidence provided by the applicant/recipient was determined to be fraudulent. The Case Comment will include:</p> <ul style="list-style-type: none"> <li>• Date the medical statement was provided by the applicant/recipient;</li> <li>• Source of information leading to determination of fraud, such as AMA licensing information, third party contact, etc.;</li> <li>• Type(s) and date(s) of third party contact(s), if any; and</li> <li>• First and last name and the title or position of the contact person (direct quotes from third party contacts will be noted on form 11-14 HHSA).</li> </ul>						
Sanction Periods	<p>The sanction period for system abuse detected by the worker will be 30 or 90 days from the date of denial or discontinuance. Third and subsequent instances of system abuse will be referred to the FRC Fraud Prevention Investigator for necessary action.</p> <table border="1" data-bbox="683 1486 1398 1675"> <thead> <tr> <th data-bbox="683 1486 954 1524">Instance</th> <th data-bbox="954 1486 1398 1524">Sanction Period</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 1524 954 1598">First</td> <td data-bbox="954 1524 1398 1598">30 days from the date of denial or discontinuance.</td> </tr> <tr> <td data-bbox="683 1598 954 1675">Second and subsequent</td> <td data-bbox="954 1598 1398 1675">90 days from the date of denial or discontinuance.</td> </tr> </tbody> </table> <p>Note: Sanctions for system abuse and willful failure to comply with employable program requirements will be applied concurrently.</p> <p>Example: Employable recipient. Initial aid paid.</p>	Instance	Sanction Period	First	30 days from the date of denial or discontinuance.	Second and subsequent	90 days from the date of denial or discontinuance.
Instance	Sanction Period						
First	30 days from the date of denial or discontinuance.						
Second and subsequent	90 days from the date of denial or discontinuance.						

	Fraudulent medical verification provided. System abuse sanction is 30 days. Employable sanction is 90 days, unless shortened by MAPC option.
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## 90-250.7. COUNTY MEDICAL SERVICES (CMS)

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**Q.**  
**CMS Dis-**  
**continuances**

When the GR case closes before the end of the certification period (for example, the client fails to return the CW 7/QR 7), the CMS case must also be discontinued to coincide with the discontinuance date for GR. The worker shall follow the instructions in the table below.

<b>Step</b>	<b>Action</b>
1	Clear AuthMed to identify the CMS worker.
2	Notify the CMS worker of the following information allowing for timely notice: <ul style="list-style-type: none"><li>• Effective date of the discontinuance</li><li>• Reason for discontinuance</li></ul>

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## 90-400.01. POLICY

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### **D. Documenta- tion and Verification**

All income must be verified and documented in the case record. Acceptable verification of income varies significantly with the type of income. Acceptable verification may include a written/printed standardized record, issued by a government agency or a company, which specifically identifies the recipient and the source and amount of income, or a statement of income by the applicant, confirmed preferably in writing, or by phone or other means, by the appropriate employer or agency. It is the applicant's responsibility to provide the most accurate and current verification available. (See Earned Income, [90-400.4](#) and the various types of Unearned Income, [90-400.5](#) through [12](#) for specific requirements.)

Generally the worker will image any income verification in the case file as documentation. The worker will document the verification in CalWIN with the appropriate income item. If no documentation is available, the worker will specify on the application how verification was completed. The Monthly/Quarterly Eligibility Report (CW 7/QR 7) may be used as verification along with appropriate receipts.

[GRPG Letter #76 \(8/14\)](#)

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## 90-400.06. UNEMPLOYMENT INSURANCE BENEFITS (UIB)

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### D. Procedure

Workers must take the actions in the table below to determine if an applicant/recipient must apply for UIB.

<b>Step</b>	<b>Action</b>
Pre-application	Evaluate applications to determine if the applicant is employable and if the applicant has been employed within the preceding 18 months. Review EDD Real-Time to determine if there is a potential claim. If it is determined that the applicant is employable and has worked within the past 18 months and there is a potential claim, the pre-application worker shall inform the applicant that he/she must call the EDD at (619) 265-0036 in order to file an UIB claim and bring proof of the claim to the intake appointment.
Intake	Evaluate applications to determine if the applicant is employable and if the applicant has been employed within the preceding 18 months and there is a potential claim. If the applicant meets the criteria, the worker shall request proof that the applicant has filed a UIB claim. Failure to provide verification will result in the denial of aid.
Granted	Review the Monthly/Quarterly Eligibility Report (CW 7/QR 7) to determine if the recipient has terminated employment. If the recipient terminates employment and is eligible to continue receiving GR, the worker shall inform the recipient that he/she must apply for UIB if there is a potential claim. Failure to provide verification will result in the discontinuance of aid.

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## 90-500.3. BUDGET COMPUTATIONS

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### H. Ongoing Grant

The net income that can be reasonably anticipated in the future month (prospective budgeting) based on the recipient's Monthly/Quarterly Eligibility Report for (CW 7/QR 7) shall be subtracted from the Maximum Basic Need Rate and the balance shall be the amount of aid authorized for the entire month.

<b>If ...</b>	<b>Then the ...</b>
unemployability is to expire (recipient becomes employed),	grant amount shall be determined by prorating the Basic Need Rate through the date unemployability expires, and subtracting any anticipated income from the prorated amount.
the balance is zero or a negative amount,	recipient would not be eligible for aid in that month and therefore would be discontinued at the end of the prior month.

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## 90-600.09. MONTHLY/QUARTERLY REPORTING

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### B. Policy

The required monthly eligibility report form for AB is the CW 7. The required quarterly eligibility report form for EL, IP and IAP is the QR 7. The forms are automatically produced and mailed by CalWIN for GR cases and a face-to-face interview is not required. Budgeting is prospective for GR.

All GR applicants who are found eligible for GR at Intake shall be informed of the requirement to turn in a CW 7/QR 7 for review of any changes. The applicant returns the CW 7/QR 7 by mail, although it can be accepted if delivered in the FRC.

The CW 7/QR 7 shall be due on the 5th day of the month following the reporting month. The due date will be later when the 5th day of the month falls on a weekend or a holiday.

Although the due date for the CW 7/QR 7 is the 5th day of the month, workers must accept and process the form through the end of the month due.

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### C. Intake Procedures

The intake worker will follow the actions in the table below.

Step	Action
1	Give the applicant/recipient a CW 7/QR 7 for the next month/quarter.
2	Inform the applicant/recipient of the due date for the CW 7/QR 7.
3	Inform AB applicants/recipients to mail their job searches with the CW 7.

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### D. Guidelines for Completeness

The worker will evaluate the CW 7/QR 7 for completeness. The guidelines to determine if the CW 7/QR 7 is complete are:

- All questions must be answered. However, if the question is not answered, the CW 7/QR 7 shall be considered complete if information/verification is provided that indicates a “yes” answer.
- If a change of address is reported, then the questions asking “Are you paying rent at the address you have listed?” and “Paying utilities?” must be answered. Verification of shelter costs is required

- for GR whenever a change is reported or known.
- Appropriate verification(s) must be attached.
  - All aided adults, and spouses in the home even if not aided, must sign and date the CW 7/QR 7 no sooner than the first of the month in which it is due.

If the above guidelines have ...	Then the ...
been met,	CW 7/QR 7 is complete.
not been met,	worker must place the case in suspense.

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**E.  
Worker Communication**

Workers with companion cases shall communicate with one another to determine if the CW 7/QR 7 was received.

The GR worker shall communicate with the CalFresh worker any changes in the GR grant and status of the case.

If the GR recipient is assigned to a Work Project, the GR worker shall communicate to the CalFresh Employment and Training (CalFresh E&T) Social Worker changes to Work Project hours and status of the case.

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**F.  
Quarterly Reporting Definitions**

The table below provides terms used for quarterly reporting (QR 7).

Term	Definition
County Initiated Mid-Quarter Actions	The changes in eligibility status based on case information that the worker is required to act mid-quarter, such as sanctions, approval of benefits in another case, or cost-of-living changes.
Mid-Quarter Change	Any change reported during the QR Payment Quarter that is outside the QR 7 report process. There is one type of mid-quarter report: A mandatory report is a report a recipient is required to make within 5 days of the occurrence. Workers must take action to change benefits based on mid-quarter reports.

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**G.**

The QR cycle is comprised of three consecutive months. The three

**Quarterly Reporting Cycle Description**

months constitute a QR Payment Quarter. The terminology to describe the months and the quarter of an individual QR cycle are described in the table below:

<b>Term</b>	<b>Description</b>
QR Data Month	The month for which the recipient reports all information necessary to determine eligibility. The QR Data Month is the second month of each quarter.
Submit Month	The month in which the QR 7 is required to be submitted to the worker. This month immediately follows the QR Data Month and is the third month of each quarter.
QR Payment Quarter	The quarter in which benefits are paid in the 3-month period immediately following the QR Submit Month.

The following table shows how months are arranged in a QR cycle.

<b>1<sup>st</sup> Quarter</b>			<b>2<sup>nd</sup> Quarter</b>		
<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>	<b>Month 5</b>	<b>Month 6</b>
1 <sup>st</sup> month of the quarter	QR Data Month	QR Submit Month	QR Payment Quarter		

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**H. Establishing a Quarterly Reporting Cycle**

There are 3 reporting cycles: Cycle 1, Cycle 2, and Cycle 3. New applications are assigned one of the three cycles, based on the approval month (application month).

<b>If the approval month is ...</b>	<b>Then the reporting cycle is ...</b>
January, April, July, or October,	Cycle 1.
February, May, August, or November,	Cycle 2.
March, June, September, or December,	Cycle 3.

<b>Approval Month/QR Payment Quarter</b>	<b>QR Data Month</b>	<b>QR Submit Month</b>
<b>Cycle 1</b>		
January April July October	February May August November	March June September December
<b>Cycle 2</b>		
February May	March June	April July

August November	September December	October January
<b>Cycle 3</b>		
March June September December	April July October January	May August November February

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**I.  
Example 1:  
AB to EL**

**Situation**

Application approved as AB in June 2014. Recipient submits a CSF 24, which states unable to complete Work Project in July 2014. He will be considered EL as of August 2014.

**Report Due**

Since he was approved in June 2014, he will be in Cycle 3. The first submission month is August 2014.

<b>If the CW 7 has ...</b>	<b>Then the worker will ...</b>
already been issued,	accept the CW 7 submitted in August.
not been issued,	manually issue a QR 7 for submission in August.

The next report will be due in November 2014.

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**J.  
Example 2:  
EL to AB**

**Situation**

Application approved as EL in June 2014. His medical exemption expires July 31, 2014 and he requests to be aided as AB. He will be considered AB as of August 2014.

**Report Due**

Since he was approved in June 2014, he is in Cycle 3. The first submission month is August 2014.

<b>If the QR 7 has ...</b>	<b>Then the worker will ...</b>
already been issued,	accept the QR 7 submitted in August.
not been issued,	manually issue a CW 7 for submission in August.

The next report will be due in September 2014.

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## 90-600 APPENDIX D. CW 7/QR 7 Completion Guide

CW 7/QR 7	Requirement
What is complete?	All questions must be answered or if a question is not answered, information/verification is provided indicating a "YES" answer. <ul style="list-style-type: none"> <li>• Appropriate verifications must be attached.</li> <li>• All aided adults, and spouses even if not aided, must sign and date the CW 7/QR 7 on or after the first of the month in which it is due.</li> <li>• Be received on or after the first day in which it is due.</li> <li>• The prior CW 7/QR 7 must be reviewed for comparison.</li> </ul>
Whose information is to be reported?	All aided adults or children and unaided adults for whom there is a spouse-for-spouse or parent-for-child responsibility.
Question 1 – Earnings and/or Training Income	"NO" must be checked, or if "YES" is checked, it must contain: <ul style="list-style-type: none"> <li>• Who received the income</li> <li>• Number of hours worked/in training</li> <li>• Amount of income</li> <li>• Date income was received.</li> </ul> If the verification submitted is sufficient to determine the income, the CW 7/QR 7 is acceptable.
Question 2 – Dependent Care	There is no deduction allowed for dependent care.
Question 3 – Unearned Income	"NO" must be checked, or if "YES" is checked, it must contain: <ul style="list-style-type: none"> <li>• Who received the income</li> <li>• Source of the income</li> <li>• Amount of the income</li> <li>• Date of income receipt.</li> </ul>
Question 4 – Court Ordered Child Support	There is no deduction allowed for child support.
Question 5 – Fleeing Felon	"NO" must be checked, or if "YES" is checked, it must contain the name or fleeing felon or parole violator.
Question 6 – Drug Felon	"NO" must be checked, or if "YES" is checked, it must contain the name for drug felon and the worker must verify if the individual was denied CalWORKs due to the conviction.
Question 7 – Household Movement	"NO" must be checked, or if "YES" is checked, it must contain: <ul style="list-style-type: none"> <li>• Who moved in/out of the home</li> <li>• Relationship to the person signing the CW 7/QR 7</li> <li>• Explanation of change</li> <li>• Date of change.</li> </ul>
Question 8 – Expected/Future Changes	"NO" must be checked, or if "YES" is checked, it must contain: <ul style="list-style-type: none"> <li>• Type of change expected</li> <li>• For whom the change is expected</li> <li>• Date the change is expected.</li> </ul>
Address Change	"NO" must be checked, or if "YES" is checked, it must contain: <ul style="list-style-type: none"> <li>• Date of change</li> <li>• New address, including room/apartment number and city</li> <li>• New phone number, if only reporting a new phone number.</li> </ul>
Signature	All aided adults must sign and date. The spouse of an aided adult, even if not aided, must also sign and date.

## 90-700.01. INTRODUCTION TO THE EMPLOYABLE PROGRAM

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### E. Certification Periods

AB applicants who are determined eligible, shall be certified for a maximum of three full months. EL applicants shall be certified for a maximum of six months. The certification period shall continue, without reapplication, so long as the recipient continues to cooperate each month and remains eligible. A Monthly Eligibility Report (CW 7), which will be reviewed by the Granted worker, is required for AB recipients. EL recipients will report quarterly using the QR 7. Employable cases shall be converted to EL status (without reapplication) for the balance of the certification period when verification of the period of EL is provided.

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## 90-700.13. JOB SEARCH

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### C. Requirements

The JS shall consist of the AB applicant submitting a minimum of 20 separate written employment applications in person or on-line to 20 separate employers who currently have job openings available during the calendar month.

For the initial partial month of aid, the worker will assign one JS for each working day (Monday through Friday, excluding holidays) from the date on which the approval action is taken through the end of the month, up to 20 JSs. For example, for an application approved on June 22, 2011, the recipient would be assigned 7 JSs (June 22-24 and 27-30). The worker must inform the recipient of the number of JSs required for the initial month and must edit form 11-7 HHSA to indicate the required number of JSs.

A job application shall consist of any written evidence left with the employer or on-line that would include the applicant's name and address or message phone.

The applicant shall be required to report these job contacts on Form 11-7 HHSA, GR Job Application Record, and return this reporting form by the 5th of the following month in order that these job contacts can be verified. If the application was submitted on-line, then an e-mail from the employer which states that an application was submitted for an available position must be attached to the 11-7 HHSA. Job applications reported on Form 11-7 HHSA should be within the calendar month before the month in which the report is due.

Employment applications submitted prior to application for GR, applications submitted to referral agencies, or applications submitted for training shall not be acceptable as meeting the JS requirements and shall result in non-cooperation.

The applicant shall not be allowed to duplicate the same employers (unless applying for different jobs) as reported during the entire previous month.

Assignments to and completion of a CalFresh Job Club may substitute for the GR JS in the month of Job Club completion.

## 90-700.20

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### K. Quarterly Reporting

EL recipients are required to complete the quarterly report (QR 7).

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## 90-700.23. MAPC REFERRAL AND APPLICATION

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### **E. Scheduling Timeframes for Timely Requests**

The MAPC Intake interview for MAPC participants shall be scheduled on the 30th calendar day following discontinuance of aid when a timely request for MAPC is made. In situations when the 30th calendar day falls on a weekend or holiday, the applicant is to be scheduled on the preceding work day. It is understood that these applications will not be scheduled within the usual Intake timeframes. This deadline ensures that MAPC applicants who comply with the complete Work Test requirements will receive the initial aid payment on the 34th calendar day following discontinuance, and no later than the 37th calendar day following discontinuance of aid when weekends or holidays interfere.

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## 90-750.2. VERIFICATION REQUIREMENTS

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### **D. Time-Limited Income**

For any known time limits on the payment, such as for SDI, Worker's Compensation, and some SSA benefits, workers will set a Case Alert. Follow-up must take place the month before the anticipated ending of the benefit payments. Any continuing benefits must be re-verified before aid can continue. The quarterly report (QR 7) will serve as documentation of receipt of payments after the initial verification of benefits.

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## 90-750.4. INTAKE

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### F. Quarterly Reporting

The IP person is required to complete quarterly reporting (QR 7).

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## 90-750.5. GRANTED

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### I. Quarterly Reporting

The IP recipient is required to complete quarterly reporting (QR 7).

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## 90-800.1. INTERIM ASSISTANCE PROGRAM (IAP) POLICY AND CATEGORIES

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### M. Quarterly Reporting

The IAP recipient is required to complete quarterly reporting (QR 7).

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