CAAP Eligibility Manual

CITY AND COUNTY OF SAN FRANCISCO **HSA COUNTY ADULT ASSISTANCE PROGRAMS**

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CAAP Eligibility Manual

CITY AND COUNTY OF SAN FRANCISCO HSA COUNTY ADULT ASSISTANCE PROGRAMS

Div 90 Policies and Principles

90-1: General Policies and Principles

County Adult Assistance is granted only on the basis of an application that meets the requirements as set forth in the County Adult Assistance Programs (CAAP) Ordinances, regulations, and procedures as described in this Handbook.

Purpose of County Adult Assistance

The purpose of County Adult Assistance is to provide short-term financial or in-kind assistance, Employment Services, and other services to indigent residents of the City and County who meet the following criteria:

- They are unable to support themselves.
- Their needs have not been met by any other federal, state or county public assistance programs.
- They have exhausted their own means of support.
- They may have relatives or sponsors who had been providing them with support, but who can no longer do so.
- They are not residents of a state or private institution. A state institution is a facility managed wholly or partially by the state. A private institution is either a proprietary, nonprofit, fraternal establishment, or a benevolent facility, managed and controlled by an individual, association, or corporation.

In addition to providing financial aid to eligible persons not supported by other means, County Adult Assistance is intended to enable and encourage aided persons to:

- Find employment, if employable, and encourage continued participation in the work force through the incentive of the Income Disregard Program, and the Employment Services available through the PAES Program;
- Receive support from other sources;
- Reduce or eliminate the conditions that led to indigency and dependency.

Administration of County Adult Assistance

County Adult Assistance is to be administered in a manner that is consistent with and that helps achieve County Adult Assistance Programs purposes and that respects individual privacy and personal dignity. The following policies and principles govern the public social services:

- County Adult Assistance is to be administered promptly and humanely, without discrimination on account of race, sex, sexual orientation, religion or political affiliation.
- County Adult Assistance is to be administered so as to encourage self-respect, self-reliance, and the desire to be a good citizen, useful to society.
- County Adult Assistance is to be administered with courtesy, respect, and appropriate regard for an individual's capability and competence.
- County Adult Assistance is to be administered without attempting to elicit information not necessary to a correct determination of eligibility.
- Duties shall be performed in such a manner as to secure for every client the amount of aid to which he is entitled under the law.
- Duties shall be performed in such a manner that assists all employable clients in seeking employment or other means of support and all unemployable clients in obtaining other appropriate benefits.

- There is to be no question, inquiry, or recommendation relating to the political or religious opinions or affiliation of any client.
- County Adult Assistance is to be administered in the most cost effective manner possible.

Other Factors

It is the policy of the Program to require that all clients fully explore all other potential means of support.

Eligibility to Other Assistance Programs

No County Adult Assistance funds shall be paid to a person who is determined to be eligible to or is a recipient of benefits or assistance in San Francisco County or any other county or state under the CalWORKs, G.A., RDa, ECA, RCA, or SSI/SSP programs, or to any other assistance that meets their needs.

However, if a client is on CalFresh or Medi-Cal in another county or state, but not on County Adult Assistance (GA) in that county or state, refer to section 91-7: Residency for additional requirements.)

Clients who are related to their Foster Care children must apply for CalWORKs (as a needy payee). Clients who are not related to their Foster Care children can be aided in CAAP; however, if there is no other income besides the Foster Care payments, and that payment is deposited in the client's own bank account, the money is exempt.

Pending-SSI Applicant

County Adult Assistance funds may be used to assist a person who has applied for benefits or assistance under the SSI/SSP Program, pending determination of his eligibility for SSI/SSP and receipt of his first benefits.

Lost Public Funds or Other Benefits

A recipient of SSI/SSP or other public assistance benefits, or any other source of income whose check has been lost, delayed, stolen, or not received, is not eligible to County Adult Assistance benefits. Refer this individual to the appropriate source to report the loss. However, a client who has been suspended from receiving SSI benefits for any reason (e.g., payee needed, requirements not met), and who presents verification of his current status, may be eligible to receive CAAP (see section 99-3:Meds SSI-Payment Status Codes for more information).

90-1.1: CAAP Ordinance

The Administrative Code
Of the City & County of
San Francisco
Article VII
COUNTY ADULT ASSISTANCE PROGRAMS

SEC. 20.7-1. TITLE

This Article VII shall be known as the "County Adult Assistance Programs of the City and County of San Francisco."

SEC. 20.7-2. AUTHORITY AND MANDATE

a. The County Adult Assistance Programs consist of the General Assistance Program, the Personal Assisted Employment Services (PAES) Program, the Cash Assistance Linked to Medi-Cal (CALM) Program, the Supplemental Security Income Pending (SSIP) Program, and the Family General Relief Program.

b. The General Assistance program is established pursuant to California Welfare and Institutions Code Division 9, Part 5, Chapter 1, commencing with Section 17000.

c. Any amendments to the above authority, adopted subsequent to the effective date of this Article VII, shall not invalidate any provisions of this Article. Any amendments to the Welfare and Institutions Code that may be inconsistent with the administration of the General Assistance Program, as set forth in this Article, shall govern.

d. The provisions of this Article VII shall govern in relation to all other ordinances of the City and County of San Francisco and rules and regulations pursuant thereto. In the event of any inconsistency or conflict between the provisions of this Article and other provisions of the Administrative Code, the most specific shall prevail.

e. The PAES, CALM, SSIP, and Family General Relief Programs, as set forth in this Article VII, are not established pursuant to Chapter 1, Part 5, Division 9 of the California Welfare and Institutions Code and may be amended or terminated by the Board of Supervisors at any time, for any reason. In the event that PAES, CALM, SSIP, and/or Family General Relief are terminated, all Applicants for and participants in those programs shall be transitioned to the General Assistance Program without need to reapply, in accordance with the rules and regulations of that program.

SEC. 20.7-3. DEFINITIONS

For the purposes of this Article VII:

"Applicant" is a person who is in the process of applying for benefits under the County Adult Assistance Programs.

"CalFresh" means the food assistance program as defined in Chapter 10 (commencing with Section 18900) of Part 6 of Division 9 of the California Welfare and Institutions Code, or any successor program.

"CALM" means the Cash Assistance Linked to Medi-Cal Program as set forth in this Article VII.

"CalWORKs" means the California Work Opportunity and Responsibility to Kids as defined in Chapter 2 (commencing with Section 11200) of Part 3 of Division 9 of the California Welfare and Institutions Code or any successor program.

"CAPI" means the Cash Assistance Program for Immigrants as defined in Chapter 10.3 (commencing with Section 18937) of Part 6 of Division 9 of the California Welfare and Institutions Code or any successor program.

“City” means the City and County of San Francisco.

“Decrease" means any reduction in a Recipient's current cash grant amount.

"Denial" means a determination, based on a County Adult Assistance Programs application, that the Applicant is not eligible for aid.

"Department" means the Department of Human Services of the City and County of San Francisco.

"Discontinuance" means the termination of a person's entitlement to aid.

"Electronic benefit transfer" means a method of transferring benefits through a centralized computer system so that an Applicant/participant may obtain his or her benefits at facilities such as automated teller machines (ATM) and point-of-sale (POS) terminals using an access device such as a magnetic stripe plastic card. "Electronic benefit transfer" includes direct deposits.

"Executive Director" means the Executive Director of the Department of Human Services of the City and County of San Francisco.

"Guaranteed Income Pilot Program" means an income distribution program that provides unconditional, regular cash payments over a specified period of time to a specified participant population, provided that the Department has approved the program's research and evaluation plan.

"PAES" means the Personal Assisted Employment Services Program as set forth in this Article VII.

"Recipient" is a person who is receiving assistance under this Article VII.

"Recoupment" means the collection of past overpayments by making deductions from current grants.

"Resident of a state or private institution" shall mean that the Applicant/Recipient is staying in a facility that provides housing and three meals a day.

"SSI/SSP" means Supplemental Security Income/State Supplementary Program for Aged, Blind, and Disabled Californians as defined in California Welfare and Institutions Code Section 12000, et seq.

"SSP" means the Supplemental Security Income Pending Program as set forth under this Article VII.

“State” means the State of California.

“TANF” means Temporary Assistance to Needy Families as defined in Part A (commencing with Section 601) of Subchapter 4 of Chapter 7 of Title 42 of the United States Code.

"Withholding" means the retention of aid payments.

SEC. 20.7-4. PURPOSES AND PRINCIPLES

a. This Article VII is enacted to establish rules and requirements for the administration of aid to the indigent and dependent poor of the City and to adopt standards and conditions for such aid.

b. The purpose of General Assistance is to provide short-term financial or in-kind assistance and other services to indigent residents of the City and County who are unable to support themselves and have exhausted their own means of support; and are not residents of state or private institutions. General Assistance is intended to enable and encourage persons aided to:

1. Find employment if employable;
2. Receive support from other federal or State sources; and
3. Reduce or eliminate the conditions that have led to indigency and dependency.

c. The purposes of the PAES Program are: (1) to provide quality evaluation of vocational experience, qualifications, strengths, and needs; and (2) to provide the participant with the supportive services and activities necessary to assist the participant in obtaining paid employment.

d. The purpose of the CALM Program is to provide cash payments to those individuals who have been determined to be eligible for Medi-Cal, the State health care program, as set forth in California Welfare and Institutions Code Sections 14000 et seq., on the basis of being aged, blind, or disabled, and who meet specific financial criteria, but who are not eligible for federal or State support.

e. The purpose of the SSIP Program is to provide cash payments to those individuals with medical verification of a permanent disabling condition pending their application for federal disability benefits.

f. The purpose of the Family General Relief Program is to provide assistance to indigent families with minor children who are ineligible for CalWORKs as a result of the application of the income deeming rule for sponsored noncitizens.

g. Assistance is to be administered in a manner which is consistent with and will help achieve basic program purposes and which respects individual privacy and personal dignity. The following policies and principles govern the public social services:
   1. Assistance is to be administered promptly and humanely, without discrimination on account of race, sex, sexual orientation, religion, or political affiliation.
   2. Assistance is to be so administered as to encourage self-respect, self-reliance, and the desire to be a productive citizen.
   3. Assistance is to be administered with courtesy, consideration, and respect, and without attempting to elicit any unnecessary information.
   4. Duties should be performed in such a manner as to secure for every Applicant or Recipient the amount of aid to which they are entitled under the law.
   5. Duties should be performed in a manner that usefully assists all employable Recipients in seeking employment and all unemployable Recipients in obtaining other appropriate public benefits.
   6. There is to be no question, inquiry, or recommendation relating to the political or religious opinions or affiliations of any Applicant or Recipient.
   7. Assistance is to be administered in the most cost-effective manner possible.

SEC. 20.7-5. POLICY AND ADMINISTRATION

a. The Board of Supervisors has authority for establishing the policies under which the County Adult Assistance Programs are administered, and any change or exceptions, except as otherwise provided, may be made only upon its authorization.

b. The Department shall administer the County Adult Assistance Programs. The Executive Director shall establish rules and regulations for the proper administration of the County Adult Assistance Programs.

c. In actual emergencies, the Executive Director may make exceptions to policies pending action by the Board of Supervisors. Such action shall be reported to the Board of Supervisors within five working days.

SEC. 20.7-6. ELIGIBILITY FOR AID

a. Aid, services, or both shall be granted under the provisions of this Article VII and subject to the regulations of the Department to individuals and to families, as that term is defined in Section 20.7-21 of this Article.

b. Eligibility for General Assistance. Applicants and Recipients shall be eligible for benefits under the General Assistance Program if they meet the eligibility standards set forth in this Article VII, and any rules or regulations promulgated thereunder.

c. Eligibility for the PAES Program. Applicants and Recipients shall be eligible for benefits under the PAES Program if they meet the eligibility standards set forth in this Article VII, and any rules or regulations promulgated thereunder, and:
    1. Have been determined to be employable based on the Department's assessment of their physical and mental health, and their ability to perform work;
    2. Meet the residency requirement set forth in Section 20.7-11; and
    3. Agree to fulfill the job readiness activities required of PAES participants as set forth in Section 20.7-26.

d. Eligibility for the CALM Program. Applicants and Recipients shall be eligible for benefits under the CALM Program if they meet the eligibility standards set forth in this Article VII, and any rules or regulations promulgated thereunder, and:
    1. Submit to the Department a complete Medi-Cal application; and
    2. Are determined to be eligible for Medi-Cal benefits for the aged, blind, or disabled, based upon State eligibility criteria.

e. Eligibility for the SSIP Program. Applicants and Recipients shall be eligible for benefits under the SSIP Program if they meet the eligibility standards set forth in this Article VII, and any rules or regulations promulgated thereunder, and have a permanent disability, as determined by the Department.

f. Eligibility for the Family General Relief Program. Applicants and Recipients shall be eligible for benefits under the Family General Relief Program if:
    1. There is a minor in the Applicant household;
    2. The Applicant household has demonstrated that it would be eligible for CalWORKs cash assistance, but for application of the deeming rule for sponsored noncitizens, as set forth in California Welfare and Institutions Code Section 11008.135, as such sections may be amended from time to time; and
    3. The Applicant household has no other source of income.

g. Eligibility criteria applicable to all Applicants and Recipients of the General Assistance, PAES, CALM, and SSIP Programs.
    1. Unemployment due to a bona fide strike, lockout, or other labor dispute in and of itself shall have no effect on eligibility for assistance under this Article VII, provided the Applicant or Recipient meets all other eligibility requirements and actively seeks and accepts offers of employment.
    2. Initial aid payments shall be conditional upon attendance at Department orientation programs.
    3. All Applicants shall seek other means of federal or State support, where available, including, but not limited to, support available under State and federal programs such as SSI/SSP, CalWORKs, CAPI,

Medi-Cal, Supplemental Security Income, Social Security, Unemployment Insurance, CalFresh or any successor program administered under the Supplemental Nutrition Assistance Program.

4. Residents of a state or private institution shall be ineligible for assistance under this Article VII, per California Welfare and Institutions Code Section 17000.

5. An individual serving a sanction for fraud under any of the County Adult Assistance Programs set forth in this Article VII is ineligible to receive benefits under any of the other County Adult Assistance Programs until that sanction period is completed.

SEC. 20.7-7. ADMINISTRATION OF FAMILY GENERAL RELIEF PROGRAM; MAXIMUM GRANT AMOUNT; PROMULGATION OF PROGRAM RULES

a. The Department of Human Services shall administer the Family General Relief Program.

b. For each eligible individual or for each eligible family of two or more persons who qualify, for aid under the Family General Relief program, the maximum monthly amount of aid to which such Recipients are entitled shall be equal to the maximum monthly grant to which a household of the same size is eligible under the CalWORKs program. For purposes of this subsection (b), household size shall be determined based on the number of minors who are eligible for Family General Relief.

c. The Department of Human Services shall promulgate regulations for the administration of the Family General Relief Program. The regulations shall be aimed at meeting the needs of households with minors and shall promote the efficient administration the program. The regulations shall establish procedures for determining eligibility for Family General Relief, processing applications, recertifications, sanctions, discontinuances, notices and administrative appeals, and such other procedures as the Director determines would serve the interest of the program.

SEC. 20.7-8. PRORATION OF INCOME OVER CONTRACT PERIOD

The income of any person under a contract of employment who works and receives income from such contract shall be prorated over the period of the contract for the purposes of this Article VII.

SEC. 20.7-9. REBUTTABLE PRESUMPTION OF INELIGIBILITY - STUDENTS

Status as a student shall create a rebuttable presumption that such person is unavailable for, or unable to accept, offers of employment. The presumption may be rebutted by satisfactory evidence being presented to the Department of the student's opportunity, availability and intent to seek employment on a full-time basis.

SEC. 20.7-10. REBUTTABLE PRESUMPTION OF INELIGIBILITY - CURRENT INCOME OR EXPENSES

Verified paid income or expenses during a current month of eligibility and/or application which exceed the otherwise eligible Applicant/Recipient's total monthly income and/or assets shall create a rebuttable presumption of ineligibility for aid.

SEC. 20.7-11. RESIDENCY REQUIREMENT

a. Residency in the City for 15 continuous days, prior to the time of application, is a requirement of eligibility for General Assistance, the CALM Program, and the SSIP Program. Residency in the City for 30 continuous days, prior to the time of application, is a requirement of eligibility for the PAES Program. No aid shall be paid until

such residency is verified. Residency in the City is established by physical presence and intent to reside in the City which is satisfactorily substantiated by the Applicant or Recipient. An Applicant who may not lawfully reside in the City shall not meet the residency requirement and shall not be eligible for aid under this Article VII.

b. Eligibility for assistance under this Article VII will terminate immediately upon abandonment of residency in the City.

SEC. 20.7-12. ALLOWABLE REAL PROPERTY

An Applicant or Recipient of assistance under this Article VII may retain real property used as the client's home, provided that the Applicant 's or Recipient's net monthly housing expense does not exceed the otherwise eligible Applicant /Recipient's total monthly income and/or assets.

SEC. 20.7-13. ALLOWABLE PERSONAL PROPERTY

No aid under this Article VII shall be granted or paid for any person who has not exhausted all assets and resources available to such person, provided, however, that the following properties and assets shall be considered “exempt” and shall not be counted in determining eligibility:

a. Cash assets, savings and/or checking accounts, the total of which does not exceed the maximum property reserve permitted under the Medi-Cal program, as set forth in Section 50420 of Title 22 of the California Code of Regulations, or any successor regulations;
b. Personal effects, exclusive of luxury jewelry;
c. Household furnishings;
d. Tools, trade equipment, and fixtures used in the individual's regular trade or work;
e. Insurance policies or funds placed in trust for the provision of interment or for funeral expenses to the extent of not more than $1,500 per family;
f. An interment plot for use by members of the Applicant's or Recipient's family;
g. A vehicle with a cash value that does not exceed the maximum equity value of a vehicle permitted under the CalWORKs program, as set forth in California Welfare and Institutions Code section 11155(c), or any successor statute; and
h. Life insurance policies with a combined face value of up to $1,500.

SEC. 20.7.14. EXEMPT INCOME OR RESOURCES

For the purpose of this Article VII, the following types of income and resources shall not be considered available to the Applicant or Recipient in determining eligibility:

a. Income from relocation payments to individuals receiving aid under this Article VII being displaced by a redevelopment agency or any successor agency.;
b. SSI/SSP benefits and resources of a member of the Applicant’s or Recipient’s household;
c. Any verified grants or loans made to a Recipient or to an Applicant in the month of application, or one month immediately prior to application for the purpose of enabling that Recipient or Applicant to pay the client's rent, or for the purpose of payment of first and last month's rent and any lawful rental deposit;
d. Income tax refunds, including the State and federal Earned Income Tax Credit (EITC), issued to the Applicant or Recipient;
e. Payments made to the Applicant or Recipient under the Foster Care, Adoption Assistance, or KinGAP Programs;
f. Payments made to an Applicant or Recipient as a result of participation in job readiness or training programs, exclusive of wages earned through subsidized employment;

g. The portion of any student grants or loans that is paid directly to the educational institution for tuition, fees, and/or books; and
h. Payments made to the Applicant or Recipient as part of a locally-funded work incentive program; and
i. Payments made to the Applicant or Recipient as a result of participation in Guaranteed Income Pilot Program, provided the Applicant or Recipient has not declared themselves to be homeless as set forth in Section 20.7-34 of this Article VII.

SEC. 20.7-15. REIMBURSEMENT AGREEMENT

Each Applicant or Recipient shall sign an Interim Assistance Reimbursement Agreement to authorize Department reimbursement of assistance under this Article VII from retroactive SSI/SSP benefits, in the event that the Applicant/ Recipient is subsequently awarded SSI/SSP.

SEC. 20.7-16. IDENTIFICATION

a. Each Applicant shall present a verifiable social security number.
b. Each Applicant shall present proof of identity. Except as otherwise provided in subsection (c) only the following photo identification shall be accepted:
    1. California Department of Motor Vehicles Driver's License or a valid driver's license from another state;
    2. A valid U.S. state Identification Card;
    3. Current United States Passport provided that such Passport contains a photo taken of Applicant / Recipient when the client is at least 18 years of age; or
    4. Current Immigration and Naturalization identification, provided that such identification contains a photo which was taken of the Applicant/Recipient when the client is at least 18 years of age and was taken within 10 years prior to the date of application of Applicant/Recipient.
c. In the event that an Applicant cannot produce a valid photo identification card as specified in subsection (b), the Department may assist Applicants and Recipients once in obtaining California Department of Motor Vehicles photo identification. Failure to cooperate in obtaining a Department of Motor Vehicles identification or other permanently acceptable identification as determined by the Executive Director, after 90 days on aid under any County-funded indigent assistance program, shall be grounds for discontinuing aid. Recipients discontinued on these grounds are not eligible to receive aid under any County-funded indigent assistance program until they have valid identification pursuant to Department Regulations.

SEC. 20.7-17. FINGER-IMAGING AND PHOTO-IMAGING

For the purpose of preventing multiple aid payments to the same person, the Department may require that Applicants and Recipients provide finger images as a condition of eligibility or continuing eligibility, subject to such procedures and regulations as the Department may adopt. Failure to cooperate with the finger imaging procedures provides grounds for denial or discontinuance of aid.

Such finger images are subject to all applicable State and federal laws and regulations regarding the confidentiality of information of Applicants for, or Recipients of, public benefits.

SEC. 20.7-18. EXEMPTION FOR TERMINAL ILLNESS

Terminally ill Applicants with medical verification that such Applicant has a remaining life expectancy of six months or less are exempt from:

1. Providing documentation of legal status in the United States;

2. The provisions of Section 20.7-13(g) regarding the cash value of a vehicle, provided that the Applicant can demonstrate that such vehicle is necessary to transport the Applicant to and from medical treatment, and that the client is physically or mentally unable to use public transportation;

3. The provisions of Section 20.7-16 regarding the requirement to obtain and present any photo identification.

4. Such Applicants shall meet all other eligibility requirements.

There shall be no time limit to the duration of eligibility for the exemptions authorized under this Section 20.7-18, provided, however, that eligibility for these exemptions shall be redetermined regularly by the Department. A Recipient whose assistance is terminated and who reapplies for assistance will need to provide new medical verification of a remaining life expectancy of no more than six months upon reapplication, as set forth in Department regulations.

The Department shall maintain records of the number of individuals granted aid under this provision, and may provide a report of that number to the Mayor and the Human Services Commission, as requested.

SEC. 20.7-19. INELIGIBILITY OF FLEEING FELONS

An individual shall not be eligible for assistance under this Article VII if the client is either:
Fleeing to avoid prosecution, or custody and confinement after conviction, under the laws of the place from which the individual is fleeing, for a crime or an attempt to commit a crime that is a felony under the laws of the place from which the individual is fleeing, or which, in the case of the state of New Jersey, is a high misdemeanor under the laws of that state.
Violating a condition of probation or parole imposed under federal law or the law of any state.
Subdivision (a) shall not apply with respect to conduct of an individual for any month beginning after the President of the United States grants a pardon with respect to the conduct.

SEC. 20.7-20. INELIGIBILITY OF INDIVIDUALS WHO HAVE REACHED THE TIME LIMIT FOR RECEIPT OF CALWORKS AID UNDER STATE LAW

a. Any individual who is not eligible for aid under Chapter 2 (commencing with Section 11200) of Part 3 of Division 9 of the California Welfare and Institutions Code as a result of the lifetime limitation on adult assistance specified in Section 11454 of the Welfare and Institutions Code shall not be eligible for assistance under this Article VII until all of the children of the individual on whose behalf aid was received, whether or not currently living in the home with the individual, are 18 years of age or older.

b. Any individual who is receiving aid under Chapter 2 (commencing with Section 11200) of Part 3 of Division 9 of the California Welfare and Institutions Code on behalf of an eligible child, but who is either ineligible for aid or whose needs are not otherwise taken into account in determining the amount of aid to the family pursuant to Section 11450 of the California Welfare and Institutions Code due to the imposition of a sanction or penalty, shall not be eligible for aid or assistance under this Article VII.

c. This Section 20.7-20 shall not apply to any health care benefits provided under this Article VII.

SEC. 20.7-21. COMPUTATION AND PAYMENT OF AID GRANTS; AMOUNTS PAYABLE

a. General Assistance Grant: For each eligible individual or for each eligible family of two or more persons who qualify for aid under the General Assistance Program, the maximum monthly amount of aid to which such Recipients are entitled is listed below.

MAXIMUM GENERAL ASSISTANCE GRANT AMOUNT

Number of Eligible Persons in Same Family	Grant Amount
Single Individual	$578
2 Persons	$1036
3 Persons	$1166
4 Persons	$1390
5 Persons	$1583
6 Persons	$1774
7 Persons	$1949
8 Persons	$2127
9 Persons	$2294
10 Persons	$2465

b. PAES Grant: For each eligible individual or for each eligible family of two or more persons who qualify for aid under the PAES Program, the maximum monthly amount of aid to which such Recipients are entitled is listed below.

MAXIMUM PAES GRANT AMOUNT

Number of Eligible Persons in Same Family	Grant Amount
Single Individual	$714
2 Persons	$1172
3 Persons	$1449
4 Persons	$1722
5 Persons	$1964
6 Persons	$2205
7 Persons	$2422
8 Persons	$2640
9 Persons	$2861
10 Persons	$3107

c. CALM Grant: For each eligible individual or for each eligible family of two or more persons who qualify for aid under the CALM Program, the maximum monthly amount of aid to which such Recipients are entitled is listed below.

MAXIMUM CALM GRANT AMOUNT

Number of Eligible Persons in Same Family	**Grant Amount**
Single Individual	$714
2 Persons	$1172
3 Persons	$1449
4 Persons	$1722
5 Persons	$1964
6 Persons	$2205
7 Persons	$2422
8 Persons	$2640
9 Persons	$2861
10 Persons	$3107

d. SSIP Grant: For each eligible individual or for each eligible family of two or more persons who qualify for aid under the SSIP Program, the maximum monthly amount of aid to which such Recipients are entitled is listed below.

MAXIMUM SSIP GRANT AMOUNT

Number of Eligible Persons in Same Family	Grant Amount
Single Individual	$714
2 Persons	$1172
3 Persons	$1449
4 Persons	$1722
5 Persons	$1964
6 Persons	$2205
7 Persons	$2422

8 Persons	$2640
9 Persons	$2861
10 Persons	$3107

e. In the case of more than 10 persons in a family budget unit, an additional $35 each month shall be paid for each additional person in the family budget unit. For the purpose of this subsection (e), a family is defined as an Applicant/Recipient and the client's spouse or "domestic partner," as defined under Section 62.2 of the Administrative Code, and/or any of the Applicant/Recipient's children who are under age 18, living with, and applying for assistance under this Article VII with, such Applicant/Recipient. For family budget units in which members receive cash payments from more than one federal, State, or County assistance program, except for SSI/SSP, the maximum grant amount shall be reduced dollar-for-dollar by the amount of such cash assistance.

f. The Maximum Grant Amounts listed in subsections 20.7-21(a) - (e) shall be increased by any percentage cost of living increase to the Maximum Aid Payment, and according to the same schedule, if such an increase is implemented by the State in the TANF/CalWORKs program. The automatic adjustment provisions of this subsection (f) were suspended for fiscal year 1997 – 98. Adjustments for subsequent fiscal years made pursuant to this subsection shall not include any adjustments for any fiscal year in which the cost of living adjustments were suspended.

g. The Maximum Grant for which an individual or family is eligible may include transportation assistance (e.g. railway tokens or passes), in which event the cost of the transportation assistance shall not be deducted from the Maximum Grant Amounts listed above to arrive at the Maximum Cash Grant Amount which may be issued by means of in-kind assistance, vouchers, checks, two-party checks, or electronic benefit transfers. The transportation assistance shall be for the sole use of the Recipient.

h. The maximum monthly amount of aid for which an Applicant is eligible shall be the Maximum Grant Amount for which an individual or family is eligible, prorated as of the date of application, minus any nonexempt assets and/or nonexempt personal property available to the Applicant during that calendar month, and minus the value of any prorated in-kind housing, utilities, and/or meals available or provided to the Applicant. Applicants who anticipate receiving first-time income from other sources during the month of their application for assistance under this Article VII, shall receive the prorated maximum monthly grant amount for which they are eligible until the verified date of anticipated receipt of such other income.

i. The maximum monthly amount of aid for which a Recipient is eligible shall be the Maximum Grant Amount to which the client is eligible, minus any cash received from sources other than the County Adult Assistance Programs which is or will be available to the Recipient during the month for which aid is paid unless otherwise exempt, minus the fair market value of any nonexempt personal property which is or will be available to the Recipient during the month for which aid is paid, and minus the value of any in-kind housing, utilities and/or meals available or provided to the Recipient.

j. To promote the transition of County Adult Assistance Programs Recipients to gainful employment, the Executive Director may establish an Earned Income and Asset Disregard Policy for the Recipients who are employed. The Earned Income and Asset Disregard shall provide for disregarding a certain amount of gross income which a Recipient earns as wages and savings derived therefrom when determining a Recipient's County Adult Assistance Programs eligibility and grant amount. The Recipient gross wage earnings are defined for purposes of this Section 20.7-21 as any income received by the Recipient as payment for a Recipient's labor. This Section supersedes the provisions of Section 20.7-10, Subsections 20.7-13 (a) and (b), Subsections 20.(h) and (i), and Subsections 20.7-38 (d), (e), and (f) when determining Recipient eligibility and when calculating the maximum monthly amount of aid for program participants. All other Recipient income and assets shall

continue to be offset on a dollar-for-dollar basis when calculating the grant amount to which a Recipient is otherwise eligible. For Recipients subject to the Earned Income and Asset Disregard Policy, eligibility for assistance under this Article VII shall be determined on a monthly basis and a Recipient's grant amount shall be adjusted for gross wage earnings on the basis of retrospective budgeting in the month following the Recipient's receipt of wage income. Verified expenses which exceed the total sum of a participant's grant, wages, and savings in any given month create a rebuttable presumption of ineligibility for aid.

k. Changes in grant amounts shall be made when a Recipient becomes eligible for aid in a different amount because of altered circumstances.

l. A change in aid shall be made effective with the next regular pay date following knowledge by the worker of circumstances warranting a change in grant amount.

SEC. 20.7-22. HOUSING

a. "Housing" shall include, but not be limited to, single occupancy residential hotels, master lease rooms, transitional housing, supportive housing programs, residential treatment facilities, shelter.

b. There shall be no reduction in the amount of assistance for which an Applicant or Recipient is eligible because the client shares housing with others who are not members of the Applicant's family as defined in Section 20.7-21 (e). All Applicants and Recipients shall be required to present a verifiable rent receipt. If the Applicant or Recipient is not the owner or prime lessee of the premises, a verifiable rent receipt signed by the owner or prime lessee may provide evidence of the Applicant's or Recipient's place of residence and monthly share of housing costs.

c. When an Applicant or Recipient obtains rent-free housing, such housing shall be valued according to the Income-in-Kind Values Chart set forth in Title 22 of the California Code of Regulations, Section 50511 (the "Income-in-Kind Chart"), rather than at fair market value. The value of the rent-free housing, which is presumed to include utilities, as determined under the Income-in-Kind Chart, shall be deducted from the maximum monthly grant amount. If the Applicant or Recipient receives rent-free housing, but pays for utilities, the Applicant or Recipient must present a verifiable bill for utilities at that address, and a verifiable receipt for payment of any portion of that utility bill.

d. Verified payments made directly to a housing provider or landlord on behalf of an Applicant or Recipient for the entire amount of the rent and/or utilities, or rent-free housing, or housing received in exchange for work, shall be assigned an in-kind value as specified by the Income-in-Kind Chart, and that value shall be deducted from the maximum monthly grant for which that Applicant or Recipient is eligible.

e. Housing, utilities, and/or meals provided to Applicants and Recipients who are unable to provide a verifiable rent receipt, or verifiable documentation of shared housing, or verifiable documentation of rent-free housing shall be valued as in-kind housing, utilities and/or meals as specified by the Income-In-kind Chart, and that value shall be deducted from the maximum monthly grant for which that Applicant or Recipient is eligible.

f. Nothing in this Section 20.7-22 shall be construed as requiring an otherwise eligible Applicant or Recipient to accept housing in a facility which is either the subject of a pending nuisance abatement proceeding before a duly authorized agency or department of the City or before a court of competent jurisdiction, or which theretofore has been found to be a public nuisance pursuant to any provision of the Municipal Code by a duly authorized agency or department of the City or by a court of competent jurisdiction and which nuisance has not been abated.

SEC. 20.7-23. BASIC NEEDS; PERSONAL NEEDS

Personal needs are provided for in the grant standard. No additional allowance for personal needs shall be authorized.

SEC. 20.7-24. SPECIAL ALLOWANCES; INCOME-IN-KIND VALUE EXCEEDS MONTHLY MAXIMUM GRANT

A special allowance of up to $59 per month shall be made available to any Recipient when the income-in-kind value of housing, and/or utilities, and/or meals provided to that Recipient exceeds the maximum monthly grant for which that Recipient is eligible. If such income-in-kind value does not exceed the maximum monthly grant for which that Recipient is eligible, but allows for less than $59 cash per month, that Recipient shall receive an amount that, when added to the maximum monthly grant for which that Recipient is eligible, equals $59 cash per month. This Section 20.7-24 shall not affect the collection of overpayments due to fraud or negligent failure to report facts as set forth in this Article VII.

SEC. 20.7-25. CONTINUING ELIGIBILITY

a. Persons who meet the requirements for eligibility for assistance under this Article VII are entitled to payments of aid pursuant to this Article. Recipients are required to comply with all applicable provisions of this Article and the regulations promulgated thereunder. Recipients who fail to comply with applicable provisions of this Article VII and the regulations promulgated thereunder may have their aid withheld and/or decreased and/or discontinued as set forth in California Welfare and Institutions Code Section 17001.5, or any successor statute, and Department regulations.

b. No withholding, decrease, or discontinuance of aid shall occur unless the person to be affected has been advised of the possibility of such action by means of a Notice of Proposed Action and has been afforded the opportunity for a hearing to dispute the proposed action. When proposing to withhold, discontinue, or reduce assistance, the Department shall comply with California Welfare and Institutions Code section 17001.5, or any successor statute.

c. In the case of discontinuance of a Recipient participating in the General Assistance or PAES program, the Recipient shall be unable to reapply for assistance under this Article VII for a period of at least 30 days from the effective date of discontinuance, provided that the Department has afforded the Recipient due process when making its decision.

d. All Recipients shall periodically recertify eligibility, as required by the Department.

SEC. 20.7-26. WORK REQUIREMENTS AND EXEMPTIONS

a. Recipients shall be classified by the Department as either employable or unemployable based on the Department's assessment of their physical and mental health and their ability to perform work.

b. Employable Recipients shall:

    1. Be available for employment;
    2. Accept available employment unless refusal is based on good cause;
    3. Attend the evaluation sessions, if assigned to workfare activities; and
    4. Participate in mandatory job readiness activities, as required by the Department. For the purpose of this subsection (b)(4), job readiness activities include but are not limited to pre-employment activities, workfare, alternative workfare, light duty community service, and participation in programs relating to domestic violence, substance abuse, or behavioral health. All mandatory job readiness activities must be assigned or approved by the Department. The Department may waive the requirements of this subsection (b)(4) for PAES participants upon their entry into employment.

c. The following individuals are exempt from the mandatory job readiness requirements set forth in subsection (b)(4):

    1. Persons who are 60 years of age or older;

2. Recipients of assistance under the CALM and SSIP programs;
3. Minors, unless they are emancipated; and
4. Employable Recipients of assistance under the General Assistance and PAES Programs who have a temporary disabling condition that has been verified by the Department or a licensed medical provider; provided, however, that this exemption shall no longer apply once the condition ceases to be disabling.

SEC. 20.7-27. INTENSIVE EMPLOYMENT SERVICES PROGRAM

The Department may develop and operate an Intensive Employment Services Program designed to connect employable Recipients to job opportunities. Participation in the Intensive Employment Services Program shall be voluntary and limited to Recipients of assistance under the PAES program.

SEC. 20.7-28. TERMINATION OF EMPLOYMENT

An Applicant who has terminated employment without good cause within 45 days of the submission of an application for aid may be denied aid. If an Applicant is denied aid on this basis, the Applicant may request a fair hearing and a determination will be made as to whether or not good cause existed for the Applicant's decision to terminate their employment.

SEC. 20.7-29. GOOD CAUSE

For purposes of this Article VII, where an Applicant/Recipient is required to show "good cause" for not meeting one of their obligations or duties under this Article, good cause may be shown by evidence of any of the following: (a) verified hospitalization; (b) verified illness; (c) verified incarceration; (d) verified disability; or other good cause satisfactorily demonstrated to the Executive Director.

“Good cause” shall not exist where the Applicant or Recipient willfully failed or refused to comply with program requirements, or where the Applicant or Recipient engaged in no fewer than three separate acts of negligent failure to comply with program requirements.

SEC. 20.7-30. USE OF MINIMUM COMPENSATION HOURLY WAGE RATE TO CALCULATE MAXIMUM NUMBER OF HOURS OF SERVICE.

Where the Department requires that an Applicant or Recipient engage in work activity, which would be considered "employment" under the Fair Labor Standards Act (29 U.S.C. §§ 201 et. seq.) and any applicable U.S. Department of Labor Guidelines, to become eligible or maintain eligibility for aid under this Article VII, the maximum number of hours of work assignments that the Department may require shall be calculated by dividing the Maximum Monthly Assistance Grant to which a Recipient is eligible under Section 20.7-21 of this Article by the Minimum Wage Ordinance hourly wage rate established under Section 12R.4 of the Administrative Code. To the extent permitted by law, the value of transportation assistance and other in-kind benefits provided to the Recipient may be added to the Maximum Monthly Assistance Grant for purposes of calculating the maximum number of hours of work assignments.

SEC. 20.7-31. EMERGENCY AID PAYMENTS

Emergency assistance shall be provided in the form of in-kind aid during the period in which an Applicant’s eligibility is being determined.

SEC. 20.7-32. AID PAYMENTS; IN GENERAL

Aid payments made under this Article VII may be provided in the form of in-kind benefits, in-kind orders, vouchers, checks, electronic benefit transfers, or warrants.

SEC. 20.7-33. AID PAYMENTS; MANDATORY DIRECT RENT PAYMENT PROGRAM

The Department may require those Applicants and Recipients who have not secured their own housing to participate in a mandatory direct rent payment program. Under such a program, notwithstanding Section 20.7-35 (b), the Department may pay housing costs for an Applicant or Recipient directly to the housing provider, or to a third party, with whom the Department may contract, on behalf of the housing provider. Such direct rent payment shall be deducted from the maximum grant amount, as specified in this Article VII, for which an Applicant or Recipient is eligible. The Department shall adopt regulations to provide a mechanism for payment to the Applicant or Recipient of the balance of any grant amount to which the client is entitled, and may adopt additional regulations as necessary to implement this program.

For purposes of this Section 20.7-33, the Department may adopt regulations to define "housing" which would qualify for this program to include, but not be limited to, public and private rental housing, supportive housing managed by community organizations or public agencies, transitional housing, or other means of accommodation as determined appropriate by the Executive Director, and which conforms to applicable health, building, and safety codes.

Refusal to accept placement in housing provided under this program, subject to the provisions of Section 20.7-22 (b) of this Article VII, constitutes grounds for denial or discontinuance of aid.

SEC. 20.7-34. AID PAYMENTS; IN-KIND AID

Assistance in the form of in-kind benefits, in-kind orders, electronic benefit transfers, or emergency checks shall be used:

a. As aid payments.

b. For Applicants and Recipients who declare themselves to be homeless. Applicants and Recipients are required to provide a verifiable rent receipt, or verifiable documentation of shared housing, or verifiable documentation of rent-free housing. Self-declared homeless applicants and Recipients shall receive in-kind benefits for housing, utilities, and meals. If in-kind benefits are not available, such Applicants and Recipients shall receive the cash assistance equivalent to the income-in-kind value of housing, utilities, and/or meals, whichever is not available, if otherwise eligible for these amounts. Failure to comply with the rules of a housing program that results in ejection from that housing program will be considered failure to satisfy the requirements for continuing eligibility for aid and will result in discontinuance from the County Adult Assistance Programs, subject to the notice and hearing provisions of this Article VII.

c. For Eligible persons awaiting transportation arrangements, provided that aid shall not exceed one week.

d. For Eligible homeless persons awaiting admission into a hospital or institution.

e. For Persons who have demonstrated inability to handle cash payments for necessities of life.

SEC. 20.7-35. AID PAYMENTS; TO WHOM PAID AND DELIVERED

a. Aid payments may be mailed directly to the recipient or substitute payee. The Department of Human Services may require that aid payments be picked up at a designated location. Aid payments shall not be mailed to a

post office box, a mail receiving agency, or to an address outside of San Francisco, except upon approval of the Executive Director of the Department.

b. Aid payments may be made payable only to the recipient or his designated co-payee and recipient jointly.

c. No aid shall be paid or delivered unless the recipient is physically present and residing in the City and County of San Francisco.

SEC. 20.7-36. AID PAYMENTS; ADMINISTRATIVE DISCONTINUANCE

Aid shall be discontinued without timely notice under any of the following circumstances:

a. Verified death of Recipient.
b. Abandonment of residency in San Francisco, as declared by the Recipient.
c. Recipient requests that their aid be discontinued.

SEC. 20.7-37. AID PAYMENTS; LOST, FORGED OR STOLEN WARRANTS; LOSS OR THEFT OF WARRANT PROCEEDS

a. Lost, forged, or stolen warrants may be replaced only in accordance with specific procedures adopted by the Department.
b. If a warrant has been cashed and the money lost or stolen, no replacement of the warrant or issuance of orders shall be permitted.

SEC. 20.7-38. FAIR ADMINISTRATION; DISCLOSURES; OVERPAYMENTS

The Department shall administer this program fairly to the end that all eligible persons who apply for assistance shall receive aid promptly, with due consideration for the needs of the Applicant/Recipient and the safeguard of public funds.

a. Any Applicant for, or Recipient or payee of, aid under this Article VII shall be informed as to the provisions of eligibility and the client's responsibility for reporting facts material to a correct determination of eligibility, continuing eligibility and grant.
b. Any Applicant for, or Recipient or payee of, aid under this Article VII shall be responsible for reporting accurately and completely all facts required of the client is pursuant to subdivision (a) and for reporting promptly any changes of those facts.
c. Any person who makes full and complete disclosure of those facts as explained to the client is pursuant to subsection (a) is entitled to rely upon the aid granted as being accurate, and the warrant the client receives as correctly reflecting the grant award except as provided in subsections (d, (e), and (f).
d. Overpayment due to an Applicant or Recipient’s negligent failure to report facts required by this Article VII or department regulations may be recouped by deducting from the current grant not more than 10% until the overpayment is collected in full.
e. Overpayment due to false statement or representation or by impersonation or other fraudulent device or by intentional failure to report facts required by this Article VII or Department regulations (“Fraud”) shall be recouped by deducting from current grants not more than 40% with an administrative determination of Recipient Fraud and an administrative evaluation of the Recipient's current ability to pay housing costs until collected in full, following discovery of overpayment.
f. Overpayment due to false statement or representation or by impersonation or other fraudulent device or by intentional failure to report facts as required by this Article or department regulations (“Fraud”) shall result in

immediate discontinuance of aid subject to fair hearing procedures in Section 20.7-45 of this Article VII. The case shall be referred to the Special Investigation Unit of the Department. Any aid granted under such circumstances shall be offset against any future aid by deducting from current grants not more than 40% with an administrative determination of Recipient Fraud and an administrative evaluation of the Recipient's current ability to pay housing costs.

SEC. 20.7-39. QUALITY CONTROL PROGRAM; REQUIREMENTS

a. The Department shall conduct a thorough and reliable program of quality control with respect to the administration of assistance under this Article VII.
b. The quality control program shall include, but not be limited to:
    1. The selection and full field review of a random, representative sample of cases drawn from all active County Adult Assistance Programs cases.
    2. The identification and analysis of administrative errors and discrepancies contained in the sample and the actual and projected fiscal impact thereof.
    3. The development and implementation of measures to correct or alleviate the errors and discrepancies.

SEC. 20.7-40. QUALITY CONTROL PROGRAM; REPORTS

a. The Department may report quality control findings to the Human Services Commission.
b. The report may contain, but not be limited to:
    1. The number of cases in the sample by month and year to date.
    2. The number of cases found ineligible, overpaid, or underpaid for the month and year to date.
    3. The actual and projected total fiscal impact resulting from ineligibility and overpayments for the month and year to date.
    4. The corrective actions proposed and the schedule of implementation for corrective actions.
    5. The status of previous corrective actions and any other information requested by the Board of Supervisors.

SEC. 20.7-41. RECORDS; MAINTENANCE OF

The Department shall maintain a case record for every Recipient. The Department shall also maintain a record on those Applicants whose requests for assistance were denied; such record shall include name and address of Applicant and the reason(s) for denials.

SEC. 20.7-42. RECORDS; CONFIDENTIALITY

All County Adult Assistance Programs records shall be confidential and shall not be opened to examination or inspection except by the Grand Jury of the County or by a board or an officer of the State or the County charged with the administration, supervision, or direction of the County Adult Assistance Programs, or upon written waiver by the Applicant or Recipient.

SEC. 20.7-43. RECORDS; DESTRUCTION OF

Except as otherwise provided in Section 20.31, all inactive case records that are over three years old may be destroyed. All records pertaining to denial of initial eligibility may be destroyed after five years.

SEC. 20.7-44. FRAUD IN OBTAINING AID

Whenever any person has, by means of false statement or representation or by impersonation or other fraudulent device, or by intentional failure to report facts required by this Article VII or Department regulations, obtained aid under this Article, the matter shall be referred to the District Attorney's office for appropriate action.

Further, upon the first discontinuance of aid within a 24-month period due to false statement or representation or by impersonation or other fraudulent device, or by intentional failure to report facts required by the Article or department regulations, an Applicant or Recipient shall be unable to reapply for aid for a period of 30 days.

Upon the second such discontinuance within a 24-month period, the Applicant or Recipient shall be unable to reapply for aid for a period of 60 days.

Upon the third, or additional, such discontinuance within a 24-month period, the Applicant or Recipient shall be unable to reapply for aid for a period of 90 days.

SEC. 20.7-45. HEARING; OPPORTUNITY

An Applicant for or Recipient of assistance under this Article VII dissatisfied with any actions of the Department relating to withholding, decrease, denial, discontinuance, and/or recoupment of overpayment of aid shall be accorded a fair hearing upon filing a timely request with the Department.

SEC. 20.7-46. NOTICE OF PROPOSED ACTION

The Department shall issue a Notice of Proposed Action whenever it intends to withhold, decrease, or impose denial, discontinuance, and/or recoupment of overpayment of aid. In all cases, except where an initial denial is involved this notice shall be hand delivered or mailed at least 10 calendar days prior to the proposed action.

In those cases where an expedited hearing is provided for, notice shall be delivered or mailed at least five calendar days prior to the proposed action. Such notice shall include all alleged acts in the record known to the Department at the time upon which such action can be based under Department regulations. The notice shall describe with reasonable particularity the act or acts which form the basis for the proposed action.

SEC. 20.7-47. REQUEST FOR HEARING

A claimant or an authorized representative may request a fair hearing verbally or in writing. Where a Recipient requests a hearing to challenge a Discontinuance, the Recipient shall make the hearing request within three business days of the effective date of the Discontinuance. Where an Applicant or Recipient requests a hearing to challenge any agency action other than a Discontinuance, including but not limited to Decreases and Denials, the Applicant/ Recipient shall make the hearing request within ten calendar days of the effective date of the agency action. If no written request for a hearing is either delivered to the Department or postmarked within that period and no verbal request is made within that period, no hearing shall be granted except in cases of verified hospitalization, verified illness, verified incarceration, verified disability, or other good cause satisfactorily shown to the Executive Director.

SEC. 20.7-48. AID PAID PENDING

If a Recipient or an authorized representative makes a timely request for a hearing, aid shall be continued pending the Applicant's receipt of the hearing decision. A decision shall be deemed to have been received by the Recipient when either it is hand-delivered to the Recipient or three days after the decision has been mailed to the Recipient.

SEC. 20.7-49. HEARING; NOTICE OF HEARING; WHEN HELD

a. After a hearing has been requested, a time and place for the hearing shall be established. Timely notice shall be given to the Applicant or Recipient indicating the day, date, time, and place of the hearing. In no event shall a hearing date be scheduled for a time less than five days after the Department's receipt of a request, unless the Applicant makes a knowing and intelligent waiver of the client's right to a record review.
b. Where an Applicant for assistance under this Article VII is denied aid, a hearing shall be calendared within seven days.
c. All hearings shall be held within 15 calendar days of the request therefor.

SEC. 20.7-50. IMPARTIAL HEARING OFFICER

The Executive Director shall designate as an impartial hearing officer a person who is not involved in the administration of the County Adult Assistance Program.

SEC. 20.7-51. HEARING; HEARING RIGHTS

The Applicant or Recipient shall be advised in the Notice of Proposed Action of Applicant's or Recipient's rights to counsel or other representative, to review pertinent records and regulations at least five working days prior to the hearing, to present testimony and documentary evidence, to cross-examine all witnesses, to have the proceedings tape-recorded, and to have a translator provided for the hearing if the Applicant or Recipient is not proficient in English.

SEC. 20.7-52. INFORMALITY, EVIDENCE, APPEARANCE AND COUNSEL

The hearing shall be conducted in an impartial and informal manner. All evidence shall be submitted under oath or affirmation. The hearing officer is not bound by the rules of evidence or procedures applicable to judicial proceedings. The Applicant/Recipient shall attend the hearing in person and may be represented by counsel or a representative. While the Applicant/Recipient may or may not be represented by counsel or a representative, the Applicant/Recipient must appear in order for the hearing to be held. However, where the Applicant/Recipient establishes good cause for nonattendance prior to the hearing, counsel or a representative may appear on behalf of the Applicant/Recipient.

SEC. 20.7-53. HEARING DECISION

The hearing officer shall:

a. Render a written decision within seven calendar days of the hearing indicating factual findings and grounds for the decision. Such decision shall be based solely upon evidence presented at the hearing and specifically state the facts upon which it was based, the authority relied upon, and any other reasons for the decision.
b. Render the decision to the Applicant or Recipient, where possible, immediately upon conclusion of the hearing and furnishing the client a copy at that time. The decision must set forth with reasonable particularity the basis for the decision.
c. Mail the decision to the Applicant or Recipient if an immediate decision cannot be rendered.

SEC. 20.7-54. HEARING; FINALITY; EFFECT OF NONAPPEARANCE The result of all hearings are considered final and there is no further right of administrative appeal.

a. The result of all hearings are considered final and there is no further right of administrative appeal.

b. When the Applicant/Recipient does not appear for the scheduled hearing, it is presumed that the Applicant/ Recipient ceases to contest the decision. The Applicant or Recipient may, for good cause shown, make a written request, or oral request as specified in the Executive Director's Regulations, for a second hearing within 15 days of the scheduled date for the first hearing.

   Such request must specify the good cause for nonattendance at the first hearing. This provision is satisfied by evidence of any of the following: (1) Verified hospitalization; (2) verified illness; (3) verified incarceration; or (4) verified disability, or other good cause satisfactorily shown to the Executive Director.

SEC. 20.7-55. FUNDING

A baseline appropriation for housing and related services provided as in-kind aid shall be established using the City and County of San Francisco FY 2002-2003 Annual Appropriation Ordinance and any supplemental appropriations for the amount of cash aid payments to Applicants and Recipients who declare themselves to be homeless. In subsequent fiscal years, this baseline amount shall be appropriated to the Department to fund housing and related services for homeless adults without dependents. This funding may be used to support, but shall not be limited to, some or all of the following: hotel master lease programs, permanent supportive housing, improvements of conditions in existing shelters, expansion of shelter capacity, mental health and substance abuse treatment, outreach, a fund for rental deposits, SSI advocacy programs, rep-payee services, case management and meals for the homeless population through direct services and/or contracts. Nothing in this section is intended to conflict with Article IX of the San Francisco City Charter.

SEC. 20.7-56. EVALUATION

The provision of in-kind aid is to be evaluated by the Office of the Controller every three years for program effectiveness and cost efficiency.

SEC. 20.7-57. SEVERABILITY

If any section, subsection, sentence, clause, phrase, or word of this Article VII, or any application thereof to any person or circumstance, is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, such decision shall not affect the validity of the remaining portions or applications of the Article. The Board of Supervisors hereby declares that it would have passed this Article and each and every section, subsection, sentence, clause, phrase, and word not declared invalid or unconstitutional without regard to whether any other portion of this Article or application thereof would be subsequently declared invalid or unconstitutional.

SEC. 20.7-58. PROMOTION OF THE GENERAL WELFARE

In enacting and implementing this Article VII, the City is assuming an undertaking only to promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an obligation for breach of which it is liable in money damages to any person who claims that such breach proximately caused injury.

90-1.4: Judgements and Agreements - GA

(Revised 10/30/23)

There are several court judgments and agreements (the latter between the Department and community groups, especially the General Assistance Advocacy Project) made subsequent to the adoption of the Ordinance (see GA Ordinance) which either supplement or supersede policies and principles contained in that enabling legislation. In all instances where judgments or agreements are in direct conflict with specific passages in the Ordinance, the court decisions and binding agreements enunciated below (in chronological order) take precedence.

All of the items in this Section deal with court judgments.

Jennings v. Jones (March 1985) – Willfulness

The Jennings v. Jones California Appellate Court decision against Santa Clara County (having Statewide application) addressed “recipients who fail to comply with various aspects of the county’s ‘work-for-relief’ program.” The judges concluded that there must be a distinction made between “competent, healthy individuals who willfully fail to comply and those whose failure is due to mere negligence, inadvertence, or mental or physical disability.”

San Francisco County’s response to this judgment was the "Three Acts of Negligent Failure" procedure (see section 90-6.1: Three Acts of Negligent Failure for CAAP Recipients).

72-Hour Intake Appointment Processing/Residency/Available

Income and Assets (Coalition for a Humane GA Program v. The City and County of San Francisco – September 20, 1985)

This California Superior Court stipulated judgment and injunction (reproduced below in its entirety, except for the fifth and ninth items below, which have been modified to reflect current procedures) requires that the General Assistance Program:

- Maintain Intake staff and establish intake procedures that ensure that all applicants are accepted and Intake appointments are completed within three (3) business days of an applicant’s first appearance at the GA office, with best efforts taken to complete all applications within one (1) day;
- Maintain a system wherein an applicant who cannot be given an Intake appointment on their first appearance at the GA office is given an Intake appointment for a specific date and time (as in item A, above), with priority over applicants who arrive at a later date or time, provided the applicant keeps the appointment;
- Pend rather than deny applications for GA when, during an Intake appointment, the applicant has insufficient documentation upon which to base an eligibility decision, and it can be reasonably presumed that the client can obtain such documentation within three (3) business days, provided however, said initial documentation was not previously requested by the Department within the last ninety (90) days;
- Provide emergency food resources and/or housing to any applicant who is without same during the period of time (or any portion thereof) between the client's first appearance at the GA office and the time when a final determination of eligibility is made— that is,
    - During the time an applicant is waiting for an Intake appointment
    - While an application is pended or
    - During the time of presumptive eligibility— provided however that said application is not made during any period of ineligibility as determined by the GA Ordinance, and that any individual applying during any such period of ineligibility shall be notified of possible eligibility for other benefits (e.g., food stamps);

- Provide, upon determination of eligibility, a warrant to the applicant's landlord or the person to whom rent is paid for that portion of the current rent from the date of determination of Presumptive Eligibility to the Approval appointment (if the applicant so desires upon notification of the availability of this procedure), provided however, that
    - Said payment will maintain the current housing arrangement;
    - The housing is cost-effective; and
    - There is a rental agreement pre-dating the application for General Assistance;
- Not deny GA to applicants based on any of the following criteria:
    - Inability due to factors beyond the applicant's control or competence, to verify past means of support;
    - Inability to establish a current San Francisco residential address or the length of residency in the County;
- Regarding Income and Assets:
    - Consider all income or assets received by or available to the GA applicant in the calendar month of application, as current available income/assets for the entire month, even if expended prior to the date of application;

      and
    - Make a determination as to the period of time the income/assets would meet the applicant's needs, based on the appropriate GA entitlement tables and the number of persons in the Family Budget Unit (FBU);

      and
    - Provide for ineligibility if income/assets equals or exceeds the GA entitlement for the month, based on the size of the FBU, or if entitlement is less than $5.00 for the FBU;
- Post and distribute to all applicants an information sheet, at the Intake appointment, informing each of the eligibility factors requiring documentation (and examples of the kinds of documentation that may be required), the availability of emergency aid, the kinds of emergency aid available, and the procedure for applying such aid;
- Refrain from requiring applicants from performing GA-mandated workfare assignments or job searches during the Presumptive Eligibility period.
- Maintain the following records from each work day:
    - The number of prospective applicants appearing at the GA office requesting aid;
    - The number of prospective applicants actually allowed to apply for benefits;
    - The number of applicants granted emergency aid, and in what form (e.g., in-kind, vouchers, etc.);
    - Average length of delays, if any, between the date of applicants' first appearance at the GA office and the date the applications are actually accepted;
    - Average length of time between the date the applicant first appears at the GA office and the date the applicant actually receives aid;
    - Any other records relevant to the monitoring of delays in processing and granting or denial of aid, including reasons for any denial of aid.

All such records shall be maintained for a minimum of three (3) years. They may be released only in accordance with mandated rules of confidentiality. Any expense incurred in photocopying this information must be born by the party requesting said information;

- At least quarterly, or when requested by either party, representative of Bay Area Legal Aid and the GA Program shall meet for at least an hour to discuss matters of common concern.

Income-in-Kind (Injunction by Justice Lucy Kelly McCabe— December 18, 1987)

This Superior Court judgment prevents the City and County of San Francisco from enforcing the following policy:

Reducing GA grants to offset “free rent” allegedly received by an affected recipient where the “free” rent resulted from the recipient’s successful pursuit of the remedy provided by the San Francisco Residential Rent Stabilization and Arbitration Ordinance to petition for a reduction in the rent paid by the recipient.

Identification (Neville v. Randolph— July 22, 1988)

This California Superior Court settlement agreement requires that the following language be included in the GA Handbook:

- Securing Identification
    - The importance of securing identification is, of course, to assure that the person with whom we are talking is the person they claim they are. In order to be eligible for General Assistance, an applicant must produce acceptable proof of their identity. Photographic identification shall allow for positive identification of the client and non-photographic identification shall be internally consistent. In all cases, common sense must be used in making judgments regarding I.D. presented by the applicant. If in doubt about the identification presented, verify it. If the client lacks I.D., the worker must ensure that steps are taken to secure it. All applicants shall present proof of identity. However, no applicant shall be denied aid if lack of identification is due to circumstances beyond the applicant's control.
- Acceptable Permanent I.D.
    - All recipients shall be required to obtain permanent proof of identity to be eligible for more than 90 days of aid. The following photo identification shall be accepted as permanent proof of identity;
        - California Department of Motor Vehicles Driver's License;
        - California Department of Motor Vehicles Identification Card;
        - United States Passport;
        - Immigrant and Naturalization Service forms I 551 or I 151 (Green Card);
        - A photocopy made by the Department of any of the above forms of permanent identification which had been placed in a client's GA file. The photocopy is acceptable even if the photocopied identification has expired.
- Clarification
    - Since passports and Alien Registration Cards are considered acceptable forms of permanent identification, they should not be classified as acceptable temporary I.D.
- Department Assistance in Obtaining Identification
    - The Department shall assist clients lacking permanent proof of identity (as described in Acceptable Permanent I.D., above) in obtaining California Department of Motor Vehicles ("DMV") photo identification as follows:
        - For each client without documentation necessary to obtain such photo identification card, the Department shall attempt to obtain a birth certificate (or other documentation acceptable to DMV) at Department expense, utilizing the procedure set forth in the GA Handbook in the case of birth certificates. The Department shall take such action during the applicant's presumptive eligibility period. A photocopy of the birth certificate or other DMV acceptable documentation shall be placed in the client's GA file. The Department shall then furnish the client with the birth certificate or other DMV acceptable documentation obtained.
        - Each client who has the necessary documentation and the capacity to do so shall be required to apply for photo identification issued by the Department of Motor Vehicles. The Department shall pay for the cost of Department of Motor Vehicles identification which it requires the client to

obtain. The amount of this payment shall not be deducted from the client's grant. The client shall present to the Department, within five working days of the Department's request to do so, a receipt which evidences the client's application for such photo identification. If the client claims to have lost the DMV application receipt, the client's worker shall implement the cure provisions as specified in the GA Handbook.

- Discontinuance Due to Lack of Acceptable I.D.
  - A client who, having the necessary documentation and capacity to do so, has failed to apply for DMV photo identification within five working days of a Department's request to do so, shall be subjected to discontinuance. In this case the client may not reapply without proof evidencing client's application for DMV photo identification.
  - A client who has the capacity to do so shall present permanent identification (according to Securing Identification, above) within the 90-day time limit for obtaining photo identification or an extension thereof so long as the client has applied for the identification, unless the client submits an excuse issued by the appropriate governmental agency, or the client, through no fault of the client's own, has been unable to secure acceptable identification. Recipients discontinued for failing to comply with this requirement may not reapply for aid until they have permanent identification.
  - No applicant shall be denied assistance for lack of identification if sufficient identification (see Acceptable Permanent I.D., above) was submitted to the Department, and a photocopy of such identification is in the client's file.
  - All documentation submitted or obtained pursuant to this section shall be photocopied and placed in the client's case record.

90-2: Confidentiality

(Revised 10/30/23)

No disclosure of any information obtained by a representative, agent or employee of the City and County of San Francisco in the course of discharging the client's duties shall be made—whether directly or indirectly—other than for the specific administration of public social service programs. The release of confidential information—in violation of the confidentiality rules as defined by the Welfare and Institutions Codes 17006 and 17006.5, and as enunciated in this Online Manual Section—is a misdemeanor.

The intent of this regulation is to protect clients from embarrassment or exploitation that could result from their being identified as applicants for, or recipients of, public assistance.

Release of Information

It is the policy of the Department of Human Services that no information shall be released to any person other than the client unless at least one of the following conditions is first met:

Written Authorization

A written, dated and signed authorization must be obtained from the client. Such authorization expires one year from the given date, unless a short-term purpose has been specified (e.g., a Fair Hearing).

Oral Authorization

Telephone authorizations shall be accepted if the client has identified themselves to the Eligibility Worker adequately and providing their:

- Date of birth **AND**
- Social Security Number

Verification of Approved Agency for Exchange of Information

Any request made by telephone to another agency should be handled in the following manner:

1. Request the caller's name, telephone number and name of the agency represented
2. Indicate that the call will be returned.
3. Then – prior to releasing any information – verify that:
    - the caller does indeed represent the specified agency (for example, call the agency's general phone number and ask for the person with whom you spoke)

    AND

    - the agency is one with which we may exchange information (see When Client's Authorization is Not Required to Release Information below).

Important: No information shall be released over the telephone to any person claiming to be a friend, relative, landlord or representative (unverified) of the client.

When Client's Authorization is Required to Release Information

The client's authorization is always required before releasing information to:

- Medical Institutions, including hospitals, the Department of Public Health, City clinics and Community Mental Health.
- Private Service Agencies and Advocacy Groups, such as St. Anthony's or Bay Area Legal Aid (Bay Legal).
- Other Government Departments, such as Employment Development Department (EDD), Public Works, San Francisco Housing Authority, U.S. Citizenship and Immigration Services, USCIS (formerly the Immigration and Naturalization Service, INS) and Internal Revenue Service (IRS).
- Legislative Bodies or Agents, including any state's Senate or Assembly, the U.S. Congress, and the Grand Jury.
    - **Exception:** All inquiries from either the Mayor's Office or the Board of Supervisors must be referred immediately to the unit supervisor, who will then pass the request on up to the Program Director or his authorized representative. A response may then be issued at that level. However, no information shall be given to any other legislative body without the client's consent.
- Independent parties, e.g. friends, relatives, landlords, collectors, employers.
- Anyone claiming to be the client's representative.
- Law Enforcement Agencies, including any Corrections Department (parole officers), Probation Department, Police Department, the Federal Bureau of Investigation (FBI) and the Central Intelligence Agency (CIA).
    - Law enforcement officials may be given limited confidential information – the client's name, address, telephone number, birthdate, social security number, and physical description ONLY – when either of the following conditions is met:
        - The client is deceased. A written request from the head of the law enforcement agency or coroner's office— specifying that the client is deceased and that the agency is otherwise unable to adequately identify the deceased— is required. The information may be released by telephone if followed up by a written request within five (5) days.
        - A misdemeanor or felony arrest warrant has been issued and a written request— made only by the head of the law enforcement agency, or by an employee of the agency so authorized and identified by name and title by the head of the agency in writing— has been received. (Clients must be verbally advised of this exception, as delineated in Form 2133B, Rights and Responsibilities, at all Intake and Redetermination interviews.)

Important: In both of the above situations, the Program Director must first be informed of the request through the normal chain of command.

Note: Since the legal ability of a person on parole or probation to reside in San Francisco must be verified in order to determine whether the residency requirement has been met, the worker contacts the appropriate corrections or probation department for this purpose only.

When Client's Authorization is Not Required to Release Information

Information that is limited to eligibility and the provision of services to clients may be released without specific client authorization. Such information may be released only to the following:

- Other Workers in the Department (e.g., any workers in Food Stamps, CalWORKs, Medi-Cal, Claims and Collections, Appeals/Fair Hearings, Adult Services, Family and Children's Services, the Fraud Early Detection and Prevention Program (FRED), the Special Investigations Unit (SIU), and the Overpayment Unit).

- Agencies with which the Department has Written Contracts, including Conard House, Glide Memorial United Methodist Church, the Tenderloin Housing Clinic, Catholic Charities, Episcopal Community Services, St. Vincent de Paul Society, Dolores Housing, the Salvation Army, Hospitality House, the Community Housing Partnership and the Independent Housing Consortium.

  All other agencies must be cleared with your immediate supervisor as an agency with which the Department has a written contract prior to the release of any case information.
- Other State and County Welfare Departments, for the purpose of verifying whether the client received aid in another county, as well as other eligibility-related information.
- The Secretary of Health and Human Services and the Social Security Administration, including the Supplemental Security Income (SSI) Division.

  To assist in establishing or verifying eligibility or benefits (including the status of an SSI application) under Title II (RSDI) and Title XVI (SSI) of the Social Security Act, or to provide additional information for a determination of SSI eligibility.
- Family Support Bureau, for the purpose of assisting with the administration of the Child Support Program (Title IV-D of the Social Security Act).
- The City Attorney and the District Attorney, when acting on behalf of the Department of Human Services.
- Employees of the Controller General's Office of the United States and auditors of the State Department of Social Services, in the course of examining records to perform fiscal audits. (The Program will be notified prior to auditors' review of cases.)

Non-Confidential Information

Statistical information and demographic data not identified with a particular individual may be released without authorization. Examples include: grant amounts, number of recipients in programs, ethnic distribution throughout the City, language spoken, and any information concerning the caseload as a whole.

However, all requests for information from the news media must be directed to either the CAAP Program Director or the DHS Executive Director.

Client Access to Case Records

Client and/or authorized representatives (with written authorization from the client) may examine the client's record in CalSAWS. For this reason, it is important that workers edit or remove any information in Imaging that pertain to other clients, e.g., the other client's name, case number, etc.

Under no circumstances may the client, whether alone or accompanied, be allowed access to their record unless the worker or another Department representative is present. Nothing may be taken from the record, although notes can be taken relevant to the contents and photocopies can be taken relevant to the contents and photocopies may be made.

If a client or their authorized representative requests photocopies of documents, they are charged at the rate of 10 cents per page. Cash or checks (made payable to the Department of Human Services) are to be forwarded to the U100 Manager.

Exception— Privileged Information:

Certain information in the client's case may come under the "privileged communication" section of the California Evidence Code. Included, but not limited to these examples, are:

- Lawyer-client contacts (Section 954),
- Identity of informer information (Section 1041),

- The nature or status of pending criminal prosecution,
- SIU findings,
- Security reports that may mention other clients,
- A narrative that includes the name of the individual who reported the client for possible fraud.

Privileged Information is not to be shared with the client. When in possession of such material, the worker shall send them to Imaging with a separate barcode labeled “Privileged Communication” as shown below:

Privileged Communication (5102)

Note: Whenever the worker is not sure as to what constitutes “privileged information,” they should check with their unit supervisor for clarification.

Procedure for Subpoenas

Any staff member who is served with a welfare fraud subpoena in relation to case file data shall notify his immediate supervisor at once. This subpoena will have a cover letter explaining the legal requirements to follow and a reminder to notify the supervisor.

Subpoenas are given to staff by DHS Investigation Unit Staff.

90-2.2: CAAP Interaction with the Special Investigation Unit (SIU)

(Revised 10/30/23)

The Special Investigations Unit (SIU) is part of the Investigation Division. SIU investigates suspected welfare fraud and violations of the law in connection with matters for which the County Department of Human Services (DHS) has responsibilities.

SIU Interaction With CAAP

CAAP Worker Responsibilities

- If the CAAP worker receives an incoming request from SIU, they must respond to this request no later than close of business the next workday following the inquiry.
- For fleeing felon situations, see Section 91-9: Fleeing Felons, for SIU-related protocol and procedure in dealing with clients with outstanding felony warrants.
- If the CAAP worker perceives a need for SIU involvement for reasons other than a fleeing felon situation, the staff must consult their supervisor to determine if an SIU referral is appropriate. If an SIU referral is necessary, complete Form 4030.
- If a CAAP worker receives a subpoena for welfare fraud, they must immediately inform their supervisor. This subpoena will have a cover letter explaining the legal requirements to follow and a reminder to notify supervisor.

Unit Supervisor Responsibilities

- Upon being informed by the CAAP worker of the need for SIU involvement (for reasons other than fleeing felon situation), and if the situation is questionable, the Unit Supervisor will consult their Manager.
- Upon being informed by the CAAP worker of his subpoena for welfare fraud, the Unit Supervisor will contact SIU to discuss the worker's legal requirements. Ensure that the worker complies with these requirements, as appropriate.

CAAP Interaction With Other Agencies

Certain conditions in the criminal justice system may warrant a specific course of action related to the release of limited client information. All requests for confidential information from law enforcement or the City Attorney's Office must be reviewed by SIU. SIU will analyze the CAAP client's circumstances and the nature of the request before deciding on the appropriate course of action. The most compelling condition is whether there is an outstanding arrest warrant for the client.

CAAP Responsibilities

When a representative from law enforcement or the District Attorney's Office calls CAAP to request confidential information about a client, CAAP staff will immediately inform their Unit Supervisor. The Unit Supervisor will instruct the caller to contact SIU at 1 (415) 503-4802 for this information. If the request is in writing, forward the request to SIU with the referral date indicated on the document and maintain a copy for CAAP record.

90-2.3: CAAP Interaction with the Fraud Early Detection and Prevention Unit (FRED)

(Revised as of 10/16/23)

The FRED Unit works to prevent fraud in Calfresh, CalWORKs and CAAP. Issues that appear questionable or contradictory are referred to the FRED Unit. The FRED Unit attempts to prevent ineligible clients from receiving benefits by verifying eligibility information given through interviews, authorized collateral contacts and announced home visits.

FRED Investigators are responsible for verifying information submitted by clients in order to assist in the determination of client eligibility, to identify fraud, and ultimately, to maintain the integrity of the public assistance program.

Referral Process

When a worker has received information that indicates a FRED referral is needed, the worker makes the referral using Form 092A, FRED Investigation Referral. Referrals can only be made on applicants and recipients. The worker completes the form, including:

- The specific reason(s) for the referral and any information that is questionable.
- The steps the worker took to verify the information.
- Attachments of any other information (e.g., picture ID, Form 8014/8015-Combined English/Spanish Authorization to Release Information, Form 2133-Statement of Facts, Form 2133R-Statement of Facts Supporting Eligibility Renewal for CAAP) which can assist the FRED Investigator in determining the current situation.

Steps for completing Form 092A, FRED Investigation Referral are as follows:

- Use the 092A, FRED Investigation fillable pdf located O:\CAAP\Program Forms\092A FRED Investigation Referral_EN_03_2023.pdf
- EW completes the 092A, enters EW signature and emails it to the Supervisor
- Supervisor reviews 092A and enters Supervisor signature
- Supervisor emails the completed and signed 092A to HSAFRED@sfgov.org
- If the referral is not complete, the referral will be returned to the sender indicating missing information
- The FRED Supervisor may reach back to the sender if any additional information is needed
- FRED Worker will contact/respond to EW with findings/inquiries (not the Supervisor)

The completed Form 092A FRED Investigation Referral with Supervisor signature can be placed in the Referral bin located at 1235 Mission St., 2nd floor (referral forms are picked up daily).

FRED Investigators will initiate an investigation based on the allegations contained in Form 092A. See Referral Outcome below.

Referral Outcome

When a client fails to cooperate with any component of the FRED investigation and the investigation cannot be completed, the FRED Investigator shall:

- Email the assigned CAAP EW and report the client's failure to cooperate.
- Make a CalSAWS journal indicating the investigation is closed due to the client's failure to cooperate.
- Complete Form 092B, FRED Investigation Report and forward a copy to the assigned CAAP EW or CAAP Unit.
- Close the FRED referral in Sherlock.

Upon receipt of the Form 092B that indicates the client failed to cooperate with FRED, the CAAP worker shall discontinue the client's benefits with 10-day notice.

Important Note: Benefits are not to be held solely in response to a FRED request to do so. For more information on holding benefits refer to section 98-1 Fair Hearing Process (Notice of Proposed Action).

Reapplication Process

A client who fails to comply with FRED interview and verification requirements shall be ineligible to receive CAAP until the reason for the referral is resolved. Should the reason for the referral not have been corrected at reapplication, the application is denied.

When the client reapplies, the Intake Worker must review the Form 092B and the Carrying CAAP EW's Case Comments to determine if the reason for the previous FRED referral still exist.

- If it does not exist because the client's situation has changed, process the case as usual.
- If it still exists, the Intake Worker shall:
    - Pend the case for up to three work days to allow the FRED Investigator to be present at the client's Call Back appointment.
    - Email HSAFRED@sfgov.org with the **date and time of the client's Call Back appointment, as soon as possible, but no later than two work days prior to the Call Back appointment date.**

The assigned FRED Investigator shall contact the Intake Worker prior to the Call Back appointment date and arrange to be present at the scheduled Call Back appointment.

At the client's Call Back appointment, the FRED Investigator will attempt to resolve the non-cooperation issue with the client with a stated objective/s (e.g. schedule a home visit) by the Approval appointment date.

At Approval, if the issue is not resolved, deny the application.

90-3: Worker and Client Responsibilities

(Revised as of 09/23/25)

Worker Responsibilities

It is the Worker's responsibility to:

- Understand the CAAP Ordinance, and implement all Program policies and procedures.
- Maintain and manage accurate records for all County Adult Assistance Program clients in Imaging.
- Follow Section 9-12, located in the HSA Personnel Procedures Handbook; Employee Responsibility: Code of Ethics and Code of to ensure that clients are treated fairly, with honesty, courtesy and integrity.
- Always provide good customer service.
- Communicate effectively with agencies working on behalf of clients.
- Provide County Adult Assistance Program information and appropriate referrals to all clients, as needed and/or requested.
- Provide clients with employment information and resources. Ensure that all employable and job-ready clients are referred to the WDD JobsNOW! at every Intake and Re-evaluation (RE) appointments.

  Note: JobsNOW! Phone number is 1-877-Job1-Now (562-1669)
- Determine eligibility promptly, accurately, and humanely.
- Ensure correct benefit issuance.
- Ensure that all CalSAWS entries are complete and accurate.
- Inform the client of the requirement to pursue other means of support, such as employment, SSI, or other benefits.
- Help the client to understand their rights and responsibilities in relation to eligibility and advise them of their ongoing obligation to inform the worker immediately of any changes in circumstances and to provide any new information that could affect eligibility.
- Advise the client of his rights and responsibilities to claim Good Cause and offer assistance in obtaining verification of Good Cause, if needed.
- Advise the client and explain fully CAAP fraud discontinuance for housed clients receiving full cash grant (to which the client is eligible) and using shelter without good cause.
- Provide reasonable accommodation when a client requests special assistance based on demonstrated or verified physical or mental condition (use Form 2139B, Reasonable Accommodation Request and Verification, when appropriate). Refer to OCR 2-1235 HSA Invitation to Disclose (in the Universal Screening Form/SAWS 1 packet) or Supplemental Details question #4 on Form 2133R.
- If a client requests to speak to an EW Supervisor, the Call Center EW needs to transfer the call to a specific Supervisor after checking if the supervisor is available via a Teams message. It should always be a warm transfer. If the Supervisor is not available, the Call Center worker should ask the client to either be transferred

to voicemail (where they can leave the message themselves) or take a message for the Supervisor to call the client back by within 2 business days.

- Ensure that the client is served in a timely manner as follows:
- For Intake Appointments
  - The Intake Eligibility Worker is assigned their case assignment from a TA Clerk
  - The Eligibility Worker will do the following:
    - Initiate CalSAWS and review the case prior to calling the client
    - Two attempts will be made to conduct the Intake Interview
    - Call available phone number(s) provided by the client for the Intake Appointment
    - If the client does not respond to the 1st call, leave a voicemail with a callback phone number, voicemail available
    - Wait 5 minutes, then a 2nd call will be made to call the client
    - If the client does not respond to the 2nd call, leave a voicemail of the attempted Intake Appointment, if voicemail available
    - Add a journal entry of the action taken, including but not limited to:
      - Attempt to contact the client at the phone number(s) enter the time of the phone calls
        - Leave a voicemail to call CAAP
        - Unable to leave a voicemail due to
          - Voicemail is full
          - Voicemail not set up
    - i.e., attempted to contact client at 415-111-1111 for Intake Interview at 9 am and 9:05 am. Left voicemail both times to contact CAAP.
    - **Note:** each number must be attempted and documented
    - The Eligibility Worker will document in CalSAWS the Denied/No Show
- Carrying Re-evaluation Appointments:
  - The Eligibility Worker receives their Re-evaluation assignments from clerical via CalSAWS
  - The Eligibility Worker will do the following:
    - Call available phone number(s) provided by the client for the Re-evaluation Appointment
    - Two attempts will be made to conduct the Re-evaluation Interview
    - If the client does not respond to the 1st call, leave a voicemail with a callback phone number, voicemail available
    - Wait 5 minutes, then a 2nd call will be made to call the client
    - If the client does not respond to the 2nd call, leave a voicemail of the attempted Re-evaluation Appointment, if voicemail is available

- Add a journal entry of the action taken, including but not limited to:
  - Attempt to contact the client at phone number(s) listed in CalSAWS and enter the time of the phone calls
    - Leave a voicemail to call CAAP
    - Unable to leave a voicemail due to
      - Voicemail is full
      - Voicemail is not set up
- i.e., attempted to contact client at 415-111-1111 for the Reinvestigation Interview at 9 am and 9:05 am. Left voicemail both times to contact CAAP.
- **Note:** each number must be attempted and documented
- Complete the Re-evaluation Task, take appropriate action and send notice of action

Notes for Intake and Carrying:

1. In person appointment, clients have a thirty-minute grace period to check-in prior to the appointment start time.

2. For clients who are late for more than fifteen minutes for their appointments and check-in, the staff will direct the client to call the Service Center at 1 (833) 879-1365.

3. The worker must always consider "Good Cause" whenever the client is late or is a "No Show" for their appointment. Refer to section 90-6: Good Cause.

4. For clients with no appointments and who check-in, the client will be asked to call the Service Center at 1 (833) 879-1365. A Service Center Eligibility Worker shall determine if there is an urgent need to see the client; otherwise schedule the client for an appointment on SharePoint.

5. The Eligibility Worker must inform the Case Assignment Supervisor or the Unit Supervisor, if there is a possibility of conflict of interest with a client, to reassign the client's ticket to another worker.

6. When a worker receives a case transfer through intake disposition, reinstatement, or caseload disbandment and identifies a conflict of interest, the worker shall immediately notify the unit supervisor. The unit supervisor shall transfer the case no later than 2:00 p.m. on the following business day and shall indicate "Conflict of Interest" on Form 2150 (Caseload ID Change).

Client Responsibilities

During the application or Re-evaluation process, the client shall assume all responsibility of which they are physically and psychologically capable. The client shall be informed of their responsibilities orally, and in writing through Form 2133B, Rights and Responsibilities, and shall be given the opportunity to have areas of concern clarified. Thereafter, the client is presumed to be informed of and to have a reasonable understanding of eligibility factors, as well as, their rights and responsibilities.

When required, it is the client's responsibility to:

- Complete or participate in the completion of all required documents
- Cooperate in the completion of the application or Re-evaluation process
- Demonstrate appropriate conduct. Under no circumstances will Eligibility Workers see clients who appear to be under the influence of drugs and/or alcohol or who demonstrate violent behavior
- Provide the Eligibility Worker with all documents required to determine eligibility
- Attend the CAAP Evaluation session

- Report within the required time period all facts that may affect their eligibility (verification may be subsequently required)
    - Facts that must be reported within 5 working days include, but are not limited to:
        - Starting or losing any job;
        - Receiving any income or property;
        - Moving (changing addresses or becoming homeless);
        - Anyone moving into or out of the household;
        - Being hospitalized/institutionalized/incarcerated.
    - Facts that must be reported within 3 working days include, but are not limited to, leaving San Francisco County for more than 3 days or leaving San Francisco with the intention of not returning;
- Actively pursue alternative means of support and verify the results of such efforts;
- Participate in Department-approved job counseling, vocational rehabilitation, and drug or alcohol treatment programs, and verify the results of such efforts;
- Perform all required work-related activities for employable GA and PAES recipients;
- Submit forms CAAP 1, CAAP Monthly Earned Income Report, as required of employed recipients;
- Keep all appointments scheduled by the Eligibility Worker and must check-in at any kiosks upon arrival to scheduled appointment
- Keep all other interviews/appointments that assist in establishing and maintaining eligibility, including interviews for jobs, Employment Services-related activities, Work Experience and Job Search requirements, UIB/DIB applications, SSI, Triage, CAAP Counseling Service and CAAP SSI Case Management appointments.
- Check mail at General Delivery (if homeless) at least once a week, at 391 Ellis Street, between the hours of 10:00 a.m. and 2:00 p.m., Monday to Saturday, as General Delivery will not hold mail longer than 10 days. All mailed correspondence regarding CAAP benefits will be sent to General Delivery.
    - Addressing to General Delivery
        - Client's Name
        - 391 Ellis St - General Delivery
        - San Francisco, CA 94102

90-4: Evidence Gathering

(Revised as of 10/30/23)

CAAP Ordinance require investigation of all facts needed to make a correct determination of eligibility for CAAP. Findings must be verified and documented in the case record. The type of verification required for each eligibility and need factor and the specific procedures for obtaining them are outlined in the appropriate sections of CAAP Eligibility Online Manual. Information regarding Employment Services procedures may be found in Personal Assisted Employment Services Online Manual under the Workforce Development (WDD) homepage on the Intranet.

Principles of Gathering Evidence

- Evaluate all information in light of its internal consistency, as well as of the motives and competency of the person completing the document or making the statement.
- Evaluate the evidence in terms of logic and the reliability of the source.
- Pursue the investigation to the point that the preponderance of evidence supports a decision of eligibility or ineligibility.

Methods of Gathering Evidence

Plan with the Client for Obtaining Evidence

In general, the client must take as much responsibility as they can within their physical, psychological, educational and/or other limitations. The worker should assist the applicant as necessary, considering the following:

- Can the necessary evidence be secured more promptly by the client or the worker?
- Does the client have the ability to obtain the information?

Proceed with the Plan

Obtain and evaluate the information, and reach a decision consistent with adequate eligibility determination. Take all necessary actions promptly.

Undertake the Investigation

Investigation must be undertaken with the full knowledge and consent of the applicant. Obtain a signed consent Form 8014/8015, Combined English/Spanish Authorization to Release Information, and other information as necessary. Investigation is governed by the rules of confidentiality.

Other Sources of Information

Seek other sources of information only when the client does not have reliable, verifiable information to support the application, or when the information and evidence is contradictory, inconsistent, or inconclusive. Direct the investigation toward obtaining the most accessible and reliable evidence.

Inconsistencies

Determine the reason the client is reluctant or unwilling to help resolve inconsistencies or questions regarding eligibility or to have the Department pursue the investigation on their behalf. This helps ensure mutual understanding of the facts and indicates why further investigation is needed.

Preferred Types of Evidence

Preferred types of evidence include the following:

- Public records or those made for the purpose of maintaining archives or registers.
- Original documents rather than copies.
- Documents and records in which there is little or no motive for misstatement.
- Documents made concurrent with the event they record.

Sources of Evidence

Information is found in records kept by hospitals, clinics, social agencies, vital statistics, and in various county offices, such as those of the recorder, assessor, and county clerk.

Clerk of Superior Court

Records of abandonment, adoption, divorce, and probate proceedings.

US Citizenship and Immigration Services (formerly INS)

All evidence pertaining to naturalization and aliens.

County Recorder's Office

Records of marriage, deeds, liens, mortgages, transfer of real property.

Department of Health

Records of birth and death.

Unavailable/Inappropriate Records

When records or documents are not available or appropriate, correspondence or statements from organizations and individuals having knowledge of the facts or circumstances can be used. These would include the following:

- Employer
- Physician
- Landlord
- Church
- Lodge
- Club
- Trade Union
- Fraternal & Professional groups

- Mortician
- Creditor
- Insurance company
- Other

Verification of Addresses

Verification of addresses can be researched in the City Directory or refer to section 92-11: Property Search on how to verify ownership of property.

Questionable Documents

If the rent receipt is questionable, call the landlord after obtaining the client's permission.

To verify ownership of property, a call to the City Assessor's Office at 1 (415) 554-5596 may be necessary. (Refer to section 92-11: Property Search)

Authorization for Release of Information

Combined English/Spanish Authorization to Release Information (Form 8014/8015)

When there is a need for medical and non-medical information from a source other than the client, complete Form 8014/8015, Combined English/Spanish Authorization to Release Information. The form is completed before asking the client to sign it. If the client refuses to sign the authorization, they are not eligible to CAAP because of their failure to comply with program requirements.

Obtaining Information from Documents in the Possession of the Client or Other Persons

When the client, or other person with whom the worker has direct contact, has acceptable documentation, take the following action:

1. Review and summarize the information on Form 2133, Statement of Facts.
2. Make a copy of the document, send to Imaging, and return the original document to the client.

90-6: Good Cause

(Revised as of 10/30/23)

Any client's failure to comply with CAAP requirements shall be evaluated for Good Cause.

The worker shall consider all reasons or evidence offered by the client when reviewing a claim of Good Cause.

When the client establishes Good Cause for a compliance failure, that failure is excused and no negative action is taken and the warning is rescinded.

Good Cause for clients performing Workfare/Alternative Workfare/LDCS, refer to section 90-6.2: Workfare Good Cause.

Claims and Verification

CAAP Applicants

An applicant has seven (7) calendar days from the date of the notice, or until the Fair Hearing date, whichever is later, to claim Good Cause and present Good Cause verification.

CAAP Recipients

The recipient has fourteen (14) calendar days from the date of the warning/notice to claim and present Good Cause verification, if needed.

When Good Cause Exists

Good Cause for a client's failure to comply with program requirements exists whenever the client fails to meet those requirements due to circumstances or events beyond their control. Verification is required unless other reasonable explanation is presented by the client to the worker why verification cannot be presented. The client's explanation is subject to Unit Supervisor's review and approval as Good Cause.

Note: Good Cause is required; however, verification is not needed if the client contacts CAAP prior to COB on the day of any missed appointment (phone or in person) to reschedule their missed appointment. The appointment will be rescheduled for the next available appointment slot and is subject to the Supervisor's review and approval.

The following list provides examples of common situations where Good Cause exists. The list is not exhaustive and the worker should not dismiss a claim of Good Cause simply because it does not appear on this list. Examples of Good Cause, but not limited to, are the following:

- Hospitalization attendance to a scheduled medical appointment, illness (this shall include client's own verifiable illness or illness of another immediate family member requiring the client's presence), injury, need for medical diagnosis, care including preventative care, or treatment, or other medical reason.
- Lack of transportation or transportation issues, such as stolen HSA issued bus pass (police report required).
- Job interview / Employment.
- Arrest, incarceration, probation/parole appointment.
- A household emergency, including death in the immediate family. Immediate family includes child(ren), parent, legal guardian or ward, sibling, grandparent, grandchild, spouse, or registered domestic partner or – if approved by Unit Supervisor – any person of similar significance.

- Client's need to provide care or assistance to their child(ren), parent, legal guardian or ward, sibling, grandparent, grandchild, spouse, or registered domestic partner, with an illness, injury, medical condition, need for medical diagnosis, care including preventive care, or treatment, or other medical reason.
- Victim of domestic violence, sexual assault, or stalking, to seek legal relief, medical attention, services from a domestic violence shelter, program, or rape crisis center, psychological counseling, or safety planning.
- Lack of capacity or disability.
- Mail delivery problems.
- Inability to obtain paperwork from a third party not under the client's control where the client acted reasonably to obtain verification.

Evaluating and Verifying Good Cause

The worker shall evaluate any client's failure to comply to determine if the client had Good Cause for that failure. When the client contacts CAAP because of a failure or missed appointment, or because the client has received a notice regarding failure to comply, the worker shall inform the client of their right to claim Good Cause. If the client offers a reason for failing to comply that would constitute Good Cause, but is unable to obtain due to no fault of their own, the worker shall take the necessary steps to assist client in obtaining such verification of Good Cause, if needed.

The worker has a continuing responsibility to inform the client of their right to claim Good Cause. Under unusual circumstances, if the client attempts to comply, but is unable to do so within the time limits, as noted above, the deadline may be reasonably extended with the approval of the Unit Supervisor.

The worker shall consider all evidence presented by the client when reviewing a claim of Good Cause. A worker may assist the client to verify Good Cause and offer to do collateral phone calls or obtain third party statements.

Examples of relevant evidence to be used in determining Good Cause include, but are not limited to:

- Any documentation from licensed medical providers, law enforcement, the courts, current or prospective employers, landlords, banks, etc.
- Written or oral confirmation by a third party of information provided by the client; for example, telephonic confirmation from a landlord, or social service provider or prospective employer that the client attended an interview or appointment.

When the worker determines that the client had Good Cause for a compliance failure, the warning or negative action is rescinded, and the program failure cannot be counted against the client.

The client may request a Unit Supervisor review if they disagree with the worker's assessment of what they presented as not an acceptable Good Cause.

When Good Cause does not exist for CAAP recipients who missed their CAAP appointments or completed more than zero hours but failed to complete the total required number of workfare/alternative workfare/LDCS activity hours, refer to section 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.

When Good Cause does not exist for CAAP recipients who completed zero hours of the required number of workfare/ alternative workfare/LDCS activity hours, refer to section 97-6: Non-Compliance Failures.

90-6.1: Three Acts of Negligent Failure for CAAP Recipients

(Revised as of 07/15/25)

State law provides that a recipient's aid may only be discontinued, or a sanction imposed, if the recipient fails or refuses without Good Cause, to follow program requirements. Lack of Good Cause may be demonstrated by a showing of either: (a) willful failure or refusal of the recipient to follow program requirements, or (b) not less than three separate acts of negligent failure of the recipient to follow program requirements. (See Welfare & Institution Code, Section 17001.5.)

Willfulness – a program determination that a recipient purposefully (intentionally) did not comply with program requirements and the circumstances were within their control. A willful failure requires evidence that the failure to follow program rules was intentional, and not done because of a mistake or verified inability or unintentional oversight.

Negligence – a program determination that a recipient did not comply with program requirements and no good cause was found, but the failure was not a purposeful act.

Three Negligent Acts

The first or second failure with no good cause shall be considered a negligent failure and benefits shall continue (see Sections 90-6: Good Cause and 90-6.2: Workfare Good Cause). However, after the third failure with no good cause within the prior 12-month period, benefits shall be discontinued. The 12-month period and the accumulation of negligent failures reset whenever the client reapplies for CAAP or there is a break in aid, and the client is reinstated.

This procedure does not apply to the following:

- Eligibility requirements that do not carry a sanction such as monthly income reporting (CAAP 1), excess resources, expired 90-aided days for permanent ID and Trujillo
- Failure to keep reinstatement appointment, without Good Cause, after benefits have been issued
- When client has completed zero hours of the required number of workfare/alternative workfare/LDCS requirements hours for the previous month
- Discontinuances for fraud

For each CAAP recipient's failure, the worker shall:

1. For missed appointments (i.e. Employability, Re-evaluation, Residency, DOR/CJP/VIP Orientation, SSI CM, etc.)
    - Issue the client **Form 2152E, CAAP Warning–Act of Negligent Failure**. The notice will inform the client of the following:
        - Specific program requirement, including date, the client failed to fulfill
        - Opportunity to present Good Cause and some examples of Good Cause
        - Status of Negligent Failure **(1st and 2nd)**
        - Date, time and location of the rescheduled CAAP appointment with an option for the client to reschedule this appointment. The appointment must be scheduled no earlier than one week but no later than two (2) weeks.
2. For missed WDD Appointments

- Issue the client Form 2152, CAAP Warning–Act of Negligent Failure. The notice will inform the client of the following:
    - Specific program requirement, including date, the client failed to fulfill.
    - Opportunity to present Good Cause and some examples of Good Cause.
    - Status of Negligent Failure **(1st and 2nd)**
    - Date, time and location of the rescheduled WDD Appointment or with an option for the client to reschedule this appointment. The appointment must be scheduled no earlier than one week but no later than two (2) weeks.
    - **Note: The client must contact their unit to arrange submission of any verifiable good cause related to a missed Evaluation appointment.**

3. For failure to meet the work requirements the previous month (i.e. client completed more than zero hours but less than the total required number of hours per month)
    - Issue the client **Form 2152A, CAAP Warning-Act of Work Requirement Negligent Failure**. The notice will inform the client of the following:
        - Specific program requirement, including date, the client failed to fulfill
        - Opportunity to present Good Cause and some examples of Good Cause
        - Status of Negligent Failure **(1st and 2nd)**
        - **Note: The client returns to the work site where they were previously assigned. An in-person appointment with the assigned EW is not required for this failure.**

If the client missed a scheduled shift that is marked as "Excused Absence", the missed hours will not count against the client's required workfare hours.

- Review the client's case record for any previously issued Form 2152E or Form 2152A, since the last Intake approval or Reinstatement. If there is one CAAP warning of negligent failure (2152E or 2152A) on file with an issuance date that is within a 12-month period, issue another Form 2152E or 2152A, whichever is applicable, for the second failure.
- If there are two Negligent Failure Warnings (2 Form 2152E or 2 Form 2152A or a combination of forms 2152E and 2152A) on file for this CAAP application with issuance dates that are within a 12-month period since the last Intake approval or Reinstatement, determine whether there is Good Cause, and if not, discontinue the case after the third failure.

Example scenario:

On 10/2, the client did not come for their homeless appointment and they did not have Good Cause. The worker will issue Form 2152E, CAAP Warning of Negligent Failure and this is considered as the client's 1st Act of Negligent Failure. On 10/8, the worker received a task that the client completed only 6 hours of the required 24 hours of work activity for the previous month. The worker will issue Form 2152A, CAAP Warning – Act of Work Requirement Negligent Failure and this will be considered as the client's 2nd Act of Negligent Failure. Any negligent failure after these 2 acts, without Good Cause, will be considered as the 3rd Act of Negligent Failure and case will be discontinued.

- Issue a timely Notice of Action **Form 2158A, Discontinuance–3rd Act of Negligent Failure**. The notice of discontinuance shall include copies of the previous two Negligent Failure Warnings, Forms 2152E/2152A, and

inform the client of their right to request a Fair Hearing to contest the findings of 3 negligent failures supporting the discontinuance. Send the copy of the NOA Form 2158A to be imaged in CalSAWS.

- If the client establishes Good Cause after the 2152E/2152A/2158A has been sent, write ***Good Cause*** across the page of the appropriate notice to rescind the warning or discontinuance. Send the copy of the warning or notice for Imaging.
- If the client has 3 negligent failures within 30 calendar days and contacts CAAP on or before the deadline to file for Fair Hearing, after the Form 2158A has been sent, offer the client an appointment to be evaluated by Triage for determination of employability or capacity to understand or comply with regulations.
    - If the client comes in for the Triage appointment and is determined to be employable with temporary disabling condition (PEC X) or unemployable with disabling condition (PEC Y) or lacks capacity to comply with CAAP regulations (PEC C), rescind the discontinuance . All previously-issued Form 2152Es/2152As become null and void.
    - If the client is a NO SHOW for the Triage appointment or is given a rating other than PEC X, Y or C , the case remains discontinued.
    - Schedule the client an In-Person Triage appointment in CalSAWS “CAAP Triage F2F Interview" indicating "Capacity Assessment”. On the subject line, include case number, language, and phone number.

Important: Documentation of any action taken must be very specific.

90-6.2: Workfare Good Cause

(Revised as of 10/30/23)

CAAP clients who are performing Workfare/Alternative Workfare/Light Duty Community Service (LDCS) are responsible for making up missed workfare hours before the end of the month. Clients do not need to call CAAP regarding hours missed if those hours are made up. Hours worked will be verified through a monthly work report at the beginning of the following month.

Note: The current Good Cause policy satisfies the paid time off requirement in the San Francisco Paid Sick Leave Ordinance.

Good Cause will be considered if appropriate, for those scheduled workfare hours that are not met in the previous month due to circumstances beyond a person's control. Examples of Good Cause, but not limited to, are the following:

- Hospitalization, attendance to a scheduled medical appointment, illness (this shall include client's own verifiable illness or illness of another immediate family member requiring the client's presence), injury, need for medical diagnosis, care including preventative care, or treatment, or other medical reason
- Lack of transportation or transportation issues, such as stolen HSA issued bus pass (police report required)
- Job interview / Employment
- Arrest, incarceration, probation/parole appointment
- A household emergency, including death in the immediate family. Immediate family includes child(ren), parent, legal guardian or ward, sibling, grandparent, grandchild, spouse, or registered domestic partner or – if approved by Unit Supervisor – any person of similar significance
- Client's need to provide care or assistance to their child(ren), parent, legal guardian or ward, sibling, grandparent, grandchild, spouse, or registered domestic partner, with an illness, injury, medical condition, need for medical diagnosis, care including preventive care, or treatment, or other medical reason
- Victim of domestic violence, sexual assault, or stalking, to seek legal relief, medical attention, services from a domestic violence shelter, program, or rape crisis center, psychological counseling, or safety planning
- Lack of capacity or disability
- Mail delivery problems
- Inability to obtain paperwork from a third party not under the client's control where the client acted reasonably to obtain verification

CAAP will determine whether the client had Good Cause for not meeting their workfare requirement for the previous month.

If client calls and states that they may not be able to complete the required Workfare/Alternative Workfare/LDCS hours for the current month, EW will:

1. Narrate in CalSAWS Journal under "GOOD CAUSE",
2. Explain the workfare make up process and what is verifiable Good Cause
3. Offer an appointment to the client at the end of the month.

Note: Good Cause verification must indicate the time frame for which client was unable to attend workfare. EW will evaluate Good Cause when working on Workfare/Alternative Workfare/LDCS failures based on the time frame.

If client calls within 14 days of the date of the discontinuance notice to report Good Cause, EW will:

1. Narrate under "Good Cause",
2. Explain verifiable Good Cause
3. Schedule client an appointment as soon as possible but no later than the date of discontinuance to submit Good Cause verifications.

Examples:

- Good Cause may be determined:
  - If client was ill for the last two weeks of the month but completed at least some of the required hours during the beginning of the month, worker may determine Good Cause.
- Good Cause might not be determined:
  - If client was ill during the 1st two weeks of the previous month but had two more weeks to make up and complete the required hours and didn't, worker may determine there was not Good Cause.

Evaluating and Verifying Good Cause

The worker shall evaluate any client's failure to comply to determine if the client had Good Cause for that failure. When the client contacts CAAP because they failed to perform their work activity or because they have received either a negligent failure notice or a discontinuance notice regarding failure to comply, the worker shall inform the client of their right to claim Good Cause. If the client offers a reason for failing to comply that would constitute Good Cause, but is unable to obtain verification due to no fault of their own, the worker shall take the necessary steps to assist client in obtaining such verification of Good Cause, if needed. The worker has a continuing responsibility to inform the client of their right to claim Good Cause. Under unusual circumstances, if the client attempts to present Good Cause verification but is unable to do so within the time limits, as noted above, the deadline may be reasonably extended with the approval of the Unit Supervisor.

The worker shall consider all information presented by the client when reviewing a claim of Good Cause. A worker may assist the client to verify Good Cause by offering to make or receive collateral phone calls or obtain third party statements.

Examples of relevant information to be used in determining Good Cause include, but are not limited to:

- any documentation from licensed medical providers, law enforcement, the courts, current or prospective employers, landlords, banks, etc.
- written or oral confirmation by a third party of information provided by the client; for example, telephonic confirmation from a landlord, or social service provider or prospective employer that the client attended an interview or appointment

When the worker determines that the client had Good Cause for a compliance failure, the warning or negative action is rescinded, and the program failure cannot be counted against the client.

The client may request a Unit Supervisor review if they disagree with the worker's assessment of what they presented as a claim or verification of Good Cause.

90-7: Determination of Client's Psychological Capacity to Understand and/or Comply with CAAP Regulations

Since a client's psychological capacity to understand and/or comply with CAAP regulations must be considered before taking any negative action, it is critical that clients lacking this capacity be identified and granted exemptions when appropriate. Furthermore, clients who have been determined to lack this capacity to understand should be determined eligible to the SSI Pending Program, or SSIP, which does not have employability requirements.

Note:

- Clients who have been determined eligible to SSIP may choose to participate in PAES, if otherwise eligible. Reasonable accommodations will be made to assist these clients.
- Capacity determination will be made by Triage, Disability Evaluation and Consultation Unit (DECU) or CAAP Counseling Service (CCS) clinicians. The client always has the right to rebut the findings.
- A "C" rating is given to a client who has a rating 4 and been determined to lack the psychological capacity to understand and/or comply with CAAP regulations (see "Exception to Client Compliance" below). "C" ratings are given only by Triage, DECU, or the CCS clinicians.
- A "G" rating is an Administrative exemption from Work Assignment activities due to a client's psychological condition after consultation with the Manager of Client Health Services. "G" ratings are given only by the Managers of the appropriate section with recommendation from Unit Supervisors. A "G" rating is generally given to a client whose psychological condition precludes the client from accepting a Triage referral. A "G" rating is not part of the 2139 process. See "Administrative Disability Rating," in this section.

Identifying Clients for Referral to Triage for Capacity Evaluation

Clients who disclose or exhibit any of (but not limited to) the histories and/or behaviors listed below shall be referred to Triage for an evaluation of capacity, using Form 2139, CAAP Triage Assessment/SSI Application Verification. Be sure to check the "Capacity Determination" box on the form and indicate all reasons for the referral, using key words such as those listed immediately below. It is important to note that the written observations of an Eligibility Worker may assist in the determination of a client's potential eligibility for SSIP, and ultimately, SSI.

Workers should inquire about:

- Past psychiatric care (including hospitalization, out-patient treatment and significant stays in half-way houses or day treatment centers);
- Current psychiatric care (including the use of relevant medication);
- Obvious paranoia or phobia;
    - These conditions may be made evident by any of (but not limited to) the following:
        - The client refers to irrational plots against them;
        - The client displays an irrational fear of being around people in public places.
- Confusion and/or Disorientation;
    - These conditions may be made evident by any of (but not limited to) the following:
        - The client is unable to respond to simple questions with a "yes? or "no? answer.
        - The client appears unable to follow simple instructions;
        - The client's responses:

            - totally unrelated to the questions asked; or
            - rambling, contradictory, jumbled or incoherent; or
            - non-stop, lacking focus.
    - Suicide attempts or threats;
    - Deep depression, as evidenced by the client's being:
        - tearful;
        - withdrawn or reluctant to engage in conversation;
        - apparently overwhelmed by simple requests;
        - excessively slow in verbal response and/or physical movement;
    - Belligerence, as when the client:
        - overacts aggressively to simple, routine situations or requests;
        - becomes extremely angry easily and/or frequently;
    - Delusional thinking;
        - demonstrated by the client:
            - stating that they have a Ph.D. degree in anthropology, although they cannot read or write;
            - talking to themselves or someone not visible;
            - genuinely believing that they are something other than a human being;
    - Dramatic physical aberrations, such as:
        - tics;
        - involuntary jerks;
        - tremors;
        - general physical agitation;
    - Appears Unable to Read or Write, due to a factor other than simply a lack of education;
    - Acts personally irresponsible (e.g., routinely fails to keep appointments and meet other CAAP requirements, without apparent willfulness);

All other inappropriate behaviors and/or personal history that may indicate a lack of capacity to understand and/or comply should be discussed with the unit supervisor prior to making a referral for psychological evaluation.

Exception to Client Compliance

Clients who have been determined to lack the psychological capacity to comply with CAAP regulations are still required to meet CAAP's financial eligibility requirements. Clients with a "Capacity" rating who fail to do so will be subject to denial/discontinuance of benefits.

Administrative Disability Rating

Clients who claim to be employable and therefore refuse referral to Triage may be given an Administrative Disability Rating (PEC 'G') when it is apparent to the worker that the client's capacity is questionable.

1. After documenting the reason(s) for requesting a 'G' rating in the CalSAWS narrative, the worker presents the case to their Unit Supervisor for approval.
2. After review, the Unit Supervisor indicates approval or non-approval of the 'G' rating in the case record.
3. If approved by the Unit Supervisor, the case is then brought to the Manager of the appropriate section for final approval and counter signature in the case record.

4. Manager of the section will consult with the Manager of Client Health Services. If approved, the Manager of the section indicates approval
5. The worker enters the ‘G' exemption code with corresponding expiration date in the system.

90-8: Policies Regarding Failure to Comply with CAAP Program Eligibility Requirements

(Revised 04/29/2025)

Failure to Establish Eligibility

It is every CAAP client's responsibility to provide complete and accurate information on matters having a direct bearing on eligibility for assistance and to fully comply with Program requirements. If good cause for a compliance failure can be demonstrated in a timely manner, the individual shall be given the opportunity to meet the requirement. Clients who are lacking good cause for a compliance failure may be discontinued (see section 90-6: Good Cause).

Both members of a legally married couple or domestic partnership are ineligible if either member refuses/fails to provide necessary verification. However, one member's failure to comply with Program requirements does not affect the other's eligibility for assistance.

Clients who are being discontinued from CAAP (not fraud related) will not be eligible to receive CAAP for thirty (30) days after the effective date of the discontinuance.

No client shall be eligible to receive CAAP if they:

- Fails to comply without good cause to provide or disclose information necessary to establish eligibility; or
- Fails to give consent to or to cooperate with any investigation necessary to establish eligibility.

If the discontinuance was due to false statement, misrepresentation, or intentional failure to report required facts, a sanction of 30 days is applied for the first such instance, a sanction of 60 days is applied for the second such instance within any 24-month period, and a sanction of 90 days is applied for every additional instance within any 24-month period.

Failure to Comply with Employable Requirements

CAAP recipients may be discontinued for a period of 30 days from the effective date of the discontinuance if the client fails or refuses without good cause to:

- Attend Evaluation sessions;
- Participate in Workfare activities;
- Accept offers of employment;
- Be available for employment;
- Any other appropriate activity as required.

CAAP recipients may be discontinued for a period of 90 days from the effective date of the discontinuance if the client fails or refuses without good cause to comply with employability requirements for the second time in a 12-month period.

Failure to Comply with Temporary Medical Condition Requirements

Unless exempt, no CAAP client with a temporary medical condition shall be eligible to receive aid if the client:

- Fails to participate in any appropriate activity that is likely to remedy the temporary physical or mental condition.
- Fails to apply for and adequately pursue a claim for any other appropriate benefit program available to the client.

Failure to Comply with Unemployable Requirements

Unless exempt, no CAAP client with an unemployable rating shall be eligible to receive aid if the client:

- Fails to apply for or adequately pursue SSI/SSP benefits if a disabling condition has existed or is likely to exist for a 12 months or longer, and cooperate with the Social Security Administration (SSA) Office throughout the SSI application, appeal, and reconsideration process.

Important: Any client who fails to authorize DHS reimbursement of CAAP benefits from retroactive SSI/SSP payments is ineligible to receive CAAP.

- Fails to apply for and adequately pursue a claim for any other appropriate benefit program available to the client.

Failure to Apply for or Comply with Requirements of Other Benefits

The worker shall advise the CAAP client of potential resources for which they may be eligible. The client must pursue all potential income. Such benefits include, but are not limited to: CalWORKS, RCA, SSI/SSP, VA, RSDI, UIB, and DIB. Failure to apply for such benefits or assistance, as appropriate, renders the client ineligible for CAAP until the client presents proof of application for all programs indicated on his denial notification.

A client who is denied aid from any of the programs mentioned above, because of either their failure to cooperate or their refusal to comply with Program requirements, is ineligible to receive CAAP until such time as the client complies with the other program's requirements.

Failure to Cooperate with FRED or SIU

A client who fails to cooperate with Fraud Early Detection and Prevention Unit (FRED) or Special Investigation Unit (SIU) interview and verification requirements shall be ineligible to receive CAAP unless/until the reason for the referral is resolved. At reapplication, the Intake EW must take the necessary steps to resolve the reason for the referral before granting aid.

FRED

The FRED Unit attempts to prevent ineligible clients from receiving benefits by verifying eligibility information given through interviews, authorized collateral contacts and announced home visits. FRED Investigators will verify information submitted by clients in order to assist in the determination of client eligibility, to identify fraud, and ultimately, to maintain the integrity of the public assistance program.

When a worker has received information that indicates a FRED referral is needed, refer to section 90-2.3: CAAP Interaction with the Fraud Early Detection and Prevention Unit (FRED) and follow the process.

SIU

SIU investigates suspected welfare fraud and violations of the law in connection with matters for which the County Department of Human Services (DHS) has responsibilities.

When a worker has received information that indicates an SIU referral is needed, refer to section 90-2.2: CAAP Interaction with the Special Investigations Unit (SIU) for procedures related to CAAP interactions with SIU.

90-9: Security

(Revised as of 10/30/23)

Because of the very essence of the Program—the granting or denying of cash assistance to needy individuals—tempers often run high at CAAP, requiring tight safety measures to ensure the security of both workers and clients in the building. This section focuses on the varied aspects of the security system:

- Photo identification of staff;client and visitor passes;
- Uniformed security guards;
- Metal detectors and alarms; and
- "Red-dot/yellow-dot" system for identification of violent/hostile clients.

Photo Identification

All employees of the Department of Human Services are issued photo ID badges, which they are required to wear and to have in their possession at all times when entering and during their stay in DHS premises. All CAAP staff are required to wear their ID badges, visible and with picture facing outward, at all times.

Penalties for Noncompliance with the Photo ID Policy

Any employee who comes to work without his photo ID badge must register with Security for a special pass for the day, after employment with the Department has been verified. If photo ID and employment verification is not available, staff will not be permitted into the building unless another DHS employee can verify that the person is a DHS employee.

Additional instances of either coming to work without an ID or not displaying it on one's person will result in:

- A written warning for two (2) instances.
- A reprimand for three (3) instances.
- More than three (3) instances of coming to work without an ID will result in the worker's being sent home without pay for the purpose of retrieving his badge.

ID Badge Responsibility

New employees are issued temporary identification, scheduled for a photograph and issued a permanent identification card within thirty (30) days of having been hired. The initial ID badge is issued at Department expense. Lost or stolen badges will be replaced at the employee's expense.

Replacements without charge will be permitted in the following instances only:

- The badge has been damaged through normal wear.
- The bearer's appearance has changed substantially.
- The bearer has changed his/her name.

Any employee who retires, resigns or transfers out of the Department must turn in his badge on his last day of work.

Visitor Passes

Visitors, other than clients, are required to sign-in and are issued a visitor's pass at the Security Station at the main Employee Entrance. They are instructed to sign-out and surrender their pass when leaving the premises.

Visitors include contractors, student interns and staff out-stationed from other city departments.

The names of frequent or regular visitors (e.g., Commissioners, copier repairmen, vendors, etc.) are maintained on a list at the Security Station. The Program Director or his representative provides the Security System with a list of expected visitors each day in order to facilitate their entry onto the premises and the issuance of passes.

Security guards are instructed to refuse admittance to anyone who does not have a pass.

Access to the Building through CAAP Health Services Entrance

The CAAP Health Services reception areas, located on the first and second floors, provide a welcoming waiting room environment for clients with appointments on the second floor.

Staff

All staff who enters the building through the CAAP Health Services reception area must be wearing a DHS photo identification badge with the picture facing outward. Any staff member who does not have a DHS photo identification badge will be directed to enter the building through the main employee entrance; the employee will be required to sign-in and obtain a visitor badge, in accordance with the building security policies as outlined in Photo Identification, above.

Client Sign-in Log

Clients entering the building through the CAAP Health Services entrance are required to sign-in with Reception. The Reception Clerk on the first floor maintains a client sign-in log which includes client name, worker number, time entering the building, and signature. In the event of a building evacuation, the receptionist should take this list when leaving the building and give it to the U700 Health Services Manager or Health Services Principal Clerk.

Clients with Valid ID

All clients who enter the building for a CCS appointment or group session must present a valid identification.

Clients without Valid ID

If a client does not have a valid piece of identification, reception staff must call the client's CCS Counselor or group leader, who will be responsible for coming to the reception area to personally identify the client and escort the client to the second floor waiting area.

If the receptionist is unable to contact the CCS Counselor or group leader, the following call schedule should be used:

- CCS Administrative Assistant (8-1320)
- CCS Case Manager (8-1395)

Clients with company

People, other than CAAP clients (e.g., people attending CCS, Vocational Assessments, Job Placement, etc.) and people conducting official DHS business, must adhere to the following rules while entering the DHS premises.

Children Accompanying Clients

Children are allowed to accompany clients to:

- CCS events, **or**
- Appointments with CCS Counselors

The client is required to sign-in and note the child's name on the log. Clients are asked not to leave children unattended in the building at any time.

Adults Accompanying Clients

Adults may accompany clients to CCS events. They are required to present identification, to state their business, and to sign in. If the guest does not have appropriate identification, the receptionist will contact the appropriate Trainer or Group Leader, who will be responsible for escorting the client and guest to the second floor.

Service Animals Accompanying Clients

Service animals may accompany clients if the following rules are followed:

- Animals must be leashed or harnessed at all times.
- The owner must be in full control of the animal at all times. Owner is responsible for ensuring that his animal does not damage the facility. Damage includes evidence of animal discharge, scratched or chewed furniture, floor coverings, or other shelter property.
- Dogs must be licensed in accordance with county regulations and wear a vaccination tag. The worker must ensure that the service animal owner identified on the tag is the client. No other dogs or animals are allowed in the building.
- Animals must be under adult supervision at all times.
- Reasonable behavior is expected from animals in the building. The building staff may request that the animal be removed from the building if the animal is:
    - Unruly or disruptive,
    - Exhibits aggressive behavior,
    - Destroys property, or

Security

Security personnel are stationed at the first and second floor reception areas of the CAAP Health Services entrance at all times. The first floor reception area should not be open unless Security personnel are present. Security personnel are responsible for:

- Operating the metal detector (in the first floor lobby),
- Monitoring activity in the waiting room on the second floor, and
- Escorting clients to conference rooms in the Training Unit

Issues relating to Security personnel in the CAAP Health Services reception areas should be addressed to the CAAP Health Services Section Manager.

Uniformed Security Guards

Security officers are employed to detect, deter and report threats to DHS employees, clients, visitors, property and assets. It is important to note that DHS security guards are not police officers and may use physical force only when there exists a clear and immediate threat of bodily harm to persons on the premises. Whenever there is a situation that exceeds the security guard's scope of authority or an incident that involves the use of force, the police must be notified.

Duties of Security Guards

Under the guidance of their Captain and two supervising sergeants, security officers:

- Control the entry of weapons into the building through the routine inspection of all clients with the aid of a metal detector.
- Regulate and control the traffic of all individuals within the building by the strict enforcement of the ID/Visitor Pass policy (see Photo Identification and Visitor Passes).
- Contain difficult situations, including threats to persons and/or property, until the Captain or supervising Sergeant arrives on the scene.
- Respond promptly to all alarms (see Alarms, below).
- Intervene physically in situations involving a clear and immediate threat of bodily harm.
- Monitor all interviews of "red-dotted" and "yellow-dotted" clients (see Red-Dot/Yellow-Dot Flagging of Violent/ Hostile Clients), or upon worker's request.

Citizen's Arrest

Because they are not peace officer's, security guards may only physically detain individuals and hold them under "citizen's arrest" (Penal Code Sections 834, 837, 849). A private person may arrest another only when either of the following conditions exists:

- A public offense has been committed or attempted in the arresting citizen's presence.
- A felony has in fact been committed and the arresting citizen has reasonable cause for believing that it was committed by the person he is arresting.

Notes:

The decision to arrest or to ask an individual to leave the premises lies only with the Captain or the supervising Sergeant acting on his behalf. The individual must then be delivered into the hands of a police officer without undue delay.

Security guards may use deadly force only in self-defense or in the defense of others. In the absence of the need for such defense, they may use only the non-deadly force reasonably necessary to detain the individual to be arrested.

Code of Conduct

Security officers are under contract to the Department of Human Services, and, as such, are expected to treat all employees, visitors and clients with courtesy and respect according to established guidelines. Any observed exceptions are to be reported immediately through the supervisory chain of command to the Captain or Sergeant in charge.

Additionally, security guards must never:

- Offer Program-related advice to clients (they should direct them to appropriate Program staff); or
- Touch clients, unless they demonstrate a clear and immediate threat of bodily harm, are being placed under citizen's arrest, or are being detained for metal detection.

Alarms

Alarm buttons are located at each interview station for employee protection. When it becomes apparent that a client's hostility will not be diffused by simple venting, the worker is required to seek security assistance by pressing the alarm button. If safe to do so, the worker should stand by his desk until help arrives, so as to better identify the source of the threat. However, the worker must leave the area once Security has responded and safety permits.

ALL MALFUNCTIONING ALARM BUTTONS ARE TO BE REPORTED TO THE SUPERVISOR SO THEY MAY BE SCHEDULED FOR IMMEDIATE REPAIR.

Red Dot/Yellow Dot Procedure

Background

In effort to provide a safe environment for both clients and employees, the Human Services Agency has developed a process to deal with violent incidents involving clients. The process is referred to as Red Dot/Yellow Dot, and it is designed to help flag new incidents of violence, as well as track existing ones. The Red Dot/Yellow Dot process is observed by all HSA programs that use CalSAWS; this helps ensure consistency on the implementation of the process, as well as consistency in client experience.

This guide provides guidelines for EWs and supervisors to help identify, flag, and engage clients known to the system, as previously involved in verbal and/or physical altercation. Staff should consult the Personnel Procedures for Violence in the Workplace for more comprehensive guidelines.

Definitions

Red Dot - signifies that the client has been involved in an incident of physical violence or attempted physical violence (e.g., the client has either physically attacked or attempted to attack a staff member, threatened to kill a staff person, or engaged in property destruction) and should be considered DANGEROUS.

Yellow Dot - signifies that the client has acted extremely inappropriately, in a disruptive, hostile and/or threatening manner and should therefore be handled with CAUTION by staff.

General Process for Reporting Red/Yellow Dots

1. Upon occurrence of incident, worker(s) involved will immediately inform their supervisor(s). Worker(s) will complete Red Dot Form using DocuSign. Any City employee, contractor or security personnel that witnessed the incident will also complete the Witness DocuSign statement form.
2. Red Dot form will be sent to the Unit Supervisor of the involved worker(s) for review via DocuSign. The unit Supervisor(s) will recommend a Red Dot or Yellow Dot designation and sign form, forwarding to the Section Manager for review and signature via DocuSign. Next signoffs are by Section Manager and then Program Manager/Director.
3. The Program Directors decision overrides all other recommendations. After final sign off, incident report is sent to entities in each ESSS program, Security, Distribution, and Investigations via DocuSign.

4. Upon receiving the completed Red Dot form via DocuSign with all signatures complete, the Program Director's designee will send a standard form letter (for Red Dot designees only) including the date of the incident, a brief synopsis of what occurred and information regarding how to make future appointments. The letter will be signed by the Program Director/s. The letter will be mailed to the client's current address in CalSAWS. If time is of the essence, the letter may be hand delivered to the client by security personnel in addition to being mailed.
5. After Director's approval, Director's designee will enter into client Red Dot/Yellow Dot information into CalSAWS and retain physical copies of Red Dot/Yellow Dot clients in binder. Clients will be designated Red Dot or Yellow Dot for a period of one calendar year. (Each program or building may have an additional process for notifying others in their program or building).
6. If a client is involved in additional incident(s), the standard reporting procedure using Form will be followed with additional flags in CalSAWS. Each flag will have its own 12 month expiration period.
7. If staff want additional information about the Red Dot/Yellow Dot, they can search the generic Outlook email account labeled "reddot@sfgov.org". In that folder, they can search client by name and look at the Red Dot and Witness Statement forms.
8. If staff schedule an appointment with a red dotted client, they should email Security at johnathn.weaks@aus.com with the client's name and appointment time. Security will stop the client at the entrance and escort them throughout the building.
9. When a Red Dot client returns to the building and is not accompanied by an approved authorized representative or security, the first employee who notices in CalSAWS that the client is red dotted should contact security immediately to have security accompany the client.

When Receiving Threat that Could Include Threatening Voicemail Message, Email, or Call'

1. Reports threat to supervisor.
2. Contacts the SFPD to report the voicemail message / phone call to receive instruction.
3. Reports voicemail / email message to Investigations (415-503-4823/ bunyan.johnson@sfgov.org). Complete Form via DocuSign, starting Red Dot process.
4. Next steps TBD per Investigations.

90-10: Servicing Clients with Disabilities (ADA)

(Revised as of 11/25/25)

HSA staff shall provide **reasonable** accommodation to those clients who have been assessed by Triage as having a physical or mental impairment that limits a major life activity and requires an accommodation to access HSA services.

Providing a client with reasonable accommodation is a service to meet the needs of the client during the CAAP eligibility process. The process of providing a reasonable accommodation should not adversely delay the determination of a client's eligibility for CAAP.

In order to be able to address the special needs of clients with ADA (**A**mericans with **D**isabilities **A**ct)-related disabilities, Form OCR 2 – 1235 HSA Invitation to Disclose is included in every Universal Screening Form (SAWS 1) packet. The Form OCR 2 –1235 HSA Invitation to Disclose invites the client to inform Reception/Service Counter staff of any disability that may interfere with the client's application(s) for CAAP and/or CalFresh. Copies of completed Form OCR 2 – 1235 HSA Invitation to Disclose are kept in Imaging to document the client's ADA-related disabilities.

Applicants (Intake) are given Form OCR 2 – 1235 HSA Invitation to Disclose with their intake packet. Intake Application Packet Form 2133 is given out by Reception.

ADA Accommodation Process

CAAP Eligibility Worker (EW)

All CAAP staff must document and track all ADA accommodations in CalSAWS. Each time a client meets with EW, worker should ask if the client needs accommodation. EW should refer to form OCR2-1235 HSA Invitation to Disclose to see what type of accommodation(s) the client is requesting.

How to Add ADA Accommodations in CalSAWS:

- The information regarding the accommodation must be entered in a *separate* journal and each entry must also specify what the EW did to accommodate the client.
- The tracking of the accommodation must be entered in Special Circumstances in CalSAWS . If the special circumstance is not list, use the Other option.
- The client may have more than one ADA accommodation. In these cases, the information/journal entry tracking for each accommodation must be entered separately. The case journal should specifically indicate what type of accommodation the client is requesting and what accommodations were provided.

Note: Refer to CalSAWS Job Aid "ADA Accommodations-View/Add ADA Accommodations."

Examples of ADA Accommodations:

ADA Accommodation	Not ADA Accommodation
Scheduling afternoon appointments due to client being drowsy in the mornings (medical condition)	Scheduling afternoon appointments because client does not like to wake up early

Accommodations with keeping appointments due to memory issues	Accommodations with keeping appointments due to scheduling conflicts
Assisting client in reading and completing forms because the client is dyslexic.	Assisting client in reading and completing forms because the client is illiterate
Providing an American Sign Language (ASL) Interpreter	Language needs –providing Spanish forms per client's request
Scheduling a home visit due to the client's broken leg	Language needs –providing the client with an Interpreter
Allow the client to stand during an Interview due to chronic back pains	Allow the client to stand because the client prefers standing (no physical/medical issue)
Providing breaks throughout an Interview due to the client's anxiety	Providing a break during interview for the client to get a drink of water

Documenting Changes to ADA Accommodations:

- If the client does not need assistance with their accommodation, the EW should case comment that assistance was offered but the client declined assistance at that time.
- If the client has an accommodation need on file, but the EW determines that the client doesn't have an ADA need, the EW should end date the accommodation need in CalSAWS.
    - This should always be documented in a journal entry. Example: The client indicates the need help filling out forms because of a language issue.
    - If the client has an ADA accommodation on file but their condition has improved and accommodation is no longer needed (example: client had a broken leg but has fully recovered), the EW should end date the accommodation and document in a journal entry.

If EW Cannot Accommodate Client:

- If unable to accommodate the client's need, the EW (at Intake and Carrying) shall:
    - Refer the client to an ADA Social Worker for assistance.
    - Document this in a CalSAWS journal.
    - Document what the need is in the CalSAWS Special Circumstances page.
- If the accommodation need is for an ADA Social Worker to accompany the interview, the EW should get social work assistance before calling the client for an interview.

ADA Social Worker

General Role:

ADA Social Workers are on-site to assist ADA clients with the initial screening process and subsequent services, as needed. ADA social workers can also help with “information and referral” requests such as housing, mental health or medical resources. Clients may disclose these referral requests on the OCR form.

Staff should not refer the client to the ADA Social Worker unless there’s a legitimate ADA-related issue. However, if a client requests the presence of an ADA Social Worker, then this request is sufficient to initiate a referral to the ADA Social Worker.

If the client answers “Yes” to any of the health screening questions for any service, the ADA social worker will coordinate with the CAAP Service Counter EW to serve the client. These clients should be waiting outside for assistance.

Hearing Disabilities Resource

To communicate with clients with hearing impairments, the California Relay Service (telephone #: 1-800-735-2922) can act as an intermediary for phone conversations with Text Telephone users.

American Sign Language

To request for an ASL interpreter, EW must contact the ADA Social Worker on-site.

Tips for Working with People with Disabilities

Do not be afraid to make a mistake when meeting and communicating with someone with a disability. Imagine how you would react if the roles were reversed. Treat adults as adults. Do not make assumptions about what a person can and cannot do. If you don’t know what to do, allow the person who has a disability to put you at ease. Feel free to ask the ADA Social Worker for help at any time.

Below are some tips to follow when communicating with people who have specific disabilities.

Hearing Impairment

Find out how this person can best communicate with you. Start by exchanging notes. Other methods include providing a sign language interpreter, moving to a quieter space, and lip reading. After making sure you have the attention of the person you are addressing, speak naturally, clearly and directly to that person, not to an interpreter or companion.

Visual Impairment

Identify yourself and any others with you. Ask what this person can and cannot see. Orient the person to the space being used. Ask whether any assistance is desired in moving to your work space. Speak in a normal tone of voice. Never pet or otherwise distract a guide dog unless the owner has given you permission.

Wheelchair User

Treat the wheelchair as you would the person's body. Do not touch. If speaking for a long time, sit down so you are on the same eye level.

Speech Impairment

Listen carefully. Try to use a space without other distracting sounds. Be patient. Give the person your undivided attention. Ask for repetition of what you did not understand. Paraphrase or repeat what you believe you understood. To obtain information quickly, ask short questions that require brief answers or a nod of the head. It is important to remember that speech impairment is not a cognitive problem.

Unusual/Difficult/Stressed Behavior

Acknowledge the difficulty of completing forms properly and the stress of the situation. Do not ignore the person's feelings. Let the person know that you are there to help. Use language that is concrete rather than abstract. Provide information gradually and clearly. Repeat information using different wording or a different communication approach. Be patient, flexible, and supportive. Be clear about what you can and cannot do for the client.

Disability Etiquette

- Do not deny service.
- Do provide reasonable accommodation.
- Only need to know the functional effect, not the disability.
- Put humanity of client first.
    - Do not say "He/She is a disabled person," say "The client is a person living with a disability".
    - Do not say "He/She is a homeless man/woman," say The client is experiencing homelessness".

90-11: Servicing Cases of Victims of Domestic Violence (DV)

(Revised as of 10/30/23)

The purpose of the CAAP Domestic Violence (DV) policy is to ensure that CAAP clients who declare that they are victims of DV are not placed in any further risk of abuse, are able to participate in all activities and requirements, to the full extent of their abilities, to gain employment and move towards self-sufficiency and are not unfairly penalized for not complying with program requirements due to their DV situation.

Definition of Domestic Violence

Domestic violence is between people in intimate relationships, such as current or former: husbands and wives, boyfriends and girlfriends, and gay and lesbian spouses or partners.

Domestic violence includes one or more of the following abusive behavior:

- Physical
- Sexual
- Psychological
- Economic Control
- Stalking
- Isolation
- Threats or other types of coercive behaviors within a domestic relationship

Verifications for Victims of Domestic Violence (DV)

Upon the client's self-identification as a DV victim, the client completes Form 2300, Client's Affidavit. By signing the Client's Affidavit, the client is attesting that they are a DV victim.

Client may also present additional documentation to support that they are a victim of DV, including but not limited to: police or hospital reports, court or medical records, documents from legal, religious or DV programs.

Upon the client's self-identification as a victim of DV, the worker shall make a notation in case comments regarding the client's DV status.

The County shall **never** contact the abuser to verify information, **unless** the client provides consent.

Confidentiality

Any identifying information pertaining to victims of DV or anyone who claims to be a victim of abuse shall be kept confidential. Information shall not be released to any outside parties or governmental agencies, unless the information is required by law to be disclosed, or unless there is a current written authorization by the client on file. To provide more privacy and ensure confidentiality for a DV interview, the worker shall offer to take the client to a private room. If there is no private room immediately available, the worker shall consult the Unit Supervisor.

The worker shall determine if the mailing address and phone number provided by the client are safe. If the address and phone number provided are not safe, the worker must allow the client to provide an alternate, safe mailing address and phone number.

- If the client is residing in one of the DV shelters, ask the client for a safe mailing address. If the client does not have one, use the DV shelter's business address (not the actual DV shelter address which is confidential) as the client's safe mailing address.

- If the client does not have a permanent safe mailing address, refer the client to the Safe-At-Home program. Safe at Home is California's confidentiality program administered by the California Secretary of State's office. The program, which provides a free post office box and mail forwarding service, is designed to help victims and survivors of domestic violence, stalking or sexual assault to start new lives in peace and to provide added protections to their overall safety plans. See

  http://www.sos.ca.gov/safeathome/ for participating agencies in SF.

Exemptions

Eligibility Exemption

At any time, the client may request exemption from any eligibility or program requirement, for as long as necessary, if participation would put the client or a family member at increased risk of abuse or unduly penalize the DV client. However, a DV client's physical presence as a resident in San Francisco must be established.

Eligibility exemption may be approved for a specific CAAP eligibility factor by the Section Manager, such as, but not limited to:

- Housing verification (Note: If it is verified that the client pays for the DV accommodation, the client is considered housed and eligible to maximum grant amount)
- Sponsor Support verification, if the sponsor is the abuser

Employability Exemption

An exemption from employability requirements based on DV issues shall be evaluated by Triage staff. See Triage staff Responsibilities below.

Verification of participation in DV services is required at every Renewal. Examples of DV services include DV counseling workshops. **Note:** Verified attendance at legal proceedings related to DV is considered good cause.

If the client does not submit acceptable verification of participation in DV services, the client will not be given an exemption for this activity. The worker will review with the client by phone or in person what other employment activities may be appropriate.

Client Responsibilities

It is the client's responsibility to comply with all program and eligibility requirements and activities, unless the client is exempted from employability requirements by Triage or an exemption to a specific eligibility requirement is approved by the Section Manager.

Worker Responsibilities

All clients shall be informed of the availability of exemptions, resources and referrals at the Intake appointment, Triage screening and Renewal.

The Form 2133B, Right and Responsibilities, issued at every Intake appointment and Renewal, informs the client of their right to CAAP eligibility information and access to DV services if the client is a victim of Domestic Violence.

If a client self-identifies to be a victim of DV, the worker shall:

- Request DV verification (e.g. self-declaration of DV, police or hospital reports, court or medical records, documentation from DV programs, etc.).
- Request client's written authorization to release information (Form 8014/8015), if applicable.

- Refer the client to Triage via Form 2139 indicating Domestic Violence as one of the reasons for the referral. Triage will make a determination on whether the client is exempt from employability requirements.
    - If Triage exempts the client from employability requirement, the client will be rated as #3 “Temporary Disabling Condition” (TDC), or as #4 “Disabling Condition 12 months or more”.
    - If Triage does not exempt the client from employability requirement, the client is rated employable.
- If the client is interested in DV services:
    - Refer the client to La Casa de las Madres, Bay Area Legal Aid, or other DV services found in the Bay Area Legal Aid’s “Are You in an Abusive Relationship?” brochure.
    - Assist the client in determining what DV services they may want or need. If necessary, assist the client in connecting with DV services.
    - If the client is rated employable, inform the client that a verified participation in DV services will be an acceptable substitute. Inform the client that the provider of DV services does not have to reveal any details on the kind of services provided or what was discussed.
- Check COSTS within two workdays from the date of referral to determine the outcome of the DV assessment by Triage.
- Complete all CalSAWS entries, as usual.
- Ensure and maintain client’s confidentiality.

Important Note: If a client fails their assigned work activities and states DV as a reason for the failure, whether or not the client declared to be a DV victim before, the worker must not take any negative action for the failure. If the client is disclosing DV for the first time, they should be sent back to Triage for reassessment. If the case has been discontinued, rescind the discontinuance and send the client to Triage for reassessment. Triage will determine if an exemption from employment is warranted.

Triage Staff Responsibilities

If the referral box for Domestic Violence is checked on the Form 2139 or the client discloses during the Triage assessment that they are a DV victim, Triage shall make a determination for exemption from employability requirement.

Triage staff shall indicate on the 2139 that the client is granted exemption and specify the time period for the duration of the exemption from employability requirement.

90-12: Clients with a Hazardous Health Condition

(Revised 10/30/23)

Clients who have a hazardous health condition who may pose a public threat may not be interviewed. Clients should be referred for immediate help at a clinic or with a health professional. (Workers must confer with their Section Manager before proceeding. This option should only be applied under exceptional circumstances.)

1. For Intake, pend the client and schedule a return appointment. For Carrying, re-schedule the client's appointment.
2. Refer the client to Tom Waddell Urban Health Clinic or ZSFG or with a health professional of the client's choice, and instruct the client to get verification that they have received the appropriate treatment. **Clients will not be seen without appropriate verification.**
3. If the client needs a ride to Tom Waddell Urban Health Clinic or ZSFG, the worker will contact MAP and arrange for the client to be picked up.
4. Once the client has received the consent of the medical professional that they can come back to the building, the client must present their verification to the worker that they are no longer contagious. **Under no circumstances will the client be admitted to the building without proper verification**.
5. For Intake, if the client is found to be eligible, their benefits will become effective on the original day they would have been eligible.

Div 91 Non Financial Eligibility

91-1: Introduction

A client’s eligibility for County Adult Assistance is dependent upon specific factors, as set forth in the CAAP Ordinance. Eligibility factors not related to a client's income and resources include:

- identification;
- Social Security number;
- vital statistics;
- citizenship;
- residence;
- student status;
- employability.

91-2: Identification

(Revised as of 7/21/25)

All clients must present permanent photo identification, unless they are exempted on the basis of having a verified catastrophic illness with a life expectancy of 6 months or less. Clients without acceptable permanent photo ID are required to obtain it as a condition of eligibility. In cases in which the applicant applied for a California Identification Card and obtained a DMV receipt on his own, or through a treatment facility, or did not use DHS as the return address when applying for an ID card and DHS provided the funds for the card, any CAAP benefits are limited to a maximum of 90 days of aid in any CAAP from the date the client signs Form 2119, Acknowledgment of CAAP Permanent ID 90-Days of Aid, unless and until permanent identification is submitted. For example, if a client has used up the 90 days in PAES, then applies for GA, they would not be eligible to another 90 days of aid.

Once the client has met the ID requirement (whether or not DHS is paying for it):

- No receipt is needed
- There is no 90-aided days time-limitation
- It should be noted in CalSAWS Journal that money to secure ID was given (only if the client received the one-time fee to secure ID from DHS)
- It should be noted with the appropriate Case Flag

DHS provides the money or assistance to secure DMV ID one time only. If the client asks for aid to secure ID but they have already received assistance or money to pay for it in the past, inform them that they are no longer eligible.

Acceptable Forms of Permanent Photo Identification

The acceptable forms of permanent photo identification include any of the following:

- California Department of Motor Vehicles (DMV) Driver's License or a valid driver's license from another state.
- California Department of Motor Vehicles (DMV) Identification Card (CID) or a valid identification card from another state.
- United States Passport or US Passport card provided that such Passport contains a photo taken of the applicant/recipient when they were at least 18 years of age.
- Immigration and Naturalization identification, Forms I-551 or I-151 ("Green" Card), or naturalization certificate, provided that such identification contains a photo of the applicant/recipient taken when they were at least 18 years of age and was taken within 10 years prior to the date of application of the applicant/recipient.
- A photocopy of any of the above forms of permanent ID made by any program in the Department and uploaded to Imaging.

Important points:

- The photocopy in Imaging is acceptable even if the actual ID has expired or is no longer in the client's possession.
- If the client is aided based on a suspected fraudulent permanent ID, initiate a FRED referral. If FRED confirms that the ID submitted by the client is fraudulent, discontinue the case for fraud and process the case for overpayment collection. If the client reapplies for CAAP, the client must present a valid ID before aid is granted.

If the client states that he lost his ID, pend the case for up to three work days to give the client an opportunity to bring valid documentation to establish identity.

Acceptable Forms of Temporary Identification

A client without permanent ID, who is otherwise eligible for assistance, and whose time limitation of 90 days—if applicable and has not yet expired—is eligible to receive CAAP:

- One (1) of the following types of current photo identification:
  - Bureau of Indian Affairs ID
  - Merchant Seaman's ID
  - Military ID
  - Bank ID
  - Prison or parole release papers
  - Department of Social Services ID from another state or county welfare jurisdiction
  - Any of the following INS-issued Amnesty/Employment Authorization cards: I-668, I-688A, I-688B
  - Any ID issued within the last three (3) years from an agency or organization with whom the individual was employed and that we can verify actually exists
  - San Francisco City ID

OR

- Two (2) of the following non-photo items of identification:
  - Certified copy of birth certificate with official stamp or seal
  - Receipt for a replacement (i.e., duplicate) California Driver's License or DMV ID
  - Naturalization papers issued when a child
  - Bank book or bank statement for an active account
  - Union or work card without picture
  - School ID or diploma without picture
  - Divorce certificate—certified copy
  - Local hospital or private medical plan card
  - Professional government license to practice a profession (e.g., cosmetology or medicine)
  - Medi-Cal card
  - Baptismal certificate – original
  - Wage stubs
  - Methadone ID
  - Social Security card
  - ID card from previous employment

- Referral letter on official stationery from a bona fide social service or legal aid agency attesting to the client's identity (Unit Supervisor approval required)

It is preferred that one of these items bears the signature of the applicant, which can be compared with documents they sign in the office.

Note: Do not refer applicants to Zuckerberg San Francisco General Hospital and the Trauma Center for the purpose of obtaining ID.

Important: For clients who lack primary documentation, the Eligibility Worker (EW) begins the primary documentation procedure immediately (see section **91-2.1: Birth Certificate** for procedure in initiating birth certificate request).

Department Assistance in Obtaining Permanent Photo Identification (CID)

CAAP shall assist clients lacking permanent proof of identity in obtaining California Department of Motor Vehicles (DMV) photo identification as follows:

- For clients without documentation necessary to obtain a DMV photo identification card (CID), CAAP shall attempt to obtain a birth certificate (or other documentation acceptable to DMV). The process of obtaining the birth certificate shall start during the intake process. A photocopy of the birth certificate or other DMV acceptable documentation shall be placed in the client's file.
- For clients who have the necessary documentation (such as their birth certificate) and the capacity to do so shall be required to apply for CID at the Department of Motor Vehicles. CAAP shall pay the cost or assist in obtaining the required DMV photo ID.

For clients receiving assistance in obtaining their DMV photo identification in order to meet the CAAP permanent ID requirement, the Form 2119, Acknowledgment of CAAP Permanent ID, shall be completed and signed.

Intake Procedures

Client Presents Acceptable ID

If the client presents acceptable permanent photo ID, the CAAP ID requirement is met. The worker must then:

1. Record the findings on the Form 2133, Statement of Facts.
2. Make a photocopy and send for scanning to Imaging.
3. Enter the type of ID in the system.
4. For applicants whose permanent ID has expired or will expire in six months, offer the one-time DMV funds/ assistance in obtaining a current CA DMV Identification Card if the client has not been issued ID assistance before.

Acceptable ID Already on File

If there is a previous record in Imaging, it must be checked to see if there is a copy of the client's permanent ID from any previous application. If a client previously submitted a valid permanent ID, then that's considered valid, and no new unexpired ID is necessary. The valid permanent ID could have been submitted for many years in the past, i.e. 2001. If a client submits a current, valid permanent ID, the current ID must be updated in Imaging. If a copy is in Imaging, the CAAP ID requirement is met. The worker will then:

1. Record the findings on the Statement of Facts.

2. Enter the type of ID in the system.
3. For applicants whose permanent ID was lost, stolen, damaged, expired or will expire in six months, offer the one-time DMV funds/assistance in obtaining a current CA DMV Identification Card if the client has not been issued ID assistance before.
4. For clients who need to pick up benefits at Distribution without a physical ID at the time of pickup (but whose identity can be verified in the system), the EW shall enter the "IDV" Classification Code in s journal entry to let Distribution know that the CAAP worker can attest to the client's identity.

No Acceptable ID Available

If a client does not present permanent ID and any previously existing case record is unavailable (e.g., lost or purged), the worker begins procedures to help the client secure an acceptable ID. For example, if the client does not have a birth certificate, the procedures to obtain one are followed. If the client has both the primary documentation and the SSN verification essential to securing a DMV ID, follow the procedure described in obtaining DMV ID. See section **91-2.2: CA DMV Identification Card.**

Note: If the client's DMV ID has expired within the previous year, they can obtain a new DMV ID without a birth certificate.

Carrying Procedure

All cases without any type of ID on file must be reviewed to determine the status of the ID process. The Eligibility Worker:

- Reviews the case to determine the status of acquisition of the appropriate ID.
- Provides required assistance in obtaining primary documentation and the DMV ID.
- Follow through with the CA DMV ID acquisition process:
    - Follow up with the birth certificate request
    - Issue DMV fee or assistance upon receipt of the birth certificate
- Follow through with the time limitation for clients who were given 90-aided day time frame to submit a DMV ID.
- For clients whose permanent ID has expired or will expire in six months, offer the one-time DMV funds/ assistance in obtaining a current CA DMV Identification Card if the client has not been issued ID assistance before.
- Discontinue the client for not complying with the permanent ID requirement.

91-2.1: Birth Certificate

(Revised as of 12/20/24)

For clients without documentation necessary to obtain a DMV photo identification card (CID), CAAP shall attempt to obtain a birth certificate (or other documentation acceptable to DMV). This section provides procedures for securing birth certificates as well as providing follow-up for both receipt and non-receipt of the requested documentation.

Initiating the Birth Certificate Request

Although a request for birth certificate may be initiated at any time, the process is usually begun at the Intake appointment, Approval, or Renewal.

If birth occurred in San Francisco:

1. Complete Form SF VS 111, "Applicant" section only, in duplicate. Add worker number, case number to the top right hand corner of the form.
2. Forward the original to the unit clerk for processing. Do not attach instructional sheet.
3. Upload a copy to Imaging.

If birth occurred in California – Outside San Francisco

1. Complete page 1 of Form VS 111, Application for Certified Copy of Birth Record, in duplicate.
2. File a copy of the form VS 111 in Imaging and submit the original to clerical staff, who will:

- Complete Form 4028, Request for Check in duplicate. The clerical staff makes the following entries:
    - Payable to: - Enter California Office of State Registrar.
    - Enter case name.
    - For: Enter “ID”.
    - Enter date.
    - Amount: Left blank.
    - Enter case number.
    - Type of Aid – Enter PAES, SSIP or GA
    - Secure the signature of the Eligibility Worker.
    - Enter the Worker number.
- Complete Sworn Statement (page 3 of VS 111) and have notarized by CAAP notary.
- Prepare a mailing envelope, addressed to:

    Office of State Registrar
    410 “N” Street
    Sacramento, CA 95814
- Prepare a return envelope.

- Assemble the following materials:
  - copy of the VS 111
  - original copy of notarized Sworn Statement
  - 2 copies of Form 4028
  - Mailing envelope
  - Return envelope
- Forward above packet to:

  Cashiers Office, C12

  1650 Mission, 2nd floor

If the birth occurred outside California

Some states require birth certificate requests to be notarized. A special procedure for clerical staff has been developed to address this requirement. The worker will proceed as follows:

- Complete appropriate State-specific Request form in duplicate. See the Birth Certificate Binder or DHS Intranet, to obtain the State-specific Request form. Read the instructions carefully on what is required to complete the Birth Certificate form. Follow the instructions as indicated (this may require a client signature and/or an attachment of a signed release by the client).
- Upload a copy of the State-specific Request form to Imaging and submit the original to the Clerical Unit, who will:
  - Consult Birth Certificate information on the intranet to determine if notarized sworn statement (Form 2103) or request letter is required, and to determine the appropriate state fee. The clerical staff prepares the required information.
  - Complete Form 4028, Request for Check in duplicate. The clerical staff makes the following entries:
    - Payable to: - Consult Vital Statistics Offices for appropriate name of Out-of-State Vital Statistics Bureaus.
    - Enter case name.
    - For: Enter “ID”.
    - Enter date.
    - Amount: Enter appropriate state fee.
    - Enter case number.
    - Type of Aid – Enter PAES, SSIP or GA
    - Secure the signature of the Eligibility Worker.
    - Enter the Worker number.
  - Prepare a mailing envelope, addressed to:
    - Consult the list of Vital Statistics Offices for appropriate name of address of Out-of-State Vital Statistics Bureaus.
  - Prepare a return envelope.

- Assemble the following materials:
  - Return envelope
  - Mailing envelope
  - 2 copies of Form 4028
  - 1 copy of the State-specific Request form
- Forward above packet to:

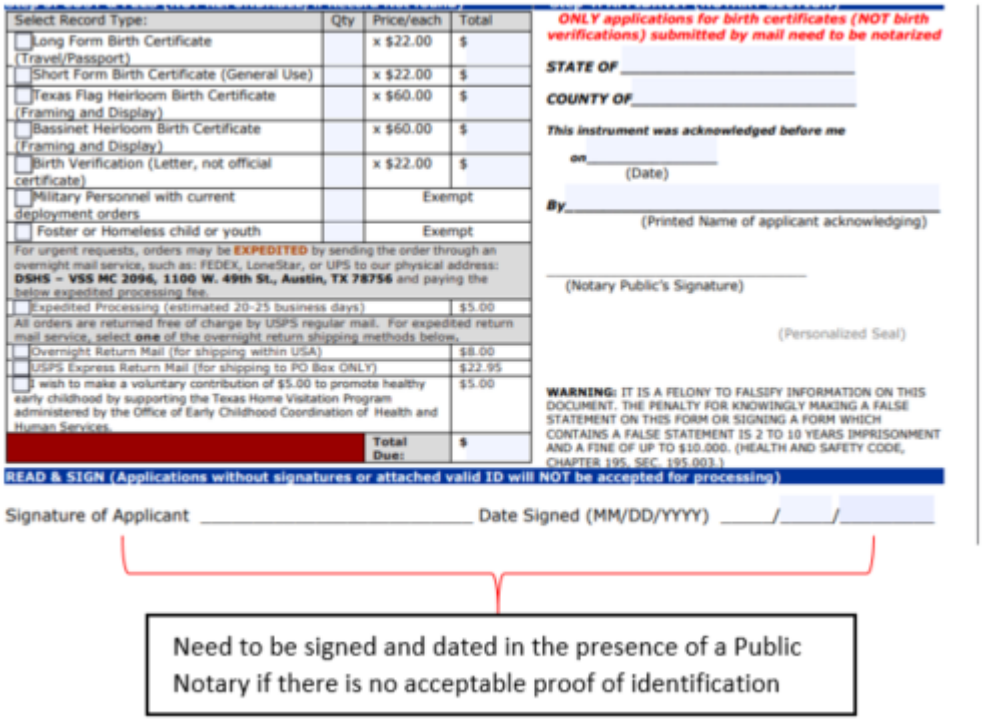
  Cashiers Office, C12

  1650 Mission, 2nd floor

Birth Certificate requiring Notarization

For a Birth Certificate application form that requires notary **AND** the client does not have acceptable proof of identification, DO NOT ask the client to sign the application yet. The client must sign and date the application form in the presence of a Public Notary.

Example: Texas BC Application



Select Record Type:	Qty	Price/each	Total
☐ Long Form Birth Certificate (Travel/Passport)		x $22.00	$
☐ Short Form Birth Certificate (General Use)		x $22.00	$
☐ Texas Flag Heirloom Birth Certificate (Framing and Display)		x $60.00	$
☐ Bassinet Heirloom Birth Certificate (Framing and Display)		x $60.00	$
☐ Birth Verification (Letter, not official certificate)		x $22.00	$
☐ Military Personnel with current deployment orders		Exempt	
☐ Foster or Homeless child or youth		Exempt	
For urgent requests, orders may be **EXPEDITED** by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to our physical address: **DSHS – VSS MC 2096, 1100 W. 49th St., Austin, TX 78756** and paying the below expedited processing fee.			
☐ Expedited Processing (estimated 20-25 business days)			$5.00
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select **one** of the overnight return shipping methods below.			
☐ Overnight Return Mail (for shipping within USA)			$8.00
☐ USPS Express Return Mail (for shipping to PO Box ONLY)			$22.95
☐ I wish to make a voluntary contribution of $5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.			$5.00
		Total Due:	$

ONLY applications for birth certificates (NOT birth verifications) submitted by mail need to be notarized

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me

on _____ (Date)

By _____ (Printed Name of applicant acknowledging)

_____ (Notary Public's Signature)

(Personalized Seal)

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ____/____/_____

Need to be signed and dated in the presence of a Public Notary if there is no acceptable proof of identification

The worker will schedule a notary appointment. The worker will enter the state of origin and the purpose of notary.

The following must be present during the notary appointment:

- Client
- Unsigned Birth Certificate application form
- The worker with a valid Identification, will serve as a credible witness

- Valid/supplemental Identification documents

If the birth occurred in the state of South Carolina

The worker shall assist the client to obtain South Carolina birth certificate as follows:

- Worker shall schedule an appointment with the client to order the birth certificate online together.

  NOTE: During an Intake appointment a worker can assist the client to order birth certificate at Approval.

- Worker will email the Principal Clerk, that the debit card information is needed to order a South Carolina birth certificate along with appointment time as soon as possible.
- To ensure a swift birth certificate order transaction, worker should remind client to have required information available at appointment:
  - First, middle, last name
  - DOB
  - City of birth
  - Parent's first, middle, last name
  - Were parents married when born
- When client arrives, worker will e-mail the Principal Clerk to have the debit card information released to the worker in person.
- Worker and client should go to web site www.vitalchek.com, and follow the step-by-step instruction carefully from the site to order client's birth certificate. If needed, worker should explain the process to client.
  - **Important: Select "My Birth Certificate" when ordering, select "Housing" as reason for request, and use "Regular Mail" as Shipping Method.**
- Verify address before proceeding to check out and enter debit card information as payment.
- Once birth certificate order is placed, worker should receive an Order Confirmation email with the Estimated Processing time along with login information for receipt.
- Send the order confirmation to Imaging.

Clerical staff will notify the assigned EW when the birth certificate has been received.

If the birth occurred abroad (outside the U.S.)

Refer to the list of State Vital Statistics Offices (look under "Americans Born Overseas") and allow the client 90 days if any of the conditions below are not met (a follow-up appointment in 90 days must be scheduled):

- If U.S. citizenship cannot be confirmed by SSA.
- If the client cannot meet CAAP ID requirements.

Additional Tools for a Successful Birth Certificate Request

If the information provided by the client is questionable and/or appears that it may result in an unsuccessful response, the following avenues may be pursued:

- Inquire about the client's family's situation at the time of his birth. For example, inquire whether:
  - Parents were married/unmarried at the time of birth,
  - Client was adopted,
  - There has been a name change since birth.
- Always ask whether the client was born in a hospital or medical facility. If not, be sure to ask whether the client has knowledge if a birth registration was recorded.

Note: Many African-Americans born prior to 1965 were denied admittance to medical facilities by the following States: Alabama, Arkansas, Georgia, Louisiana, Mississippi, and Texas, and may not have a registered birth.

Refusal to Cooperate in Birth Certificate Procedure

Any client who refuses to provide sufficient information for DHS to obtain a birth certificate must be denied or discontinued. This assumes there was no good cause or capacity factors involved in the client's refusal. Upon reapplication for any of the CAAP programs, the client must provide the appropriate information or actual ID. The worker should use denial/discontinuance reason/s, Failure to Report or Supply Evidence of Facts or Lacking Temporary I.D., including the specific reason(s) for the adverse action.

Handling Responses to Birth Certificate Requests

All birth certificates or returned requests for birth certificates that are received at the CAAP Office are forwarded to the CAAP Principal Clerk. These are forwarded to the assigned clerical staff who takes one of the following actions below.

Birth Certificate Received

For ACTIVE cases, the assigned clerical staff will:

- Create a task to the EW once the document is imaged to inform them that the birth certificate has been received. (The EW will contact the client to come in to provide the fee or assistance in obtaining the DMV ID.)

For CLOSED cases, the assigned clerical staff will:

- Upload a copy of the birth certificate to Imaging.

Note: The clerical staff will keep the original copy of the birth certificate in a designated file cabinet for safekeeping.

Birth Certificate Request Returned – *No Record Found*

If a request for a birth certificate is returned with the statement NO RECORD FOUND, the EW discontinues the case, as long as there are no good cause factors involved. The EW must discontinue the case, indicating the specific reason(s) for the adverse action (Failure to Report or Supply Evidence of Facts).

- If the case is closed, the EW forwards the returned request to the assigned unit clerk for filing for closed cases.
- If the client reapplies for aid, the EW informs them that the earlier request was returned, NO RECORD FOUND. The new application is denied, and including the specific reason(s) for the adverse action (Failure to Report or Supply Evidence of Facts). The client may reapply only upon presentation of acceptable permanent ID or primary documentation. If primary documentation is presented, the procedure in how to secure DMV ID is implemented.

Birth Certificate Requested – No Return After 90 Days

If a response to a request for a birth certificate is not received after 90 days, a second request for a birth certificate must be submitted – clearly marked “Second Request.”

If it has been over 90 days since the second birth certificate request, this should be brought to the attention of the unit supervisor, who will then call the issuing agency.

Failure in Obtaining Birth Certificate

Whenever the client's birth certificate cannot be obtained through no fault of the client, they may be exempted from complying with the ID requirement. For this population, temporary IDs will continue to be issued, as needed.

If several attempts have been made and these have failed to produce a birth certificate, the worker must inform the supervisor. The supervisor will inform and consult with Program Manager and Program Director to decide upon further steps to be taken.

91-2.2: CA DMV Identification Card

(Revised as of 10/30/23)

For clients who have the necessary documentation (such as their birth certificate) and the capacity to do so shall be required to apply for CID at the Department of Motor Vehicles. CAAP shall pay the cost or assist in obtaining the required DMV photo ID.

Once DMV-acceptable primary documentation is available and the client requests a DMV ID and DHS has never paid or assisted for one before, the Worker shall process a one-time payment or assistance to secure the client's DMV ID.

This one-time payment or assistance is available to a client who either:

- needs a DMV ID card (last ID lost, stolen, damaged or expired), whether or not a copy of a previous acceptable permanent photo ID is on file; OR
- has other acceptable, permanent ID, but cannot use it for cashing checks.

This one-time payment or assistance is available to anyone who has not previously received such payment or assistance, including those who have other acceptable permanent ID.

This payment or assistance does not count against the client's grant. However, if the client did not provide a receipt, a negative action will be taken, and they will not be able to receive a DMV payment or assistance again in the future. Make an entry in the system to reflect that the DMV payment or assistance has been issued to the client. **Clients who have permanent ID on file but request this one-time assistance are exempt from presenting a receipt as proof of application and the "90 days of aid" rule.**

Exception: Any client who did not submit to the CAAP Worker a DMV ID, nor ask for the DMV ID payment or assistance assistance within the 90-day-ID requirement period, must present the ID or acceptable primary documentation in order to establish eligibility for assistance.

Such payment or assistance will not be made again, even when the ID is lost, stolen, damaged or expired, or when the client fails to pickup their DMV check. (Exception: If a client's name has changed and/or their appearance has been altered significantly so as to make proper identification with the current ID card impossible, an additional ID application payment or assistance may be issued, with the unit supervisor's approval.)

The client and the Worker both sign Form 2119, Acknowledgment of CAAP Permanent ID 90-Days of Aid. In cases in which the client applies for a DMV ID on their own, the Worker indicates the end of the 90-day time limit for securing permanent ID. The original Form 2119 is given to the client; the copy is sent to Imaging.

Examples:

New applicants who are subject to a 90 day ID requirement: the beginning date of the 90 day clock is the date when the DMV receipt is presented to the Intake Worker. On the Form 2119, the client will have received "0" (zero) days of aid.

Re-applicants whose 90 day clock has been started: the date of aid will include any PE period served by the client (if the client received any PE benefits). Some research will be required to determine the accurate balance of the remaining days of aid for which the client is eligible.

DMV-Acceptable Primary Documentation

The following documents will be accepted by DMV as primary documentation for securing DMV ID:

- Certified copy of a U.S. (or U.S.-territory) birth certificate; or
- Proof of Indian Blood Degree, issued by U.S. Bureau of Indian Affairs, Department of Interior; or
- U.S. Certificate of Birth Abroad or a Report of Birth Abroad (DS-1350, FS-545 or FS-240); or
- U.S., U.S.-territory, or Canadian Passport – expired or unexpired; or

- Original or certified copy of Superior Court (not hospital) "Affidavit of Birth;" or
- Any of the following U.S. Military Identification: DD-214 (normal discharge papers), DD-2, DD-1173, DD-1934, A-447, AF-447, MC-447, N-447; or
- Certification from California Department of Corrections (CDC) or California Youth Authority (CYA) on CDC or CYA letterhead; or
- Any of the following Immigration and Naturalization Service (INS) documents:
    - Certificate of Naturalization (N-550, N-570, N-578);
    - Certificate of Citizenship (N-560, N-561, N-645);
    - U.S. Identification Card (I-179, I-197);
    - Temporary Identification Card (I-168);
    - Record of Arrival and Departure (I-94), only when:
        - Stamped "Refugee" or "Parolee;" or
        - Included in a valid Foreign Passport; or
        - Presented with a Certificate of Identity, or a Mexican Border Crossing Card (I-186 or I-586);
    - Employment Authorization Card (I-688A, I-688B, I-766);
    - Resident Alien Card (I-151, I-551, AR-3, AR-3A, AR-103);
    - I-185, I-327, I-571, any I-797 (i.e., A, B, etc.); or
- DMV printout verifying prior issuance of ID card.

The Worker must sight-verify that the document is an original or stamped certified copy. (Photocopies will not be accepted by DMV). The Worker then makes a photocopy of the document for scanning in Imaging.

Important: If the original birth certificate is on file with the assigned CAAP clerical staff, it must not be given to the client until they have a Social Security number verification that is acceptable to DMV.

Social Security Number Verification for DMV

DMV requires a Social Security number before it will issue an ID. The client must be told that they need to provide their number when the apply for their DMV ID.

Referral to DMV (DMV Form DL 933 and DL 937)

CAAP applicants and recipients who request assistance in obtaining DMV ID may be eligible to get the reduced fee or free DMV ID **one time only**.

- Form DL 933 (No Fee Identification Card Eligibility Verification): Issued to homeless clients who request CID and are eligible for the one-time assistance.
- Form DL 937 (Reduced Fee Identification Card Eligibility Verification): Issued to housed clients who request CID and are eligible for the one-time DMV fee.

The issuance of Forms DL 933 and DL 937 are controlled with a unique serial number and printed on security paper. Each Unit Supervisor maintains and controls the issuance of the forms to the workers in their unit.

The worker must complete the forms in their entirety; forms must be signed and dated by both the client and the worker. The original copy is given to the client to take to DMV. The worker must photocopy the form for scanning in Imaging.

DMV Form DL 933

Worker Responsibility

- Completes Form DL 933, No Fee Identification Card Eligibility Verification;
- At the Intake appointment: instruct the client to return with a DMV receipt at the time of Approval via Form 2129.
- In Carrying: completes a Form 2191, CAAP Appointment Letter, instructing the client to bring in the DMV receipt in 5 work days.

Note: When the DHS return address is used, but DMV does not send the ID to DHS, the worker will instruct the client to obtain verification from DMV that the ID is being processed.

DMV Form DL 937

Worker Responsibility

- Completes Form DL 937, Verification for Reduced Fee Identification Card;
- Completes Form 2315, Request for Check –DMV I.D. Card Fee and makes one copy for Imaging and one for the client;
- Delivers the Form DL 937 and 3-part NCR Form 2315 to Distribution;
- If client has no other physical ID at the time of the DMV check and letter pick up, the EW shall enter the "IDV" Classification Code in CalSAWS journal entry to let Distribution know that the CAAP worker can attest to the client's identity
- At the Intake appointment instruct the client to return with a DMV receipt at the time of Approval via Form 2129.
- In Carrying: completes a Form 2191, CAAP Appointment Letter, instructing the client to bring in the DMV receipt in 5 work days.

Note:

When the DHS return address is used, and the check for the DMV reduced-fee ID card has been issued, but DMV does not send the ID to DHS, the worker will instruct the client to obtain verification from DMV that the ID is being processed.

Distribution Responsibility

- Prepares an Emergency Check (EC);
- Staples the EC to the original copy of the Form 2315 and attaches Form DL 937 to Approval packet to be issued to the client;
- Annotates the EC number on both copies of the Form 2315 and retains one copy for their own files and sends the second copy to the CAAP unit for i-files.

Client Responsibility

- Waits at Distribution for the release of the check, Form 2315 and Form DL 937;
- Takes the check, Form 2315, and Form DL 937 to DMV; and

- Requests theDMV to mail the ID to the CAAP Program (P. O. Box 7988, SF, CA 94120).

Important: Even if the client fails to pick up their check, it is considered issued and they will no longer be eligible for another DMV fee issuance.

DMV Receipt Returned

When the client returns with a DMV ID Application Receipt, either at Approval or the appointment specified on Form 2191, the worker will:

- Make a photocopy and send for scanning to Imaging;
- Check the address on the DMV receipt. If the address on the receipt is not that of the Department's, then the 90-days-of-aid limit must be applied.

DMV Receipt NOT Returned by Client

If the client fails to return at the scheduled appointment time with the DMV receipt, the worker shall deny/ discontinue the case for Failure to Cooperate in Obtaining Photo ID. There is no sanction for this discontinuance.

Note: Do not deny or discontinue the case if the client has already met the primary photo-ID requirement (e.g. the worker is assisting the client to secure their DMV ID because they presented an expired out-of-state ID).

If the client who failed to provide a required DMV receipt re-applies, they must present either:

- An acceptable permanent ID; or
- The DMV receipt; or
- The DMV printout verifying application for the ID card.

If the client reapplies and presents the DMV receipt or DMV printout, have the client sign a new Form 2119 indicating the concluding date of the 90-days-of-aid time limit.

Handling Received DMV ID Cards

All DHS-requested Identification Cards that are mailed to the CAAP office are directed to the assigned CAAP clerical staff who:

- Maintains a list (in the "O" drive) of all clients whose ID cards were received ;
- Checks CalSAWS for case status; and
    - For ACTIVE cases: keep the ID in a file cabinet until the EW requests for the ID to give to the client.
    - For CLOSED cases: keep the ID in a file cabinet for safekeeping until the client reapplies.
- Upon EW's request, gives the original ID to the EW and makes a copy of the ID for the client to sign as a receipt of the ID.

The EW gives the original ID to the client and returns the signed copy (by the client) to the assigned clerical staff for record keeping.

Note: Refer all calls for ID cards from clients whose cases are closed to the CAAP Principal Clerk.

Conflicting Information

In situations when the client provides a birth certificate, but the name on the birth certificate does not match the name the client is using in their application, the worker shall:

- Request documentation that will establish the linkage between the client's two names.

- If documentation is available, request for the client's birth certificate and approve the case. Upon receipt of the birth certificate, the client will be instructed to apply for CID with the BC and the documentation linking the client's two names.
- If documentation is not available, request for a Program Director's exemption with the Section Manager's recommendation only if the following criteria are met:
    - The client has a current photo ID under the new name
    - The client has a valid Social Security number under the new name

91-2.4: Sexual Orientation and Gender Identity (SOGI)

(Revised as of 10/30/23)

City and County of San Francisco

In 2017, San Francisco began the practice of collecting sexual orientation and sexual identity (SOGI) data across six City departments that provide direct services to the community: Department of Public Health, Department of Aging and Adult Services, and Department of Human Services, among others. SOGI data collection efforts are an important step in evaluating how the City can better serve the needs of lesbian, gay, bisexual and transgender (LGBTQ) San Franciscans.

Complementary to SOGI, in October 2018, San Francisco's Mayor gave an executive directive for all departments in San Francisco to recognize, expand and reaffirm inclusive gender identities in the way that they collect demographic information during administrative and service functions, among others. This "Gender Inclusivity" directive specifically asked departments to expand gender and gender identifiers in all forms and applications.

Human Services Agency

Based on the directives introduced above, San Francisco Benefits Net (SFBN) now provides clients with form CW 2223 (see screenshot below for copy of form). This form is a required part of the application process for CalFresh and MediCal and poses questions regarding gender identity, gender assigned at birth, and sexual orientation that are optional for the clients to answer.

The data points being gathered are: Gender Identity (Female, Male, Transgender female, Transgender male, Non-binary, Another gender identity, Declined to state); Sex listed on original birth certificate (Male, Female, Declined to state); and Sexual Orientation (Straight or Heterosexual, Gay or lesbian; Bisexual, Queer, Another sexual orientation, Unknown, Declined to state). Please, refer to the end of section for definitions on the above listed terms.

This information regarding gender identity, gender assigned at birth and sexual orientation will be captured using the Individual Demographics sectin in CalSAWS. Keep in mind that the SOGI information in the Individual Demographics Detail section of CalSAWS is independent from other sections in CalSAWS, and may not align with corresponding information in MEDS.

DEMOGRAPHIC QUESTIONNAIRE FOR CALWORKS, REFUGEE CASH ASSISTANCE (RCA), ENTRANCE CASH ASSISTANCE (ECA), TRAFFICKING AND CRIME VICTIMS ASSISTANCE PROGRAM (TCVAP) AND CALFRESH PROGRAMS

Legal Name:	Case Number:

(Optional) Preferred Name and Pronoun(s):

The following personal information is optional and confidential. It is asked to make sure that benefits are given without regard to sexual orientation or gender identity. Your answers will not affect your eligibility or benefit amount. The law says the county must ask your sexual orientation and gender identity, but you are not required to answer. Your name and case number are only used to be sure the county asked you the questions. The county will only use this information for civil rights statistical purposes. You can ask the county for another form to change your responses at any time.

☐ Check this box if you do not want to give the county information about your sexual orientation or gender identity. You can also select "decline to state" on each of the questions below.

1. **OPTIONAL:** What is your gender identity? Please check one that best describes your gender identity:
   - ☐ **Female** (assigned female at birth and identify as female)
   - ☐ **Male** (assigned male at birth and identify as male)
   - ☐ **Transgender female** (assigned male at birth and identify as female)
   - ☐ **Transgender male** (assigned female at birth and identify as male)
   - ☐ **Non-binary** (neither, both or a combination of male or female)
   - ☐ **Another gender identity**
   - ☐ **Decline to state**

2. **OPTIONAL:** What sex was listed on your original birth certificate? Please check one:
   ☐ **Female** ☐ **Male** ☐ **Decline to state**

3. **OPTIONAL:** What is your sexual orientation? Please check one that best describes your sexual orientation:
   - ☐ **Straight or heterosexual** (attracted to people with the opposite gender)
   - ☐ **Gay or lesbian** (attracted to people with the same gender)
   - ☐ **Bisexual** (attracted to people with both the same and different genders)
   - ☐ **Queer** (do not identify with straight/heterosexual, gay/lesbian or bisexual)
   - ☐ **Another sexual orientation**
   - ☐ **Unknown**
   - ☐ **Decline to state**

CW 2223 (9/18) Required Form - No Substitute Permitted Page 1 of 1

CAAP EW Responsibility

In order to expand gender and gender identifiers options for clients, CAAP removed the "female" and "male" boxes from the question related to gender in its application and now allows clients to write out their gender.

Form CW2223: CAAP EWs do **not** have to include form CW2223 as part of the CAAP application or renewal process. SFBN will provide clients with this form, and if needed, CAAP EWs will be able to check the information contained in this form through i-files. If there is no CW 2223 on file, CAAP EW does **not** have to provide one to the client.

Individual Demographics section: In terms of documenting gender, the main responsibility of the CAAP EW is to identify and record any updates to the client's demographic information and to identify and record any conflicting information or discrepancy, if any. The CAAP EW **must** update the Individual Demograhics section and make appropriate journal entry during the client's application and/or re-evaluation process.

Documented Legal Change

During the intake process and/or during re-evaluation a client may report to an eligibility worker that their gender is different on a CAAP application or renewal than what is in CalSAWS. If the gender change is a legal change, follow these steps in order.

1. The client must report the change to SSA via form MC194 or provide the CAAP EW with relevant court documentation verifying this change.
    a. **Intake Section:** If client is not able to provide supportive documentation of this legal change, pend case for three (3) work days.
2. Upon receipt of verification, a request for change must be done through the MEDS Unit (38Secure). The request must be substantiated by a court paper. Prior to the State changing the MEDS record, they will verify if SSA had changed the client's gender on their record so it is crucial that the client does step #1 first.
3. An index clearance change must be initiated as a separate process.
4. Enter the new reported demographic information in the Individual Demographics section.
5. Journal as appropriate.

Not a Legal Change

During the intake process and/or during re-evaluation, a client may report to an eligibility worker that their gender is different on a CAAP application or renewal than what is in CalSAWS. If the gender change is not a legal change, follow these steps in order.

1. Address the client by the preferred name indicated in the application, even if the gender change is not legal.
2. Do not request an index clearance.
3. Enter the new reported demographic information in the Individual Demographics section.
4. Journal as appropriate.

Example: Erica Kane is at CAAP for a reinvestigation appointment. Erica Kane wrote out 'transgender male to female' in CAAP's 2133R form. Client's case number in CalSAWS is showing up as male and under Michael Jackson. Since there was no documented legal change, EW will note recently disclosed gender identity in the Individual Demographics section, will refer to client using preferred name and pronoun, and will not request an index clearance.

***Note: If a situation arises that is not addressed in the procedure explained above, please, consult with a supervisor or section manager to determine next steps.**

Definitions

Sex / Sex Assigned at Birth: The classification of a person as male or female. At birth, infants are assigned a sex, usually based on the appearance of their anatomy, i.e. what is written on the birth certificate. However, sex is a combination of bodily characteristics, including chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics. Generally, we are expected to identify with the gender and gender expectations that are associated with the sex assigned at birth. For transgender, gender non-conforming and non-binary individuals, being asked one's sex or sex assigned at birth can be invasive. Sex assigned at birth is unnecessary information for providing services.

Gender Identity: A person's internal, deeply held sense of their gender. For transgender people, the internal gender identity does not match the sex assigned at birth. Many people have a gender identity of man or woman (or boy or girl); others have gender identities that do not fit neatly into one of those two choices (see non-binary and/or genderqueer below.) Unlike gender expression (see below), gender identity is not visible to others.

Gender Expression: External manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics. Society identifies these cues as masculine or feminine, although what is considered masculine or feminine changes over time and varies by culture.

Sexual Orientation: A person's enduring physical, romantic, and/or emotional attraction to another person. Gender identity and sexual orientation are not the same. Transgender people may be straight, lesbian, gay, bisexual, or queer.

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms, including transgender or trans. While some trans people use hormonal therapy and/or surgeries to feel affirmed in their gender identity, not all trans people can or will take those steps. Transgender identity is not dependent upon physical appearance and/or medical procedures.

Trans Female: A narrowing from the umbrella term ‘transgender’ used to describe individuals who are trans and express and/or identify with being female, woman, and/or femme. For example, someone who identifies as female or a woman and was assigned male at birth. Another commonly used term is trans woman.

Trans Male: Individuals who are transgender and express and/or identify as male, man, and/or masculine. For example, someone who identifies as male or a man and was assigned female at birth. Another commonly used term is trans man.

Genderqueer and/or Gender Non-binary: Describes people who experience their gender identity and/or gender expression as falling outside or beyond the categories of man and woman. They may define their gender as falling somewhere in between man and woman, as a combination of masculinity and femininity, or as beyond the concepts of woman and man.

91-3: Social Security Number Requirement

(Revised as of 10/30/23)

As a condition of eligibility, each applicant or recipient shall either furnish a Social Security number or cooperate in securing one by applying directly to a Social Security office. An applicant/recipient is ineligible for aid if he refuses to cooperate in securing an SSN or in resolving any discrepancies regarding SSN's.

Acceptable Verification of Social Security Numbers at Intake

Although it is San Francisco County policy that the preferred means of verifying an SSN is for the worker to personally view the card and make a copy for the case record, the applicant may be aided if they provide the Intake worker with a verbal and/or written number that is verified by a phone call to SSA 800-772-1213 (Valencia St. Office) or 866-964-5051 (7th St. Office). Worker must narrate this conversation/confirmation, including the name and phone number of the SSA personnel who verified the information.

A worker may also verify Social Security numbers with verification codes of **"W"** or **"A"** in MEDS are acceptable verification for all clients. MC 194 is not required.

When to Refer to the Social Security Administration

Referral to SSA (via MC 194) must be made in any of the following circumstances:

- The client does not have SSA number.
- The client does not remember their Social Security number.
- The Social Security number has been reported as invalidated by MEDS.
- Whenever a client produces a letter from SSA that does not include their SSN.
- A client who lacks a verifiable Social Security number at the time of their Intake appointment is referred to SSA even if they have two acceptable pieces of Temporary ID.

SSA Referral Procedure

The following explains regulations and procedures regarding the use of Form MC 194, Social Security Administration Referral Notice.

Purpose

Form MC 194 is used to:

- Request SSA to correct SSN data discrepancies relating to the client.
- Request an original SS card.
- Request a duplicate SS card.
- Verify that the client has met their obligation of going to SSA. To document compliance with this requirement, SSA will return the completed MC 194 to the client to return to his worker.

Important: Since SSA may have to issue an original SSN, the worker must instruct the client who is referred to SSA to take their permanent identification with them.

Completing the MC 194

The MC 194 Section I must be completely filled out by the worker has follows:

1. Part A: Use the SFDHS address stamp or write out the address in full. Include your worker number.
2. Part B: Print the address of the SSA branch office assigned according to the client's ZIP code. Refer to section 99-5: San Francisco Social Security Offices
3. Part C: Check the appropriate box for the required service.
4. Part D: Enter:
    - Name of applicant/recipient;
    - Birth date of applicant/recipient;
    - Sex (male or female);
    - The case number.
5. Part E: Enter the worker name, worker number and telephone number, and the date the form was completed.

MC 194 Disbursement

Once the form is completed,

1. Send the original (white copy) to Imaging;
2. Give (or mail, if necessary) the second (yellow) copy to the client to take to the SSA office, with instructions as to how the stamped form must be returned. Tell the client to contact the current worker immediately upon receipt of the SS card.

Information Supplied by SSA

Information on a returned Form MC 194 may indicate any of the following:

- The client's SSN is valid; however, SSA's records will have to be updated to reflect a change; or
- The client has been using the wrong SSN and SSA will issue a duplicate card with the correct SSN; or
- An original SSN will have to be issued.

Telephone Matches

SSA will provide limited telephone verification of Social Security numbers only under specific circumstances.

When to Request SSN Verification by Telephone

SSA must be telephoned for SSN verification whenever either of the following two situations occurs:

- The client provides a number and/or a Social Security card, but no other acceptable identification.
- The client presents a card which is doubtful or suspicious, or which contradicts other information on file.

Who Makes the Call

The telephone call must be made by the unit supervisor or by a pre-approved acting supervisor (i.e., the name of the authorized worker has already been provided to SSA). Calls will not be accepted when made by a non-authorized worker.

The telephone number to be called is 1-866-964-5051.

Information Provided to SSA

The unit supervisor must provide SSA with the client's:

- Social Security Number;
- Name; and
- Birthdate.

The maiden name of the client's mother should also be given, if known. (**Note:** SSA will not provide DHS with the person's SS number when only the client's name is given.)

SSA's Response

SSA will verify whether the number provided belongs with the name given. However, if the number does not belong with the given name, SSA cannot provide the name of the real owner of the number given.

If there is No Match

If no match with the client's given Social Security number can be established, the case is denied or discontinued.

Procedure for Denial/Discontinuance

Follow-up on the referral to SSA through Form MC194 is advised every 90 days, but is required at the time of renewal. If SSA has been unable to supply the client with a Social Security card within the time frame indicated above, a new Form MC 194 is required, verifying that the client is continuing to cooperate in securing an SSN.

As long as a valid Form MC 194 is on file and the client is cooperating to obtain the required documentation, they remain eligible for assistance.

Aid may be denied, delayed or discontinued only when the worker has determined that:

- The applicant or recipient has refused to furnish the Social Security number; OR
- The applicant or recipient does not cooperate in the Social Security number application process; OR
- The Social Security number provided by the client has been determined by SSA to be incorrect.

Supervisor Responsibilities

The Unit Supervisor ensures that every case has a verified Social Security number.

91-4: United States Citizenship & Alienage

(Revised as of 05/05/2025)

In order to be eligible to receive CAAP, an applicant must be either a United States citizen or an eligible alien (non-citizen) lawfully admitted to the United States, as defined in Aliens below.

Note: In 2003, the Immigration and Naturalization Services (INS) changed its name to the United States Citizenship and Immigration Services (USCIS). Agency forms and communication issued prior to this change carry the INS designator; forms and communication issued after this date carry the USCIS designator. This section uses both INS and USCIS to refer to that agency.

U.S. Citizens

Citizenship requirements may be met by birth within the United States or by status as a non-U.S.-born national.

Native Born Citizens

A person born within the borders of the United States or its outlying possessions (and therefore subject to U.S. jurisdictions) automatically becomes a U.S. citizen at birth by virtue of that fact.

For the purpose of qualifying as a United States citizen, the United States shall be defined as:

- the 48 contiguous states plus the states of Alaska and Hawaii;
- District of Columbia;
- Commonwealth of Puerto Rico;
- Guam;
- U.S. Virgin Islands (St. John, St. Croix, St. Thomas).

Non-U.S. Born Nationals

Individuals with citizenship of the following possessions – whether through birth or acquisition – are also considered to have met the citizenship requirement.

- Commonwealth of the Northern Mariana Islands
- American Samoa (Eastern Samoa)
- Swain's Island

These persons, although not U.S. citizens, are nationals who owe permanent allegiance to the U.S.

Permanent Nonimmigrants

In accordance with the Compact of Free Association Act of 1985, the following are considered permanent nonimmigrants:

- Federated States of Micronesia
- Republic of Marshall Islands
- Republic of Palau

U.S. Citizenship by Naturalization

The process by which a lawful permanent resident becomes a citizen is called naturalization. In order to be naturalized, a lawful permanent resident has to meet seven requirements. It is the responsibility of the United States Citizenship and Immigration Services (USCIS) to determine whether the criteria are met.

U.S. Citizenship by Derivation

A child who is a lawful permanent resident can become a citizen automatically if one or both of his parents naturalizes. This process is called derivation of citizenship. An individual who derives citizenship through the naturalization of one or both of his parents has the same rights as any U.S. citizen.

U.S. Citizenship by Acquisition

In some circumstances a United States citizen may transmit citizenship to his child, even though the child is born outside of the U.S. This is known as acquisition of U.S. citizenship. Children who qualify are U.S. citizens at birth.

Note: U.S. Citizens born abroad are not “Trujillo” eligible.

Acceptable Documents of U.S. Citizenship

For all non-native born U.S. citizens, citizenship documentation must be provided at time of application.

- A current valid U.S. Passport
- Certificate of Naturalization (INS Form N-550 or INS Form N-570)
- Special Certificate of Naturalization (INS Form N-578)
- Certificate of U.S. Citizenship (INS Form N-560)
- United States Citizen Identification Card (INS Form I-197). These have not been issued since February, 1981.
- Identification Card for the Use of Resident Citizen in the United States (INS Form I-179). This was last issued in February, 1974.
- Northern Mariana Identification Card issued by INS to persons born in the Northern Mariana Islands before November 3, 1986 who are now U.S. citizens.
- Report of Birth: Child Born Abroad of American Parent or Parents (Dept. of State Form FS-240) issued by U.S. embassies and consulates to U.S. citizens born abroad.
- Certification of Birth Abroad (Dept. of State DS-1350) issued to U.S. embassies and consulates to U.S. citizens born abroad.
- Printout indicating U.S. citizenship from the Social Security Administration (SSA).

Eligibility Worker’s Responsibility

The Eligibility Worker must:

- Review original documentation submitted by the client. Depending on the document, an original may be identified by the type of card stock the document is printed on, and/or whether the document possesses an embossed seal, a magnetic strip, a security background or other security identifier.
    - If it is questionable whether a document is an original, consult with your supervisor.
- Determine whether the document is one of the acceptable documents listed above in Acceptable Documents of U.S. Citizenship.

- If the document is an acceptable document, the client is eligible to aid, if otherwise eligible. The worker will:
  - Record the document information in the county column of the Form 2133.
  - Photocopy both sides of the document and send to Imaging.
- If the document submitted by the client is unclear or questionable, the client must cooperate in obtaining additional information. Eligibility is not established until acceptable documentation is received.
- For U.S. citizens born abroad who lack their birth verification, refer the client to the State Department, Social Security Administration or Veterans Administration, as applicable, for assistance.
- If the document submitted is not one of the acceptable documents, and/or if the client refuses to cooperate in obtaining further information, the client is ineligible for aid.

Aliens (Non-U.S. Citizens)

In order to be eligible to CAAP, an applicant who declares to be an alien (non-U.S. citizen) must provide acceptable documentation of his immigration status in the United States prior to receiving any aid.

Eligible Aliens

An alien has eligible status if they are:

- Lawfully admitted for permanent residence
- Permanently residing in the United States under color of law (PRUCOL), including:
  - Refugees who were admitted pursuant to Section 203 (a)(7) or 207(c) of the Immigration and Nationality Act (INA)
    - Refugees shall not be eligible to receive CAAP during any period for which they are eligible to receive Refugee Cash Assistance (RCA). Refugee/Asylee adults are eligible to RCA for four (4) months from date of entry. All RCA and ECA recipients whose eligibility start date is prior to May 5, 2025, continue to be eligible for up to 12 months of RCA and ECA benefits.
    - RCA is a federally-funded program administered through CalWORKs. Potentially eligible clients must apply for RCA benefits and provide verification of ineligibility to RCA before they can be considered for CAAP.
  - Aliens paroled into the United States pursuant to USCA 1641 (b)(4)
  - **Note:** To be "qualified", an alien who is paroled into the United States under section 212(d)(5) of such act [8 U.S.C 1182(d)(5)] for a period of a least 1 year.
- Aliens granted asylum pursuant to Section 208 of the INA.
  - Asylees shall not be eligible to receive CAAP during any period in which they are eligible to receive Refugee Cash Assistance (RCA). Asylee adults are eligible to RCA for four (4) months from the date of entry. All RCA and ECA recipients whose eligibility start date is prior to May 5, 2025, continue to be eligible for up to 12 months of RCA and ECA benefits.
  - RCA is a federally-funded program administered through CalWORKs. Potentially eligible clients must apply for RCA benefits and provide verification of ineligibility to RCA before they can be considered for CAAP.
- Abused spouses or parents of abused children.
  - Client must submit either:
    - A final order or notice from Immigration Judge, the Board of Immigration Appeals (BIA), or federal court granting suspension of deportation or cancellation of removal. Adults with current written verification that they have applied for permanent residency status under the Violence Against Women Act of 1994 (VAWA) are not eligible to RCA benefits. Clients with VAWA status approved for CAAP, are given employability exemptions when they cannot be in a public place for safety reasons with appropriate supervisor and manager's approval (enter a Case Flag "P"). This exemption will be reviewed at very renewal.
    - I-797 or I-797C indicating either:

- An approval of either an I-360 or I-130 petition. (Aliens with approved I-360 are eligible to apply for work in the United States). After INS/USCIS approves the client's I-360, the alien can begin to prepare an application to adjust their status to receive a green card. If the abuser was a U.S. citizen, the alien is eligible to apply as soon as the I-360 has been approved. If the abuser was a permanent resident (green card holder), the alien has to wait for a visa to become available in order to apply for a green card. However, with an approved I-360, the alien can remain lawfully in the United States and can apply for work authorization while they wait.

  -OR-
- A prima facie case has been established by the applicant via an EOIR form. (A Prima Facie Determination Notice is valid for 150 days. At the end of this period, the VAWA applicant will either receive an I-360 approval or denial of self-petition.)

◦ Aliens who have applied (Applicants) or have been approved (Holders) of **U Visa** (Victims of a Serious Crime) are eligible for CAAP if they meet all of the following criteria:

◦ Client is not eligible to CalWORKs or is not part of a CalWORKs Assistance Unit (AU).

◦ Client must no longer be eligible to the State funded program under Trafficking and Crime Victims Assistance Program (TCVAP) and the Federal funded program under RCA. TCVAP is administered through CalWORKs. All RCA and ECA recipients whose eligibility start date is prior to May 5, 2025, continue to be eligible for up to 12 months of RCA and ECA benefits.

◦ **Note:** Clients who have applied for the U visa are eligible to CAAP as long as the client can provide verification of application with the USCIS for the U visa.

◦ Acceptable documentation for verifying that client has filed an application for a U visa has to be provided within 60 days of the day of initial request by the program. Acceptable documentation includes, but is not limited to:

- A confirmation receipt or letter from Immigration verifying that a request has been filed; or
- The Notice of Action, Form I-797, approving a U visa; or
- A Form I-797 which serves as a fee receipt for an employment authorization request based on a U visa application; or
- A copy of the Petition for U Nonimmigrant status (Form I-918); or
- An Employment Authorization Document (EAD) issued under Category "A19" or "A20" for an approved U visa petitioner

◦ Clients with applicant/holder status are eligible for up to 8 months of TCVAP. After TCVAP, clients shall be referred to CAAP for ongoing benefits. Clients must provide documentation of ineligibility to TCVAP before they are granted aid in CAAP, as otherwise eligible.
For clients with U Visa who are approved for CAAP, workers are required to: (1) enter a Case Flag in CalSAWS; (2) also in CalSAWS, enter information regarding domestic violence; (3) provide any accommodations for clients who cannot be in a public place for safety reasons, in which case, the client will be excused from employability requirements with appropriate supervisor and manager's approval (enter PEC "P"). This exemption will be reviewed at very renewal.

- Aliens who have applied (Applicants) or have been approved (Holders) of **T Visa** (Victims of Trafficking) are eligible for CAAP if they meet all of the following criteria:
  - Client is not eligible to CalWORKs or is not part of a CalWORKs Assistance Unit (AU).
  - Client must no longer be eligible to the State funded program under Trafficking and Crime Victims Assistance Program (TCVAP) and the Federal funded program under RCA. TCVAP, RCA and up to 4 months of CAAP for T Visa-qualified clients are administered through CalWORKs. All RCA and ECA recipients whose eligibility start date is prior to May 5, 2025, continue to be eligible for up to 12 months of RCA and ECA benefits.
  - **Note:** Clients who have applied for the T visa are eligible to CAAP as long as the client can provide verification of application with the USCIS for the T visa within 60 days of the day of initial request by the program.

- The following documentation can be used in determining if an applicant has filed for a T visa:
  - A confirmation receipt or letter from Immigration verifying an application for a T visa has been filed; or
  - A copy of the application for a T visa (I-914); or
  - Statement from persons in official capacities who have assisted or are assisting the victim with a T visa application.
- Clients who qualify for T Visas are eligible for up to 8 months of TCVAP and up to 4 months of CAAP (as administered through CalWORKs), as long as they are taking steps to qualify for federal benefits (i.e., RCA). Clients granted T Visa statuses are eligible to four (4) months of RCA. After RCA time limits expire, clients shall be referred to CAAP for ongoing benefits. Clients must provide documentation of ineligibility to RCA before they are granted aid in CAAP (administered by CAAP), as otherwise eligible. All RCA and ECA recipients whose eligibility start date is prior to May 5, 2025, continue to be eligible for up to 12 months of RCA and ECA benefits.
- For clients with T Visa who are approved for CAAP, workers are required to: (1) enter a Case Flag in CalSAWS; (2) also in CalSAWS, enter information regarding domestic violence; (3) provide any accommodations for clients who cannot be in a public place for safety reasons, in which case, the client will be excused from employability requirements with appropriate supervisor and manager's approval (enter PEC "P"). This exemption will be reviewed at very renewal.

- Iraqis/Afghans nationals in possession of a Special Immigrant Visa (SIV).
  - A Department of Homeland Security stamp or notation on passport or I-94 showing date of entry, I-551 "green card" with an IV code of S16 or SQ6, S17 or SQ7, or S19 or SQ9 which confirms both the status and the day of entry into the U.S. for the principal SIV applicant.
- Cuban or Haitian entrants as defined in 501(e) of the Refugee Education Assistance Act of 1980.
- Aliens whose deportation or removal has been withheld pursuant to former section 243(h) of the INA or section 241(b)(3) of the INA. (See 8 USCA 1622(b)(1)(C).
- Aliens granted deferred enforced departure or indefinite or extended voluntary departure in lieu of deportation or removal.
- Aliens granted deferred action status pursuant of Immigration and Naturalization Service Operations Instruction 103.1(a)(ii) or 242.1(a)(22).
- Aliens granted an indefinite stay of deportation or removal.
- Aliens on whose behalf an immediate petition has been approved and their families covered by the petition who are entitled to voluntary departure and whose departure the USCIS does not contemplate enforcing.
- Aliens selected under the annual Diversity Visa Lottery Program as defined in section 203 of the INA (Foreign passport with DV stamp.)
- Any other aliens permanently living in the United States with knowledge and permission of the USCIS and whose departure that agency does not contemplate enforcing.
- Aliens who qualify as "Jay Treaty Native Americans" because they have the right to freely travel between the U.S. and Canada.
  - To establish lawful permanent residence (LPR) under the Jay Treaty, the alien must demonstrate that he:
    - Has 50% or more blood of the American Indian race; AND

- Was born in Canada.

Clients whose immigration status expires must comply with immigration requirements to continue their eligibility to CAAP. The worker shall enter the expiration date in CalSAWS for follow-up.

Acceptable Documents for Eligible Aliens

Listed below are typical documents most commonly used to show "qualified" immigrant status. Note that the list is not exhaustive; other documents not listed here may also be used for this purpose.

IMMIGRATION CATEGORIES	TYPICAL DOCUMENTS
Lawful permanent residents (LPRs)	• Form I-551 commonly called "green card' (earlier versions are the I-151, AR-2 and AR-3); • Form I-327 (Reentry Permit); • Foreign passport stamped to show temporary evidence of LPR or "I-551" status. If the date has expired, the immigrant must provide an I-551; • Form I-181 (Memorandum of Creation of Lawful Permanent Residence with approval stamp); • Form I-485 with approval stamp; • Form I-94 (Arrival-Departure Record) with I-551 stamp; • Order issued by the USCIS, an immigration judge, the Board of Immigration Appeals (BIA), or a federal court granting registry, suspension of deportation, cancellation of removal, or adjustment of status; *or* • Any verification from the USCIS or other authoritative document; • SAVE Report indicating permanent resident status.
Refugees	• Form I-94 (Arrival-Departure Record) stamped "refugee" or "§ 207"; • Foreign Passport stamped "refugee" or "§ 207"; • Form I-688B (Employment Authorization Document -EAD) coded 274a.12(a)(3) orA3; • Form I-766 (Employment Authorization Document -EAD) coded 274a.12(a)(3) orA3; • Form I-571 (Refugee travel document); • Any verification from the USCIS or other authoritative document.

Parolees	• Form I-6888 (Employment Authorization Document -EAD) coded 274a.12(a)(4) or A4; 274a.12(c)(11) or C11; • Form I-766 (Employment Authorization Document -EAD) coded 274a.12(a)(4) or A4; 274a.12(c)(11) or C11; • Form I-94 (Arrival-Departure Record) stamped to indicate "parole" or "PIP" coded 212 (d) (5); • Foreign Passport stamped to indicate "parole" or "PIP" coded 212 (d) (5); • Any verification from the USCIS or other authoritative document.
Asylees	• Form I-94 stamped "asylee" or *u§* 208"; • Foreign passport stamped "asylee" or *u§* 208"; • Form I-688B (Employment Authorization Document -EAD) coded 274a.12(a)(5) or A5; • Form I-766 (Employment Authorization Document -EAD) coded 274a.12(a)(5) or A5; • Form I-571 (Refugee travel document); • Order granting asylum issued by the USCIS, an immigration judge, the Board of Immigration Appeals (BIA), or a federal court; • Any verification from the USCIS or other authoritative document.
Abused spouses or parents of abused children	• Form I-797 or I-797C indicating an approval of I-360 or I-130 petition. • Form I-797 or I-797C indicating a prima facie case has been established by the applicant via an EOIR form; • Final order or notice from an immigration judge, the Board of Immigration Appeals (BIA), or federal court granting suspension of deportation or cancellation of removal; • Form I-360 indicating approval of self-petition to qualify as abused spouse under VAWA; • Any verification from the USCIS or other authoritative document.
Victims of Serious Crime (U Visa)	• Evidence to show the applicant has applied for or been approved for a U visa;

	• Confirmation receipt or letter from USCIS verifying that a request has been filed; • Notice of Action, Form I-797, approving a U visa; • Form I-797 which serves as a fee receipt for an employment authorization request based on a U visa application; • Copy of the Petition for U Nonimmigrant status (Form I-918); • Employment Authorization Document (EAD) issued under Category "A19" or "A20" for an approved U visa petitioner; • Any verification from the USCIS or other authoritative document.
Victims of Trafficking (T Visa)	• Evidence to show the applicant has applied for or been approved for a T visa; • Confirmation receipt or letter from USCIS verifying an application for a T visa has been filed; • Copy of the application for a T visa (I-914); • Form I -797, Notice of Action indicating approval of T Visa; • Statements from persons in official capacities who have assisted or are assisting the victim with a T visa application; • Any verification from the USCIS or other authoritative document.
Iraqis/Afghan Nationals in possession of Special Immigrant Visa (SIV)	• Department of Homeland Security stamp or notation on passport or I-94 with an SIV code of SI6 or SQ6, SI7 or SQ7, or SI9 or SQ9 which confirms both the status and the day of entry into the U.S. for the principal SIV applicant; • I-551 “green card” with an IV code of SI6 or SQ6, SI7 or SQ7, or SI9 or SQ9 which confirms both the status and the day of entry into the U.S. for the principal SIV applicant; • Any verification from the USCIS or other authoritative document.
Amerasian LPRs (NOTE: only certain Vietnamese Amerasians qualify for the Refugee	• Form I-551 ; • Temporary I-551 stamp in passport;

Exemption and the codes listed here pertain to these Amerasians)	• Form I-94; *or* • Any verification from the USCIS or other authoritative document. **NOTE**: Any of the above documents should have one of the following codes: AM-1, AM-2, AM-3, AM-6, AM-7, AM-8.
Cuban/Haitian entrants	• Form I-94 with a stamp indicating "Cuban/Haitian entrant" (this may be rare, as it has not been used since 1980) or any other notation indicating "parole", any documents indicating pending exclusion or deportation proceedings; • Any documents indicating a pending asylum application, including a receipt from a USCIS Asylum Office indicating filing of Form I-589 application for asylum; • Form I-688B (Employment Authorization Document -EAD) coded 274a.12(c)(8) or C8; *or* • *Form* I-766 (Employment Authorization Document -EAD) coded 274a.12(c)(8) or C8; • Any verification from the USCIS or other authoritative document. **NOTE**: Individuals who have adjusted to LPR status may have I-551 cards coded CH-6, CU-6, CU-7. In addition, Cubans or Haitians with the codes LB-2, LB-6, or LB-7 may also qualify these codes were used for individuals granted LPR status under any of the 1986 legalization provisions including Cuban/Haitian entrants.
Conditional entrants (not used since 1980)	• Form I-94 or other document indicating status as "conditional entrant," "Seventh Preference," § 203(a)(7), or P7; *or* • Any verification from the USCIS or other authoritative document.
Persons granted withholding of deportation or removal	• Form I-94 stamped "§ 243(h)" or "§ 241 (b)(3)"; • Foreign passport stamped "§ 243(h)" or "§ 241 (b)(3)"; • Form I-688B (Employment Authorization Document -EAD) coded 274a.12(a)(10) or A 10; • Form I-766 (Employment Authorization Document -EAD) coded 274a.12(a)(10) or A 10; • Order granting withholding of deportation or removal issued by the USCIS, an immigration judge, the BIA, or a federal court;

	• Any verification from the USCIS or other authoritative document.
Persons granted deferred enforced departure (DED)	• Form I-94 coded 274a.12(a)(11) or A11; • Form I-6888 (Employment Authorization Document -EAD) coded 274a.12(a)(11) or A11; • Form I-766 (Employment Authorization Document -EAD) coded 274a.12(a)(11) or A11; • Any verification from the USCIS or other authoritative document.
Persons granted extended voluntary departure	• Notice or form showing grant of extended voluntary departure; • Form I-94 coded 274a.12(a)(11) or A11; • Form I-6888 (Employment Authorization Document -EAD) coded 274a.12(a)(11) or A11; • Form I-766 (Employment Authorization Document -EAD) coded 274a.12(a)(11) or A11; • Any verification from the INS or other authoritative document.
Persons granted deferred action status	• Form I-94 coded 274a.12(c)(14) or C14; • Form I-6888 (Employment Authorization Document -EAD) coded 274a.12(c)(14) or C14; • Form I-766 (Employment Authorization Document -EAD) coded 274a.12(c)(14) or C14; • Any verification from the INS or other authoritative document
Persons who qualify as "Jay Treaty Native Americans"	• A letter from the tribal band office stating that the individual has at least 50% Native American blood (also referred to as blood quantum); • The Certificate of Indian Status Card (the card with the red stripe along the top); • The long form birth certificate; • Red I.D. Card indicating that the individual is Haudenosaunee; • If the individual is Inuit and has an Inuit enrollment card from one of the regional Inuit lands claim agreements;

	• An unexpired temporary I-551 stamp in a Canadian passport; • Form I-94 (Arrival-Departure Record) with the code S13; • An expired Alien Registration Receipt Card or Permanent Resident Card with the code S13.

Ineligible Aliens:

- Aliens are considered ineligible for CAAP when they:
  - Do not meet the definition of an eligible alien (see above).
  - Refuse to provide sufficient verification of their alien status.
- The following aliens are ineligible for CAAP. The list is not inclusive.
  - Nonimmigrant aliens, such as students, tourist or persons on work visas, whether or not they are authorized to work.
  - An alien not authorized by the USCIS to work in the United States.

Client Responsibilities

- The alien applicant must submit acceptable verification of his legal immigration status.
  - If the applicant does not have verification, he may contact USCIS directly to obtain verification.
  - If assistance is needed, the client may telephone the USCIS National Customer Service Center at 1 (800) 375-5283 toll-free for automated information and live assistance concerning immigration Services and Benefits, or any other community agency that provides assistance with immigration matters.
- The client is required to report any changes in alien status within 5 days.

Worker Responsibilities

The CAAP worker must:

- Review original USCIS documents or court orders submitted by the applicant verifying his alien status. Depending on the document, an original may be identified by the type of card stock the document is printed on, and/or whether the document possesses an embossed seal, a magnetic strip, a security background or other security identifier.
  - If it is questionable whether a document is an original, consult with your supervisor.
- Determine if the document is one of the acceptable documents listed above. Also refer to "Immigration Documents" in the CAAP Intranet under Program Topics for USCIS Immigration Document Samples and Key to Codes.
- If the document is an acceptable document, approve the client's application, if otherwise eligible.
  1. Record the document information in the county column of Form 2133, question #3.
  2. Photocopy the front and back of the document and send the copy to be imaged in i-Files.
  3. Advise the client that failure to maintain his eligible alien status may affect his eligibility to CAAP. A follow-up with the client is required prior to the expiration date of the document to obtain the correct status of the USCIS document.

4. Determine if the eligible alien is a sponsored alien and apply sponsorship regulations, as appropriate. Refer to section 91-4.2: Sponsored Alien.

- If the document submitted by the alien is unclear or questionable, the applicant must cooperate in obtaining additional information. Eligibility is not established until acceptable documentation is received.
- Verification of alien status may be obtained through SAVE, Systematic Alien Verification for Entitlement. If the applicant is also applying for or receiving CalFresh benefits, SAVE verification may be obtained in i-Files.
- For Intake: if the client does not have Alien Status verification but has a social security number, pend the client and attempt to verify through SAVE. If the information from SAVE is not available by the end of the pend period, deny the application unless the client meets the Trujillo criteria.
- If the document submitted by the alien is an expired document listed under Eligible Aliens (other than INS Form I-551), or if the alien declares he is an eligible alien, but currently lacks the required acceptable documentation, refer to section 91-4.1 Aliens with Limited Documentation "Trujillo" to determine if the alien qualifies as a “Trujillo” client.
- If the document submitted is not one of the acceptable documents, and/or if the applicant refuses to cooperate in obtaining further information, the applicant is ineligible for aid.
- Contact with USCIS: According to the City of Refuge Ordinance, which was signed by the Mayor of San Francisco on October 24, 1989, City and County employees are prohibited from assisting or cooperating with any Immigration and Naturalization Service investigations, detentions, or arrest procedures relating to alleged violations of the civil provisions of federal immigration law (S.F. Administrative Code Chapter 12 H.).
    1. Any information requested regarding alien status of the applicant/client, shall be for the sole purpose of determining eligibility to CAAP.
    2. No information regarding an alien client may be given to USCIS without the client’s permission. A signed authorization must be obtained (via Form 8014/8015, Combined English/Spanish Authorization to Release Information) prior to any contact with USCIS.

SAVE Report

The Systematic Alien Verification for Entitlements (SAVE) Program is a USCIS service that helps federal, state and local benefit-issuing agencies, institutions, and licensing agencies determine the immigration status of benefit applicants so only those entitled to benefits receive them.

The SAVE Program provides two methods to verify an applicant’s status:

1. Electronic verification through the online SAVE system
    - In order to verify the immigration status of CAAP clients, the CAAP worker enters the client information based on his immigration document into the SAVE verification system (through IEVS). SAVE will then check the client information against records in the Department of Homeland Security (DHS) databases and respond electronically to the agency.
    - SAVE report that was electronically sent by DHS can be viewed in CalSAWS “Citizenship Status Detail” page. It provides the client’s current immigration status such as “Lawful Permanent Resident-Employment Authorized” for permanent resident or “Temporary Resident – Temporary Employment Authorized” for non-permanent resident.
    - The information obtained through SAVE also includes the client’s date of entry into the United States.
2. Electronic verification through the SAVE website
    - SAVE access is granted to a limited number of users. For CAAP, SAVE access is limited to designated Unit Supervisors and designated bilingual EWs.
    - In a few cases, SAVE does not verify immediately the client’s immigration status and sends a SAVE report indicating “Secondary Verification Needed”. SAVE may request the agency to provide additional information and a copy of the client’s immigration documents.

Important notes about the use of SAVE reports as proof of immigration status:

1. A SAVE report that indicates "Secondary Verification Needed" is not considered valid proof of permanent residency. In this case, workers must go to any one of the designated SAVE users. The designated SAVE user will go to the online portal, enter necessary information, scan and upload documents, and wait for the response from USCIS.
2. Although I-551 “green card” is considered acceptable permanent ID, verification of the client permanent immigration status (LPR) through SAVE report by itself does not satisfy the permanent ID requirement.
3. If a client was previously discontinued for not having appropriate proof of permanent residency status (Trujillo) and the client meets the verification criteria via SAVE, the client may receive CAAP benefits as otherwise eligible.
4. If the SAVE Program does not verify an applicant’s status on the Initial Verification, it does not necessarily imply that the applicant is not authorized to be in the United States. It may be the result of processing error or indicate the need for additional or corrected documentation.

91-4.1: Aliens with Limited Documentation "Trujillo"

As a result of the Court-approved Settlement Agreement in Trujillo vs. Lopez, any "documentable alien" may be eligible for CAAP benefits in San Francisco.

A "documentable alien" is defined as an alien who can provide verification that:

- They have a permanent legal immigration status;

  OR

- They have an application for permanent legal immigration status (other than temporary non-immigrant) pending with the USCIS AND they have been authorized by USCIS to be employed in the U.S. without restrictions.

Clients who do not meet the definition of "documentable alien" are ineligible to CAAP.

This section does not apply to U.S. citizens born abroad.

Limited Documentation (to be used to determine Trujillo eligibility)

1. A photocopy of their original documentation verifying their immigration status; **OR**
2. A USCIS receipt for or an expired I-688, I-688A, I-688B, I-551, I-151, I-181, I-94; or correspondence from USCIS; or a court order; OR
3. A receipt for a replacement I-551; **OR**
4. An acceptable documentation in a previous Department case record, other than those eligible aliens lawfully admitted as permanent residents as defined in Eligible Aliens in Section 91-4 (INS Form I-551, regardless of expiration date); **AND/OR**
5. A written document, from a community agency or law office that provides assistance with immigration matters, which gives the person's name, date of birth, date of entry, port of entry, "A" number and indicates the person is pursuing acceptable immigration documentation, (hereafter referred to as a "Trujillo Letter").
    - When there is a question regarding the legitimacy of a community agency that provides a Trujillo letter, consultation with the supervisor is required.
    - If a client produces limited documentation as specified in points 1, 2, 3 and 4 above, the client will be required to also submit a Trujillo letter from a community agency that assists immigrants with documentation.

Note: Only homeless clients are referred to the Homeless Advocacy Project (HAP).

Once an otherwise eligible alien produces either a Trujillo letter, he is considered a Trujillo client and begins the Trujillo process. A Trujillo client shall be granted CAAP benefits for 90-aided days from the date of application, or the date the original INS document expired for a continuing CAAP client, ONE TIME ONLY.

During the 90-aided days, a Trujillo client must comply in actively pursuing an acceptable USCIS-issued immigration document (original card) to submit as verification of his eligible alien status. "Actively pursuing" is defined as chronologically obtaining the following required USCIS documents as indicated by the CAAP worker:

1. A receipt from USCIS verifying an application for acceptable replacement documentation, within 30 days as indicated by the CAAP worker.
2. A written confirmation from USCIS that the client is actively pursuing and following up on their application to obtain acceptable replacement documentation.
3. An Acceptable USCIS-issued immigration document (original card).

Note: If at any time the client presents an acceptable USCIS-issued immigration document (point 3 above), points 1 and 2 above, are not required and the client is considered to be an eligible alien.

Important Note: If the client fails, through no fault of their own, to obtain acceptable documentation within the 90-day period, they may be given a 90-day extension, with supervisor's approval, to obtain acceptable documentation. The client must provide a written verification from USCIS that their application for an original USCIS document/card is still in process or pending with the USCIS. If the 90-day extension expires and the client is still unable to obtain acceptable documentation, a possible additional 90-day extension of aid may be granted with the section manager's approval.

Worker Responsibilities

Intake Appointment

Clients with No Documentation

If the alien applicant does not meet the definition of "documentable alien", deny the application following the usual procedures, and complete Form 2185, Immigration Documentation Verification, item 1, which refers the applicant to a community agency that provides assistance with immigration matters. Advise the applicant that he may reapply when he can present any of the documents listed in Limited Documentation above, or an acceptable USCIS-issued immigration document (original card).

Clients with Limited Documentation - Trujillo Eligible

An alien applicant with limited documentation as outlined above may be eligible to CAAP as a Trujillo client if their 90-aided days have not already been used, and they are otherwise eligible.

New Trujillo-Eligible Client

- Clients with Trujillo Letter:
    - Photocopy the front and back of the applicants's "limited documentation" and send a copy to be imaged in i-Files.
    - Complete Form 2185, Immigration Documentation Verification, item 3, identifying the 90-day time frame, and explain to the client that an original USCIS documentation/verification must be presented to the Department within the time frame indicated by the CAAP worker (up to 90 days).
    - The beginning date of the 90-day clock is the date when the Trujillo letter is presented to the Intake Worker.
    - Grant presumptive eligibility, if otherwise eligible, and schedule the applicant for an Approval appointment.
- Clients with Limited Documentation but no Trujillo Letter:
    - Refer the client to a community agency to obtain a Trujillo letter by completing Form 2185, item 2. Give original to client; send a copy to Imaging.
    - Grant presumptive eligibility, if otherwise eligible, and schedule the client for an Approval appointment. Client shall submit the Trujillo letter at Approval to be eligible for aid.

Previously Aided as a Trujillo Client

If the applicant has previously been aided as a Trujillo client, the worker will:

- Determine the number of days of aid the client is eligible for.
    - If the remaining days are less than or equal to the number of PE days, “cash out” the applicant and deny the application; otherwise continue to the next bullet immediately below.

- Complete Form 2185, item 4, indicating what verification is still required and when the 90-aided days will expire. Give original to client; send a copy to Imaging.
- Photocopy the front and back of the applicant's "limited documentation" and send the copy to Imaging.

- Grant presumptive eligibility, if otherwise eligible, and schedule the applicant for an Approval appointment.

Approval

Clients without Trujillo Letter

At Approval, if the client fails to present any of the requested verification as indicated on Form 2185 (item 2) and/or Form 2129, CAAP Intake Instructions, and good cause is not a factor, deny the application.

Clients with Trujillo Letter

If a client submits a Trujillo letter as requested, and the client is otherwise eligible, the Intake worker will process the case as usual and take the following actions:

1. Complete Form 2185, item 3, identifying the 90-day time frame, and explain to the client that an original USCIS documentation/verification must be presented to the Department within the time frame indicated by the CAAP worker (up to 90 days).
2. Advise the client that during the Trujillo time frame (up to 90 days), they must comply in actively pursuing an acceptable USCIS-issued immigration document (original card), by providing verification as indicated by the CAAP worker.
3. Determine which verification is required (a receipt from USCIS, if one is not already on file, or a confirmation letter from USCIS, if not already on file, or an original card), then schedule the client for a 30-day follow-up appointment with the Carrying unit using Form 2191, CAAP Appointment Letter, and the homeless appointment chart. Inform the client that at the follow-up appointment, they must submit to the Carrying unit the requested verification showing they are actively pursuing their USCIS original card.
4. Enter the appropriate CAAP Aid Code in the system.
5. Transfer the case to the Carrying Unit.

Trujillo Clients during 90-Aided Days

The Carrying unit must monitor Trujillo cases as follows:

- Upon receipt of a Trujillo case, flag any scheduled appointments and verifications due.
- At the scheduled 30-day follow-up appointment, ensure that the client is actively pursuing replacement of their USCIS-issued original documents by reviewing the documents presented as follows:
  - If a receipt from USCIS was requested, and the client submits a receipt, schedule the client for a 30-day appointment to submit an USCIS confirmation letter that they are actively pursuing and following up on their application to obtain acceptable replacement documentation.
  - If the client fails to either keep a scheduled follow-up appointment or provide the requested verification/document, and good cause is not a factor, discontinue the case.
  - If an USCIS-issued original document is submitted, the client meets the eligible alien criteria and no further Trujillo follow-up is necessary.
  - If a confirmation letter from USCIS was requested, and the client submits the confirmation letter, schedule the client for a 30-day appointment to submit an USCIS-issued original document.

- After the client has received 90-aided days, determine if the client is unable to provide the USCIS-issued original document, through no fault of his own. If so, a 90-day extension may be granted, with supervisor's approval. If not, the case should be discontinued as soon as legally possible (10-day notice of action) after having received 90 days of aid if appropriate USCIS documentation has not been presented AND if good cause is not a factor.
- If the written confirmation from USCIS indicates that the issuance of original document that the client has applied for will not be issued within the 90-day or 90-day extension period, a second 90-day extension of aid may be granted with the section manager's approval. If an extension is granted, the worker must continue to follow-up with client as indicated in item 2, above.
- If, during the 90-day period, the client's aid is discontinued and re-approved at a later date (following reapplication), the client shall be eligible for the remaining balance of the 90 days of aid.

Clients Whose Immigration Verification Expires (other than INS Form I-551) While Receiving CAAP Benefits

CAAP clients whose immigration verification expires will be provided 30 days from the date of expiration to provide:

- A valid (current) USCIS-issued original card. If the client provides a valid USCIS-issued original card, he meets the eligible alien criteria.
- A Trujillo letter to start the Trujillo process (if their 90-aided days of Trujillo eligibility have not been previously used).

If the client fails to provide either a valid immigration verification or a Trujillo letter, discontinue the case.

91-4.2: Sponsored Alien

Definition of Sponsored Alien

A sponsored alien is a person whose entry into the United States was sponsored by a person, public or private agency or organization, AND whose sponsor executed an affidavit of support or similar agreement on behalf of the alien as a condition of the alien's entry into the United States.

Aliens who are not sponsored

Aliens not required to have sponsors include but are not limited to the following:

- Refugees (Section 203(a)(7) or 207(c) of INA)
- Parolees (Section 212(d)(5) of INA)
- Asylees (Section 208 of INA)
- Cuban or Haitian Entrants (Section 501(e) of the Refugee Education Assistance Act of 1980-Public Law 96-422)

Responsibility

Eligibility Worker's Responsibility (regarding sponsored alien)

The eligibility worker must:

- Determine if the alien is a sponsored alien. Refer to client's USCIS document (I-151 or I-155) and to I-551s Key Codes Relating to Sponsored Aliens, below.
- Determine the client's date of entry into the United States.
- Clients who are sponsored aliens and who entered the U.S. on or after December 19, 1997 are subject to CAAP sponsorship regulations as outlined in section 92-48: Sponsor Support .

Client Responsibility

The client who has been identified as a sponsored alien and entered the U.S. on or after 12/19/97 must:

- Provide information regarding his sponsor.
- Cooperate in obtaining support information from the sponsor. Complete and submit Form CAAP 9, Statement of Sponsor Support.
- Submit a copy of USCIS Affidavit of Support (I-864 or I-134), if available.
- Report any changes regarding sponsor.

If the sponsored alien refuses to provide required information, aid will be denied or discontinued.

However, if the sponsored alien is unable to provide the information due to circumstances beyond his control, i.e., inability to contact the sponsor or the sponsor refuses to cooperate, aid cannot be denied or discontinued. Refer to section 92-48: Sponsor Support.

I-551s Key Codes Relating to Sponsored Aliens

Persons whose I-551 (green card) containing the following codes are considered sponsored aliens.

Immediate Relative Codes

PROCESSING ABROAD	ADJUSTMENT IN U.S.	MEANING
	CF-1, CF-2	Spouse and minor step-child of U.S. citizen who was admitted as a fiancé(e), and is subject to 2-year conditional residency
CR-1, CR-2	CR-6, CR-7	Spouse and step-child of a U.S. citizen subject to 2-year conditional residency
	IF-1, IF-2	Spouse and minor step-child of a U.S. citizen who was admitted as a fiancé(e)
IR-1	IR-6	Spouse of a U.S. citizen
IR-2	IR-7	Child of a U.S. citizen
IR-3, IR-4	IR-8, IR-9	Orphan adopted or to be adopted by a U.S. citizen
IR-5	IR-0	Parent of a U.S. citizen
IW-1, IW-2	IW-6, IW-7	Widow or widower and child of a U.S. citizen
	MR-0, MR-6, MR-7	Parent, spouse, or child of a U.S. citizen, presumed to be LPR, from the Northern Marianas
	Z4-3	Immediate relative of a U.S. citizen or special immigrant granted LPR status through private bill

Family-Based Immigrants - 1st Family Preference

PROCESSING ABROAD	ADJUSTMENT IN U.S.	MEANING
F1-1	F1-6	Unmarried Son or daughter of a U.S. citizen
F1-2	F1-7	Child of F1-1 or f1-6
P1-1	P1-6	Unmarried son or daughter of U.S. citizen (pre-1991)
P1-2	P1-7	Child of P1-1 or P1-6

Family-Based Immigrants - 2nd Family Preference

PROCESSING ABROAD	ADJUSTMENT IN U.S.	MEANING
C2-1, C2-2	C2-6, C2-7	Spouse and step-child of an LPR subject to 2-year conditional residency
C2-3	C2-8	Child of C2-1, 2, 6, or 7
C2-4	C2-9	Unmarried son or daughter who is step-child of an LPR and subject to 2-year conditional residency
C2-5	C2-0	Child of C2-4 or C2-9
CX-1, CX-2	CX-6, CX-7	Spouse and step-child of an LPR
CX-3	CX-8	Child of CX-1, 2, 6, or 7
F2-1	F2-6	Spouse of LPR
F2-2	F2-7	Child of LPR
F2-3	F2-8	Child of F2-1 or F2-6
F2-4	F2-9	Unmarried son or daughter of LPR
F2-5	F2-0	Child of F2-4 or F2-9
FX-1	FX-6	Spouse of LPR
FX-2	FX-7	Child of LPR
FX-3	FX-8	Child of FX-1, 2, 6, or 7
P2-1	P2-6	Spouse of LPR (pre-1991)
P2-2	P2-7	Child of LPR
P2-3	P2-8	Child of P2-1, 2, 6, or 7

Family-Based Immigrants - 3rd Family Preference

PROCESSING ABROAD	ADJUSTMENT IN U.S.	MEANING
C3-1	C3-6	Married son or daughter of U.S. citizen subject to 2-year conditional residency
C3-2, C3-3	C3-7, C3-8	Spouse or child of C3-1 or C3-6 subject to 2-year conditional residency
F3-1	F3-6	Married son or daughter of U.S. citizen
F3-2, F3-3	F3-7, F3-8	Spouse or child of F3-1 or F3-6

P4-1	P4-6	Married son or daughter of U.S. citizen
P4-2, P4-3	P4-7, P4-8	Spouse or child of P4-1 or P4-6

Family-Based Immigrants - 4th Family Preference

PROCESSING ABROAD	ADJUSTMENT IN U.S.	MEANING
F4-1	F4-6	Brother or sister of U.S. citizen
F4-2, F4-3	F4-7, F4-8	Spouse or child of F4-1 or F4-2
P5-1	P5-6	Brother or sister of U.S. citizen (pre-1991)
P5-2, P5-3	P5-7, P5-8	Spouse or child of P5-1 or P5-2

Note: The following persons are no longer subject to sponsorship if they can show that they either:

- Already worked 40 qualifying quarters as defined in Title II of the Social Security Act
- Can be credited with 40 qualifying quarters as defined in Title II of the Social Security Act
- Is the child of a U.S. citizen and if admitted for permanent residence on or after February 27, 2001, would automatically acquire citizenship under Section 320 of the immigration and Nationality Act, as amended by the Child Citizenship Act of 2000
- Has an approved Form I-360 as battered spouse or child

91-4.5: Age

The age of an applicant/recipient is a basic factor of eligibility for CAAP. Aid may be granted only to individuals who are either:

- 18 years of age or over.
- Under 18 years of age, and either:
  - legally married;
  - divorced (not annulled);
  - widowed;
  - domestic partnered;
  - emancipated by court decree;
- Under 18 years of age and does not meet any of the criteria above (previous bullet), the case must be referred to the CAAP Program Director through the chain of command, for further action.

Note: At any time, when uncertainties regarding the status of a minor exist, the Unit Supervisor should always be consulted, especially if there is a suspicion of parent/caregiver neglect. Prior to referring the case to the CAAP Program Director for further action, the worker should have the case reviewed by the Unit Supervisor and must have all the documentations necessary for referral.

91-6: Marriage, Separation, Divorce and Domestic Partnership

(Revised as of 02/18/21)

Marriage, separation, divorce and domestic partnership are verified by self-declaration. It is important to know a couple's status because legally married couples and domestic partners share the aid payment for a Family Budget Unit (FBU) of two persons. Individuals who are not married, or who are divorced or legally separated, each receive the grant level for one person. Good cause policy should be consulted with your section manager if clients are married/ domestic partners and say they are living in separate residences. For married/domestic partner applicants who declare that they are living in a separate residence from their spouse or partners:

1. Applicants who are married or in a domestic partnership are required to apply together with their spouses/partners because they have a responsibility to each other and maintain a household together. When an applicant states that he is temporarily physically separated from his spouse/partner for any reason and that spouse or partner intends to return home, they are not considered separated. The applicant must apply together with the spouse or partner. Generally, good cause policy would not apply in this situation, but you should consult with your section manager to explore good cause options.

Generally, for "good cause" exception to this policy, e.g. spouses/partners living separately due to constraints of housing placements or other reasons, consult your Section Manager. Whenever an exception is given, the grant issued to each individual is based on an FBU of 1 to which they are otherwise eligible. Common-law marriage, although not recognized in California, is accepted if previously recognized in another state (based on client's declaration). If any doubt exists (e.g., clients claimed marriage or a domestic partnership but refute it after learning that the grant is higher for separate individuals) make a referral to the Fraud Early Detection (FRED) Unit.

91-6.1: Pregnant Clients

(Revised as of 6/30/22)

Pregnant clients are eligible for CalWORKs in their first trimester of pregancy and thus ineligible to CAAP. They shall be referred to apply for CalWORKs.

CAAP Intake Responsibilities:

An applicant who first declares that she is pregnant at the time of an Intake interview. Worker shall:

- Deny the case
- Use Form 2149 to refer client to apply for CalWORKs
- If the applicant is not certain, pend the case, issue the client Form 4020A CAAP Pregnancy Report to verify. If the client presents pregnancy verification or later declares she's pregnant, deny the case.
- If the applicant submits verification of terminated pregnancy after initially declaring pregnancy, process the case.
- If married couple, refer to apply for CalWORKs.

CAAP Carrying Responsibilities:

Upon the discovery of the client's pregnancy (at RRR, self-declaration, or other sources), the worker shall do the following:

- Discontinue the case with a 10-day notice because of apparent eligibility for CalWORKs.
- Refer the client to apply for CalWORKs at 170 Otis Street by issuing a Form 2149.
- Send an email to the CalWORKs' Principal Clerk and the Principal Clerk back-up at **CWClericalTMT/ DHS/CCSF** with the following information:
    a. In the subject line of the email: CAAP/PWO
    b. Mark email as urgent
    c. Body of the email to include:
        - Client's name
        - Contact phone number
        - Date of discontinuance
- If a married couple case, both have to be referred to CalWORKs.
- If non-married couple case, pregnant client will be referred to apply for CalWORKs and the second client remains on CAAP until child is born.

Father of the Unborn

The father of the unborn must be considered when determining eligibility for aid, grant computation and referrals to CalWORKs.
Whenever a pregnant woman tells her CAAP worker that she does not know or refuses to give the name of the father, that information shall be narrated in the case record.

Father is Active on CAAP, Living With and Married to Client or is Client's Domestic Partner

Worker shall discontinue the father's case and refer clients to apply for CalWORKs, issue Form 2149.

Important: A 10-day Notice must be provided before the grant is reduced. (Note: If the client is first being issued cash aid at Intake, a 10-day Notice would not be necessary. The client would receive the difference between her husband's or domestic partner's ongoing grant and the maximum aid payment for two.)

Father is Active on CAAP, Living With, NOT Married to Client or is NOT Client's Domestic Partner

The father-to-be remains on CAAP. Upon birth, the father's case will be discontinued with proper notice and referred to be added to CalWORKs' case.

Father Not Active on CAAP, Lives Together With Client, is Married or is Client's Domestic Partner

Both must apply for CalWORKs if married and living together.

Pregnancy Terminated

Whenever a client's pregnancy is terminated prior to the effective discontinuance date, the worker shall advise the client verbally to provide a verification of pregnancy by **the first of the month** in order to rescind the case. If the client needs help in obtaining a verification, the worker may provide a Form 4020A Pregnancy Report and Form 2329 San Francisco Medical Services.

91-6.2: Timed-Out/Sanctioned CalWORKS Parents

Refer to section 97-12.1: Eligibility to CalWORKs or Family General Relief

91-6.3: Crossover Cases Between CAAP and Family and Children's Services

With the implementation of CAAP/PAES and CalWORKs Welfare-to-Work, the Department is mindful of the potential impact on child welfare services for families who have cases with both CAAP and with Family and Children's Services (FCS). Families disclose personal and sensitive information to FCS that is not known to other DHS programs. Discretion must be used regarding what information can be shared and under what circumstances.

Clients with FCS cases have Case Plans, which usually require participation in a number of activities designed to assist them in reunifying with their children, such as counseling and substance abuse treatment. Identical activities may be required by both the CAAP and FCS programs. In addition, there may be scheduling conflicts as clients try to fulfill commitments to both programs. Crossover case information between multiple programs will play an important part in successfully providing services to clients.

Information Sharing and Confidentiality

The purpose of sharing information between FCS and CAAP is to prevent duplication of required activities (such as substance abuse treatment), and to coordinate support services, in order to avoid scheduling or other conflicts that may create obstacles for clients' successful participation in both programs.

Confidentiality

FCS cases are highly confidential. Child Welfare Workers are not permitted to divulge information, even to other DHS employees, without permission from the client. CAAP and FCS may exchange case names and confirm that the client is receiving services without a release of information, however, a release is required before workers can share any other details. This can create obstacles when CAAP workers are trying to assist clients.

- In order to facilitate communication of appropriate information between programs, Form 8032, DHS Inter-Program Release of Information has been developed.
    - Form 8032 must be signed by both the client and the worker servicing the case, usually the Child Welfare Worker, before any information can be released by FCS.
    - If Form 8032 has been properly signed, workers in different programs may share appropriate information about the client. The form specifies the information that may be shared.
- Generally, the Child Welfare Worker will be responsible for obtaining the client's signature on Form 8032. However, the Child Welfare Worker and the CAAP Worker may agree that the CAAP Worker will obtain the signature.
- If the client refuses to sign Form 8032, the Child Welfare Worker will continue to attempt to obtain the signature, after a waiting period following each attempt.

Important:

Although Form 8032 will allow workers to share information, it is not intended to reveal why a certain activity has been required. For example, the Child Welfare Worker may tell the CAAP Worker that a client is attending counseling sessions, but is not permitted to say why the client is receiving counseling.

Crossover Indicators

Crossover cases being transferred from CalWORKs because there is no longer a dependent child in the home will be clearly labeled CROSSOVER on the outside of the case folder.

Information Sharing

There are 2 ways in which information may be shared between workers: informal, worker-to-worker contact and Multidisciplinary Team Meetings.

The most common way that CAAP Workers will share information with Child Welfare Workers is through informal, worker-to-worker contact. This can occur via phone, e-mail or face-to-face conversation.

1. The CAAP Worker must obtain a copy of Form 8032, with the appropriate signatures, before discussing the case with the Child Welfare Worker.
2. Once a copy of Form 8032 is received, the Child Welfare Worker may share information with the CAAP Worker about services the client is receiving or needs (e.g., substance abuse treatment). The workers will decide how to share verification of the client's participation in services.

Child Abuse Reporting

All DHS staff are mandated reporters. As CAAP staff begin to know more about families, they may possibly encounter situations which will require a report to the Child Abuse Hotline. It is important that the person with the most direct information file the report.

As mandated reporters, DHS staff are legally required to report any suspected incidents of child abuse and/or neglect. Mandated reporters are not allowed to remain anonymous when they make calls to the Hotline.

The Child Abuse Hotline Phone Number is: (415) 558-2650.

If the CAAP Worker encounters a situation, or receives information, which he or she feels may indicate that a Child Abuse Report is required, the worker will take the following actions:

- If the CAAP Worker knows the client has an active case with FCS:
    - The worker contacts the Child Welfare Worker assigned to the case and discusses the information.
    - If the Child Welfare Worker agrees that a report is appropriate, the CAAP Worker calls the Child Abuse Hotline and files a report.
    - If the Child Welfare Worker does not respond in a timely manner, the CAAP Worker should consult with their Unit Supervisor for further instruction.
- If the CAAP Worker obtains information that appears to require filing a child abuse report and there is not an active case with FCS:
    - The worker should consult with the Unit Supervisor to determine if filing a report is appropriate.
    - If the supervisor agrees that a report is appropriate, the worker calls the Child Abuse Hotline and files a report.

Note: If the supervisor does not feel a report is appropriate, but the worker feels strongly that a report should be made, the worker should call the Hotline and file a report.

- If the CAAP Worker receives information from a third party about possible child abuse or neglect, the worker should instruct the third party to contact the Hotline directly. The worker then gives the Hotline phone number to the third party and stresses how important it is to file a report.
- If a case is assigned to a Child Welfare Worker for investigation and the worker feels that CAAP information is necessary to complete the investigation:
    - The Child Welfare Worker will consult with the Child Welfare Supervisor.
    - If CAAP case information is required, the Child Welfare Supervisor will request the case information from the CAAP Supervisor.
- Document all contacts in a CalSAWS Journal.

91-6.4: Couple Cases

(Revised on 1/8/25)

Marriage and domestic partnership are verified by self-declaration. It is important to know a couple's status because legally married couples and domestic partners living together share the aid payment for a Family Budget of two persons. Individuals who are not married, or who are separated, each receive the grant level of one person.

One Spouse Receiving SSI Or CAPI, Only One Spouse Applying For/On Aid

In cases where there is a couple, only one person is eligible to receive aid and the non-applicant spouse is receiving SSI or CAPI, the applicant receives the full grant for one person (factoring in any additional earned/unearned income the applicant may be receiving).

Only One Spouse Applying For/On Aid

In cases where there is a couple, only one person is eligible to receive aid and the non-applicant spouse may or may not be receiving any other income (except SSI and CAPI), the applicant receives one half the grant for an FBU of 2 (factoring in any additional earned/unearned income the couple may be receiving).

Non-Cooperation/Non-Compliance/Inability by One Spouse to Apply For Aid

A couple, even if only one person is applying for aid and the non-applicant spouse may or may not be receiving any other income (except SSI and CAPI), **must apply together**.

- If one spouse refuses to apply, the case is denied.
- If the spouse is given an exception by the Section Manager, budget a grant for one.
- If one spouse cannot apply due to extraordinary circumstances, consult with the unit supervisors (who will, in turn, consult with the section manager) before granting/denying aid.
- If one spouse fails to cooperate in providing verification to determine eligibility, the couple is denied/ discontinued aid.
- If one spouse fails to comply with a CAAP requirement, that spouse is denied/discontinued aid. The remaining eligible spouse is given a grant for one (FBU 1).

Processing Couple Cases

Applicants who are married or in a domestic partnership are required to apply together. Only one CAAP application is needed to process a couple case. A couple will be aided under one case number and two EBT cards will be issued (one to each of the couples). For an in person interview, both couples/spouses must be present. For a phone interview, both couples/spouses must be present to answer questions independently. The worker will telephone conference/or meet in person with both couples/spouses for the interview. Both couples must sign the application/re-evaluation forms.

When an applicant applies for CAAP and their partner has an active CAAP case, the applicant will contact the assigned case worker to determine eligibility. The worker will obtain the applicant's information (Name, DOB, SSN) and issue an appointment to interview both couples/spouses. The worker will request an index clearance (via the add a person workflow) to add the applicant to the existing couple's case and conduct a Re-evaluation to determine CAAP eligibility

for the household (FBU of 2). The date the recipient calls to report the change is the effective begin date of aid to add a person. Issue a new EBT card to the newly added person.

Tracking the Negligent Failure Process

Eligibility Workers will track NF process separately for couple cases. If one person is discontinued, the client would reinstate or the Eligibility Worker will discontinue the whole case using the F2158. If they're not eligible for reinstatement, the couple would need to reapply. If one person is sanctioned, or if the couple does not reinstate, they will remain discontinued and they would need to reapply. SSIP clients do not have to serve a sanction, but they will need to contact CAAP to reapply or reinstate.

- The RE date does not push forward for these type of reinstatements
- If a couple case is reinstated, then both clients on the case's negligent failures are set back to zero

Examples:

- If one person was on SSIP (no sanction) and the other person was on PAES (sanction), sanction would not apply when the couple requests for reinstatement of benefits. The worker will delete the PAES sanction and reinstate the couple's case. – refer to 97-6.1: Reinstatement of CAAP Benefits
- Eligibility factors may require NF for both clients (couple)
- Individual non compliance – will count against the one client and will be tracked separately from the partner.

91-7: Residency

(Revised on 6/9/25)

Eligibility to CAAP is contingent upon residency in San Francisco both current to, and for a period of at least 15 continuous days for SSIP and GA, or 30 continuous days for PAES, prior to filing an application. One must be either a United States citizen or an alien lawfully admitted to the United States (see section 91-4: United States Citizenship & Alienage) with declared intent to remain in San Francisco permanently in order to be eligible for CAAP. Specific circumstances that directly affect whether or not a person meets residency requirements are fully discussed in this section.

Persons Who Meet Residency Requirements

Applicants must meet all four of the factors listed below to satisfy SF residency requirements:

- Physical presence;
- Intent to reside;
- Either:
    - 30-days' continuous residency for PAES, or
    - 15-days' continuous residency for SSIP and GA;
- Ability/right to reside.

The following people are considered to have met residency requirements for eligibility to receive CAAP in San Francisco.

Current resident of San Francisco

A person who has lived in the City and County of San Francisco for the required prior residency time period for the program applied for. The prior residency time period is defined as:

- For PAES, thirty (30) continuous days prior to the time of application, or
- For SSIP and GA, fifteen (15) continuous days prior to the time of application,

AND

an intention to remain in San Francisco. The client thereby establishes residency by physical presence and intent to remain.

The worker will instruct the client to bring acceptable prior residency verification at the time of Approval. If the client fails to present such verification at Approval, their case will be denied.

EBT Online Purchases and Delivery Address

Under EBT Transactions, you may see some purchases that are online orders (such as Instacart, Costco, and Amazon). These transactions are treated differently for housed and homeless clients. You can verify the delivery addresses of these purchases using ebtedge.com.

Housed Clients:

- If EBT transactions are outside of SF, the EW should submit a FRED referral or discontinue the case depending on usage.
- If the EW verifies through EBT Edge, that the delivery address is the client's home address, then no negative action is needed.

Homeless Clients:

- The delivery address would not count for SF residency because the client could use anyone's address to have something delivered.

Persons with cases pending in another county

If the applicant also has an application pending for either cash or non-cash assistance in another county, the determination as to whether they met the prior residency time period requirement as defined in Current resident of San Francisco (above), is based on both:

- the client's declaration as to the beginning date of the prior residency time period;

AND

- verification by the other county of the applicant's compliance with that county's reporting requirements.

Notes:

An applicant is considered to have met their reporting responsibilities if they have informed the worker in the other county that they were moving and/or requested termination of the application of discontinuance of the case within the time frame required by that county. A collateral call can be made to the other county to confirm the date the reporting responsibility was met.

If the applicant did not report their change of residency to the previous county of residence, they are ineligible to receive CAAP in San Francisco and the application is denied.

Important: THE PRIOR RESIDENCY TIME PERIOD CANNOT BEGIN PRIOR TO THE DATE THAT THE APPLICANT REPORTED THEIR CHANGE OF RESIDENCY TO THE OTHER COUNTY.

Persons with discontinued cash aid in another county

If another county issued cash aid that was discontinued within the prior residency time period of the client's application for CAAP in San Francisco, eligibility is dependent upon all of the following:

- the date on which the client meets the prior residency time period SF residency requirement; AND
- the date the client last received a cash grant from the other county; AND
- the period covered by the client's last cash grant from the other county.

Important:

The applicant will not be eligible to receive CAAP in SF until at least the day after the discontinuance date from the other county, unless it is verified that they never received the grant for their last period of aid from the other county.

The beginning date of the prior residency time period is based on the other county's verification of compliance with reporting responsibilities. If the verified, beginning date of residency is more than:

- 30 days prior to the discontinuance date for PAES, or
- 15 days prior to the discontinuance date for SSIP and GA,

the applicant meets the prior residency time period requirement the day after the discontinuance date.

Persons with active or discontinued non-cash assistance in another county

Active CalFresh, Medi-Cal, or other non-cash assistance in another county

If the applicant met their reporting responsibilities, the beginning date of the prior residency time period will be determined by the verification from the other county of the applicant's compliance with that county's reporting requirements. (see below for procedures to follow if the client did not meet their reporting responsibilities.)

Discontinued non-cash assistance within the prior residency time period of the San Francisco CAAP application

If the applicant met their reporting responsibilities, the beginning date of the prior residency time period will be determined by the verification from the other county of the applicant's compliance with that county's reporting requirements.

Inter County Transfer - ICT

If an applicant has an active CalFresh, Medi-Cal, or CAAP (cash assistance) case in another county, the EW must verify if the applicant met their reporting responsibilities and has requested an inter-county transfer. (Note: General assistance programs cannot be Inter County Transferred.)

Intake appointment

All clients who apply for CAAP must also apply for CalFresh and Medi-Cal. A review is necessary in MEDS at the time of the Intake appointment . During the Intake appointment, the worker shall:

- Ask the client if they have requested an ICT transfer from another county. The worker will need to take the following steps to verify if the applicant has met their reporting responsibilities.

When MEDS shows the client is active in another county:

- EW will need to check the CalSAWS Journal and review if SFBN has initiated an eICT.
- EW will need to check eICT Data - Statewide CalSAWS page and check for eICT status (initiated, pending or complete).
- If the client initiated eICT and received CalFresh in SF County, check the EBT card transactions to verify residency.

If there are no SFBN CalSAWS Journals and no status in the CalSAWS eICT page:

EW will ask if the client reported the move to another County:

- If the client reported, the EW will ask when and call the other county to confirm the date of reporting. If confirmed, use the date of reporting as the first of the fifteen days and document in CalSAWS Journal.

If client did not report the move to another county:

- Document this in the CalSAWS Journal
- Deny thee application and inform the client to call SFBN to initiate the eICT.

Alternative Types of Residence

A person who resides in a motor vehicle, motor home, mobile home, camper, boat or houseboat can be eligible to CAAP as long as the vehicle is parked/docked in San Francisco and he intends to remain in the City and County of San Francisco.

Persons on probation/parole

For more detailed information, refer to section 91-7.5: Parole/Probation.)

Applicant previously incarcerated

If the applicant resided in SF for the prior residency time period at the time of his incarceration and returned to San Francisco immediately upon release, the applicant meets the residency requirement.

Applicant released from a treatment facility

If the applicant was residing in SF before going into a treatment facility outside of SF and immediately returns to SF upon release from that treatment facility, they meet the residency requirements.

Persons Who Do Not Meet Residency Requirements

The following people are considered to have not met residency requirements for eligibility to CAAP in San Francisco:

Persons with any active CASH AID case in another county

If the client has an active case for cash aid in another county, the SF CAAP application is denied. Inform the client to contact another county to have their Cash Aid discontinued. (Note: If the applicant remains in SF and reapplies, the beginning date of aid will be fifteen days after the discontinuance date from the other county.

A person with an active CalFresh, Medi-Cal, and other non-cash assistance case in another county who did not meet their reporting responsibilities

The application is denied. (Note: If the applicant remains in SF and reapplies, the beginning date of aid will be fifteen days after ICT request date.)

Physical presence but resides elsewhere

A person who is physically present in the City and County of San Francisco, but who has residency elsewhere, or states that they have no intention of remaining in San Francisco County permanently.

Persons on parole/probation in a county other than San Francisco

Refer to section 91-7.5: Parole/Probation for more information on persons who do not meet residency requirement.

Fleeing to avoid prosecution/custody/confinement

A person who is fleeing to avoid prosecution, or custody and confinement after conviction, under the laws of the place from which the individual is fleeing, for a crime or an attempt to commit a crime that is a felony under the laws of the place from which the individual is fleeing, or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State.

Verification/Documentation of Residency

The applicant must provide information about current and past residency. They must have lived in San Francisco for the prior residency time period requirement prior to the time of application, be physically present, and have the intent and the ability to reside in San Francisco. It is not a requirement of CAAP that the client have a fixed residence address in the City. If the applicant is unable to provide residency verification, the application will be denied.

- For applicants with an address, verification is required.
- For applicants who say they have been living in San Francisco but are homeless, verification of their San Francisco residency will be verified via the ONE system, EBT transactions, and/or appointments or check ins with HSA staff.
- For applicants who recently arrived in SF, their intent to reside in San Francisco must be established.

Verification of intent to reside in San Francisco

The applicant's intent to remain in San Francisco is established by self-declaration.

Verification of physical presence in San Francisco

The following are guidelines for acceptable proof of physical presence in San Francisco. Documentation must be internally consistent and verified.

Documentation of physical presence must be current, which is defined as issued within the prior residency time period (as defined above). (Note: Homeless clients are required to verify continued physical presence once a month. See section 91-7.1: Homeless Residency Verification for policies and procedures specifically relating to homeless CAAP clients.)

If the client's statements are inconsistent at the time of the Intake appointment, capacity issues notwithstanding and there is no conclusive evidence they fail to meet San Francisco residency requirements, the worker will make a FRED referral on the basis of the inconsistent statements provided.

Upon making a FRED referral, EW will hold the case in pending status until receipt of investigation report confirming client's residency.

Important: Regularly consult Mail Drop and shelter addresses, to ensure that clients are not using mail drop addresses as a residence (refer to section 99-8: Mail Drop Addresses). Although mail may be delivered to such alternative mailing addresses, mail drops may not be used for the purpose of establishing residency in San Francisco.

EBT Transactions Made Outside San Francisco

When a client uses their EBT card repeatedly outside San Francisco, it may be an indicator that the client is not living in San Francisco. Therefore, it is important to determine if the client is maintaining their residency in San Francisco. There will be times when outside transactions are acceptable, depending on the client's explanation. The worker shall make the determination whether or not the EBT transaction is consistent with the client's explanation.

The Investigation Division generates a monthly report that lists clients who are making more than two EBT transactions outside of San Francisco. The following is the procedure for addressing these EBT transactions made out of county:

- Upon receipt of the report, the Eligibility Worker (EW) shall review the list and take action as follows:
  - If 100% of the clients EBT transactions occurred outside of San Francisco, deny/discontinue the case.

    Note: For clients living in the southern part of San Francisco, no action should be taken if the client is transacting EBT in bordering towns of San Mateo County (e.g. Daly City).
  - If EBT transactions both occurred in and out of San Francisco, place a phone call to the client to get an explanation of the out of county transactions.
    - If the client provides an acceptable explanation and there is no pattern of previous EBT transactions made out of the county, the CAAP case will remain active.
    - If the client's explanation is not reasonable or there is pattern of previous EBT transactions made out of the county, make a FRED referral to verify the client's San Francisco residency.
    - If the client does not answer the phone or does not return the call, send a discontinuance notice for loss of residency. The client has 10 days to call CAAP to dispute the discontinuance. When the client disputes the discontinuance or files for a fair hearing, a FRED referral may be done at that time.
    - If the client has no phone number on file, make a FRED referral to verify the client's San Francisco residence.
- Workers must narrate the specific situation concerning the reason(s) for their action(s) on any of the situations, above (e.g., explanation is satisfactory, why a FRED referral is necessary, explanation is not satisfactory, etc.).
- The EW shall take appropriate action upon receipt of the results of the FRED investigation.

Even without the Investigation Report, similar actions as stated above shall be applied if the worker discovers out of county EBT transactions through the course of case review such as during the client's renewal of eligibility.

Temporary Absence from the County

Temporary absence

For CAAP, a person's place of residence is not changed by their temporary absence from the state or county provided the purpose of such absence is consistent with maintenance of housing in San Francisco, and provided the person is not absent from the county for more than 30 days following approval of (CAAP) benefits. They must inform CAAP when temporary absence is contemplated.

Eligibility for CAAP will terminate immediately upon abandonment of residency in San Francisco. **UNDER NO CIRCUMSTANCES** will an aid payment be made unless the client is physically present in the County.

A recipient's physical absence from San Francisco County for more than three (3) days may or may not indicate a change of residency. The worker must always be alert to changes in the recipient's circumstances that may indicate a change in residence intent. Such changes might include:

- Statement by the applicant/recipient
- Change in mailing address
- Job interview out-of-county
- Acceptance of employment outside San Francisco
- Acceptance of public assistance outside San Francisco

Acceptable reasons for absence from the county

Clients may leave the County for up to 30 days without penalty for verified reasons of good cause, including, but not limited to, the following:

Temporary employment

The recipient must present proof of employment, the period of time employed, and the total wages.

Health problems

Medical verification is required.

Special or temporary cause

Such as incarceration, illness, or death of an immediate family member. Verification is required.

Client's Responsibilities

The client has responsibility for notifying CAAP when they plan to leave the County for more than 3 days, if they know of such plans sufficiently prior to the time of departure to provide such notification. If the client has insufficient time to notify CAAP, the notification must occur within 3 working days of their leaving. If they fail to provide such timely notification without good cause, their case is discontinued.

The client must return before more than 30 days have expired or they no longer considered a resident of San Francisco and their case will be discontinued.

The client must also provide verification for any of the reasons listed above.

Worker's Responsibilities

When the client notifies CAAP that they will be out of the County:

- Inform the client that, as a CAAP recipient temporarily absent from the City and County of San Francisco:
  - They are ineligible to receive aid while out of the County.
  - They must return within 30 days or their case will be discontinued.
  - They must call their worker upon their return.
  - They will have to reapply if they are gone for more than 30 days.
- If the client states that their absence will be more than 30 days OR they have no acceptable reason for leaving the County, discontinue the case effective the end of the next pay period.

Special Situations

Following are policies and regulations relating to individuals in special situations.

Residency of a homeless person

Applicants and recipients are not required to have a fixed residence address in order to meet CAAP residency requirements. (See section 91-7.1: Homeless Residency Verification.)

Residency of military personnel

- The residence of any person living on a military base, including that of family members or friends, is considered to be that which it was prior to service. A new residence may be acquired during service if both act and intent are present.
- There is a general presumption that a person does not establish residency while living on a military reservation. Such person may live on a military reservation with the intent to return to their family's home in seasons of repose, and thereby establish for themselves a new residence. Conversely, they may, because of military orders or other reasons, live outside the reservation without intent to establish a new residence and, therefore, not acquire SF residency.
- In the absence of act and intent to the contrary, a member of the military or naval forces is considered to have retained the residence that they had prior to enlistment or induction. Under these circumstances, they do not establish a new residence until the date of their discharge.

Residency of a hospitalized person

Applicant recently released from a hospital

An applicant for CAAP who required hospitalization within a short time of arrival in the City, may require assistance when released from the hospital.

- The applicant must show evidence of act and intent to become a San Francisco resident.
- If they retain a residence elsewhere, and would like assistance to return them to their place of residence, refer the client to the Journey Home program detailed in 97-11.2: CAAP Benefit Package

Recipient hospitalized

When a recipient is hospitalized and a ten-day notification can be provided, only the verified rent expense is paid for the next CAAP pay period (and one additional pay period, if necessary), so that the client may maintain their cost-effective housing, which will then be available to them upon release from the hospital. The rent is paid with a two-party check to the client and the verified landlord; however, the landlord must first agree to accept a two-party check.

If hospitalization continues beyond 30 days, but is expected to last no longer than the next pay period, the Section Manager shall be consulted on a case-by-case basis. Whenever hospitalization is expected to continue beyond the pay period that follows the first 30 days, the client's aid is discontinued. (Note: if the client is released from the hospital within a pay period for which they received only housing costs, they are due the unpaid portion of their aid payment, prorated as of the date of their release.)

If the hospitalized recipient is a member of a 2-person FBU, the other member receives half of the 2-person grant amount and a two-party check is written to the landlord and the hospitalized client for the hospitalized client's share of the rent, as above.

Residency of persons deprived by court action of freedom of movement

The place of residence for persons deprived by court action of freedom of movement, remains the same as described by the court action.

Persons on parole, pass, or leave of absence from mental institution

A person on parole, pass, or leave of absence from a state hospital who has been committed from San Francisco (i.e., a San Francisco resident) for a mental disorder, may be eligible for aid unless they have been declared incompetent at the time of commitment.

91-7.1: Homeless Residency Verification

(Revised as of 4/29/25)

The criteria for residency are physical presence and intent to remain in San Francisco. Additionally, the client must have the legal ability to establish residence. For CAAP applicants, residency in San Francisco for 15 continuous days for General Assistance (GA), Cash Assistance Linked to Medi-Cal (CALM) and Supplemental Security Income Pending (SSIP), or 30 continuous days for Personal Assisted Employment Services (PAES), prior to the time of application, is a requirement of eligibility. Conclusive evidence of residence outside of San Francisco negates the client's claim to San Francisco residency.

All homeless CAAP applicants must have their San Francisco residency either verified through the ONE system or the Shelter Utilization Power BI report (if they are staying in a shelter that uses ONE), through EBT transactions, and/ or appointments or lobby check -ins with HSA staff.

NOTE: When reviewing the ONE system for residency verification, clients may be receiving services from providers within the system. These services can be accepted as valid proof of residency. Residency verification through the ONE system is not limited to shelter stays.

Acceptable Homeless Residency Verification

For more information on acceptable homeless clients' residency and verification, see section 97-11.2: CAAP Benefit Package.

Residency Verification

Client's statements and/or items of verification presented regarding residency must be internally consistent and verified. See section 97-11.2: CAAP Benefit Package for homeless residency and verification. For acceptable verification for housed clients, refer to section 91-7.6: Housing Verification.

When the client provides acceptable residency verification, the worker will determine eligibility for other factors. If the client appears to have a capacity problem that would make them unable to provide residency verification, refer to Triage for a capacity determination. If the client is determined to lack the capacity to provide such verification, they may be approved for SSIP, if otherwise eligible, with a PEC rating of ' C.'

At Intake, if the EW is unable to verify homeless residency through the One System, EBT transactions, and/ or appointments or lobby check- ins with HSA staff, deny the case.

For clients whose homeless residency in San Francisco cannot be verified, they should be referred to the Coordinated Entry Access Points for enrollment in the ONE system. Clients will be eligible for CAAP 15 days after enrollment in the ONE system or have a combination of acceptable verifications.

In Carrying, if EW is unable to verify homeless residency through One System or EBT transactions or completed workfare hours or combination of all of the above, discontinue the case for failure to verify ongoing presence in San Francisco.

There is CONCLUSIVE EVIDENCE that the client does not meet the residency requirement, the worker will:

- Continue the interview to complete the eligibility determination;
- Deny the application or discontinue the case for failure to establish SF residency;
- Narrate all of the specific inconsistencies that were the basis for the negative action.

Note: Conclusive evidence that an applicant does not meet the residency requirement makes them ineligible for assistance, regardless of whether or not they have the capacity to provide verification.

Example of conclusive evidence that a client does not meet the residency requirement:

- The client presents a bus ticket indicating that they arrived from Idaho yesterday, but they claim to have lived in San Francisco for the past 30 days.

Approval Homeless Residency Verification

All homeless CAAP applicants must either have their residency verified through ONE or the Shelter Utilization Power BI report and/or EBT transactions at the time of Approval. Clients' who cannot have their residency verified via ONE system or EBT transactions will be denied.

For applicants who are given a "capacity" rating by Triage or who have a verified long term disability, approve the client for SSIP, as otherwise eligible. If client received a "capacity" rating or a verified long term disability after case has been approved, carrying worker will update client's program to SSIP and PEC code in CalSAWS, and issue Retro pay to client from client's application date.

On-going Homeless Residency Verification

Homeless client's residency is verified every month. A monthly report will be generated and cases will be assigned to EWs via tasks in CalSAWS to verify residency for the prior month. In the process of verifying residency, EWs must take into account usage of shelter for the current month. Check the client's shelter status using the ONE system orShelter Utilization Power BI Report, if the client is on this report, it shows that they are currently placed at the shelter site. Therefore, their homeless residency requirement is met. Refer to section 97-11.2: CAAP Benefit Package for information on EWs responsibility upon receipt of tasks.

91-7.3: Maximum Monthly Expenses

(Revised as of 11/1/25)

According to CAAP Ordinance Sec. 20.7-10, verified expenses during a current month of eligibility and/or application which exceeds the otherwise eligible client's total monthly income and or assets shall create a rebuttable presumption of ineligibility for aid.

Whenever a client's monthly expenses (i.e., rent, utilities, car payments and debt payments) exceed the total monthly income and or assets, and if it is foreseeable that the client will be unable to meet such expenses, they will be required to bring down their expenses from the time they are no longer able to pay them.

The client is given thirty (30) days from the time they can no longer meet their monthly expenses in which to verify that their monthly expenses have been lowered to a level within their total monthly income and or assets.

Ways in which the client may lower their monthly expenses include, but are not limited to, the following:

- Getting a roommate;
- Having the landlord lower the rent;
- Finding other living arrangements.

The client may rebut the presumption of ineligibility to CAAP by declaring and verifying all other means that enable them to pay their shelter expenses.

Ways to rebut the presumption of ineligibility for CAAP include, but are not limited to, the following:

- The client has cash or money in the bank.
- The client has other income.
- The client receives rental assistance from a third party.
- The client's rent is paid by a third party directly to the landlord.
- The client's rent is paid by a third party not directly to the landlord.

Note: If rental assistance covers the entire housing cost, income in-kind value is applied.

Monthly Expenses Exceed Combined Income and Cash/Bank Assets

If the client's monthly expenses exceed the total of their combined income/assets (i.e., CAAP grant amount plus total monthly income and or assets) at any time, they must complete and sign Form 2145.

Completion of Form 2145

Form 2145, Maximum Monthly Expense Agreement is completed and signed by the client to either:

1. Agree to lower their monthly expenses within their total monthly income and or assets.
    - If the client is unable to establish a means for paying their monthly expenses, Form 2145 is used to establish a time limitation of 30 days after which the client's monthly expenses must be at a level within their total monthly income and or assets. On Form 2145, the Eligibility Worker enters the appointment date and time on which the client must submit verification or return to verify that they have lowered their monthly expenses to an acceptable level.

    OR
2. Rebut the presumption of ineligibility by declaring that they are able to pay their current monthly expenses.

- The client may show that they are able to pay their monthly expenses by supplementing their grant with other income and/or cash/bank assets and/or rental assistance.

  Example: The client will be unable to pay (or lacks an explanation as to how they will be able to pay) their monthly expenses which are due on July 1st. The Eligibility Worker enters 7/30/YY as the end of the 30-day period. The client's verified monthly expenses must fall within the level of their combined income, i.e. CAAP grant amount plus total monthly income and or assets and cash/bank assets after this date.

For monthly housing costs only:

The client may show that they are able to pay their monthly housing expenses by a third party rental assistance that is paid directly to the landlord/housing provider.

Example: The client's rent is $1,000. Their mother gives $1,000 directly to the landlord to pay their rent. Since their entire housing cost is paid for, the client is considered rent-free. An income-in-kind value is deducted from their grant. The client is entitled to a reduced grant of $292 ($714 - $422).

The client may show that they are able to pay their monthly housing expenses by a third-party rental assistance that is not paid directly to the landlord/housing provider. A cash contribution towards rental payment that is not directly paid to the housing provider/landlord would not be counted as monthly income only if the client provides proof to the county that this is beyond their reasonable control and the housing provider/landlord will only receive rental payment from the client and/or does not want to receive multiple rental payments from third parties. The client is eligible to receive the full grant provided no other income is received and/or money owed to the county. Any cash contribution over the housing and/or utilities is considered unearned income.

Example #1: The client's grant is $714. To help him financially, his mother is paying his $1,000 a month housing cost. He provided proof that the landlord will not accept a 3rd party payment. The $1,000 is given to the client. Since his entire housing cost is paid for, the client is considered rent-free. An income-in-kind value is deducted from his grant. The client is entitled to a reduced grant of $292 ($714 - $422).

Example #2: The client's grant is $714. To help them financially, their mother is paying $600 towards their $1,000 a month housing cost. They provided proof that the landlord will not accept a 3rd party payment. The $600 is given to the client. Since their entire housing cost is only partially paid for and the client still need to pay $400 towards their rent, the money provided by their mother is considered exempt. The client is entitled to a full grant.

Example #3: The client's grant is $714. To help them financially, their mother is giving them $1,100 a month for their $1,000 housing cost and other needs. They provided proof that the landlord will not accept a 3rd party payment. The entire $1,100 is given to the client. Their entire housing cost is paid for so the client is considered rent-free. An income-in-kind value is deducted from their grant. Since the amount of money provided by their mother is in excess of their housing needs, the excess amount of $100 is considered countable unearned income and will be deducted from the grant dollar for dollar retrospectively. Their grant will be as follows:

- 1st month: Grant minus income-in-kind ($714 - $422) = $292
- 2nd month: Grant minus income-in-kind ($714 - $422) = $292
- 3rd month: Grant minus income-in-kind minus countable income ($714 - $422 - $100) = $192

Example #4: The client's grant is $714. To help them financially, their mother is giving them $1,500 a month for their $1,000 housing cost and other needs. They provided proof that the landlord will not accept a 3rd party payment. The entire $1,500 is given to the client. Their entire housing cost is paid for, therefore the client is considered rent-free. An income-in-kind value is deducted from their grant. Since the amount of money provided by his mother is in excess of their housing needs, the excess amount of $500 is considered countable unearned income and will be deducted from the grant dollar for dollar retrospectively. Their grant will be as follows:

- 1st month: Grant minus income-in-kind ($714 - $422) = $292
- 2nd month: Grant minus income-in-kind ($714 - $422) = $292
- 3rd month: Grant minus income-in-kind minus countable income ($714 - $422 - $500) = zero; ineligible

Determining When the Client Will No Longer be Able to Pay Their Monthly Expenses

Whenever a client's monthly expenses exceed their total monthly income/assets and the client rebuts the presumption of ineligibility because they can supplement their monthly CAAP benefits by their assets and income, it is the Eligibility Worker's responsibility to compute if and when the client will be unable to pay their monthly expenses.

Example:

a. An applicant applies on February 1st. He has $600 in the bank. Their current rent of $814 has not been paid. They are found eligible for a monthly CAAP grant of $714. Since their monthly housing expenses exceed their CAAP benefits, they state that they will be able to pay their rent by supplementing their CAAP benefits with the money that they have in their bank account. By withdrawing $100 every month to supplement their CAAP benefits for their rent, their savings will be exhausted at the end of the 6th month. The Form 2145 is completed and indicated that the client rebuts the presumption of ineligibility by declaring that they are able to pay their current monthly expenses by reason that they have money in their bank account. It is also indicated in the form that this rebuttable presumption will end on July 31st (end of the 6th month when the money in their bank account is depleted).

b. When their savings is exhausted at the end of the 6th month, they will be unable to pay their rent on August 1st. The Eligibility Worker gives the client 30 days beginning on August 1st, in which to establish that their monthly expenses will fall within their means. The EW completes a new Form 2145 indicating that the client must provide verification of reduced expenses at the end of the 30-day period, August 30th.

Follow-up Requirements

The Eligibility Worker shall complete the "County Use Only" section of the completed form 2145 at the end of the period specified for the client and determine continuing eligibility as follows:

- If the client provides acceptable documentation within thirty days of how his monthly expenses are met, no further action is necessary. Review at the client's next re-evaluation (RE).
- For a client whose rebuttable presumption ends, give the client thirty days to lower their monthly expenses within the appropriate maximum allowable expenses. Schedule the client for an appointment to complete another form 2145.
- If the client fails to submit acceptable documentation after the thirty-day period, discontinue the case.

At Reapplication

Whenever a client's CAAP benefit is discontinued because their monthly expenses exceed the client's total income/ assets after the thirty-day period expired, the client is ineligible to receive CAAP until their monthly expenses do not exceed their income/assets.

91-7.4: Institutionalization

Institutionalization is defined as any client staying in a facility that provides housing and 3 meals a day with no cost to the client.

Generally, a client who is institutionalized is ineligible to receive CAAP because it is presumed that the client is a resident of a state or private institution that provides housing and three meals a day. To rebut this presumption, the client must present satisfactory evidence (acceptable verification) that he pays the facility for his housing and/or he is not provided with 3 meals a day.

Example: A client who is staying at a county jail or hospital facility, at no cost to him, and whose needs are being met is considered institutionalized and, therefore, not eligible to receive CAAP.

91-7.5: Parole/Probation

(Revised as of 6/16/25)

Clients recently released from jail or prison often apply for CAAP until they can secure other means of support. Before they can be approved for assistance, however, it must be verified whether the client meets the residency requirement (and all other requirements).

Usually, a person on probation may or may not have been confined in jail; whereas all individuals on parole have been in a state or federal prison.

- A person on **parole** in another county **may be eligible** to receive CAAP benefits when the county of responsibility allows the client to live anywhere and the client intends to live in San Francisco.
- A person on **probation** in another county **may be eligible** to receive CAAP benefits under certain circumstances.

Important: If the client has been released from a California prison, they may have received gate money of up to $200, depending on the length of stay. This must be verified and is considered unearned income and, therefore subject to retrospective budgeting.

Sometimes, the release will receive other monies in addition to gate money. This includes money brought to prison, earned or received while in prison. These monies added to the actual gate money would be considered as a resource. The worker shall verify exactly what the client received upon release.

Persons Who Meet Residency Requirement

A person on parole, when the county of responsibility allows the client to live in San Francisco.

A person on probation in another county only if the client is allowed to reside in SF by his Probation Officer.

- The client must provide written verification--if available. If verification is not available, make a narrative entry of the telephone conversation. (If the client is not allowed to live in San Francisco, deny the case: "probation status does not meet residency requirements".)
- If the client does not have an assigned Probation Officer, contact the Probation Officer of the Day. If the Officer of the Day is not available, pend the case for up to three days so that verification can be obtained within that period.
- If the client is on court probation, obtain a copy of the court document. The court document must indicate that the client has freedom of movement/has permission to reside anywhere.
- If there's evidence that the client is not in good standing with their probation status, contact the client's Probation Officer to determine if the client is still allowed to live in SF despite the client's "not in good standing" status. If the Probation Officer is not available to give this information, pend the case for the up to three days so that verification can be obtained within that period.

Persons Who Do Not Meet Residency Requirement

Clients on Parole/Probation in another county and who **are not** allowed by the terms of their parole/probation to live outside of the county of responsibility (for example, the client is not allowed to live in San Francisco), are not eligible to receive CAAP benefits.

Clients on Probation in another county may be eligible to receive CAAP if certain circumstances are met. (See Probation Without a Probation Officer.)

Verifying the Parole/Probation Status

Whenever a client is on parole or probation, the worker must call the appropriate agency to verify whether the client is allowed by the terms of their parole/probation to reside in San Francisco. Acceptable verification must be presented by the client on Department of Parole/Probation letterhead, indicating that they are allowed to live in San Francisco; the worker must upload the letter to Imaging. Clients who are not allowed to reside in San Francisco are not eligible to receive CAAP benefits. For exceptions (including shared jurisdictions and out-of-county court probation) consult Section Manager.

Verification By Telephone

- If the client has been in prison recently, but states they are not on parole, they should have prison discharge papers. If they do not have papers, but were in the California Prison System, call the regional Record for Northern California, at (916) 225-2758 (only if CDC # is known); or call the Regional Record for Southern California (909) 468-2300.
- If the client states that they are on parole in San Francisco, call (415) 703-3164.
- If the client has been in prison outside California, call the Parole Office in that state. (Call INFORMATION in the state capitol. The parole office is usually located in the state capitol.)
- If the client was recently in jail in San Francisco, but states they are not on probation, call (415) 553-1706; otherwise, call the County Probation Department in the area where he was jailed.

Declaration by Client on Statement of Facts

If on Form 2133, Statement of Facts, the client states they are on probation and they check:

- Box 1, the worker shall ask for documentation. If the documentation confirms that the client is on unsupervised probation, the client is eligible for CAAP.
- Box 2 or 3, current eligibility process applies: the client may be aided under certain circumstances. (See above.)

Probation Without a Probation Officer ("Released on their own recognizance")

If a client states that they have been assigned to court probation without a probation officer they may be eligible to receive CAAP if acceptable verification is provided. Since Court Probation without supervision can be revoked at any time, ***a call to the probation department in the county from which the client was released must be made for all clients at all times*** (to check for changes in the probation status). In addition, workers need to do the following to verify the county of responsibility:

- If there is a copy of the court document, ask to see a copy of the court document. Review the document for language that indicates that the client was released on their own recognizance or under unsupervised probation.
- If there is no court document available:
    - For Intake pend the case for up to three days, give the client time to bring in a copy of the document.
    - For Carrying we will give the client an appointment to bring in a copy of the document within 5 work days.
    - If the officer on duty is not available to verify the client's probation status, the probation clerk's verification is acceptable. The worker must note the full name and title of the person who gave the information, the phone number and the date of the call.

Incarcerated Client

See section 97-7: Incarceration.

Manager's Shelter Exemption for Paroled Sex Offenders

Homeless clients who are not permitted to stay in shelters due to a court order that sets the conditions of parole for registered sex offenders are given a special Manager's Shelter Exemption.

Worker Responsibilities

Whenever a client presents a letter indicating that they must remain homeless because the are not allowed to stay in shelters, the worker shall:

- Verify, following usual procedure, if the client meets the residency requirements in San Francisco.
- Verify if the client is wearing an electronic ankle bracelet. If the client is not wearing an electronic ankle bracelet, this process does not apply.
- Validate the client's letter of introduction from the Parole Officer by calling the Parole Officer and requesting validation. Schedule the client for a callback appointment in three workdays for Intake, and in five workdays for Carrying if the information is not obtained. If the Parole Officer does not validate the letter, issue the client a CBP grant and offer the client a shelter reservation. If the client accepts the reservation, print and provide the referral confirmation page in ONE detailing shelter reservation information. If the Parole Officer validates the letter and the client meets all other eligibility criteria, follow instructions below.

If the client meets all of the above criteria, request Manager's Shelter Exemption through the Unit Supervisor. Give the Unit Supervisor the following relevant documentations:

- Parole officer's verified letter of introduction.
- ONE Shelter History
- Narrative printout stating that the client's electronic ankle bracelet was sight-verified.
- Completed Form 2275 Intake, CAAP Benefit Package Disclosure.
- Printout of the Case Flag in CalSAWS indicating "Sex Offender Shelter Exempt".

Unit supervisors shall present these documents to the Section Manager for review. If the ONE placed or discharged history indicates that the client is staying at one shelter for more than one consecutive night, the section Manager shall write on Form 2275 whether or not shelter exemption was granted.

- If the client does not meet the above criteria or is not granted shelter exemption, issue the client CBP grant and offer the client a shelter reservation.
    - Print and provide the referral confirmation page in ONE for the client.
- If the client is granted shelter exemption, issue full benefits at Approval.
- If the client accepts a shelter reservation, issue CBP.
    - Complete all CBP-related forms, with the exception of the Form 2275, CAAP Benefit Package Disclosure.
        - On the Form 2275, under the section "Offer of CBP shelter placement is not made", check the box for "Other" and write "Manager Shelter Exemption". Place a line through the next two paragraphs since they do not apply to the client's situation. Complete the rest of the form as usual.
        - Print and provide the referral confirmation page in ONE for the client.
    - Add the Case Flag "Sex Offender Shelter Exempt" in CalSAWS.
- If employable and not participating in an approved activity, refer the client to a WDD Appointment.
    - WDD shall review the appropriate work activity opportunities with the client.
    - If the client is a verified participant of an Agency-approved Special Program, follow the usual procedure.

- Document in CalSAWS, the client's parole/probation information, including the beginning and ending date.
- Assign the appropriate Case Flag.
- Enter in the CalSAWS Journal, all relevant information about the case including details related to the client's shelter exemption status. This is in addition to the narrative entry on the letter.
- Check their homeless monthly residency. The Carrying worker shall check the Shelter Utilization Report for the client's current shelter placement. If the report indicates that the client is currently placed in any shelter sites, consult the Section Manager (via Unit Supervisor) for further action.

91-7.6: Housing Verification

(Revised as of 9/16/25)

Clients who have met all the residency requirements for eligibility to receive CAAP benefits in San Francisco must also verify their housing status (whether they are homeless or housed). For homeless clients, refer to 91-7.1: Homeless Residency Verification.

For clients who are housed, the worker must do the following:

1. Verify that they are currently living at the address provided
2. Verify whether or not they pay rent
3. Verify that the address is a valid residence address
4. Conduct an address clearance to determine any active cases associated with the same address

Verify that the client is currently living at the address provided

Clients who are housed must provide documentations that they live at the address provided.

Acceptable documentations will be one of the following and must be dated within 60 days:

- Utility bills under the client's name (excluding cell phone bills),
- Hotel or property manager's statement on their letterhead,
- A cabin or case manager's statement on their letterhead,
- Hotel rent receipt with the hotel official stamp,
- Lease agreement (if over 60 days, the landlord must confirm by telephone that the client is still living at the address provided),
- Eviction notice,
- A statement from their landlord or roommate (this must be accompanied by an acceptable documentation such as a utility bill that shows the landlord/roommate's name and the client's address)
- Other documentations that will verify the client's housing status will be considered acceptable only upon approval by the Unit Supervisor.

Clients who cannot provide acceptable verification that they live at the address provided maybe denied. The client may reapply when they secure appropriate verification of housing, or if the client states they are homeless.

Verify whether the client is paying rent or not

The worker must verify whether the client is paying rent to determine if they are entitled to the maximum grant amount. If the client is not paying rent, an income-in-kind value for housing must be deducted from the maximum grant amount. If the client is also not paying utilities, an additional income-in-kind value for utility must be deducted.

Note: A client residing in a cabin will receive a reduced grant.

A cabin is a temporary housing in a modular, portable structure made of prefabricated panels assembled on a steel frame foundation with a heater, a bed and electrical outlets with 100 or less square feet of living area. Other furniture such as a desk and chair may also be present. No bathroom or cooking facilities are in the structure. The property is managed by a nonprofit or City agency, or combination of both, with hot meals delivered in a dining hall and separated shower and bathroom facilities on site.

The documentation that the client will submit to verify that they are paying rent must:

- Be dated within 60 days
- Have the client's name, address, rent amount and the signature of the housing provider.

Acceptable documentation will be one of the following:

- Hotel rent receipt with hotel official stamp.
- Lease agreement (if over 60 days, the landlord must confirm by telephone that the client is still living at the address provided),
- Form 2143 (Rental Statement) or a written statement from their housing provider and a document linking the person providing the verification to the address provided (e.g. property information*, utility/telephone bill, telephone online directory listing in provider's name with address)
    - *Property Search information: verification must be traceable back to the owner of the property through the use of property tax files, checking the County Assessor's online property search and/or calling the County Assessor's Office at 1-415-554-5596, and through the Internet.
    - If a F2143 is sent via DocuSign, the EW must also send a second email to the client stating the landlord must sign the F2143 if they do not have other acceptable rental verification.
- If the client is withholding rent due to a dispute with the landlord, the Eligibility Worker must verify the dispute/non-payment of rent with the landlord. If the client provides documentation that they are placing the monthly rental amount in a renter's escrow account to manifest their willingness to pay once the dispute with their landlord is settled, no grant reduction shall occur.
    - If the client is unable to provide verification of their rent being placed on an escrow account, their grant amount shall be reduced by the value of income-in-kind housing. Once the client had verified that they had paid their arrears of rent after the dispute with their landlord has been settled, such grant reductions above shall be paid back to the client as an underpayment.

At both intake and during ongoing eligibility, if the landlord has verified the client has a rental obligation but the client is unable or unwilling to pay rent, the case should continue to be approved for the Housed Grant.

Clients Who Receive Free Rent

Acceptable verifications include Form 5033 (Provider Statement) or written statement from a co-tenant or landlord confirming current address and free rent.

Note: If the co-tenant or landlord is providing rent as Income-In-Kind, in exchange for odd jobs, house sitting, etc., a statement from the provider must be submitted, specifying the terms of the arrangement.

Address Validation Process

As part of the verification process, the workers must validate any address that clients provide. The purpose of the validation process is to ensure that the addresses clients provide actually exist (i.e., that the address is real) and can be a residence.

Workers will look for the following:

- That the address is not a business entity, a commercial property or an agency. If it is, investigate further.
- That the address is not a mail drop. If it is, deny/discontinue the case.

Workers must narrate the outcome and their actions in a CalSAWS Journal (e.g., internet searches like Google or Yahoo, the address is valid, etc.).

Address Clearance Process

The Eligibility Worker must conduct an address clearance in CalSAWS to verify the following:

- If they have minor children living with them.
- If their spouse who is not on aid or had not applied for aid with them is living at the home address they provided.

Note: For the above bullets, the worker must ask the client to explain. If the client's responses are not believable, but leave the worker with little or no evidence to deny the case, the worker shall make a FRED referral.

- If their housing provider is active on aid, notify their worker for this client's possible rental income. The worker must be careful not to share any information about their landlord being on aid for reasons of confidentiality.

FRED Referrals

A FRED Referral may be appropriate for the following situations:

- In situations when the landlord refuses to provide verification of the client's housing.
- When the client provides conflicting information after an attempt was made by the worker to clarify residency.
- If the client stayed in the shelter prior to applying for CAAP as housed.
- If submitted documents don't seem valid. i.e. they appear altered or superimposed, or seemingly aren't copied well, or missing certain parts of the document. Or various parts of the same document appear printed in different fonts or in different handwriting.
- If three or more people seem to live at the exact same address.
- Address presented doesn't seem to appear as a residential building on Google Maps view.
- If documents show conflicting address information.
- Statements or references made by client during the interview that may indicate that they may actually be homeless, rather than housed.

Worker Responsibilities

For clients who are housed the worker shall:

1. Verify the client's address and housing status. If the client is unable to verify their housing, they will be denied.
2. Assist the client in figuring-out what is the appropriate residency verification he needs based on their housing situation.
3. If the client's monthly housing expenses exceed the total monthly income and assets, complete Form 2145, CAAP Maximum Housing Expense Agreement, for the client to submit in thirty days with acceptable documentation that verifies how he is meeting his monthly housing expenses.

Supervisor Responsibilities

1. Review documentation submitted by the client that verifies their housing status, if other than the acceptable documentation listed above.
2. Consult the Section Manager for approval.
3. Review the appropriateness of the FRED referral initiated by the worker.

Clients who are housed but used Shelter during Intake Period

Check the Shelter Utilization Report to determine if the client has stayed at any shelter during the Intake period. The report indicates the stays of clients in shelters for the last 3 months.

- If the client declares that they are now homeless, process the application for CBP as usual.
- If the client declares that they are still housed and their housing verification covers the period of the shelter stay, deny the client's application for conflict of information.

Clients who are housed but have difficulty getting their mail at that address

Clients must bring in written verification (a filed compliant) from the police department or postal authorities and should be approved by the Unit Supervisor to use an alternative mailing address.

Important: Mail-drop, P.O. boxes and shelter addresses cannot be used by clients as residency or mailing addresses.

North Beach Citizens

The mailing address for residents of North Beach Citizens should be 1034 Kearny St SF 94133 regardless of the client’s home address to ensure proper mail delivery.

91-7.7: Mail Return

(Added on 10/30/23)

A mail sent to a client that was returned to CAAP may be an indication that the client may have lost their San Francisco residency and thus may no longer be eligible for aid. However, prior to taking a negative case action, a thorough investigation surrounding the mail return must be done by the Eligibility Worker to gather adequate evidence to determine whether a case termination is supportable or not.

Note: This policy only applies to mail sent to an address of a housed client and not to mail sent to General Delivery or to an alternative mailing address of a homeless client.

Undeliverable or Addressee Unknown

If the mail is sent to the recipient's address of record and is returned as "undeliverable" or "addressee unknown", the Eligibility Worker must do the following:

1. Examine the address on the returned mail to ensure that it was accurate (e.g. correct street number, zip code, etc.) and matches the address on record. If the mail was sent to the wrong address, mail a new one to the client.
2. Review the most recent residency verification submitted by the client and check if that address was entered in CalSAWS accurately. If the mail was sent out to the wrong address due to the incorrect data entry, mail a new one to the client.
3. Check if an address change was reported to CAAP or to another program after the mail was sent out. Check also if the address change was verified and entered in CalSAWS. If the client reported they have moved to another program, send another mail to the new address. If the address has not been verified, ask the client to submit appropriate address verification.
4. Review case journals and Imaging if a mail delivery problem has been reported/or documented. If there is a reported mail delivery problem, mail the client a new appointment letter. In addition, the worker must also provide a courtesy call to inform the client of the appointment.

If none of the above applies, discontinue the case for whereabouts unknown. Provide the client a courtesy call informing them of the case discontinuance. If the client claims that they still reside at the address or report a mail delivery issue, ask for verification. Once the client provides the verification, rescind the case discontinuance. The client has until the third workday after the effective discontinuance date to submit the verification. However, if they call on the last day, the deadline may be extended up to three work days to submit the verification.

Has a San Francisco Forwarding Address

If the returned mail indicates that the client has moved to another address in San Francisco but this address change has not been reported to CAAP or any other HSA program, contact the client either by phone or mail (mailed to the new address) to instruct them to submit verification of the new residence.

Has an Out of County Forwarding Address

If the returned mail indicates that the client has moved to another address outside of San Francisco, discontinue the case for loss of San Francisco residency. Provide the client a courtesy call informing them of the case discontinuance. If the client claims that they still reside at the address or report of a mail delivery issue, ask for verification. Once the client provides the verification, rescind the case discontinuance.

FRED Referral

At any time there is an issue with the verification of the client's address/residence, refer the case to FRED to investigate and assist in the verification process.

Note: Please note that unless the client has another reason to come in person to meet with an Eligibility Worker, verification of their residence can be submitted by email, fax, mail, at the CAAP drop off or the CAAP Service Counter.

91-8: Student Status

(Revised as of 07/15/25)

An eligible student is defined as any individual who is enrolled in an institution such as high school, community college, or technical or vocational school. Students can be employable or unemployable.

Employable Students

Per CAAP Ordinance SEC. 20.7-9 (REBUTTABLE PRESUMPTION OF INELIGIBILITY – STUDENTS), status as a student shall create a rebuttable presumption that such person is unavailable for, or unable to accept, offers of employment. The presumption may be rebutted by satisfactory evidence being presented to the Department of the student's opportunity, availability and intent to seek employment on a full-time basis.

The above ordinance applies for all employable clients.

Any evidence presented by the client to rebut ineligibility due to his/her student status shall be reviewed and approved by the Unit Supervisor.

Eligible Students in CAAP Approved Course or Training Program

An employable student may be aided if their school or training meets the following criteria:

- Enrolled in a one of the following courses:
    - High School or G.E.D. (General Education Diploma) preparation—the client is expected to obtain their diploma within twelve (12) months.
    - Vocational training program that can be completed within twenty four (24) months and must lead to employment.

Training/Schooling is subject to the approval of the Unit Supervisor.

Notes:

- Deny the application if the client's school or training would last more than twelve months for High School/GED or twenty four months for vocational training.
- High School or GED classes are restricted to a lifetime limit of twelve months and distinct/separate from the time limit for vocational training.
- There is a twenty four month lifetime limit for taking vocational training for employable clients. For more details, please see vocational training approval process below.
- Employable clients taking any level of ESL classes may not be eligible.

Note: For clients with ESL Level 1 through 4 who are interested in improving their English proficiency as well as gain work experience may attend VIP (Vocational Immersion Program) offered by WDD. (see Section 95-10: Vocational Immersion Program (VIP))

Course/Training Program Approval Process for Employable Clients

For High School or GED Approval:

Whenever a client declares or reports that they are taking High School or GED classes, the Eligibility Worker must verify through client's case record that the time limit for taking these courses has not been exhausted. Any periods used for GED or High School classes prior to January 1, 2019 are excluded from the lifetime time limit.

- If the client has not exhausted the time limit, Form 2174 (School and Training Verification and Request for Approval) must be completed and submitted to the Unit Supervisor for approval.
    - If the Unit Supervisor approves the client's request, the EW enters Case Flag J in CalSAWS with an expiration date of RV due month or the end of the training program, whichever comes first.
- For a client who has exhausted their twelve month limit, deny/discontinue their case if they want to continue attending school. For a client who has used up part of the 12 months while on past aid, the worker must ensure that the client will be able to complete the course within the remaining number of months for the client to be eligible.

A client who was denied at intake due to student status may reapply when they are no longer a student. A client who was discontinued may have their case discontinuance be rescinded if official withdrawal from school/training is provided before the effective discontinuance date.

For Vocational Training Approval:

Eligibility Worker Screening Process

1. For clients on self-initiated school or training, the Eligibility Worker must verify the following:
    - That the client's course is a vocational training. (Please note that any City College of San Francisco course is considered a vocational training). Deny/Discontinue the case if the training/school is not considered a vocational training program.
    - That the client has not exhausted the twenty four month time limit for taking vocational training. Any period used for any training program prior to January 1, 2019 are excluded from the lifetime time limit.

      Examples:
        - A client was approved for a 9-month vocational training program that commenced on 9/1/2018 and will end on 5/31/19. After the client had completed the training, only five months of the 9-month training program are counted towards the time limit since the first four months of training were prior to 1/1/2019. After completing this training, if the client requests approval of a training program in the future, they would still be entitled to 19 months (the remaining number of months on the 24-month training limit).
        - A client completed their approved 12-month vocational training in 2010. Since the entire training was completed prior to 1/1/2019, the 12 months spent in training would not be countable. The client is entitled to another 24 months of training/schooling.
        - If the client has not exhausted the time limit, Form 2174 (School and Training Verification and Request for Approval) must be completed and submitted to the Unit Supervisor for approval.
        - For a client who has exhausted their limit and wants to continue attending school, deny/ discontinue their case.
        - For a client who has used up part of the 24 months, the worker must ensure that the client will be able to complete the course within the remaining number of months for the client to be eligible.
        - A client who was denied at intake due to student status may reapply when they are no longer a student. A client who was discontinued may have their case discontinuance be rescinded if official withdrawal from school/training is provided before the effective discontinuance date.
2. After the screening for student eligibility to CAAP as outlined above, the worker shall instruct the client to complete and submit a Form 2174 to request approval of the vocational training by the Unit Supervisor. For City College students, a copy of their educational plan must be provided with the Form 2174.
    - For Intake, if the client reported being a student at the Intake appointment, the form is due at Approval.
    - For Carrying, the form is due in 5 workdays.

3. Upon submission of the Form 2174, the EW must review the information provided by the school/training program to ensure that it is consistent with information previously provided by the client. If the information is consistent, the EW must complete Section III of Form 2174 and submit the form to the Unit Supervisor for approval.
    - If the information is not consistent, the worker must re-screen the information to make sure that the client would still qualify as an eligible student. If the client is still eligible after the rescreening of the student information, the EW must complete Section III of form 2174 and submit the form to the Unit Supervisor for approval. If the new information makes the client ineligible as a student, deny/ discontinue the case.

Unit Supervisor Approval Process

1. Upon receipt of the Form 2174, the Unit Supervisor approves a specific vocational training program by verifying the following:
    - The training program can be completed within the time limit as specified above.
    - If upon completion of the program, the client can acquire the skills, training and experience for a job, thereby enhancing the potential for the client's entering the labor market.

Important Note: In the absence of the Unit Supervisor, the worker must obtain the approval from the Task and Miscellaneous Supervisor of the day.

2. The Unit Supervisor completes Section IV of the Form 2174 to approve or deny the training request.

    If the Unit Supervisor approves the client's request, the EW shall:
    - Initiate (for new student) or update (for clients with existing time clock) the GED or Vocational Training Time Clock located in: School and Training Tracking Time Clock
        - Since this process is for self-initiated training, use the month the school or training request was approved as the first countable month.
        - To initiate the time clock for a new student, please, only enter the first countable month.
    - Enter the school/training information in CalSAWS.
    - EW shall update the client's Case Flag to "S1 – Approved training" with an expiration date of the last day of the RE month or the training completion date, whichever comes first.
    - If the Unit Supervisor denies the client's request, deny the client's application as ineligible student.
    - At carrying, if the client withdraws from school, refer to an applicable activity. If the client chooses to continue school, discontinue the case.

WDD-Referred School or Training Programs

Clients who are not currently in school or a training program who state they are interested in pursuing educational goals may be referred to Workforce Development Division (WDD). See Section 95-8: School and Training Opportunities for details.

Employability Requirement

Clients on a CAAP approved self-initiated school or a training program (depending on the number of hours devoted to school or the training activity) may be required to participate in a CAAP work activity to continue their eligibility to CAAP.

To determine if the client is required to do a CAAP work activity, the EW must do the following:

1. Determine the client's actual number of classroom hours per week.
2. If the classroom hours total more than 6 hours or more, the client is exempt from work activity.

3. If the classroom hours total less than 6 hours, the client is required to do a work activity. Refer the client to either Workfare or LDCS depending on the client's employability rating.

Note: Clients who were referred by WDD to a school or training program are automatically exempted from work activities regardless of the number of classroom hours.

Work Activity During School Breaks

Clients who are in school or during a training break lasting more than a month are required to participate in a CAAP work activity.

Tracking and Monitoring School Attendance and Participation

To ensure that clients are continuing to comply with a CAAP mandatory work activity, their school/training attendance and participation must be monitored regularly. A Form 2174A will be provided and used as a verification. The CAAP EW shall verify that:

- The client continues to participate in the school/training program at every Re-evaluation appointment.
- The client had completed the course/training at the end of the semester or training program. The assigned EW will contact the client to submit verification of the school/training completion.

When informing the client of the approval of their school or training request, the EW must emphasize the client's responsibility to report and changes in their student status such as:

- Withdrawing or dropping out of the school or training program
- Completing the course or training program earlier than previously reported to CAAP
- Changes in their student financial status (e.g. receipt of financial aid)
- Dismissal from the school/training program

School or Training Failure

Failure to continue to participate or comply with the course/training program's requirements shall be considered as a failure to participate in a CAAP mandatory work activity.

Prior to taking a case action for any noncompliance related to school/training participation, the assigned EW must evaluate the failure in light of other compliance failures or good cause that may exits.

Note: The following procedure applies to self-initiated training only. A parallel process involving WDD-referred school/ training program can be found in Section 95-8: School and Training Opportunities.

1. If the failure results in negligent failure warning:
    a. The EW will send a notice of negligent failure to the client.
    b. The EW will assign the client to a work activity based on their employability rating from the last Triage assessment.
    c. If the client still wants to pursue their educational goal, the client may submit a new Form 2174 for approval.
2. If the failure results in discontinuance, the client may request a Fair Hearing to contest the action.
3. If good cause exists and the client is interested in returning to school or training program, the client may submit a new Form 2174 for approval. The client, however, will participate in workfare/LDCS until they start attending classes.

GED and Vocational Training Time Clock

School and training time clocks are tracked through a form linked to SharePoint to facilitate data tracking.

The GED or Vocational Training Time Clock is initiated or restarted (for clients with existing time clock) at either of the following:

- When CAAP approves a client's self-initiated schooling or training
- When CAAP is notified by WDD that a client has been referred and will start his/her school or training program

The GED or Vocational Training Time Clock (located in School and Training Tracking Time Clock) is initiated or restarted by entering the month the self-initiated training was approved or the month a WDD-referred client started training as the FIRST month. When initiating the time clock for a new student, ONLY enter the first countable month.

The GED or Vocational Time Clock is then updated by entering all the countable months since the last update in the form linked to SharePoint at the following points:

- At re-evaluation
- At the end of the school or training program
- At the time of the case discontinuance

Note: Any calendar month that the client is on CAAP and either has a Case Flag J (GED or High School) or Case Flag S (Approved Vocational Training) is considered as countable month.

Student Ineligibility during School Recess

Any client whose school attendance as a student would cause County Adult Assistance Programs ineligibility during the regular school year shall not be eligible to receive aid during a school recess. It is presumed that they are going to continue school if they have not achieved their academic or training objective and has not officially withdrawn from school.

Student Financial Aid

The student should be asked whether they have attempted to apply for a loan or grant. Verification of any such declared income must then be requested. See section 92-47: Student Financial Aid.

Students and CalFresh Ineligibility

The client's student status may affect their eligibility to the CalFresh Program. For any question regarding student eligibility and ABAWD requirements, the EW shall refer the client to SFBN.

Unemployable Students

Unemployable clients who are students may be eligible for aid whether attending classes day or night. Any nonexempt financial aid or school loans must be taken into consideration in determining the client's financial eligibility.

Transportation

The Eligibility Worker will process transportation needs for approved self-initiated schooling/vocational training. For WDD- referred school and training programs, WDD will process transportation needs.

91-9: Fleeing Felons

(Revised as of 10/30/23)

California Welfare & Institutions Code Section 17016 and the City Ordinances for all four County Adult Assistance Programs (CAAP) specify that an individual is not eligible for CAAP benefits if they are considered to be a fleeing felon as defined below. Information is to be released to the San Francisco Human Services Agency's Special Investigations Unit (SIU) according to the procedure below. SIU will have access to complete information on the case.

California Welfare & Institutions Code Section 17006.5 allows county welfare departments to notify any law enforcement agency when it is learned, in the course of doing eligibility determination or employment services, that a client is the subject of a felony arrest warrant.

Fleeing Felons Defined

A fleeing felon is an individual who is considered to be fleeing to avoid prosecution or custody for a crime or an attempt to commit a crime that is either:

- A felony under the laws of the place from which the individual is fleeing.
- A violation of a condition of probation or parole under Federal or State law.

An individual shall not be eligible for CAAP if the outstanding felony arrest warrant is for one of the following felony National Crime Information Center felony offense codes:

- Escape from custody (Offense Code 4901)
- Flight to avoid prosecution or confinement (Offense Code 4902)
- Flight-escape (Offense Code 4999)
- Warrant for a violation of probation and parole (Offense Code 5011, 5012, 8101, 8102)

The Executive Director may not grant any exceptions to this policy. Only the President of the United States has the authority to grant a pardon to the individual designated as a fleeing felon. If such a pardon is granted, then the individual may be potentially eligible to CAAP.

Felony Arrest Warrants

Felony arrest warrants are issued for crimes including, but not limited to, the following:

- Murder
- Non-negligent manslaughter
- Kidnapping
- Forcible rape
- Robbery
- Aggravated assault
- Burglary
- Larceny-theft
- Motor vehicle theft
- Arson

Fleeing Felon Status Information

Workers obtain information about the client's Fleeing Felon status in different ways:

- By checking the case journal in CalSAWS for reference to past notices of Fleeing Felon warrants entered by previous workers. The worker can have SIU verify the validity of an existing felony warrant.
- By the presence of an SIU "Fleeing Felon Notice" in Imaging.
- By the client's self-declaration on Form 2133/Form 2133R that they are a Fleeing Felon.
- Workers may come across some information on their own (e.g. phone call to probation/parole officer)

A client who has an outstanding felony arrest warrant is ineligible to CAAP until the fleeing felon status is cleared. If the client's fleeing felon status is incorrect, has been cleared, or if the client is willing to clear their warrants, they will be given the opportunity to clear their status.

Intake Responsibilities

- Inform the client that the case can be pended for up to 3 work days to provide documentation that the warrant has been cleared. If the client does not want the case to be pended, deny the client's application.
- If the client chooses to go through the Fleeing Felon status confirmation through SIU, schedule the client for a callback appointment for up to three work days. The worker shall submit a completed SIU Criminal Records Request form (available at the Investigations Intranet site). The form must include the client's complete name, date of birth, race, sex, and social security number. Indicate the type of information needed (e.g., fleeing felon status, verification of an active felony arrest warrant, etc). If "Other" is checked the worker must provide a brief but detailed description of the type of information the worker needs. SIU will respond via an encrypted e-mail within twenty four work hours from the time the request is received.

Carrying Responsibilities

Upon receipt of information that the client is a fleeing felon:

- The Carrying Worker shall discontinue the case (allowing for a 10-day notification period).
- When the client calls regarding the discontinuance, explain to the client that because of their fleeing felon status, they are ineligible to receive CAAP until the fleeing felon status is cleared. If the client states that the information is incorrect or that their Fleeing Felon status has been cleared, give them the opportunity to provide verification to clear their status by the effective date of discontinuance.
- If the client chooses to go through the Fleeing Felon status confirmation through SIU, the worker shall submit a completed SIU Criminal Records Request form (available at the Investigations Intranet site). The form must include the client's complete name, date of birth, race, sex, and social security number. Indicate the type of information needed (e.g., fleeing felon status, verification of an active felony arrest warrant, etc). If "Other" is checked the worker must provide a brief but detailed description of the type of information the worker needs. SIU will respond via an encrypted e-mail within twenty four work hours from the time the request is received.
- If the client's fleeing felon information is received after the case had already been discontinued and closed for any other reason, forward the Fleeing Felon Notice to Imaging.

Eligible Clients

- If the client submits documentation indicating that the client's Fleeing Felon status has been cleared, process the case as usual. If there's a question regarding the validity of the document, approve the case, as otherwise eligible, and complete the SIU Criminal Records Request. Email it, along with the client's documentation, to SIU for validation.

- If SIU states the client's Fleeing Felon status has been cleared, the worker will add a journal entry detailing the name of the SIU investigator who provided the verification, details of the SIU response, including the warrant number, jurisdiction, date of issuance, and status. (If SIU states that the fleeing felon status has not been cleared, deny the client's application).
- If the client submits documentation indicating that their Fleeing Felon status has not been cleared but they are working on it, (e.g. a letter from their lawyer or legal advocate indicating that the county/state of jurisdiction has been contacted and working on clearing the warrant), process the case as usual. Schedule a follow up appointment in 30 days to verify the fleeing felon status.
- If the issuing jurisdiction verifies that they are not pursuing the client's extradition back to their county or state at this time, process the case as usual. At the client's Re-evaluation, the worker shall verify if the fleeing felon status has changed.

Unsolicited Information About an Outstanding Felony Arrest Warrant

The following protocol and procedure should be followed explicitly and should be done the same day that the information becomes known to the Department.

In the course of doing eligibility work or providing Employment Services in CAAP, workers may receive unsolicited information that identifies the client as the subject of an outstanding felony arrest warrant.

Upon receipt of information that the client is the subject of an outstanding felony arrest warrant, the worker shall:

1. Submit a completed SIU Criminal Records Request form (available at the Investigations Intranet site). The form must include:
    - The client's complete name, date of birth, race, sex, and social security number;
    - Indicate the type of information needed (e.g., fleeing felon status, verification of an active felony arrest warrant, etc). If "Other" is checked the worker must provide a brief but detailed description of the type of information the worker needs. SIU will respond via encrypted email within twenty four hours from the time the request is received.
    - An explanation of how the information was obtained
2. Send a copy of the request form to Imaging and journal regarding the referral. Take appropriate action upon receipt of the response from SIU.
3. Upon receipt of SIU's response, update the CalSAWS Journal with details from the SIU response, including warrant number, jurisdiction, date of issuance, and status. (The worker can simply cut and paste the SIU's information on the warrant from the SIU on-line notification.)

91-10: SFHOT Stabilization Care Program (SCP)

(Revised as of 4/29/25)

The San Francisco Homeless Outreach Team (SFHOT) has developed the Stabilization Care Program (SCP) to provide services to eligible clients. SCP participants work closely with an Intensive Case Manager who provides practical assistance to help them overcome barriers and enable clients to move to more stable housing. SCP is like other residential programs in that residents are considered housed and expected to pay for program fees. Program fees are deducted from the client's CAAP benefit and paid directly to the program. SCP clients' correspondence is routed to the program's main address.

An SCP participant is identified by a letter of introduction from their SFHOT Care Program Case Managers. Clients who do not present the appropriate letter of introduction will not be considered SCP participants.

Note:

SFHOT will continue to refer clients who are placed in stabilization shelters to CAAP. These clients are not part of the SFHOT Stabilization Care Program and will be considered homeless.

This procedure outlines the necessary worker actions for verified SCP participants.

At Intake

The worker will:

- Explain to the client that they can be exempted from all work activities.
    - If the client chooses to be exempt, the client is not required to comply with work activities.
    - If the client chooses not to be exempt, the client is required to comply with work activities.
- Inform the client that they must contact CAAP if they leave the program. Failure to do so within five workdays, from the date when they left SCP, will result in the discontinuance of their CAAP benefits.
- Inform the client that their mail will be sent to the program's main address and that they must check their mail regularly.
- Set-up the mailing of the client's correspondence as follows:

    Name of Client

    c/o SFHOT

    555 Stevenson Street, 2nd Floor

    San Francisco, CA 94103

Note: When sending correspondences to SCP clients, ensure that the correspondence states c/o SFHOT on the address field.

- Set-up the client's grant accordingly.
- Refer client to Triage. The Worker will document that the client is with SCP.

At Carrying

The client's SCP participation can be verified in two ways:

1. The client presents a letter of introduction from SCP Case Manager.

- Inform the client that:
    - They will be considered housed as of the next benefit period following the conversion interview.

    - They must notify CAAP within five workdays of leaving the SCP program. Failure to contact CAAP may result in CAAP discontinuance.
    - Their mail will be sent to the program's main address and that they must check their mail regularly.
- Explain to the client that they can be exempted from all work activities.
    - If the client chooses to be exempt, the client is not required to comply with work activities.
    - If the client chooses not to be exempt, the client is required to comply with work activities.
- Set-up the mailing of the client's correspondence as follows:

  Name of Client

  c/o SFHOT

  555 Stevenson Street, 2nd Floor

  San Francisco, CA 94103

Note: When sending correspondences to SCP clients, ensure that the correspondence states c/o SFHOT on the address field.

Clients Who Leave SCP

If the client leaves SCP, the worker will:

- If the client contacts the CAAP worker within five workdays from the date when they left the SCP, confirm the client's housing status.
    - If the client is housed, they must submit housing verification.
    - If the client homeless, CBP packet must be signed and monthly homeless residency verification explained.
- Assign work assignment activities, as appropriate. If the client declares to be unemployable, refer the client to Triage.
- Replace Case Flag L with the appropriate Case Flag.

Div 92 Financial Eligibility

92-1: Financial Eligibility--General Introduction

(Revised as of 10/30/23)

A person's financial resources, including personal and real property, as well as all forms of income, have a direct bearing on their eligibility to the County Adult Assistance Programs (CAAP) and the amount of aid to which they are eligible for.

This section presents broad definitions of the various types of resources, an exploration of previous means of support, and the concept of current income.

Definitions

Property

Property is that which one owns, whether or not currently available and accessible. For the purposes of CAAP, it refers to items of cash or those items having monetary value.

Real Property

Real property refers to land and improvements, including, but not limited to:

- Houses
- Apartments
- Commercial buildings

Personal Property

Personal property refers to belongings or an interest in belongings which may be easily transported or stored. Personal property may also be a valuable right such as an unpaid debt. Examples of personal property include, but are not limited to:

- Vehicles;
- Bank accounts;
- Stocks and bonds;
- Life insurance;
- Burial plans;
- Retirement funds; and
- Notes, mortgages and trust deeds

Income

Income is either earned in return for labor performed or unearned. It may be of short duration (casual income), in-kind, study-oriented or interest-related.

Any income normally received on a regular basis is considered available even though the client states and/or verifies that the cash has been lost, stolen, or is otherwise missing. CAAP shall not be utilized to replace missing money or regular income, including active, ongoing SSI/SSP benefits. Even if a client did not receive their SSI/SSP check, they are ineligible for CAAP, unless they are in a non-payment status.

The client is responsible for taking all actions necessary to obtain unconditionally available income.

All non-exempt income of a legally married, ineligible spouse OR of an ineligible domestic partner with whom the client is living that is in excess of the spouse's or domestic partner's needs (each spouse's need is defined as half of the CAAP grant for an FBU of 2) is considered income to the client.

However, the income of an SSI/SSP or CalWORKs spouse or domestic partner is for the needs of that person only, and is not considered to be available to the CAAP client.

To assist CAAP clients (in a shared-rent situation) maintain their housing, any monthly contribution to the client for the sole purpose of paying the rent will be exempted from consideration in the calculation of the client's income. This exemption applies to contribution made by the individuals who are living and sharing housing costs with the client.

In addition, any cash contribution towards rental payment (made by an individual not living with the client) that is not directly paid to the housing provider/landlord would not be counted as monthly income. If the client provides proof to the county that this is beyond the reasonable control of the client and the housing provider/landlord will only receive rental payment from the client and/or does not want to receive multiple rental payments from third parties. The client is eligible to receive the full grant provided no other income is received and/or money is owed to the county. Any cash contribution over the housing and/or utilities is considered unearned income.

Unearned Income

Unearned income includes all benefits received by a client in cash or in-kind that is not considered as earnings.

Examples of unearned income include, but are not limited to:

- Unemployment Insurance Benefits;
- Disability Insurance Benefits (also called State Disability Insurance);
- Veterans Administration Benefits;
- Social Security Administration benefits (not to be confused with SSI/SSP);
- Railroad Retirement;
- Loans;
- Interest income;
    - Interest income is income received on a savings account in a bank, savings and loan association or other institution authorized to accept savings; and interest that is received as a result of any contractual obligation.
- Free rent;
- Free utilities;
- Free food;
- Gifts and contributions, whether cash (excluding any money to pay for the client's rent) or non-cash;
- Returns from personal or real property such as net income from rental of rooms or room and board
- Lump sum payments

    - Non-recurring lump sum payments are counted as income in the month they are received. Any such money retained by the client in a future month is considered an asset and is treated like any other personal property (e.g., cash on hand, money in a bank account, stocks or bonds, etc.).
- Child support back payments
    - Court-ordered child support back payment is budgeted as an expense amount to the person making the payments; however, the entire amount is considered as an unearned income (budgeted retrospectively dollar-for-dollar) to the person receiving the back payments.

Earned Income

Earned income is income received in cash or in-kind as wages, salary, commissions or profit from employment or self-employment.

Income In-Kind

Income in-kind is any benefit received other than in cash or check form (includes free rent in exchange for work). All income in-kind must be evaluated when the client's grant is computed.

Student Financial Aid

Student financial aid includes verified educational loans on which payment is deferred, grants, scholarships, fellowships, veterans' education benefits, and work study.

Previous Means of Support

Eligibility for CAAP is contingent upon the client's pursuing all potential resources and income. Thus, each CAAP client shall be questioned to determine why their previous means of meeting their needs is no longer available.
Their responses may provide clues to potential resources and/or income such as SSI/SSP, DIB, UIB, or sponsors (non-citizens).

The Eligibility Worker shall ask questions such as:

- How have you supported yourself up until now?
- Why is that source of income no longer available to you?
- Where were you last employed?
- When were you last employed?

The client's statements must be consistent, with the preponderance of evidence supporting their account of past means of support. It is the client's responsibility (unless a determination has been made that they lack the capacity to cooperate) to provide sufficient information/verification/documentation that will result in a correct determination of current and potential resources and income.

Current Income or Expenses

Current income consists of verified earnings, verified loans, and other in-kind items that are received by or available to the client in any calendar month.

Any nonexempt income received by the applicant during the month of application is considered available to meet their needs during that month, even if expended.

Applicants who anticipate receiving first time income from other sources during the month of their application for CAAP, shall receive the prorated maximum monthly grant amount to which they are eligible until the verified date of

anticipated receipt of such other income.

92-2: SSI Reimbursement Agreement

(Revised as of 10/30/23)

All County Adult Assistance Programs (CAAP) clients must sign the Form SSP 14, Authorization for Reimbursement of Interim Assistance Initial Claim or Posteligibility Case, and Form 2133A-Supplemental, Authorization for Reimbursement of Interim Assistance Granted Pending SSI/SSP Eligibility. Forms SSP 14 and 2133A-Supplemental are contractual agreements, authorizing the Social Security Administration (SSA) to reimburse the Human Services Agency (HSA) for CAAP grant(s) for periods when the client was not performing Work Assignment/Workfare, from the date of SSI/SSP entitlement until the client receives their SSI/SSP and is discontinued from CAAP. It is used for every CAAP client, whether they are at the time known to us as employable or unemployable, and whether or not they have ever applied for SSI/SSP. Forms SSP 14 and 2133A-Supplemental are included in the CAAP Application Packet and in the CAAP Renewal Packet. These forms are essential to the recovery of funds from CAAP clients who become eligible to receive SSI/SSP.

For housed CAAP clients living in HSA supportive housing sites and whose rents are subsidized by HSA, the value for reimbursement collection is based on the additional subsidy that CAAP clients receive over what non-CAAP clients receive.

For homeless CAAP clients, reimbursement collection will be based on the client's maximum cash grant to which they are eligible for.

Form SSP 14

CAAP must ensure that the most recent version of the SSP 14 is used and issued to every client at Intake and Re-evaluation appointments as part of the Application and Re-evaluation processes. This version provides the minimum approved language necessary for IAR authorization under the agreement between the SSA and California Department of Social Services (CDSS).

Important Notes:

- Do not substitute or modify approved SSP 14 by adding county-specific or other types of information (including headers and footers).
- To maintain eligibility for reimbursement through the IAR program, SSIP clients must apply for SSI/SSP prior to the SSP 14 expiration date. The IAR authorization is valid for 12 months from the date it was received by SSA, unless an SSI application is filed sooner.
- The county IA agency must notify SSA that it has a signed authorization within a 30-day timeframe.
- All counties must retain two copies of signed SSP 14s for a minimum of three years from the end of the federal fiscal year in which the form was signed.

How to Complete SSP 14

The Eligibility Worker ensures:

- The client’s name, Social Security number and address (including zip code) must be entered in the appropriate fields on the SSP 14 form.
- The full social services agency name and grant reimbursement (GR) code must be entered into the “County IA Agency” and “GR Code” fields (third field down from the top of the page). DO NOT abbreviate. The GR code is (SF) county’s assigned 5-digit code.
    - For CAAP:

      County IA Agency: **SAN FRANCISCO HUMAN SERVICES AGENCY**

GR Code: **05480**

- Either the “Initial Claim Only” box or “Posteligibility Case Only” box must be checked. If both boxes are marked or neither box is marked, the form is not valid and the IAR authorization may not be binding.
    - If the individual has never received SSI or was last eligible more than 12 months ago, check the “Initial Claim Only” box.
    - If the individual’s eligibility was suspended less than 12 months ago, check the “Posteligibility Case Only” box.
- The CAAP client and the CAAP EW must sign and date the SSP 14 form. This is important to establish the receipt of a valid authorization and to protect the filing date for SSI eligibility.

Form 2133A-Supplemental

The Eligibility Worker ensures:

- **SAN FRANCISCO HUMAN SERVICES AGENCY** is entered under "County IA Agency"
- **05480** is entered under "GR Code".
- **San Francisco** is entered as the county where the form is signed.
- The client signs and dates the form.
- The worker has signed, dated and printed their name on the form.

A copy of both, Forms SSP 14 and 2133A-Supplemental, are given to the client and the originals are sent to Imaging.

Reimbursement Procedure When SSI/SSP is Approved

If the client is approved for SSI/SSP, they are eligible for a lump sum benefit retroactive to the date he applied. SSA sends a lump sum SSI/SSP Interim Assistance Reimbursement (IAR) payment (also referred to as EIAR payment - Electronic Interim Assistance Reimbursement) to HSA Accounting. SSA sends the balance of the lump sum retroactive benefit directly to the client. When the CAAP worker receives notification from the EIAR Coordinator that a CAAP client has been approved for SSI/SSP, the worker must discontinue the case allowing for a ten-day notice. Once the CAAP case is in "Discontinued" status, the EIAR Coordinator will claim as IAR the full amount of all cash payments and the additional housing subsidy that CAAP clients receive over what non-CAAP clients receive until the Effective Date of the Discontinued status (including future Effective Dates). All payments and subsidies for months which the client participated in Work Assignment are excluded.

Occasionally, through error (even though Forms SSP 14 and 2133A-Supplemental have been filed with SSA), the lump sum check is sent to the client rather than to the HSA Accounting. In these situations, the Eligibility Worker should instruct the client to bring the check back to the Collections Unit, who will arrange an overpayment plan with the client and process the necessary paperwork.

If the CAAP Eligibility Worker learned as a result of a MEDS check that SSI/SSP was approved, they must provide a ten-day timely notice when discontinuing the case. Aid must not be discontinued until it can be verified that the SSI/SSP payments have been issued. At Intake, the client's application is denied.

For CAAP Cases

When the CAAP worker receives notification from the EIAR Coordinator that a client has been approved for SSI/SSP, the worker must discontinue the case allowing for a ten-day notice. After the EIAR Coordinator notifies the CAAP worker that the SSI/SSP payment has been received, the worker must enter the SSI/SSP approval information and authorize the resulting "Fail" status.

92-3: Availability/Accessibility of Income/Assets

(Revised as of 10/30/23)

Generally, all income and assets of a CAAP client are considered available to meet the client's needs unless and until it can be documented that the income/assets are unavailable and/or inaccessible. The burden of proof is on the client, capacity to cooperate notwithstanding.

Policy Regarding Availability/Accessibility of Income

- Any income received by the applicant during the month of application is considered available to meet their needs during that entire month, even if expended.
- All income of a legally married non-aided spouse or domestic partner with whom the client is living that is in excess of the spouse/domestic partner's needs (each spouse's need is defined as half of the CAAP grant for an FBU of 2) is considered currently available income to the client. However, the income of an SSI/SSP spouse or CalWORKs Assistance Unit is not considered available and case should be FBU of 1.
- Any income normally received on a regular basis is considered available, even if the cash has been lost, stolen, or is otherwise missing. CAAP shall not be utilized to replace missing money or regular income, including SSI/SSP benefits. Even if the client did not receive their SSI/SSP check, they are ineligible for CAAP.
- Any amount collected from an SSI/SSP check due to overpayment collection by SSA, is still considered available regardless of the amount of the overpayment collection from the client's SSI/SSP check. Even if the client did not receive their SSI/SSP check they are still ineligible for CAAP.
- Any garnishments, court-ordered support or alimony payments that have been verified on a monthly basis as having been paid are deducted from countable income, whether earned or unearned.

The client is responsible for giving information necessary to obtain available income and for taking all required actions to obtain it.

Policy Regarding Availability/Accessibility of Assets

Financial instruments, such as life insurance policies, stocks, bonds, promissory notes, mutual shares, IRAs and Certificates of Deposit (CDs), must be considered in determining eligibility for aid, unless they are verified as inaccessible and/or unavailable. The burden of proof is on the client. Even if eligible for assistance, the applicant/recipient must take immediate steps to secure the proceeds from such assets.

92-4: Income-In-Kind

(Revised as of 10/30/23)

Income-in-kind is any benefit received other than in cash. It includes the value of need items provided at no charge and may be either earned or contributed. All income-in-kind is to be evaluated when the client's grant is computed.

Normally, when any item of need is provided cost-free to the Family Budget Unit (FBU), the value of that need item based on the Income-in-Kind Table Value is deducted from the maximum aid payment for that FBU. For clients who have no income and /or no overpayment deductions, and are receiving free room, board, and utilities, the client's monthly grant will not be less than the current CBP cash grant amount for GA.

Standardized CAAP Income-in-Kind values for housing, utilities, food and clothing can be found in Section 99-1: Income-In-Kind Values.

For Intake Only:

The value of in-kind income is not used to determine financial eligibility at the Intake appointment (do not use the entitlement pro-ration chart). At Approval, calculate the client's grant as follows:

Take the value of the full grant (PAES/SSIP/CALM/GA)

- (Subtract) the value of Income In Kind

The difference is prorated from the date of application

For Carrying:

If the client is already receiving a grant, they must be provided with adequate ten (10) day notice of any decrease to their benefits, via Form 2135, Notice of Proposed Action: Increase/Decrease.

In-kind Income Grant Reductions

- If a client occupies a space for free to which a fair market value may be applied (e.g. a house, apartment or room that is usually rented), such housing shall be valued according to the Income-in-Kind Chart (rather than at the fair market value) and such value shall be deducted from the maximum monthly grant amount to which that client is eligible.

  Example: The client has an agreement with the owner of the property not to pay rent for a couple of months. Their apartment normally rents for $1200, according to the owner. The $1,200 is not used to determine the client's grant. Deduct the value of free housing based on the Income-in-Kind Chart to determine the client's grant amount.
- If verified payments for the entire amount of the rent and/or utilities are made directly to a housing provider on behalf of the client, the in-kind value as specified by the Income-in-Kind Chart shall be deducted from the maximum grant to which that client is eligible.

  Example: The client's rent is $1,000.00 a month. Their mother pays for the entire amount of the rent directly to the landlord. Deduct the value of housing and/or utilities based on the Income-in-Kind Chart to determine the client's grant amount.
- If the client receives housing in exchange for work, the in-kind value as specified by the Income-in-Kind Chart, shall be deducted from the maximum monthly grant to which the client is eligible for. Do not apply income disregard.

Example: The client has an agreement with the owner of the apartment building to get free rent in exchange of doing maintenance work. Deduct the value of housing based on the Income-in-Kind Chart to determine the client's grant amount.

- If the client has no monthly rent expenses as a result of a full rental subsidy, the in-kind value as specified by the Income-in-Kind Chart shall be deducted from the maximum grant to which that client is eligible for.

  Example: The client is housed under a program that pays for their housing (e.g. Proposition 36). Deduct the value of housing based on the Income-in-Kind Chart to determine the client's grant to which they are eligible for.

- If the client is able to pay rent and the landlord will accept that rent but the client refuses to pay.
- If the client is a resident of stabilization housing, the in-kind value for housing and utilities as specified by the Income-in-Kind Chart shall be deducted from the maximum grant to which that client is eligible for.

  Exception: Participants of SFHOT Stabilization Care Program.

In-kind Income Exemptions from Grant Reduction

No grant reductions shall occur when:

- The client's rent cost is partially reduced by a cash contribution from non-profit charitable organization or a government-funded Rental Assistance Program, as long as the payment is not available to the client, and is paid directly to the landlord.
- The client's rent cost is partially reduced by other than a cash contribution.

  Example: The client's rent is normally $650, but the landlord reduces the rent to $450 because the client is unemployed.

- If the client is withholding rent due to a dispute with the landlord, the Eligibility Worker must verify the dispute/non-payment of rent with the landlord. If the client provides documentations that they are placing the monthly rental amount in a renter's escrow account to manifest their willingness to pay once the dispute with their landlord is settled, no grant reduction shall occur.
    - If the client is unable to provide verification of their rent being placed on an escrow account, their grant amount shall be reduced by the value of income-in-kind housing. Once the client had verified that they paid their arrears of rent after the dispute with their landlord has been settled, such grant reductions above shall be paid back to them as an underpayment.
- The client has no monthly rent expense as a result of a decision from the San Francisco Residential Rent Stabilization and Arbitration Board.

  Example: The SF Residential Rent Stabilization and Arbitration Board has ruled that the client will not owe the landlord any rent for the next 8 months. No reduction for Income-in-Kind is made over the course of the entire 8 months.
- The client has prepaid their rent, regardless of the source of the funds for the payment.

Examples:

On March 29th, the client wins $1,000 in the lottery and prepays their April and May rent of $300 on that same day. When they apply for CAAP on April 1st, there shall be no deduction for their prepaid rent in April or in May.

The client receives their last paycheck on March 26th and prepays their April rent of $300 on that same day. When they apply for CAAP on April 1st there shall be no deduction for the prepaid rent in April.

- Cash Contribution for Housing and/or Utilities

- Whenever a verified partial cash contribution for housing and/or utilities is made on behalf of the client directly to the landlord, the client is eligible to receive the full grant provided no other income is received and/or money owed to the county.

  Example: The client's rent is $400. Their mother pays $300 each month to the landlord. The client receives the full grant.

- A cash contribution towards rental payment that is not directly paid to the housing provider/landlord would be counted as monthly income unless the client provides proof to the county that this is beyond their reasonable control and the housing provider/landlord will only receive rental payment from the client and/or does not want to receive multiple rental payments from third parties. The client is eligible to receive the full grant provided no other income is received and/or money owed to the county. Any cash contribution over the housing and/or utilities is considered unearned income. Refer to Section 91-7.3: Maximum Monthly Expenses for more information.

  Example: The client's rent is $1,000. To help them financially, their mother is paying $600 towards their $1,000 a month housing cost. They provided proof that the landlord will not accept a 3rd party payment. The $600 is given to the client. Since the entire housing cost is only partially paid for and the client still needs to pay $400 towards the rent, the money provided by their mother is considered exempt. The client is entitled to a full grant.

- The client has a rent obligation but was unable to pay their rent for a reason beyond their control and provided proof/reason for their inability to pay rent.

  Example: The client's housing cost is more than the CAAP grant and they are unable to pay the full amount of rent. Their landlord does not accept any rent payment unless it is the full amount. Since the rent is still due, no income-in-kind deduction will be applied in this case due to the client's inability to pay the rent. Please note that since the client's rent is above the grant amount, they have to comply with the requirement to reduce their rent within 30 days.

92-6: Income Eligibility Verification System (IEVS)

(Revised as of 10/30/23)

Income Eligibility Verification System (IEVS)

IEVS is a federally mandated matching system consisting of a coordinated data exchange comprised of various electronic cross matches that match applicant/recipient name and Social Security Number (SSN) with various databases.

It was established to provide more accurate information for the determination of eligibility to public assistance.

Statewide implementation was completed in September 1988, as developed by the California Departments of Health Services and Human Services, in accordance with the Deficit Reduction Act of 1984.

IEVS has been used as a tool to determine whether the client's reporting of earned and unearned income and assets has been truthful and complete, and to help establish financial status in situations where the client is uncertain about the amount of income or assets, or when they don't have written verification. IEVS inquiries are initiated on all County Adult Assistance Programs cases at the time of Intake and Re-evaluation.

There are two IEVS systems:

- **IEVS Applicant System** - for applicants who are applying for aid which is administered by Department of Health Care Services (DHCS)
- **IEVS Recipient System** - for ongoing eligibility verification of current recipients operated by California Department of Social Services (CDSS)

The Work Number

The Work Number is a consumer credit report that can be used to secure verification of income and hours worked when necessary to determine initial and ongoing eligibility and/or program integrity.

When utilizing the Work Number, staff should apply the following guidance:

1. Information obtained through The Work Number is not considered verified upon receipt (VUR). The information obtained from The Work Number must be reviewed with the client to confirm accuracy. (Case comment this conversation with the client)
2. Additional documentation is requested only if the client informs the worker that the information is inaccurate and/or the income information provided by The Work Number does not provide verification of all income available to the County.

Informing the Client about IEVS and The Work Number

The client is informed about IEVS and The Work Number in the following ways:

- Written notification by the NOTICE in Item 1 of the Statement of Facts portion of the Application and Renewal Packets.
- Verbal notification by an explanation of IEVS and The Work Number during the application and renewal process.

IEVS Applicant System

The IEVS Applicant System is used by CAAP in the following situations:

- Application
- Re-evaluation

An electronic abstract is generated for each client at application and re-evaluation by CalSAWS.

Under the Applicant System, current matches are made against:

- State welfare information files
- California State Employment Department
    - WA - Wage and Employment Information
    - UIB – Unemployment Insurance Benefit (current information);
    - DIB – Disability Insurance Benefit (current information);
        - California State Franchise Tax Board
    - FTB - interest and dividend files (information from 11 to 23 months old);
- Social Security Administration
    - Title II - benefit being received due to employment (current information);
    - SSI – TITLE XVI, Supplemental Security Income (current information);

The abstract displays information obtained through data exchange and electronic cross matches with the various databases mentioned above.

In addition, the abstract displays the person's name, sex, DOB, SSN and the SSN Verification Status.

The IEVS Report must be reviewed thoroughly to ensure that the information necessary to determine eligibility is provided by the client correctly.

Worker Responsibilities on Processing IEVS Applicant Report

There are specific responsibilities for Eligibility Workers.

Intake Workers

1. Upon receipt of application, the Intake Worker reviews the IEVS Applicant abstract report, if available, prior to the client interview. (Note: If no record is found, manually request an IEVS Applicant report after the client has been interviewed and approved for presumptive eligibility.)
    - Discrepancies will be discussed and resolved during the interview, if possible. A third party contact may be necessary. Resolution of the discrepancies must be thoroughly documented in the case narrative. If IEVS shows information affecting current eligibility that the applicant cannot successfully refute with written verification, deny the application.
2. When there is an SSN mismatch not validated, call the SSA Office at 556-3226 for verification. If there is a validated mismatch, deny the application.
3. Processing Conflicting Information
    - The Intake worker reviews the IEVS report and compares current and past information including unresolved conflict of information with the IEVS report. IEVS information that is different than what is in the case record is considered a conflict of information. The following action must be initiated.
    - Review and identify the problem.

- Initiate action for any conflict of information shown on the IEVS report about the following (such as in the situation where the client states he has not worked in the past 5 years, but IEVS shows a prior history):
    - WA (EDD Wages and Employers)
        - Approve case if the applicant eligible for assistance. Have the applicant sign Form 8026, Employment and Wage Verification Form and mail it to the employers shown in the IEVS report. If the information on the IEVS report does not result in a potential Overpayment, do not initiate an 8026.
        - If employment shows:
            - DHS IHSS PYRL MGNT UNIT

              744 P STREET MS9-500

              SACRAMENTO, CA 95814

              Fax Form 8026, Employment and Wage Information to: (415) 557-5813 OR

              Email IHSS by sending the request to: IHSSEV established email account

              Important: Do not take negative action, and make a notation for follow-up by the current Eligibility Worker upon return-receipt of Form 8026 (e.g. referral to the Overpayment Unit for collection, and sending of Form 2175, First Unreported Income)
    - UIB/DIB:
        - If the applicant is still receiving UIB/DIB, determine eligibility.
        - The applicant is not eligible if his income exceeds the grant amount; deny the application.
        - If the applicant is no longer receiving UIB/DIB but IEVS shows a conflict of information at a time when CAAP was received, file the copy of the IEVS report for the UIB/DIB and refer the case to SIU with a Form 4030, Special Investigations Referral Request. Do not take a negative action.
    - FT (Franchise Tax Board - total unearned income)
        - Approve the case if the application is eligible. Create a task for a follow-up by the Carrying Eligibility Worker.
        - If a bank account has not been reported and shows up on IEVS, have the applicant sign Form 801 - Bank Account Clearance. (See section 92-21: Bank Accounts) Provide the original copy to the bank and file the duplicate in Imaging.
        - For other unearned income, the worker sends the Form 8014/8015, Authorization to Release Information, signed by the applicant, along with a cover letter requesting specific details about stocks, etc.
    - T2 - TITLE II - SSA
        - The applicant is not eligible if their income exceeds the grant amount, deny the application.
        - If the applicant disagrees with the action taken, ask for verification from the SSA office. The case must not be transferred to the Carrying Worker until verifications is received.

4. Image the complete IEVS report for all cases before transferring them to the Carrying Worker. This can be in the form of either a screen print, or a printed abstract.

Carrying Eligibility Workers

1. Follow-up on information requested by Intake based on the IEVS report on file. If any income or resources are unreported:

- If the information conflicts with information already provided on a Statement of Facts or a CAAP 1, Monthly Reporting Form, or is a second, or subsequent, instance of unreported income:
    - Discontinue the case for fraud with a 10-day notice, using the Form 2160, NOA - Fraud Discontinuance; and
    - Make a referral, using Form 4030, Special Investigations Referral Request. Attach copies of the IEVS report.
- If the IEVS information is not in conflict with any information already provided on a Statement of Facts or a CAAP 1, and is the first such instance of unreported income,
    - Send a Form 2175, First Unreported Income, advising the client that his case is being referred to the Overpayment Unit for collection of unreported income and/or assets, and that future unreported income and/or assets may result in a negative action on his case;
    - Refer with Form 4030 OP, Overpayment/Overissuance Referral, to the Overpayment Unit.

2. Request a new IEVS Applicant Report and check information at every renewal.
3. The Carrying Eligibility Worker will review the report received and initiate action for any conflicts of information shown on the report, based on the following:
    - WA (EDD Wages and Employers)
        - If income and employment were not reported for the period when the client was receiving CAAP and a 2133R signed and dated within that period is on file, discontinue the case for fraud with a 10-day notice, using Form 2160.
        - If the client denies it was them who was employed, have them sign Form 8026, Employment Verification Form and rescind the discontinuance. Provide Form 8026 to the employer shown in the IEVS report.
        - If employment shows:

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          744 P STREET MS9-500

          SACRAMENTO, CA 95814

            - Fax Form 8026, Employment and Wage Information to: (415) 557-5813 Or
            - E-mail IHSS by sending request to: IHSSEV established e-mail account
        - Make a FRED referral using Form 092A. If the client continues to deny it was them who was employed, the FRED report will be necessary to confirm the client's identity as the person who was employed.
        - If Form 8026 comes back verifying unreported income, discontinue the case for fraud again, using the Form 2160, 10-day notice and make an SIU referral using Form 4030.
    - UIB/DIB:
        - If the client disagrees with the decision to discontinuance:
            - Have the client get an EDD print-out showing a history of UIB/DIB payment.
    - FT (FTB – Franchise Tax Board – Total Unearned Income)
        - Send Form 801, Bank Account Clearance – it must be signed by the client. (See Section 92-21: Bank Accounts). If the bank account was unreported, discontinue the case for fraud with a 10-day notice, using Form 2160.
        - Send Form 8014/8015, Authorization to Release Information, to the Insurance or Stock company. If Form 8014/8015 shows an unreported insurance or stock policy, discontinue the case for fraud with a 10-day notice, using Form 2160.
    - T2 – TITLE II – SSA

        - SSA is unearned income and cannot be considered income disregard.
        - If unreported, and in conflict with information already provided on a Statement of Facts or a CAAP 1,
            - Discontinue the case with a 10-day notice, using Form 2160; and
            - Make an SIU referral, using Form 4030. Attach copies of the IEVS report.
        - If the IEVS information is not in conflict with any information already provided on a Statement of Facts or a CAAP 1, and is the first such instance of unreported income,
            - Send a Form 2175, First Unreported Income, advising the client that their case is being referred to the Overpayment Unit for collection of unreported income and/or assets, and that future unreported income and/or assets may result in a negative action on his case;
            - Refer with Form 4030 OP to the Overpayment Unit;
        - If the recipient disagrees with the SSA benefit amount or the information obtained from IEVS, ask for verification from the SSA office.
    - SSN mismatch not validated:
        - Call the Social Security Office at (415) 556-3226 for verification. If there is a mismatch, discontinue the case for fraud with a 10-day notice, using Form 2160.
4. For IEVS abstracts that are received by the Carrying Unit/Worker showing no conflict of information check the box in the lowest portion of the RV-IEV410-R001 printout to show no conflict of information.

IEVS Recipient System

The CalSAWS system sends demographic data on all recipients through an Interface system with California Department of Social Services (CDSS). When there is a match, CDSS sends a file back with the IEVS Recipient data. The "Recipient System" provides income information at various times during the year, depending upon the match type. Various tolerance levels and/or threshold levels are used to ensure only information, if unreported, could be expected to impact eligibility is sent to counties.

The IEVS Recipient System consists of the following subsystems:

- New Hire Registry (NHR)
- Payment Verification System (PVS)
- Beneficiary Earnings Exchange Record (BEER) System
- California Youth Authority (CYA) System
- Deceased Persons Match (DPM)
- Fleeing Felon Match (FFM)
- Franchise Tax Board (FTB) Asset Match System
- Integrated Fraud Detection/Earnings Clearance System (IFD-ECS)
- Internal Revenue Service (IRS) Asset Match System
- Jail Reporting System (JRS)
- Nationwide Prisoner Match (NPM)

The New Hire Registry (NHR) and Payment Verification System (PVS) reports must be obtained and processed monthly.

Payment Verification System (PVS) Reports

Payment Verification System (PVS) is a monthly match performed by California Department of Social Services (CDSS) that compares data from the Medi-Cal Master Extract File (MMEF) against the Unemployment Insurance and

Disability Insurance (UI/DI) records maintained by the Employment Development Department (EDD) and the Master Beneficiary File for Retirement, Survivors and Disability Insurance (RSDI) records maintained by the Social Security Administration (SSA). The match also provides information on recipients reported as being on aid in two or more states at the same time from the SSA's Beneficiary Data Exchange (BENDEX).

Intake Worker Responsibilities on Processing PVS Reports

The worker will review the PVS report again, right before approving a case and authorizing initial benefits to ensure an applicant is not receiving unearned income, which might affect the client's eligibility.

Carrying Worker Responsibilities on Processing PVS Reports

The worker will process the assigned PVS40 task by doing the following:

1. Review the PVS40 report to determine if income has been reported or budgeted.
2. If income has not been reported, complete Form 2175 (First Time Unreported Income).
3. Enter the income in CalSAWS following the retrospective budgeting process.
4. Determine overpayment and notify the client of overpayment recoupment with a ten-day notice, if applicable.

New Hire Registry Match (NHR)

The NHR Report provides counties with information on welfare recipients who were recently hired, rehired, or returned to work.

Worker Responsibilities on Processing NHR Reports

The worker will process the assigned NHR task by doing the following:

1. Review the NHR report to determine if the new employment had already been reported by the client to the County.
2. If employment has not been reported, discontinue the case for failing to report all facts for correct determination of aid with F2158 if the employment information does not match.
3. Enter the income in CalSAWS, as appropriate.
4. For unreported income, if any, complete form 2175 (First Time Unreported) and determine overpayment.

Notices of Action and Sanctions Related to IEVS

For any denial or discontinuance due to information obtained from the IEVS report, if a client requests a Fair Hearing, refer them to call 1-415-558-1177, Fair Hearing Office.

Important: A fraud discontinuance resulting from an IEVS report does not require a supervisor's signature, and a supervisor's presence at a Fair Hearing is not required.

Denials

Use Form 2155-Eligibility, Notice of Proposed Action-DENIAL and check all appropriate boxes.

Discontinuances

Use Form 2160, Notice of Proposed Action-FRAUD Discontinuance; with the following sanction periods:

- First offense: 30 days
- Second offense: 60 days
- Third offense: 90 days

92-10: Introduction to Real Property

All real property which a client owns must be taken into account when determining eligibility for CAAP.

Real Property Defined

Real property consists of:

- Land
- Improvements, including, but not limited to:
    - Houses;
    - Apartments;
    - Commercial buildings; and
    - Mines.
- Oil and mineral or timber rights, whether patented or unpatented.

A house includes land or buildings surrounding and contiguous to the residence that are normally used as part of a home, such as a garage, storage shed, or family garden, as well as trees and fences.

Allowable Real Property

The CAAP client may only retain real property used as a home whether owned by themselves or with others, provided their net monthly housing expense, including mortgage, taxes, and other housing costs (e.g., utilities and insurance payments), does not exceed the otherwise eligible client's total monthly income and/or assets.

Real Property Used As a Home

A client who owns real property and uses it as a home is advised to file for a property tax exemption as one way to reduce the client's monthly housing expenses.

The client must provide:

- a copy of the most recent tax bill from the County Tax Assessor (this will indicate his tax exemption status);

  AND
- proof of the amount of the monthly house payments and utility bills.

Note: If expenses are shared, only the homeowner's share is used in determining eligibility.

Verification of Real Property

All property holdings must be identified and verified.

When to Verify

Verification is required in the following situations:

- When ownership of property is declared.
- When there is information indicating that the client may own undeclared property.
- When recent change of ownership may be relevant to current eligibility for aid.

- When the rent receipt is suspect.

How to Verify

Ownership of real property may be verified in any of the following ways:

- Reviewing the most recent tax bill.
- Viewing the client's mortgage payment book.
- Using the Internet or Assessors System to check property according to both the client's name and their address. (See section 92-11: Property Search)
- Telephoning the City Assessor's Office at 1 (415) 554-5596 – when necessary.

Shared Occupancy of Client-Owned Property

If a party shares occupancy (i.e., shares the use of the entire dwelling) with the client, their share of payments is not considered income to the client, unless it can be determined that the client is receiving a monetary profit from the arrangement, in which case such profit is considered income to the client.

Rental of Real Property Units

Since the CAAP Ordinance only allows a real property where the client lives, rental properties are allowed as long as it is attached to or in a separate structure but still on the client's exempt real property.

Legal rental unit is a resource that must be utilized to help the client meet their needs, if possible. When it is found that the client owns real property that has rental potential, steps must be taken to ensure that the rental unit is making a reasonable contribution towards the client's current needs.

92-11: Property Search

A property search is the Count Adult Assistance Program's means of determining whether a client owns or has a share in real property, which may have a direct effect on their eligibility for assistance and/or the correct determination of their grant.

When to Conduct a Property Search

A property search is required in the following two instances:

- Whenever ownership of property is declared.
- Whenever information has been received indicating that the client may own undeclared property.

Additionally, sometimes a property search is conducted in order to verify the owner of the property when a rent receipt is in question.

Property Search Methods

There are four methods of conducting a property search. They are addressed below in order of preference.

Property Tax Files

Whenever possible, the client should submit records of their property tax payments as proof of ownership. When tax records are either not available or the documents are suspect, one of the following methods must be used.

From the Assessor's Office

If unable to determine the lot and block numbers from the Assessor System, the City Assessor's Office may be called at 1 (415) 554-5596.

When calling, the Eligibility Worker must identify himself as the Department of Human Services, and request the lot and block numbers of the address in question. The operator will then research the address, checking grid maps when necessary, and communicate the requested information while the Eligibility Worker waits.

From the Internet

When the client does not have a record of his property tax payments, or Property Search through the Assessors System or Assessor's Office are not available, the worker can use the Internet to verify ownership of property in San Francisco, by using the link http://propertymap.sfplanning.org/

92-13: Owner of Real or Personal Property

The owner of property, whether real or personal, is the person(s) who holds legal title to it. Accessibility of property is defined as the right to possess, use, control, and dispose of said property.

Property Ownership

Any declaration by a client that they are the owner of property must be verified. Ownership includes all persons who hold legal title to a given property. It also includes the seller and buyer of real property under a contract of sale.

Property is considered owned if it is held:

- Clear of all indebtedness;
- Subject to encumbrances, such as mortgages and deeds of trust;
- Subject to sale to another party under contract of sale;
- Subject to purchase from another party under contract of sale;
- As a homestead;
- In an undistributed estate, provided the property is, in fact, available prior to distribution;
- Subject to sale to the State for delinquent taxes. Such property stands in the name of the owner and is redeemable within a five-year period;
- By a tenant-in-common or joint tenant.

Title Shared with Others

It is presumed that those who share a title have equal rights to possess, control, and use the property. This presumption may be refuted by evidence to the contrary.

Community Property

Community property, whether real or personal, is property obtained by the domestic partner or husband or wife during marriage, unless it was obtained as separate property, as described below.

- Community property includes property purchased with:
    - Community funds; **OR**
    - Funds recovered from the sale of community property; **OR**
    - The personal credit of either spouse or domestic partner.
    - **Important:** If property is purchased with funds that cannot be identified as separate property, it is considered community property.
- Interest in Community Property

Each spouse/domestic partner is presumed to own one-half interest in community property, regardless of which spouse/ domestic partner has the property. All property held in the name of a spouse/domestic partner is presumed to be community property unless evidence establishes it to be separate property.

Separate Property

- Property owned exclusively by the husband or wife or domestic partners prior to their marriage/partnership is separate property.

- Property obtained during marriage/partnership is separate property if it is:
    - Received from the sale of separate property; **OR**
    - Purchased with funds which are separate property; **OR**
    - Received by gift or inheritance; **OR**
    - Awarded to a married person/domestic partner in a civil action for personal injuries; **OR**
    - Received by a spouse/domestic partner living apart and the couple does not plan to live together again. The income of the separate spouse/domestic partner is their separate property; **OR**
    - Income of the other person.
- In case of legal separation, legal documents must be reviewed to determine ownership of property.
- Funds which are resources derived from the SSI/SSP program or used in computing the SSI/SSP grant, are the separate property of the SSI/SSP applicant/recipient. Resources and property of the SSI/CalWORKs spouse/ domestic partner are exempt.

92-14: Transfer of Real or Personal Property

Property, whether real or personal, constitutes a resource and is subject to the basic public assistance principle that all resources must be considered both in evaluating need and in determining assistance/eligibility, unless they are verified as unavailable. The regulations provide that a voluntary transfer or assignment of real or personal property for the purpose of qualifying for CAAP results in ineligibility.

Clients are responsible for giving all information to assist the Eligibility Worker in determining the intent and circumstances surrounding the transfer. The Eligibility Worker examines and weighs all the facts and determines whether or not eligibility is affected.

Transfer of Property that does NOT Result in Ineligibility

Transfers made more than two years prior to application are presumed not to have been made for purposes of qualifying for aid or for a greater amount of aid. The following types of transfers within two years of application for aid do not result in ineligibility:

- Transfer for full consideration in which the property owner receives fair consideration, in light of current property values, in return for their equity.
- Transfer to satisfy a debt.
- Transfer of separate property of the spouse/domestic partner.
- Transfer of real property with retention of life estate when the property is the grantor's home and will continue to be utilized as such. Such transfer must be in writing and recorded in order to be valid.

Transfer of Property which Results in Ineligibility

Transfer of property made to qualify for aid or for a greater amount of aid results in ineligibility. The following types of transfers also result in ineligibility:

- Transfer in return for life care if the value of the care is greater than the client's grant amount. In these situations, the value of the property transferred is not considered – only the value of the care versus the grant amount.
- Transfer for less than full consideration for the purpose of reducing holdings within statutory maximum, if the value is greater than the grant amount.
- Relinquishment of life estate to avoid utilization.
- Transfer of income-producing personal property, unless the monthly cost of upkeep exceeds the monthly income it produces.

Duration of Ineligibility Due to Transfer of Property

After a transfer of property which resulted in ineligibility, the period of ineligibility begins the first day of the month following that in which the transfer occurred. This period is not extended because of income received during the period of ineligibility.

Duration of Ineligibility Due to Transfer of Real Property

Duration of ineligibility due to transfer of real property is the period during which a reasonable return for the client equity in the property, had it been sold, would have supported the client and those dependent on them, based on the CAAP grant amount at the time of transfer.

Duration of Ineligibility Due to Transfer of Personal Property

Duration of ineligibility due to transfer of personal property is the period during which the amount of personal property in excess of the maximum monthly grant amount in bank accounts at the time of the transfer would have supported the client and those dependent on them, based on the CAAP grant amount at the time of transfer.

If there have been two or more transfers resulting in ineligibility and each of the transfers reduced property within the amount allowable to qualify for aid, the period of ineligibility is the sum of the periods resulting from each transfer and begins with the first day of the month following that in which the first transfer was made.

Note: If the reasonable return from the transfer of any property is less than the CAAP benefit level at the time of transfer, such transfer does not result in ineligibility, but such return shall be offset against the grant amount.

92-20: Introduction to Personal Property

(Revised as of 10/30/23)

Personal property is taken into consideration when determining both financial eligibility and the amount of aid to which a client is entitled. It may also be used to determine when an applicant may become eligible to receive CAAP.

Definition

Personal property consists of belongings or interest in belongings that can be easily converted to cash. Personal property includes, but is not limited to:

- Bank accounts;
- Cash;
- Motor vehicles, including
    - Automobiles;
    - Motorcycles;
    - Campers;
    - Trailers;
    - Boats;
    - Mobile homes.
- Luxury jewelry;
- Stocks and bonds;
- Life insurance;
- Burial trusts;
- Untransacted benefits (e.g., on EBT account, etc.).

Personal property assets may be defined as either liquid or non-liquid.

Liquid Assets

A liquid asset is cash on hand or an asset that can be readily converted to cash. These assets can be converted to cash in a short period of time in the event a financial emergency arises. Generally, investments are considered liquid assets because they can be easily sold and converted to cash and can be made available to meet the applicant's need during the month of application.

Investments are considered liquid assets because they can be readily liquidated or converted to cash to meet the applicant's need during the month of application. For example, shares of stock, bonds, life insurance cash value, money market funds and mutual funds are considered liquid assets.

Liquid assets also include bank checking/savings accounts, certificates of deposits, money in credit unions, money in EBT accounts, checks, warrants and other immediately negotiable instruments.

Non-liquid Assets

Non-liquid assets are also known as fixed assets and will take time and risk in exchanging for higher-liquidity assets. Examples of non-liquid assets include real estate, antiques, furniture, automobiles, appliances and sporting equipment.

Non-liquid assets must be considered in determining eligibility for aid, unless they are verified as unavailable. Even if eligible for assistance, the client must take immediate steps to secure the proceeds from such assets. Failure or refusal to do so results in denial of the application or discontinuance of on-going assistance. It is the client's responsibility to provide written proof that they have requested liquidation of non-liquid funds.

When assets become available, they must be used to offset the monthly grant amount. If the assets are large enough, the case must be discontinued.

Allowable Personal Property

The following properties and assets shall be considered "exempt" and shall not be counted in determining eligibility:

- Cash assets, savings and/or checking accounts, the total of which does not exceed the maximum property reserve permitted under the Medi-Cal program, as set forth in Section 50420 of Title 22 of the California Code of Regulations, or any successor regulations (currently $2,000 for single adult and $3,000 for couple);
- CalABLE (California Achieving a Better Life Experience) accounts following CalWORKs account and contribution limit rules (currently under $100,000 for account limits).
- Personal effects, exclusive of luxury jewelry;
- Household furnishings;
- Tools, trade equipment, and fixtures used in the individual's regular trade or work;
- Insurance policies or funds placed in trust for the provision of interment or for funeral expenses to the extent of not more than $1,500 per family.
- An interment plot for use by members of the Applicant's or Recipient's family;
- A vehicle with a cash value that does not exceed the maximum equity value of vehicle permitted under the CalWORKs program, as set forth in California Welfare and Institutions Code section 11155(c), or any successor statute; and
- Life insurance policies with a combined face value of up to $1,500.

92-21: Bank Accounts

(Revised as of 10/07/25)

Liquid assets include, but are not limited to, bank checking and savings accounts, money in credit unions, checks, warrants, or cash in the client's possession or available to meet their needs during the month of application. CAAP clients are allowed to keep liquid or cash assets, the total of which does not exceed the maximum property reserve permitted under the Medi-Cal program, as set forth in Section 50420 of Title 22 of the California Code of Regulations, or any successor regulations (currently $2,000 for single adult and $3,000 for couple).

How to Determine Bank Account Values

There are several methods of determining bank account values in the month of application in which eligibility is being determined:

- A printout of their on-line bank account showing transactions including deposits, credits, debits and withdrawals.

  Note: When an applicant reports ownership of a bank account, or a bank account is identified during the intake process, the applicant must provide a recent bank statement. The statement must cover the application date. If the intake interview occurs after the application date, the applicant must also provide the most recent proof showing transactions up to the interview date.
- Form 801, Bank Account Clearance.
- For banks that offer this service without charge:
  - Complete Form 801, Bank Account Clearance, in duplicate. The depositor must complete the back side of the form by signing their name exactly as it appears on the account.
  - If the client conducts business with a local bank, ask them to take the form to the bank. Give them an appointment date and time to return with a return envelope.
  - If the client does not deal with a local bank, mail the form to the bank along with a return envelope. In the meantime, call the bank to verify the balance before granting aid. Keep in mind that, in order to do this, the client has to be present to verbally authorize the bank representative to talk to the worker. Narrate the information received.
  - Image the copy to the case record until the report is received.
- For banks that offer this service for a fee:
  - If the client is told by the bank that it will fill out form 801 for a fee, the client must bring back verification that the bank charges for this service. The worker will exempt the client from completing Form 801 and give them 30 days to provide verification of their own.
- Any stimulus checks related to COVID-19 would be considered as exempt income in the month it was received. If it were left unspent in the bank account, it is <u>not</u> to be considered as part of the client's resources.

Clearance of Joint Accounts

- It is a rebuttable presumption that moneys in a joint account on which the client's name appears is the property of the client. If the client asserts that funds in the joint account do not belong to them, their name must be removed from the account to establish that they no longer have access to it.
  - The Form 801 must be signed by both the client and the other joint account holder if the Account Name includes the word AND.

    - The Form 801 should only be signed by one of the joint holders if the Account Name includes the word OR.
    - Unless verified, the money in a joint account is considered to be shared equally amongst the account holders. The total is divided by the number of account holders.
- In those situations where the client is managing their parent's or child's assets, the money, although technically available to the client, is not considered available since it is used specifically to meet the parent's or child's needs. A statement from the relative must be obtained, if possible, to verify the situation. Any questions should be referred to the Section Manager.
- It must be remembered that the income and assets of an SSI/SSP spouse/domestic partner are exempt in determining the CAAP client's eligibility. When determining eligibility, the Eligibility Worker must confirm how much of the bank account is derived from CalWORKs or SSI/SSP.

Unverified Bank Accounts

If the worker is unable to verify the client's bank savings and checking accounts, through no fault of the client, the worker shall have the client complete Form 2300, Client Affidavit regarding all of their bank account(s).

Example: At Approval, Form 801 that was faxed to the bank (at the Intake appointment) is not received by the worker or the bank will not complete the form for the client.

When there is reason to believe that a client has failed to declare all of their bank checking and savings accounts, the EW shall complete a Fred Referral Form 092 to initiate an investigation.

92-22: Securities

The value of stocks, bonds, mortgages and deeds of trust must be ascertained in order to determine current financial eligibility. Such financial instruments must be considered in determining eligibility for aid unless they are verified as unavailable/inaccessible.

Stocks and Bonds

The current market value of stocks and bonds may be verified through the market value as listed in the daily newspaper quotations, brokerage houses and banks.

United States Savings Bonds

The current value of a United States Savings Bond is the redemption value listed in the table on the back of the bond for the anniversary date most recently reached.

United States Savings Bonds, or other obligations of the United States registered in the name of one person payable on death to a named survivor, are the personal property of the registered owner during their lifetime. Upon death of the registered owner, they become the property of the named survivor unless federal law and regulations governing issuance provide otherwise.

Notes, Mortgages, Deeds of Trust

Whenever a client declares ownership of notes, mortgages, and deeds of trust – and at each subsequent renewal and reapplication – the Eligibility Worker counts the amount which could be realized if they were offered for quick sale. In order to secure a reliable estimate of current value, it may be necessary to obtain appraisals from banks, realtors, loan companies, or others qualified to make such estimates.

92-23: Trust Funds

A trust is a right of property, whether real or personal, that is held by one party for the benefit of another. A trust fund is any monetary resource which is designated for a particular purpose and cannot be diverted from that purpose. The value of property held in trust is exempt if the client does not have access to the principal of the trust. It is the client's responsibility to prove that the trust is irrevocable and unavailable.

Client Responsibility

The client must immediately begin the process of attempting to make the trust available by taking the following actions:

- Request the trustee to release the property in trust;
- If the trustee states they cannot release the property in trust, request the client to ask the trustee to petition in court for release of the property.
- If the trustee refuses to release the property or petition in court for its release, petition the court directly.

Just as in any other circumstance, the client must inform the Eligibility Worker of the progress being made in their attempts to make the property available.

Eligibility Worker Responsibility

The Eligibility Worker has the following responsibilities:

Informing the Client

Give the client written notice of their responsibilities, as explained in Client Responsibility, above. The property remains exempt unless released from trust or unless the client fails to meet their responsibilities. If the client must petition the court directly, refer them to a lawyer referral service or to Legal Assistance.

Evaluating Property

If the trust is released, the property must be evaluated and treated as other real property.

Income derived from a trust shall be prorated over the period of time which the reporting document (e.g., a letter by an attorney, a statement) covers. For example, if the reporting document is issued quarterly, the interest income will be divided by three (3) and rounded up to the nearest cent.

Documenting the Case Record

The circumstances concerning the trust must be documented and narrated in the case record.

92-24: Safe Deposit Box

Clients must declare all property in any reported safe deposit box.

The current value of all such personal property must be verified when the existence of the box is reported, and at the time of each application and renewal, whenever possible. See Section 92-20: Introduction to Personal Property

92-25: Insurance

Life insurance may be held by the client, but the cash surrender value is counted as part of the maximum allowable cash or liquid assets.

If the client's insurance is for the specific purpose of burial, interment and/or other funeral expenses, it is exempt up to $1,500 per family.

Ownership

The insured is considered the owner of a policy unless the policy or the insurance company records show assignment to another person or ownership by another.

Procedure

Determination of the value of insurance shall be made at the time of the Intake application for aid and again at the time of each renewal.

In most cases, the value of the insurance can be determined by inspection of the client policy and/or premium book. At other times, it may be necessary to obtain verification through correspondence with the insurance company.

Determining Cash Surrender Value from Policy

Use the cash surrender value (CSV) table contained in the policy to find its value. Many policies include these tables, showing the CSV of the insurance per thousand dollars of face value. Note: CSV is not the same as paid-up insurance.

Factors to Consider

- The number of years the policy has been in effect;
- The face value of the policy (i.e., the actual benefits payable upon the death of the insured); and
- The age of the insured when the policy was purchased (Not all insurance policies consider this factor).
- Whether money has been borrowed in the last two years.

Steps in Determining Value from Insurance Tables

Insurance tables vary in appearance from company to company. There is no typical table which may be used as a model in determining CSV.

Problems in determining CSV from specific tables should be referred to the unit supervisor.

- Find the table showing the age of the insured when the policy was written (This is important only if age is a factor in the conversion table).
- Follow down the appropriate age column to the row for the number of years the policy has been in effect.
- Multiply this figure by the appropriate number to find the full CSV.

Determining Cash Surrender Value from Insurance Company

Some policies do not contain CSV tables. It may be necessary to obtain the value of the policy directly from the insurance company. The client is required to sign Form 8014/8015, Combined English/Spanish Authorization to

Release Information, in order for the worker to request release of the necessary documentation. Refusal of the client to sign the form renders them ineligible to CAAP.

92-26: Motor Vehicles

(Revised as of 5/5/25)

For purposes of establishing the CAAP eligibility of each case, only one motor vehicle may be owned by a client. The cash value of the vehicle must not exceed the maximum equity value of a vehicle permitted under the CalWORKs program, as set forth in California Welfare and Institutions Code section 11155(c), or any successor statute. CalWORKs defines equity value as the amount of the Fair Market Value (FMV) of the vehicle less encumbrances (car loan balance). Currently, CalWORKs maximum equity value is $32,968.

For "couples" cases, each person may own one vehicle with an equity value as set forth above. For the purposes of establishing eligibility for "couples" cases, each individual's vehicle is treated separately. A person in a "couples" case may not own an interest in more than one vehicle (i.e., a person cannot be on the registration/title of more than one car).

For a catastrophically-ill client with a verified life expectancy of six months or less, a motor vehicle that is used for medical treatment is exempt if the client is physically and/or mentally unable to use public transportation.

Leased cars are not included in the eligibility determination; however, the client must be able to establish how they are able to pay car-related expenses (monthly payment, insurance, registration fee, etc.).

Worker Responsibilities

In determining eligibility based on motor vehicle, the worker shall determine if the motor vehicle's equity value is within the allowable limit by deducting any encumbrances of record from FMV. If the resulting equity value is $32,968 or less, the client may be eligible.

Under the CAAP Ordinance Section 20.7-10 (Rebuttable Presumption of Ineligibility – Current Income or Expenses), verified paid income or expenses during a current month of eligibility and/or application which exceed the otherwise eligible Applicant/Recipient's total monthly income and/or assets shall create a rebuttable presumption of ineligibility for aid.

Car payments and other car-related expenses (e.g. car insurance) shall be considered as part of the client's monthly expenses. Whenever a client's monthly expenses (rent, utilities, car expenses and other debt payments) exceed the total monthly income and or assets, the client must complete a Form 2145 to rebut the presumption of ineligibility to CAAP by declaring and verifying all other means that enable them to pay these expenses. At any given time that the client will no longer be able to meet such expenses, they will be required to bring down their expenses within the grant amount in 30 days.

How to Determine Fair Market Value of a Declared Motor Vehicle

The several methods of car value determination are indicated below in order of preference. Use of any method may be required based on availability of documentation/verification.

Kelly Blue Book Online

Visit the Kelly Blue Book website, and look for the section "What's My Blue Book Value?" Once there, choose "Trade-In" and enter the information required (make, model, year, etc.) to get the value of the vehicle.

NADA Guide Online

Visit the NADA website, and enter the pertinent information (make, model, year, etc.) to get the vehicle's trade-in value.

When Eligibility Worker Determination is Not Possible

When it is impossible for the Eligibility Worker to make a determination following the instructions in How to Determine Fair Value of a Declared Motor Vehicle, above (for example, the Registration card is unavailable and the car is not listed in the Kelly Blue Book website), the client is given an opportunity to establish the cash value by providing 2 original statements from licensed car dealers. The average of the 2 statements of value is used.

Contested Value Determination

A client may contest the cash value of his vehicle as arrived at by either of the determination methods in Kelly Blue Book Online or NADA Guide Online, above.

Inoperable Vehicle

If a client contests the Eligibility Worker-determined cash value because their vehicle is inoperable, they must provide at least two estimates from licensed auto repair mechanics for repairs that are necessary to make the vehicle operable. The lower estimate of the cost of repair is used and is deducted from the value as determined in Kelly Blue Book Online (or any other acceptable guide) above. If the client fails to provide the required estimates, the value as previously determined is used.

Operable Vehicle

If a client contests the Worker-determined cash value of his operable vehicle for any reason, they are given an opportunity to establish the cash value by providing 2 original statements from licensed car dealers. The average of the 2 statements of value is used.

How To Determine Value of Undeclared Motor Vehicle

When there is reason to believe that a client has failed to declare a motor vehicle, the EW shall complete a FRED Referral Form 092 to initiate an investigation.

92-27: Retirement Funds

There are different types of retirement funds that clients may have invested in while they were working to prepare for self-sufficiency when they retire.

Qualified Retirement Plans

The general definition of qualified retirement plan is when your contributions are not taxed until you withdraw money from the plan. Most retirement plans that you obtain through your job are qualified plans. The most common types are profit sharing plans (including 401(k) plans), defined benefit plans, and money purchase pension plans.

Exempt Retirement Plans

For the purpose of determining eligibility for CAAP, all funds in a qualified plan or in any retirement plan that would incur an early withdrawal penalty are considered exempt.

Examples of Exempt Plans

Examples of these exempt retirement plans are, but not limited to:

- **401(k) or 403(b) offered by the employer**. For most people, this is the easiest and best place to start investing for retirement. The pre-tax contribution is withheld through payroll deduction. If the person leaves their job, they can roll the account over into a new employer's 401(k) or their own IRA. A 401(k) is usually offered by a for-profit company, while teachers and other employees of nonprofits may be offered a 403(b) instead.
- **408 or 408(K)** This plan is a simplified version of the popular 401(k) plan but is intended for smaller companies with fewer than 25 employees.
- **Keogh Plan**. This is a tax-deferred pension plan available to self-employed individuals or unincorporated businesses for retirement purposes
- **SEP IRA**. SEP stands for simplified employee pension, and this kind of account is used primarily by the self-employed or small business owners. As a self-employed, the person can contribute up to 25 percent of their income. These accounts are easier to set up than a solo 401(k). If the business has employees, the employer must contribute for all who meet certain requirements.
- **Simple IRA**. This plan allows small employers (fewer than 100 employees) to set up IRAs with less paperwork. Employers must either match employee contributions or make unmatched contributions. An employee can contribute up to $12,500 in 2015, with an extra $3,000 allowed for those over 50.
- **IRA**. Anyone can contribute up to $5,500 a year to an IRA ($6,500 if you're over 50). The money grows tax-free. The person can contribute to both an IRA and a 401(k), but if the person is covered by a retirement plan at work, they may not be able to deduct his IRA contributions from their taxable income. Any IRA contribution that cannot be deducted from a person's taxable income is considered Non-deductible Traditional IRA and is not exempt as an asset.
- **457**. This plan allows a person to defer compensation on a pre-tax basis but they will have to pay income taxes on the money withdrawn from the account (at any age). 457 plan is not considered a qualified retirement plan and not subject to the 10% penalty for early withdrawals if funds are withdrawn before retirement age of 59 /2. A person can make withdrawals from this account when he leaves their employment.

Non-Exempt Retirement Plans

Any retirement plans where a person can withdraw their contributions at any time tax-free and penalty free are not exempt. The funds in the account are subject to CAAP's cash/liquid asset limit.

Examples of Non-Exempt Plans

Examples of these non-exempt retirement plans are, but not limited to:

- **Roth IRA**. With a Roth IRA, the person is contributing after-tax dollars, and they get no tax deduction for their contribution. The money that they earn in the account grows tax-free. They can withdraw the amount they contributed (but not the earnings) at any time with no penalty or no taxes due, which is not the case with traditional IRAs.
- **Non-deductible Traditional IRA** A non-deductible traditional IRA is a traditional IRA that was funded using after-tax dollars.

Aged-Client Eligible for Retirement Benefits Distribution

Once a person reaches the age of 59 1/2, money from their retirement funds can be withdrawn without any penalty. These retirement benefits are then considered resource and client must request to start distribution of the funds as a monthly income. In order to maximize self-sufficiency, if the client has a choice to the amount of what would be the monthly retirement distribution, the client must choose the maximum amount that is allowed by the account or the equivalent of the maximum CAAP payment, whichever is greater. The client must present proof of their request.

These benefits are considered a resource only when the funds have been withdrawn and are in fact available to the client.

92-30: Earned Income

(Revised as of 1/15/25)

Earned income includes all wages received in cash for work performed. In accordance with CAAP Ordinances, the Income Disregard Program has been established to create a work incentive for CAAP clients.

Definitions

Current Income

Current income is the total of cash (including loans), in-kind food, housing, utilities and other items that are received by or available to the client in any calendar month. It includes both earned and unearned income.

Earned Income

Earned income is income received in cash as wages, salary, commissions, tips or profit from activities in which the client is engaged as an employee or as a self-employed individual.

Earned income includes, but is not limited to:

- Pay received for work performed;
- Casual income
    - Casual income is defined as income in cash that is:
        - unpredictable as to amount and time of receipt;
        - of short duration;
- Earnings over a period of time for which payment is made at one time, as in the instance of sale of artwork by a crafts person;
- Returns from personal or real property such as net income from rental of rooms or room and board;
- Payment under the Economic Opportunity Act (EOC);
- Training subsidy/stipend funded through HSA programs for PAES participants in an employment goal program;
- Payments from Work Study programs and Public Service Employment;
- Work in exchange for rent, food and/or utilities;
- Vacation pay; and
- Tips. The Eligibility Worker must inquire about such compensation received by the applicant/participant/ recipient, when appropriate.

Gross Income

Gross income is the total amount of earned income before allowable deductions are applied.

Homeless clients with Earned Income

The net earned income of homeless clients must be below the CAAP's allowable grant to be eligible for aid at Intake. At Carrying, the client would be under earned income disregard monthly reporting with the CAAP 1. The grant will be determined by the gross income and the income disregard chart. If the client's earned income after disregard results

in their grant being over the current CBP grant, they will receive the CBP grant. See the 94-14: Earned Income & Asset Disregard Program for more details.

Earned Income Disregard

CAAP clients may be eligible to keep a portion of their earnings while they receive CAAP. A complete discussion of the Earned Income Disregard Program, is in Section 94-14: Earned Income & Asset Disregard Program.

Net Nonexempt Income

Net nonexempt income is the amount remaining after allowable deductions have been applied to gross income (see Earned Income Disregard and Mandatory Deductions, below).

Deductions from Income

Certain deductions from earned income are permitted in the County Adult Assistance program. (Note: Under no circumstances are deductions permitted from unearned income, except for SSA or UIB. See Section 92-40: Introduction to Unearned Income for explanation.)

Mandatory Deductions

Mandatory deductions are those deductions over which the client has no control (i.e., the client has no say over whether or not they are made). Deductions for self-employment are discussed in a separate section.

Mandatory deductions include:

- Federal tax
- State tax
- SDI
- Social Security
- Court-ordered support payments or alimony
- Retirement (if mandatory)
- Health coverage (if mandatory)
- Pensions (if mandatory)
- Union dues (if mandatory)
- Garnishment

Voluntary Deductions

Voluntary deductions are not considered in determining net pay. This means that they are counted as income to the client, although the client does not actually receive these amounts. Voluntary deductions include, but are not limited to:

- Retirement (if not mandatory)
- Health coverage (if not mandatory)
- Pensions (if not mandatory)
- Union dues (if not mandatory)
- Uniforms (if not mandatory)

- Child care (if voluntary)
- Transportation (if voluntary)

92-40: Introduction to Unearned Income

(Revised as of 04/29/25)

Unearned income includes all benefits received by a client in cash or in-kind that is not in exchange for work performed.

Examples of unearned income include UIB, DIB, VA benefits, Social Security benefits, Railroad Retirement, child support back payments, loans, contributions and cash (excluding any money to pay for their rent) given to the client.

Under no circumstances are deductions permitted from unearned income (except for SSA and UIB – see **Important Notes** below).

Important Notes:

- **Social Security Benefits (SSA):** If all or part of an SSA payment is withheld to repay an overpayment, count only the reduced amount as income. For any other reason, count the full SSA amount before the reduction as income.
- **Unemployment Insurance Benefits (UIB):** To repay an overpayment or garnishment for verified-as-paid court-ordered child support or alimony payments, count only the reduced amount as income. Due to a benefit garnishment, voluntary withholding or child support, count the full UIB amount before the reduction as income.

Definitions

Current Income

Current income is the total cash (including loans), food, housing, and other items that are received by, or available to, the client in any calendar month.

Casual Unearned Income

Casual unearned income is defined as unearned income, either in cash or in-kind, that is:

- Unpredictable as to amount and time of receipt; **AND/OR**
- Given freely as a gift or contribution by relatives, friends, or others.

Interest Income

Interest income is income received on a savings account in a bank, savings and loan association or other institution authorized to accept savings, and interest that is received as a result of any contractual obligation.

Non-Recurring Lump Sum Income

Non-recurring lump sum income is:

- Income that is accrued over two or more months; or a payment of money that is not related to any time period; **AND**
- Is not expected to be received in the future; **AND**
- Is not earned by provision of labor or services.

Examples of non-recurring lump sum income include, but are not limited to:

- transportation tickets (e.g. airline, bus, train, boat);
- gate money / release funds;
- income tax returns;
- loans;
- inheritances;
- proceeds from the sale of real or personal property;
- contest winnings;
- retirement fund withdrawal;
- health benefits

Income In-Kind

Income in-kind is any benefit received other than in cash. It includes the value of need items provided at no charge and may be earned or contributed. All income in-kind must be evaluated based on the Income-in-Kind Chart when the client's grant is computed.

Student Financial Aid

Student financial aid includes educational loans on which payment is deferred, grants, scholarships, fellowships, veterans' education benefits, and the like, to the extent that they are used for tuition and mandatory school fees at an institution of higher education, including vocational schools at that level, or a school at any level for the physically or mentally disabled (see Section 92-47: Student Financial Aid).

Homeless clients with Unearned Income

The unearned income of homeless clients must be below the CAAP's allowable grant to be eligible for aid at Intake. If the client's unearned income is below the auto In-Kind value of the CBP grant table, the client will receive the standard CBP Grant.

EXAMPLE: The client has $200 of unearned income, the auto In-Kind value for CBP is $642. The client will receive the maximum CBP grant of $72. (as of 05/01/2025)

If the client's unearned income is above the auto In-Kind value of the CBP grant but below the CAAP's allowable grant, the client will receive the difference of the total grant minus the client's unearned income.

EXAMPLE: The client has $650 of unearned income, the auto In-Kind value for CBP is $642. The client will receive the maximum grant minus the client's unearned income. $714 - $650 = $64 (as of 5/1/2025)

For homeless clients with income, see the Homeless Clients with Income Job Aid. If the client's unearned income reduces the client's grant below $5, the client is ineligible and shall be discontinued from aid.

Exempt Income

Certain income shall be considered exempt when determining the amount of grant to which the client is eligible. This includes the following:

Relocation Benefits

If a client states they are receiving relocation benefits, the Eligibility Worker must verify the amount and the time period of the subsidy by contacting the San Francisco Redevelopment Agency, and fully document the information in the case record.

Relocation benefits are considered exempt as a resource or income to the CAAP client. Relocation payments may include a moving cost allowance plus an allowance representing the difference between the prior rental amount and the rent at the new address. This rent subsidy amount may be paid to the client monthly or annually for a four-year period, or may be paid in a lump sum. Even though the client may elect to receive a lump sum payment, the payment is exempt and must not be deducted from the grant or considered as an asset.

Retirement Benefits

Retirement benefits are considered a resource if the client is not expected to be re-employed or their re-employment is not contingent upon the retirement benefits remaining in the fund. The client must request withdrawal of the funds if they are not expected to return to work, or if the withdrawal of such funds will not affect their ability to return to such employment. The client must present proof of their request to withdraw the funds.

These benefits are considered a resource only when the funds have been withdrawn and are in fact available to the client.

Exception:

If the client is on verified medical leave or layoff from employment, and it is verified that he will be able to return to work, the retirement benefits are exempt.

Government-funded Programs for Low-Income Seniors

Income received through a volunteer program (e.g., Foster Grandparent and Senior Companion Programs) is exempt and is not counted against the client's grant.

SSI/SSP Benefits and Resources of Member of CAAP Family

When a recipient of SSI/SSP is a member of the CAAP family, no part of the SSI/SSP benefit shall be treated as income in determining the CAAP grant. Income from any other source that is used in the computation of the SSI/SSP – for example, SSA, VA pension, or retirement benefits – cannot be considered. Income of the CAAP client deemed or considered to be that of the SSI/SSP member cannot be considered in determining the CAAP family grant.

Department of Rehabilitation

Any part of a payment to the client from the Department of Rehabilitation that is used to meet one or more of the following needs is not counted as income:

- Tuition
- Books
- Education fees to include the following:
    - Transportation to and from school or training, or designated meal allowances.
    - Tools and equipment required by the training program.

The client must provide verification in the form of receipts, letters from school officials, etc., to document any amount that is exempted as income.

Cash not Drugs

If a client participating in CAAP Treatment Pathways is referred to Health Right 360 (HR360) for contingency management services, the gift cards the client receives from HR360 is considered exempt income.

Casual Gifts

Casual gifts received by the client are treated differently depending on whether they are in the form of cash or non-cash.

Cash Gifts

The first $30 of cash gifts in any 3-month period of aid is exempt from consideration as income to the client. Anything over $30 per 3-month period of aid shall be deducted from the client's grant. The 3-month period begins with the first month in which a gift is received and continues for the next two months of aid. After the original 3-month period, a new 3-month period begins when the next gift is received, and continues for the following two months, etc.

Non-cash Gifts

Non-cash gifts, such as household appliances and furnishings, articles of wearing apparel, and subscriptions to a magazine or newspaper are not considered income when determining the grant amount.

Transportation Tickets

For non-recurring transportation tickets (e.g. airline, bus, train, boat) that are purchased by someone else for the client are considered exempt. However, the client when planning to use this transportation ticket must notify their CAAP worker prior to leaving San Francisco so that appointments can be rescheduled.

- If the client receives cash for the purpose of purchasing the transportation ticket, this amount is not considered exempt income and will be treated as cash gift.
- If the client is out of county for thirty days, the CAAP grant received in that month is considered a collectible overpayment.
- If the client fails to notify their CAAP worker prior to leaving San Francisco and subsequently missed a requirement, discontinue the client's benefit. Good Cause and Fair hearing process apply, as usual.

Income Tax Refunds

Income tax refunds, including the Earned Income Tax Credit (EITC) issued to the client shall not be considered as income or resources available to the client.

Guaranteed Income Pilot Program

Payments made to the Applicant or Recipient as a result of participation in a Guaranteed Income Pilot Program, provided the Applicant or Recipient has not declared themselves to be homeless is exempt. A worker should consult with a supervisor before approving this exemption to ensure that this Guaranteed Income is approved by the Department.

Payments under the Foster Care, Adoption Assistance or KinGAP Programs

Payments made to the client under the Foster Care Program as a foster parent providing the basic needs of child(ren) in their foster home, Adoption Assistance of KinGAP Programs shall not be considered as income or resources available to the client.

Verified Loans to Pay Rent

- Any verified loans made to an applicant in the month of application, or one month immediately prior to application, for the purpose of enabling that applicant to pay his rent, or for the purpose of payment of first and last month's rent and any lawful rental deposit, shall not be considered income or resources available to that applicant.
- Any verified loans made to a client for the purpose of enabling that client to secure housing, including last month's rent or security deposit, shall not be considered income or resources available to the client.

Third Party Rental Payment

A cash contribution towards rental payment that is not directly paid to the housing provider/landlord would not be counted as monthly income only if the client provides proof to the county that this is beyond their reasonable control and the housing provider/landlord will only receive rental payment from the client and/or does not want to receive multiple rental payments from third parties. The client is eligible to receive the full grant provided no other income is received and/or money owed to the county. Any cash contribution over the housing and/or utilities is considered unearned income. Refer to Section 91-7.3: Maximum Monthly Expenses for more information.

Tribal Income

- Any funds distributed per capita or held in trust for members of any Native American tribe under Public Law (PL)92-254 or PL 94-540 are exempt income.
- Funds of Native American tribes, including interest from and investment income derived from such funds, are exempt as income when the funds have been distributed on a per capita basis, or held in trust, by the Secretary of the Interior.
- Income of individual Indians derived from individually owned interests in trust or restricted lands are exempt up to $2000 in any 12 consecutive month period.
- Distributions from a Native Corporation, established pursuant to the Alaskan Native Claims Settlement Act (ANCSA), to a Native household, individual Native, or descendant of a Native are exempt as income, including cash and cash dividends on stock up to $2000 per person per annum, as well as stock, partnership interest, land or interest in land, and interest in a settlement trust.

Retrospective Budgeting

A retrospective budgeting system is used for all Unearned Income with the exception of student financial aid (see Section 92-47: Student Financial Aid).

Basic Principles

The following basic principles apply to retrospective budgeting:

- Unearned income received in the first two calendar months (from the month of application) is not budgeted for those two months.
- Unearned income in the month of receipt is budgeted against the client's grant two months in the future.

92-41: Potential Income

(Revised as of 09/16/25)

Eligibility for CAAP is contingent upon the client's pursuing all potential resources and income. Since eligibility for unearned income is often based on previous circumstances, each applicant for CAAP shall be questioned to determine what has happened in their life to lead them to apply for Public Assistance. Their responses may provide clues to potential income such as SSI/SSP (long-term disability), State Disability Insurance Benefits (temporary disability), Unemployment Insurance Benefits (recent loss of job), or sponsorship (documented aliens; see Section 92-48: Sponsor Support).

When questioning the client, the Eligibility Worker is looking for internal consistency in the client's statement, with the preponderance of credible and logical evidence leading the Eligibility Worker to believe that the client is providing a viable account of past means of support. Failure to provide sufficient essential information renders the Eligibility Worker unable to determine the current and potential resources and income.

Inability to adequately explain past means of support may result in the denial/discontinuance of CAAP. It is the client's responsibility to provide sufficient information. The burden of proof is on the client. However, the client's failure to adequately explain past means of support must be considered in light of all other information obtained during the interview and the client's capacity to relate facts.

The Eligibility Worker should encourage responses from the client by asking questions such as:

- How have you supported yourself up until now?
- Where were you last employed?
- When were you last employed?
- Why are you no longer working?
- Have you been sponsored into the country?

By pursuing this line of questioning, the Eligibility Worker seeks to determine what has changed in the client's life to make it necessary for them to apply for assistance, and to thereby use their responses to determine the possibility of other available resources, for which the client is required to apply.

Age 62 and 65 Requirements

CAAP applicants/clients nearing age 62 and 65 must apply for and pursue other means of income including, but not limited to, the following:

- Social Security Retirement benefits for clients nearing age 62;
- SSI benefits for clients nearing age 65.

The worker shall:

- Three (3) months prior to the client turning 62 years old, refer the client to the SSA office to apply for SSA Retirement benefits and schedule the client for an appointment in thirty days to submit proof of SSA application. (If the thirty days appointment falls on a weekend or holiday, schedule the appointment for the following business day.) If the response from the Social Security Administration is that the client is not eligible to receive SSA Retirement benefits at age 62, enter a PEC expiration date for the month and year that is thirty days prior to the client's 65th birthday, at which time they must apply for SSI.
- Thirty (30) days prior to the client turning 65 years old, refer the client to apply for SSI, Medi-Cal and CAPI. Schedule the client for an appointment in thirty days to submit proof of applications, except for applicants at Intake appointments, the verifications are due at Approval. (If the thirty days appointment falls on a weekend or holiday, schedule the appointment for the following business day.) See Section 93-10 CALM.

Failure to comply with these requirements, without good cause, shall result in the discontinuance of the client's CAAP benefits.

Note: Unit Supervisors will monitor monthly reports to ensure that clients are being referred for other benefits, as appropriate.

It's more efficient for the SSI CM to apply for SSA benefits other than SSI for the client instead of having them apply for themselves. If your client is required to apply for other potential income such as early retirement or disability from SSA, follow the steps below:

If the client has an SSI Case Manager (CM):

- The eligibility worker (EW) will send an email to SSI CM notifying them that client must apply for benefits other than SSI such as other types of SSA benefits (e.g., Retirement or Disability). Indicate the benefits client must apply for and the due date proof of application is required.
- The EW will send the client an appointment letter requesting proof of application.

Note: If the SSI CM requires more time to submit the application, they will notify the EW via email. EW will issue a new appointment letter granting a 30-day extension.

- Upon application for benefits submission, SSI CM will email EW indicating what type of benefits were applied for and attach proof of application.
- Upon approval/denial, SSI CM will email EW verification of outcome.

Note: If SSI CM receives a response that EW is out of office, SSI CM should forward their email to the EW's Supervisor.

92-43: Social Security Retirement, Survivor, and Disability Benefits

This section contains general information and eligibility criteria for the following: Retirement, Survivors, and Disability Insurance (RSDI) Benefits; Unemployment Insurance Benefits (UIB); and Disability Insurance Benefits (DIB).

Retirement, Survivors, and Disability Insurance

Persons Who May Apply

- Retirement and Disability Insurance is available to any qualified Social Security wage earner; that is, a person who has made payments to Social Security.
- Auxiliary benefits based on the work record of a living retired or disabled wage earner may be available to a spouse, divorced spouse, or child.
- Survivors Insurance based on the work record of a deceased wage earner may be available to a widow/ widower, surviving divorced wife, parent of wage earner, or child of wage earner.

Note: RSDI was formerly known as OASDI.

How to Apply for RSDI

To receive one of the above types of benefits, individuals must file a claim at their local Social Security Office. Refer to Section 92-41: Potential Income. At the time of eligibility determination (one to three months after a claim has been filed), the claimant is sent either an award letter indicating the benefit amount and the beginning payment date, or notification of denial of benefits.

Possible RSDI Eligibility

The following is a checklist of circumstances indicating possible eligibility for RSDI. If the client meets one or more of these criteria, they should be referred to SSA.

Wage Earner Benefits

Was the client self-employed or a wage earner? The wage earner uses their SSN to claim benefits for themselves, their spouse, and their children. Is the client:

- Retired, age 62+?
- Disabled and under age 65?

Auxiliary Benefits

Is the client a spouse or child of a living retired or disabled wage earner? Is the client:

- A wife/husband, age 62 or over?
- A divorced wife/husband, age 62 or over, unmarried, and was married to wage earner at least 10 years?
- A wife or husband with child in care (wife any age)?
- A child, natural, adopted, stepchild (under 18, between 18 and 22 attending school full-time, or disabled before 22)?

Survivor's Benefits

Is the client a spouse or a child of a deceased number holder? Is the client a:

- Widow/widower, age 60 or over?
- Disabled widow/widower, age 50 or over?
- Surviving divorced wife or husband, age 60 or older, unmarried, and was married to wage earner at least 10 years?
- Surviving divorced mother/father of the wage earner's child with the same child in care (mother/father any age and unmarried)?
- Child, natural, adopted, stepchild (under 18 or between 18 and 22 and attending school full-time, or disabled before age 22)?
- Parent, age 62 or over, dependent on wage earner?

92-44: State Unemployment Insurance Benefits (UIB)

(Revised as of 10/30/23)

Clients who earned a salary within a specific base period may be covered for Unemployment Insurance Benefits (UIB). These benefits are paid by the Employment Development Department (EDD). Employers are required to pay the Unemployment Insurance tax if they have as few as one employee whom they pay more than $100 per quarter. This UIB tax covers benefits for many types of employees.

Who Must Apply?

All employable clients who declare a work history within the last two (2) years must file for UIB. Exception: The current IEVS report states “NO CLAIM OR WAGES FOUND FOR SSN.” The client is given Form 2191, CAAP Appointment Letter, specifying their responsibilities and time limitations, and the subsequent denial/discontinuance of their CAAP benefits if they fail to follow instructions without good cause.

How to Apply for UIB

The Employment Development Department (EDD) requires Unemployment Insurance applicants (for both California and Inter-state claims) to file claims by telephone, online, or by mail. For more information, visit the EDD website or refer to Form 2104, UIB Information.

By Telephone

Inside California

1-800-300-5616 English

1-800-326-8937 Spanish

1-800-547-3506 Chinese

1-866-303-0706 Japanese

1-800-547-2058 Vietnamese

1-800-815-9387 Deaf or hard of hearing clients by teletypewriter (TTY)

Online

To file a UIB claim online, clients can go to the EDD website: https://eapply4ui.edd.ca.gov.

File EDD Fraud Claim

Clients disputing our records showing that they are receiving EDD benefits (e.g. PUA, UIB, DIB) must file a fraud claim with EDD and obtain a fraud claim number to present to their eligibility worker.

Worker Actions

At Intake

Issue Form 2191 and schedule the client to come in 60 days after the Approval appointment to submit proof of UIB application to the Carrying Worker (If the sixty days appointment falls on a weekend or holiday, schedule the appointment for the following business day.).

At Carrying

Issue Form 2191 to the client to submit proof of UIB application or return to verify within 60 days. (If the sixty days appointment falls on a weekend or holiday, schedule the appointment for the following business day.) An appointment is scheduled as a Task in CalSAWS.

The client may submit proof of UIB application through e-mail, fax, mail or dropping it off at the CAAP Service Counter. If the client is unable to provide proof of UIB application in the ways mentioned above, they must attend the appointment given on Form 2191.

At the Follow-up Appointment

1. Any verification must be dated within 60 days of the appointment date.
2. The client may submit an award letter, denial letter or UIB payment stub as proof of current status of their UIB.
3. If the verification submitted was only an award letter, the worker must ask the client if the actual benefits have been received. If yes, the worker must verify by asking the client to submit a copy of the UIB payment stub. If not, the worker must schedule the client to submit or return in 30 days to present proof of receipt of UIB (If the thirty days appointment falls on a weekend or holiday, schedule the appointment for the following business day.).

Note: The worker must not use the award letter to budget the client's benefits. An actual proof of UIB payments must be received to begin retrospective budgeting.

At Re-evaluatiion

At the client's re-evaluatiion, review the client's IEVS information to determine potential eligibility to receive UIB. If the client is eligible, instruct them (via Form 2191) to apply for UIB and present verification of their application in 60 calendar days (If the sixty days appointment falls on a weekend or holiday, schedule the appointment for the following business day.). For more information on how to apply for UIB, give the client the UIB Information flyer, Form 2104.

92-44.1: State Disability Insurance Benefits (DIB)

Introduction

Disability Insurance Benefits (DIB) are payable when the employee cannot work because of illness or injury not caused by their job. Disability includes any illness or injury, either physical or mental, including pregnancy, childbirth, and related medical conditions that prevents an individual from doing their regular or customary work. DIB is financed by the employee by deductions from their wages. Former inmates of institutions under the jurisdiction of the California Department of Corrections may be eligible for Disability Insurance benefits. An individual cannot be paid both Unemployment Insurance (UIB) and Disability Insurance (DIB) for the same period.

Job-caused disability may entitle the worker to Workers' Compensation. If temporary Workers' Compensation is paid, an individual is not entitled to DIB except if the Workers' Compensation benefits are at a lesser daily rate than DIB. In this situation, DIB will pay the difference.

In order to be eligible for DIB, a claimant must:

- Be under treatment by a physician at the present time
- Have a statement from the physician verifying incapacity
- Have earned at least $300 over the 12-month base period.

Application Process for DIB

Who is Covered by DIB

Employees who paid the DIB tax on their wages are covered. Other employees may be covered through a voluntary plan rather than DIB, if most employees of a given employer consented to such coverage. San Francisco City and County employees are covered by DIB.

Base Period

The DIB covered applicant must have earned a minimum of $300 in wages in a 12-month base period computed exactly the same as for UIB.

Duration and Amounts of Benefits

Benefits may begin with the day after the 7-day waiting period of disability or the first day of hospitalization, whichever comes first. The claimant may be paid for the waiting period if the disability exceeds 21 days.

DIB basic benefits range from a low weekly benefit of $50 for earnings of $75 to $1,149.99 in the highest quarter of the 4-quarter base period, to a high of $224 per week for earnings of $5,475 or more in the highest quarter of earnings. Claimants should file an application for DIB not later than the 41st day after the first day for which benefits are payable, or be able to show good cause why this was not possible.

Checks are mailed every two weeks. The maximum amount of benefits is 52 times the weekly benefit amount, but not more than the total base period wages. DIB is paid for the number of days disabled, not for the week's unemployed, as in UIB.

Treatment of Benefits

DIB income is budgeted retrospectively.

How to Apply for DIB

Application is made by the claimant's requesting a State Disability Claim Form, Claim Statement of Employee. The form can be obtained from the claimant's doctor, by calling the State Disability Insurance Office at 1-800-480-3287.

If the client claims disability but is not currently under a doctor's care, they should be referred to San Francisco General Hospital. It must be stressed to the client that it is necessary for them to start this process immediately, because they must provide proof of a valid DIB application within 90 days. (If the ninety days appointment falls on a weekend or holiday, schedule the appointment for the following business day.) (**Note**: The client should be informed that it may take 60 days until they are seen at ZSFG.) The case is then flagged for 90-day follow-up.

The claimant is responsible for completing their portion of the form and giving it to their physician for completion and mailing the claim form to EDD.

The address and phone number to contact are:

Disability Insurance Office

745 Franklin Street, Suite 300

San Francisco, CA 94102

Phone: 1-800-480-3287 for information

EDD Forms Verifying Benefits

Claimants receive various printed or individually written letters or notices from EDD informing them of the decision on their claims and the amounts of their DIB. The Eligibility Worker should ask to see these documents. When a check is mailed, it also includes the payment information for that particular check.

Other forms that may be received include the Notice of Computation, DE 429D or DE 429R, and sometimes a DE 455 that is used to add or delete payments because of wages received. If the claimant is ineligible, they receive a DE 2517 (a disqualifying form usually used to notify a claimant that a specific period will not be paid), or DE 429D explaining his ineligibility. When the claimant's checks are stopped, they receive the appropriate form from the DE 2917 series.

Any of the above items can be used to verify DIB. Verification of DIB can also be obtained through IEVS.

File EDD Fraud Claim

Clients disputing our records showing that they are receiving EDD benefits (e.g. PUA, UIB, DIB) must file a fraud claim with EDD and obtain a fraud claim number to present to their eligibility worker.

Workers' Compensation

Workers' Compensation is paid for job-connected illness or injury. The employee's personnel department should be able to provide the employee with the name of the firm's Workers' Compensation carrier and explain the procedure to be followed when filing a claim. If the client cannot supply the Eligibility Worker with the needed information, it can be secured from the former employer (best resource), or the local State Industrial Accident Commission Office.

92-45: Veterans' and Servicemen's Benefits

Veterans and their dependents who apply for CAAP must also apply to the Veterans' Administration for any Services-related benefits to which they may be entitled as a potentially available resource. The status of such benefits must be verified at least once every year via Form CW 5, Veterans Benefits Verification and Referral whenever an apparently eligible client is not in receipt of VA benefits but has a claim pending (see Form CW 5, Veterans Benefits Verification and Referral, for information, below).

Potentially Eligible Persons

Persons potentially eligible for benefits are those to whom any of the following conditions apply. Such individuals must be referred to determine potential eligibility for benefits.

- The client formerly served, or is the legal dependent of a person serving in the United States armed forces: Army, Navy, Marine Corps, Coast Guard or Militia; or during wartime, in the Lighthouse Service.
- The client and/or their dependent is related as follows to a person who served in the armed forces of the United States: widow or spouse; former spouse (unless marriage was terminated by divorce); child; parent; or person who has acted as a parent.
- The client and/or their dependent was a dependent of a serviceman or servicewoman who has been reported missing or killed while in active service.

Types of Veterans and Military Benefits

Types of Benefits

Benefits include, but are not limited to:

- Retirement benefits
- Allotment to dependents of service personnel
- Compensation
- Pension (service and non-service connected)
- Educational benefits
- Outpatient medical and psychiatric care
- Domiciliary care
- Hospitalization
- Burial allowance or insurance

Availability of Non-Service-Connected Pensions

Non-Service-Connected Pensions are available if the veteran:

- Has an honorable discharge and served during a period of armed conflict for at least 90 days including travel time; and
- Is indigent. This is defined as less than $4,960 yearly income; and
- Is permanently and totally disabled or at least 65 years of age. A period of armed conflict is defined as military service between the following dates:
    - 4/6/17 - 7/2/21 (World War I)

- 12/7/41 - 12/31/46 (World War II)
- 6/27/50 - 1/31/55 (Korean Conflict)
- 8/5/64 - 5/7/75 (Vietnam era)
- 8/2/90 - 12/92 (Persian Gulf War)

Form CW 5, Veterans Benefits Verification and Referral

A Form CW 5 is prepared for a client who claims to have served in the military (see above) or is a dependent of a veteran. A Form CW 5 should be prepared only if the veteran was honorably discharged and the client and their dependent is not in current, verified receipt of VA benefits. It is completed when there is no valid CW 5 on file (within the last 12 months), and every 6 months thereafter if the client is not in receipt of VA benefits, but has a claim pending. The CW 5 verification process will continue until the client's pending claim is resolved. The Eligibility Worker takes the following actions:

- Completes the CW 5, including the following minimum information in order for the request to be processed:
  - Social Security number and birthdate; OR
  - Military serial number; OR
  - VA claim number.
- The client must sign the CW 5, authorizing the release of information.
- Sends via inter-office mail to:

  SF County Veterans Service Office (SF CVSO)

  2 Gough Street, San Francisco, CA

  OR

  Fax to: 1 (415) 934-4240 OR
- Email to sfcvso@sfgov.org

  Note: The CW5 is never given to the client to hand-carry.
- Calls the SF CVSO at 1 (415) 934-4200 during the Intake interview if a question arises as to whether a client is currently receiving VA benefits, or if a CW 5 was previously mailed to the VA but never returned.

Notes:

If the SF CSVO returns the CW 5 marked "NO RECORD," the reason will be indicated on the form. Reasons for a "no record" response include dishonorable discharge, incorrect Social Security number and no match of AKA's. If the reason makes sense, the Eligibility Worker does not submit another CW 5 until/unless conditions change.

The client has responsibility for providing the Eligibility Worker with all information that will assist in locating his veteran's records, and for cooperating with VA by keeping appointments and providing information.

Other Military-Related Benefits

This section describes several armed-forces-related types of benefits that are NOT related or administered by the Veterans Administration.

CW 5 referrals are not made to the CVSO on any of these benefits. The appropriate sources of verification are listed under each type. The Eligibility Worker should advise the client who receives allotment or retirement benefits from any of these sources to provide documentation that specifies monthly amounts and expected duration of benefits. Establish a 30-day control to ensure that the client provides the documentation in a timely manner. The client's allotment check must be viewed and the amount noted on the Statement of Facts, Form 2133.

Types of Benefits

Allotments from Active Duty Military Personnel

A service member currently on active duty may allot a portion of their pay to their dependents (spouse, children or parents). Verification of allotments is obtained through the appropriate service branch listed below:

Army

Inquiries and Records Division
Allotment Operations, Finance Center
United States Army
Indianapolis, Indiana 46249

Air Force

Air Force Accounting and Finance Division
3800 York Street
Denver, Colorado 80205

Navy

Allotment Division
United States Navy Finance Center
Cleveland, Ohio 44114

Marine Corps

United States Marine Corp Headquarters
Attn.: Marine Corp Allotment Office
Washington, D.C. 20591

Note:
The Red Cross will assist dependents in obtaining allotments.

Military Retirement Pay

Retirement pay for service member is arranged at the time of separation from the service. No veteran's benefits, except education and medical care, are available to retired servicemen. These clients should not be referred to SF CSVO via the Form CW-5. Exploration of this source is not necessary because entitlement would have been previously established. Obtain documentation through the Armed Forces offices listed above. Alternatively, the retirement paycheck may be reviewed.

Residential Care Resources

California Veteran's Home

The California Veterans' Home in Yountville is available to eligible clients. Application is made at the California Department of Veterans' Affairs.

Institutional Status

Residents in any government funded public institution are not eligible to receive aid. The California Veterans' Home does not participate in the Medi-Cal program. Consequently, when a CAAP recipient is admitted to the home, their CAAP benefit, as well as any Medi-Cal, is terminated.

92-46: Railroad Retirement Board Benefits

Railroad retirement benefits constitute a potential source of income to those clients who meet one of the following requirements:

- The client has been employed by any of the following:
  - A railroad;
  - A railroad terminal company;
  - A sleeping car or express company;
  - A railway labor organization;
  - A company under contract to a railroad company.
- The client is the widow(er) of a person who was employed as in above, and meets one of the following:
  - Has reached their 60th birthday and has not remarried;
  - Has not remarried, and irrespective of age, has care or has a minor child living in the home, of the deceased employee who is entitled to receive an annuity.

  Note: A disabled widow(er) may file for possible benefits at age 50.
- The client is a child of the deceased railroad employee, is under 18 years of age, and was dependent upon the employee at the time of death.
- The client is one of the deceased employee's parents, provided employee was client's support and left no widow(er) or children who could receive the monthly benefits. Parents must be 65 years of age, or, if under 65, must not have re-married.

When the above conditions apply, the Eligibility Worker must refer the client to the Railroad Retirement Board, 1301 Clay Street, Oakland, to determine eligibility for benefits. A 90-day control should be established in order to follow-up with the client regarding their eligibility. Follow-up should continue every 90 days thereafter until verification has been provided that benefits have been received or denied. Information can be requested from the following sources:

U.S. Railroad Retirement Board

884 N. Rush Street

Chicago, Illinois 60611

OR

1301 Clay Street, Suite 392 North

Oakland, California 94612

(510) 637-2973

Note: A signed authorization form must be enclosed with any written request for information.

92-47: Student Financial Aid

Student financial aid includes educational loans on which payment is deferred, grants, scholarships, fellowships, veterans' educational benefits, etc.

When CAAP clients in educational/training programs receive such payments, the funds are treated as follows:

Purpose of Funds

- If the funds are provided for living expenses, they must be prorated over the time period for which they were intended and deducted from the monthly CAAP grant.
- If the funds are provided for tuition and mandatory school fees, they are exempt as long as it is verified that the funds were paid directly to the educational institution.
- If the funds are provided to the student, any funds used for books, school supplies and other related school expenses, as long as the client can verify that such expenses are required by the educational program/course that they are enrolled in and documented by an original and dated receipts, such funds are exempt and are prorated over the time period for which they were intended.
- If the funds are provided for Work Study programs, refer to Section 92-30: Earned Income.

Date of Receipt

Treatment of the student's financial aid funds provided for living or non-exempt student expenses depends upon when the client receives them, and whether they are paid directly to the educational institution, in relation to what time period they are intended for.

- If the entire funds have already been sent directly to the institution and spent on verified, mandatory school expenses (for example, tuition, fees, and supplies), they are exempt.
- If the entire funds have already been sent directly to the institution and include allowance for personal needs (e.g. housing and food), the funds for housing and food are not exempt and must be prorated over the course of the term for which they are intended and deducted from the monthly CAAP grant. This also applies to money received for participation in a training program. Any amount received in excess of the school expenses is considered available to the client and shall be considered unearned income.

Important Note: Financial aid that is directly sent to the institution, in general, covers one full academic year. The school first applies the money toward tuition, fees and room and board (if the student lives on campus). Any money left over is paid out to the student for other expenses in at least 2 payments called “disbursements”. The payment can be in the form of check, cash or credit to the student’s bank account. Such disbursements are not exempt and must be prorated over the course of the term for which they are intended for and deducted from the monthly CAAP grant. The worker must verify such payments to the client and adjust the CAAP monthly grant accordingly, as appropriate.

- If a client's funds are sent to the student and intended for future mandatory school expenses but are currently available, the funds must not be counted until the first day of the next calendar month (allowing for a 10-day notice of action-except in Intake) from the verified time of receipt. At the end of the calendar month, the client must produce documentation for the required school expenses.
    - If the client's documentation at the end of one calendar month indicate that the entire funds have not been allocated toward school expenses:
        - Any unallocated funds will be prorated over the time period for which they were intended.
        - The monthly proration is then deducted from the monthly CAAP grant after a 10-day Notice is given (except in Intake).

    - If the client does not comply with providing the required documentation at the end of the calendar month:
        - The entire funds must be prorated over the time period for which they were intended.
        - The monthly proration is then deducted from the monthly CAAP grant.
        - An overpayment is computed and collected for the prior calendar month(s), based upon the monthly proration amount.
- If the client does not receive the entire funds until after the entire time period they were intended for, and thus has not had the funds budgeted against their CAAP grant, an overpayment of benefits should be computed and collected for the prior months for which the funds were intended.
- If the client receives the funds during a period for which they were intended, e.g. they receive funds in October for a school term that started in September and ends in December:
    - An overpayment of benefits should be computed and collected for the prior months for which the funds were intended, AND
    - The funds should be prorated for the remaining future months for which they are intended.

92-48: Sponsor Support

(Revised as of 10/30/23)

All CAAP clients must attempt to obtain all potential means of assistance available to them, public or private; they must verify that they are pursuing such assistance; and they must report the amount of such assistance received to CAAP.

The requirement to pursue other means of support includes the obligation to obtain assistance, when possible, from the person or persons who signed an Affidavit of Support I-864 or I-134 on the non-citizen's behalf during the immigration process. Such signatories are known as "sponsors." Sponsorship regulations outlined in this procedure apply to clients who have permanent residency documentation and who entered the U.S. on or after December 19, 1997.

Note: CalWORKs clients who used up their 12-month indigent sponsorship and who lost their CalWORKs eligibility since they're unable to satisfy the sponsorship deeming requirements are not eligible to CAAP and should be referred to Family General Relief (FGR). Refer to section 97-12.1: Eligibility to CalWORKs or Family General Relief.

Client Responsibilities

In order for CAAP to verify assistance received, the sponsored client must:

- At the time of application or re-evaluation, provide the name, address, and phone number of all sponsors.
- Provide a copy of the INS Affidavit of Support (I-864 or I-134), if available.
- Provide a Statement of Sponsor Support, CAAP 9, completed, signed, and dated by both the sponsor and the client.

Worker Responsibilities

At the time of application and reinvestigation, the worker shall:

1. Request a copy of the INS Affidavit of Support (I-864 or I-134) from the client.
    - If the client provides the Affidavit of Support, proceed to #2 below.
    - If the client is unable to provide the Affidavit of Support:
        - Request any one of the designated SAVE users to verify Affidavit of Support Data through the SAVE website. (Note: For CAAP, SAVE access is limited to designated Unit Supervisors and bilingual EWs.)
        - Have the client complete CAAP 9, Statement of Sponsor Support.
        - Aid the client, if otherwise eligible, and flag the case pending response from USCIS.
        - Upon receipt of the SAVE report, compare the information provided by USCIS against the information provided by the client on the CAAP 9.
        - If there is no discrepancy, no further action is necessary regarding the client's sponsored status.
        - If there is discrepancy with the information, request clarification from the client. If the client refuses to cooperate or the discrepancy cannot be resolved without good cause, discontinue the client's benefit for failure to provide essential information.
2. Have the client complete CAAP 9, Statement of Sponsor Support.
    - If the client declares on the CAAP 9 that he is receiving sponsor's support, apply the usual budgeting criteria of the client's sponsor's support to determine CAAP eligibility, as follows:

        - Any support received in cash is deducted dollar for dollar from the maximum grant to which the client is otherwise eligible.
        - Any support received in the form of housing, utilities, food and/or clothing is counted according to the INCOME-IN-KIND VALUES.
    - If the client declares on the CAAP 9 that the sponsor provides no support, do the following:
        - Deceased sponsor: Client must provide verification of the sponsor's death (e.g., copy of death certificate or other proof of death).
        - Disabled sponsor: Client must provide a letter from a doctor on letterhead that specifies the sponsor's disability, or proof of the sponsor's current receipt of disability benefits.
        - Abusive sponsor: Allegations of abuse must be verified by a police report, or report of abuse filed with the courts by a social worker or qualified medical personnel. Once verified, if the declaration substantiates good cause, the client may be exempted from attempting to obtain assistance from the sponsor. This exemption will prevail unless a change in circumstances occurs at any other time.

          If the client is unable to provide the requested verification, deny or discontinue their CAAP benefits for failure to provide essential information (see below, for hardship claims). If the client is able to provide the requested verification, no further action is necessary regarding their sponsored status.

          If the applicant is in intake, extend the PE Period, if necessary.
    - The CAAP 9 includes a declaration by the applicant/client that their sponsor has abandoned them.
        - If abandonment is declared, request any one of the designated SAVE users to verify Affidavit of Support Data through the SAVE website. Aid the client, if otherwise eligible, and flag the case pending response from USCIS.
        - If, as a result of the client's inability to provide an Affidavit of Support, the data has already been requested from the SAVE website, and case already flagged, aid the client, if otherwise eligible. Upon receipt of the response from USCIS, compare information provided by USCIS against the information provided by the client on the CAAP 9.
        - If you have information that the client lives with their sponsor, discontinue the client's benefit for failure to provide essential information to CAAP.
    - The CAAP 9 requires the sponsor to itemize what support they provide. If the sponsor states that no support is provided, the sponsor must provide a written statement of hardship. Hardship is defined as loss or decrease in income.

      If the client declares that their sponsor refuses to provide support or a written statement of hardship, the client must declare, in writing, that they will face eviction or hunger without CAAP benefits. Aid the client, if otherwise eligible. If there is inconsistency in the client's statement, aid the client, if otherwise eligible, and complete a FRED referral.
3. If the client fails to comply with the above requirements, without good cause, deny or discontinue CAAP benefits.
4. Have the client complete CAAP 9, Statement of Sponsor support, at each application, re-evaluation and at any point when a change in circumstances requires it.

Exemption from Sponsorship Requirement

When a sponsor signs the Affidavit of Support, they accept legal responsibility for financially supporting the sponsored immigrant. A sponsor's responsibility ends at the time the sponsored immigrant:

- Becomes a naturalized citizen.
- Already worked 40 qualifying quarters as defined in Title II of the Social Security Act.

- Can be credited with 40 qualifying quarters as defined in Title II of the Social Security Act.
- Has obtained permanent residency status under the Violence Against Women Act of 1994.

Div 93 Application Process

93-1: Introduction

(Revised as of 4/8/25)

Anyone may apply for County Adult Assistance Programs (CAAP). Generally, applicants for CAAP are indigent adult individuals who reside in San Francisco.

The application process begins when the client signs an application; the process ends when the worker either determines that the client is eligible to ongoing assistance, or denies the application because basic eligibility factors have not been met.

During the Intake appointment , the worker is responsible for fully discussing all eligibility factors and determining presumptive eligibility (PE).

Ongoing cash aid may be granted only at the time all evidence will have been gathered and verified, and a final determination of aid has been made for one of the CAAP programs.

Where Application Is Made

Applications Taken at the CAAP Office

An application for CAAP is made in person at the CAAP Office, 1235 Mission Street. Applications are submitted at the main Reception in the CAAP office between the hours of 8:00 A.M. to 5:00 P.M. where an appointment with an Intake worker is scheduled.

At the time of the appointment, all applicants (including the client's spouse or domestic partner) must be available for the interview. At such time, appropriate forms are signed, all necessary verifications requested, and rights and responsibilities discussed.

Applications Taken Through BenefitsCal

An applicant can apply online.

Halfway Houses/Residential Facilities

Individual and group applications are taken at certain treatment facilities and shelter sites served by CAAP. See Section 95-5: Employables in Special/Treatment Programs. Two-party checks (made out in the names of the client and the Halfway House) are issued upon the determination of eligibility.

Type of Assistance Granted

Presumptive Eligibility Benefit

PE benefits in the form of bus tokens and/or shelter placement for homeless clients (cash outs when spaces in shelters are unavailable) may be issued during the application period to clients who are apparently eligible

(presumptive eligibility). PE benefits are not granted until the worker has determined, based on the preponderance of evidence, that there are reasonable grounds for belief that eligibility to one of the County Adult Assistance Programs exists. This occurs at the Intake appointment.

Cash Grant

A cash grant is not authorized until the applicant has complied with all eligibility and Program requirements and all evidence supporting eligibility has been gathered, verified, and evaluated.

CAAP Benefit Package

The Department of Human Services may provide homeless CAAP clients with housing or shelter, utilities, and meals as part of the monthly benefit package known as the CAAP Benefit Package (CBP). The primary goal of CBP is to offer DHS-subsidized housing to CAAP clients.

If DHS cannot offer shelter to a CAAP client due to lack of availability, the client will receive the maximum cash grant to which they are otherwise eligible.

Time Limitations

The length of time required to process an application depends primarily on the cooperation and/or ability of the applicant to provide necessary information. Normally, this is 7 calendar days after the Intake appointment. This period may be extended in some circumstances. The responsibility to prove eligibility rests on the applicant insofar as they are capable. The worker is responsible for providing assistance to the applicant to obtain evidence to support the claim of eligibility. This responsibility especially applies when it is clearly outside the applicant's ability to secure such evidence. (See Section 90-7: Capacity to Understand)

93-2: Reception Functions

(Revised as of 9/1/22)

Reception is an important function in the CAAP and CalFresh programs. Reception "counters" are designated for specific functions and activities.

Screening

Reception Operation (RO) staff screen clients for the following:

- To check if applicants have active case or pending application for CalFresh and Medi-Cal.
- Inform the client that approval of their CAAP application is contingent on applying for both CalFresh and Medi-Cal.
- Inform clients discontinued from CalFresh and/or Medi-Cal within the last 30 days to contact SFBenefits.
- Contacts the ADA social worker to assist client with immediate needs, as appropriate.

To determine if the applicant has a minor child living in the home, whether or not they are potentially eligible to receive CalWORKs. When a client applying for CAAP declares that they have a minor child living in the home, a CalWORKs referral is initiated.

- If the applicant was not previously aided in CalWORKs, Records Management (RM) will:
    - Give the client Form 2149CalWORKs (Referral to CalWORKs) and inform the client that they must apply for CalWORKs within thirty (30) days from today's date. Reception staff indicates on the Universal Screening Form (SAWS 1) that the client has been referred to apply for CalWORKs
    - Advises the client that if the family is approved for CalWORKs, the client does not need to return to the CAAP office.
    - Advises the client that if the parent is denied for CalWORKs because there are no minor children living in the home to return to the CAAP office (at Reception Counter) with their CalWORKs hand-issued denial letter no later than the next workday from the date of the CalWORKs denial letter.

The CAAP application can be processed using the original CAAP application date as the beginning date of aid.

- If the applicant was previously aided in CalWORKs, RM will:
    - Contact CalWORKs to discuss the case for possible eligibility to CalWORKs or Family General Relief (FGR).
    - If the client is eligible to CalWORKs or FGR, RM will refer the client using Form 2149CalWORKs (Referral to CalWORKs).
    - For parents who were discontinued from CalWORKs because they no longer have a minor child living in the home and they are participating in AB429: Family Reunification Program, refer them back to CalWORKs via Form 2149CalWORKs, Referral to CalWORKs.
    - If the family is approved for CalWORKs or Family General Relief (FGR), the client does not need to return to the CAAP office.
    - If the parent is denied CalWORKs and FGR because there are no minor children living in the home AND returns to the CAAP office (at Reception Counter) with their CalWORKs hand-issued denial letter no later than the next workday from the date of the CalWORKs denial letter, the CAAP application the client completed on the day they initially applied for CAAP will be processed using that day’s date as the effective date of application.
    - A parent who has 1) reached the 4-year time limit for CalWORKs and 2) does not have care and control of their minor children is eligible to receive PAES, CALM or SSIP.

To inform those clients who, in all likelihood, will not qualify for benefits at the time, when they may reapply and possibly be eligible to receive CAAP.

CAAP clients who are discontinued for fraud or CAAP noncompliance are ineligible to receive benefits until the sanction period ends.

- To determine if the client is eligible to apply for CAAP.
- To determine if the client/spouse is active on SSI or participating on other Public Assistance households;
- To determine if the client had previously received CalWORKs and is serving a CalWORKs sanction.

When Issuing a Notice of Action to the Client

After issuing the Notice of Proposed Action (NOA) Denial Form 2155-Eligibility to the client, the Reception supervisor will attach the NOA to the client's Application Packet and keep the documents for thirty days. At the end of each day, the Reception supervisor will email worker U121 and Fair Hearings staff the names of the clients who were issued NOAs that day.

If a client files for a Fair Hearing, U121 shall be notified by the Fair Hearings officer of the date of the hearing. U121 will obtain a copy of the client's NOA and the client's Application Packet from the Reception supervisor in preparation for the hearing. U121 will represent CAAP at the Fair Hearing.

If the client wins the Fair Hearing, the client's original application date will be used as the effective date of application and the basis for eligibility determination.

Scheduling Appointments

RO staff schedules appointments as follows:

- Pulls the client from the Reception log for clients applying for benefits.
- Using CalSAWS, calls the client to go to the Application Counter.
- Reviews USF (SAWS 1) and screens the client's eligibility to apply for CalFresh, Medi-Cal and CAAP.
- Gives the client GEN 102, CAAP Application Packet and schedule the client for an Intake appointment. If the client is homeless, the client is advised to see the CAAP Service Counter if they need a shelter reservation.
- Checks if the client is eligible for Warm Welcome and schedules them for the same-day Warm Welcome appointment, if available, in CalSAWS and in the CAAP In Person Intake Appointment Calendar.
- If a client is reapplying after being denied by CAAP Intake, refer the client to the denial notice of action for information regarding when the client can reapply. This client should not be given an appointment on the same day the denial was made.

93-3: Actions on Applications: General

(Revised as of 11/25/25)

Actions on applications consist of approving presumptive eligibility, approving cash aid, processing denials and accepting withdrawals. All of these actions - including the holding of a case in "pending" - action status - must be recorded in the system (On-Line) as soon as they are taken.

Presumptive Eligibility (P.E.) (Intake)

Presumptive eligibility means that, based on the facts declared and the evidence presented by the client, probable eligibility to one of the County Adult Assistance Programs exists pending verifications of such facts and other information in the case. In order for presumptive eligibility to be established, a client must meet the basic eligibility requirements of age, identification, residence, citizenship, and income and resource limits.

At the intake Interview, the EW should schedule a Triage referral:

- In the CalSAWS journal, add “Work Activity Hours” as the short description and document the number of required hours. (Example “required work activity is 24 hours.” in the long description)
- The entry must be entered separately in its own journal in CalSAWS
- EW will create Form 2129 and mail or hand issue the notice to the client.

Intake

The presumptive eligibility period is the days period from the date P.E. is established until either the time of the Approval or the date the issuance of benefits is authorized. The Approval may be shortened if the client can provide all verification, and eligibility can be established at the earlier time. Sometimes, because of an intervening weekend or holiday, the period is extended. During this period the client must secure the verifications and documentations requested by the Intake Worker and complete the Triage evaluation. Tokens and shelter placement for homeless applicants may be granted during this time.

Note: Clients who have attended Orientation are not required to attend Orientation, if they attended one within the last 60 calendar days. Also, clients are not required to go to Triage for Employability Assessment if they had one within the last 90 calendar days.

Extension of P.E. Period

An extension of the Intake P.E. period may be granted if good cause exists. A case must be documented in CalSAWS, and the EW will issue a new Form 2129 with the updated due date.

Good cause exists if the client has cooperated completely and, through no fault of their own, was unable to secure the information requested by the worker. Extensions may be authorized by the unit supervisor.

Bus tokens and or shelter placement for homeless applicants shall continue, if required, during the extension period.

If, at the end of the extension, the client still has not established their eligibility or fails to complete the Triage evaluation, the case is denied with a Notice of Proposed Action-DENIAL, Form 2155.

Approval for Cash Aid

Approval of cash aid for GA, PAES, or SSIP occurs only when the client:

- Meets all eligibility factors for either one of the programs, as documented in the case record with all required verifications; and
- Satisfactorily follows through all instructions and requirements provided to him during the intake process.

Cash aid is usually approved once all verifications have been received. However, clients who have all items of verification and documentation necessary for an immediate determination of eligibility may be approved immediately.

Clients who were previously given 90 days of aid due to pending ID or Trujillo documentation and are reapplying, may be eligible for benefits if the 90 aided days have not expired. If the remaining balance of the 90 aided days is equal to or less than the number of days of the PE period, the client shall be cashed out (as otherwise eligible) for the remaining balance.

For homeless clients who accept shelter placement, shelter reservation is made as part of CBP. Print and provide the referral confirmation page in ONE with their shelter reservation information.

Note: If client was approved for GA at Intake, and then the client received a rating of #4 from the Triage assessment, the client's CAAP grants will need to change to an SSIP grants from the date of application and retro payment shall be issued.

Denials

When eligibility requirements are not met, a client's application for assistance may be denied, unless good cause and/or mental capacity problems are established. The following are some of the more common reasons for denial:

- The specific reason(s) for a previous denial (when good cause was not established) is an issue which cannot be resolved during the current application. (NOTE: A client may not be denied just because they have a general history of non-cooperation.)
- Failure to keep an appointment or to comply with the requirements on Form 2129, CAAP Intake Instructions.
- Inability to verify residence - address or physical presence in San Francisco.
- Inconsistent and/or not-immediately-correctable items (for example, any alien whose papers show they are not allowed to stay in the United States).
- Fails to complete the Triage evaluation.

A client whose application is denied may reapply on the same business day (from the Notice Date on the NOA), unless a date is specified by the worker on the form.

Withdrawal

A client may withdraw their application for CAAP at any time during the application process. Form 2157, Withdrawal of CAAP Application, is used to make withdrawal requests.

If the client verbally requested withdrawal of the application, and the client cannot sign Form 2157, Withdrawal of CAAP Application, issue a Notice of Proposed Action-DENIAL, Form 2155 or Form 2155B-Anticipated Income.

Although a client may appear to be ineligible for assistance, a worker must never suggest that the client withdraw their application. Whenever a client withdraws their application, they lose any hearing rights to appeal the County's decision and the notice of action will not contain the reasons for the client's ineligibility. The worker shall always allow the client to make the decision to withdraw completely on their own.

Pended Cases

The case will be held in “pending” status and will continue to be assigned to the worker who pended the application. The worker will continue to work with the client until such time that a case action to either approve or deny can be taken.

When pending, the worker shall:

- Issue and go over Form 2129 with client of the documentation/verification needed for the application.
- Inform the client that they must complete the Triage evaluation.
- Create a referral for shelter in the ONE system and place the client in an available CAAP bed if requested by the client. Print and provide the referral confirmation page in ONE with their shelter reservation information.

93-4.1: Prearranged Intake Appointments ("Special Intakes")

(Revised as of 04/29/25)

Prearranged appointments are made through the appropriate referral process and are scheduled on the first available Intake appointment.

Regular Special Intake

A prearranged Intake appointment may be made for any individual who requires special attention (e.g., the client is on crutches or has a severe capacity problem) or is unable to go through the regular application process due to a physical or mental condition so that his waiting time may be minimized.

Due to the limited number of available Special Intake slots, a client cannot request a Special Intake appointment; these can only be made through a service provider (including DHS staff) who has knowledge of the client's condition.

All prearranged Intake appointments shall be made only through the Intake Call Center via phone number (833) 879-1365.

The following procedure outlines the process:

Intake EW Responsibilities

The Intake EW screens all requests for Special Intake appointment to ensure that the service provider, who is representing the applicant, is able to provide justification for requesting a Special Intake for the client.

If the applicant also wants to apply for CalFresh and Medi-Cal, the Intake Worker who sees the client will route the client back to Reception after the Intake interview.

The Intake Section designated EW completes an electronic version of the SAWS-1 Screening Form based on the demographic information provided by the client’s service provider.

The completed SAWS-1 will be given to Records Management for application-registration to be initiated and recorded in CalSAWS.

An appointment is scheduled. Once the appointment has been scheduled, The Intake EW informs the client's representative what the applicant will need to do on the day of the appointment.

On the day of the appointment:

1. The applicant checks in at the Reception Counter and informs the Reception Clerk that they have a Special Intake appointment. The Reception Clerk provides the client a ticket number and explains that their number will be announced and displayed on the screen when a worker becomes available to see them.
2. The applicant will be given an application packet to complete while waiting for their call. The clerk will ask the applicant if they need assistance completing the form.

   An ADA worker is also available, if needed, to provide assistance to the applicant.
3. EW will schedule the Triage referral in 7 calendar days. Include “case number and other special notes on the appointment comment in CalSAWS, Journal the number of required hours. (Example “required work activity is 24 hours.”) Issue F2129.

San Francisco Homeless Outreach Team (SFHOT)

SFHOT referrals will be centralized through the Intake EW for screening and scheduling. Appointments will be made no earlier than two business days from the date that the referral is made.

SFHOT Responsibilities

1. Make a referral through the Intake Section designated EW. You may leave a voice mail message and your call will be returned within 24 hours. You must leave a phone number where you can be reached.
2. Provide the client's full name, date of birth, SS# and marital status when making a referral.
3. Give the client their appointment information, including the following:
    - That the client must report to Reception at the appointment time, escorted by an SFHOT Social Worker.
    - That if the client shows up 30 minutes after their scheduled appointment, they will be considered a No Show. Clients who are No Shows may apply through the regular application process through Reception or the client may contact the SF Homeless Outreach Team for another referral.
4. Call Intake Section designated EW if the client is unable to show up for their appointment (prior to the appointed date).
5. Advise high functioning clients to apply on their own through the regular application process.

Important: Referrals will only be accepted from individuals who appear on the list as authorized SF Homeless Outreach Team personnel. DHS SF Outreach Team Lead member, WB51, will be in charge of updating this list and providing a copy to the CAAP Admin Section Support.

SFHOT Social Workers must make every effort to ensure that the client shows up for his CAAP appointment and is on time.

Intake Section designated EW Responsibilities

1. Accept SFHOT referrals from the list of authorized SF Homeless Outreach personnel only.

   If the SFHOT request referrals to CalFresh and/or Medi-Cal, the designated EW will inform SFHOT that the worker will route the client, after completing the CAAP intake interview, to Reception to apply for one or both programs.
2. Inform the referring SF Homeless Outreach Team that the client must report to the Reception Counter at their scheduled appointment time with the SFHOT Social Worker. Also inform the SF Homeless Outreach Team that if the client shows up 30 minutes after their scheduled appointment, the client will be considered a No Show. Clients who are No Shows may apply through the regular application process through Reception or the client may contact the SF Homeless Outreach Team for another referral.
3. EW will schedule the Triage referral in 7 calendar days in CalSAWS. Schedule the appointment, add a case number and special note on the appointment comment, and journal the number of required hours. (Example "required work activity is 24 hours.") Issue F2129.

Reception Staff Responsibilities

1. On the day of the appointment, when the client checks in at the Reception Counter, the Reception Clerk provides the client with a ticket number and explains that their number will be announced and displayed on the screen when a worker becomes available to see them.
2. The applicant will be given an application packet to complete while waiting for their ticket number to be called. The clerk will ask the applicant if they need assistance completing the form. An ADA worker is also available, if needed, to provide assistance to the applicant.

3. After the client's intake interview, they may need to be photo imaged. The CAAP EW will refer the client to Photo Imaging through ticket routing if needed. There may be a need for photo-imaging due to the requirements for birth certificates request in certain states.

Intake for Clients with Verified Diagnosis of Catastrophic/Terminal Illness (life expectancy of 6 months or less)

For CAAP purposes, catastrophic clients are terminally-ill clients with medical verification that such clients have a remaining life expectancy of six months or less. Catastrophic clients may have terminally-ill conditions based on any medical diagnosis.

The procedure below also applies to walk-in applicants who meet the criteria for catastrophic clients.

Exemption for Terminal Illness

Terminally-ill applicants with medical verification that such applicant has a remaining life expectancy of six months or less are exempt from:

a. Providing documentation of legal status in the United States;
b. Cash value of a vehicle used for medical treatment;
c. Obtaining and presenting any photo identification.

Verification of Terminal Illness

Form 2540

- Form 2540, Request for Certification of Patient's Medical Status, is a physician's certification that a client has terminal illness and has a remaining life expectancy of six months or less.
- Why is it needed?
    - Undocumented aliens are not eligible to CAAP unless they provide proof of terminal illness.
    - Documented aliens can be referred to CAAP SSI Case Management for expedited presumptive SSI eligibility.

Note: A catastrophically-ill client who is undocumented is not referred to SSI Case management since the client is not eligible to receive SSI benefits.

- An acceptable substitution is a physician's letter on the physician's letterhead with all the information on Form 2540 and must indicate a life expectancy of six months or less.

Case Processing

Intake

If the client declares to have a terminal illness, the worker shall:

- Issue Form 2540.
- Refer the applicant to Triage by scheduling the appointment, except for undocumented aliens.

Extend the deadline for Undocumented Aliens:

For undocumented aliens: extend deadline by issuing an updated 2129 for up to 3 work days to provide proof of terminal illness. They are not eligible to CAAP without Form 2540 or acceptable verification for terminal illness.

Approval

- The Form 2540 is required for undocumented aliens at approval. However, the Form 2540 or acceptable verification can be used to grant any client's exemptions such as cash value of a vehicle and ID requirements.
- The form 2540 is valid for 30 days at the time of submission.
- Send the Form 2540 to Triage.

CalSAWS Entries

- Case Flag **"F"** is used for all clients who meet the Catastrophic Illness status.
    - Case Flag F exempts the client from employability assessment and will be considered unemployable.
    - Catastrophically-ill clients who are not undocumented may choose to participate in employment activities and will be required to comply with employability requirements. Follow the same protocol for Case Flag "Y" clients.
- For eligible undocumented clients, enter Special Indicator **"CAAP-Catastrophic Undoc"**.
- Use the Re-evaluation (RE) as the end date for both entries above.

Carrying

Acceptable documentation of Catastrophic Illness status in the Case Record/Hyland Imaging is sufficient verification for continuing eligibility for Catastrophic Illness exemptions.

Every 12 months, the undocumented recipients with Catastrophic Illness must provide a complete Form 2540 or acceptable verification certified by a physician that a client has terminal illness and has a remaining life expectancy of six months or less.

Upon receipt of the Form 2540, send it to Triage.

CalFresh and Medi-Cal Requirement

All applicants must apply for Medi-Cal. A CalFresh application is also required for all applicants except for undocumented aliens.

Referrals from Community Agencies

Referred clients must provide a completed Form 2540 to be considered as catastrophic.

- API Wellness Center
- Lutheran Social Services/HOPWA Program (Released from Prison)
- Mission Neighborhood Health Center
- Positive Resource Center
- RAI Cesar Chavez Dialysis
- SF AIDS Foundation

- St. Mary's Hospital
- The Navigator Project (Released from Prison)
- Ward 86/SFGH

Hope House Referrals

Hope House is a non-profit program for chronically homeless adults with disabling conditions. The mission of Hope House is to offer hope to formerly homeless persons by providing stable housing, supportive services, training, and opportunities for gainful employment.

Hope House Case Manager Responsibilities

1. Contact the appropriate Specialized Intake Worker to schedule an Intake appointment. When calling, provide client's name, address, SSN, Date of Birth, Sex, Marital Status and telephone number.
2. Inform the client of the date, time, and location of their scheduled CAAP appointment.
3. Inform the client that failure to show up for the CAAP appointment will result in the denial of the application and that the client would have to reapply through the regular process.
4. Instruct the client to do the following:
    - Complete Form 8014/8015, Combined English/Spanish Authorization to Release Information .
    - Sign the letter of introduction from Hope House.
    - Bring the completed Form 8014/8015 and the signed letter of introduction from Hope House to the scheduled CAAP appointment.
    - Apply for CalFresh and Medi-Cal on the day of their CAAP appointment.
    - Report to Reception Counter and inform the Reception staff that they have a Special Intake appointment for CAAP. The client will be given an application packet to complete.
5. Accompany the client to all CAAP appointments, whenever possible.
6. Provide assistance to the CAAP Worker when the client is at risk of failing a CAAP requirement.
7. Provide updated information to the CAAP Worker when the client's status with Hope House changes.

Specialized Intake Worker Responsibilities

1. Conduct a telephone screening with the Hope House Case Manager to determine the client's potential eligibility to receive CAAP.
2. If the client is potentially eligible to receive CAAP, schedule the client's appointment.
3. Provide the Hope House Case Manager with the time, date and location of the CAAP intake interview.
4. Inform the Hope House Case Manager to instruct the client of the following:
    - The client must provide CAAP with a signed Form 8014/8015.
    - The client must provide CAAP with a signed letter of introduction from Hope House.
    - The client must apply for CalFresh and Medi-Cal.
    - The client must report to Reception Counter and inform the Reception staff that they have a Special Intake appointment for CAAP. The client must complete the application packet given to them by Reception staff.
5. Complete the SAWS 1/Universal Screening Form (USF).
6. Make copies of the completed SAWS 1/USF and give a copy to:

- Unit Supervisor
- Image to case record
- Assignment Desk
- Records Management for processing and application registration in CalSAWS.

7. Give the original SAWS 1/USF to Reception staff no later than 24 hours prior to the appointment date.

CAAP Worker Responsibilities

The Specialized Intake CAAP Worker (for Hope House) must determine eligibility, as usual. In addition, the worker shall:

1. Review Form 8014/8015 to ensure that the form is completed and signed by the client. Send the original to be imaged and give a copy to the client.
2. Review the letter of introduction from Hope House to ensure that the form is completed and signed by the client.
3. Refer and schedule the client to Triage in 7 calendar days. In CalSAWS journal the number of required hours. (Example “required work activity is 24 hours.”) Issue F2129.

Specialized Worker's Responsibilities:

- Prior to taking any negative action against the client’s benefits, contact the client’s Hope House Case Manager for assistance. If there is no resolution within three workdays and the client continues to fail a CAAP requirement, the negative action will be taken with consideration to ten-day notice.
- Inform the client’s Hope House Case Manager when the client’s CAAP benefit is discontinued. As usual, the client has opportunity to go through a Fair Hearing process.
- Journal in CalSAWS all contact with Hope House staff and relevant information about the client’s case.

93-4.2: CAAP Intake Home Visits

(Revised as of 4/8/25)

Purpose

Home Visit interviews are conducted for homebound, disabled individuals who wish to apply for CAAP (specifically, SSIP or GA) benefits but are unable to apply in person at the CAAP office. Applicants who meet the criteria for a Home Visit shall provide verification from a licensed/certified medical practitioner of the following conditions:

- A diagnosed condition that prohibits the individual from coming into the CAAP office; or
- For homeless clients, verification that they are staying at a respite bed at a shelter.

If the client is unable to provide documentation for either point above, the client must inform their medical health provider to contact the home visit worker before an appointment can be made.

Home Visit Screening and Scheduling

All prospective applicants requesting a Home Visit must undergo a telephone screening interview conducted by the Eligibility Worker. The worker will ask questions about CAAP eligibility factors to determine if the client may qualify prior to scheduling an appointment for a Home visit.

Requests for a Home Visit

All requests for Home Visits are referred to the Eligibility Worker, who is responsible for seeing the client within three working days from the date the medical condition is verified.

The client must provide to the worker, at the time of the Home Visit, a statement from a medical practitioner specifying the reason the client is unable to come in to the office for an application.

Scheduling a Home Visit

Once a request is received, the Eligibility Worker will:

1. Record the date of request on the Home Visit log located in the supervisor's office.
2. Call the client for a screening interview to determine if a Special Intake appointment or Home Visit is appropriate:
    - Based upon the potential eligibility of the client,
    - And the medical or mental health condition that does not allow the client to come in for a routine application appointment.
3. Give the client a date and time, if it is determined that a Home Visit is appropriate.
4. Schedule Home Visits according to the order in which they are received and to the addresses that are nearest to previously scheduled Home Visits.
5. Request that the client attempts to provide photocopies of any documentation that would normally be required during an office visit application, e.g., proof of I.D., SS card, rent receipt, etc., to support the basis for an eligibility determination and for filing in the case record.
6. Complete SAWS 1/Universal Screening Form (USF) and Medi-Cal Clearance.
7. Complete a journal entry for the reason of the home visit and state the name of the person who requested it.

Preparing for the Home Visit

The Eligibility Worker shall:

1. Prepare a packet of all forms that may be necessary to complete during the Home Visit interview, including: Form 2139A, Employability Consultation

- Form 2133 Packet, CAAP Application, which includes the Forms SSP 14, 2133A-Supplemental, 2133B, 2133CR
- Form 8014/8015, Combined English/Spanish Authorization to Release Information
- Form 801, Bank Clearance
- SDI Application Packet,
- DPH Medical Release form for clients who may already have a 2139A rated #4, and
- Other forms, as required.

2. Make transportation arrangements, including:

- Locating the client's address on a city map, if necessary;
- Reserving a city car 24 hours in advance, through Support Services, if driving to a Home Visit;
- Obtaining bus tokens through the Supervisor, if using public transportation, and calling 673-MUNI for transit information;
- Making arrangements to obtain a parking permit, if using one's personal car and needing to park it in a DHS lot. The arrangement must be made through the Unit Supervisor and at least 24 hours in advance of the day of the scheduled Home Visit; and
- Documenting the mileage when using a personal vehicle on the Form F-350 so that the Home Visit Worker may be reimbursed.

3. Inform the client that applying for CalFresh and Medi-Cal is a CAAP requirement.

Special Provisions

- During the Home Visit, the worker instructs the client to have their doctor complete and return Form 2139A due by the date indicated by the Eligibility Worker. Complete an appointment notice for the client.
- If at the time of the Home Visit the client does not provide photocopies of all the required verification that affects their eligibility, the worker will attempt to verify through collateral contact while at the client's residence. If any verifications are still needed, the client is pended and given a due date to submit all remaining verifications.
- Homeless clients generally do not fall into the category of "homebound" necessitating a Home Visit; however with verification of a condition (e.g., Agoraphobia) that precludes the client's being able to come in person to the Office, the Eligibility Worker may schedule an application appointment with a homeless client at a mutually agreed upon location in San Francisco (with Section Manager approval).
- The Eligibility Worker must be flexible, ready to dispense of routine interviewing procedures in order to accommodate the special needs of each particular home bound applicant. This may include, but not be limited to, the following:
    - Assisting with the completion of forms.
    - Contacting other DHS Programs or Community Agencies on behalf of the client, such as the In-Home Supportive Services Program in Adult Services (415-557-6200 for a telephone screening interview).
    - If the Home Visit is taking place in a "high risk" area of the city, a request to have another CAAP Worker accompany the Eligibility Worker shall be made to the Supervisor at least 48 hours in advance.
- Eligible home bound clients requiring assistance with the SSI application process are referred to SSI CM by the CAAP Eligibility Worker (EW) via a completed form 2139A.

Eligibility Requirements and Additional Worker Responsibilities

All of the procedural eligibility requirements must be met as usual, except for the exemption of the client's required attendance at Orientation/Evaluation.

The application, if the client is eligible, is approved effective the date of initial contact with the Eligibility Worker. The cash run date is the date of the initial phone contact with the Eligibility Worker, if eligible.

Home Visits to Residential Treatment Facilities not Served by CAAP

In addition to the CAAP application form, the Halfway House Intake worker shall have each applicant complete and sign a DPH Release of Information form.

When the 2139A is received from the client/Halfway House, the Halfway House Intake worker shall ensure the following box on the 2139A is checked: Check if client was seen by CAAP Home Visit or Residential Treatment worker, then attach the completed DPH Release of Information form email it to HSACAAPTriage@sfgov.org.

93-4.3: Community Justice Center (CJC)

(Revised as of 6/16/25)

Community Justice Center (CJC) is a Collaborative Justice Court program of the Superior Court of California, County of San Francisco, in partnership with city agencies and community-based organizations. CJC is located at 555 Polk Street, 2nd Floor.

CAAP CJC Eligibility Worker will only service clients who are court mandated to CJC.

CAAP CJC Eligibility Worker (EW) - General Duties (Overview)

- CJC referral received by CAAP Intake Call Center
- Screen referred clients via CJC HSA Assessment Form
- Schedule clients in CalSAWS
- Make shelter reservations for CAAP and non-CAAP clients
- Conduct Intake appointments for clients
- Complete the HSA Assessment Form and deliver to U310 Supervisor
- Perform case clearance and referral to Records Management (RM)
- Compile monthly statistical CJC reports

CJC Referral Process

Clients screened for HSA services via telephone between the EW assigned to the call center and the CJC DPH Case Managers.

CJC DPH Case Managers will call the CAAP Intake Call Center with the client's information and service request(s). The Call Center EW will complete the CJC HSA Assessment form and screen the client to determine client's service needs using CalSAWS, MEDS and ONE systems. Once screening is completed, the Call Center EW will proceed with the client status as outlined below:

- If the client's CAAP case is still active, the Call Center EW will give the CJC DPH Case Manager the CAAP Service Center phone number (833) 879-1365 to contact the Carrying Worker.
- If the client is eligible to apply for CAAP and chooses to do so, the Call Center EW will:
    - Schedule the client for a CAAP Intake appointment within three workdays (if possible) using CalSAWS Calendar.
    - Explain to the CJC DPH Manager of the client's scheduled CAAP appointment and provide information for the client on how to check in at the kiosks.
    - Forward the CJC HSA Assessment form to CJC EW or to U310 supervisor

- If the client is ineligible to apply for CAAP, or eligible but refuses, and requests shelter, refer to the CJC Shelter Bed Policy for Non-CAAP clients.

- If the client is not eligible for any HSA services, advise the CJC DPH Case Manager.

Intake Appointment

The CJC EW will follow regular intake procedures with the following additions:

1. Use CalSAWS to call the client once the client checks in for their scheduled appointment at the kiosk.

2. Instruct the client to complete Form 2133 Packet, CAAP Application (Forms 2133, SSP 14, 2133A-Supplemental, 2133B, 2133CR).

3. Review all documentation submitted/provided by the client.

4. After the review of the CAAP Application Form 2133, Statement of Facts Supporting Eligibility for CAAP and all required documents have been completed, if the client appears to be eligible for the CAAP Program, place the client on Presumptive Eligibility (P.E.) as otherwise eligible. Also do the following:
    - Schedule the client for an Approval appointment.

5. Enter all data and journal in CalSAWS by the close of business day. Journal entries comments must be comprehensive and complete.

6. If the client fails to show up for the Intake appointment and does not contact the CJC EW with written good cause, deny the case per the usual procedure.

Approval

The assigned EW will:

1. Process the Approval, as usual.

2. If the client does not provide verification required by their Approval dute date, the case will be denied per the usual procedure.

Other Duties

CJC EW will perform other HSA duties as outlined below:

- Enter client data from CJC HSA Assessment form and the report is emailed to Section Manager (U300) and Supervisor (U310)

- Compile and complete the "CJC Monthly Stats" report at the end of each month.
    - Consolidate and update client's data for accurate reporting

    - Report is due to U300 by the end of the first week of the following month, via e-mail

- Send a weekly e-mail to designated CJC staff (CJC DPH Case Managers, CJC Court Coordinator and CJC District Attorney) with a cc to Unit Supervisor, with the following information:
    - Summary of the week’s phone referrals, including client's information and outcome of the referral.

- Summary of the week's CAAP Intake outcome, including client's information and outcome of the Intake/ Approval appointment.

CJC Shelter Bed Policy

As of 8/1/2022, shelter beds are no longer labelled under the CJC tag. All available CAAP shelter beds can be offered to the CJC client if it meets their needs.

Shelter Bed for Clients Who Apply for CAAP

- CAAP will make a reservation using the ONE system as per normal business process.
- If client is currently in another shelter site or is currently placed in a bed, do not make a reservation for the client. Client needs to use their current reservation.
- After the bed reservation is made in the ONE system, print and provide the referral confirmation page in ONE detailing all shelter information. The client would need to check in on their first night. As long as the client stays each night, the next night will be available. If the client doesn't show presence at the shelter for a 48 hour period, their bed placement will be cancelled.

Shelter Bed for Non-CAAP Clients

The goal of the CJC shelter bed reservation is to provide court-referred, non-CAAP clients with temporary shelter, while promoting self-sufficiency and independence within the framework of the greater CJC program. In that regard, these shelter beds provide interim refuge to non-CAAP clients.

Clients with no income who refuse CAAP:

- CAAP will make a shelter reservation using the ONE system in an appropriate CAAP shelter bed. Print and provide the referral confirmation page in ONE detailing all shelter information.
- This is a **one-time** 7-day reservation. After this reservation, the client is not eligible for an additional reservation as part of the CJC shelter reservation process. Please provide the client's details and shelter reservation to U120 Admin team (CAAPU120@sfgov.org) to discharge the client in 7 days. If the client still wants shelter after this 7-day reservation ends, the client must either apply for CAAP or use a Resource Center. When the client applies for CAAP, the client will be eligible for a CAAP shelter bed as a regular CAAP applicant.

Note:

- Non-CAAP clients utilizing CAAP shelter beds will be given a 7-day reservation. If the client's 7-day reservation ends on a legal holiday, the client will be given an extended initial reservation until the night prior to the next workday (up to 11 calendar days, depending on the holidays).
- If the non-CAAP client does not check in, by curfew, on the first night of their reservation, their entire reservation will be cancelled.
- If the non-CAAP client does not show presence at the shelters for a 48 hour period after checking in the first night, their reservation may be cancelled by the shelter.

- Clients who already have a shelter reservation will not be allowed to cancel their existing shelter reservation, in order to make a new reservation for another shelter bed.

Shelter Bed for Clients Who Have Non-CAAP Income

- CAAP will make a 7-day shelter reservation in the ONE system following normal business process. Please provide the client's details and shelter reservation to U120 Admin team (CAAPU120@sfgov.org) to discharge the client in 7 days.

- All extension requests will be made directly by the non-CAAP client's DPH CJC Case Manager, on behalf of the non-CAAP client.

Referrals from CJC to CalFresh and/or Medi-Cal

The CJC EW will refer clients to CalFresh and or Medi-Cal per usual CAAP Intake procedure.

93-4.4: BenefitsCal

(Revised 3/22/24)

Introduction

BenefitsCal is a way to apply for CAAP benefits on line at http://benefitscal.com

Community Based Organizations that register within their County have the ability to submit CAAP applications on behalf of a client.

Screening E-Application Process

Once the client applies for CAAP through BenefitsCal, the client's online application downloads into CalSAWS. The RM clerk will complete the case clearance request and modify the customer record in CalSAWS, as needed.

- Once Record Management (RM) receives the BenefitsCal application, RM staff will perform a quick screening on the application. RM's screening includes BenefitsCal , telephone, mail-in and walk-in applications.
    - If the applicant is eligible, they will be on pending status. The assigned CAAP clerk will schedule an Intake Appointment for these clients.
- If applicant calls the Call Center to report changes, file for good cause or Fair Hearing, the CAAP EW will schedule an Intake appointment for the applicant.
- Appointment letters will be sent out by Document Fulfillment Services (DFS).
- If the applicant calls to reschedule, the CAAP EW should reschedule a new appointment for the applicant in CalSAWS.

Notes:

- * Pending case excludes clients who are Special Intake, CASC, Navigation Centers, Access Points, and Halfway House.
- ** Income ineligible if applicants that have one of these aid codes (10, 20, 60, 13, 23, 63, J5, J7, 16, 26, 66, 6G, 01, 08, 0A, R1, 07, 43, 49).

Pre-Interview Responsibilities

Whenever a client applies on-line for CAAP through BenefitsCal, the worker will:

- The EW will be assigned the BenefitsCal application.
- Pull the CAAP application from CalSAWS Imaging.
- Review information provided by the client on the SAWS-1 or SAWS2 Plus.
- Do additional screening by reviewing client information available in CalSAWS for sanctions and EBT transactions, etc.
- Check MEDS/IEVS for benefits out of county, SSI, UIB, etc.
- Complete Form 2128 (CAAP Intake Checklist) to notate client information obtained through systems check.
- Determine client eligibility based on SAWS documents and on-line system checks.
    - If the client is ineligible, a denial notice, NOA 2155, will be sent to the client after the phone call.
    - If the client appears to be eligible, proceed with scheduling an Intake interview.

Scheduling an Intake Interview

For Client-Initiated Application

Appointment letter GEN 102 will be mailed to the client confirming the appointment.

The EW will schedule the client a phone appointment in at least 5 work days to allow the client to receive the appointment letter. However, if the client didn't provide a phone number, EW will schedule the client for an in person interview appointment in at least 5 work days to allow time for the client to receive the appointment letter.

If the client keeps the phone appointment, the worker will:

- Conduct an interactive phone interview in CalSAWS.
- Complete Form 2133-Supplemental Questionnaire.

If the client does not keep the phone appointment, the EW denies the application, and sends the Notice of Proposed Action-Denial NOA 2155.

For initial case action, refer to Section 93-6.

93-5: Statement of Facts

(Revised as of 5/5/25)

Client information is obtained from the client through an interactive interview and from the Statement of Facts Supporting Eligibility for the County Adult Assistance Programs (CAAP). It is important to capture information accurately to establish appropriate eligibility for aid.

For clients who require an ADA accommodation, refer to section 90-10: Servicing Clients with Disabilities (ADA).

The Interview Process for Eligibility Determination

Prior to the interview appointment, review client information in all data systems (MEDS, IEVS, CalSAWS, Imaging, COSTS, etc.) and historical data (including previous Forms 2133) for consistency.

As each question is discussed with the client, make appropriate entries on the "For County Use Only" column of the Form 2133 as appropriate. Additionally, all documentation presented (e.g., rent receipts, ID, etc.) must be photocopied and imaged. Always be certain to return original documents to the client.

All eligibility questions must be fully answered. If the client presents an incomplete Statement of Facts and states that they have difficulty reading, ask if they need help to complete the form. If they indicate that they would like your assistance, assist the client and sign as the "person completing form for applicant" field. Then ask them each question orally and record their responses.

What follows is a brief overview of each eligibility factor.

Name of Person for Whom Aid is Being Requested

The client must enter their full name and address. For each applicant, the following information must also be entered:

Birthdate

Any person has a right to apply for CAAP, regardless of age. Refer to section 91-4.5: age for more information.

Social Security Number

Each applicant shall either furnish a Social Security number or cooperate in securing one by applying directly to a Social Security office.

The preferred means of verifying an SSN is for the worker to personally view the social security card and make a copy for the case record. The applicant may be aided if they provide the Intake worker with a verbal and/or written number that is verified by a phone call to SSA. Worker must narrate this conversation/confirmation, including the name and phone number of the SSA personnel who verified the information.

Social Security numbers with verification codes of "W" or "A" in MEDS are acceptable verification for all clients.

Refer to section 91-3: Social Security Number Requirement for more information.

Minor Children

A parent with minor children living in the home cannot be aided in CAAP if any member(s) of the Assistance Unit is eligible to CalWORKs benefits or Family General Relief (FGR). A family applying for CAAP shall be assessed for possible eligibility to CalWORKs or to FGR.

Refer to section 97-12.1: Eligibility to CalWORKs or Family General Relief.

Types of Identification

It is CAAP policy to obtain both the California Department of Motor Vehicles (DMV) ID, if the client has no other form of permanent ID, and the primary documentation necessary to obtain that DMV ID. Catastrophically-ill applicants with a verified life expectancy of 6 months or less are exempt from the requirement to obtain and present any photo identification.

Refer to section 91-2: Identification.

Permanent Identification

The applicant is required to produce one of the following acceptable documents as fully acceptable permanent identification:

- California Department of Motor Vehicles (DMV) Driver's License or a valid driver's license from another state.
- California Department of Motor Vehicles (DMV) Identification Card (CID) or a valid identification card from another state.
- United States Passport.
- Immigration and Naturalization Service (INS) forms I-551 or I-151 ("Green" Card).
- Naturalization papers (with photo) issued when the client was an adult.
- An imaged photocopy of any of the above forms of permanent ID made by any program in the Department.

Residence Information, Homeless Residency Verification, Transportation Out of County

Applicants are not required to have a fixed residence address in order to meet CAAP residence requirements. The criteria are physical presence for 15 continuous days immediately prior to the time of application, intent to remain in San Francisco, and the ability to reside in San Francisco. For PAES, the criterion is physical presence in San Francisco for 30 continuous days.

For complete information and policy regarding San Francisco residency, refer to section 91-7: Residency.

Housing

A determination of the type of housing in which the client is residing must be made. Findings may have a bearing on the amount of monthly grant, aid-in-kind housing, or whether a check can be written to the landlord.

Additionally, total paid net shelter costs cannot exceed the monthly income (including the CAAP grant) plus all cash/ bank asset amounts. Net shelter cost is the sum of the mortgage or rent payment, plus the cost of utilities, taxes, etc., minus any amounts paid by others living in the household.

If the client states that they are, or recently had been, supported by someone else locally, ask for verification and give them a Form 5033, Provider Statement, to be completed and returned at the time of Approval. Ask the client if they

will be paying rent once they receive their grant. If the client presents verification that they will pay rent in the month of application, the value of free rent and utilities will not be considered in determining the grant.

If the client's housing expenses exceed the total of their projected CAAP grant amount and any other ongoing income complete Form 2145, CAAP Maximum Monthly Expense Agreement. Refer to section 91-7.3: Maximum Monthly Expenses for more information.

- If housing costs for the client are given directly to them by another individual (not living with the client), the amount contributed is not considered income to the client**, only if** the client provides proof to the county that this is beyond their reasonable control and the housing provider/landlord will only receive rental payment from the client and/or does not want to receive multiple rental payments from third parties. The client is eligible to receive the full grant provided no other income is received and/or money owed to the county. Form 2145, CAAP Maximum Monthly Expense Agreement, must be completed by the client.
- A roommate's share of the housing costs, even when given to the client for combined payment to the landlord, is not considered income to the client. The monthly cash contribution given to the client by individuals living with them and providing their share of the housing costs is exempt from consideration in the calculation of the client's monthly income. Form 2509A, CAAP Shared Housing Statement, must be completed by the client and the individual/s giving the monthly cash contribution for the rent to verify the shared housing costs status. The completion of Form 2509A allows the shared portion of the housing costs given directly to the client to be exempt from the calculation of the client's monthly income.

If a client states they are living with other individuals and paying rent to another person (relative or not), they must present a written statement of the amount of rent they are paying. In addition, they must present proof of residency of the primary tenant (not the owner). This may be in the form of a rent receipt, utility statement or telephone directory listing.

If the client has not yet paid their rent, and immediate payment would ensure housing in an existing or previously-agreed-upon living situation, the worker shall offer to a presumptively eligible applicant the option that payment for housing be made directly to their landlord for the P.E. period (usually one week).

Transportation Out of County

CAAP out of county transportation is now handled by the Journey Home program. CAAP staff shall refer unhoused clients to this service as a first point of contact for relocation services. If a client is only interested in relocating out of county, they shall refer to this service. If they are interested in relocation and possibly other housing related services, they shall be referred to an HSH Access Point which is described below.

Relocation Services

This program provides transportation to homeless clients with friends or family outside of San Francisco who are able and willing to let them move in. The Journey Home Program will work with the client and their friend/family to ensure the housing option is available, and provide them with a bus or train tickets and food assistance during the journey.

CAAP EWs should advertise the Journey Home Program during initial intake and renewal interviews.

If a client is interested, the worker shall check the client's probation status with Probation and document status in CalSAWS journal. The EW should not refer the client to Journey Home if their probation status is not clear.

If the client meets the criteria (unhoused and does not have an issue with probation), the EW shall refer the client to Journey Home by contacting them by phone. More details on the referral propcess can be found on 97-11.2: CAAP Benefit Package

If the client is given transportation out of county by Journey Home, they will inform CAAP by email at CAAPClerical@sfgov.org. After clients are given the transportation option out of county, they shall be denied or discontinued by the EW.

HSH Access Point

There is also a program through the Housing and Homeless Department. Travel and relocation services were integrated into HSH's community based Access Points through their Problem Solving program. Any household experiencing homelessness who may need travel and relocation assistance to reunite or reconnect with a support system outside of San Francisco will be able to access services through the Problem Solving Program at any of the HSH Access Points listed below. This service is helpful for clients who may also be interested in pursuing housing options within SF.

HSH Access Point locations

123 10th Street San Francisco, CA 94103
Monday: 9 am – 4:30 pm
Tuesday: 9 am – 4:30 pm
Wednesday: 9 am – noon
Thursday: 9 am – 4:30 pm
Friday: 9 am – 4:30 pm

2111 Jennings San Francisco, CA 94124:
Monday-Friday: 9 am - noon

This information about relocation services through Journey Home and HSH is also provided to our homeless clients in the CBP packet.

Military Service Information

Veterans and their dependents who apply for CAAP must also apply to the Veterans' Administration for any Services-related benefits to which they may be entitled as a potentially available resource. The status of such benefits must be verified at least once every year via Form CW 5, Veterans Benefits Verification and Referral whenever an apparently eligible client is not in receipt of VA benefits but has a claim pending.

Refer to section 92.45: Veterans' and Servicemen's Benefits for more detailed explanation.

Employment Information

The section regarding employment is designed to determine:

- The client's current or past employment history;
- The client's last wages received;
- Whether they have any current earnings subject to income disregard;
- Whether they voluntarily quit a job within 45 days of the date of application without good cause;
- Whether eligibility to Unemployment Insurance Benefits (UIB) or Disability Insurance Benefits (DIB) might exist;
- Whether they have cashable retirement or pension account; and
- Whether or not they are self-employed;

Discuss current earned income with the client. Review documents, such as pay stubs and separation papers, in an effort to verify all declared income. For clients who either left a job recently or are currently working, verify the following with the employer, as appropriate:

- Amount and date of last check;
- Are any more checks coming? If so, when?
- Last day worked.

Clients who left a job within the last two years may be eligible to unemployment insurance benefits (UIB). At the time of the Intake appointment the client acknowledges the need to apply for UIB with a signature on the CAAP Intake Instructions, Form 2129. Verification, in the form of a claim book and/or claim printout, must be presented at Approval.

Clients who voluntarily quit employment without good cause within 45 days of the date of application may be denied CAAP and may not reapply until 45 days have elapsed since the final date of paid employment. Abandonment of job is considered a job quit.

Probation/Parole Status

Clients recently released from jail or prison often apply for CAAP until they can secure other means of support. Before they can be approved for assistance, however, it must be verified whether the client meets the residency requirement (and all other requirements).

Refer to section 91-7.5: Parole/Probation

Citizenship Status

In order to be eligible to receive CAAP, an applicant must be either a United States citizen or an eligible alien (non-citizen) lawfully admitted to the United States.

Citizenship or legal permanent residence in the U.S. is an eligibility criterion. However, Catastrophically-ill applicants with a verified life expectancy of 6 months or less are exempt from the requirement to provide documentation of legal immigration status in the U.S.

For more information, refer to section 91-4: United States Citizenship & Alienage

For applicants with Refugee or Asylum status, check for eligibility to Refugee Cash Assistance (RCA) as follows:

- If the client is a Refugee, check the entry date to the United States. If the date is four (4) months or more, no further action is necessary. If it is less than four (4) months, refer the client to RCA. All RCA and ECA recipients whose eligibility start date is prior to May 5, 2025, continue to be eligible for up to 12 months of RCA and ECA benefits.
- If the client is an Asylee, check the date when the client was granted asylum. If the date is four (4) months or more, no further action is necessary. If it is less than four (4) months, refer the client to RCA. All RCA and ECA recipients whose eligibility start date is prior to May 5, 2025, continue to be eligible for up to 12 months of RCA and ECA benefits.
- If the client reapplies, the client must provide proof of denial from RCA.

Clarification regarding RCA income:

Clients who receive RCA income are not eligible to receive CAAP. However, when a CAAP client has a spouse who is receiving RCA income, the RCA income is not exempt (based on the current ordinance). It will be budgeted as a grant for two.

Student Status

Any verified financial aid made available for personal needs (e.g., food and housing as opposed to tuition, books, and other school-related items) must be pro-rated over the course of the term for which it is available as assets to be deducted from cash aid. This is also true of money received for participation in a training program.

Refer to sections 91-8: Student Status and 92-47: Student Financial Aid for more information.

Employable Students

Unless otherwise noted, all employable students may be eligible for CAAP as long as the applicant is available for and able to work.

Unemployable Students

Unemployable students are eligible whether attending classes day or night. Clients with a temporary disabling condition must meet student status eligibility when the temporary exemption expires.

Employability Status

The response to the next question, "Are you unable to work because of a disability?," alerts you to a client's stated disability and the need to secure verification. Make sure the questions relating to filing an application for SSI are fully answered.

If the client indicates that:

- Receiving SSI - client may not be eligible to CAAP. Obtain verification of client's SSI payment status. Refer to section 92-2: SSI Reimbursement Agreement.
- Received SSI in the past - check the 2nd box on form SSP 14, Authorization for Reimbursement of Interim Assistance Initial Claim or Posteligibility Case, and refer to the SSI Payment Status Codes Chart for further worker action. Refer to section 99-3: MEDS SSI-Payment Status Codes.
- Denied SSI - client may be required to file for reconsideration hearing as determined by Triage. Refer to section 95-2.1: SSI Verification and SSI Advocacy.
- Currently applying for SSI - client's SSI application status must be verified and followed-up. Refer to section 95-2.1: SSI Verification and SSI Advocacy.

If the client does not have an outside SSI advocate, the client may be assisted by CAAP's SSI Case Management. Refer to section 95-2.1: SSI Verification and SSI Advocacy.

Narrate the information and enter the information into CalSAWS. If the client has verification of a 12-month disabling condition, and chooses to be in GA, the client must apply for SSI.

Verification of Employability from Triage

All clients, regardless of age or physical/mental condition, are referred to Triage. If there is a current (within the last 90 days) 2139 in COSTS, the client is not referred to Triage again unless they state there has been a change in their condition.

Verification of Employability from Outside Provider

In order for outside verification of unemployability to be acceptable, it must:

- 2139A filled out completely, or
- be on letterhead from a licensed physician, therapist, or clinic, with license number included;
    - be current (clearly stating that the individual is still incapacitated);
    - include the client's name and date of birth;
    - include the nature of the incapacity;
    - include the expected duration of the client's unemployability;
    - be validated. Refer to section 95-1: Employability Determination for 2139A validation process.

Administrative Determination

An administrative determination of employability status requires the approval of the Section Manager. Such approval is usually granted in the following circumstances:

- The client claims to be unemployable but refuses to cooperate with the Triage procedure, when it is apparent to the worker that the client's capacity is questionable.
- Even though the client appears to be unemployable, he claims to be employable and refuses to be seen by Triage.

Aged Applicants

- Applicants who are within three months of their 62nd birthday or older must be referred to SSA for Social Security Retirement benefits.
- If the applicant is age 65 years or over, or within 30 days of turning 65 years old, refer them to the Social Security Administration (SSA) office to apply for Social Security Disability benefits (SSI/SSP). These clients must present verification of their SSI/SSP status, even if there is an SSA Form 39 on file that states the client is ineligible to receive SSI/SSP until a later date. (Note: It is sometimes possible for someone to receive SSI/SSP before being in the country for the required number of years.) If the client fails to return the new Form 39 by the deadline you set, discontinue the case for Failure to Apply for Other Income.

Refer to section 92-41: Potential Income.

Pregnancy Information

Pregnant clients with no other eligible children in the home are ineligible for CAAP.

Refer to section 91-6.1: Pregnant Clients)

Financial Resources

All cash or liquid assets - including bank accounts, stocks, bonds, money market and credit union accounts, trust funds (whether or not available), notes, mortgages, trusts and employee deferred compensation plans - must be verified.

Refer to section 92-20: Introduction to Personal Property

Cash on Hand

The client's statement will suffice.

Bank Accounts

Refer to section 92-21: Bank Accounts.

Retirement Funds

Refer to section 92-27: Retirement Funds for information.

Motor Vehicle Information

One motor vehicle may be owned by a client. The cash value of the vehicle must not exceed the maximum equity value of a vehicle permitted under the CalWORKs program, as set forth in California Welfare and Institutions Code section 11155(c), or any successor statute. CalWORKs defines equity value as the amount of the Fair Market Value (FMV) of the vehicle less encumbrances. Currently, CalWORKs maximum equity value is $32,968.

Refer to section 92-26: Motor Vehicles

Life Insurance

Cash surrender value of a life insurance is counted as part of the liquid asset.

Refer to section 92-25: Insurance

Burial Assets and Insurance

Applicants are allowed insurance policies or funds placed in trust for the provision of interment or for funeral expenses to the extent of not more than $1,500 per family and an interment plot for use by members of the client's family.

Real Property

An applicant may retain real property used as their home, provided that the applicant's net monthly housing expense does not exceed the otherwise eligible applicant's total monthly income and/or assets.

Refer to section 92-10: Introduction to Real Property

Unearned Income

Unearned income includes all benefits received by a client in cash or in-kind that is not in exchange for work performed.

Examples of unearned income include UIB, DIB, VA benefits, Social Security benefits, Railroad Retirement, child support back payments, loans, contributions and cash (excluding any money to pay for client's rent) given to the client. Exclude any amount garnished from unearned income.

Refer to section 92-40: Introduction to Unearned Income

Available Income

Income received in the month of application is considered available to meet needs, even if expended. Exceptions include:

- Gifts from family or friends: Exempt the first $30 of gifts in a 3-month period, beginning with the first month in which a gift is received.
- Child Support and Foster Care payments: These payments are exempt because they are meant for the care and shelter of the child.

Note: Court-ordered child support back payment is budgeted as an expense amount to the person making the payments; however, the entire amount is considered as an unearned income (budgeted retrospectively dollar-for-dollar) to the person receiving the back payments.

If the client mentions that they are in a training program, ask them whether they receive training income, if so, request income verification.

Other Income

Determine all possible sources of potential income which might be available to the client. For example:

- Have they recently been laid off? (UIB)
- Did they leave work because of illness? (DIB)
- Were they injured on the job? (Workers' Compensation)
- Are they a veteran? (Possible VA benefits)
- Were they in an automobile accident? (Possible insurance settlement)

Inform the client that as part of establishing eligibility for CAAP, he must seek all unconditionally available income. (For a sponsored alien who has been in this country for 10 years or less, this includes support from their sponsor. Have the client get the sponsor's statement and signature. If the sponsor is unavailable, have the client submit a written statement to that effect.)

Inform the client that failure to seek such income may result in denial or discontinuance of aid. Do not presume that the client knows what other benefits they may be eligible for, or where to apply for them. Use Form 2129, CAAP Intake Instructions, to record the names of places where they must apply for other potential income.

Transfer of Property

If the client has sold, spent, or given away any real or personal property in the last two years, such as a house, land, cars, bank accounts, settlement monies, you must determine whether the sale was for the express purpose of making the client eligible to receive assistance, thereby resulting in ineligibility.

Refer to section 92-14: Transfer of Real or Personal Property.

Public Assistance Information

You must provide information regarding how to apply for CalFresh and Medi-Cal if the client is not currently receiving them. You must also determine whether the applicant is still in receipt of aid from another county or state. Place telephone calls to other welfare departments whenever possible, and record the contact and findings in the County Use Only column.

Means of Support for the Last Three Months

Eligibility for CAAP is contingent upon the client's pursuing all potential resources and income. Questioning regarding their past means of support may reveal potential resources and/or sources of income (e.g., SSI/SSP, SSA, VA, DIB, UIB, or alien sponsors), which therefore must be explored.

The client's statement must be internally consistent, with the preponderance of evidence making their account of how they have been supporting themselves viable. Attempt to verify all facts given, as well as any questionable information. This may require asking additional questions, as suggested below.

Important: Inability to adequately explain past means of support is not, in and of itself, a reason to deny CAAP. This factor must be considered in light of all other information obtained during the interview and the client's capacity to relate facts. However, inconsistent and conflicting statements should, if at all possible, be resolved: barring mental incapacity, the burden of proof is on the client.

The following are examples of some of the situations that might arise during an interview, and questions designed to elicit information from the client.

- Does the client say that they have been living on the streets, but has no way to verify this? Does their appearance indicate the probability that their story is true? Do they look weathered, dirty, and unshaven? If not, where are the shaving and showering? How do they sleep without a sleeping bag?
- Does the client donate blood? Where? Do they have a donor card? (Cards are provided to all donors.)
- Is the client hustling or prostituting? Have they been arrested? What has changed so that they no longer do this as a living?
- Is the client an alcoholic? Have the been panhandling? Are they known to detoxification centers? Are they living in the streets?
- Is the client selling aluminum cans? What center? They should have receipts.
- Has the client been performing casual and/or farm labor? For whom? What address? Do they have a casual labor card? Ask them to get a note from the person(s) they have been working for.
- Has the client been a street artist? Do they have an expired license? Have they pawned their musical instruments or other equipment? Do they have their pawn tickets?
- Does the client say they have been receiving UIB? Has it expired? Have they taken advantage of all extensions? Do they have verification forms? (Claim books, Notice of Computation, Notice of Expiration?)
- Has the client been living with friends or some other person? Name of person living with? Address? Telephone number? Who is the landlord? Who was paying the rent?
- Does the client state that they have been incarcerated? What date were they incarcerated? You can call to verify this.

Important: When an applicant supplies the name and telephone number of persons who provided support, the Intake Worker must verify the statements were made.

Emergency Information

Although it is not required, the client should be encouraged to provide a name, address and phone number of someone to contact in the event of an emergency.

Declaration

The applicant must sign that the information they have provided verbally to the worker/Statement of Facts is true and correct and that they are aware that the statements are subject to investigation and verification, and that there may be criminal penalties for making false statements.

The applicant, by signing their name, also understands that if they are found eligible to PAES or SSIP, but chooses to receive GA, their maximum aid payment will be the maximum monthly GA grant amount, not the maximum monthly PAES or SSIP amount.

Section Completed by County Worker

At end of the Intake appointment, the Intake worker will complete the PRESUMPTIVE ELIGIBILITY PERIOD DETERMINATION section, completing all relevant items of this section regarding presumptive eligibility to CAAP, P.E. benefits, landlord payments, etc.. The Intake worker will sign and date this section.

93-5.1: 45-Day Job Quit

(Revised 04/29/25)

A CAAP applicant may be denied aid if they voluntarily quit their last employment without good cause within 45 days of their application for assistance.

The elements of a voluntary quit are:

- Leaving (when the client terminates their employment by leaving work),
- most recent work (is the client's last work performed and compensated services),
- voluntarily (if employment was still available to the client and the client refused to continue working),
- and without good cause (see Good Cause below)

If the applicant secured another job after quitting, and did not voluntarily quit the subsequent employment without cause or was not terminated with cause by their employer, the 45 day period is not applied.

Applicants who have been terminated, i.e., fired or laid off, may NOT be denied. The 45 day period of ineligibility does not apply. The application may be processed immediately if other eligibility factors are met.

(Note: A recipient may be discontinued with a 30-day or 90-day sanction if they refuse to accept a job without good cause. This is not a job quit and the discontinued recipient is not subject to 45 days of ineligibility for aid.)

Good Cause

Good cause exists for leaving work, when the motivating factor in causing the client to leave work is substantial and compelling that would cause a reasonable person genuinely wanting to retain employment to leave work under the same circumstances.

The client may submit several reasons for leaving work, some of which, when considered individually, do not constitute good cause. However, if a combination of reasons would constitute a substantial motivating factor in causing the client to leave work, the client's leaving is with good cause.

Examples of good cause, but limited to the following:

- Quit their job because their employment is in excess of physical and mental capacity as determined by the county physician.
- Quit their job because it violates applicable health and safety laws or regulations as determined by EDD.
- Quit their job because the wages offered for employment are less than the applicable state or federal minimum wage.
- Quit their job because they accepted a new job.
- Quit their job because of illness or disability or the illness or disability of a family member.
- Quit their job because they relocated with their spouse as part of a mandatory military transfer.
- Quit their job to protect themselves, or a member of their immediate family, from domestic violence or a stalking situation.
- Quit their job because their pay was cut.
- Quit their job because their hours were cut.
- Quit their job because their work site changed and caused a problem with commuting.
- Quit their job because their work site safety deteriorated.
- Quit their job because of illegal activities taking place at their workplace.
- Quit their job because a change in the work violated their religious convictions or sincere moral beliefs.

Verification of Good Cause

- When an applicant has terminated employment within the last 45 days, it is the worker's responsibility to obtain the facts and date of termination prior to authorizing or continuing assistance.

  If the employer is unavailable for providing verification, the determination is based on the client's statement. Facts are assessed and the good cause determination is made by the worker with the assistance of the Unit Supervisor.
- All facts relied upon in the final determination must be narrated in the journals and documents submitted sent to Imaging.
- If there is no just cause for terminating employment, aid shall be denied. The Notice of Action must contain the dates of ineligibility and the date reapplication can be made.

93-6: Intake Actions/CAAP Determination

(Revised as of 5/13/2025)

Review of SAWS 1/Universal Screening Form Prior to Intake Interview

It is the responsibility of Records Management staff to attach the SAWS 1/Universal Screening Form (USF) to the client's record in CalSAWS for workers prior to the time of the Intake interview. It is necessary to review the SAWS 1/ USF carefully to be able to detect and attempt to resolve any conflicts/discrepancies with statements that might be made during the Intake interview and/or on the Statement of Facts. There is also the need to act on certain information presented on the SAWS 1/USF which is not specifically requested at any other stage in the application process.

The worker must also review Imaging prior to Intake and Approval.

Screening for Clients who are Ineligible to Apply for CAAP but Received an Intake Appointment

Workers shall review the information on SAWS 1/USF, and evaluate for the following:

- If the client meets the San Francisco residency requirement, which is 15 continuous days prior to the date of application for SSIP and GA;
- If the client had previously received any CAAP benefits and is serving a CAAP Sanction for an eligibility requirement failure or for fraud. CAAP clients who are discontinued for fraud are ineligible to receive benefits until the sanction period ends.
- If the client/spouse is active on SSI or participating on other Public Assistance households;
- If the client had previously received CalWORKs and is serving a CalWORKs sanction.
- If the client has minor child/children living in the home and may be potentially eligible to receive CalWORKs.

Systems Review

The Intake Worker must look into the following systems listed below for any information regarding the applicant. Any findings from these systems must be recorded on the Form 2128 (CAAP Intake Checklist) and used as a reference during the Intake interview and in the determination of presumptive eligibility.

ONE System

Check if the applicant:

- For homeless, if the client has any shelter history or if they have received services with providers in ONE. Check the ONE system to verify if the client has any active placements or denial of services (DOS). If the client currently does not have an active placement and there are available bed slots at CAAP designated shelters (MSC South, Next Door, Sanctuary), offer the client shelter placement using the ONE system.

Imaging

Check if the applicant:

- Has a CID or any permanent ID on file
- Has a copy of social security card on file
- Has any cash assets and other personal property documents previously submitted
- Has any income information or documents on file

If the client was previously denied or discontinued, review the reason for the denial or discontinuance.

CalSAWS

Check if the applicant:

- Has any active sanction and may be eligible for reinstatement for future month. For former SSIP recipients, check if the client is still within the window to reinstate their SSIP benefits. (Note: If the client is eligible for reinstatement, refer the client to the previous Eligibility Worker).
- Is age 60 or over, check if the client is still within the window to reinstate their PAES/GA benefits. If eligible for reinstatement, refer the client to the previous Eligibility Worker.
- Has any existing overpayment claims on file
- Has any active CalFresh or Medi-Cal case
- Has any minor child or spouse living with them by doing an Address Clearance.

Also check the Case Flags for pertinent information.

MEDS

Check if the applicant:

- Has any out-of-county active or pending case (any cash benefits, CalFresh or Medi-Cal)
- Is receiving SSI or SSA benefits. If the client is denied or discontinued from SSI, refer to MEDS SSI-Payment Status Codes Chart for the appropriate action needed to be taken on the case.

IEVS

Check if the applicant:

- Has any recent employment and wages
- Has received or receiving unemployment benefits or disability benefits
- Has any financial account
- Has received or receiving SSA benefits
- Has received or receiving SSI benefits
- Has any potential to receive UIB or DIB (under Real Time verification screen)

COSTS

Check if the applicant has been assessed by Triage within the last 90 days and determine the client's employability rating.

CalSAWS

Check Journal entries in CalSAWS if the applicant has attended Orientation within the last 60 days.

Intake Interview

At the time of the Intake interview, the CAAP eligibility worker is responsible for conducting a comprehensive review of the applicant's request for assistance and for determining eligibility or ineligibility for aid. The worker must remain objective during the interview and recognize that each application is different and each requires individual attention.

All applicants have the right to a full interview, even if ineligibility is discovered early in the process. The worker must make every effort to complete the interview so that all unmet factors of eligibility can be included in the denial letter. This is true even when the client requests a withdrawal.

When all facts are obtained and evaluated, the worker makes a determination regarding the applicant's presumptive eligibility or ineligibility for CAAP.

There are several possible actions that can be taken on an application:

- Pend the case (for up to 3 working days).
- Accept the client's requested withdrawal of their application.
- Deny the application.
- Approve the case.
- Approve and discontinue for remaining number of days due to 90-day requirement for ID or Trujillo pending documentation.

Withdrawal of Application

The applicant may withdraw their application at any time during the application process. When such a request is made, ask the client to sign Form 2157, Withdrawal of CAAP Application. A Notice of Proposed Action, Form 2155-Denial or Form 2155B-Anticipated Income, is not required unless the client makes a verbal request and refuses to sign the withdrawal form.

Should the client disagree with the County's decision, a worker must never suggest that the client withdraw their application. Whenever a client withdraws their application, they lose any hearing rights to appeal the County's decision and the notice of action will not contain the reasons for the client's ineligibility. The worker shall always allow the client to make the decision to withdraw completely on their own.

Deny the Application

A case is denied at Intake when an applicant (reasons are not exclusive):

- Fails to meet one or more of the basic eligibility requirements; or
- Has voluntarily quit (or abandoned) their job without good cause within 45 days; or
- Has not met all requirements specified in a previous denial within 90 calendar days.
- Fails to cooperate or complete the Intake process.
- Fails to complete the Triage evaluation.

- Is ejected from the building.

All applicants are entitled to a full interview preceding any denial, and shall be provided with a list of all factors of ineligibility so they have an opportunity to correct everything that is correctable prior to a subsequent application for aid. When denying an application, you must take the following actions:

1. Inform the applicant of their ineligibility and clearly explain the reason(s) for the determination.

2. Prepare Notice of Proposed Action, Form 2155-Denial or Form 2155B-Anticipated Income. Indicate all eligibility factors that led to the decision to deny the case so that in the event the case goes to a fair hearing, it can be shown that all conditions of ineligibility were clearly addressed. Give the original to the applicant and copy to imaging. A client whose application is denied may reapply on the next business day (from the Notice Date on the NOA), unless a date is specified by the worker on the form.

3. Provide the applicant with Free Eats chart, which lists emergency shelter, food and other resources.

4. Inform the applicant of their right to a hearing. There are three ways the request can be made.

- The client may call (415) 558-1177 or fax to (415) 558-4760; or
- Email: fair.hearings.clerical@sfgov.org; or
- Pick up a form from the reception area on the first floor, complete it, and return it to the Information window; or
- Complete back side of the Denial NOA and mail it or drop it off to the CAAP Service Counter.

5. If the client requests a fair hearing and the decision is in the client's favor, the case will be returned to the worker who took the action at issue and the Fair Hearing report will show what action to take, and the date of eligibility.

Approve Application for Presumptive Eligibility

1. When the preponderance of verified evidence indicates that eligibility to CAAP exists, the applicant is granted Presumptive Eligibility (PE) status.

2. When presumptive eligibility is established, it is important that the worker explains Form SSP 14, Authorization For Reimbursement of Interim Assistance Initial Claim or Post eligibility Case; Form 2133A-Supplemental, Authorization For Reimbursement of Interim Assistance Granted Pending SSI/SSP Eligibility Determination; Form 2133B, Rights and Responsibilities; and Form 2133CR, CAAP Information. Respond to any questions they have and ask them to sign and date all relevant forms to indicate that they understand their rights and responsibilities. File the signed original to imaging and give the applicant a copy.

3. Secure DMV photo ID, if required. (A photocopy, if not already correctly included in the case file, must be sent to imaging.)

4. If a birth certificate is needed to obtain a permanent ID, initiate the birth certificate request.

5. Verify the client's Social Security number.

6. If the client requests tokens, issue seven tokens through CalSAWS and refer the client to Distribution for pickup.

Note: If the client does not have an ID, follow the IDV process.

7. Homeless Clients

- Clients who are homeless are provided with shelter reservations as available.
- Refer to section 97-11.2: CAAP Benefit Package and 97-11.1: Shelter Reservation Process.

8. Prepare a Form 2129, CAAP Intake Instructions.

- Form 2129 is used to list all instructions for the client to follow to meet eligibility requirements at Approval. Refer to section 93-7: Approval and Case Disposition.
- Check appropriate boxes to specify documents or verifications the client must submit by the indicated due date. Use the "Other" box for items not enumerated on the form. All instructions must be clearly stated and very specific.
- Instruct the applicant to complete the Triage evaluation.
- Determine whether the client is required to apply for potential resources, such as UIB, SSI, SSA, etc. If so, check the appropriate boxes and indicate the necessary addresses. If special forms are required, give these to the client, ensuring that all entries requiring worker input have been completed.
- Orally review the Form 2129 carefully with the applicant to ensure that they understand all the instructions.
- Enter your worker number and telephone number.
- Mail or email the original to the client and send a copy to imaging.

Entering the Data into the Online System

Every effort must be made to enter the information into the system by close of business on the day of the Intake interview.

Prepare the Case for Supervisor Review

The worker has the responsibility of submitting the case documents to imaging and keeping documents up to date at all times during the intake process. The Supervisor has an ongoing responsibility to review the case after the Intake process to ensure that the worker is performing all activities appropriately.

Worker Responsibilities

The worker is responsible for:

- A fully annotated Statement of Facts and corresponding online narrative entries
- Respond to supervisor's comments/instructions regarding case corrections as soon as possible to ensure that intake time lines are met
- Completion of the CAAP Imaging Log and submission of the Red folder with all documents and forms for scanning when the case is ready for transfer to Carrying

Supervisor Responsibilities

The supervisor will review all denials and all positive actions when the case is ready for transfer to Carrying. Refer to section 93-7: Approval and Case Disposition.

For Intake, the supervisor will check for:

- Internal consistency - Is the historical record consistent with current information?
- Eligibility factors - Have any eligibility factors been overlooked?
- Forms - Are all pertinent forms fully completed and signed?

- On-line system accuracy - Have correct actions been taken and correct benefits issued?
- Pertinent online narrative entries and completion of the CAAP Imaging Log and submission of the Red folder with all documents and forms for scanning.
- Accuracy of ONE shelter reservations, as applicable.
- Processing referrals as applicable (e.g., Overpayment, FRED Referral, etc.)
- The client showed to their scheduled Triage appointment if there was no employability rating within 90 days.
- Verify the case has been updated with a current Triage employability rating from COSTS and the correct corresponding PEC case flag.

93-6.1: CAAP Orientation

(Revised as of 11/25/2026)

A CAAP applicant is required to attend Orientation prior to receiving cash aid benefits. No applicant shall be issued aid without completing this requirement.

All CAAP applicants are required to attend Orientation.

After completing the Intake appointment, the EW instructs the client to watch the Orientation video presentation.

There are two ways to watch the Orientation:

- On site: watch with EW on site
- On the phone: Eligibility worker will send link to the client to watch

After watching the presentation, the client completes the DocuSign process as a verification that they completed the Orientation accordingly. A separate CalSAWS journal entry is required using "CAAP Orientation" as the short description to document this process.

The Orientation video presentation is in the following languages: English, Spanish, Chinese, Russian, Tagalog and Vietnamese and are posted on the HSA Intranet under CAAP homepage/Program Topics.

93-6.2: Presumptive Eligibility Week Benefits

(Revised as of 5/5/2025)

Shelter During Presumptive Eligibility (P.E.) Period

It is necessary to provide a homeless client with a referral for a shelter space during the Presumptive Eligibility (P.E.) period. See section 97-11.1: Shelter Reservation Process.

When Shelter is not Available

If shelter space is unavailable, the worker issues cash-out benefits.

An emergency cash-out P.E. benefit may be issued to a homeless client if a space is not available at a shelter. When cashing out the P.E. benefits, clients will not be provided with bus tokens and the worker should inform clients that the cash-out includes the emergency housing and bus token expenses.

The cash-out P.E. benefits for a P.E. period should be calculated by multiplying the daily rate specified in the PAES/ SSIP/GA Payment Proration Table by the number of days in the P.E. period. If it is known that the client is eligible to GA only, the GA maximum payment level and the GA Proration Table is used to determine the cash-out amount.

All cash-outs must be approved by the supervisor and the section manager.

Tokens

All clients who are presumptively eligible may be issued tokens for the duration of the P.E. period. Homeless clients who are cashed-out are not issued tokens. Tokens that are not picked-up at Distribution on the day of issuance are voided. If the client presents reasonable good cause (i.e., beyond the client's control), re-issue the remaining PE tokens as of that day (total number of tokens ***minus*** days missed) and instruct the client to pick up at Distribution, if appropriate. IDV the client if needed and case journal the interaction.

93-7: Approval and Case Disposition

(Revised as of 11/25/25)

At the time of Approval, it is the Eligibility Worker's responsibility to:

- Review the case prior to the Approval;
    - Worker checks all required verifications were submitted,
    - Verifications were reviewed and checked for completion,
    - All documents are to be reviewed that they were imaged.
- Determine eligibility to CAAP;
- Determine eligibility to specific CAAP programs (see below).
    - If the client does not meet the 30-day residency requirement for PAES, but has verified 15 day residency, approve the case for GA. Approve future month / ongoing months for other CAAP Programs.
- Issue a Notice of Proposed Action-DENIAL when the client does not qualify for County Adult Assistance Program;

Make shelter reservation in the ONE system as appropriate; print and provide the referral confirmation page in ONE.

- Set up Income Disregard cases for working clients;
- Compute and collect overpayments, as appropriate;
- Enter appropriate data in CalSAWS;
- Verify the client showed to their scheduled Triage appointment if there was no employability rating within 90 days;
- Verify the case has been updated with a current Triage employability rating from COSTS and the correct corresponding PEC case flag;
- Enter appropriate data in CalSAWS;
- Issue first benefit via on-line system entries (see 94-40, How to Compute First Benefits);
    - The cash run date is the application date;
    - Ensure that the appropriate payee is entered correctly;
    - Ensure that the appropriate payment method & pick-up location are selected
- Prepare the case for supervisor review and transfer.

Review before Approval

The worker is responsible for reviewing the case record prior to Approval to ensure that all eligibility issues are addressed and a complete and correct determination of eligibility is made.

- Imaging - a careful review of the Form 2129, CAAP Intake Instructions, will ensure that the client is held accountable to meeting all their responsibilities.

- CalSAWS – a close attention shall be paid to the case narrative and previous worker's comments, so as to be able to tie up any loose ends and follow through on any questions/instructions the previous worker might have had. Check journal entries to determine if the applicant has attended Orientation within the last 60 days.

Interview the Client and Determine Eligibility

- Obtain and photocopy (where appropriate) all items of documentation and verification that were requested on the Form 2129, CAAP Intake Instructions. Continued physical presence in the County between Intake and Approval, for example, is verified by any of the following:
    - A rent verification or other acceptable verification, as described on the back of the CAAP Intake Instructions form;
    - Verification in the ONE system if appropriate;
- Determine the client's eligibility to PAES, SSIP, GA or CALM.

GA

CAAP applicants who do not qualify for CALM or SSIP, or not eligible for PAES because of the 30-day residency requirement are approved for GA.

For clients who are eligible to GA:

- Inform the client that the maximum grant is lower than the grant amount for PAES, SSIP or CALM.
- If a client is employable and does not have any verified employability exemptions or qualifying substitutes, see Employable in 95-1: Employability Determination.
- Prior to approving ensure case is set up for PAES 30 days ahead.

PAES

To be eligible for PAES, the client must meet the 30-day residency requirement prior to the time of the application.

For the client who is eligible to PAES:

- If a client is employable and does not have any verified employability exemptions or qualifying substitutes, see Employable in 95-2: Employable/Unemployable.

SSIP

To be eligible for SSIP, the client must have one of the following verifications:

- Triage rating of #4 – Unemployable
- Form 2139A completed by a licensed medical provider verifying that they have a disabling condition that either has lasted, or is likely to last, at least 12 months in duration
- Verification of active Medi-Cal eligibility due to disability (confirmed by SSI CM)
- Verified rating of "Capacity," or an assignment of an Administrative PEC due to capacity limitations.
- Form 2139A completed by a CCS counselor.

For the client who is eligible to SSIP, the worker will:

- If the client is required to apply for SSI, check COSTS if their case is assigned to an SSI Case Management. If they are, do not refer the client to SSA to apply for SSI on their own. The SSI Case Manager will initiate the client's SSI application.
- If the client is being represented by an outside SSI Advocacy Agency, schedule a 30-day follow-up appointment via Form 2191 to submit verification of SSI application status.

- Assign a Persons Employability Code (PEC) as follows:
  - PEC Y, if the client has a disabling condition that either has lasted, or is likely to last, at least 12 months in duration, with RE end date.
  - PEC C, if the client has a verified diagnosis of "capacity." with the end date of 12 months
  - PEC G, if the client has a psychological condition that necessitates an Administrative exemption with the end date of 12 months. The Section Manager's approval is required.
- Inform the client that they may be eligible to receive Muni tokens for verified medical appointments.
- Transfer the case.

At Intake, clients who are 65 years or older or will turn 65 within a month, shall be referred to Social Security Administration (SSA) office to apply for SSI. The client must provide proof of SSI application at Approval to be eligible.

If the SSI verification indicates that:

- Client's SSI application is approved with the date of the SSI payment commencing next month, approve the CAAP application and then discontinue the case effective the end of the month.
- Client's SSI application is approved with the date of the SSI payment commencing later than the next month, approve the CAAP application and transfer the case to Carrying.
- If the denial of the SSI application is based solely on immigration status, client should apply for CAPI, see 93-10: CALM Referral Process.
- Client's SSI application is pending; provide a 30-day follow-up appointment via Form 2191 to submit verification of their SSI application status.

CALM

The purpose of the CALM Program is to provide cash payments to those individuals who have been determined to be eligible for Medi-Cal, the State health care program, as set forth in California Welfare and Institutions Code Sections 14000 et seq., on the basis of being aged, blind, or disabled, and who meet specific financial criteria, but who are not eligible for federal or State support.

Eligibility for the CALM Program is when applicants are not eligible for CAPI. Applicants and Recipients shall be eligible for benefits under the CALM Program if they meet the eligibility standards set forth in this Article VII, and any rules or regulations promulgated thereunder, and:

1. Submit to the Department a complete Medi-Cal application
2. Are determined to be eligible for Medi-Cal benefits for the aged, blind, or disabled, based upon State eligibility criteria.

To apply for CALM, clients can call (415) 558-1978 or go to 1440 Harrison Street Service Center. For more information about CALM, refer to CAAP Handbook Section 93-10: CALM Referral Process.

Client is Ineligible

1. Issue a Notice of Proposed Action-DENIAL, Form 2155 or Form 2155B-Anticipated Income, indicating all the reasons for the denial. The effective date of the denial is the application date. A client whose application is denied may reapply on the next business day (from the date on the NOA), unless a date is specified by the worker on the form.
2. Give the client the original and send a copy to imaging. The date of denial is the application date.

3. If the client did not return all required verification, the denial letter Form 2155 is mailed. If a homeless client did not previously indicate an alternate San Francisco mailing address, the negative action notice is sent to General Delivery, San Francisco, CA 94142. The General Delivery is located at 391 Ellis Street (between Jones and Taylor Streets).
    - Addressing to General Delivery
        - Client's Name
        - 391 Ellis St.
        - San Francisco, CA 94102

Client is Eligible

Once the client is determined to be eligible to a CAAP benefit, specific procedures are followed and the client is informed of all requirements they must meet for continuing eligibility. Issue benefits through the online system. For homeless clients at Approval, make shelter reservations according to the CBP procedure.

When setting-up a two-party check, Form 2510, Authorization for CAAP Co-Payment, is required (unless the client is housed by HAT).

CalSAWS Entries

- Update CalSAWS entries based on information provided by the client
- For the client who has a verified address, enter the information in the appropriate fields
- For the client who reports no address, enter the information in the appropriate fields
- For the client who has indicated an alternative mailing address or is a participant of a housing program, that address must be entered.
- For clients participating in a housing program, arrange for the check to be sent as a two-party check to the client and the housing agency. See Warrants**.**
- Add or update shelter status case flags such as CAAP - Shelter Cash Out

Make Shelter Reservation for Homeless Clients

Refer to CBP procedure on section 97-11.2: CAAP Benefit Package

Schedule Appointments for the Client (as applicable)

- WDD Appointment
    - Schedule employable GA and PAES clients for a WDD Appointment in 8 calendar days on the WDD face to face Orientation SharePoint Calendar.
    - The notes shall include "rating, and preferred language."
    - Issue Form 2124.
    - In the CalSAWS journal entry case comment window, add “Work Activity Hours” and document the number of required hours. (Example “required work activity is 24 hours.”)
- CAAP Treatment Pathways Appointments with 2124S.

- Other Follow-Up Appointments: Clients who are required to provide verification due in 30/60/90 days are given Form 2191.
- If the client cancels an appointment through BenefitsCal without contacting CAAP or their assigned worker to establish Good Cause, the canceled appointment is considered a no show and the worker will follow the Negligent Failure process, refer to Sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients
    - Eligibility Worker must tell clients not to cancel appointments via BenefitsCal, they must call to reschedule.

Issue Appropriate Forms for Client to Pick-up Benefits, as Applicable

See section 94-45: First Benefit Issuance.

Image Documents

- Complete CAAP Imaging Log and submit Red folder with all documents for scanning, when the case is ready for transfer to Carrying.
- Ensure that all pertinent documents and forms are properly completed and signed and imaged.

Prepare Case for Transfer

Follow Special Transfer Requirements

There are certain categories of cases requiring special attention at the time of transfer to Carrying. Some examples are:

- Specialized Cases
- Companion Cases
    - Cases treated as "companions" are designed to be held by the same worker, since changes in one may have a direct bearing on the other.
    - When budgeting a companion case where the members of the Family Budget Unit are in two different CAAP programs, the total aid payment shall consist of the sum of each individual's proportionate share of the aid payment for a Family Budget Unit of the same size within each program to which each member is eligible.

Prepare Case for Supervisor Review

Prior to transfer, the supervisor checks each case for completeness and accuracy. If there are any areas to be corrected, they will return the case to the worker for follow-up. The supervisor is responsible for determining worker error trends from reviewing the worker's case and non-erroneous rejection issues.

The supervisor prepares the transmittal list of cases ready for transfer and e-mails the list to the clerk. The clerk will assign the cases to the worker by rotation (except language and specialized cases) entering the new worker ID number into the computer online system.

93-8: CalFresh and Medi-Cal Application Requirements for CAAP Clients

(Revised as of 10/30/2023)

CalFresh and Medi-Cal Application Requirements

All clients who apply for CAAP must also apply for CalFresh and Medi-Cal.

Exceptions:

The following clients are not eligible for CalFresh and thus are not required to apply:

- Clients who are undocumented immigrants.
- Clients under 22 years of age while living with at least one of their parents.
- Clients who are currently serving a CalFresh sanction.

CAAP applicants or recipients who state that they have health insurance through Covered California shall not be required to apply for Medi-Cal and have met the Medi-Cal application requirement for CAAP. However, the worker must encourage the client to call Covered California or log in to their account to report changes in their status (i.e. change in income) so that they may be eligible for MAGI Medi-Cal. The worker must give clients the flyer "COVERED CALIFORNIA - Reporting a Change" for more information. Flyers are available on the CAAP forms shelf on the first floor.

Intake appointment

Although every effort is made by Reception staff to encourage clients who are applying for CAAP to also apply for CalFresh and Medi-Cal, a review is necessary at the time of the Intake appointment. At the time of Intake appointment, workers will:

1. Ask the client during the Intake appointment, if the client has an active CalFresh and Medi-Cal case or has made an appointment to apply.
2. If the client is not active or there is no pending application, instruct the client to apply for CalFresh and Medi-Cal within 3 work days of the Intake appointment.
    - New CalFresh and Medi-Cal clients should schedule an appointment to apply for CalFresh and Medi-Cal with Reception.
    - Clients who have been discontinued from CalFresh and Medi-Cal as of the end of the previous calendar month should contact CalFresh and Medi-Cal for possible restoration of benefits.
3. If the client wants to apply for CalFresh and/or Medi-Cal, re-route the client's ticket to Reception via CalSAWS. Instruct the client to wait for their ticket number to be called and to inform Reception that they want to apply for CalFresh and/or Medi-Cal.

Approval

On the day of Approval, the worker will check the on-line system to determine if the client has complied with the CalFresh and Medi-Cal application requirement for CAAP.

- If the system shows that the case is active or denied for a reason other than the client's failure to complete the intake process, the client has met the CAAP requirement to apply for CalFresh and Medi-Cal.

- If the client’s CalFresh and/or Medi-Cal appointment was scheduled during the PE period and the client did not show for the appointment, deny their CAAP application.
- If the system shows a pending CalFresh and/or Medi-Cal case and the CalFresh and Medi-Cal appointment takes place after Approval, approve the case if otherwise eligible.

Carrying

Reinvestigation

At the client's reinvestigation, the worker shall check if the client is active on CalFresh and Medi-Cal. If they are not, instruct the client to apply for CalFresh and/or Medi-Cal.

93-10: CALM Referral Process

(Revised as of 11/25/2025)

Cash Assistance Linked to Medi-Cal (CALM) is for individuals eligible for county cash aid and who are receiving Medi-Cal benefits because they are aged (A), blind (B) or disabled (D), and the spouses of these individuals. As part of the CALM application process, clients must first apply for CAPI and SSI, as appropriate, and comply with all related application requirements. To be eligible for CALM, the client must be a non-US Citizen.

The Cash Assistance Program for Immigrants (CAPI) provides cash assistance to aged, blind, and disabled legal immigrants who are not citizens and who successfully complete an application process. The CAPI program is administered by SFBenefitsNet at 1440 Harrison.

The welfare reform act of 1996 eliminated Supplemental Security Income/State Supplementary Payment (SSI/SSP) eligibility for most non-citizens. As a result, most immigrants who were not receiving SSI/SSP in August 1996 are no longer eligible for SSI/SSP.

Basic Eligibility Rules for CAPI

- Successfully complete the application process.
- Meet all other SSI/SSP eligibility criteria except for immigration status
- Be aged, blind, or disabled,
- Be a resident of California,
- Have resources below the allowable limits of $2,000 for an individual or $3,000 for a couple, and
- Have income less than the CAPI standards
- Be a non-citizen and meet the immigration status criteria in effect for SSI/SSP as of 8/21/96.
- Be ineligible for SSI/SSP solely due to immigration status. This means a CAPI applicant must apply for SSI/SSP and submit a denial letter from the Social Security Administration stating that the reason for ineligibility is solely due to immigration status.

Amount of Benefits

CAPI payment amounts vary depending on a person's marital status, living arrangements and other income. CAPI payment standards may be less than SSI/SSP payment standards.

CAPI Application is Approved

If a CAAP recipient is approved for CAPI, the CAPI worker at 1440 Harrison will notify the CAAP worker via email. The CAAP case will then be discontinued.

CAPI Denied Due to Sponsorship Issues

Depending on the client's immigration status, if they have a sponsor, CAPI may count part of the sponsor's income as their own. This process is called "deeming" income from their sponsor to the client.

The CAPI application may be denied due to the client's sponsors' lack of cooperation in providing information necessary for deeming, or excess income/resources deemed from the sponsor.

Clients Aged 65 and Over

Clients aged 65 and over will be required to apply for SSI.

Applicants:

For Intake, clients who are already 65 years of age or will turn 65 in thirty (30) days will be referred to apply for SSI. Verification the application was submitted or verification of a future appointment for the SSI application is due at Approval.

Note: Due to potential delays at the SSI office, the final decision on the SSI application may be received after the CAAP case has already been approved.

Failure to comply with the requirement to apply for SSI, without good cause, shall result in the denial of the client's CAAP benefits.

If the SSI application is denied solely due to their immigrant status, follow the steps below:

1. Instruct the client they will need to apply for CAPI.
    - Issue F2191 with SAWS 1 for client to submit proof of application for CAPI with the due date in 15 calendar days. **Note:** The Worker should provide an option to the client to return the SAWS 1 to the CAAP worker.
    - If a client returns the completed SAWS 1, email the completed SAWS 1 together with the SSI denial letter to CALMCAPI@sfgov.org with "CAAP Referral to CAPI" on the subject line.
    - The client can also complete a SAWS 1 in person with the EW.
2. Add Journal entries in CalSAWS.
    - Short description CALM/CAPI Referral.
    - Long description "The client was denied SSI due to immigration status."
3. If all other eligibility criteria are met, proceed with approving the CAAP case as normal.

Participants:

At carrying, clients who will turn 65 in thirty (30) days will be referred to apply for SSI. Verification of the SSI application is due in 30 calendar days.

Note: if the client is assigned to a CAAP SSI Case Manager, workers should reach out to CM to request verifications. The due date can be extended per the SSI CM request.

Failure to comply with the requirement to apply for SSI, without good cause, shall result in the discontinuance of the client's CAAP benefits, following for the 3 Acts of Negligent Failure Process.

If the SSI application is denied solely due to their immigrant status, follow the steps below:

1. Instruct the client they will need to apply for CAPI.
    - Issue F2191 with a SAWS 1 for the client to submit proof of application for CAPI with a due date in 15 calendar days. **Note**: Workers should provide an option to the client to return the SAWS 1 to the CAAP worker.
    - If a client returns the completed SAWS 1, email the completed SAWS 1 together with the SSI denial letter to CALMCAPI@sfgov.org with "CAAP Referral to CAPI" on the subject line.
    - The client can also complete the SAWS 1 in person with EW.
    - Do NOT discontinue the CAAP case. CAPI will notify CAAP when they are ready to approve the CAPI case, at which time CAAP will be discontinued.
2. Add Journal entries in CalSAWS.

- Short description CALM/CAPI Referral.
- Long description "The client was denied SSI due to immigration status."

Note: Failure to comply with the application process for CAPI or CALM, without good cause, shall result in the discontinuance of the client's CAAP benefits.

Clients Under 65 Years of Age

CAAP clients who are under 65 are referred to Triage for an employability assessment. If the client is determined unemployable or is considered to have a long-term disabling condition, the client will be required to apply for SSI. The client's case will be in SSIP while pursuing eligibility to SSI.

Clients applying for SSI will be assisted by the SSI Case Management (CM) Unit with their application. If the SSI application is denied solely due to their immigrant status, the SSI CM will continue to work with the client and assist them with their application for CAPI and/or CALM.

Evaluating the Transfer of the case to CALM due to ineligibility for CAPI

Clients who were denied CAPI due to certain immigration status or sponsorship-related reasons may be assessed for CALM through the Developmental Disabilities Services Division (DDSD). To qualify, a DDSD disability determination confirming the client is disabled is required.

For clients aged 65 or older, they may also be evaluated for CALM under the same criteria, with the exception that a disability determination is not necessary. Meeting the age requirement of 65 alone satisfies the eligibility criteria for CALM.

CAPI will review client's eligibility to CALM once CAPI is denied. Valid SSN (Social Security Number) or ITN (Individual Taxpayer Identification Number) is still required for CALM eligibility.

CAPI and CALM Denied

A denial (**except when due to failure to comply with the CAPI or CALM application process**) indicates that the client has fulfilled the requirement to apply for CAPI/CALM. If the client is assigned to a SSI CM, they will continue to work with the case manager.

Note: Clients who are between the ages of 60-64 are exempt from work activity requirements.

Div 94 Aid Payment Determinations

94-11: Types of Benefit Issuance

(Revised as of 09/25/25)

CAAP distributes its benefits electronically. Most clients receive their benefits via Electronic Benefits Transfer or EBT. Clients who have a bank account, may elect to have their benefits via EFT, Electronic Funds Transfer (direct deposit). Under a few exceptions, some clients still receive their benefits by warrant (check). These are clients who receive two-party checks or whose physical/mental condition precludes them from receiving their benefits electronically. The following outlines each of the three methods of payment.

EBT

EBT is a special account set up through CalSAWS to deposit cash benefits for clients. EBT is neither a checking nor a savings account. Clients cannot make deposits as they would if they had a regular bank account, other than that, it works much in the same way as a bank account. Benefits are posted at the beginning of each month for the immediate use of clients. This form of payment is not available to clients who are already participating in EFT (Electronic Funds Transfer), as EFT entails a separate electronic transfer process, similar to EBT. This form of payment is also not available to clients receiving two-party checks.

Refer the client to the ATM list.

Unspent money in an EBT account is considered a resource in the following month (the month after the benefits were first issued). Benefits that are incorrectly issued can be voided before the benefit becomes available to the client.

Initiating EBT

1. Determine the client's EBT status

- Clients with no prior EBT record, will be issued a card (through CalSAWS) and sent to Distribution to pick up the card and select a PIN.
- For clients with a valid EBT card and PIN, proceed to steps 2 & 3 below.
- Clients who have lost or have a deactivated card, refer to EBT Card/Benefit Replacement, below.
- Clients who have forgotten their PIN, will be sent to Distribution to select a new one.
- Clients who lock their PIN (e.g., tried unsuccessfully to log in to their account four times) have two options to gain access to their accounts again:
    - wait after midnight (of the day when the client locked his account) for the account to unlock automatically, or
    - call their worker so they can unlock it through the EBT system, or
    - call the Automated Response Unit (ARU) - the number on the back of the EBT card.

2. Explain how EBT works. Give clients the appropriate information, including but not limited to:

- EBT information packet consisting of the EBT user information and Frequently Asked Questions.

- A list of EBT Surcharge-Free ATMs (unless the client states that he does not need this information) ATM list.

3. Complete the EBT Agreement, Form 2518, and give it to the client to sign. Send a copy for scanning into imaging.

4. If appropriate, direct the client to Distribution and instruct clients to pick up their cards at Distribution (if applicable).

5. Inform clients where and when to pick up their cards. Instruct clients to go to Distribution. The client must bring acceptable identification with them in order to pick up an EBT card. If they do not have an acceptable ID, the client must return to the CAAP Service Counter to begin the ID verification process to have their EBT card released to them.

6. Make the appropriate entries in the CalSAWS system to set-up the EBT account and issue the card. (See Job Aids "Issue New EBT Card" within the CalSAWS system).

7. "Same day issuance" benefits can be accessed in about 2 hours at any ATM.

EBT Card Issuance

Clients Who Have CalFresh EBT Accounts

Under most circumstances, there is no need to issue new cards to add on the cash portion of a client's benefits. However additional cards may be issued to each member of the eligible household.

CAAP benefit will be added to the existing CalFresh EBT card.

Couple Cases

An EBT card should be issued to each applicant.

Clients Who Have an Authorized CalFresh Representative

The CAAP client must be assigned "Primary" (in the CalSAWS system). If not, contact the CalFresh worker to change the authorized representative and ensure that the CalFresh representative has access to CalFresh only, not both. Issue an EBT card with cash-only access.

Clients Who Do Not Have CalFresh EBT Accounts

Refer to Initiating EBT, above.

Homebound Clients

EBT cards and PIN are mailed to the client at home (via CalSAWS). For security reasons, EBT cards and PIN info are sent in separate mailings.

EBT Card/Benefit Replacement

When a client's EBT card is lost or stolen, action must be taken immediately to deactivate the lost or stolen card and to issue a replacement card to ensure that no one accesses the client's benefits. A damaged card or a card that has been demagnetized must also be replaced.

Reporting a Lost/Stolen EBT Card

Once a client receives an EBT card, benefits will not be replaced if the card is used by an unauthorized person before the lost or stolen EBT card is reported and deactivated. Therefore, it is important that the client must immediately report any lost or stolen card and request that the EBT card is deactivated at the time of the report. The client can also request an EBT replacement card at that time.

The client must report a lost or stolen EBT card to either of the following:

- In person.
- Telephone call to ARU - phone number on the back of the card.
- Call the CAAP Call Center or the assigned worker.

Requesting EBT Card Replacement

To facilitate and expedite the process of replacing a card, clients can request one through the CalFresh Service Counter or through their worker.

Clients must be instructed to bring a picture ID when picking up their EBT card at Distribution.

Through ARU

Cardholders may cancel a card and request a new one through the ARU. The ARU is available 24 hours per day, 7 days per week for card cancellation and replacement.

Requesting Replacement of Unauthorized Transacted Benefit

The client is required to complete and submit the Form 2259 to report any benefits that appeared to have been scammed and skimmed. Form 2259 can be submitted in physical form or through BenefitsCal. Once Form 2259 is received, the assigned Eligibility Worker completes and reviews the EBT Theft page in CalSAWS with the details on the Form 2259. (If the Form 2259 is submitted using BenefitsCAL, this page would be automatically completed) The Eligibility Worker will then submit a SharePoint 2259 Tracking Request on the CAAP SharePoint site for their unit supervisor to review the 2259 request. The supervisor will make a determination of whether the Form 2259 claims are valid, if so, benefits will be replaced.

It is the responsibility of the Eligibility Worker to issue the Form 2259N to notify the client of the outcome of their EBT benefits replacement request. See the EBT Skimming 2259 Job Aid for more details.

Replacement benefits together with the Form 2259N must be issued within five (5) business days of the receipt of the confirmation from unit supervisor after their investigation.

Disputes of Unauthorized Point-of-Sale (POS) Charges

There may be discrepancies in what the client is charged when making purchases or accessing cash (e.g., charged for food they didn't buy, overcharged, etc.). In these situations, clients must file a claim through ARU. Refer the client to the EBT Information Packet for information about ARU.

Untransacted Benefits

Once benefits have been issued to an account, they remain in that account up to 365 days. If a client does not use it, the account becomes "Inactive" after 135 days, "Dormant" after 180 days, and "Expunged" after 365 days.

Untransacted benefits are considered a resource the month after it is received and must be used in determining eligibility.

CalSAWS will automatically send a notice to clients informing them that the EBT account has not been used for 135, 180 or 365 days. The notice, "Inactive Account", implies that the account is inactive but the benefits are in fact, still available. The first notice informs the client the card must be used before 180 days or the account will go "Dormant." The Inactive/Dormant notices are generated even if there is as little as a penny in the account.

If a client contacts CAAP asking about his benefits, the worker shall inform the client about his benefit status. If the client requests that his benefits be released, follow the guidelines below.

- Closed cases with dormant or expunged status – refer the client to the case's last worker. After a worker determines that benefits are owed to the client, the worker will reactivate the EBT account.
- Discontinued cases — if the case remains discontinued, reactivate the card to release the benefit. If the client was not eligible during the months when benefits were not transacted (e.g., the client goes to jail), compute the amount to which the client was not eligible. Explain to the client that they are not eligible to receive this amount and that it will be considered an overpayment; initiate the O/P process.
- Clients filing new applications may have untransacted benefits remaining on a previously closed case. The benefits still belong to the client whether or not the new application is approved. The Intake worker shall:
    - Determine the status of the untransacted benefits and follow the instructions below (for Inactive, Dormant, and Expunged accounts).
    - Determine the amount of the untransacted benefits for resource/asset eligibility.
    - If the untransacted benefits exceed the maximum allowable limit for assets/resource, deny the client's application.
    - If the client is not eligible to any amount of the untransacted benefit, flag the case for an O/P.

Inactive Account (Not Used for 135-179 days)

If a client does not use their benefits for 135 days, the account becomes inactive. The benefits are still available to the client; they will still be able to access the benefits in the account, even if the CAAP case is not active. No further action is required whether or not the client's application is approved. If the client needs a replacement card, refer to EBT Card Replacement, above.

If the application is approved, and the client was not eligible during the months when benefits were not transacted, compute the amount to which the client was not eligible. Explain to the client that they are not eligible to receive this amount and that it will be considered an overpayment; initiate the O/P process.

Dormant Account (Not Used for 180-364 days)

If a client does not use their benefits for 180 days, the account becomes dormant. The benefits are still in the account but the client will not be able to access the benefits.

Clients filing new applications may have untransacted benefits remaining on a previously closed case. The benefits still belong to the client whether or not the new application is approved.

- Reactivate the account using the EBT Dormant Account Maintenance screen. If the client was not eligible during the months when benefits were not transacted, compute the amount to which the client was not eligible. Explain to the client that they are not eligible to receive this amount and that it will be considered an overpayment; initiate the O/P process.
- If a client needs a replacement card, refer to EBT Card Replacement, above.

Expunged Accounts (Not Used for 365 days)

If the benefits have not been used for 365 days (approximately 12 months), they are expunged from the account. They are no longer available to the client and they will only be released to the client upon his request.

After a worker determines that the expunged benefits are owed to the client, the worker shall reactivate the EBT account. If the client was not eligible during the months when benefits were not transacted compute the amount to which the client was not eligible. Explain to the client that they are not eligible to receive this amount and that it will be considered an overpayment; initiate the O/P process.

Note: The benefits are expunged on a staggered basis. For example, the account was not used since January. It is now September. Benefits have been added to the account every month since January. Once January's benefits have been in the account for 365 days, they will be expunged. The benefits that were added later remain in the account. February's benefits will be expunged when they have been in the account for 365 days (October), and so on.

Exempting Clients from EBT

Clients can only be exempted from EBT with a verified physical/mental condition (as determined by Triage).

1. Refer to Triage via 2139
2. If exempt, issue a warrant
3. Inform the client that, if they are housed, the warrant will be mailed, and, if they are homeless, the warrant will be available for pick up at Distribution.

EBT Transactions Made Outside San Francisco

When a client uses their EBT card repeatedly outside San Francisco, it may be an indicator that the client is not living in San Francisco. Therefore, it is important to determine if the client is maintaining his residency in San Francisco. There will be times when outside transactions are acceptable, depending on the client's explanation. The worker shall make the determination whether or not the EBT transaction is consistent with the client's explanation.

The following is the procedure for addressing EBT transactions made outside San Francisco:

- When a worker receives a task of a client who is making more than two EBT transactions in another county, the Eligibility Worker (EW) shall:
    - Review the list. If the client lives in the zip codes 94112, 94124, 94132, or 94134, and the transactions take place in San Mateo County, no action is necessary.
    - Clients who do not live in zip codes 94112, 94124, 94132, or 94134, and appear on the list, must be discontinued.
        - If the client provides an acceptable explanation and there is no pattern of previous EBT transactions made out of the county, the worker shall rescind the discontinuance
        - If the client's explanation is not reasonable or clear to the worker or there is a clear pattern of previous EBT transactions made out of the county, the worker shall rescind the discontinuance, and make a FRED referral to verify the client's San Francisco residency.
        - If the client's explanation is not acceptable, do not rescind the discontinuance, and inform the client that he has the right to request a fair hearing to reverse the decision made by the County.

    Workers must narrate the specific situation concerning the reason(s) for his action(s) on any of the situations, above (e.g., explanation is satisfactory, why a FRED referral is necessary, explanation is not satisfactory, etc.).
- The EW shall take appropriate action upon receipt of the results from the FRED Referral investigation.

For more detailed information, refer to section 91-7: Residency

Direct Deposit (EFT)

Clients who have opted to have their benefits deposited directly into their bank accounts will continue to receive their benefits in this manner.

Direct Deposit refers to electronic fund transfers of cash assistance payments directly into a recipient's bank account. Recipients who choose Direct Deposit will receive their cash assistance payments through an electronic funds transfer to their personal bank instead of EBT or a paper check.

CAAP Recipients participating in Direct Deposit:

- May request to enroll and dis-enroll from Direct Deposit at any time.
- Must have a savings or checking account at a banking institution.

This procedure will provide an overview of how to Initiate Direct Deposit and Confirm the Direct Deposit status.

Initiating Direct Deposit

Any CAAP client with an active savings or checking account at a banking institution is eligible to sign up for Direct Deposit. A client who is a Stabilization Care Program (SCP) participant is not eligible to participate in Direct Deposit.

Every applicant/recipient who declares owning a bank account may be offered Direct Deposit at Intake and at Renewal. If the client expresses an interest in signing up for Direct Deposit, the worker will provide the client with Form 8094, Direct Deposit Sign-Up Form, and instruct the client to return the completed form with a voided check for checking accounts or a financial institution letter for saving accounts.

Note: Banking information in a letter on their letterhead verifying the client's bank information is acceptable for the Fiscal office.

In addition, every time a Direct Deposit is returned or rejected by the bank or Fiscal, a new Form 8094 must be completed and processed, if the client continues to request direct deposit.

For any client whose case is rescinded or newly approved (and whose EFT account is still active in CalSAWS and can be verified) for aid, it is not necessary to complete a new form as long as the client has the same bank information.

If EFT fails, the issuance method defaults to EBT if there is no prior issuance method; if there is a prior issuance and EFT fails, then the issuance will default to the last authorized issuance method. The worker must ensure that the prior issuance method is set to EBT in case EFT fails.

Processing Direct Deposit Requests

Upon receipt of a completed Form 8094 from and other required verifications such as voided check the client, the worker will:

- Review the form for completeness; bank name, routing number, account number, recipient's signature. Ensure there is an attached "voided" check for clients with checking accounts, or that Part 2 of Form 8094 is completed for clients with savings accounts.
- Compare account number and balance with personal property reported in the case, CalSAWS, and documents in case record and evaluate for continued eligibility for cash assistance payments.
- Form 8094 (along with the voided check, if checking account) to Hyland before creating a task to Fiscal.
- Create a task in CalSAWS and assign it to 38LS0JB0HK task bank, refer to the Direct Deposit and Cancel Warrant Task to Fiscal job aid.

Important: For clients with checking accounts, a voided check must be attached to Form 8094; for clients with savings accounts, Part 2 of Form 8094 must be completed by the Financial Institution.

The Fiscal unit processes the requests in 24 hours and completes the requester's task. Direct Deposit will be active in approximately 14 days unless the bank-to-bank communication verification process finds an error.

• If No Error is Found

- The Fiscal staff will process and complete the task. The worker must follow up and check on the status of the task to verify the request is processed. This typically occurs within 24 hours of receiving the request.
- The worker must:
  - Create a task and assign to the case worker to follow up the Direct Deposit information entered in CalSAWS by Fiscal.
  - Monitor and check the Direct Deposit status in CalSAWS.
  - Once the status is active, update the Issuance Method accordingly.
  - Re-run EDBC to ensure future benefits are issued via Direct Deposit.

• If an Error is Found

- The Fiscal office notifies the requester that the direct deposit failed.
- The EW will change the issuance method to EBT.
- The client must submit a new Form 8094 along with the required supporting documents for reprocessing.

For any client whose case is rescinded, reinstated or newly approved (and who had an EFT account before) for aid,

• If the bank status in CalSAWS shows **Active**, the worker may

- continue to issue benefits via direct deposit **after confirming with the client that the bank information is still valid**, regardless of whether Form 8094 and supporting documentation are available in Hyland.)
- Compare account number and balance with personal property reported in the case, CalSAWS, and document in case record and evaluate for continued eligibility for cash assistance payments.

• If Bank Status in CalSAWS shows Closed/Expired/Inactive (any status other than Active), the worker must

- request a new Form 8094 and supporting bank documentation from the client.
- Compare account number and balance with personal property reported in the case, CalSAWS, and document in case record and evaluate for continued eligibility for cash assistance payments.
- Image the documents.
- Create a task in CalSAWS and assign it to 38LS0JB0HK task bank, refer to the Direct Deposit and Cancel Warrant Task to Fiscal job aid.
- Monitor and check the Direct Deposit status in CalSAWS. Once the status is active, update the Issuance Method accordingly. Re-run EDBC to ensure future benefits are issued via Direct Deposit.

Warrants

Warrants are issued to clients who are exempt from EBT, and clients whose benefits have a co-payee with a housing provider/treatment program.

Any disagreements between a client and his Co-Payee concerning the handling of his warrant shall be worked out between them. The CAAP Program does not designate any Co-Payee nor does it mediate or negotiate any disputes between the Co-Payee and the client.

Form 2510 is used for all two-party checks. Both the client and the Co-Payee must sign and date the form. In the section labeled "Co-Payee's Statement," there are spaces to fill in the Co-Payee's birthdate and Social Security number. It is not mandatory for the Co-Payee to complete these two items.

For more information about how to set up two-party checks, see CalSAWS Job Aids "**2 Party Check and Enhanced Pick up Location**" and "**Money Management List**".

Conard House Money Management exemption:

Normally, Conard House is one of our vendors that uses two party check warrants through money management. However, the following address are exception. Clients residing at these address would receive their benefits as EBT.

Washburn Hotel 42 Washburn St.	**The program is a 2 year recovery oriented program. No leases. A program fee applies. Residents are referred by DPH-Behavioral Health team. Clinical services are on site.**	**This program does not provide money management. Issue benefits as EBT.**
Marilyn Inn 27 Dashiell Hammett St.	**MHSA recovery oriented 2 year program. No leases. A program fee applies. Residents are referred by DPH-Behavioral Health team. Clinical services are on site.**	**This program does not provide money management. Issue benefits as EBT.**

Housing Program Participants

For clients participating in a housing program, arrange for the check to be sent as a two-party check (except SCP) to the client and the housing agency according to the CalSAWS Job Aids "**2 Party Check and Enchanced Pick up Location**" and "**Money Management List**"

DHS Subsidized Housing (THC, Lutheran, Conard)

Participants who are Reapplying to Receive CAAP

Clients in DHS Subsidized Housing are eligible to continue in the program for a limited period after a CAAP discontinuance, unless they had given 15-days notice to the housing agency.

If the discontinued CAAP client reapplies for assistance, the Intake worker will:

- Check the system to see whether the client was a participant of a DHS Subsidized Housing agency at the time of discontinuance.
    - If the client was, contact HAT to discuss the client's housing status.
    - If the client is no longer a DHS Subsidized Housing participant, do not issue a 2-party check to the housing provider.
- If the client is homeless, issue a CBP grant as otherwise eligible.
- If the client is housed, verify housing and process the case as usual.

- If the client is currently a DHS Subsidized Housing participant, set up aid payment in the form of a two-party check to the client and the housing agency (prorated benefits are issued as usual).

  Note: If the client is being approved for Presumptive Eligibility housing benefits at the Intake appointment, issue cash benefits in the form of a two-party check both to the client and the housing agency.

Shelter Plus Care participants

For clients who are verified participants in a Shelter Plus Care Program, ongoing aid in the form of a two-party check to the client and the agency is not mandatory. However, the worker should discuss the benefits of voluntarily agreeing to have a two-party check payable to the agency.

If the client agrees to a two-party check, complete the Form 2510, Authorization for CAAP Co-Payment.

94-14: Earned Income & Asset Disregard Program

(Revised as of 7/1/25)

When employed, CAAP recipients may participate in the Earned Income and Asset Disregard Program. The purpose of this program is to create a work incentive for clients by allowing them to work and to keep a portion of their earnings in addition to their adjusted aid payments.

CAAP ordinance stipulates that earned income disregards apply to recipients only.

Important: Housing received in exchange for work is not subject to Earned Income Disregard.

Income from Government Funded Programs

Income from government funded programs may or may not be exempt as follows:

- Senior Community Service Employment Program

  Income received through a Senior Community Service Employment Program (e.g., the National Council on the Aging Workforce Development Division) is not exempt and is subject to Earned Income and Asset Disregards.

- Americorps*Vista

  Income received from AmeriCorps*Vista is exempt in the month of receipt unless the amount exceeds the State's minimum hourly rate. To get the client's hourly wage, divide the monthly income received by the number of hours worked. If the result is more than the current State minimum hourly rate, the income is not exempt and is subject to income disregards. Money remaining from this income after the month of receipt, is considered an asset and subject to allowable property determination. If the amount exceeds CAAP's property limit, the client's benefit is discontinued with the usual ten-day notice.

  CalSAWS entries:

  - Follow the CalSAWS Job Aid “Enter and Terminate Income” and “CAAP 1” for instructions to enter income information in CalSAWS and generate a CAAP-1.
  - Worker shall make a journal entry in CalSAWS and flag the case for a monthly review of the client's asset balance.
  - Assign Case Flag E.

- Hire-Ability Work Assessment Program

  Income received from Hire-Ability Work Assessment Program is not exempt and is subject to Earned Income and Asset Disregards.

Levels of Disregards

The following levels of GROSS earned income are disregarded when calculating the client's grant amount:

$200 - All of the first $200

$100 - 2/3 of the next $150

$75 - 1/2 of the next $150

$50 - 1/3 of the next $150

$30 - 1/5 of the next $150

Note: The remaining portion of gross earnings after the above amounts have been disregarded is deducted from the aid payment dollar for dollar.

Retrospective Budgeting

A retrospective budgeting system is used for all Earned Income Disregard participants.

Definition

Retrospective budgeting is defined as using the prior month's verified gross earnings, reported in the current month, to determine the following month's grant.

Basic Principles

The following basic principles apply to retrospective budgeting:

- Earned Income received in the first two calendar months (from the month of application) is not budgeted for those two months.
- Earned income in the month of receipt is budgeted against the client's grant two months in the future.

Homeless clients with Earned Income at Intake

The net earned income of homeless clients must be below the CAAP's allowable grant to be eligible for aid at Intake.

Homeless clients with Earned Income at Carrying

At Carrying, the client would be under earned income disregard monthly reporting with the CAAP 1. The grant will be determined by the gross income and the income disregard chart. If the client's gross earned income after disregard results in their grant being over the current CBP grant, they will receive the CBP grant.

EXAMPLE: The client has $500 of gross earned income, the grant amount based on the gross earned income disregard chart is $589. The client will receive the maximum CBP grant of $72. (as of 5/1/2025)

If the client's gross earned income after disregard results in their grant being under the current CBP grant, they will receive the grant amount based on the gross earned income disregard chart.

EXAMPLE: The client has $1100 of gross earned income, the grant amount based on the gross earned income disregard chart is $69. The client will receive $69 as their monthly grant. (as of 5/1/2025)

For homeless clients with income, see the Homeless Clients with Income Job Aid. If the client's earned income reduces the client's grant below $5, the client is ineligible and shall be discontinued from aid.

Processing Earned Income Disregard Cases from Intake

CAAP ordinance stipulates that earned income disregards apply to recipients only.

Any client with non-exempt **net** earned income that is less than the maximum aid payment for CAAP, may be eligible for the Earned Income Disregard program.

Note: Anyone who has earned income, even income that is intermittent or from on-call or temporary work should have their application processed according to this procedure.

Intake appointment

When it is determined that the client may qualify for the Earned Income Disregard program, the Eligibility worker takes the following actions at the Intake appointment:

1. Completes the Intake appointment interview to determine whether the client is eligible.
   - During the month of application the client must meet the maximum allowable income and assets limit.
     - Obtain verification of all income and assets.
     - If there is verification that the client has or will have net income that exceeds the grant amount, the client is not eligible to CAAP.

Note: For clients receiving first-time anticipated income that exceeds the income threshold in the month of application, refer to section 94-40: How to Compute First Benefits.

2.Ensures that the Form 2215, Earned Income Disregard, is in Imaging.

Approval

The Eligibility Worker takes the following actions at Approval:

1. Determines whether the client is eligible to continuing aid. If the client declared wages and/or assets at the Intake appointment, but the verification is not provided or is incomplete at the time of Approval, the worker denies the application.
2. Explains the following to the client:
   - The client's reporting responsibilities.
   - How to fill out the Form CAAP 1, Monthly Earned Income and Asset Report.
   - The client is responsible for attaching verification of earnings and assets, signing the CAAP 1 and dating it for the first day of the reporting month. It must be made clear that if any of the information or verification is missing, the CAAP 1 is incomplete and may result in discontinuance.
   - The client is responsible for returning the CAAP 1 to the worker by the fifth calendar day of the month.

   Note: The CAAP 1 must be postmarked (if mailed) or submitted (if hand delivered) by the fifth calendar day of each month.

   - The potential consequences of failure to report income in a complete and timely manner are discontinuance or delay of benefits.
3. Informs the client that the CAAP 1 and a return envelope received in the mail must be submitted by the fifth calendar day of each month. The CAAP 1 is generated through CalSAWS.
4. If the client obtained income and/or assets after the Intake appointment but does not have verification at the time of Approval, the worker may extend the P.E. period (up to 7 days) to obtain appropriate verification.
5. Refers clients who are working less than 24 hours per month to workfare activities. Income Disregard participants who are working 24 hours or more a month are exempt from workfare.
   I. For clients who are employed, refer to their total hours on their paystubs for the month.
   II. For clients self-employed, divide their gross income by the San Francisco minimum wage.

- A client's self-employed gross income must be divided by the San Francisco minimum wage to calculate the number of hours worked regardless how many they claim or can verify they have worked.
    - Example: $150.00 gross income divided by $20 (assuming San Francisco minimum wage is $20/hour) = 7.5 hours of work. The client is required to perform Workfare activities due to having worked under 24 hours.
    - Example: $500.00 gross income divided by $20 (assuming San Francisco minimum wage is $20/hour) = 25 hours of work. The client is exempt from Workfare activities due to having worked over 24 hours.

III. For clients who are employed but do not meet the 24 hour requirement, the client's workfare assignment per month will be based on the CAAP Work Activity Requirement Chart shown below:

IV.

Number of hours of work hours/Assignment	**Number of Workfare**
24 or more	Exempt
Less than 24 hours	24 hours monthly

6. Enters the appropriate employment, income, and case flag information into the system.
7. The Intake Worker is responsible for retrospective budgeting of the case in which a CAAP 1 is due.
8. See Complete CAAP 1 Received, below, for instructions on retrospective budgeting.
9. Transfer the case to Carrying as outlined below.

Transfer of Cases from Intake to the Carrying

The Intake Worker follows these transfer guidelines:

- If the case is transferred in the same month as the month of application, no CAAP 1 is required for that month.
- If the case is ready for transfer on or before the seventh work day in which a CAAP 1 is due, it may be transferred without the CAAP 1 for the preceding report month.
- If the case is not ready for transfer until after the seventh work day of the month and the CalSAWS generated CAAP 1 is due in that month, the CAAP 1 must be on file. All CAAP 1 issues (i.e. non-receipt and incomplete) must be resolved prior to transfer.

Worker Responsibilities

The Carrying Eligibility Worker performs specialized tasks from the time the case is received from Intake.

When cases are received, the Carrying Eligibility Worker takes the following actions:

1. Checks the system to ensure the information reflects Earned Income Disregard status.
2. If the client declares wages and/or assets but does not have verification of:
    - Wages:
        - A completed Form 8026, Employment Verification (signed by the client), is used in lieu of the missing wage verification.
        - Verify wages with IHSS if applicable.

- Verify wages through The Work Number.
- If earnings verifications are not otherwise available:
  - The worker contacts the employer only as a last resort and only after they receive signed permission from the client.
  - If the client does not give permission to contact the employer, the worker discontinues the case for failure to cooperate.

- Assets:
  - The worker asks the client to sign Form 801, Bank Account Clearance, to allow contacts with banks. (See section 92-21: Bank Accounts)
  - If the client does not sign Form 801, the worker discontinues the case for failure to cooperate.

Earned Income Disregard Cases in Carrying

If a CAAP recipient gets a job with gross earnings of less than the maximum allowable Earned Income Disregard amount, the recipient is immediately eligible for the Earned Income Disregard Program.

The worker does the following:

- Schedules an appointment with the client and:
  - Explains the client's responsibilities as described in the section for Approval.
  - Informs the client that the CAAP 1 must be submitted to the worker by the fifth calendar day of each month. The CAAP 1 is generated through CalSAWS.
- Refers clients who are working less than 24 hours per month to workfare activities. Income Disregard participants who are working 24 hours or more a month are exempt from workfare.

I. For clients who are employed, refer to their total hours on their paystubs for the month.

II. For clients self-employed, divide their gross income by the San Francisco minimum wage.
- A client's self-employed gross income must be divided by the San Francisco minimum wage to calculate the number of hours worked regardless how many they claim or can verify they have worked.
  - Example: $150.00 gross income divided by $20 (assuming San Francisco minimum wage is $20/hour) = 7.5 hours of work. The client is required to perform Workfare activities due to having worked under 24 hours.
  - Example: $500.00 gross income divided by $20 (assuming San Francisco minimum wage is $20/hour) = 25 hours of work. The client is exempt from Workfare activities due to having worked over 24 hours.

III. For clients who are employed but do not meet the 24 hour requirement, the client's workfare assignment per month will be based on the CAAP Work Activity Requirement Chart shown below:

IV.

Number of hours of work hours/Assignment	**Number of Workfare**
24 or more	Exempt
Less than 24 hours	24 hours monthly

- Enters the appropriate employment, income and case flag information into the system.
- Completes the Form 2215, Income Disregard.

Computation of Benefits

The Eligibility Workers calculates the retrospective budget each month, based on information received from the CAAP 1. The CAAP 1 must be date-stamped by clerical staff upon receipt.

CAAP 1 Not Received or Received Late

If the CAAP 1 is incomplete, or is not received by the 11th calendar day of the month, the worker takes the following actions:

- CAAP 1 not received:

  If the CAAP 1 is not received by the 11th calendar day of the month, a 2325X letter is sent to the client.
- CAAP 1 incomplete:

  The CAAP 1 is incomplete if it is unsigned, not dated or dated incorrectly, or the verification of income and/or assets is incomplete. Upon receipt of the incomplete CAAP 1, the worker takes an action by generating a 2325Y-letter to the client.
- The discontinuance stands if the CAAP 1 is not received, or is still incomplete at the close of business on the first work day of the following month.
- "X" or "Y" discontinuances may be rescinded if the CAAP 1 with all verifications is received by the first work day of the next month.

Complete CAAP 1 Received

When a complete CAAP 1 is received, the worker takes the following actions based on the reported income:

- Enter, in the system, earned income information for the appropriate month.
- If the client is self-employed, they must provide verification of income. This may be in the form of a letter, signed and dated by the client, indicating the amount paid and the number of hours for which they were paid. The client must also provide receipts for any incurred expenses so that the worker may properly deduct the following expenses from the gross income before applying the disregard:
  - Costs incurred for self-employment;
  - Licenses and work related fees;

  Important: No deductions are allowed for taxes, Social Security, health plans or other expenses.

Appropriate Forms & Filing

The worker completes Form 2135, Notice of Proposed Action Increase/Decrease. The original is mailed to the client. For income that fluctuates on a monthly basis, Form 2135 should be sent to the client. If there are no changes in the aid payment, the notice does not need to be completed.

Termination of Income

When a client provides verification that they are no longer working, and/or no longer has income, the worker takes the following actions:

1. Enter in CalSAWS:

- Manually issues the final CAAP 1
- The worker updates Worker Registration page to reflect employability or unemployability
- End dates Employment

- Enter a journal

2. Refers the client to apply for UIB
3. Determines the employability status of the client

Excess Income

In Carrying, clients who report gross earnings on their CAAP 1 of more than the maximum earned income disregard amount is immediately discontinued from aid.

The worker takes the following actions:

Mail Form 2158 informing the client their income exceeds CAAP eligibility limits and the discontinuance of aid.

Improper Reporting of Income and/or Assets

If the worker finds that the client has under-reported or unreported income and/or assets, it may or may not constitute fraud. Refer to section 94-21: First Time Discovery of Unreported Income and/or Assets for instructions on how to handle unreported or under-reported income and assets.

Supplemental Check Due to Loss of Earnings

If a client's earnings are reduced in a given month, they may be eligible for a housing supplement for unpaid rent, payable to the landlord and/or up to a $50 cash supplement. This supplement can only be authorized for up to 3 occurrences of reduced earnings in a 12-month period. Each occurrence may generate a supplement for up to 2 consecutive months.

Request of Supplemental Check

In order to be eligible for a housing supplement, the client's net income (aid payment, plus earnings, plus unearned income) and assets must fall below the current maximum CAAP benefit amount. Once the client notifies CAAP of his reduced earnings, the worker takes the following actions:

- Provides the client a Form 2323, CAAP Reduced Income Supplement Request, either by:
  - Mailing the form to the client with a return envelope, OR
  - Making an appointment for the client to come in to complete the form.
  - The client must complete the Form 2323 and provide current-month verification of the following:
    - Unpaid rent;
    - Assets (not limited to bank accounts);
    - Wage stubs reflecting the reduced earnings;
    - Any unearned income received.
- Contacts the landlord (with client consent) to verify the unpaid rent amount.

  If any of the information cannot be verified, the request for a Supplement is denied.

Actions Taken by CAAP

When the Eligibility Worker has received the completed Form 2323 and the necessary verification, the worker completes the worksheet portion on the back of the form.

1. The worksheet is completed as follows:

   Line 1 Enter the current month's grant amount.

Line 2 Enter the current month's asset amount. (Unearned income may be entered on this line also. Identify the source of the income to the side)

Line 3 Enter the current month's net earnings.

Line 4 Enter the total of Lines 1, 2, and 3.

Line 5 Enter the maximum grant amount.

Line 6 Enter the amount from Line 4. If the amount on Line 4 is greater than the amount on Line 5, then the client is not eligible for a Supplement, and the worker stops completing of the worksheet here.

Line 7 If the amount on Line 6 is less than the amount on Line 5, subtract Line 6 from Line 5 and enter the result on Line 7. This is the maximum rent supplement.

Line 8 Enter the current month's unpaid rent amount.

2. When the unpaid rent amount on Line 8 is equal to or greater than the amount on Line 7, the worker authorizes a two-party check made out to the landlord and the client for the amount on line 7.
3. When the unpaid rent amount on Line 8 is less than the amount in Line 7, the worker authorizes a two-party check to the landlord and the client for the unpaid rent. Note: This is a hand-issued emergency check.
4. The worker subtracts the amount on Line 8 from the amount of Line 7 and authorizes a check to the client for the remaining balance (up to $50 only).

94-14.1: Housing Supplement

If a client's earnings (i.e. salaries, wages, etc.) and/or unearned income (i.e. UIB, DIB, VA, etc.) are reduced in a given month, the client may be eligible for a housing supplement for unpaid rent, payable to the landlord and/or up to a $50 cash supplement. This supplement can only be authorized for up to 3 occurrences of reduced earnings in a 12-month period. Each occurrence may generate a supplement for up to 2 consecutive months.

Request of Supplemental Check

In order to be eligible for a housing supplement, the client's net income (aid payment, plus earnings, plus unearned income) and assets must fall below the current maximum CAAP benefit amount. Once the client notifies CAAP of his reduced earnings and/or unearned income, the worker takes the following actions:

- Provides the client a Form 2323, CAAP Reduced Income Supplement Request, either by:
    - Mailing the form to the client with a return envelope, OR
    - Making an appointment for the client to come in to complete the form.
    - The client must complete the Form 2323 and provide current month verification of the following
        - Unpaid rent;
        - Wage stubs reflecting the reduced earnings;
        - Assets (not limited to bank accounts);
        - Any unearned income received.
- Contacts the landlord (with client consent) to verify the unpaid rent amount.

If any of the information cannot be verified, the request for a Supplement is denied.

Actions Taken by CAAP

When the unit has received the completed Form 2323 and the necessary verification, the worker completes the worksheet portion on the back of the form.

1. The worksheet is completed as follows:

- Line 1 Enter the current month's grant amount.
- Line 2 Enter the current month's asset amount. (Unearned income may be entered on this line also. Identify the source of the income to the side)
- Line 3 Enter the current month's net earnings.
- Line 4 Enter the total of Lines 1, 2, and 3.
- Line 5 Enter the maximum grant amount.
- Line 6 Enter the amount from Line 4. If the amount on Line 4 is greater than the amount on Line 5, then the client is not eligible for a Supplement, and the worker stops completing of the worksheet here.
- Line 7 If the amount on Line 6 is less than the amount on Line 5, subtract Line 6 from Line 5 and enter the result on Line 7. This is the maximum rent supplement.
- Line 8 Enter the current month's unpaid rent amount.

2. When the unpaid rent amount on Line 8 is equal to or greater than the amount on Line 7, the worker authorizes a two-party check made out to the landlord and the client for the amount on line 7.

3. When the unpaid rent amount on Line 8 is less than the amount in Line 7, the worker authorizes a two-party check to the landlord and the client for the unpaid rent. Note: This is a hand-issued emergency check.

4. The worker subtracts the amount on Line 8 from the amount of Line 7 and authorizes a check to the client for the remaining balance (up to $50 only).

94-17: Replacement of Warrants

(Revised as of 09/16/25)

When the client reports non-receipt of a warrant for which they are otherwise eligible, the worker must determine the reason for non-receipt and issue a replacement warrant.

Note: Clients are entitled to a replacement check; however, each non-received check is replaced one time only.

Warrant Mailed - Not Received

- Check CalSAWS to confirm that the warrant was:
    - Issued,
    - Not held, and
    - Mailed to the correct address.
- If an error in any of the above is discovered, take corrective action immediately.
- If no error is found, inform the client that no further action can be taken until after the mail is delivered on the third mail delivery date.
- To determine the third mail delivery date, refer to the Deadline Schedule. The initial mail delivery date for each check is listed. The second and third delivery days are the subsequent two days on which there are mail deliveries.

Example: The client states that they did not receive their warrant. According to the Deadline Schedule, the first warrant delivery date for that check was the 1st of the month, a Saturday. Sunday, a day on which mail is not delivered, is not counted. Monday is the second delivery day. On Tuesday, the third delivery day, the client is scheduled to come to the office after the mail has been delivered if he has still not received his check.

Third Mail delivery Day - Warrant Not Received

Check the returned warrants list.

- If returned to 1235 Mission distribution, release the warrant using Form 36, Release Form.
- If the warrant was not returned, determine if the client is otherwise eligible to receive a replacement check for up to the maximum monthly amount (see Issue the replacement warrant, below). Complete Form 8037, Report of Check Loss or Non-Receipt.

Complete the Form 8037, Report of Check Loss or Non-Receipt.

1. The client completes Sections A, B and C.
2. The client must sign and date Section C.
3. If a replacement warrant for up to the maximum monthly amount is issued:
    - The worker will explain the provisions of the "Check Replacement Agreement" at the bottom of Form 8037;
    - The worker signs and dates the form; and
    - The supervisor signs and dates the form.
4. Create a task in CalSAWS and process warrant cancellation request.

5. The worker emails HSASIU@sfgov.org **ONLY** when CalSAWS indicates the reported lost/missing check has been cashed.

Note: The worker does not issue the replacement at this step in the process.

Issue the replacement warrant.

The worker will:

1. Only replace the warrant upon receiving response from SIU to issue the warrant. The worker must follow the instructions from SIU and Fiscal regarding the warrant.

2. Issue the warrant in an amount not to exceed the maximum monthly payment amount.

The warrant must be issued on the 3rd mail delivery day (EC Day). Form 8037 has to be signed by the client, except if the client has a history (within the last 12 aided months) of having requested a replacement for a warrant that had been cashed.

If the client had previously cashed a warrant and asked for a replacement, then the worker may wait up to 5 work days after the Form 8037 is signed to issue the replacement, based on the findings of the Investigations unit.

3. Place a hold on the next regular warrant. The hold remains in effect until the Investigations Unit reports on the status of the non-received warrant via the Form 61, Lost or Missing Check Disposition Instructions.

4. Complete Form 36. This form requires the supervisor's signature.

Note: For clients who report that they were incarcerated, see section 97-7: Incarceration.

Warrant Received and Lost

1. Complete Form 8037, as outlined above, and send to imaging.

The worker will create a Cancellation of Benefits Task to notify Fiscal office to cancel the warrant. A replacement warrant can only be replaced after Fiscal office confirmed the lost warrant is cancelled.

Clients with a history of requesting lost warrant replacements must be approved by the Section Manager.

Follow-Up

The Investigation Unit will email the results of the investigation.

Once the email is received regarding the results of the investigation, the worker will follow the instructions given by the Investigations unit.

Form 61 Indicates That the Client Did Not Endorse Warrant

The replacement warrant may be issued on the same date that the client signs the Form 8037 which is the 3rd mail delivery date (after the mail has been delivered to the client), but must be issued no later than the fifth work day after the signing of the form. If a replacement has been issued, and the Form 61 indicates that the client had not endorsed the warrant:

1. Release the hold in the system.
2. The overpayment that was created by the system should be adjusted to zero balance.

Form 61 Indicates That the Client Endorsed Warrant

1. If the client has endorsed the reported non-received warrant, and a replacement was issued and the next check is still in "held" status,

- Discontinue with a 10-day notice using the Form 2160, Notice of Action - Fraud. Change the status to "Fraudulently Replaced" and process as usual (in the system). If it's the 2nd or 3rd Fraud instance, extend the sanction in the Sanction Window.
- Complete and file a Form 2176, Overpayment Flag, in the case record, if appropriate.
- Complete and file a Form 2177, Fraud Flag, in the case record.

2. If no replacement was issued:

- No overpayment exists.
- No replacement shall be issued.
- The case shall not be discontinued for fraud.

3. If the first Form 61 instructed the worker to issue a replacement, but the second Form 61 received indicates that the client has endorsed and cashed the non-received warrant:

- Remove the "hold" status;
- Discontinue the case with a 10-day notice using Form 2160. Change the status to "Fraudulently Replaced" and process as usual (in the system). Overpayment will be automatically created.
- Complete and file a Form 2176, Overpayment Flag, in the case record, if appropriate.
- Complete and file a Form 2177, Fraud Flag, in the case record.
- On the Form 61, complete the Overpayment section and return it to #S010. File a copy of the Form 61 in the case record.

Note: If the Form 61 was received indicating an overpayment, and the case has already been discontinued, complete the third entry on the Form 61 and return it to the Investigations unit. At reapplication, this is considered an easily-determined overpayment and must be collected immediately (allow for a 10-day Notice) as long as the overpayment occurred in the same program. Basic overpayment rules still apply.

4. The Client States Warrant Was Not Cashed and Files for a Fair Hearing

If the client claims he did not cash the warrant reported as non-received, and files for a Fair Hearing, the worker will:

- Instruct the client to call the Investigations unit at 503-4803 or 503-4802 to schedule an appointment for the client to discuss the duplicate check issuance with that unit. Narrate the referral to the Investigations unit.
- Inform the Investigations unit of the Fair Hearing date and time so that they may interview the client prior to the hearing.
- The Investigations unit will return a copy of the Form 61 to the worker, indicating whether the client kept the appointment and if it was determined that the client did cash the warrant or if their signature was forged by someone else.
- If the Investigations unit determines that the client did cash the warrant, request that the Investigations worker attend the Fair Hearing.
- If the Investigations unit informs the worker that the client did not keep the appointment with the Investigations unit, and the case is still active, discontinue the case.
- If the Investigations unit determines that the client did not endorse the warrant or did so without fraudulent intent:
    - Rescind the discontinuance;
    - Withdraw the Fair Hearing;
    - Process a non-fraud overpayment if the client endorsed/cashed the warrant without fraudulent intent;
    - No overpayment if the client did not endorse/cash the warrant.

94-19: Overpayment Recoupment

(Revised as of 10/30/23)

Overpayment Recoupment means collection of past overpayment of aid by deducting an overpayment adjustment from the current CAAP benefits. The procedure to be followed in determining overpayment and collecting overpayments is outlined in this Section.

Types of Overpayments

These are categories of Overpayments:

Overpayments Due to Administrative Error

When a CAAP worker makes an incorrect computation, a budgeting or data-entry error, or neglects to take a required action, an administrative error (AE) overpayment occurs.

Any overpayments due to administrative error that occurred after 12/31/2016 are not collectible.

Overpayments Related to Aid Paid Pending Collection

When a Hearing decision is in the county's favor, Aid Paid Pending can be collected in certain circumstances (see section 98-2). Overpayment should be classified as "client error" in CalSAWS with a case comment explaining this is related to a Hearing decision.

Overpayments Due to Negligent Failure to Report Facts

When a client neglects to report facts that would have affected their eligibility and/or the amount of their aid, an overpayment occurs in his CAAP benefit. At all times, clients are required to report all facts that would affect their Intake or ongoing eligibility and/or the amount of aid.

In some cases, clients may fail to report facts that affect eligibility due to negligence, oversight, or because of carelessness. Overpayments resulting from negligent failure to report facts are recouped in a different manner than overpayments caused by an intentional failure to report facts which is considered fraud.

Overpayments Due to Fraud

Overpayments due to fraud occur whenever the client obtained CAAP benefits by means of false statement or representation or by impersonation or other fraudulent device, or by intentional failure to report facts required by the CAAP programs.

Resolving and Determining the Overpayment Amount

System-Generated Claim

A system-generated overpayment claim is created when new information is entered into the CalSAWS system after benefits have been issued and the system finds that the information discrepancy results in an over-issuance of benefits.

Non-System Determined Claim

Non-system Determined Claim (NSDC) is created when the overpayment is calculated manually outside of CalSAWS.

Note: When an NSDC is created, the worker must not enter in CalSAWS the income that was used to manually calculate the overpayment. Entering the income in CalSAWS will result in a creation of duplicate overpayment claims.

Easily Determined Overpayments

When determining the overpayment for the current and future months, the overpayment calculation can be done by the worker. The overpayment is computed by subtracting the amount to which the client was actually entitled from the amount received.

Complex (Undetermined) Overpayments

For overpayment computations that will involve 3 or more past months, refer the case to the Overpayment Unit using a Form 4030 OP. The Overpayment Unit will calculate the amount of the O/P.

Procedure for Collection of Overpayments

The procedure for collection of past overpayments under any one of the County Adult Assistance Programs is outlined below:

Percentage of Overpayment Deduction

Overpayments due to negligent failure to report facts are collected by deducting an amount not to exceed 10% from the current grant.

Overpayments due to fraud are collected by deducting no more than 40% from the current grant.

Notes: Overpayment deduction amounts are lowered from the maximum collectible percentage whenever the client would lose theircurrent, cost-effective housing as a result of decreasing the grant due to overpayment recoupment.

For small amounts (10% or less than the current grant amount), the entire overpayment will be deducted from the first or next computer-generated check.

Initiating the Overpayment Recoupment

The process can be summarized as follows:

- EW reviews CalSAWS if there are any existing overpayment claims in a client's record.
- If multiple claims exist, decision to which claim shall be recouped is based on the following order:
    - Resumption of a previously initiated overpayment collection
    - From the oldest to the newest claim
- Before initiating an overpayment, the worker must validate the claim found in CalSAWS by searching the client's images for an existence of supporting documents such as Form 800, case narratives or other documents. If no supporting documents can be found (for NSDC only), refer the case to the Collections Unit.

- For Intake, when a client with an existing, unresolved overpayment reapplies for assistance, contact the Collections Unit for the current balance. The worker may also contact the assigned Collections worker via email with a copy (cc) to the Collections supervisor and the CAAP worker's unit supervisor.
    - If the O/P balance is known, the Collections Unit will email the O/P information to the CAAP worker (to be sent to CalSAWS Imaging). If the information is not received within 24 hours, the worker must follow up with an email.
- EW authorizes the collection of O/P, if appropriate and if O/P balance is known.
- Allowing for a 10-day notice, the worker authorizes the collection of the O/P. A Form 2159, Notice of Proposed Action Overpayment Recoupment, must be used to provide the client with 10-day notification of the overpayment total and method of recovery.

Initiating Overpayment Recoupment for Claims Over 4 Years Old

For overpayment claims that are over 4 years old, it must be verified that documentations verifying the over-issuance of benefits are available, not just VACS screenshots. Overpayment recoupment cannot be initiated without the existence of any supporting documents.

Before initiating an overpayment recoupment, the worker must:

1. Validate the claim found in CalSAWS by searching the client's Images for an existence of supporting documents such as Form 800, case narratives or other documents. The documentation/s verifying the overpayments must be available, not just VACS screenshots.

   Important Note: For Non-System Determined Claims (NSDC): If no supporting documents can be found, the worker must contact S800 of Collections Unit at 1-415-503-4885 to request for documentation/s verifying the overpayment.

   For System-Determined Claims: The worker must search for the supporting documents in the systems available. Collections Unit does not have any documents for System-Generated Claims.

2. Verify that an action has been taken on any one of the overpayments in CalSAWS regardless of the program in which the O/P occurred (CAAP, CalFresh, CalWORKs, etc.) within the last four years, even if the overpayments in the other programs have no relation to the CAAP overpayment.

   An action can include notifying the client of an overpayment recoupment via Form 2159, Notice of Action Overpayment Recoupment, even if the O/P collection did not occur, OR actually beginning an overpayment collection.

3. If no action was taken on any overpayments in any program in the past four years, the CAAP overpayment cannot be collected.

   Important Note: For overpayment claims over 4 years old without any activity, do not revise the overpayment down. If in the future an overpayment claim is created and collected upon, then an action has been taken and the older overpayments will then be collectible. Always collect the oldest overpayment first.

4. Narrate in Journal reasons for the action taken on the case.

For overpayment claims less than 4 years old, the usual O/P recoupment process apply.

94-21: First Time Discovery of Unreported Income and/or Assets

(Revised as of 10/30/23)

Because clients who fail to report income and/or assets may have done so as a result of mere negligence or inadvertence, such failure will not automatically result in discontinuance of aid.

However, if the client had previously provided a written statement regarding their income and/or assets (e.g., on a Statement Of Facts or a CAAP 1, Income and Asset Report), and such written statement did not include any or all (i.e., under-reported) of the income and/or assets now known to have been received by, or in the possession of, the client for the period in question, contradictory evidence has been established.

Whenever such contradictory evidence exists, the failure is considered to have been willful and results in a discontinuance of aid for fraud. In such cases, rules regarding First Time Unreported Income and/or Assets do not apply but rather graduated sanctions for fraud shall be imposed.

Means of Discovery of Unreported Income and/or Assets and Where to Find Contradictory Evidence

At any time that the CAAP worker learns of the client's receiving income and/or assets that has not been reported in a timely manner, the worker follows all of the following guidelines.

- The CAAP worker may learn that a client had received earned or unearned income and/or assets that they had not reported in a timely manner in any of the following ways:
    - In the course of a routine IEVS check;
    - When receiving information from other DHS staff;
    - When subsequently reported by the client; OR
    - By any other means.
- The CAAP worker will look for written contradictory evidence provided by the client that contradicts the discovery of unreported income and/or assets. Such evidence is most often found on one of the two following documents:
    - Form 2133/2133R, Statement of Facts

      Both versions of the Statement of Facts (Form 2133 for application Form 2133R for reinvestigation) require the client to report earned and unearned income and/or assets received at any time during the prior 6 months.
    - Form CAAP 1, Monthly Earned Income and Asset Report

      For clients who are participating in the Earned Income Disregard Program, such income and/or assets are also reported monthly on the CAAP 1, Monthly Earned Income and Asset Report. The report specifically asks the client to report any changes in his earned or unearned income and/or assets, and to attach verification when returning the report to the CAAP worker.

Negligent Failure Defined

A failure is considered negligent whenever it is the first discovery of unreported income and/or assets and there is no contradictory evidence in the client's record.

A first discovery of unreported OR under-reported income and/or assets that is revealed by any means and for which there is no contradictory evidence is considered a negligent failure, and is treated as a non-fraudulent overpayment.

Second and Subsequent Discoveries

All second and subsequent discoveries of a client's not reporting income and/or assets, including under-reporting, result in a negative action, whether or not fraud can be established, even when no contradictory evidence exists. Instances of second and subsequent discoveries of income and/or assets that result in a fraud discontinuance include, but are not limited to:

- Contradictory evidence, see Means of Discovery, above;
- A discovery that is made through an IEVS report.

Worker Responsibility When a First Time Discovery of a Client's Negligent Failure to Report Income and/or Assets is Made

When information is received regarding unreported income and/or assets (that is a first instance as described in Negligent Failure Defined, above), the CAAP Worker will take the following actions:

1. Review the case for contradictory evidence;
2. Complete a Form 2175, First Unreported Income/Assets, to advise the client that any future discovery or instances of unreported or under reported income and/or assets or receipt of duplicate aid after the First Time Discovery exception is given will result in the discontinuance (possibly for fraud) of the client's benefits.
3. Make a referral to the Investigations Division, using Form 4030, Special Investigations Referral Request. The original is sent via email to the Investigations Division, and a copy is sent to Imaging.

   Note: Earned Income Disregard does not apply to the computation of an overpayment resulting from unreported income and/or assets. Computation of such overpayment is determined by deducting the net income from the grant using retrospective budgeting. The worker files a Form 4030 even if the income and/or assets was an amount that would not have resulted in an overpayment had it been reported in a timely manner.
4. Narrate the occurrence in CalSAWS journals.

Important: If the discovery leads to current ineligibility, the case is discontinued. For example, the income and/or assets received by the client, in addition to not being reported in a timely manner, currently exceed Program eligibility limits.

Examples

No Contradictory Evidence

The client has a re-evaluation on 3/5/2015. On their 2133R, Statement Of Facts Renewal Form, they list that they do not have income and/or assets. Their eligibility is recertified. On 6/5/2015, the client calls their worker to report that they received income for working 3 weeks in April/2015. The worker asks the client why they did not timely report the income; the client replies that they had given the information to their CalFresh worker, thinking that this would satisfy the reporting requirement that they had agreed to when they reviewed and signed the 2133B, Rights and Responsibilities, on 3/5/2015.

After obtaining the wage information from the client, the worker reviews the case CalSAWS Imaging and determines that there isn't any contradictory evidence in the case CalSAWS Imaging (i.e., the employment occurred since the last time the client had to complete a 2133R). Since a further review of the case reveals that this is the client's first such instance of unreported income, it is considered negligence rather than fraud.

Contradictory Evidence Exists

The client is in the office on 1/10/2015 to see their worker for a re-evaluation interview. They complete and sign a 2133R, but do not list the 12-hour-a-week job that they have been working at (up to the present) since 12/01/2014. The re-evaluation is completed. On 7/2/2015, in preparation for the next re-evaluation appointment with the same client (scheduled for 7/12/2015), the worker requests an updated IEVS printout. The printout shows that the client had earned income in the month prior to the last re-evaluation appointment (1/10/2015), but they had not reported it to the worker when they had the opportunity to on the Form 2133R.

In this scenario, the worker does not complete a Form 2175. They will discontinue the client for fraud, applying the appropriate sanction.

94-40: How to Compute First Benefits

(Revised as of 10/30/23)

If the client is found eligible to ongoing CAAP benefits, place the client on cash aid and issue the first benefit, which covers the period from the application date until the first automated benefit can be generated.

For a client that needs to pick up a fast pass, EBT card and other benefit types at Distribution, the client will check in at Distribuation and wait until their ticket number is called.

Note: The client must bring acceptable identification with them in order to pick up an EBT card. If they do not have an acceptable ID, the client must return to the CAAP Service Counter to begin the ID verification process to have their benefits released to them.

Most clients are issued their CAAP benefits through EBT.

Setting up Benefits

1. Take the following steps to determine the amount:
    - The cash run date is the date of application.
    - Refer to the monthly Deadline Schedule, including when to advance benefits.
2. Place the client on continuing benefits.

Note: For more information see CalSAWS Job Aid "Benefit Issuance Set-up".

Anticipated Income that Exceeds the Income Threshold in the Month of Application

CAAP applicants who anticipate receiving first-time income from other sources that exceeds the maximum income limit during the month of their application for assistance, shall receive the prorated maximum monthly grant amount for which they are eligible until the verified date of anticipated receipt of such other income.

Example

1. Client applies for PAES on 10/2. The client anticipates that they will begin receiving $500 DIB weekly benefits beginning on 10/22. Their monthly income will exceed the PAES income limit.
2. Once the anticipated income is verified, aid the client with a full prorated benefit from the application date until 10/21 (daily rate multiplied by the number of days from the application date to 10/21). Issue the benefit through NSDI process. When issuing the NSDI benefit, indicate that the purpose of the issuance is for “Bridge Benefit” (for anticipated income exceeding income limit).
3. CalSAWS will calculate the NSDI benefit as an overpayment. Classify this overpayment as Administrative Error to avoid collecting back this bridge benefit in the future.
4. Issue a Notice of Proposed Action-DENIAL, Form 2155B-Anticipated Income with a date of 10/21.
5. Write in journals the reasons for the actions taken on the case.

94-45: First Benefit Issuance

(Revised as of 9/4/2024)

First benefits issued upon approval for cash aid at Approval or after the rescission of a discontinuance will be generated overnight, and available to clients on the following workday.

Intake Responsibility

- Shelter placement in the ONE system does not have an end date. There is no need to extend the reservation; the client's placement will be available for them until they are discharged.
- When a DMV check is issued at Approval, instruct the client to pick-up the check that same day. However, the application must not be approved until a DMV receipt is presented to the Intake Worker.
- Inform the applicant who qualifies for a Fast Pass, warrant or token issuance that the benefits will be available for pick-up when the case is approved.

The case may be transferred by 2 pm. Clerical support will change the worker number on the morning of the following workday.

Check Issuance Procedure

Unit Supervisor Responsibility

The Unit Supervisor or their designee must ensure that all on-line transactions involving First Benefit issuances are approved on-line before the supervisor transfers the case.

Exceptions

The worker may need to expedite approval whenever applicants provide verification at Intake that they are under immediate threat of eviction for nonpayment of rent, the worker must approve case immediately upon receipt of all required verifications and verifying eligibility.

Important: A journal entry must be made for every same-day-issuance check, explaining the reason why an exception was made.

Issuance of Aid Paid Pending (APP) at Fair Hearing

For more information see 98-2: Aid Paid Pending.

Div 95 CAAP Employability Requirements

95-1: Employability Determination

(Revised as of 8/28/25)

This section discusses how an employability determination is made, through either a referral to the Triage Unit or documentation provided by the client from an outside medical provider.

All CAAP applicants and recipients must undergo an Employability determination through one of the following avenues:

- Triage (CAAP Triage Assessment/SSI Application Verification); or
- DECU via Form 2139A (Employability Consultation);
- SSI Legal Advocates 39B

Depending upon their capacities and limitations, they are rated as either employable or unemployable. Once classified as employable, they are required to participate in work activities, unless they have a temporary disabling condition (#3 TDC clients should be assessed by Triage every 6 months). When their conditions have lasted or will last 12 months or more, they are classified as unemployable. All other clients (rated 1 and 2) are to be assessed by Triage annually, excluding SSIP clients. Active SSIP clients are not required to be reassessed by Triage annually unless the client requests or they are currently on a SSIP application exemption. Therefore, there is no need to refer active SSIP clients to Triage during Renewal.

Applicants who fail to show to their scheduled Triage appointment without verifiable Good Cause may be denied. Recipients who who fail to comply with any scheduled Triage appointment without verifiable Good Cause may have their benefits discontinued. Follow the 3 negligent failures procedure.

As part of the Triage Screening, the employability assessment is based on functionality and answers to the following questions:

- Is the client physically and mentally capable of performing any or all of the CAAP employable requirements? AND
- Does the client have a disability that either has lasted, or is expected to last 12 months or more?

Triage

A. Triage Unit Services

The Triage Unit offers five basic services to CAAP:

- Employability and disability screening;
- Verification of SSI applications and SSI Case Management referrals;
- Assessment of exemptions from CAAP requirements and capacity limitations; and
- Processing of Form 2139A from an outside provider or Form 39B;

- Substance use disorder screening

Document Verification Submission:

- A secure drop box is available 24 hours a day outside the 1235 Mission Street, Door B, for clients to drop off verification and documents
- Remind clients leaving documentation such as receipts or other verification to include their case number
- Secure e-mails to CAAPclerical@sfgov.org
- Fax (415) 558–4104 Mail submitted to Human Services Agency, Attn: CAAP, P.O. Box 7988, San Francisco, CA 94120

B. Triage Referral Procedure

1. At Intake

a. Determine if client was referred to Triage within the last 90 calendar days.

For the purpose of better serving our clients and to facilitate a quicker review and assessment process, the Triage rating is valid for a 90-day period. Thus, the Intake EW shall check COSTS General Inquiry to determine if a new assessment is appropriate.

~~If there is an indication that the client was assessed within the last 90 days, the worker~~ shall do the following:

Client Scenario	EW Course of Action
Previously Rated Employable, #1 or #2	• Do not refer to Triage • Inform the client that the current rating will remain in effect, unless they are declaring a new condition(s)
Previously Rated Employable: #3	• Do not refer to Triage • Inform the client that the current rating will remain in effect with the same expiration date
Previously rated employable and states a new condition that was not declared before	• Refer the client to Triage for a new assessment
Protests an employable rating given within the last 90 days.	• Email HSACAAPTriage@sfgov.org with client's case name, case number, client's social security number, date of birth, date of last Triage assessment, language, phone number and the word Second Opinion for Second Opinion assessment
Protests an employable rating given within the last 90 days and declines a	• Issue a Form 2139A to the client so that they can pursue an assessment from their own Health Care Provider

Second Opinion referral to DECU.	• In the meantime, inform the client that the current rating will remain in effect until Form 2139A is returned
Previously Rated Unemployable, #4 with SSI CM Referral	• **At Intake, EW:** Enter a CalSAWS journal that the client must be scheduled in the Wednesday "CM Initial Remote phone" for clients who has access to a phone/ Thursday "CM Initial Lobby Door B no phone" for clients who need to use lobby phone. Include : Case Number, Language, Phone numbers, Purpose of Appointment • **EW**: Schedule the client in the Wednesday "CM Initial Remote phone" for clients who have access to a phone/ Thursday "CM Initial Lobby Door B no phone" for clients who need to use lobby phone. Include: Case Number, Language, Phone numbers, Purpose of Appointment. Using the following guidelines: ◦ Appointment needs to be at least two working days before the appointment. For instance, 10/6/21 must be scheduled by 10/4/21 ◦ **Exception:** ▪ Client has language needs: Schedule the client 10 working days out to provide CMs lead time in requesting an interpreter ▪ Example: On Friday, 10/2/21, a non-threshold monolingual client (e.g. Arabic) has been approved for CAAP. Schedule the client on 10/14/21, instead of 10/7/21 ▪ Print the Appointment letter F2620IR/ OR, and mail one to the client.
#4 Rated Unemployable with an outside medical provider	• Refer client to Triage with the 2139A
#4 Rated Unemployable with an outside advocate	• Forward Form 39B to Triage

Note: For new referrals to SSI CM, i.e. clients who have never had a Triage appointment on their case or a client who was previously working with an outside provider and now wants to work with an SSI case manager:

- send email to HSACAAPTriage@sfgov.org to request a SSI CM initial appointment
- **Only** schedule client on the “CM initial Lobby Door B no phone" or the "CM Initial Remote phone" case management calendar **if client has an assigned SSI case manager** and missed the initial appointment.
- For Reinstatement appointments, schedule the reinstatement appointment.
    - Include “Reinstatement” in the notes section in addition to Case Number, Language, Phone Number and purpose of the appointment.
    - If the Reinstatement appointment is a missed case manager Follow-Up appointment, also indicate “Follow-up” in the notes section.

b. If there is NO indication that the client was assessed or has a valid 39B within the last 90 days, refer the client to Triage and schedule the client for a Triage Appointment. If a client has a 39B older than 90 days, a worker should explain to the client they can get a new 39B to avoid a Triage appointment.

- Utilize the Triage calendar:
    - Enter in the Appointment Clients if the client is: Exempt, Red Dot, Yellow Dot, Term Illness, F2139A
- In the CalSAWS Journal page, document the number of “Work Activity Hours” that are required. (Example “required work activity is 24 hours.”)
- EW will create the F2129 and mail or hand issue the notice to the client.
- Triage will create a Task indicating if the client Showed/No Showed for their appointment. For clients that have showed for their appointments, the EW will access COSTS for the clients rating. The EW will add the PEC code in CalSAWS Case Flags. If the client is a no show, deny the case.
- If the client cancels a Triage appointment through BenefitsCal without contacting CAAP or their assigned worker to establish Good Cause, the canceled appointment is considered a no show and the case is denied, refer to Section 90-6: Good Cause.

2. At Carrying

a. Determine if updated Triage assessment is required. Refer the client to Triage under one of the following circumstances:

- Latest employability rating has expired
- Client is previously rated employable and states that they have a new condition that they have not declared before.

b. Schedule client for a Triage appointment.

- Utilize any of the Triage calendars in CalSAWS:
    - Enter in the Appointment Comments if the client is: Exempt, Red Dot, Yellow Dot, Term Illness, F2139A
- In the CalSAWS Journal page, document the number of “Work Activity Hours” that are required and document the number of required hours. (Example “required work activity is 24 hours.”)
- EW will create the 2139I in CalSAWS and mail it to the client
- Triage would create a Task indicating if the client Showed/No Showed for their appointment. For clients that have showed for their appointments, the EW will access COSTS for the clients rating. The

EW will add the PEC code in CalSAWS Case Flags. If the client is no show, evaluate for three negligent failures.

- If the client cancels a Triage appointment through BenefitsCal without contacting CAAP or their assigned worker to establish Good Cause, the canceled appointment is considered a no show and the worker will follow the Negligent Failure process, refer to Sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients

Note: When client was re-rated unemployable, the worker must inform WDD by emailing the client's information to WDDWorkfare@sfgov.org. Include the following information in the email "case number, case name, SSN, rating, and contact phone number."

3. Referral of Non-English Speaking Clients to Triage

To accommodate the language needs of non-English speaking clients, the process is as follows:

Scheduling Clients

EW Shall schedule clients and note the client's language preference.

If the Triage clinician is not available, Triage will use the Language Line.

Note: If client/recipient is requesting to use their own interpreter, provide them with Form 6181. The EW will refer to 97-3: Case Narratives for further information.

C. Final Determination from Primary Screening

Findings of Triage staff that are communicated via COSTS include an employability rating that the CAAP worker uses in establishing employable and eligibility requirements for the client for SSIP, PAES and GA. Triage will create a Task indicating if the client Showed/No Showed for their appointment. For clients that have showed for their appointments, the EW will access COSTS for the clients rating. The EW will add the PEC code in CalSAWS Case Flags. If the client is a no show, deny the case .

An assessment of Capacity, Long Term Disabling Condition or Temporary Disabling Condition (TDC) exempts the client from employability requirements. Clients with a Capacity or TDC assessment may choose to participate in work activities. If the client chooses to participate in work, they must comply with all the work requirements or be subject to discontinuance and sanction.

1. Employability Determination Ratings

Category	Rating	Description
Employable	Age Exempt	Clients who are age 60 years or older and do not have any disabling conditions that have lasted or will last 12 months or more.
	1	**Workfare (WF):** Employable, with no restrictions.
	2	**Light Duty Community Service:** Employable, but is restricted to light duty. Clients have some physical or psychological symptoms which functionally limits them to sedentary work.

	3	**Temporary Disabling Condition (TDC):** This rating option is used for clients who have physical or psychiatric symptoms that prevent them from working for a limited period of time, usually less than twelve (12) months.
Unemployable	**4**	**SSI Pending (SSIP):** The client's symptoms and limitations are assessed to be present or will likely be present for twelve (12) months duration or more. The Triage Clinician also verifies whether the client has a current application for SSI Disability benefits and, if there is no current application, refer the client to CAAP's SSI Case Management, accordingly.

2. Long Term Disabling Condition: Capacity Determination

Capacity determination is given when a client has a mental disability that renders them unable to consistently follow directions of CAAP workers.

If the client wasn't specifically referred for a Capacity Determination, but Triage observes a Capacity problem in the course of doing its assessment, Triage will report its Capacity Determination via COSTS. Clients who are rated by Triage as having a Capacity problem shall be referred to SSI CM.

A "C" rating is given to a client who has a rating of 4 and who has been determined to lack the psychological capacity to understand and/or comply with CAAP regulations (see section 90-7: Determination of Client's Psychological Capacity to Understand and/or Comply with CAAP Regulations). "C" ratings are given only by Triage, DECU, or the CAAP Counseling Service (CCS) Clinicians.

A "G" rating is an Administrative exemption from Work Assignment activities due to a client's psychological condition or other circumstances after consultation with the Manager of Client Health Services. "G" ratings are given only by the Managers of the appropriate section with recommendation from Unit Supervisors. A "G" rating is generally given to a client whose psychological condition precludes them from accepting a Triage referral. A "G" rating is not part of the standard Triage process.

3. Exemption Determination

Due to their conditions and/or circumstances, some clients can be exempted from fulfilling certain CAAP requirements. These exemptions are either requested by the EW or determined or extended by the Triage Clinician.

a. **Performing Light Duty due to CCS Assessment Referral**

During Primary Assessment, the client may present with behavioral health issues and may benefit from treatment. The Triage Clinician shall provide an overview of the CCS Assessment services to the client. When the client is amenable to these services, the Triage Clinician shall rate the client #2: Light Duty and refer the client to CCS by scheduling the client for the next available CCS Screening Group Calendar and completing Form 2610B: CCS Appointment Notice. A copy of F2610B will be mailed to the client and imaged.

The EW is notified of the client's CCS Assessment appointment in the CalSAWS Journal. With this referral, the client is automatically exempted from performing Light Duty and is given PEC BC. If the client changes their mind, the EW shall notify CCS via e-mail at PCS Status Report at pcsstatusreports@sfgov.org. Since the client

opted to no longer participate in CCS, they will perform the Light Duty activity. The EW shall schedule the client for a WDD Orientation Appointment.

Note: Refer to Client Health Services OLM sections 155-3: Referral Process to CCS and 155-4: CCS Outcome for more detailed information on CCS process.

b. **SSI Application**

When rated #4, CAAP requires a client to apply for SSI. However, there are certain CAAP clients that can be initially exempted from this requirement by the SSI CM and/or DECU only. After a thorough evaluation and review of medical records, SSI CM and DECU shall rate the following clients #4 and apply the SSI Application Exemption and note the exemption in COSTS.

- The EW can identify this exemption on COSTS General Inquiry under DECU Status "SSI Exempt," and the PEC code stays Y.
- Should any of the above clients return to Triage, the clinician can assess if there any changes to the client's conditions or circumstances. If there is no change, the Triage Clinician shall continue to rate the client #4 and re-apply the SSI Application Exemption. The EW shall keep the client in PEC Y.
- Unlike standard PEC Y clients, these clients should be referred to Triage every year.
- Cases that have valid rating #4 but are shown as closed in COSTS for SSI CM, should be referred to Triage instead of being scheduled for SSI CM Reinstatement calendar, unless the client is working with an outside agency, see below.
    - SSI CM Referral Guidelines Based on Rating Validity:
        - If the rating is valid and the case is closed with SSI CM:
            - Refer the client to Triage.
        - If the rating is valid and the case is open and assigned to SSI CM:
            - Send an email to SSI CM assigned in COSTS that the case is active, please reengage. Add a journal that SSI CM was notified via email.
        - If the rating is not valid within 90 days and the case is closed with SSI CM:
            - Refer the client to Triage.
        - If the rating is not valid within 90 days and the case is open with SSI CM:
            - Send an email to SSI CM assigned in COSTS that the case is active, please reengage. Add a journal that SSI CM was notified via email.
- **Important**: Keep the case open even if the client is no longer receiving CAAP.

Disability Evaluation and Consultation Unit (DECU)

The Disability Evaluation and Consultation Unit (DECU) provides two additional services to those services already provided by the Triage Unit.

Second Opinion. CAAP clients who are determined employable by Triage and disagree with the rating given during their initial assessment will have the opportunity, within 90 calendar days from that date, for a Second Opinion Evaluation through DECU. DECU staff will re-evaluate the client's functional or mental ability. Triage Staff and Eligibility Workers can make referrals for a Second Opinion at a client's request. If the client does not follow-through with the Second Opinion assessment, the original Triage determination stands.

Consultation. A consultation service staff in DECU will be available to assist in the evaluation of clients when the Triage Staff are unable to make a conclusive determination of disability.

DECU Second Opinion Process

When a client requests for a DECU Second Opinion, the EW referral process is as follows:

1. Second Opinion Information Given at Intake

CAAP Intake Staff will explain the client's right to request a Second Opinion if he or she disagrees with the initial Triage determination of employability.

All Second Opinion requests will be referred to Triage on next earliest appointment.

- Staff will explain that the Second Opinion may be obtained through DECU, located in the Triage area, or through an outside Medical or Mental Health Provider, via Form 2139A, Employability Consultation.
- Staff will explain that the client may request a Second Opinion from Triage Staff before leaving Triage, in which case Triage will arrange for the Second Opinion with DECU. If the client leaves Triage, then wishes to obtain a Second Opinion, the client must do so through the CAAP Worker.
- Staff will inform the client that if they don't follow through with the Second Opinion appointment, the original Triage employability determination will be used.

2. Second Opinion Requests from CAAP Worker and Outside Sources

CAAP Eligibility staff will email CAAP Triage clerical who will handle scheduling the client's appointment with DECU. Email at HSACAAPTriage@sfgov.org.

Outside Licensed Medical Provider: Use of Form 2139A

Whenever a client asks to be allowed to provide medical documentation from an outside medical provider that the client is unemployable or disputes a Triage/DECU determination regarding their employability, the client must:

- Be given a Form 2139A, Employability Consultation, either by Triage staff or by the CAAP worker.
- The front side must be completed by the CAAP worker, until such time as a Form 2139A or other acceptable written verification completed by a licensed Medical or Mental Health provider has been received by CAAP, any rating given by Triage via COSTS remains in effect.
- The back side of the form is to be completed by a licensed Medical or Mental Health provider.
- Upon receiving a Form 2139A or other acceptable medical verification from the client, the **CAAP worker shall review the client's employability rating, give the client the copy, and forward the original copy to CAAP Health Services Clerical and act according to the rating stated. If Clerical receives a F2139A, forward the original copy to the Eligibility Worker.**
    - If a client does not have a Triage rating within 90 days, send the client to Triage along with an F2139A if rated number 4.

Any valid Form 2139A submitted by the client takes precedence over a Form 2139 Triage determination. However, a Form 2139A completed by a DECU Licensed Practitioner overrides a form completed by an outside provider. The DECU Licensed Practitioner's finding will override the outside provider for 3 months from the date of the 2139A unless the client presents a new condition or significant change in the exiting condition(s). Triage will review the 2139A and screen the client to determine if either of these conditions has been met.

When a DECU finding is different from an outside provider the DECU practitioner will contact the outside provider to review the case to ensure that DECU has all available and relevant clinical information and to consult with the provider about the SSA disability criteria. An outside provider's rating is valid for up to three months, depending on how long it takes a client to submit a verification. A DECU finding is valid for 4-6 months for rating #3, and 1 year for rating #4.

If the client is requesting another employability assessment, the CAAP worker shall refer the client to Triage, noting the appropriate referral reason on the SharePoint calendar.

A. Ratings #1, #2, & #3

Upon receipt of the 2139A with ratings #1, #2, or #3, the EW will forward the form to Health Services and refer the client to a Triage appointment.

1. The form is valid.

If Triage finds the form valid COSTS will be updated with the most current rating. Applicants who fail to show to their scheduled Triage appointment without verifiable Good Cause may be denied. Recipients who fail to comply with any scheduled Triage appointment without verifiable Good Cause may have their benefits discontinued. Follow the 3 negligent failures procedure.

2. The form is not valid.

If it is determined that the Form 2139A is not valid, the worker shall discontinue the case for providing false documentation/fraud. If the client refutes the County's findings, the client shall be advised of their right to file for a Fair Hearing. If the client files for a Fair Hearing and is granted Aid Paid Pending, the client's employability status before the discontinuance shall apply. If the client states that their condition has changed, refer the client to Triage for an employability assessment.

Triage will validate the 2139A through content analysis. Should Triage come across any discrepancies, it will immediately inform CAAPServices@sfgov.org via email of the discrepancy and attach a scanned copy of the Form 2139A with notations from Triage. Triage staff will file the 2139A, along with the email, in the client's i-Files. If there are no problems with Form 2139A, Triage will file the original 2139A in the Triage chart and there will be no additional reporting from Triage.

B. Rating #4

Upon receipt of a 2139A with Rating #4, the EW shall refer the client to Triage by scheduling the appointment in CalSAWS.

- Schedule Triage appointment and issue F-2139I.
- Email HSACAAPTriage@sfgov.org Form 2139A Triage staff will review Form 2139A for its validity.
- An exemption can be made only if there is a disabling condition preventing a client from coming to the office for the Triage appointment. In such cases, the client must have a signed UROI and both the UROI and F2139A should be emailed to Triage with the note asking for client to be exempt from attending a Triage appointment and a brief statement of why. Triage staff will evaluate such requests on a case by case basis.

1. The form is valid.

Triage will:

- During the Triage interview, the clinician will ask the client's current SSI application status and SSI Advocacy status;
- Complete Section III of form 2139 and file the original 2139A in the Triage i-Files. (For more information, refer to section 95-2.1, SSI Verification & SSI Advocacy.)
- Update rating and relevant information in COSTS and assign the show / no show task.

2. The form is not valid.

Triage staff will return the original 2139A via email to the worker explaining the reason why the form is being returned, keep a copy of the 2139A in the Triage chart and send copies to the Unit Supervisor and the Manager of the appropriate section.

Upon receipt of 2139A from Triage, the CAAP worker will follow up with the client in regard to that form.

If the form is fraudulent discontinue the case via F2160 Fraud Discontinuance.

3. For Halfway House Clients Only:

The worker shall review Form 2139A and verify the client's SSI Advocacy status for SSI Case Management.

- If the client is working with an outside SSI Advocate, the client must provide an SSI application status in 30 days, and forward Form 2139A to HSACAAPTriage@sfgov.org.
    - If the client does not turn in Form 2139A, refer the client to Triage per normal business procedures. The EW must indicate "exempt Halfway House" in the appointment comments to avoid the client being referred to work activities after the assessment.
- If client does not have an SSI Advocate, forward Form 2139A to HSACAAPTriage@sfgov.org stating **"Halfway House - Assign to SSI Case Manager".**

95-1.1: Self Employment & Casual Employment

(Revised as of 04/10/18)

Definitions

Self-Employment

Self-employment is defined as employment in which the client works for himself.

Casual Employment

Casual employment is defined as employment in which the participant does not work for an established employer or an employee of less than full or part-time status or an occasional or temporary employee.

The standard for self-employment and casual employment earnings is the equivalent of the current San Francisco minimum wage.

Work Activity Requirements for Self-employed or Casually Employed

Work activity for self-employed or casually employed clients will be based on the CAAP Work Activity Requirement Chart (see Section 95-3: Work Assignment/Workfare).

95-2: Employable/Unemployable

(Revised as of 4/29/25)

All clients must undergo an Employability determination through Triage, unless they have verification by an outside medical provider. See Triage Referral Procedure, in section 95-1: Employability Determination, for more information. #3 TDC clients should be reassessed by Triage every 6 months. All other clients (rated 1 and 2) are to be assessed by Triage annually, excluding SSIP clients. Active SSIP clients are not required to be reassessed by Triage annually unless the client requests or they are currently on a SSIP application exemption. Therefore, there is no need to refer active SSIP clients to Triage during Renewal.

Applicants who fail to show to their scheduled Triage appointment without verifiable Good Cause may be denied. Recipients who fail to comply with any scheduled Triage appointment without verifiable Good Cause may have their benefits discontinued. Follow the 3 negligent failures procedure.

Definitions

Employable

A client is considered employable if the client does not have a verified long-term disabling condition. Employable clients must meet employability requirements.

Employable with a Temporary Disabling Condition (TDC)

CAAP clients are considered employable with a temporary disabling condition if one or more diagnosed medical or psychological incapacities prevent them from seeking or accepting employment temporarily for a period less than 12 months. Any client claiming to be unemployable for medical or psychological reasons is routinely referred to Triage for assessment, unless the client provides acceptable outside verification supporting his claim at the time of his declaration.

Unemployable

A client is considered unemployable if the client has a long-term disabling condition either verified as active on Medi-Cal due to age, blindness or disability (confirmed by Triage/ SSI CM) or verified as having a long term disability by Triage or an outside licensed provider. The verification of long term disability must indicate that a disabling condition has either lasted, or is likely to last, for at least 12 months in duration; OR

These clients may be eligible to the Supplemental Security Income Pending (SSIP) Program as long as they are in compliance with SSI application requirements.

Employability Requirement

In the case of employable applicants/recipients, self-sufficiency is encouraged through Workfare Assignment projects, Light Duty Community Service Workfare, registration with the Employment Development Department and required participation in treatment plans, as appropriate. Failure to comply with all employability requirements is grounds for discontinuance of aid.

Requirements for Employable Clients

Be Available for and Accept Employment

All employable clients shall be available for and conscientiously seek employment, unless they have a verified temporary disabling condition. Available means able to work or participate in Workfare Assignment activities.

Employable clients must also be willing to accept any available reasonable employment within their physical and mental capacity to perform unless their refusal is based on good cause. This includes any work that meets applicable minimum wage requirements, even though such employment is not in their usual line of work.

A CAAP recipient may be discontinued, and a sanction imposed, if the client refuses to take a job without good cause.

Attend WDD Appointment

All employable clients must attend the WDD Appointment, unless exempt. Employable clients flagged as a "Red Dot" or "Yellow Dot", or who are deemed not able to meet the host site's health and safety criteria are required to perform Job Search as an Alternative Work Activity. Referral procedure is outlined in section 95-11: Job Search as an Alternative Work Activity.

Perform Workfare Assignment

Employable clients not exempt from Workfare Assignment must perform Supported Workfare/Work Assignment or Alternative Workfare Assignment as made available by the Department.

These assignments are designed to foster the observance of routine working habits, in preparation for re-entry into the work force.

Perform Light Duty Community Service Workfare

Employable clients who are exempt from performing regular CAAP Workfare Assignment may be required to perform Light Duty Community Service (LDCS) Workfare in compliance with the employability requirements to receive cash aid.

The LDCS program will provide work opportunities to CAAP participants who have certain mobility or physical limitations but are still able to perform work (e.g. clerical, reception, hotel night clerk, some security positions, etc.).

Seek Other Potential Resources/Income

All clients are required to apply for, and pursue, receipt of payment(s) from any and all federal, State, and/or private means of assistance for which they may be eligible as directed by the Department.

Note: If a client is unemployed because of a bona fide strike, lockout, or other dispute, they are eligible for CAAP provided they meet the same eligibility criteria as other clients, actively seeks and accepts offers of employment, and is not on picket line duty during normal working hours.

Age 60 or Over

Refer section 95-1: Employability Determination for more information.

Although any client age 60 or over may be exempt from employable requirements at their request, they may voluntarily elect to participate and actively engage in work-related activities. However, if the client fails to comply with work-related activities, their case may be discontinued.

For any client who is 60 years or older, the worker shall ask if the client wishes to be exempt from employability requirements. If the client states they wish to be exempted, the worker will:

- Exempt the client from Workfare requirements, and
- Enter the Persons Employability Code (PEC) " Z" in the system and the appropriate expiration date which is the Triage review date or three months prior to the client turning age 62 or 30 days prior to the client turning 65 years of age, whichever comes first. Refer to section 92-41: Potential Income for age 62 and 65 requirements.

Requirements for Employable Clients with a #3 TDC

Employable Clients with a Temporary Disabling Condition (TDC) are required to:

- Provide verification of their inability to work by either:
    - Keeping all Triage and Triage-referred appointments, or
    - Bringing in acceptable outside verification of their temporary disabling condition.
- Apply for and pursue a claim for any other appropriate benefit program (e.g., State Disability Insurance) and comply with the procedural requirements under such benefit program.

At the time the temporary disabling condition has been relieved, the employable client is then required to meet CAAP employability requirements, as appropriate. Once a client becomes employable, they must meet CAAP employability requirements.

Requirements for #4 Unemployable Clients

Unemployable clients are required to:

- Provide verification of their inability to work by either:
    - Keeping all Triage and Triage-referred appointments; or
    - Bringing in acceptable outside verification of unemployability.
- Enter into and cooperate in treatment and therapy programs
- Apply for and pursue a claim for any other appropriate benefit program (e.g., State Disability Insurance, SSI/ SSP) and comply with the procedural requirements under such benefit program. This includes authorization for DHS reimbursement of CAAP Benefits from SSI/SSP (retroactive).
- Cooperate with the SSA in applying for SSI if a disabling condition is likely to exist for a year or longer. This requirement applies to unemployable clients with a long term disability regardless of the CAAP program they are in or other activities in which they are involved.

95-2.1: SSI Application and SSI Advocacy

(Revised as of 10/30/23)

SSI Application Requirements

Whenever a client's long term disability is established, the client is required to apply for SSI. Failure to comply with the SSI application process or authorize the reimbursement of paid benefits (i.e., "Authorization for Reimbursement of Interim Assistance Granted Pending SSI/SSP Eligibility Determination"), shall result in the denial/discontinuance of the client's CAAP benefits.

Acceptable Sources of Verification to Establish Long Term Disability:

- Triage (rating of 4). Refer to section 95-1: Employability Determination.
- Outside licensed medical providers (verified rating of 4 via 2139A). Refer to section 95-1: Employability Determination.
- Information that indicates the client's prior receipt of SSI payment. Refer to section 99-3: MEDS SSI-Payment Status Codes chart for required worker action.
- MEDS code indicating that the client is receiving Medi-Cal based on disability (refer to MEDS Aid code reference on the Intranet)
- Form 39B "SSI Contracted Advocacy Verification" from Bay Area Legal Aid (Bay Legal) or Positive Resource Center (PRC) or Homeless Advocacy Project (HAP). Refer to section 95-2.2: Contracted SSI Legal Advocacy.

SSI Advocacy

It is an important goal for CAAP that clients who have a long term disability receive assistance/advocacy with their application for SSI regardless of the CAAP program they are in. CAAP offers SSI Case Management. However, clients can seek assistance with their SSI application through various outside SSI advocacy programs.

CAAP's SSI Case Management Overview

CAAP's SSI Case Management (SSI CM) can provide assistance to CAAP clients with a long term disabling condition with applications for SSI/SSDI, and to SSIP recipients who have been previously unsuccessful with SSI/SSDI applications on their own, get the needed help in their efforts to qualify for SSI/SSDI. In addition, the SSI CM program can provide SSI application status verification for CAAP clients they are working with.

Triage will refer appropriate clients to CAAP's SSI Case Management. If the client is offered CAAP SSI Case Management (SSI CM), the client must keep any scheduled appointments with SSI CM and comply with the SSI CM process or CAAP may be denied/discontinued.

Note: Clients who are not eligible for SSI or CAPI based on their immigration status are not referred to CAAP SSI Case Management.

CAAP EW Responsibilities

Update CalSAWS

The worker must update CalSAWS under "SSIAP Summary" and "SSIAP Detail" whenever:

1. There is new information about the client's SSI application status.
2. There is new information about the client's SSI advocacy information.
3. The client does not have or no longer has an SSI advocate.
4. The client has been re-rated by Triage (PEC has changed from "Y" to any other PEC).
5. The LDCS client was accepted by PRC or Bay Legal or HAP for SSI advocacy representation (PEC changed from "A" to ”YO”)

Follow-Up on SSI Application Status

After the client's initial SSI application verification has been received, the worker must review and verify the client's SSI application at the client’s re-evaluation (RE). Proof of current pursuit of SSI must be presented or negative action can be taken on the case (negligent failure or discontinuance, whichever is appropriate).

- If the client is working with CAAP SSI CM, the EW must check COSTS to verify that SSI CM is assigned and has an active claim. If COSTS is not updated, the EW will email the SSI CM.
- If the client is working with an outside SSI Advocate, the EW must verify the client’s SSI application or SSI advocacy status every six (6) months or at every RE (whichever comes first).
- If the client is working solely with Bay Legal or PRC or HAP, EW must verify the client’s SSI application or SSI advocacy status at every RE.
- If the client is not working with any advocate, the client must submit a verification from the Social Security office verifying that their application is still active.

Note: Clients with a pending SSI application who do not have an SSI advocate working with them shall be encouraged to work with CAAP’s SSI Case Management. The referral process is explained below.

Referral to SSI Case Management

If the client is not working with SSI CM or an outside advocate, refer the client to Triage by sending an email to Triage’s email, HSACAAPTriage@sfgov.org, requesting that the client be assigned an SSI Case Management.

The worker shall include the following information on the email:

- Case Name
- Case Number
- Client’s Social Security Number
- Date of Birth
- Date of the last Triage assessment or 2139A submitted by the client if assessment was over one year ago, refer to Triage

Triage Clerical Responsibilities

Upon receipt of the SSI CM referral email, the Triage clerk will do the following:

- Verify there is a #4 rating in COSTS within one year
- Assign the client to one of the SSI case managers
- Set up an appointment with the SSI case manager and send an appointment letter to the client (at least two weeks minimum to ensure arrival of letter)
- Email a copy of the appointment letter to the designated CAAP units email address

- Scan copy of letter in Triage Imaging

SSI Case Manager Responsibilities

- If the client attends the SSI Case Management Initial appointment, begin the case management process, and email the worker documentation that the client is actively pursuing SSI.
- If the client fails to attend the appointment, email the worker documentation of the client's failure to the designated CAAP units email address.

95-2.2: Contracted SSI Legal Advocacy

(Revised as of 4/29/25)

The San Francisco Human Services Agency is partnering with the following non-profit legal entities:

- Positive Resource Center
- Bay Area Legal Aid
- Homeless Advocacy Project

to add legal advocacy to its SSI Advocacy Program in order to better serve and effectively help connect homeless clients to SSI.

Clients who have been accepted by one of the three SSI legal advocates above are automatically considered permanently disabled without having to go through a Triage employability assessment.

Form 39B

The Form 39B, SSI Contracted Advocacy Verification, will be used to verify that the client had been accepted and is currently working with one of the HSA-contracted SSI legal advocates.

Clients who submitted the form are exempt from Triage employability assessment and any work activity requirements for employable clients.

Note: Use of this form is restricted to the three legal non-profits listed above. It is considered null and void if used by any other entities.

Intake Process

At Intake, per the usual process, the Eligibility Worker will ask the client if they are working with an outside SSI advocate.

A. If the client declares that they are connected to any of the HSA-contracted legal SSI advocates, the worker will do the following:

- If the client has the Form 39B, the worker will:
    - Exempt the client from the Triage employability assessment.
    - Send a copy of the form to Triage.
    - Complete the following CalSAWS entries:
        - Narrate receipt of the Form 39B in a journal entry and actions taken on the case.
        - Complete the SSIAP page in CalSAWS.
        - Enter a PEC (Person Employability Code) of "**YO**" – Outside SSI Advocacy.
- If the client does not have the form with them, the worker will:
    - Refer the client to Triage by scheduling the appointment in CalSAWS.
        - In CalSAWS Journal document the number of "Work Activity Hours" required. (Example "required work activity is 24 hours.")
        - Mail or hand issue F2129
        - Triage will create a Task indicating if the client Showed/No Showed for their appointment. For clients that have showed for their appointments, the EW will access COSTS for the clients rating. The EW will add the PEC code in CalSAWS Case Flags. If the client is a no show, deny the case

B. If the client is not connected to any of the HSA-contracted legal SSI advocates, follow the usual process for clients sent to Triage for employability assessment.

Carrying Process

When a client in Carrying is accepted by one of the contracted SSI legal advocates, a Form 39B will be completed by the agency and sent to CAAP Clerical. An Eligibility Worker will receive the task for processing.

- For clients who are currently rated employable with either rating #1 (Workfare) or rating #2 (Light Duty Community Service), the worker shall do the following:
    1. Exempt the client from any work activity requirement.
    2. Send a copy of the Form 39B to Triage.
    3. Complete the following entries in CalSAWS:
        - Enter a PEC (Person Employability Code) of "**YO**" – Outside SSI Advocacy.
        - Complete the SSIAP page in CalSAWS.
        - Narrate receipt of the Form 39B in CalSAWS and actions taken on the case.
    4. For clients who were previously rated #2 – email the appropriate legal advocate and Self-Help for the Elderly to notify them that the client's rating was changed to PEC YO and that the client is no longer required to perform CAAP's employability work requirement.
- For clients who are already rated #4 (permanently unemployable), the worker shall do the following:
    1. Send a copy of the Form 39B to Triage.
    2. Complete the following entries in CalSAWS:
        - Enter the appropriate PEC (Person Employability Code) based on the following:
            - PEC Y if the client will continue to work with the SSI Case Manager while working with the contracted SSI legal advocate.
            - PEC YO if the client will work only with the outside SSI advocate.
        - Complete the SSIAP page in CalSAWS.
        - Narrate receipt of the Form 39B in CalSAWS and actions taken on the case.

Carrying Follow-up

For clients who are solely working with a contracted SSI legal advocate, the status of the SSI application must be verified at every re-evaluation or every six months, whichever comes first.

95-3: Work Assignment/ Workfare

(Revised as of 8/28/25)

The Human Services Agency requires CAAP employable participants to perform Regular or Alternative Workfare, unless specifically exempted. CAAP Workfare includes both Regular Workfare with City agencies and Alternative Workfare with community-based organizations with which HSA has a Memorandum of Understanding. The purpose of "Workfare" for CAAP employable clients to assist clients in developing and practicing regular work habits and work behavior such as punctuality, attendance, appropriate attire, following instructions and workplace rules. Workfare assignments hours will be based on a variety of criteria and are not to exceed 24 hours per month. Workfare assignment hours will be calculated based on whether the client is active on both CAAP and CalFresh (CF) or CAAP only.

If the client is active on CAAP only, client's workfare assignment per month will be based on the CAAP Work Activity Requirement Chart shown below.

CAAP Work Activity Requirement Chart

Amount of Monthly CAAP Grant (includes CBP/Total monthly package)	**Number of Workfare hours/ Assignment**
If client's grant divided by minimum wage is more than 24 hours they are required to participate Example: The client's grant is $600 a month. If the minimum wage is $20, then $600 (income) / $20 (min, wage) = 30, they are required to participate	24 hours monthly
If client's grant divided by minimum wage is less than 24 hours they are exempt Example: The client's grant is $200 a month. If the minimum wage is $20, then $200 (income) / 20 (min, wage) = 10, they are exempt	Exempt

If the client is active on both CAAP and CF, the client's workfare assignment per month will be based on the CF allotment divided by the prevailing minimum wage.

Clients who are employed or self-employed, please refer to 94-14: Earned Income & Asset Disregard Program

Workfare Referral Criteria

Employable clients are required to participate in a workfare activity/assignment unless exempt.

Clients maybe referred to WDD Appointment in the following situations:

- An unemployable client is determined to be employable without restrictions - rating #1.
- A client's failed Workfare/Alternative Workfare that has resulted in a negative action on their case, and they have verifiable Good Cause for the failure, and are not active on CF.
- An Income Disregard participant reports that their job has ended.
- A CAAP only client's cash grant amount changes according to the specifications in the CAAP Work Activity Requirement Chart above.

Note: Workfare/Alternative Workfare host sites require English proficiency for safety reasons. Refer to section 95-10: Vocational Immersion Program(VIP)

Worker Responsibilities

For Intake

At Approval, the worker shall determine if the client meets the eligibility criteria.

The Worker Shall:

- Review Triage employability assessment via COSTS (or acceptable substitute) to determine if the client has a current Triage rating. Refer client to Triage if there's no current rating.

If the client has a current Triage rating within the last 90 days and is enrolled in both CAAP and CalFresh (CF), and currently on CF ABAWD work activity, the worker shall issue Form 2124B (CAAP/CalFresh ABAWD Work Activity Agreement), indicating that the CF work activity will also be their CAAP work activity.

- The Worker will also send an email to WDD, WDDWorkfare@sfgov.org, to update Launchpad with the information below:

Client Name	Case Number	Program Eligibility	Start Date

If the client has a current Triage rating within the last 90 days, and is active on CF, NOT currently on CF ABAWD work activity, the worker shall:

- Refer the client to a WDD Appointment.
- Base Workfare hours on the CF allotment divided by the prevailing minimum wage.

Note regarding work activity hours:

O/P recoupment does not apply.

For a household of 2: Workfare hours requirement is based on CF allotment divided by the prevailing minimum wage, divided by 2.

CAAP clients between the ages of 18 – 22: Workfare hours requirement is based on CF allotment divided by the prevailing minimum wage, divided by number of household composition.

Inform the client that attending the WDD Appointment is mandatory.

Schedule the WDD Appointment in 8 calendar days.

- In CalSAWS complete a journal entry with the number of required "Work Activity Hours" (Example "required work activity is 24 hours.") Make sure to check the client's employability rating and the number of Workfare hours based on CAAP Work Activity Requirement Chart for clients not active on CF.
- Assign PEC W for regular workfare with the expiration date of the last day of the month of next RE.

Note: Language clients rated #1 will be referred to WDD Group Check-In for a Vocational Immersion Program referral. Refer to section 95-10: Vocational Immersion Program (VIP).

For Carrying

The Worker shall determine if a client meets the eligibility criteria and needs a referral to the WDD Appointment at the following instances:

- At Re-evaluation appointment.
- Whenever the client's employability rating changes from temporary disabling condition (TDC), Light Duty, Light Duty with CCS, or unemployable to employable – rating #1.
- The activity that made the client ineligible to participate in the past has ended (i.e. client was working when they applied at Intake and then reported that the employment ended).
- Client missed CCS but at Follow-Up appointment with EW chooses not to participate in CCS.

The Worker Shall:

- Review Triage employability assessment via COSTS (or acceptable substitute) to determine if the client has a current rating. Refer client to Triage if appropriate.
    - If client has a current rating, and is enrolled in both CAAP and CalFresh (CF), and currently on CF ABAWD work activity, the worker shall issue Form 2124B (CAAP/CalFresh ABAWD Work Activity Agreement), where clients will indicate that they will use CF work activity as their CAAP work activity.
        - Worker will also send an email to WDD, WDDWorkfare@sfgov.org, to update Launchpad with the information below:

Client Name	Case Number	Program Eligibility	Start Date

If client has a current rating, and is active on CalFresh, but NOT on CF ABAWD activity, the worker shall:

- Refer the client to WDD Appointment.
- Base Workfare hours on the CF allotment divided by the prevailing minimum wage.

If client has a current rating, and is NOT active on CalFresh, the worker shall:

- Refer the client to WDD Appointment
- Use CAAP Work Activity Requirement Chart above to determine number of Workfare hours.

Note regarding work activity hours:

O/P recoupment does not apply.

For a household of 2: Workfare hours requirement is based on CF allotment divided by the prevailing minimum wage, divided by 2.

CAAP clients between the ages of 18 – 22: Workfare hours requirement is based on CF allotment divided by the prevailing minimum wage, divided by number of household composition.

Schedule the WDD Appointment in 8 calendar days.

The subject field shall include "case number, rating, preferred language, and phone number."

Client will be notified via Form 2124. A copy of Form 2124 will be imaged.

In CalSAWS complete a journal entry with the “Work Activity Hours” and document the number of required hours. (Example “required work activity is 24 hours.”)

Note: If the reschedule is due to negligent act, the subject line shall also include the word “negligent” so that DFS does not send out Form 2124 automatically.

- Assign PEC W for regular workfare with the expiration date of the last day of the month of next RE.
- Update PEC to K, if applicable, with the expiration date of the last day of the month of next RE.

Failure to Attend WDD Appointment

WDD Shall:

- Create a Task “Now Show” for a WDD Appointment and date of No Show.

The Worker Shall:

- Upon receiving the "No Show" Task from WDD, the worker shall take the negative action on the case, as appropriate, for failure to attend WDD Appointment. Refer to sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.
- If the client cancels a WDD appointment through BenefitsCal without contacting CAAP or their assigned worker to establish Good Cause, the canceled appointment is considered a no show and the worker will follow the Negligent Failure process, refer to Sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients
    - Eligibility Worker must tell clients not to cancel appointments via BenefitsCal, they must call to reschedule.

Client Attends WDD Appointment

WDD Shall:

- Inform client of Workfare/Alternative Workfare host site expectations and requirements.
- Sign and review Workfare/Alternative Workfare Agreement, which must include client’s workfare schedule and start date, with the client.
- Update WDD Appointment attendance in CalSAWS.
- Upload Workfare/Alternative Workfare agreement to imaging.
- Enter client in Launchpad.
- If the client selects Alternative Workfare, create a "Case Review" task.

The Worker Shall:

- Upon receipt of the Case Review Task, the Worker shall update PEC from “W” to “K”
- Narrate the change in CalSAWS.

Client Attends WDD Appointment but Refuses to Sign Workfare Agreement

WDD Shall:

1. WDD shall create a "WDD-Incomplete Services" Tasks.

The Worker Shall:

1. Narrate in the CalSAWS Journal.

2. Take negative action on the case, as appropriate, for failure to complete the WDD Appointment. Refer to sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.

Client Fails to Complete Required Workfare Hours

After the **first two weeks of the month**, WDD will provide CAAP with a report of those clients who have completed zero hours of the required number of hours for the current month.

- These clients will receive a mid-month letter Form 2158W "CAAP Work Program Status Update" with a reminder of workfare/alternative workfare requirements. In this letter, clients will also be alerted that they may receive an immediate discontinuance or a negligent failure notice if they fail to complete the required number of hours for the month.

Note: The mid-month letter Form 2158W will be automatically sent to clients.

At the beginning of each month, WDD will provide CAAP with an attendance report for the previous month. CAAP clerical will upload the information to CalSAWS and the Clerical will task it to the EW.

- Clients who complete zero hours of their required workfare hours are removed from the workfare site list in Launchpad. Non-compliant clients are exited from Launchpad after the "CAAP Prior Month Workfare" report comes out. Non-compliant clients are exited from their assigned WF/LDCS assignment when clients have 0 hours in one Full Calendar month. However, clients who are both on CAAP and CalFresh are not removed from the list until the client is discontinued from both programs.

Note: Clients who miss a scheduled workfare shift (within the month), clients must contact Workfare Site Supervisor directly to the schedule make-up hours.

- If the client missed a scheduled shift that is marked as an "Excused Absence", the missed hours will not count against the client's required workfare hours.

The Worker Shall:

- If the client has been issued a 2158W "CAAP Work Program Status Update" and completed zero hours of the required workfare hours, the carrying worker shall discontinue the case using the Form 2158B Failed Workfare/ Alternative/LDCS Activity Requirement, a 10-day notice required.
- If the client has been issued a 2158W "CAAP Work Program Status Updater" and has completed more than zero hours but less than the full number of their required workfare hours, carrying worker shall follow negligent failure rules as appropriate. Refer to section 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.
- For the initial month of the workfare activity, no negative action shall be taken against clients with either zero or only partially completed hours. These clients will not be removed from Launchpad so there is no need to refer back to WDD Services.
- Refer to section 90-6.2: Workfare Good Cause.

95-3.1: Community Jobs Program (CJP) and Department of Rehabilitation (DOR)

(Revised as of 7/15/25)

As of 7/2025, with the change to the PAES program, CJP is currently on pause until further notice. Clients will not be able to participate in CJP until the program becomes active again.

Overview

When determined employable and rated #2: Light Duty Community Services (LDCS), CAAP clients can be referred to one of the following supportive employment programs:

- **Community Jobs Program (CJP):** A transitional employment program created for CalWORKS, CAAP, and CalFRESH participants, so they may gain valuable paid work experience through placement at a community-based organization. Simultaneously, participants receive professional development, computer skills training, and intensive case management; OR
- **California Department of Rehabilitation (DOR):** A state program that works in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities. Vocational rehabilitation services are designed to help job seekers with disabilities obtain competitive employment in integrated work settings. DOR staff will help clients figure out their options and the pros and cons of each option to help them make decisions about how best to reach their goals.

The CAAP Counseling and Pre-Vocational Services (CCS) or Triage can refer these clients to either one of these programs. Since these referral sources are governed by separate and distinct regulations, the client's follow-through with the referral is either mandatory or voluntary. For instance, if CCS recommends the client to CJP, then attending the scheduled WDD Appointment is a mandatory work activity for the client. Conversely, if Triage refers the rated#2/ Light Duty client for an eventual CJP referral, the client's attendance to the CJP Orientation is voluntary, provided the client continues with the mandatory LDCS activity.

This section elaborates on the business processes and staff responsibilities of the CAAP EW, WDD staff upon receipt of the CJP/DOR referrals.

CCS Referral Process to CJP/DOR

A. CCS Referral Process

Through its contract with the Human Services Agency(HSA), RAMS provides CAAP clients with engagement, assessment, and linkage to on-going behavioral health services through the CCS Assessment for four months. During this assessment, the CCS Counselors assist clients in addressing their barriers to employment through group and individual counseling sessions.

At the end of the assessment, the CCS Counselors may determine that the clients are ready to return to work and rate them employable with #1 or #2. If the clients can benefit from receiving supportive employment services, CCS Counselors can refer them to either CJP or DOR following the process outlined in CAAP Health Services (CHS) Manual 155-4: CCS Outcome.

B. Receipt of CJP/DOR Referral

Upon receipt of Form 2500 from the CCS Counselors and the re-rating email notification from Triage Clerical, CAAP EWs will narrate the receipt of the form with CJP or DOR recommendation in CalSAWS.

C. Client's Attendance at WDD Appointment or Subsequent Activity --Mandatory

As noted above, the client's attendance at the WDD (OR subsequent) appointment is a mandatory work activity if referred by CCS. Depending upon the client's attendance, WDD and CAAP EW proceed as follows:

Client's Attendance	Staff Course of Action
Attends WDD Appointment or CJP Orientation and enrolls	**WDD** • WDD creates a "Case Review" task and indicates "Attended CJP Orientation on (date of appointment) with (provider name)" in the Comments sections. **CAAP EW** • Upon receipt of the "Case Review" task, follow the Income Disregard process outlined in 94-14: Earned Income & Asset Disregard Program • Update Case Flag PEC to E-employed in CalSAWS. CJP is typically six (6) months in duration and is considered "employment."
Attends WDD Appointment or CJP Orientation and declines to enroll	**WDD** • Depending on the clients rating #1 or # 2, refers client to WF or LDCS. Image all completed forms. • Creates a "Case Review" task to notify EW that client has declined CJP and referred to WF or LDCS. **CAAP EW** • Upon receipt of the "Case Review" task, determine if CCS referred the client to CJP by checking these indicators in: ◦ CalSAWS: Case Flag PEC BC—means that client was referred by CCS ◦ COSTS General Inquiry: DECU History shows rating #2 with CJP Exemption ◦ Update Case Flag PEC to A for LDCS in CalSAWS ◦ E-mail Triage Clerical at HSA CAAP Triage to remove CJP Exemption from COSTS with the following note: ◦ *"Mr. Smith has declined CJP. Please remove CJP Exemption from COSTS."*
Does Not Attend WDD Appointment or CJP Orientation	**WDD** • WDD creates a "No Show" task and indicates "Missed CJP Orientation on (date of appointment) with (provider name)" on the Comments sections. **CAAP EW** • Upon receipt of the task, check the Case Flag code.

	• The assigned EW evaluate the Negligent Failure and takes appropriate action accordingly: ◦ Client's 1st or 2nd Negligent Failure in attending CJP Orientation: Schedule a WDD Appointment in 8 calendar days. On the subject field shall include "Negligent referral to CJP " in addition to case number, rating, preferred language, and phone number. ▪ Issue Form 2152E with new appointment date and time to client. ◦ Client's 3rd Act of Negligence Failure: Follow the discontinuance procedure. (Refer to CAAP Eligibility Manual Sections 90.6 and 90-6.1 for more detailed information.)

D. Client's Attendance at WDD Appointment or Subsequent Activity--Mandatory

Similar to the CJP process, the client's attendance to this activity is mandatory. Depending upon the client's attendance, WDD and CAAP EW proceed as follows:

Client's Attendance	Staff Course of Action
Attends WDD Appointment or DOR Orientation and enrolls	**WDD** • WDD creates a "Case Review" task and indicates "Attended DOR Orientation on (date of appointment)" on the Comments sections. **CAAP EW** • Upon receipt of the "Case Review" task: ◦ Mail Form 2191: CAAP Appointment Letter for client to come in to sign Form 2151A: Treatment/Special Program Agreement ◦ Update Case Flag PEC to Q-Special Program. • The length in DOR depends on each client's individual plan with the agency and Form 2151: Treatment/Special Program Confirmation shall be submitted to the EW on a monthly basis. • If the client is experiencing difficulty obtaining progress reports from DOR, they can request to see the DOR representative at 455 Golden Gate Avenue, 7th Floor, Suite 7727 San Francisco, CA 94102.
Attends WDD Appointment or DOR Orientation and declines to enroll	**WDD** • Depending upon the client's rating #1 or #2, refers the client to WF or LDCS. Image all completed forms. Requests a Case Review task to notify EW that client has declined DOR and referred to WF or LDCS. **CAAP EW** • Upon receipt of the "Update Case Flag" task, determine if CCS referred the client to DOR by checking the following indicators in:

	◦ CalSAWS: Case Flag PEC BC—means that client was referred by CCS ◦ COSTS General Inquiry: DECU History shows rating #2 with DOR Exemption ◦ Update Case Flag PEC to A for LDCS in CalSAWS ◦ E-mail Triage Clerical at HSA CAAP Triage to remove DOR Exemption from COSTS with the following note: ◦ *"Mr. Smith has declined DOR. Please remove DOR Exemption from COSTS."*
Does Not Attend WDD Appointment or DOR Orientation	**WDD** • WDD creates a "No Show" task and indicates "Missed DOR Orientation on (date of appointment)" on the Comments sections. **CAAP EW** • Upon receipt of the task, check the Case Flag code. • The assigned EW evaluates the Negligent Failure and takes appropriate action accordingly: ◦ Client's 1st or 2nd Negligent Failure in attending DOR Orientation: Schedule a WDD Appointment in 8 calendar days. On the subject field shall include "Negligent referral to DOR" in addition to case number, rating, preferred language, and phone number. ▪ Issue Form 2152E with new appointment date and time to client. ◦ Client's 3rd Act of Negligence Failure: Follow the discontinuance procedure. (Refer to CAAP Eligibility Manual Sections 90.6 and 90-6.1 for more detailed information.)

E. Client's Discontinuance

If the client is rated #2 with CJP or DOR Referral and is reinstated within 30 days or re-applied and approved within the last 90 calendar days, take the following action based on the client's preference:

Client's Preference	Staff Course of Action
Still Interested in CJP or DOR	**CAAP EW** • Check to see if the client has an existing activity in Launchpad, if: ◦ Yes, client has an active enrollment and wants to continue with the same activity, no further action is required. Explain to the client that their current activity is the mandatory activity. ◦ No, client does not have an active enrollment, proceed to the next step • Schedule the client in a WDD Appointment in 8 calendar days.

	◦ **Reinstatement**: On the subject field shall include "**Negligent Reinstatement**, referral to CJP/DOR" in addition to case number, rating, preferred language, and phone number. ◦ **Re-apply within last 90 days**: On the subject field shall include "referral to CJP/DOR" in addition to case number, rating, preferred language, and phone number. ▪ Client will be notified via Form 2124 sent out by vendor. Copy of Form 2124 will be imaged.
No Longer Interested in CJP or DOR	**CAAP EW** • Check to see if the client has an existing activity in Launchpad, if: ◦ Yes, client has an active enrollment but **does NOT** want to continue with the same activity -> send an email to the Linkages Unit regarding client's decision to stop current activity; then, proceed to the next step. ◦ No, client does not have an active enrollment, proceed to the next step • Schedule the client a WDD Appointment in 8 calendar days. On the subject field shall include case number, rating, preferred language, and phone number. • Update Case Flag PEC to A for LDCS in CalSAWS • E-mail Triage Clerical at HSA CAAP Triage to remove CJP/DOR Exemption from COSTS with the following note: ◦ *"Mr. Smith is no longer interested in CJP/DOR. Please remove CJP/DOR Exemption from COSTS."*

95-4: Light Duty Community Service (LDCS)

(Revised as of 08/28/25)

Employable participants with functional limitations and are exempt from performing regular CAAP Workfare Assignment may be required to perform Light Duty Community Service Workfare in compliance with the employability requirements to receive cash aid.

The Human Services Agency (HSA) has a contract with Self-Help for the Elderly (S.H.E.) to administer the Light Duty Community Service (LDCS) Program for CAAP.

The LDCS program will provide work opportunities to CAAP participants who have certain mobility or physical limitations but are still able to perform work (e.g. clerical, reception, hotel night clerk, some security positions, etc.). Participants of LDCS are clients who were screened/assessed by Triage staff and were determined to be employable with rating #2 "Light Work". LDCS assignments hours will be based on a variety of criteria and are not to exceed 24 hours per month. LDCS assignment hours will be calculated based on whether the client is active on both CAAP and CalFresh (CF) or CAAP only.

Participants with Community Jobs Program (CJP) or the California Department of Rehabilitation (DOR) **triage** recommendation must comply with the LDCS requirements until enrolled in CJP or DOR. Participants referred to the Community Jobs Program (CJP) or the California Department of Rehabilitation (DOR) by RAMS Counseling Services (**CCS**) are not required to perform LDCS services (95-3.1).

Note: Please, refer to Section 95-3.1 CJP/DOR for more information.

If client is active on CAAP only, client's LDCS assignment per month will be based on the CAAP Work Activity Requirement Chart shown below.

CAAP Work Activity Requirement Chart

Amount of Monthly CAAP Grant (includes CBP/Total monthly package)	**Number of Workfare hours/Assignment**
If client's grant divided by minimum wage is more than 24 hours they are required to participate Example: The client's grant is $600 a month. If the minimum wage is $20, then $600 (income) / $20 (min, wage) = 30, they are required to participate	24 hours monthly
If client's grant divided by minimum wage is less than 24 hours they are exempt Example: The client's grant is $200 a month. If the minimum wage is $20, then $200 (income) / 20 (min, wage) = 10, they are exempt	Exempt

Eligibility Criteria

If client is active on both CAAP and CF, client's LDCS assignment per month will be based on the CF allotment divided by the prevailing minimum wage.

As of 10/1/2022, please only use the CAAP Work Activity Requirement Chart to determine client's work activity hours until further notice.

Clients who are rated “Light Work” are required to participate in CAAP Light Duty Community Service (LDCS) unless exempt.

Clients are referred to WDD Appointment in the following situations:

- An unemployable client is now determined to be able to do Light Work - #2 rating.
- Client is rated “able to perform Light Duty” with CJP/DOR recommendation by Triage.
- A client's failed LDCS has resulted in a negative action on their case, and they have good cause for the failure.
- An Income Disregard participant who is determined able to do Light Work reports that their job has ended.
- A client's cash grant amount changes according to the specifications on the CAAP Work Activity Requirement Chart.

Worker Responsibilities

For Intake

The worker shall determine if the client meets the eligibility criteria.

Intake Worker Shall:

Review Triage employability assessment via COSTS (or acceptable substitute) to determine if the client has a current Triage rating. Refer client to Triage if there’s no current rating.

If the client has a current Triage within the last 90 days, and is enrolled in both CAAP and CalFresh (CF), and currently on CF ABAWD work activity, the worker shall issue Form 2124B (CAAP/CalFresh ABAWD Work Activity Agreement), where clients will indicate that they will use CF work activity as their CAAP work activity.

- Worker will also send an email to WDD, WDDWorkfare@sfgov.org, to update Launchpad with the information below:

Client Name	Case Number	Program Eligibility	Start Date

If the client has a current Triage rating within the last 90 days, and is active on CF and NOT currently on CF ABAWD work activity, the worker shall:

- Refer the client to WDD Appointment.
- Base the LDCS hours on CF allotment divided by the prevailing minimum wage.

If the client has a current Triage rating within the last 90 days, and is NOT active on CF, the worker shall:

- Refer the client to WDD Appointment.
- Refer to CAAP Work Activity Requirement Chart above to determine the work activity hours.

Note regarding LDCS activity hours:

O/P recoupment does not apply.

For a household of 2: LDCS hours requirement is based on CF allotment divided by the prevailing minimum wage, divided by 2.

CAAP clients between the ages of 18 – 22: LDCS hours requirement is based on CF allotment divided by the prevailing minimum wage, divided by number of household composition.

Inform client that attending the WDD Appointment is mandatory.

Schedule the WDD Appointment in 8 calendar days.

- On the subject field shall include "case number, rating, preferred language, and phone number."
- Client will be notified via Form 2124 sent out by vendor. Image a copy of Form 2124.
- In the CalSAWS Journal, document the number of required “Work Activity Hours”. (Example “required work activity is 24 hours.”)
- Make sure to check the client’s employability rating and enter the number of LDCS hours based on CAAP Work Activity Requirement Chart.
- Assign PEC A with the expiration date of the last day of the RE month.

For Carrying

The Carrying Worker shall determine if a client meets the eligibility criteria and shall be referred to WDD Appointment at the following instances:

- At the Re-evaluation appointment.
- Whenever the client's employability rating changes from temporary disabling condition (TDC), Light Duty with CCS or unemployable to employable – rating #2.
- The activity that made client ineligible to participate in the past has ended (i.e. the client was working when they applied at Intake and they reported that the employment ended).
- Client missed CCS but at the Follow-Up appointment with the EW chose not to participate in CCS.

Carrying Worker Shall:

Review Triage employability assessment via COSTS (or acceptable substitute) to determine if the client has a current Triage rating. Refer client to Triage if appropriate.

- If the client has a current Triage rating, and is enrolled in both CAAP and CalFresh (CF), and currently on CF ABAWD work activity, the worker shall issue Form 2124B (CAAP/CalFresh ABAWD Work Activity Agreement), where clients will indicate that they will use CF work activity as their CAAP work activity.
    - Worker will also send an email to WDD, WDDWorkfare@sfgov.org, to update Launchpad with the information below:

Client Name	Case Number	Program Eligibility	Start Date

For clients active on CF and currently on CF ABAWD work activity, the worker shall:

- Refer the client to WDD Appointment.
- Base the LDCS hours on CF allotment divided by the prevailing minimum wage.

If the client has a current Triage rating, and is NOT active on CF, the worker shall:

- Refer the client to WDD Appointment.
- Refer to CAAP Work Activity Requirement Chart to determine number of LDCS hours.

Schedule the WDD Appointment in 8 calendar days.

- On the subject field shall include "case number, rating, preferred language, and phone number."
- Client will be notified via Form 2124 send out by vendor. Image a copy of Form 2124.
- Document the number of required down “Work Activity Hours” in CalSAWS. (Example “required work activity is 24 hours.”)

Note: If the reschedule is due to negligent act, the subject line shall also include the word “negligent” so that DFS does not send out Form 2124 automatically

- Make sure to check the client’s employability rating and enter the number of LDCS hours based on the CAAP Work Activity Requirement Chart.
- Assign PEC A with an expiration date last day of the RE month.

Failure to Attend WDD Appointment

WDD Shall:

- Enter Task for "WDD – No Show to Services Appointment**"** to CAAP.

Carrying Worker Shall:

- Upon receiving the "WDD – No Show to Services Appointment**"** Tasks from WDD regarding the client’s failure to attend WDD Appointment, the worker shall take the negative action on the case, as appropriate, for failure to attend WDD Appointment. Refer to sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.
- If the client cancels a WDD appointment through BenefitsCal without contacting CAAP or their assigned worker to establish Good Cause, the canceled appointment is considered a no show and the worker will follow the Negligent Failure process, refer to Sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients
    - Eligibility Worker must tell clients not to cancel appointments via BenefitsCal, they must call to reschedule.

Client Attends WDD Appointment

WDD Shall:

- Inform client of program expectations and requirements.
- Sign and review LDCS referral packet with client; image a copy.
- Update CalSAWS Customer Schedule to show that the client attended.

Client Fails to Complete Required LDCS Hours

After the **first two weeks of the month**, WDD will provide CAAP with a report of those clients who have completed zero hours of the required number of hours for the current month.

- These clients will receive a mid-month letter Form 2158W "CAAP Work Program Status Update" with a reminder of LDCS requirements. In this letter, clients will also be alerted that they may receive an immediate discontinuance or a negligent failure notice if they fail to complete the required number of hours for the month.

  Note: The mid-month letter Form 2158W will be automatically sent to clients.

At the beginning of each month, WDD will provide CAAP with an attendance report for the previous month. CAAP clerical will upload the information to Task and the unit supervisor will task it to the EW.

- Clients who complete zero hours of their required LDCS hours are removed from the workfare site list in Launchpad. However, clients who are both on CAAP and CalFresh are not removed from the list until the client is discontinued from both programs.

Note: Clients who missed a scheduled shift (within the month) will no longer need to report missed hours to CAAP. Clients must contact Workfare Site Supervisor directly to schedule make-up hours.

- If the client missed a scheduled shift that is marked as "Excused Absence", the missed hours will not count against the client's required workfare hours.

Note: LDCS participants who are struggling with their community service assignments will be referred by S.H.E. to the Contracted SSI Legal Advocacy. Refer to Section 95-2.2: Contracted SSI Legal Advocacy for more information.

Carrying Worker Shall:

- If a client has completed zero hours of their required LDCS hours, carrying worker shall discontinue the case using Form 2158B Failed Workfare/Alternative/LDCS Activity Requirement, 10-day notice required.
- Refer to section 90-6.2: Workfare Good Cause.
- If a client has completed more than zero hours but less than the full number of their required LDCS hours, carrying worker shall follow negligent failure rules as appropriate. Refer to section 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.

Unable to Perform/Accept LDCS Shall:

At any time during the LDCS process – i.e. assessment, host site placement, etc – if the client states, S.H.E. notices and/or the host sites reports to S.H.E. that the client has health issues, such as physical and/or mental health, preventing the client from participating in the LDCS program, S.H.E. will meet with the client to discuss a change of host site assignment.

If the same issue continues, the client should be referred to CAAP Triage for re-assessment.

S.H.E Shall:

- Notify WDD via email WDDLightDuty@sfgov.org with the client's name, case number and notation indicating "reassessment needed/refer to Triage."
- Enter a case comment in Launchpad regarding action taken.
- S.H.E. will inform the client to contact CAAP if the client does not receive an appointment letter within 10 business days.

WDD Shall:

- Email CAAPServices@sfgov.org with the client's name, case number and notation indicating "client reported change in their employability status - reassessment needed/refer to Triage."
- Close LDCS activity in Launchpad and CalSAWS.

CAAP Supervisor Shall:

- Forward email to the assigned EW.
- Create the "Schedule client appt" task indicating "LDCS reassessment needed/refer to Triage."

CAAP Carrying Worker Shall:

- Upon receipt of the task, the Carrying EW shall follow the employability appointment process (see section 95-1: Employability Determination)

95-5: Special/Treatment Programs

(Revised as of 04/29/25)

This section directs workers to take specific actions for clients who are participants in treatment facilities and/or special programs. Clients must verify their participation in these treatment or special programs. Clients who came to San Francisco to participate in these treatment programs must have the intent to continue to reside in the county after the completion of the treatment/rehabilitation program in order to qualify for assistance.

I. Categories of Treatment/Special Program

For CAAP purposes, treatment or special programs are divided into four categories:

1. Treatment Programs with a Signed MOU with HSA (Halfway Houses)

These are treatment programs that have a signed Memorandum of Understanding (MOU) with HSA defining the responsibilities of the respective parties with regard to the application for and receipt of CAAP benefits by residents of these programs. The MOU also authorizes the exchange of information regarding mutual clients between the two agencies. The treatment programs under this category are halfway houses.
Clients participating in any program under this category are exempt from work activities.

Benefits are issued to these clients as 2-party checks made out to the client and the program.

Programs under this category include the following:

- Baker Places
- Conard House Hotel Program
- Progress Foundation
- Haight Ashbury Free Clinics – Health Right 360
- Harbor Lights
- Gracenter
- Friendship House
- Asian American Residential Recovery Services (AAARRS)
- Epiphany Center

For more information about the above programs, refer to CAAP OLM Section 99-11: Special/ Treatment Programs

2. Treatment Programs Without MOU with HSA

Treatment programs under this category are recognized by HSA but they do not have a signed MOU with the department. Direct communications with these programs are allowed with a signed consent from the client.
Clients in one of these programs are exempt from work activities.
Benefits can be issued as a two-party check upon client's signing of Form 2510.
Programs under this category include the following:

- Alcoholics Rehabilitation Association (ARA) First Step Home
- Cameo House
- Community Housing Partnership

- Drug Court Treatment Center
- Episcopal Community Services (ECS)
- Fr. Alfred Center of St. Anthony Foundation
- Iris Center Women's Counseling and Recovery Services
- Latino Commission
- Lee Woodward Counseling Center for Women (LWCC)
- Ohlhoff Men's Residential Program
- Project Ninety, Inc.
- Safe House for Women Leaving Prostitution and SF Network Ministries Housing Corp.
- Sheriff's Department's Alternative Program – SWAP, 5-Keys Charter School, NOVA, Women's Resource Center
- Swords to Plowshares
- A Woman's Place

For more information about the above programs, refer to CAAP OLM Section 99-11: Special/ Treatment Programs

3. Treatment Programs not Listed under the first two categories

Treatment programs under this category are programs that are not listed on the two previous categories. Clients who are in any of these programs are required to participate in work activities. These clients must be referred to Triage for employability assessment. The worker must follow the triage rating to either exempt or refer clients to the appropriate work activity.

Clients who state that their participation in the treatment program conflicts with their work activities shall be advised to have their program request inclusion in the Special Program list (category 1 and 2). Until the treatment program is listed, compliance to work activities are required.

Exception: Clients in lock-down at a residential treatment program are exempt from work activity requirements upon verification of the lock-down period from the program. The worker will enter PEC Q in CalSAWS with the end of the lock-down as the expiration date.

4. Ineligible Special/Treatment Programs

Participants whose needs are met as residents of the following residential programs are ineligible to receive CAAP because it is presumed that the client is staying in a facility that provides housing and three meals a day. To rebut this presumption, the client must present satisfactory evidence (acceptable verification) that he pays the facility for his housing and/or is he is not provided with 3 meals a day. (Refer to section 91-7.4: institutionalization)
The list includes but not limited to the following:

- Broderick House: 1421 Broderick Street, SF CA, (415) 827-3953
- Parolee Service Center/GEO Reentry Services: 111 Taylor Street, SF CA, (415) 346-9769
- Haight Ashbury Parole Program: 940 Haight Street, SF CA
- United Family Care Corporation (formerly known as Seton Hall): 165 Guerrero Street, SF CA, (415) 865-0592
- United States Mission (no locations in San Francisco)
- HealthRight 360 (several locations in San Francisco, call the specific facility if they provide housing and 3 meals a day): (415) 554-1100

- San Francisco Behavioral Health Adult Residential Facility (SF General Hospital): 887 Potrero Avenue, SF CA

Note: Participants of Harbor House located at 407 9th Street, SF, CA, (415) 503-3029 are ineligible to receive CAAP because this facility only accepts adults with minor child(ren).

II. Worker Responsibilities When a Client Enters a Treatment Program

The following outlines the process when a client reports participation or entry to a treatment program.

1. For Treatment Program With MOU (Halfway Houses)

a. Verify the client's participation in the program. The program should provide an introduction letter as a verification. Check if the intro letter includes the 2-party check agreement. If not, the client must sign F2510.
b. Exempt the client from any work activities.
c. Update the following in CalSAWS:
    - Address
    - PEC to H, HX, HY or HZ (whichever is applicable) with an expiration date of the next RE
    - Benefit issuance to two-party checks unless the program specifies to issue the benefit through EBT.
    - Case comment.

2. For Treatment Programs on the List but Without MOU

a. Verify the client's participation in the program.
b. Instruct the client to sign the Form 2510 if program requires to authorize a two-party check issuance for the client and the treatment program.
c. Exempt the client from work activity.
d. For unemployables or TDC, skip to step E. For employable clients:
    - Explain 2151A (Treatment/Special Program Agreement).
        - Explain to the client Form 2151. Schedule the client to submit next month's Form 2151 (Treatment/Special Program Confirmation) or an acceptable verification of attendance.
    - Client should be given an appointment for the 1st week after the last day of the future month. Example: EW sees client on 5/22/19. Worker should make an appointment for client to come in anytime during the first week of July 2019.
    - Once form is received by CAAP, a task will be created and assigned to the EW. The EW is to review case and mail out form 2151 for subsequent month, if appropriate.
    - Form 2151 can be submitted via fax, mail or email, or dropped off at the CAAP Service Counter.
e. Update the following in CalSAWS:
    - Address
    - For employable, PEC to Q with an expiration of the next RE or PEC E, X, Y, Z (whichever is applicable)
    - Benefit issuance to two-party checks if 2510 is signed

- Case comment.

3. For Treatment Program not on any of the above lists

a. Determine if the verification of program participation satisfies CAAP housing verification.

b. Refer the client to Triage for employability assessment as usual.

c. Follow Triage's rating to refer the client to the appropriate work activity.

d. Update the following in CalSAWS:
   - Address
   - PEC per Triage rating
   - Set benefits issuance as EBT unless the client signs Form 2510.
   - Journal

III. Worker Responsibilities When a Client Leaves a Treatment Program

Note: The following procedure applies to clients with benefits issued as two-party checks.

When a client reports leaving a Treatment program, the Eligibility Worker must verify if the client has actually left the program and when by either a discharge letter or a phone call to the program. Once this information has been verified, the EW then determines the following:

- Does the client continue to be eligible for benefits?
- Are there any benefits issued while the client was still in the treatment program that need to be replaced?

1. Determining Continued Eligibility and Benefits

Continued eligibility to the program and benefits need to be verified prior to any benefit replacement and continued issuance of benefits. The EW takes any case action based on the client's compliance to the verification requirement.

- The Eligibility Worker needs to determine if the client continues to live in San Francisco after they left the Treatment program and thus continues to meet CAAP's residency requirement

  and

- The Eligibility Worker also needs to determine the client's housing situation. If the client is housed, they are eligible for up to the maximum grant after submitting acceptable housing verifications. If the client is homeless, they would be entitled to a CBP grant after signing the CBP packet.

2. Benefit Replacement

Once the EW determines continued eligibility and benefits, the worker will then check if any of the previously issued benefits can be replaced and reissued to the client. The following processes apply to clients whose benefits were issued as a two-party check.

A. Left the treatment program on the 1st of the month, reports to CAAP prior to the fiscal cutoff

If the client has left the facility on the 1st day of the current month, the EW will need to check CalSAWS to verify if the originally-issued check had been cashed.

If the check has not been cashed, the EW will :

1) Request the treatment program to send the original check back to HSA. Refer to Section 99-11 for the program's phone information.

2) Issue a replacement check. The client is required to sign a Form 8037 declaring that they have not received any benefits for the current month.

Note: If the client has the check and has returned it to CAAP, void the check and reissue the benefits through EBT. No Form 8037 is required to be signed.

3) Cancel the check following **CalSAWS Job Aid "THC, 2 Party Check, Money Management Fact Sheet**".

If the check has been cashed :

1) The EW refers the client to contact the treatment program to arrange refund of their benefits.

B. Left the treatment program on the 1st of the Month, reports to CAAP after the fiscal cutoff

If the client has left the treatment program on the 1st of the month but reports it to CAAP past the fiscal cutoff, benefit replacement will consist of two steps:

1. Replacement for the current month benefits.

The process for replacement of current benefit is the same as Section A above:

a. If the current month's check has not been cashed, the EW will request the treatment Program to send the original back to HSA. The EW will issue a replacement benefit to the client of equal amount to the original check. The client is required to sign a Form 8037 declaring that they have not received any benefits for the current month.

b. If the check has been cashed, the EW will request the treatment program to issue a check to the client in the same amount as the original check.

2. **Replacement of next month's check**

Any client changes reported after the fiscal cutoff are deemed too late to change the current benefit issuance. In this case, the client's next month's check can no longer be stopped from being issued as a two-party check and from being mailed to the treatment program.

The worker will need to do the following:

a. Inform the treatment program that client's check will still be mailed to their facility even though the client has already left their program.

b. Request the treatment program to return the check to HSA.

c. Provide the client a return appointment no earlier than the 1st workday of the next month for benefit replacement. Have the client sign the 8037 if the client does not have the check with them.

e. If the check has been returned, follow CalSAWS Job Aid **"**Assign Task for Cancel Warrant " to initiate the replacement process.

Note: When issuing a replacement check, the worker must consider the client's housing situation. Issue a housed grant if the client is housed and issue CBP grant if the client is homeless.

C. Left the treatment program after the 1st of the Month, reports to CAAP prior to the fiscal cutoff

When a client leaves after the 1st of the month, the treatment program has the right to collect charges (board, lodging, program fees, etc.) for the partial month that the client stayed with the program. Since the two-party check issued covers the client's benefits for the entire month, the client consequently is entitled to a refund of their benefits for the other part of the month that they are no longer in the program.

The EW will refer the client back to the treatment program to make an arrangement for that refund.

If the treatment program chooses to waive the charges and returns the check to HSA, reissue the benefit to the client.

D. Left the treatment program after the 1st of the Month, reports to CAAP after the fiscal cutoff

If the client reports leaving the treatment program to CAAP past the fiscal cutoff, benefit replacement will consist of two steps:

1. For the current month benefit , the process is the same as **Section C** above. The client must discuss with the program regarding getting a refund (whole or partial) of their benefits.

2. For the following month's benefits :

Any client changes reported after the fiscal cutoff are deemed too late to change the current benefit issuance. In this case, the client's next month's check can no longer be stopped from being issued as a two-party check and from being mailed to the treatment program.

The worker will need to do the following:

a. Inform the treatment program that client's check will still be mailed to their facility even though the client has already left their program.

b. Request the treatment program to return the check to HSA.

c. Provide the client a return appointment no earlier than the 1st workday of the next month for benefit replacement. Have the client sign the 8037 if the client does not have the check with him/her.

e. If the check has been returned, follow CalSAWS Job Aid **"**Assign Task for Cancel Warrant " to initiate the replacement process.

Note: When issuing a replacement check, the worker must consider the client's housing situation. Issue a housed grant if the client is housed and issue CBP grant if the client is homeless.

3. EBT Issuance

When a client leaves a treatment program where his benefits are being issued as a two-party check, his benefits will be issued through EBT.

The Eligibility Worker needs to do the following:

1. Ask the client to sign the EBT Agreement 2518

2. Issue an EBT card to the client. Make sure that the card is reactivated. (Refer to **CalSAWS Job Aid How To Reactivate EBT Cash Account**)

Note: If the client moves in to another treatment program, follow the procedure outlined in Section II above.

4. Work Activity

The client employability needs to be determined for a referral to the correct work activity. Refer the client to Triage as appropriate.

5. PEC Code Changes

Change the client's PEC from treatment program to the PEC reflecting the client's current employability/ work activity.

95-6: CAAP Treatment Pathways Activities (Substance Use Disorder)

(Revised as of 7/22/25)

Passed by voters on March 5, 2024, Proposition F is an important new tool to address San Francisco's opioid overdose epidemic by incentivizing substance use disorder treatment. Beginning in January 2025, Proposition F requires that people with a substance use disorder (SUD) who want to access county-funded cash assistance participate in some form of treatment. This section discusses how the Substance Use Disorder (SUD) assessment determination is made, initially through a referral to the Triage. This process will be considered at Intake and Renewal started on January 1, 2025, (and subsequently when the client is due for an reassessment for Triage) for all CAAP applicants and recipients. Clients must comply with SUD assessment and subsequently participate in treatment if referred by CAAP.

Note: There are exempt populations for SUD activities, which are: clients currently in halfway house, clients rated capacity, and verified terminal illness. Lastly, all SSIP clients are not required to participate in SUD activities. Halfway house clients include clients currently in special treatment programs listed in 99-11: Special/ Treatment Programs. This includes treatment program with a signed MOU with HSA such as Baker's Place, Conard House Hotel Program, Progress Foundation and treatments programs without a signed MOU such as ARA, Cameo House, and Community Housing Partnership. Clients in these treatment programs are exempt from CTP requirements and should follow standard business process detailed in 95-5: Employables in Special/Treatment Programs. Treatment programs that has a signed MOU with HSA are exempted from work activities, while treatment programs without a signed MOU must agree to report monthly (2151A) using the 2151. Indicate this exempt status in the Triage referral in CalSAWS using "Work Activities and CTP Exempt" in the appointment comments.

The Human Services Agency (HSA) has a contract with Westside Community Services to screen clients for SUD, administer the SUD Assessment and Treatment planning for the CAAP clients. The program is henceforth known as CAAP Treatment Pathways (CTP).

Eligibility Criteria

All CAAP applicants and recipients will be referred to Triage as per normal business process during Intake and Renewal as applicable. Triage will ask a single question to determine if the client will be flagged for CTP, and the client will also be evaluated for an employability rating, which will be known as the backup rating for CTP clients. If the client is flagged for CTP, Triage will be indicating this status in COSTS for the eligibility worker to refer the client to the CAAP contracted Assessor who will complete additional screening, assessment and treatment planning if applicable. Clients who are rated for SUD must participate in required treatments as SUD activities supersede all other employability activities such as workfare, light duty, and CCS. The assessor's role is to manage and maintain the client's treatment progress and communicate with CAAP on the status.

Initial appointments for the assessor (Westside Community Services) would be added into a SharePoint calendar and the appointment letter would be issued by the Eligibility Worker using the 2124S. The assessor will also use this appointment calendar to mark if the client showed or no-showed to the individual appointment and the result of each appointment. Clients are instructed on the 2124S to attending the Westside Appointment at 245 11th St, San Francisco, CA 94103. After the initial referral is made to Westside, the client will have 30 calendar days from the initial appointment date to comply and complete this appointment. Westside will attempt to re-engage with the client within a 30 calendar day period if they no show. After the 30 calendar day period has ended and Westside is still not able to complete the appointment with the client, a task will be generated for the worker to discontinue the case using the 2158C. Clients who are discontinued for not attending the initial Westside appointment via using the 2158C

are not entitled to rental assistance. Workers will not create negligent failures for no-shows for the initial Westside Appointment.

Note: Clients who are actively participating in the CAAP Treatment Pathways are not subjected to the 90 day sanction for non-compliance. These clients will continue to receive 30 day sanctions.

The assessor may provide the client with different treatment options that is best suited for them, divided into 3 tiers. The assessor will also have the client sign a treatment agreement as part of enrollment. Once the client is enrolled in treatment, they must participate and follow the required guidelines of the treatment program. The assessor will be providing updates on the compliance of the client in their treatment plan monthly using the SharePoint Compliance Tracking log. The records would be bulked tasked to the EW at the beginning of the month to review the client's compliance in the previous month and process negative action if appropriate. When processing negative actions, EW follows the 3 acts of negligent failure. For clients that did not participate in the previous month, inform the client to contact Westside to re-engagement with their activities as part of the negligent failure using the 2152E.

SUD Reengagement

Eligibility workers must review the client's CTP status during Intake, Renewal, and Reinstatement. Create appropriate referral to services as needed to keep the client on track with their CTP activities. (Such as Triage or the Assessor Appointment)

During reinstatement, the client may have been discontinued for various non-compliance reason(s) and may need to be engaged with their CTP activities. Review the case's current CTP status and create the referrals to the appropriate services. Create an appointment with the CTP assessor if applicable and inform the client to attend the appointments as part of their requirement to complete the reinstatement. Send out the initial assessor appointment letter using the 2124S to the client. Verify that the client attended the appointment on the calendar in the show/no show columns as part of the reinstatement processing.

Triage Assessment

In addition to standard employability assessment, Triage will also flag clients for substances use disorder during the appointment. If the client is flagged for CTP, Triage will also complete the UROI. If the client refuses to sign the UROI, it will be indicated in the COSTS comment. The eligibility worker must have the CTP flagged client complete the UROI prior to approval at Intake. For Carrying, request the client to sign the UROI with 2191 using the 3 acts of negligent failure process. Triage will inform the client that the UROI must be sign for EW to process their next appointment.

The client can also voluntarily participate in a Meet and Greet session with staff from Westside to learn more about their services. Triage will indicate in the COSTS comments that the client spoke with Westside for this Meet and Greet. They will also be provided a CAAP Treatment Pathways welcome flyer if the client declines the Meet and Greet.

After Triage completes the appointment and the UROI is signed, they will indicate in COSTS if the client is flagged for CTP. If so, the worker will schedule the Westside appointment for DAST-10 screening and additional assessment if required. If the client reports that they are already in private treatment, triage will inform the client to provide the verification to the eligibility worker. The details would be included in the CalSAWS Triage in COSTS comments. The eligibility worker must follow up with the client to confirm participation of private treatment program using the 2151S unless it is an exempted halfway house treatement program. If the client does not provide the private treatment verification by the due date, (following carrying business process of 7-10 calendar days) the worker will schedule an appointment for the client with the CTP Assessor using the form 2124S.

For SUD rated clients, the PEC code is **D - Substances Use Disorder**. Triage will also continue to evaluate the client's

employability rating (known as a back up rating), and update COSTS accordingly. Once the client attends the Westside appointment, they would be screened for SUD using the DAST-10. If the DAST-10 screening determines that the client is dependent on illegal substances (If the client answers Yes to any of the 10 questions), Westside will perform additional assessment to determine the proper treatment for the client. If the client willfully fails or refuses to answer the DAST-10 questions, it would be considered a refusal to comply with program requirements. These clients would be discontinued based on eligibility reason(s) using the 2158. Since the client did not comply with the screening to determine their SUD status, they are not entitled to the 30 day rental assistance/shelter extension. If the client completes the DAST-10 but subsequently willfully fails or refuses to complete additional assessment or treatment options, these clients would be discontinued based on non-compliance using the 2158C. These clients have been screened by the DAST-10, therefore they are entitled to the 30 day rental assistance/shelter extension. Westside will inform CAAPServices about these status for the eligibility worker to process.

If the DAST-10 screening does not indicate the client has a substance use disorder, Westside will inform CAAPServies about this status for the eligibility worker to process. Refer the client to appropriate work activities as per normal business process based on their backup rating.

Please note: the following clients are exempt from SUD requirements. Age exempt and TDC clients are not exempt for SUD requirements.

- Clients who are currently in a halfway house
- Clients who are rated to have capacity issues
- Clients who verified to be terminally ill
- Clients who are rated #4 for SSIP clients

Eligibility workers shall continue to indicate to Triage using CalSAWS Appointment Comment if the client is exempt for SUD in CalSAWS Triage Appointment.

If the client has completed their appropriate treatment program, they should be referred to triage if the back up rating has expired. (More than 90 days) Triage will conduct an employability evaluation and the worker will refer the client to appropriate work activities based on their rating. Treatment times differ between each tier, it can range from 2 weeks to 6 months.

For clients in the following scenarios, their SUD requirement will be initiated when they are required to attend their next Triage appointment. Refer these clients to their appropriate activities based on their back up employability rating.

- Clients that are discharged/self discharged from Halfway Houses
- Clients that were previously rated SSIP but are re-rated to back to employable ratings (1,2,3)
- Clients that completed CCS

WDD Referrals

Workforce Development (WDD) may refer active recipients back to CAAP if they determine that the client may not be fit for work activities at the moment due to various reasons (including SUD). WDD will notify the CAAP EW using CalSAWS Task. In these scenarios, refer the client to Triage as per normal business process to obtain a new employability rating and a SUD flag if applicable. If the client is flagged for CTP, refer them to Westside to complete their screening and assessment. If the client becomes enrolled in CTP, contact WDD HSA WDD Workfare <WDDWorkfare@sfgov.org> to cancel existing work activities as the client will now start participating in SUD activities. If the WDD active client is referred to Triage and becomes SSIP, the worker should also inform WDD that the client will no longer participate in Workfare due to PEC change.

Rental Payment Process

Under the Prop-F Ordinance, it requires recipients of aid under County Adult Assistance Programs (CAAP) who are reasonably believe to be dependent on illegal drugs to be screened for substances abuse, and to participate in appropriate substances abuse treatment where recommended by a professional evaluator; providing that failure to comply with the drug screening, evaluation, and treatment requirement without good cause will render a recipient ineligible for assistance under the CAAP Program. CAAP recipients who become ineligible for assistance due to non-compliance with the screening, evaluation, or treatment requirements are allowed to receive a housing stipend or access to in-kind shelter for 30 days beyond the discontinuance of their aid, with possible extensions as necessary to prevent eviction.

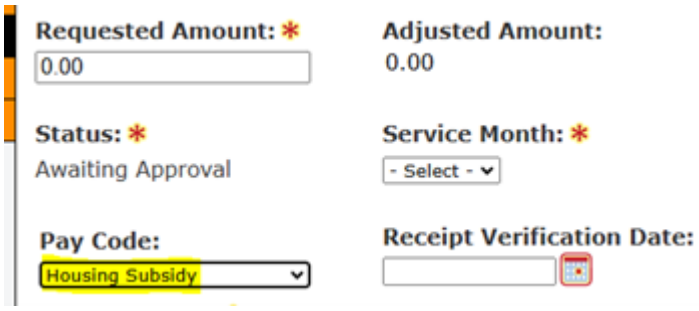
Determination of extension beyond 30 days of rental assistance or in-kind shelter access will be at the program's discretion, consult the section manager for guidance.

The rental assistance means eligible and verified rent expense and guaranteed access to in-kind shelter and meal services. The stipend will not be the full CAAP grant, it will be the amount of the client's rental payment obligation to their housing provider. For homeless clients in shelter, their reservation will be extended for 30 more days, or shelter can be offered for clients who currently do not have one.

Clients who are Age Exempt or SSIP are not entitled to this housing stipend and in-kind shelter because there is no sanction period after their non-compliance discontinuance. These clients can reapply/reinstate immediately after the discontinuance month. Therefore, when Age Exempt and SSIP SUD clients with private market landlord are discontinued due to no-compliance, there is no need to send the 2143A and W9 packet detailed below.

Private Market landlord

For housed CTP clients that are discontinued due to non-compliance and they have a private housing provider, the Form 2143A and W9 will be issued with the proper discontinuance notice (2158A or 2158C) providing at least 10 day notice. The client must complete and return the Form 2143A and W9 by the 3rd business day of the month after their discontinuance to allow enough time to process the 30 day housing check stipend. This will be issued as two-party check payable to the housing provider and the client using the "**Service Arrangement**" functionality inside CalSAWS. Refer to the CalSAWS Job Aid **Issue Supplemental Payment 11.2024** for instructions on creating a Service Arrangement. The worker must rescind the discontinued status case prior to creating this Service Arrangement as it can not be created on a discontinued status case. Discontinue the case again after the payment is processed. The pay code for this rental assistance is **Housing Subsidy.**



The housing provider will be added into the resource data bank so that a check can be issued at distribution using Rush for the client to pick up. To request a new record (housing provider) to be added to the resource data bank, contact the CAAP Admin team by emailing the completed 2143A+W9 to **hsa-caap-rdb@sfgov.org**. The W9 does not expire and is only needed once unless there are changes to the information. This benefit is independent of the client's CAAP benefit but it can be subjected to overpayment.

Note: Client who are receiving In-kind housing (5033) are not eligible for rental assistance, there is no need to send these clients the 2143A+W9 after non compliance discontinuances.

Housing Stipend and Fair Hearing Timing

Since the client has the right to file for a fair hearing along with requesting rental assistance, the worker will not issue rental assistance until after the fair hearing due date has passed (3rd workday of the month after the effective discontinue month). If the client filed for a fair hearing and aid paid pending will be issued, the worker will not issue the rental assistance Service Arrangement two party check. The client is still considered on aid during the Aid Paid Pending month and no rental assistance is needed.

Once the fair hearing is complete and the decision is made, the worker must determine if the rental assistance check is required to be issued. If the client wins the fair hearing, the worker will not issue the rental assistance check because the client did not have a break in aid. If the client loses the fair hearing, they will be required to serve the 30-day sanction period, and the worker will issue the rental assistance at this point for the client after the fair hearing decision.

If the client wins the fair hearing and was issued the rental assistance and received Aid Paid Pending, the original rental assistance payment would be considered an overpayment. CAAP will currently not collect these rental assistance overpayments but will require workers to track these occurrences. Workers will report these incidents to their direct Supervisor to log it into the SharePoint SUD Fairing Overpayment Exception List.

Note: To prepare for CTP related discontinuance fair hearings, provide the fair hearing office with details of the client's non-compliance from the assessor for fair hearing to review. This information can be found on SharePoint Monthly Compliance List.

Below are the case flags that should be used for SUD clients with a private housing provider:
Note: These flags are also used to tag homeless SUD clients.

- **SUD/CAAP/PRIV** - clients who are participating in SUD treatment through CAAP's referral treatment and has a private housing provider or homeless
- **SUD/ALT/PRIV** - clients who are participating in SUD treatment with an outside treatment provider and has a private housing provider or homeless

Landlord Refusal to Accept Third Party Check

If a landlord refuses to take a 3rd party payment, the worker should consult with their section manager. The worker or supervisor should contact the landlord and explain the State statute (California Code, Civil Code - CIV § 1947.3) that requires them to accept such payment. The worker would have the program director sign the following statement and send that with the check. If the landlord continues to refuse the payment, the worker should consult with their section manager and ultimately program director.

CAAP Rental Payment Disclosure

I, Jason Adamek, County Adult Assistance Programs (CAAP) Director, state as follows:

I am not currently a tenant of the premises located at [insert address of premises].

I acknowledge that acceptance of the rent payment I am offering for the premises does not create a new tenancy.

(signature of third party) _____(CAAP Director Signature) (date)

W9

Clients must establish landlord tenant relationship for the rental assistance to be paid. This includes the client turning in a W9 from their landlord which will have the ITIN Number. Clients who are unable to provide this W9 will not be eligible for rental assistance.

If the client is subleasing, the W9 would need to be completed by the individual they are subleasing from. The W9 is part of the 2143A which needs to be issued to a CTP client after a non-compliance discontinuance (2158A).

Permanent Supportive Housing

For housed CTP clients that are discontinued due to non-compliance but are currently housed by Permanent Supportive Housing (PSH). There will be a back-end process to identify these cases and a payment in lumpsum will be issued to the housing providers for the client. The worker would not need to process these rental stipends unlike clients who are with private housing providers. The list of PSH housing address can be found in ONE at https://onesf.clarityhs.com/report/embed/14623/2. The worker must verify the address of the client to see if they are a resident of a PSH building and use the correct SUD case flag when updating these cases after triage. A report will be ran on the 10th of the month to identify these cases that were discontinued last month and submit a list to the fiscal department with the rental amount so that a lump sum payment can be issued to the housing provider. This rental amount for these housing providers is 30% of the client's income (grant total).

Below are the case flags that should be used for SUD PSH clients:

- **SUD/CAAP/PSH** - clients who are participating in SUD treatment through CAAP's referral treatment and has a permanent supportive housing provider
- **SUD/ALT/PSH** - clients who are participating in SUD treatment with an outside treatment provider and has a permanent supportive housing provider

Homeless Clients

For homeless CTP clients that are discontinued due to non-compliance, they must have guaranteed access to in-kind shelter and services for 30 days after the discontinuance. These clients are not discharged from their existing CAAP shelter for 30 days. A monthly report is run on the 10th of the month and sent to the shelters to discharge clients that were discontinued last month. If any of the clients on this list are CTP clients, they would be removed from that month's list and placed and tagged on the list for next month to be discharged. In the subsequent month, the admin team will verify that these clients are still discontinued before sending the report to shelter coordinators. If the clients is now active or pending (reinstated, won fair hearing, rescind, reapply), there is no need to discharge them. They will be removed from the monthly discharge list.

If the client currently does not have a shelter and request for one, provide the shelter reservation as per normal business process. Inform the CAAP Admin Analyst to add this client to the list for next month to verify case status and discharge if appropriate.

Below are the case flags that should be used for homeless SUD clients:

- **SUD/CAAP/PRIV** - clients who are participating in SUD treatment through CAAP's referral treatment and has a private housing provider or homeless
- **SUD/ALT/PRIV** - clients who are participating in SUD treatment with an outside treatment provider and has a private housing provider or homeless

Assessor

The CAAP contracted assessor (Westside Community Services **844-558-3100**) receives referrals from the CAAP Eligibility Worker for clients who are flagged for potential substance use disorder. The Eligibility Worke refers the clients to the assessor using the 2124S, the assessor will review the appointments in SharePoint Assessor calendar and indicates the attendance for the individual appointments (show/no show).

Westside will perform the DAST-10 and additional assessment for CTP eligible clients. After the initial appointment, the assessor will track the client's compliance on a monthly basis in SharePoint and these compliance records will be tasked out in bulk for workers to process accordingly. When processing negligent failures regarding failed participation monthly, the EW will instruct the client to contact the assessor and continue their treatment plan using the 2152E. Provide the phone number for Westside to the client if needed.

The role of the assessor is to further evaluate the client and confirm if the client has substances use disorder. The client would be screened during the appointment and the screening process includes:

- DAST-10 – screening tool evaluates behaviors related to drug use and abuse, including: frequency of use, neglecting important activities; continued use despite negative consequences; legal problems; physical or psychological problems; risky behaviors; and failed relationships as a result of drug abuse.
- The BQuIP tool - fast and free web-based tool designed to generate recommendations for initial placement for individuals seeking treatment for substance use disorders (SUD). The BQuIP is intended for potential recipients of Adult SUD services.

The assessor would also consult with the client and plan for next steps in terms of treatment options available. The assessor may offer 3 tiers of treatment options to the client and have them complete a treatment agreement. Failing to comply with the assessment or subsequently required treatment activities may result in a negligent failure or discontinuance of the client's benefits.

Negative SUD Assessment

If the assessor reports a negative SUD rating from the appointment, the client shall be referred to their backup rating for appropriate work activities. Refer the clients to a WDD appointment if appropriate. The back up rating can be located in COSTS by reviewing the client's most recent Triage assessment. For example, if a client that was rated 1 for workfare and referred to the assessor for SUD rating but returns a negative result. The eligibility worker would refer the client to WDD and provide the appropriate appointment letters.

Missed Appointments

If a client misses their SUD Assessment appointment, the assessor (Westside Community Services) will notate the no-show on the SharePoint Appointment Calendar. If the client no-shows to their initial appointment with Westside, they would have 30 calendar days to re-engage and complete the appointment. Westside will attempt to re-engage the

client within 30 calendar days of the initial appointment date. If re-engagement is unsuccessful after 30 calendars days, the clients would be discontinued due to failure to comply with program requirements using the 2158C. The worker would receive a task for processing. There is no negligent failure for missing the initial appointment for Westside.

Compliance Tracking

The assessor would be using SharePoint to track the compliance of clients with their treatment plans. For clients who are already in private treatment programs for substance use, the eligibility worker must confirm the enrollment using the 2151S. (see above for more details) Once the client's enrollment in treatment private is confirmed, forward the client's information and the completed 2151S to the assessor by **Westside@sfgov.org** so that they can start monitoring the compliance of the client in the private treatment program.

If a CTP client is discontinued, the assessor must be informed about this status change. A monthly report will be run on the 10th of the month to identify these clients and provided to the assessor by email.

No Vacancy

This is a status used when the client is rated for SUD but the assessor determines that there are no vacancy for treatment at the moment. The Assessor will indicate this in the SharePoint Monthly Compliance Tracking Log. If vacancy is available in less than one month, the client would wait until it is available to participate in treatment. If there is no vacancy for longer than one month, the assessor will inform the eligibility worker to refer the client to their back up activity as appropriate. For these specific clients, they would be referred to back Triage and to the assessor (if still SUD rated) to select available treatment at Renewal. Update the PEC and SUD Indicators as appropriate to align the correct employability code with the client's current activity. Only one case flag (PEC) should be active if the client is waiting for treatment, it should be their backup rating, ie PEC A.

For clients who are waiting for CTP vacancy, add the following case flag with the RE due date as the end date in CalSAWS. During the RE process, review the case flag and refer the client to Triage for a new SUD assessment and assessor appointment if rated for SUD.

CAAP - SUD Triage Referral at RE

Treatment Plans

Once the client is rated by the assessor and does show indication of substance use, the assessor will review available treatment plan/options with the client. Westside will also complete a treatment plan agreement with the client. The assessor will be monitoring the client's compliance and progress using SharePoint monthly for CAAP to take any negative action if required due to non-compliance.

If the client fails to meet specific requirements during the treatment period, refer the client back to the assessor to resolve any issues. Follow the Three Acts of Negligent Failure process when evaluating client's non-compliance in treatment programs. For more information, Refer to sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients

Client Completes Treatment

If the client successfully completes their treatment, the assessor will inform the eligibility worker of this status change with the completion date. Since the client is no longer a CTP client, update the case accordingly, (updating case flags to reflect the client's current status). If appropriate, refer the client back to Triage for employability evaluation for

work activities. If the rating is within 90 days, the worker shall refer the client to WDD based on the valid back up rating, no Triage referral is required.

Clients on Long Term Medication

Clients who are on long term medication such as methadone for their substance use disorder treatment suffices as treatment requirements. Triage will refer these clients to the assessor so that their progress can be tracked by the assessor.

Supervisor Review for SUD Discontinuances

To ensure quality control and assurance of CTP cases, all clients who are discontinued while actively participating in CTP activities should be forwarded to the worker's direct supervisor for review. This include clients who are housed with private landlord, permanent supportive housing, and homeless. The supervisor would review the discontinuance and subsequent processing (discontinue reason(s), rental assistance, shelter extension, ending special indicators, etc.) of the case to ensure correctness. Any inaccuracies found during the review would be assigned to the original worker for corrections.

95-7: Municipal Railway Transportation Allowance Authorization

(Revised as of 7/15/25)

All CAAP recipients performing Workfare, approved Alternative Workfare, participating in CTP, CCS or any other required CAAP employment activity are entitled to receive transportation allowance. This procedure describes the process for authorization and issuance of Bus Passes and Bus Tokens for CAAP recipients upon their qualifying for this transportation allowance. Transportation allowance can be issued through CAAP or WDD.

Clients who receive transportation allowance from another source are not eligible to receive one from CAAP. If the transportation allowance has been authorized but has not been picked-up, the worker must cancel it immediately. CAAP does not replace transportation allowance that is lost or stolen after it has been issued, unless client is able to provide proof (copy) of a police report.

Clients who receive a transportation allowance (Muni Bus Pass, tokens, etc.) are prohibited from selling, exchanging, or giving away this allowance. Failure to comply with this prohibition constitutes a failure to comply with CAAP program requirements and will result in a denial/discontinuance of aid.

Refer to the CAAP Bus Pass Issuance Process Flowchart located in the Intranet for assistance in this process.

Transportation Benefits Issued Through CAAP

The CAAP worker must take appropriate action immediately whenever a client's eligibility to receive transportation allowance changes.

It is important that transportation allowance only be issued to eligible clients and that CAAP workers inform all qualified individuals that they are eligible to receive such allowance.

Ongoing CAAP recipients may qualify for transportation allowance whenever their temporary exemption expires and they begin to engage in employment related activities.

Authorization of Muni Tokens

CAAP EWs can issue Muni tokens in one of the following scenarios:

- At approval, CAAP EWs can issue up to two (2) tokens for those clients with presumptive eligibility, plus two (2) extra tokens, if referred to Triage.

- **For cases where CAAP is responsible for issuing Bus Passes** , CAAP EW shall issue a Muni token instead of a Bus pass for the current month *only* when clients first become eligible for a transportation allowance on the 23rd or later of any given month. Bus Passes will be authorized for the subsequent months as appropriate. The number of tokens authorized is equal to 2 (two) tokens per calendar day beginning with the day of authorization.

- **For cases where WDD is responsible for issuing Bus Passes, the CAAP worker shall issue two (2) bus tokens to the client once the case is approved. See section "Transportation Benefits Issued Through WDD" for more information.**

In any of these situations, tokens for active clients must be authorized in the system. This must be completed before sending the client to Distribution. Authorizations for tokens are one-time authorizations completed by the CAAP worker. Refer to CalSAWS Job Aid “Issue Bus Tokens” for more information.

Informing the Client of Bus Pass Pick-Up Procedures (CAAP-issued Bus Passes Only)

Whenever a CAAP client first qualifies for Bus Pass issuance, the EW will inform the client of the following:

- About the general qualifications for a monthly Bus Pass
- That they may pick up their Bus Passes on a monthly basis (as long as they remain eligible) according to the indicated schedule, which includes specific dates, times and location.
- That they must bring identification with them in order to pick up a Bus Pass
- That if they do not have an acceptable ID, the client must return to the CAAP Service Counter to begin the ID verification process to have their Bus Pass released to them.
- That the DHS-issued HSA issued Bus Pass (“A” Pass”) is a Clipper Limited Use Ticket loaded with a monthly pass that is electronically compatible with SMTA Clipper Card Readers and fare gate. The client’s name is written on the back by an HSA staff.
- That they are required to carry identification with them at all times when using DHS-HSA-issued Bus Pass

Important: All employable clients who are first authorized for Bus Pass issuance on any given day shall be told to return the next workday to pick-up their Bus Passes.

Authorizing and Re-authorizing Bus Passes

The CAAP worker must enter the Bus Pass authorization in the "Needs List" page and authorize the Bus Pass.

Follow the procedure to authorize the Bus Pass. Refer to CalSAWS Job Aid “Issue a Bus Pass” located on the Intranet.

Worker Responsibility - Authorizing Bus Passes for non-WDD Employable Clients

Workers will initiate the process for Bus Pass issuance once the client’s case is approved at Approval.

Workers will initiate the process for Bus Pass issuance when the Worker obtains the client’s employability rating.

If a client is employable:

- And is <u>not</u> participating in a work activity with WDD, the Worker will issue the Bus Pass and/or tokens to the client.
- And is performing a work activity with WDD:
    - And on an ABAWD activity, the Bus Pass will be issued by WDD and no further action is needed. If the Bus Pass has not been issued, then the Worker will contact WDD.
    - And the client is <u>not</u> already on an ABAWD activity, the Worker will issue two (2) bus tokens to the client and refer the client to the respective WDD activity. WDD will process the Bus Pass once the client attends the WDD orientation.

Worker Responsibility - Authorizing Bus Passes for Clients Participating in CCS

If a client is participating in CAAP Counseling Services (CCS), the Worker will issue the Bus Pass to the client upon receipt of Form 2500, indicating that the client attended the first individual assessment appointment and has accepted CCS services.

Upon receipt of Form 2500, indicating the client has completed CCS, the Worker will follow protocol for issuing transportation allowance based on client's employability rating/referral to a work activity.

Worker Responsibility - Authorizing Bus Passes for Clients Participating in CTP

If a client is participating in CAAP Treatment Pathways (CTP), the Worker may issue the Bus Pass or Tokens to the client upon verifying the client is participating in CTP. Clients in CTP should contact their worker to request a Bus Pass or tokens.

Worker Responsibility - Authorizing Bus Passes for Unemployable/Exempt Clients (i.e. Medical Appointments, SSIP Programs)

SSIP applicants/recipients may be provided with a monthly transportation allowance. Such allowance is in addition to any SSIP payment to which an applicant/recipient is eligible.

SSIP clients may receive Muni tokens or a Bus Pass for verified medical appointments. SSIP clients will be issued two tokens for each verified medical appointment. For SSIP clients with eight (8) or more verified medical appointments in one month, the client will receive a Bus Pass for all such months.

PAES and GA recipients who are residents of treatment facilities are only eligible to receive a Bus Pass if they are involved in employment related activities outside the facility and upon request from the treatment program.

Exceptions:

- If two (2) or more of the client's verified medical appointments are in the same medical facility within a four-hour period of one another, the client will receive two tokens for all such appointments.
- At the time a SSIP client states that he has a medical appointment, the worker shall tell the client to submit verification of all scheduled medical appointments

Upon receipt of the medical appointment verification, the worker:

- Sends a copy of the medical appointment verification to imaging, and
- Authorizes the appropriate transportation allowance

Important note: A copy of all verifiable medical appointments and requests for Bus Passes from treatment facilities must be sent to imaging**.**

Worker Responsibility - Authorizing Bus Passes for Clients Who Have Requested a Fair Hearing

Once Aid Paid Pending is granted for Fair Hearing and the client currently qualifies for a Bus Pass issuance, the Worker must authorize the Bus Pass for the effective month of the Fair Hearing only.

Supervisor Responsibility - Review for Bus Pass and Muni Token Eligibility

Supervisor

The Supervisor must review the cases to ensure all of the following:

- Bus Passes and Muni Tokens are issued only to eligible clients.
- Whenever a Bus Pass is issued to an ineligible client or to a client whose Bus Pass shall be issued through WDD, the case must be returned to the Worker, who must cancel the issuance of this Bus Pass.

Case Transfer

The receiving worker must review the cases when the following occurs:

- They are receiving a case that is being transferred from Intake or from another Unit. They must review the case to determine whether the client is eligible to receive a Bus Pass.

Employability Change

- The worker must review the case and determine whether the entry is a "PEC" change. If it is, the supervisor must:
  - Determine whether the new PEC entitles the client to receive a Bus Pass.
    - If the client is not eligible to receive a Bus Pass, ensure that there is no Bus Pass authorization.
    - If the client is entitled to receive a Bus Pass, make sure that the client is authorized for it by checking the system.

Canceling Bus Passes

If the client is no longer eligible for a CAAP-issued Bus Pass, the worker shall cancel the Bus Pass.

For worker's responsibilities regarding the cancelling of Bus Passes (i.e. clients who did not pick up their Bus Pass), follow the procedure to cancel the Bus Pass in the system. Refer to CalSAWS Job Aid "Issue a Bus Pass" located on the Intranet.

Transportation Benefits Issued Through WDD

When an employable client is participating in an ABAWD activity (i.e. Workfare or Light Duty) and/or an activity that falls under the umbrella of Workforce Development (VIP, CJP, DOR, among others), WDD will be responsible for issuing Bus passes. The CAAP worker must take appropriate action immediately whenever a client's eligibility changes to receive a monthly Bus Pass. It is important that Bus Passes are only issued to eligible clients.

Muni Bus Pass was Lost or Stolen

Lost bus passes are not replaceable.

A stolen bus pass can be replaced if a police report is submitted listing the bus pass as one of the stolen items.

Those clients who have questions related to a bus pass issued by WDD shall call the WDD/PAES Hotline (877) 562-1669.

95-8: School and Training Opportunities

(Revised as of 7/15/25)

CAAP applicants/participants who state they are interested in pursuing educational goals may be referred to Workforce Development Division (WDD). During the WDD Appointment, client will receive information on their full range of available services. Such services include training and education (VIP, GED, Community College, Vocational Training) as well as the subsidized employment programs.

CAAP clients, who are already on an educational/training path, will have their activity reviewed for possible approval by CAAP.

Training Programs Provided through Workforce Development Division (WDD)

Vocational Immersion Program (VIP)

The Vocational Immersion Program (VIP) provides participants with time-limited work experience concurrently with vocational English development, and supportive services to increase participants' marketable work skills so that they may obtain permanent employment and attain self-sufficiency.

The goal of the program is to offer intensive vocational English-as-a-Second-Language instruction combined with job readiness, job search and on-the-job training.

This program is available to clients with ESL Level 1 through 4. For more details and referral information to VIP, refer to Section 95-10: Vocational Immersion Program (VIP).

School or Vocational Training Program

Clients who are interested in taking a vocational training or pursue an educational goal to enhance their potential for entering the labor market will be referred to WDD as outlined in processes below. A Vocational Assessment will be provided to assist participants with skill identification and interests. WDD will also assist the client in career exploration and planning by providing them with information about the local labor market and employment trends.

Note: for clients enrolled in the CHEFS and REACH programs with WDD, the stipend during the weeks of training is exempt. A CAAP 1 is not required for the bonus during training. The retention bonus for securing a job after training is not exempt and is counted. A CAAP 1 is required for the bonus for securing a job.

Referral Process for Intake

Clients who are rated #1 and #2 (employable) will be referred to the WDD Appointment for their workfare assignment as usual. During the WDD Appointment, WDD will ask the attendees if they are interested in the vocational training and other services provided by WDD.

Referral Process for Carrying

Clients who are currently participating in work activity, either workfare or LDCS, and are interested in attending school or vocational training will be referred by the Carrying EW directly to the WDD Appointment as follows:

1. Give the client an "EMPLOYMENT AND TRAINING PROGRAMS" flyer.

2. Remind the client that they are required to continue with their workfare or LDCS requirement until accepted and started attending school/training.

3. Narrate in CalSAWS journal the information about the referral.

4. The EW shall send an email to WDDWorkfare@sfgov.org and provide the following information:

Client Name	Case Number	Current Work Activity	Activity of Interest

Clients Who Attended the Orientation and Referred to School/Training Program

WDD Responsibility

For clients who have attended the WDD appointment and decided to participate in an education or vocational training program, WDD will do the following:

1. Assist the client with career goal planning. WDD will conduct a Targeted Vocational Assessment that includes testing their skills and aptitudes. Career Counseling will be provided and the interpretation of the test results will be discussed.

2. WDD will take into consideration the remaining number of months in the client's vocational training lifetime limits in assisting the client with their career goal decision.

    For clients who had been in school or training before, check the CAAP School and Training Tracking Time Clock report sent monthly.

3. Once the client has decided on a career goal, refer the client to the appropriate school or training program.

4. Instruct the client to have the school or training program complete the Form 2174 and return within 6 workdays.

5. Image a copy of the completed form.

6. Create a Task to inform the EW that the client had been accepted in a school/training program or failed to submit the required form as requested.

Note: For clients who came in and reported they are in an activity outside of WDD, they will be sent to Triage. Triage will send the employable clients to orientation. For employable clients approved for an activity outside of WDD, they do not need orientation in which case EW should cancel that appointment. For clients who are scheduled for orientation, and it is discovered the client will be in an approved activity outside of WDD, the client may need to do an additional Workfare or LDCS activity. In these cases, the WDD SharePoint calendar will be updated by CAAP EWs in the notes section to inform WDD of the additional activity needs for the client. The additional activity needs are in conjunction with the approved activity outside of WDD.

7. Remind the client that they are required to continue with their workfare or LDCS activity until the start of the school or training program.

8. Process transportation needs for the client, as needed.

Worker Responsibility

Depending on the task received from WDD, the EW takes suitable case action as follows:

If the client was accepted in the training or school program:

a. The EW shall review the Form 2174 thoroughly. Any information regarding financial aid shall be dealt with in accordance to student financial eligibility policy set forth in Section 92-47 Student Financial Aid.

b. EW shall update the client's PEC to "S – Approved training" with an expiration date of the last day of the RE month or the training completion date, whichever comes first.

c. Enter the school/training information in CalSAWS journal.

   Initiate (for new student) or update (for clients with existing time clock) the GED or Vocational Training Time Clock located in SharePoint**.** To initiate the time clock for a new student, please, *only* enter the first countable month. Journal the SharePoint update in CalSAWS.

For clients who did not show up to the WDD Orientation or did not follow up with WDD's referral to school/training program:

a. As long as the client still continues to participate in Workfare or LDCS, participation in an education or vocational training program is voluntary and any failure to follow WDD's instructions (e.g. failed to submit a completed Form 2174) shall not result in a negative action.

Tracking and Monitoring School/Training Attendance and Participation

Once the client starts attending classes, they will be exempted from Workfare or LDCS activities. The school/ training activities become their mandatory CAAP work activity.

To ensure that clients are continuing to comply with CAAP mandatory work activity, their school/training attendance and participation must be monitored regularly. A Form 2174A will be provided and used as verification.

The CAAP EW shall verify that the client:

1. Continue to participate at every Re-evaluation appointment.

2. Had completed the course/training at the end of the semester or training program.

   Note: Since the PEC expires at the end the training program, it will trigger a Task that will be assigned to an EW to process. The assigned EW will contact the client to submit verification of the school/training completion.

While in a WDD-approved educational pathway, WDD will conduct periodic phone checks, to ensure clients are attending and making good progress. WDD will also use this opportunity to discuss any ancillary needs such as books, school supplies, etc.

It will be the client's responsibility to report to CAAP any changes in their student status such as:

- Withdrawing or dropping out of the school or training program
- Completing the course or training program earlier than previously reported to CAAP
- Changes in their student financial status (e.g. receipt of financial aid)

- Dismissal from the school/training program

School or Training Failure

Failure to continue to participate or comply with the course/training program's requirements shall be considered as a failure to participate in a CAAP mandatory work activity.

Prior to taking a case action for any noncompliance related to school/training participation, the assigned EW must evaluate the failure in light of other compliance failures or good cause that may exits.

1. If the failure results in negligent failure warning:

a. The EW will send a notice of negligent failure to the client

b. The EW will assign the client to a work activity based on their employability rating from the last Triage assessment.

c. If the client is interested in returning back to school or training, the EW will review the client's school/training time clock. If there is enough time left to pursue and complete their educational goal, the EW will refer the client back to WDD. The client, however, will participate in workfare/LDCS until they start attending classes.

2. If the failure results in discontinuance, the client may request a fair hearing to contest the action.

3. If good cause exists and the client is interested in returning to school or training program, the EW will refer the client back to WDD. The client, however, will participate in workfare/LDCS until they start attending classes.

Work Activity During School Breaks

Clients who are in a school or training break lasting more than a month are required to participate in a CAAP work activity.

GED and Vocational Training Time Clock

School and training time clock are tracked through a form linked to SharePoint to facilitate data tracking.

At the time CAAP is notified by WDD that a client has been referred and will start their school or training program, the EW will initiate or restart (for clients with existing time clock) the GED or Vocational Time Clock. The month the client starts training is entered in as the FIRST countable month. When initiating the time clock for a new student, ONLY enter the first countable month.

The GED or Vocational Training Time Clock is updated by entering all the countable months in a form linked to SharePoint retroactive from the last clock update at the following points:

- At re-evaluation
- At the end of the school or training program
- At the time of the case discontinuance.

Note: When updating the GED or Vocational Training Time Clock, the Eligibility Worker would consider any calendar month that the client is on CAAP and either has a PEC J (GED or High School) or PEC S (Approved Vocational Training) as countable month.

Reapplication for Clients who were Discontinued while Attending School or Training

Clients who were discontinued from CAAP may continue to participate in the school or training program while they are inactive in CAAP. Upon reapplication, the Intake Worker will review the client's student status as a self-initiated school/training and follow the approval process as illustrated in Section 91-8: Student Status.

Unemployable Clients Interested in WDD Educational Pathway

Unemployable clients interested in pursuing education or training through WDD Educational Pathway program can be referred to WDD. However, since these clients are exempt from CAAP work activity requirements, school/training attendance and progress will not be monitored. Consequently, failure to complete the school/training program shall not result in a negligent failure action or CAAP benefit discontinuance.

Self-Initiated Schooling or Vocational Training

For clients who report attending a self-initiated School or Vocational Training, follow the process of "Course/Training Program Approval Process for Employable Clients". Refer to Section 91-8: Student Status.

95-9: PAES Employment Plan

(Revised as of 9/1/2025)

The Workforce Development Division (WDD) works in partnership with the County Adult Assistance Program (CAAP) to provide employment and training opportunities to CAAP recipients. In alignment with CAAP reform, WDD will be reinstating the Personal Assisted Employment Services (PAES) Employment Plan effective September 1, 2025. Participation in the PAES-EP is voluntary but clients who choose not to participate will only be eligible for the GA grant amount. These program policies will apply to clients that signed the updated rights and responsibility effective September 1, 2025, at Intake and Reinstatement.

The purposes of the PAES Employment Plan (PAES EP) are: (1) to provide quality evaluation of vocational experience, qualifications, strengths, and needs; and (2) to provide the participant with the supportive services and activities necessary to assist the participant in obtaining paid employment.

Employability exempted clients will continue to receive the PAES, Age Exempt, or SSIP grant if applicable. Their grant determination is not affected. This rule only applies to clients who are rated 1 or 2 and are not enrolled in the PAES Employment Plan.

Clients who have met the PAES residency eligibility requirement and have been determined to be employable with no restrictions (rated #1) will be offered the option to be enrolled in the PAES Employment Plan at the WDD Orientation appointment. If interested, the client would be scheduled for a JN (JobsNOW!) Orientation to complete and sign the PAES Employment Plan.

Clients rated light duty (rated #2) must participate in at least three months of LDCS prior to being eligible to volunteer for a PAES EP. Upon completion of three months, the LDCS Case Manager will meet and assess the client's next step. This requirement applies each time the clients are rated light duty (#2) and referred to the WDD Orientation, such as at reapplication after a discontinuance. These clients are eligible to GA until they are enrolled in a PAES EP.

At Intake and Reinstatement, for all clients who are rated employable (#1 or #2), they are eligible for the GA grant until enrollment into a PAES Employment Plan. Once the client is enrolled, their grant will be converted to the PAES grant effective the month after the client signs the PAES Employment Plan. If the client chooses not to enroll in the PAES Employment Plan, they will be eligible for the GA grant.

Eligibility for the PAES Employment Plan

Clients are eligible for the PAES Employment Plan under the following conditions:

- Met the PAES Residency requirement for CAAP
- Not a Red dot client
    - Red dot clients are not eligible for the PAES EP as they will be performing CAAP Job Search. These clients will receive the GA grant only.
- Rated employable (#1, #2) and has the ability to work
    - If a client is #2, the client must complete at least three months of continuous LDCS prior to being eligible to volunteer for a PAES EP
- Not currently on a PAES Employment Plan 90-day waiting period (see below)

WDD Orientation and JN Orientation

Clients who are rated employable (#1, #2) will be referred to the WDD Orientation as per normal business process. During the orientation appointment, the WDD Employment Specialist (ES) will assess if the client is eligible for the PAES EP based on eligibility criteria above.

If the client is eligible and volunteers to participate in a PAES EP, the WDD Orientation ES will schedule the client for a JobsNOW (JN) Orientation appointment for the client to sign the PAES Employment Plan.

Client Signs PAES EP

Once the client has signed the PAES Employment Plan, WDD will assign a Case Review task with description of "**Signed PAES EP**" for the CAAP Eligibility Worker to update the case. The signed PAES EP will be imaged to Hyland for case record. The new PEC for clients enrolled in the PAES Employment Plan is **I – In Plan with PAES**. The CAAP EW will also convert the grant to PAES effective the month after the client signs the PAES Employment Plan. For more details about grant conversions, see job aid GA to PAES.

Client Declines PAES EP

If the client chooses not to participate in the PAES Employment Plan, they will be enrolled in the standard Workfare or Light Duty Activities. WDD will assign a Case Review task with the description "**Declined PAES EP**" for the CAAP Eligibility Worker to process. No grant change is needed if the case is currently on GA. WDD will also create a task if the client chooses to participate in alternative work activities which requires the new PEC of K.

Non-Compliance and Discontinuances (90-day waiting period)

There will be additional tasks as a result of the PAES Employment Plan such as:

- When a client no shows to the JN Orientation
  - Review the task and follow the 3 Acts of Negligent failure to refer the client back the WDD Orientation
- When a client is noncompliant with their PAES EP requirements and are exited from the program by WDD
  - You will receive a task "**Non-compliance - (description)**"
  - Review the task accordingly and follow the 3 Acts of Negligent failure to refer the client back the WDD Orientation
  - The client will be able to reenroll or choose to not participate in the PAES EP

When an active PAES Employment Plan client is discontinued from aid, regardless of if the discontinuances are eligibility, non-compliance, or fraud based, they must serve a 90-day waiting period before they can re-enroll in the PAES EP. The waiting period starts from the day the client attends the WDD Orientation appointment. This 90-day waiting period is to allow the WDD ES to assess if the client has the capacity to comply with the requirements in the PAES Employment Plan. This 90-day waiting period must be served after a discontinuance regardless of if there is a long duration of break in aid or if the client reapplies. When scheduling clients for the WDD Orientation, ensure to indicate this status by adding "**90-day**" in the comment of the appointment if applicable.

Sample "90-day Waiting Period" Timeline for a client on a PAES EP	
September 30, 2025	CAAP benefits discontinued. Client is disenrolled from PAES EP.
October 2025	CAAP sanction due to non-compliance. Client is ineligible for CAAP during this month.
November 2025	Client reapplies and is approved for CAAP benefits.

	EW refers client to WDD Orientation and enters “90-day” on the referral.
December 1, 2025	Client attends WDD Orientation. WDD ES explains options and 90-day waiting period. Client selects Workfare activity.
December 2025 January 2026 February 2026	WDD ES maintains client engagement in Workfare. [90-day waiting period]
March 1, 2026	90-day waiting period is exhausted. WDD ES checks-in with client and offers PAES EP (i.e. JobsNOW!) Client may volunteer for PAES EP -or- elect to stay in Workfare.

While the client is on this waiting period, they are eligible to the GA grant. The WDD ES will be tracking this 90-day waiting period in Launchpad.

Once the client volunteers and signs a new PAES EP, WDD will assign a Case Review task with description of “**Signed PAES EP**” for the CAAP Eligibility Worker to update the case.

- The CAAP Eligibility Worker will convert the grant to PAES effective the month after the client signs the new PAES Employment Plan.
- For more details about grant conversions, see job aid GA to PAES.
- The CAAP Eligibility Worker will also update the PEC to **I**.

If the client does not enroll in the PAES EP, they will continue to receive the GA grant and will be required to participate in standard Workfare or LDCS activities.

Reinstatement of PAES Employment Plan Clients

If an active PAES Employment Plan client is discontinued due to non-compliance and request for reinstatement, they will be reinstated to the GA grant. This is because the client must serve the 90-day waiting period after being discontinued while on the PAES EP. For clients that are discontinued while they are on GA, they will also be reinstated to the GA grant. (i.e. clients that never attended the WDD Orientation or enrolled in the PAES Employment Plan)

For previously active PAES EP clients, they must be referred and attend the WDD Orientation as part of the requirement to complete the reinstatement. When scheduling these appointments, ensure to add “**Reinstatement**” and/or “**90-day**” in the appointment comments if applicable.

Exempted Client Re-rated to Employable

If a client signed the updated rights and responsibilities effective September 1, 2025, but are exempt from work activities, these clients would not be referred to the WDD Orientation. However, there will be scenarios where these exemptions will end, such as:

- Clients who have completed specific program requirements (CTP, CSS)
- Clients who were employed and exempt from work activities that have lost employment
- Clients who were TDC and have been re-rated as employable at RE
- Clients who were students and exempted from work activities but are no longer students
- Clients who have left specific work activity exempted facilities such as halfway houses

- Other situations where the employable client must participate in work requirements due to certain exemptions have ended

These employable clients shall be referred to WDD Orientation to participate in work activities or enroll in the PAES Employment Plan. If these clients choose not to enroll in the PAES EP, their grants will be converted to the GA grant with a 10-day notice. WDD will create a Case Review task with the description of "**Declined PAES-EP**". Issue the 2135 form to inform the client that they have voluntary opt-out of the PAES EP and their grant change to GA. No grant change is needed if the client is currently receiving the PAES grant and has enrolled in the PAES EP.

NOTE: For #2 clients, they must participate in LDCS for at least 3 months to be eligible for the PAES EP. During this period, do not convert the grant to GA until the 3 months over and the client has declined the PAES EP.

Client voluntarily requests to Opt-Out of the PAES Employment Plan

Active PAES EP clients have the right to voluntarily opt-out of the PAES Employment Plan at any time. The client can contact their assigned WDD ES to request for opt-out and the ES will have the client complete and sign the PAES EP Voluntary Withdrawal form. The form will be imaged to Hyland for the case record. Once the client opts-out, WDD will create a Case Review task with the description of "**Opt-Out of PAES EP**" for the CAAP Eligibility Worker to update the case accordingly. The client's grant will be converted to the GA grant with a 10-day notice. Issue the client the Form 2135 regarding this change using the opt-out option.

When the client opts out of the PAES EP, they will participate in the standard Workfare and Light Duty activities. Update the PEC accordingly by end dating PEC I and adding the appropriate PEC code. The client can choose to enroll in the PAES EP again by contacting WDD.

Vocational Training in the PAES Employment Plan

Clients may choose to participate in vocational training while they are on the PAES Employment Plan. The standard student eligibility limit of 24 months of aid for vocational training applies, if the client receives financial aid as part of the training, WDD will assign a task for the CAAP EW to process the case accordingly.

Income Received in PAES Employment Plan

If the client has found employment through the PAES Employment Plan, their income will be counted towards the CAAP Grant. The client would be on the CAAP Earned Income Disregard program and will require the client to report their monthly income using the CAAP 1. To learn more about Earned Income Disregard, see 94-14: Earned Income & Asset Disregard Program

PAES Employment Plan and Couple Cases

For couple cases that may have different selection of employment requirements, CAAP will be offering the PAES/Age Exempt/SSIP grant as long as one of client in the couple case is eligible to that grant.

For example:

- One client is on GA 24 Hours; one client is PAES Employment Plan = PAES
- One client is on GA 24 Hours; one client is on CTP, CCS, or Age Exempt = Age Exempt - no sanction for non-compliance discontinues
- One client is on GA 24 Hours; one client is on SSIP = SSIP - No Sanction for non-compliance discontinues
- If both are on GA 24 hours and do not enroll in PAES Employment plan = GA

95-10: Vocational Immersion Program (VIP)

(Revised as of 9/1/25)

The Vocational Immersion Program (VIP) provides participants with time-limited work experience concurrently with vocational English development, and supportive services to increase participants' marketable work skills so that they may obtain permanent employment and attain self-sufficiency.

The goal of the program is to offer intensive vocational English-as-a-Second-Language instruction combined with job readiness, job search and on-the-job training.

Workforce Development Division (WDD) Staff will meet with clients to review program requirement(s) and complete the VIP referral packet.

- Clients will be referred to the contracted VIP provider, Arriba Juntos, for assessment of their English Level.
- If the clients fall within program criteria, they will be referred for enrollment into VIP.

VIP is typically six (6) months in duration and is considered "employment" under CAAP.

ESL Level	Total	Work Experience	Classroom Hours
Level 1	35 hours/week	10 paid sub employment	25 unpaid
Level 2	35 hours/week	10 paid sub employment	25 unpaid
Level 3	20 hours/week	10 paid sub employment	10 unpaid
Level 4*	20 hours/week	10 paid sub employment	10 unpaid

* Level 4 participants have the option of 10 paid hours and 10 unpaid hours.

Note:

If VIP is at capacity, then clients will be referred to English Language Training (ELT) with no subsidized employment. This will be noted in the task. These clients will be PEC V.

*Income (paid sub employment) from VIP is not exempt and is subject to Income Disregard.

*Monolingual clients with ESL beyond Level 4 will be referred to their appropriate work activity.

Eligibility Criteria

In order to qualify for VIP, clients must be:

- Monolingual with ESL Level 1-4.
- Rated Employable - #1 or #2 without CCS Assessment Exemption rating - on the current Triage employability assessment via COSTS or acceptable substitute.
- Available to fully participate in all VIP activities (cannot be in other training or activities that may conflict with the VIP schedule).

Worker Responsibilities

For Intake:

All employable clients will be referred to WDD Appointment. WDD will meet with client to review available options and/or refer to VIP, if appropriate.

The Worker Shall:

- If no current rating, refer client to Triage by scheduling the appointment in 7 calendar days. Document in CalSAWS the number of required "Work Activity Hours". (Example "required work activity is 24 hours.")
- If there is a current rating within 90 days with a rating of #1 and #2, schedule a WDD Appointment in 8 calendar days. Include "case number, rating, preferred language, and phone number."
    - The client will be notified via Form 2124 sent out by the worker. Image a copy of Form 2124.
    - "Work Activity Hours" and document the number of required hours. (Example "required work activity is 24 hours.")
- Inform the client that attending the WDD Appointment is mandatory and explain that they have the option of either continuing or not continuing with VIP after attending the appointment.
- Make sure to check the client's employability rating and the number of Workfare/LDCS hours based on employability requirement chart.
- Assign Case Flag PEC V (VIP Referral) with expiration date of the next RE.
- Transfer the case accordingly.

For Carrying:

The Worker shall determine if a client is monolingual and employable and shall be referred to WDD Appointment at the following instances:

- At Re-evaluation appointment.
- Whenever the client's employability rating changes from temporary disabling condition (TDC), Light Duty with CCS, or unemployable to employable.
- Anytime the client informs the worker that they are interested in VIP.
- The activity that made the client ineligible to participate in the past has ended (e.g. the client was working when they applied at Intake and reported that the employment just ended).
- The client missed CCS but at Follow-Up appointment with EW chooses not to participate in CCS.

The Worker Shall:

- Review Triage employability assessment via COSTS (or acceptable substitute) to determine if the client has been given a rating of #1 or #2. **Clients with a rating of #2 with CCS, #3 or #4 are not eligible to participate in VIP, except in the following instance:**
    - If the client is rated Light Duty with CCS and states clients are not interested in CCS but eligible for VIP otherwise, e-mail Triage Clerical at HSACAAPTriage@sfgov.org to remove the CCS Assessment Exemption from COSTS.
- Explain VIP to the client.
- If the **client chooses not to participate in VIP**, assign the client to the appropriate activity based on his employability rating.

- If the **client chooses to participate in VIP**, do as follows:
    - Refer the client to a WDD Appointment by scheduling the appointment in 8 calendar days.
        - Include "case number, rating, preferred language, and phone number."
        - The client will be notified with an F2124 Sent out by the worker. Image a copy of Form 2124.
        - Document in CalSAWS the number of required “Work Activity Hours”. (Example “required work activity is 24 hours.”)

Note: If the reschedule is due to negligent act, the subject line shall also include the word “negligent” “re-referral [program name: YES, VIP, CJP, DOR]” in addition to the required information above.

- Assign Case Flag PEC V (VIP Referral) with expiration date of the next RE.

Failure to Attend the WDD Appointment or the VIP Enrollment Session

Upon receiving the "No Show" task from WDD regarding the client’s failure to attend the scheduled appointment, the worker shall take the negative action on the case, as appropriate, for failure to attend the WDD Appointment. Refer to sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.

Client Attends the WDD Appointment but Declines to Enroll

The WDD Shall:

If the client attends the WDD Appointment but is not interested in signing up for the program:

- WDD will schedule the client for the assigned work activity based on their employability rating and complete the appropriate referral packet(s).
    - Rating 1 - WDD will create a “Case Review” task and note that client declined the VIP referral.
        - Note: Workfare/Alternative Workfare host sites require English proficiency for safety reasons.
    - Rating 2 - WDD will the refer client to LDCS and create a "Case Review" task.
- Image all forms, as appropriate.

The Worker Shall:

- Update Case Flag PEC, reflecting the client’s current employability status. Verify all required forms are imaged.
- Document in CalSAWS.

Client Failed to Attend the WDD Appointment and Chooses not to Participate in VIP at the Follow-Up Appointment with EW

The Worker Shall:

- Schedule the client in 8 calendar days for the assigned work activity based on their employability rating in the SharePoint calendar
    - Include "case number, rating, preferred language, and phone number".
    - The client will be notified with the Form 2124 sent out by the vendor. Image a copy of the Form 2124.

Note: If the reschedule is due to a negligent act, the subject line shall also include the word “negligent”, “re-referral [program name: YES, VIP, CJP, DOR]” in addition to the required information above.

- Update Case Flag PEC, reflecting the client’s current employability status.

- Document in CalSAWS.

Client Attends and Enrolls in VIP

The WDD Shall:

- Image the Form 2502-VIP Outcome Report.
- Create a "Case Review" task.

The Worker Shall:

- Document the outcome.
- Assign the PEC E (Employed) with expiration date of next RE.

Client Attends and Enrolls in VIP but Fails to Attend/Participate in VIP

The WDD Shall:

- Image the Form 2502-VIP Outcome Report.
- Create a "Case Review" task.

The Worker Shall:

- Upon receiving the Task and reviewing the uploaded documents, the worker shall take action on the case, as appropriate, for failure to comply with Vocational Immersion Program (VIP). Refer to sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients .

Client Completes VIP

The WDD Shall:

- Upon client's completion of VIP, WDD will image the updated Form 2502 and create the "Case Review" task.

The Worker Shall:

- The carrying EW will evaluate the next step assessment and follow the regular CAAP procedures based on the activity assigned the on Form 2502.

Note: if there are questions, the worker may send an email to WDDOnboarding@sfgov.org (cc: CAAP Unit Supervisor). The Subject line shall state "VIP Inquiry – CalSAWS case number" and the body of the email shall include the client's name, CalSAWS case number and question/inquiry.

95-11: Job Search as an Alternative Work Activity

(Revised as of 9/1/25)

HSA is committed to providing a safe working environment (i.e. free from violence, threats of violence and intimidation) for all staff, clients, and third party service providers at all office locations and worksites.

Since the client's hostile behavior resulting in being flagged as a "Red Dot" or "Yellow Dot" may be attributed to an underlying behavioral issue, it then warrants further referral and assessment to determine which employability rating will best suit the client's needs and ensure everyone's safety.

This section outlines the process on how to safely assist and accommodate a Red Dot/Yellow Dot client in fulfilling their CAAP employability requirements.

CAAP EW Referral and Triage and Assessment

For clients who are flagged as "Red Dot" or "Yellow Dot", the Worker shall:

- Complete the Form 2139 and check the "Red Dot/Yellow Dot Assessment" box under Reasons for Referral.
- Upon completion, follow the EW Referral to Triage procedure as outlined in section 95-1: Employability Determination.

For clients who are referred to Triage for the "Red Dot Assessment" or "Yellow Dot Assessment, the Triage Clinician shall:

- Assess and determine the appropriate employable/unemployable rating and applicable referral (i.e. CCS Assessment or SSI CM) for the client
- Submit all forms to Triage Clerical for processing and discharge.

Upon receipt of the forms from the Triage Clinician, the Triage Clerical shall:

- Discharge the client accordingly.
- Submit all forms for imaging.

Worker Responsibilities

When the client meets with the EW after the Triage assessment, the EW will review the Triage rating in COSTS General Inquiry with the Red Dot/Yellow Dot indicator flashing and follow the procedures below.

Red Dot with Rating #1 or #2:

- Refer the client to Workforce Development Services
  - Schedule the client for an appointment. The appointment should be at **least 10 work day**s in advance of the appointment.
- Update PEC to A1 with an end date of the Red Dot expiration date.
  - When Red Dot flag expires, mail the Form 2191, CAAP Appointment Letter, to the client.
  - When the client attends the appointment, refer the client to employment activity based on the Triage rating.
  - If the client fails to attend the appointment, follow negligent failure and discontinuance procedures.

Red Dot/Yellow Dot with Rating #2 with CCS Assessment Exemption:

- Follow the established CCS procedure. Refer to CHS OLM Sections 155-3: Referral Process to CCS and 155-4: CCS Outcome. (CHS OLM also found in CAAP Intranet.)
- Client must attend the CCS Screening Group. If the client chooses to not continue participating in CCS:
    - Red Dot: Client must be referred to CAAP Job Search as outlined above.

Red Dot/Yellow Dot with Rating #3:

- Follow the established TDC procedure. Refer to section 95-2: Employable/Unemployable

Red Dot/Yellow Dot with Rating #4:

- Follow the established SSIP procedure. Refer to section 95-2: Employable/Unemployable

CAAP Job Search Process

CAAP clients who are Employable with a Rating # 1 or # 2 and have been flagged with Red/Yellow Dot status will be referred to CAAP Job Search as their mandatory work activity.

As part of the CAAP Job Search process, the client is required to attend the Workforce Development Services appointment.

- Following the initial CAAP Job Search process, the client is required to conduct twenty four (24) hours of job search activities during the calendar month for their ongoing job search activities.
- Clients will be required to complete and submit a monthly CAAP Job Search Log and verification to support their Job Search activity. Verification can be submitted via email, mail, fax or in person at either 3120 Mission St. or 1235 Mission St. (WDD Workshop Room C).

Important Note: Clients must complete, sign and submit their CAAP Job Search Log on a monthly basis. Clients who allow other people to complete and/or sign the CAAP Job Search Log will be discontinued for fraud. CAAP clients who complete and/or sign the CAAP Job Search Log for someone else will be discontinued for fraud as well. The identity of the client will be verified against information found in HSA database(s).

WDD Responsibilities for CAAP Clients who are assigned CAAP Job Search

If the client attends the Workforce Development Services appointment, the WDD staff shall:

- Have the client sign the Form(s) 2351 CAAP Job Search Agreement and 8014ES.
- Review CAAP Job Search requirements and expectations.
- Update and submit forms to imaging.
- Enter a CalSAWS Journal entry to indicate the client is not eligible for the PAES Employment Plan if they are Red Dot
- Request an Update Case Flag task, if appropriate.

If the client does not attend or comply with the Workforce Development Services appointment, the WDD staff shall:

- Create a No Show task with date of the missed WDD appointment.
- If client does not comply with Job Search activity WDD shall created an Non-compliance task.

CAAP Staff Responsibilities for Clients who are assigned CAAP Job Search

If the client attends the CAAP Job Search Workshop, the CAAP staff shall:

- Review the task and take the appropriate action.

If the client fails to attend CAAP Job Search Workshop, the CAAP staff shall:

- Upon receipt of an assigned Task from WDD relating to the client failing any part of the CAAP Job Search requirements (e.g., not attending the initial WDD appointment, failing the actual CAAP Job Search, etc.), evaluate the Negligent Failure and take the appropriate action accordingly.
- A client, who either fails to attend/complete the WDD Services Appointment or to conduct the required number of CAAP Job Search activities, may be discontinued. The client can present Good Cause for failing the requirement, if one exists. Refer to sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.

Div 97 Additional Eligibility Activities

97-1: Overview of CAAP Carrying Activities

(Revised as of 09/23/25)

All the case records of clients in the County Adult Assistance Programs are transferred to the Carrying section for further follow-up and monitoring of continued eligibility for CAAP. In order to ensure program compliance and implementation of program requirements, it is essential that specific activities be identified and routinely applied to all cases.

All clients are required to undergo a Triage evaluation or, if the client has his own medical provider, an acceptable equivalent (i.e., Form 2139A process) to determine their potential eligibility to receive SSI benefits. Failure to comply with this requirement will result in the discontinuance of benefits.

Responsibilities of the CAAP Carrying section include:

- Verification of continued physical presence and intent to reside in San Francisco;
- Ensuring continuous shelter reservation for active homeless recipients;
- Follow-through on items of documentation/verification requested by the Intake worker, but not received by the time of Approval;
- Ensuring continued accurate aid payments to all eligible recipients;
- Recoupment of overpayment of benefits;
- Referring clients to FRED to investigate issues that appear to be questionable or contradictory to prevent client fraud;
- Setting up newly-employed clients on the Income Disregard Program and maintaining accurate monthly budgeting for all employed clients, utilizing the Form CAAP 1, CAAP Monthly Earned Income and Asset Report;
- Responding in a timely manner to all failures to comply with Program requirements and changes affecting eligibility;
- Sending clients 10-day Notices of Action for adverse actions (including the withholding of benefits);
- Timely adherence to the on-line system's deadline schedule;
- Taking action on expired and expiring Case Flags
- Conducting a re-evaulation of eligibility on each case at least once every six months;
- If the client has been rated unemployable (rating #4) by Triage or through a Form 2139A, processing the transfer of a case to the SSIP Carrying section;
- If the client has turned 65 years old, he must apply for Social Security Disability benefits (SSI/SSP). Advise the client to apply 30 days before their 65th birthday.

- If the client has turned 62 years old, they must apply for Social Security Retirement benefits. Advise the client to apply 3 months before their 62nd birthday.
- Maintaining accurate caseload controls and monitoring the Monthly Eligibility Management Report;
- Processing monthly IEVS Recipient Report that includes Payment Verification System (PVS) and New Hire Registry (NHR);
- Maintaining an accurate record of the client's address, including two-party check information;
- Ensuring that the client is served in a timely manner on their scheduled appointment/s.
- Immediately notify the unit supervisor of any conflict of interest when a case is received, and ensure the case is transferred accordingly.

97-2: Carrying Follow-up

(Revised as of 09/23/25)

Reviewing Cases from Intake

All cases newly transferred are subject to immediate review by both the unit supervisor and the assigned worker. This ensures the timely scheduling of activities that will either provide continued benefits to eligible clients or discontinue such benefits to those who do not meet Program and/or eligibility requirements.

Supervisor Responsibilities

Upon arrival from Intake, new Carrying cases are first reviewed by the unit supervisor, who checks the case for completeness, accuracy and follow-up work required. Questions requiring resolution include, but are not limited to, the following:

- Has the address been entered correctly, including ZIP code?
- Are the client's benefits set up correctly?
- Was all other nonexempt income budgeted, the grant amount correctly determined, and any outstanding overpayment applied against the grant?
- Is there any follow-up required on potential income?
- What is the status of the employability rating?
- Has the client been referred to Triage?
- Are there any unresolved eligibility issues? (e.g., bank account that was first indicated at Approval)
- What is the status of permanent ID and Social Security Number verification?
- Are all items of documentation/verification on file?
- Has the homeless appointment been scheduled, if appropriate?
- Have all forms been signed and dated?

The supervisor then either:

1. Returns the case back to Intake for corrective action OR
2. Tasks the case to the worker for other important work to be done on the case.

Worker Responsibilities

Upon receipt of a new case for review, the assigned worker shall:

- Review the case in Imaging
- Ensure that all necessary follow-up work are completed, appointments are entered in Customer Schedule and CalSAWS Journal as appropriate
- Bring the case to the attention of the supervisor immediately if they find additional matters requiring clarification or correction

- Immediately notify the unit supervisor upon identifying any conflict of interest in a case

For Clients Participating in CAAP Counseling Service

CAAP clients participating in CAAP Counseling Service (CCS) shall have their CCS status reported by their CCS clinicians. Form 2500, CCS Outcome for CAAP, shall be completed by CCS to communicate a client's CCS activity status to CAAP. CCS staff shall complete form 2500 online and email the completed form as an attachment to the assigned CAAP Unit, with a cc to the Unit supervisor, the Unit Lead worker and the Unit Back-up Lead worker as identified on the CAAP roster, on one of the following days as appropriate:

- The day of the scheduled CCS Screening appointment;
- The day of the first scheduled individual Assessment appointment with a CCS Clinician;
- The day of Final Assessment appointment completion or failure;
- The day of a CCS recommendation change;
- 5th business day of the month for monthly reporting outcome.

Upon receipt of Form 2500, the CAAP worker shall print out and review Form 2500, take appropriate action if necessary and send the form to Imaging.

Tracking 30/60/90-day Verification Requirements

There are certain CAAP verifications that are due in 30, 60, or 90 days from the time they are requested. These include (but not limited to) proof of application for SSI (due in 30 days, if case is not assigned to SSI Case Management), UIB (due in 60 days), DIB (due in 90 days) and Homeless Residency verification (monthly). If a case is transferred to a unit who is not the unit who requested the verification (e.g. from Intake to), the client should be given a specific return appointment. The client should not be told that the new unit will contact him regarding the required verification.

Upon receiving new cases that requires the client to submit verification/s for continuing eligibility, the receiving Unit shall review the case in Imaging and enter the scheduled appointment in the Task Management.

Monthly Reporting Deadlines

Employed clients who are part of the Earned Income Disregard Program must complete a Form CAAP 1 (CAAP Earned Income and Asset Report) to report income on a monthly basis.

The unit is responsible for reviewing, processing and maintaining the CAAP 1 reports. The form is to be fully completed by the client and returned to CAAP by the 5th of each month; however it must be received, fully completed, no later than close-of-business on the 11^{th} day of the month. The worker may not discontinue the case for lack of a CAAP 1 unless the CAAP 1 is received after the 11th of the month.

97-3: Case Narratives

(Revised as of 10/30/23)

This section deals with policies and procedures relating to recording information in the case records in the form of narrative entries.

The narrative summarizes information and verification included in the case record, and is a major part of record keeping. It is a chronological listing of events and data that is pertinent to eligibility and the provision of services. The narrative ties the pieces together so that the whole picture readily can be seen. The narrative is also the testimony of the CAAP staff person recording events. It may be received as evidence in a hearing.

Any staff member—Eligibility Worker, Unit supervisor, Section Manager, etc.—who is assisting the client must make narrative entries describing the contact and any action that was taken. The exception is clerical staff, who would not normally make narrative entries.

- Narrative entries must be clear and concise. Information and events must be recorded in a professional style that expresses the relevant and significant factual information required to support the actions authorized.
- Entries must contain the date (month/date/year), Worker Number of the worker making the entry.
- Entries must be made not more than one work day or within 24 hours following an occurrence.
- Narrative entries will be recorded on Journal in CalSAWS. Case Comment Type should be documented based on the type of interaction with the client (i.e. office visit, telephone call, home visit).
    - **Note:** Please, refer to Job Aid "Journal and Reminders".

Complete Narratives

Narrative entries must include the following elements

"What" is a description of an action, event or perception

- It includes a phone call, office visit, home visit, group meeting, correspondence or forms received.
- It includes an event that may have affected a client's eligibility as well as something that could have an effect in the future.
- It includes the worker's observations and perceptions of the client's understanding of responsibilities and rights.

"When" describes the date an action or event took place as well as the anticipated timing of an expected event

- It is the month/day/year entry date recorded on the date the narrative was written.
- It is the date an event has occurred or is anticipated, that may affect eligibility or the Employment Plan.

"Why" explains the reason something occurred, changed, etc.

- It is the worker's explanation of the reason for an action.
- It is the client's explanation or cause.
- It is a third party's explanation of a circumstance, such as an employer's explanation of a job termination.

"Where" describes a place

- It is an address.
- It is the place an event occurred, or place from where information is obtained.

"Who" identifies the persons involved

- It is the client, other household member, etc., involved in a decision or an action.
- It is the source of information (person, agency, client advocate/representative, etc.) including collateral contacts made to support a decision.
- It is the worker recording a contact or authorizing an action.

Specific Requirements for Narrative Entries

That rights and responsibilities have been explained, as well as the client's statement and the worker's perception of the client's understanding

- Indicate that rights and responsibilities were explained and client signed the form Form 2133B, Rights and Responsibilities, and stated that s/he understood; or
- Indicate that rights and responsibilities were explained and Form 2133B was signed, but that the client did not appear to understand "based on the following responses or perceptions."
- If there is a history of noncooperation/noncompliance, it is especially important to document exactly what was explained, and the client's responses.

Follow-Up

- If the client or the EW is to follow-up on a requirement or an activity, it must be documented and controls set for follow-up. The follow-up dates (month/year) should also be documented.
- If there is any other factor that may affect eligibility at present or at some later time, it must be documented. Whenever possible, indicate the source of the information or expectation: "client states that…"; "the information provided by the employer, Mr. John Smith, indicates that…"; and so forth.

If aid is to be discontinued, the specific cause must be fully documented.

This includes the basis of discontinuance due to eligibility criteria or the client's failure to cooperate/comply.

When a decision is made in a case, it must be clearly documented.

- The circumstances related to the decision must be clear. All sources of information (the client, the service provider, etc.) that led to a decision must be included.
- If a case has been conferenced with the Supervisor, the Section Manager, the Case Manager, etc., the documentation should indicate that. When a written response to a question has been received, the narrative should refer to that, including where it is filed, and what the determination was.
- Any type of issuance (including bus tokens) should be clearly and explicitly included in the case narrative.

Non-English Speaking Clients

Pursuant to State manual policies and procedures, workers are required to ask clients their preferred language. The State policy states that, "once the county has been informed that the applicant/recipient needs an interpreter, the county must offer and provide an interpreter at each client contact. The county must document in the client's case file that they offered interpretive services, if the client refused or accepted, who provided services, and in what language the interaction was conducted."

Therefore, every time a worker has contact with a non-English speaking client, the worker shall make a narrative stating that the contact was conducted in the client's language. If an interpreter was used, include that the interpreter was used and their name. If the client wants to provide their own interpreter, the interpreter should be at least 18 years old.

Note: EWs must use Form 6181 when applicants/recipients choose to use their own interpreter after they have been offered county-provided interpretive services. Form 6181 is a consent and release of information form that allows the applicant/recipient to use their own interpreter. Form 6181 must be made available in all county threshold languages and any other translations provided by CDSS. The EW must ensure the applicant/recipient and their interpreter have read and understood every section on Form 6181. The EW must provide Form 6181 in the applicant/recipient's primary language and use a county provided interpreter to assist the applicant/recipient in understanding Form 6181 and answer any questions the applicant/recipient may have. If Form 6181 is not available in the applicant/recipient's primary language, the EW must use a county-provided interpreter or qualified bilingual staff person to read each section aloud to the applicant/recipient in their primary language and assist them in understanding and completing the form.

- Section A notifies the applicant/recipient that they have a right to free interpretive services.
- Section B must be completed by the applicant/recipient.
- Section C must be completed by the applicant's/recipient's chosen interpreter.
- ACL 21-128 "Instructions on When to Offer and How to Complete and Document Form CR6181 Regarding Interpretive Services and Confidentiality Agreement"
- CDSS website – search for "6181" for CR6181 forms that are not English, Spanish or Chinese

Style

The style in which narrative entries are written must be clear, understandable, and professional

- State facts clearly and support them with the source or other basis of facts.
- List any actions taken so that anyone reading what occurred will be able to relate the action to the reason it was taken.
- Enter opinions only when they are reasons for decisions on actions or are related to the client's understanding of a situation, and document in a clear, non-judgmental way. For example: "Ms. G did not appear to be paying attention when I explained her responsibilities, although she signed the form 2133B."
- Always remember that a case record could be subpoenaed to court or called to a Hearing at any time. The narrative can be introduced into evidence, or the worker could be asked to read the narrative in testimony.

Be brief

- Abbreviations may be used, but only when the meaning would be clear to anyone authorized to read the case. Commonly used abbreviations are acceptable.
- Brevity does not mean leaving out data or other information that leads to any decision.

Judgment Calls

There are some decisions made and actions taken that are based on interpretation of the regulations rather than a verbatim application of a regulation. These are judgment calls, and as the name implies, a decision has been made

based on the judgment of the worker, supervisor, section manager, or other personnel, interpreting a regulation for a specific case situation.

It is critical that the decision-making process be clearly outlined in narrative entries documenting any such interpretation of regulations.

- All events, actions, information leading up to or precipitating the decision must be stated in the narrative.
- Reference to any evidence or verification must be included, as well as where the evidence is filed in the case folder.
- When judgement is involved, the worker is making a case for their position. The clearer the narrative, the better the position is stated or defended.

97-5: Renewal--The Statement of Facts

(Revised as of 8/28/25)

The regular re-evaluation of clients' needs and circumstances ensures that only eligibles are receiving assistance and that those eligibles are budgeted at the correct grant level to which they are entitled. For their review to be meaningful, re-evaluation must be completed at least every 6 months (more frequently when specific situations warrant, such as when a new person is added as part of the same household).

Program Standards

Re-evaluation standards are set by CAAP administration and are as follows:

- Re-evaluation must be completed on an ongoing basis, as they become due.
- Priority must be given to overdue re-evaluations.

Worker Responsibilities

Each re-evaluation requires the setting up of an appointment with specific instructions and an interview. The procedures are as follows:

Set-Up an Appointment

1. Send the re-evaluation appointment letter, using Form Gen 102, CAAP Appointment Letter, checking all appropriate boxes. The letter must be delivered to the recipient no less than five (5) work days prior to the interview, whether hand-delivered or mailed.

Important: If the client provides medical verification that they are unable to come into the office to complete the renewal due to a disabling condition, the worker is to offer the client a home visit.

2. The letter should indicate the date and time of the appointment and must be accompanied by a Form 2133R, Statement of Facts Supporting Eligibility, Renewal for County Adult Assistance Programs (CAAP).
3. The client must complete the Form 2133R before their appointment.
4. Be certain to specify in the letter exactly what items of verification or documentation the client is expected to provide at the time of the interview.
5. Schedule the client to an Employability assessment, as appropriate.

If the client fails to come in for their re-evaluation appointment and the client does not have a good cause reason, follow the procedure for Three Acts of Negligent Failure for CAAP Recipients (see section 90-6.1: Three Acts of Negligent Failure for CAAP Recipients).

- If the client cancels a Renewal appointment through BenefitsCal without contacting CAAP or their assigned worker to establish Good Cause, the canceled appointment is considered a no show and the worker will follow the Negligent Failure process, refer to Sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients
    - Eligibility Worker must tell clients not to cancel appointments via BenefitsCal, they must call to reschedule.

Review of The Statement of Facts at Renewal Interview

Conduct the re-evaluation interview using the completed Form 2133R as a guide. The content of the interview and the items of verification and documentation required are the same as those for the Intake interview(s).

If any items of verification or documentation are missing at the time of the re-evaluation interview, follow the procedure for Three Acts of Negligent Failure for CAAP Recipients. See section 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.

Name of Person for Whom Aid is Being Recertified

Is their the right person whom you are interviewing?

Are the given date of birth and Social Security Number the same as those listed on previous Statements of Facts?

Ask the client whether they have read and understands the NOTICE regarding Social Security numbers. If they indicate that they have not read or do not understand the NOTICE, explain it to them. See section 91-3: SSN Requirement.

Examine the status of the client's Social Security number. If they are bringing in a newly-received card, copy it for the case record.

If the client was referred to SSA with a Form MC 194, Social Security Administration Referral Notice, and the client's SSN has not been verified, refer the client back to SSA with a new Form MC 194, as applicable.

Photocopy the rent receipt. Be certain to give the client the original receipt and send the copy to i-Files. Make sure the rent is not greater than their monthly income (including the CAAP grant) plus any cash/bank assets. If the client's rent exceeds their monthly available income and/or assets, have them sign a Form 2145, Maximum Monthly Expense Agreement.

Marital Status

Has there been a change since the last Intake or renewal (RE)?
Is the spouse or domestic partner working or on CAAP?

Couple Case Renewals:

PAES RE: If during the renewal there is one ineligible individual due to a sanction occurring in the renewal month. The EW will manually update the RE due month one month forward. Instead of processing the Renewal, the EW will request the ineligible individual to reinstate their benefits after their sanction period. Process the Reinstatement accordingly and this will count as the Renewal.

- Example: : Spouse A- was discontinued August 31. RE due in September – instead of scheduling the RE for September, the EW will contact Spouse A to complete their reinstatement in September.

Age Exempt/SSIP RE: If one individual is Age Exempt or SSIP, and the other is PAES, the sanction would not apply when the couple requests for reinstatement. The EW will contact the couple to reinstate their benefits.

For more details about Couple Case Reinstatement refer to:97-6.1: Reinstatement of CAAP Benefits

Identification

Make sure that the client has met the permanent ID requirement. If not, refer to section 91-2.2: CA DMV Identification Card, for appropriate follow-up action on what previous worker(s) has initiated.

Residence Information

See sections 91-7: Residency, and 91-7.1: Homeless Residency Verification.

Military Service Information

If the client answers YES to the question, "Are you a veteran?" send a Form CW 5, Veterans Benefits Verification and Referral, and send by interoffice mail to SF County Veterans Service Office (SF CVSO), 2 Gough Street; OR Fax to 1-415-934-4240; OR email.

Employment Information

Are reported earnings fully verified? Are there any discrepancies with existing IEVS reports? Are there any discrepancies with wage information from The Work Number? Is the client Self-Employed? It may be necessary to mail a Form 8026, Employment Verification, to the employer, and/or complete a Form 4030, Referral to Special Investigations Unit. An overpayment adjustment may also be required.

Probation/Parole Status

If the client answers "YES" to the question, "Are you a fleeing felon?" the case should be discontinued in the system (reason: Fraud/Fleeing Felon) accordingly for first, second, or third instance within a 24-month period. Issue a manual Notice of Action, Form 2160.

Citizenship Status

Check the expiration dates of any USCIS documentation on file. If the document has expired, ask the client to provide a current USCIS document.

If there is any change in the client's immigration status, ask the client to submit new documentation reflecting the current status.

Student Status

If the client has enrolled in a course of study that was previously approved, it must be determined whether they are still eligible for CAAP by verifying their attendance and financial aid.

If they are still eligible to CAAP, and has received financial aid, it must be determined if any of that aid must be prorated against their cash aid.

Refer to sections 91-8: Student Status and 92-47: Student Financial Aid for more information.

Employability Status

Has the client's employability status changed or are medical exemptions verified and up to date? Is the client assigned the appropriate PEC?

- If the client is age 60 years or older, refer to section 95-1: Employability Determination.
- If the client is able to work, refer to section 95-2: Employable/Unemployable.
- If the client is unable to work, refer to section 95-1: Employability Determination**.**

The response to the next question alerts you to a client's stated disability and the need to secure verification. Make sure the questions relating to filing an application for SSI are fully answered.

If the client indicates that:

- Receiving SSI - client may not be eligible to CAAP. Obtain verification of client's SSI payment status. Refer to section 92-2: SSI Reimbursement Agreement.
- Received SSI in the past, denied SSI or currently applying, refer to section 95-2.1: SSI Verification and SSI Advocacy

Narrate the information in CalSAWS. If the client already has verification of a 12-month disabling condition and the client chooses to be in GA or PAES, the client must still apply for SSI.

All clients age 65 years or over, or within 30 days of turning 65 years old, must be referred to the Social Security Administration (SSA) office to apply Social Security Disability benefits (SSI/SSP). These clients must present verification of their SSA status, even if there is an SSA Form 39 on file that states the client is ineligible to SSI/SSP until a later date. (Note: It is sometimes possible for someone to receive SSI/SSP before being in the country for the required number of years.) If the client fails to return the new Form 39 by the deadline you set, discontinue the case for failure to apply for other income. Refer to section 92-41: Potential Income.

All clients who are within three months of their 62nd birthday or older must be referred to SSA for Social Security Retirement benefits. If the client fails to provide verification of SSA application by the deadline you set, discontinue the case for failure to apply for other income. Refer to section 92-41: Potential Income.

Pregnancy Information

If a woman indicates that they are pregnant, refer to section 91-6.1: Pregnant Clients.

Financial Resources

All resources must be verified, including bank accounts, trust funds, burial plots and life insurance policies.

Motor Vehicle Information

Verify any listed motor vehicles by the DMV blue book value, or by the current registration receipt. Recipients may own only one vehicle. Refer to section 92-26: Motor Vehicles.

Real Property

Be sure to check with the previous 2133R or 2133 on file to see if any of the information has changed.

Unearned Income

Discuss all unearned income received by the client, including any gifts received. (Exempt the first $30 of gifts in a 3-month period, beginning with the first month in which a gift is received.) Has the client followed all previous instructions to pursue other potential sources of income? See sections 92-1: Financial Eligibility--General Introduction and 92-41: Potential Income

Other Changes in your circumstances

Has the client been receiving any income, or has anything else changed that would affect their continued eligibility?

CalFresh and Medi-Cal Status

Every effort should be made so that all eligible clients receive CalFresh and Medi-Cal. Check the client's CalFresh and Medi-Cal status and if the client is not active on either program, refer the client to reapply.

Emergency Information

While not required, the client should be encouraged to provide a name, address and phone number of someone to contact in the event of an emergency.

Homeless Shelter Reservation

Review the homeless client's current shelter status with the Shelter Utilization Power BI report and offer shelter as needed. If the client is currently under shelter cash out due to no shelter bed available, offer shelter to the client and end shelter cash out status. Whenever there are shelter beds available, a homeless client is only eligible for the CBP grant regardless if they accept or refuse shelter. Update Shelter special indicators as appropriate and case comment.

Completing the Interview

After a complete review of Form 2133R, having checked for consistency with previous Forms 2133 and 2133R and having recorded all documentation in the COUNTY USE ONLY column:

- Declaration

The client must sign that the information they have provided in the Statement of Facts is true and correct and that they are aware that the Statement of Facts is true and correct and that they are aware that the statements are subject to investigation and verification, and that there may be criminal penalties for making false statements.

- At the end of the re-evaluation interview, the Worker completes the PROGRAM ELIGIBILITY DETERMINATION section, checking the specific item for the client's continued eligibility to PAES, SSIP, or GA.

The Worker then signs and dates their Section.

- Ask the client to read, or read to them, Form 2133B, Rights and Responsibilities, and Form SSP 14, Authorization for Reimbursement of Interim Assistance Initial Claim or Posteligibility Case, and have them sign and date it. Send the original to Imaging and make sure the client receives a copy.
- Return all personal documents supplied by the client in re-investigating their eligibility after the information has been recorded and photocopied and send to be imaged in i-Files.
- Narrate the client's compliance with the Renewal process. Indicate major changes, or, if there has been no significant change.
- Take prompt action to document changes in the household's income, property or eligibility status and make all necessary grant adjustments (e.g., set up for Income Disregard if the client is employed).
- Complete all on-line entries, making sure to enter the re-evaluation completion date.
- If the client is currently ineligible, take the appropriate discontinuance action. Hand-issue or mail the discontinuance notice for issues of immediate ineligibility. In the event that the client does not comply with requirements to complete the re-evaluation via a scheduled return appointment or mailing of requested material(s), the discontinuance notice is then mailed. Document the worker's actions.

Fraud Early Detection (FRED) Referrals

Whenever an attempt to resolve discrepancies proves unsuccessful, refer the case to FRED via Form 092A, FRED Investigation Referral.

- The client provides verbal and/or written information that is in direct conflict with known facts or information obtained during the previous year, and which would affect eligibility or the amount of benefits to which the client is eligible.

Client Fails to Appear

If the client fails to attend their re-evaluation appointment without good cause, discontinue the case for failure to keep re-evaluation appointment. See section 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.

Supervisor Responsibilities

In the timely completion of re-evaluations, the unit supervisor provides both ongoing oversight and direction of case flow and quality review and approval of completed work.

The unit supervisor's duties include:

- Maintaining controls to ensure that re-evaluations are completed in a timely manner.
- Reviewing case in Imaging in CalSAWS, carefully to ensure accuracy of content and pertinent narratives.
- Signing Form 2133R to indicate that the re-evaluation has been properly completed and all eligibility factors have been adequately addressed and accurately documented. The signature date signifies the date the re-evaluation is completed.

97-6: Non-Compliance Failures

(Revised as of 4/29/25)

At the time of application and re-evaluation, in addition to meeting conditions of eligibility, the client must sign a statement of rights and responsibilities. Although not an eligibility factor as such, compliance with Program requirements is required of all CAAP clients. Failure to comply with any Program requirement without Good Cause makes an individual ineligible to continued assistance. However, any client's failure to comply with Program requirements shall be evaluated for Good Cause (refer to sections 90-6: Good Cause, 90-6.2: Workfare Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients).

When to Discontinue and Sanction for Missed Appointments

When a recipient fails to comply with Program requirements and the worker determines that the initial or second failure was not due to Good Cause or willful, the failure shall be considered negligent and the client's benefits shall continue. After three separate acts of negligent failure by the recipient to follow Program requirements within the prior 12-month period, benefits shall be discontinued whenever a client:

- Fails to attend scheduled Evaluation session
- Fails to complete the work activity requirements for the previous month (i.e client completed 1-23 hours of work activity out of the required 24 hours per month)
- Fails to come in for any scheduled appointment with CAAP (i.e., Residency, Employability, Re-evaluation, etc.)
- Fails to attend scheduled sessions of Department-approved job counseling, vocational rehabilitation, vocational training, or drug or alcohol treatment programs
- Fails to come in for an appointment with the SSI Case Manager
- Fails to attend scheduled CAAP Counselling Service (CCS) appointment

When to Discontinue and Sanction for Workfare/Alternative Workfare/LDCS Work Activity Failure

Benefits shall be discontinued whenever a client completes zero hours of the required number of hours for the previous month and cannot provide good cause. The worker will discontinue the case upon receipt of non-compliance report. The non-compliance report will be received by the worker as a task from the supervisor. DO NOT take negative action until task is received for non-compliance. Issue the Form 2158B Discontinuance For Failure for Workfare/ Alternative Workfare/LDCS Activity Requirement.

Note: For those clients who complete more than zero hours but less than the full number of their required workfare hours, negligent failure rules shall be followed as appropriate. Refer to section 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.

Clients who missed a scheduled shift **(within the month)** will no longer need to report missed hours to CAAP. Client must contact Workfare Site Supervisor directly to schedule make-up hours.

Clients may provide Good Cause to CAAP for the **previous month** of missed workfare or failure to complete the required number of WF/AW/LDCS hours. For a complete discussion of Good Cause for failed Workfare/AW/LDCS work activity, see section **90-6.2: Workfare Good Cause**.

Notes:

- Client can call CAAP anytime.
- EW must explain the Good Cause and Discontinuance Policy for missed WF/AW/LDCS workfare requirements.
- Client contact must be documented in CalSAWS Journal.
- Case Comments must be entered under "GOOD CAUSE" and leave the field Program blank in CalSAWS.

Exceptions to Sanctioning

No 30-day sanction for PAES and GA shall be imposed in the following situations:

- The application has been denied
- The client has either withdrawn their application or requested that their assistance be discontinued.
- No current Rights and Responsibilities Statement

The case Imaging must contain a current, signed and dated Form 2133B (for Intake and Carrying), Rights and Responsibilities while on County Adult Assistance Programs (CAAP) or Applying for CAAP. The form is current if it is dated the day of the most recent re-evaluation interview, but prior to the day on which the client fails to perform a required function.

- The client did not meet Program identification or immigration requirements

Clients who are denied or discontinued for not meeting CAAP Program identification or immigration requirements can re-apply at any time if they present all items previously requested.

- There is a first instance of unreported income/assets

Note: If the discovery of unreported income, or late reported income, is the first such occurrence, the worker should follow the procedure in First Time Discovery of Unreported Income/Assets.

- The client is SSIP or age 60 or over, except if discontinued for fraud.
- Other verified circumstances upon the approval of the unit supervisor

Time Limitations for Claiming Good Cause for Program Requirement Failures

An applicant has seven (7) calendar days from the date of the notice, or until the Fair Hearing date, whichever is later, to claim Good Cause and present Good Cause verification.

A recipient has fourteen (14) calendar days from the date of the warning/notice to claim and present Good Cause verification, if needed.

Acceptable Good Causes

For a more complete discussion of good cause, see sections 90-6: Good Cause and 9**0-6.2: Workfare Good Cause**.

Fair Hearing

Any applicant or recipient who is dissatisfied with the denial or discontinuance decision relating to their CAAP may request a Fair Hearing. In order for the hearing to be granted, the request must be timely. The decision to grant a Fair Hearing will be made by the Fair Hearing Officer. It is their responsibility to determine that an appropriate issue is being appealed and that a timely request has been filed.

Multiple Non-Compliance Failures

- When a new non-compliance failure occurs while there is a pending Fair Hearing on a previous non-compliance, the worker shall hold off taking a negative action on the new failure until the Fair Hearing decision has been rendered.
- The worker waits for the outcome of the first failure to act upon the second. (The worker should make note of the important dates to remember for future use in issuing, if needed, the second notice.)
- If the first failure is upheld, the case remains in discontinued status, and the case is now closed. There is no need to send the notice for the second failure.
- If the County decision is overturned, rescind the discontinuance for the first failure, and issue the second notice (10-day Notice) notifying the client of the new (second) failure. Good Cause, Fair Hearing, etc, still apply.

Non-Compliance Sanction Duration

30-Day Sanction for First Non-Compliance Discontinuance within 12 Months:

- If a recipient's CAAP benefits are discontinued for non-compliance within a 12-month period, they will be ineligible to receive CAAP benefits for 30 days following the effective date of the first discontinuance.

90-Day Sanction for Second or Subsequent Non-Compliance Discontinuance within 12 Months:

- In cases where the recipient has a second or subsequent discontinuance of benefits due to non-compliance within a 12-month period, they will be ineligible for CAAP benefits for 90 days following the effective date of the second or subsequent discontinuance.

Example 1:
Case discontinued for non-compliance effective 6/30/25. Sanction 7/1/25 to 7/30/25. On 8/1/25 client reinstated. 10/31/25 2nd disc for non-compliance. Sanction from 11/1/25 to 1/30/26. Client reapplied on 2/1/26. Case is discontinued for non-compliance effective 9/30/26. Sanction is 90 days.

Example 2:
Case discontinued for non-compliance effective 6/30/25. Sanction 7/1/25 to 7/30/25. On 8/1/25 client reinstated. 10/31/25 2nd disc for non-compliance. Sanction from 11/1/25 to 1/30/26. Client reapplied on 11/1/26. Since it's 12 months after the 2nd non-compliance discontinuance, next non-compliance discontinuance will be 30 days.

97-6.1: Reinstatement of CAAP Benefits

(Revised as of 9/1/25)

Clients have the right to request for reinstatement of benefits, without having to reapply and go through the Intake process, as long as the client contacts CAAP within the 30-day sanction period following the effective date of the discontinuance and the discontinuance is due to a program violation. Clients serving a 90-day sanction due to a program violation are not eligible for reinstatement.

GA and PAES recipients who requested and are found to be eligible for reinstatement, their benefits will be reinstated effective the first day after the sanction period has been served.

NOTE: When reinstating previously active PAES Employment Plan clients, they will be reinstated back to the GA grant instead of PAES. Clients who are discontinued while on the PAES EP must serve a 90 waiting periodsafter a discontinuance. Clients are only eligible for GA while serving the waiting period.

SSIP recipients and clients age 60 or over whose benefits are discontinued due to program violations may contact CAAP within 30 days from the discontinuance date to request reinstatement of their benefits. Date of contact with CAAP will be the date of the reinstatement.

Clients who are discontinued for fraud with a 30 day sanction are eligible for reinstatement. Clients who are serving a 60 or 90 days sanction are not eligible for reinstatement since the client cannot be reinstated after 30 days.

As part of the reinstatement process, the client must complete the previously missed program requirement for which they were discontinued.

Clients not Eligible for Reinstatement

The following clients are not eligible for reinstatement and must reapply to get back on aid:

- Clients who are sanctioned for 90 days from a non-compliance discontinuance within 12 months.
- Clients who do not contact CAAP within the sanction period following the discontinuance date. The clients must be instructed to reapply through the regular process. The client's discontinued case will be closed after the first sanction period expires.
- Clients who are discontinued because they are no longer eligible for the program and eligibility has to be re-established. The worker must include the eligibility failures in the notice of action. Eligibility failures such as, but not limited to:
    - Whereabouts unknown (including loss of contact due to mail returned)
        - **Exception:** Returned mail for homeless client is not a reason for discontinuance. Refer to section 97-11.2: CAAP Benefit Package for information on homeless client's residency and verification.
    - Residency and housed grant status
    - Income and resources exceed allowable limit
    - Financial eligibility (including CAAP 1 report, X-hold and Y-hold)
    - 90-aided days has been exhausted (CAID requirement, Trujillo cases)
    - Fleeing felon

- Clients who are reinstated but do not comply with the reinstatement requirements after their benefits are reinstated, and without good cause, will be discontinued with 10-day notice for that failure with Form 2158-Discontinuance-Eligibility. The client must reapply through the regular process to get back on aid. However, clients can always show good cause and request a Fair Hearing in a timely manner.
- Clients who are serving a 60- or 90- days Fraud sanction are not eligible for a reinstatement and must reapply at the end of the sanction period.

Worker Responsibilities

If the client was not able to successfully rescind the program violation discontinuance through the Good Cause/Fair Hearing process, inform the client that they will be given the opportunity to reinstate their benefits. The client will be informed through the Notice of Proposed Action that they must contact CAAP within the sanction period following the discontinuance date to get reinstated without the need to reapply.

For clients who are eligible for reinstatement and contacts the worker to request reinstatement, the following procedure applies:

For GA/PAES clients:

If the client contacts CAAP within the sanction period following the effective date of discontinuance, the worker shall:

1. Verify the address and phone number.
2. Explain to client that failure to submit all requested verifications and follow up appointments listed on F2191R will result in case being discontinued and would have to reapply.
3. Explain to client verifications they must submit and the due date verifications are due.
    - The due date for reinstatement packet and verifications should be within seven (7) work days or ten (10) calendar days after the effective date of reinstatement (cash run date) to initiate program requirements depending on the client's last failure and the reason for the discontinuance (i.e., scheduling clients for a WDD session, Triage, etc.). Inform the client that failure to submit requested verifications by the due date or failure to attend a follow up appointment to complete Reinstatement will result in a discontinuance (allowing for a 10-day notice) of their benefits; good cause still applies.
4. Send/email the client Form 2133T-Reinstatement Packet (Form 2191R CAAP Reinstatement Appointment Letter, Form 2133B-REINSTATEMENT Rights and Responsibilities, Form SSP 14, Form 2143 and/or Form 2509A, as applicable, to verify residency). If a F2143 is sent via DocuSign, the EW must also send a second email to the client stating the landlord must sign the F2143 if they do not have other acceptable rental verification.
    - If the case is discontinued for a missed Triage appointment, add notice of appointment on the F2191R and attach Form 2139I with the Triage appointment date and time. Schedule the client for a Triage appointment as close to the due date on F2191R as possible.
    - If the case is discontinued for a missed WDD orientation or failure to comply with their work activity, add notice of appointment on the F2191R and attach Form 2124 with the WDD orientation appointment date and time. Schedule the client for a WDD orientation appointment as close to the due date on F2191R as possible.
    - If the case was discontinued for failure to submit a verification, i.e. UIB, DIB, SSA, etc., the missing verification the case was discontinued for must be submitted as part of the reinstatement packet.

- If the case was discontinued for failed Reevaluation (RE), review the case, check IEVS, check for any discrepancies that will need to follow-up, including CW5, CAAP 9 and list verifications required on F2191R.

Notes:

- Ensure all program requirement appointments are scheduled for dates that are after the cash run date. Client cannot be performing program requirements while they are not active on aid.
- Since re-evaluation dates are automatically re-set by the reinstatement process, there is no need to follow-up on re-evaluation. However, an EW can request additional verifications to establish eligibility if there are compelling reasons. Check with your supervisor for review if there is a compelling reason found.
- **Shelter Reservation**: Client is not eligible for aid until the sanction period ends. Inform the client that they are not eligible for shelter during the sanction period. Remind the client to call us back after the sanction period ends to request for shelter reservation. Clients who are sanctioned for 90 days for a non-compliance discontinuance are not eligible for a shelter reservation.
- If client's current triage rating has not expired and client did not indicate any changes, client does not have to be referred to triage.

For SSIP and clients aged 60 or over :

If the client contacts CAAP within one month from the effective date of discontinuance, the worker shall:

1. Verify the address and phone number.
2. Explain to client that failure to submit all requested verifications and follow up appointments listed on F2191R will result in case being discontinued and would have to reapply.
3. Explain to client verifications they must submit and the due date verifications are due.

- The due date for reinstatement packet and verifications should be within seven (7) work days or ten (10) calendar days after the effective date of reinstatement (cash run date) to initiate program requirements depending on the client's last failure and the reason for the discontinuance (i.e., scheduling clients for a SSI CM session, Triage, etc.). Inform the client that failure to submit requested verifications by the due date or failure to attend a follow up appointment to complete Reinstatement will result in the discontinuance (allowing for a 10-day notice) of their benefits; good cause still applies.

4. Send/email the client Form 2133T-Reinstatement Packet (Form 2191R CAAP Reinstatement Appointment Letter, Form 2133B-REINSTATEMENT Rights and Responsibilities, Form SSP 14, Form 2143 and/or Form 2509A, as applicable, to verify residency). If a F2143 is sent via DocuSign, the EW must also send a second email to the client stating the landlord must sign the F2143 if they do not have other acceptable rental verification.

    - If the case was discontinued for is SSI CM or DECU appointment failure, schedule the client for SSI CM or DECU appointment (Refer to CHS OLM Section: 150-2.2 CHS SSIP Reinstatement Process). This appointment will be considered a Reinstatement appointment.
    - If the case was discontinued for failure to submit a verification, i.e.DIB, SSA, verification of outside SSI representation, etc., the missing verification the case was discontinued for must be submitted as part of the reinstatement packet.
    - If the case was discontinued for missed homeless verification due date, the client must submit proof of residency together with the reinstatement documents F2133T.

- If the case was discontinued for failed Reevaluation (RE), review the case, check IEVS, check for any discrepancies that will need to follow-up, including CW5, CAAP 9 and list verifications required on F2191R.

Notes:

- Ensure all program requirement appointments are scheduled for dates that are after the cash run date. Client cannot perform program requirements while they are not active on aid.
- Since reevaluation dates are automatically re-set by the reinstatement process, there is no need to follow-up on reevaluation. However, an EW can request additional verifications to establish eligibility if there are compelling reasons. Check with your supervisor for review if there is a compelling reason found.
- **Shelter Reservation:** Client is eligible for aid on the day of request for reinstatement due to no sanction period, therefore making client eligible for shelter.
- If case is assigned to SSI CM or there is valid F39B (within 6 months), client does not have to be referred to triage.
- Cases that have valid rating #4 but are shown as closed in COSTS for SSI CM, should be referred to Triage instead of being scheduled for SSI CM Reinstatement calendar, unless the client is working with an outside agency, see below.
    - SSI CM Referral Guidelines Based on Rating Validity:
        - If the rating is valid and the case is closed with SSI CM:
            - Refer the client to Triage.
        - If the rating is valid and the case is open and assigned to SSI CM:
            - Send an email to SSI CM assigned in COSTS that the case is active, please reengage.

          Add a journal that SSI CM was notified via email.
        - If the rating is not valid within 90 days and the case is closed with SSI CM:
            - Refer the client to Triage.
        - If the rating is not valid within 90 days and the case is open with SSI CM:
            - Send an email to SSI CM assigned in COSTS that the case is active, please reengage.

          Add a journal that SSI CM was notified via email.
- **Important**: Keep the case open even if the client is no longer receiving CAAP.

Couple Case

If one client from a couple case is discontinued for non-compliance, they must request and complete their reinstatement, if not the whole case will be discontinued with the F2158. If no reinstatement has been requested, the whole case will be discontinued due to the mandatory requirement that both clients on a couple case need to be aided together.

- Example: Couple Case – Spouse A is discontinued for non-compliance October 31, sanction period is 30 days, Spouse B – is currently active and receiving benefits for FBU of 1. Spouse A must request for reinstatement in the sanction period. The EW will create a task in sanction period to verify if Spouse A has requested reinstatement. If they do not request for reinstatement, the case will be discontinued at the end of December.

    - If Spouse A calls to reapply during the sanction period, the EW will offer a reinstatement.

- If one of the recipients of the couple case is requesting reinstatement but fails the reinstatement, then the whole couple case will be discontinued, and the couple would need to reapply.
- Reinstatement - If one of the couple has a 90 day sanction and cannot be reinstated. The worker shall create a task to complete an early renewal for the couple in the month after the 90 day sanction ends. If the non sanctioned client also gets discontinued due within this 90 day sanction period of their spouse, then both client would be discontinued and they must reapply after both sanctions has ended.

To process couple reinstatement in CalSAWS, please see Couple Case Reinstatements Jobs Aid.

97-7: Incarceration

(Revised as of 10/30/23)

Whenever a CAAP client is incarcerated, they are no longer eligible for CAAP because their needs for shelter and food are being met by the institution in which he resides. However, if the client is not incarcerated for an entire CAAP benefit pay period, they are entitled to full benefits for that pay period, if otherwise eligible. Conversely, any benefits issued for a CAAP pay period in which the client's needs were being met for the entire period by the institution are considered to constitute a collectible overpayment.

The client is responsible for reporting incarceration to CAAP within 5 working days, as stated on the CAAP Rights and Responsibilities Form 2133B, which the client signs at the times of Intake and Reinvestigation.

In practice, without the worker having the knowledge of a recipient's incarceration, the recipient's case is more often discontinued for his failure to meet a Program requirement because of their incarceration, than for the reason of incarceration itself. Keeping this in mind, it is important to note that incarceration is considered to be an acceptable good cause for failing to meet a Program requirement (see section 90-6: Good Cause), and therefore may have a direct effect on current eligibility. Furthermore, it must be taken into account that a client often cannot meet his good cause reporting responsibilities if they were incarcerated.

This section deals with establishing the eligibility of a CAAP client who was previously discontinued while they were incarcerated and who contacts CAAP and/or re-applies for assistance after their release. Unspent money is considered a resource in the month following issuance. The worker must determine if the client's balance of untransacted benefits exceeds the maximum allowable limit for assets/resources when rescinding the discontinuance or approving the client's reapplication.

A discontinuance may be rescinded based upon when the incarcerated client contacts CAAP and whether or not they had good cause for either the Program requirement failure that resulted in discontinuance or their not meeting their good cause reporting responsibility in a timely manner. If the client contacts CAAP within fourteen (14) calendar days after their release, see sections 90-6: Good Cause and 90-6.1: Three Acts of Negligent Failure for CAAP Recipients.

Replacement of Checks and Overpayment Collection

When an incarcerated client contacts CAAP and/or re-applies for assistance after their release and requests re-issuance of benefits that were not received during his incarceration, the worker shall inform the client that these benefits will constitute a collectible overpayment if their needs were fully met by the institution for the entire pay period.

The overpayment will be collected at the time when the client's application is approved.

The overpayment shall consist of those benefits issued from the pay period following the beginning of the client's incarceration through the discontinuance date. See section 94-19: Overpayment Recoupment.

For Clients Who Were Issued Benefits Through EBT

- If a client contacts CAAP asking about their benefits, determine the client’s EBT account status and inform him about his benefit status (Inactive, Dormant or Expunged).
- If the client requests that their benefits be released, do the following:
    - Closed cases with dormant or expunged status – refer the client to their last CAAP Unit who will work with CAST to release the benefit.
    - Discontinued cases — if the case remains discontinued, reactivate the card to release the benefit.

- If the client was not eligible during the months when benefits were not transacted, explain to the client that they are not eligible to receive the benefits and that it will be considered an overpayment.

- Clients filing new applications may have untransacted benefits remaining on a previously closed case. The benefits still belong to the client whether or not the new application is approved. The Intake worker shall:
  - Determine the status of the untransacted benefits (Inactive, Dormant, or Expunged).
  - Determine the amount of the untransacted benefits for resource/asset eligibility.
  - If the untransacted benefits exceed the maximum allowable limit for assets/resource, deny the client's application.
  - If the client is not eligible to any amount of the untransacted benefit, narrate in CalSAWS Journal the reason for the overpayment.

Refer to section 94-11: Types of Benefit Issuance for more information.

For Clients Who Were Issued Two-Party Checks

- Review the Returned Checks Lists for the period in question.
  - If CAAP benefits were returned to DHS, hand-issue the benefits and follow overpayment collection procedures.
  - If CAAP benefits were not returned to DHS, send a completed Form 8037, Report Of Check Loss Or Non-Receipt, to the Check Investigation Unit.

Note: If the Form 8037 is sent by the Intake worker, the case may then be transferred, with follow-up to be provided by the Carrying worker.

- Upon receipt of the Form 061 from the Check Investigation Unit, review the form for check issuance instructions.
  - If the benefits should be re-issued, once again advise the client that re-issuance of these benefits will constitute a collectible overpayment.
  - The overpayment shall consist of those checks issued from the pay period following the beginning of the client's incarceration through the discontinuance date.
  - Do not re-issue benefits if the Form 061 is returned indicating that the benefits were negotiated by the client. In such an instance, the worker shall:
    - Discontinue the case for fraud, and
    - Refer the case to the Special Investigations Unit.
  - Follow overpayment collection procedures.

97-8: Fraud in Obtaining CAAP Benefits

(Revised as of 10/11/24)

According to CAAP Ordinance Section 20.7-44, whenever any client obtained a CAAP benefit fraudulently, graduated sanctions shall be imposed for each instance of fraud discontinuance within a twenty-four (24) month period. The discontinuance procedure for fraud in obtaining CAAP benefits is different from the discontinuance procedure for failure to comply with program regulations and requirements.

Definitions

Fraud

Fraud occurs whenever a CAAP benefit is obtained by one or more of the following means:

- False statement or representation;
- Impersonation or use of fraudulent device;
- Intentional failure to report facts required by the CAAP Ordinance.

Sanction

A sanction is a specific period of time during which a client's entitlement to a CAAP benefit is terminated. Once the CAAP benefit is discontinued, the client is unable to reapply for CAAP during the specific period of time in which their entitlement for a benefit is terminated.

Graduated Sanctions

Graduated sanctions in the form of 30-day, 60-day and 90-day sanctions are used for fraud discontinuances only. These are progressive or cumulative sanction periods applied for repeat instances of fraud within a 24-month period.

Time Frames

The time frame to be considered when determining graduated sanctions is 24 months prior to the current discontinuance. When discontinuing a client for fraud, the Worker should review the case to determine if there were prior instances of fraud discontinuances within a 24 month period.

30-Day Sanction for 1st Fraud Discontinuance within 24 Months

Upon the first discontinuance of a CAAP benefit within a 24 month period due to false statement or representation or by impersonation or other fraudulent device, or by intentional failure to report facts required by the CAAP Ordinance or Department regulations, an applicant or client shall be unable to receive CAAP for a period of 30 days after the effective date of discontinuance.

60-Day Sanction for 2nd Fraud Discontinuance within 24 Months

Upon the second such discontinuance within a 24 month period, the applicant or client shall be unable to receive CAAP for a period of 60 days after the effective date of discontinuance.

90-Day Sanction for 3rd Fraud Discontinuance within 24 Months

Upon the third, or additional, such discontinuance within a 24 month period, the applicant or client shall be unable to receive CAAP for a period of 90 days after the effective date of discontinuance.

Types of Fraud Discontinuances

There are three main categories of fraud discontinuances:

False Statement or Representation

Whenever a CAAP client obtains a CAAP benefit by means of false statement or representation, their benefit is discontinued and the appropriate sanction is applied (see Time Frames above).

At any time, when uncertainties exist, the Unit Supervisor should always be consulted, especially considering the consequences of graduated sanctions.

If the manual notice of action for fraud discontinuance, Form 2160, Notice of Proposed Action - Fraud Discontinuance, is used, all reasons for fraud discontinuance and the specific sanction period applied must be indicated.

The Worker discontinues the case using the appropriate fraud negative action and narrates in CalSAWS Journal the fraud discontinuance, including all specific reasons for taking the action.

Examples of obtaining a CAAP benefit by means of false statement or representation include, but are not limited to the following:

- Cashing a check after claiming non-receipt;
- Obtaining a CAAP benefit by making a false statement that the client is unemployed, but is actually working.
- Collecting a CAAP benefit based on an FBU of 1 because the client states they are single, but is living with a working spouse or domestic partner.

Impersonation or Other Fraudulent Device

Whenever a CAAP client obtains a CAAP benefit by means of impersonation or other fraudulent device, his benefit is discontinued and the appropriate sanction is applied (see Time Frames above). No supervisory approval is required before taking the necessary action.

Examples of obtaining a CAAP benefit by means of impersonation or fraudulent device include, but are not limited to, the following:

- Receiving a duplicate CAAP benefit and/or other public assistance in San Francisco or in any other county.
- Providing false documentation of:
    - Identification;
    - Immigration status;
    - Residence.

Intentional Failure to Report Required Facts

Whenever a CAAP client obtains a CAAP benefit by means of an intentional failure to report required facts, their benefit is discontinued and the appropriate sanction is applied (see Time Frames above).

Examples of obtaining a CAAP benefit by means of intentional failure to report required facts include, but are not limited to:

- Income;
- Bank account(s) and/or other real or personal property;
- All facts that should have been reported as required by the program in order to make a correct determination of eligibility for a CAAP benefit.

Procedure

If fraud is suspected, the Worker will review the case record before making a determination. Good cause and capacity to understand regulations and/or instructions must always be considered prior to making a fraud determination.

Important: Any Fair Hearing resulting from a discontinuance of benefits because of fraud will require the attendance of the Worker who took the action.

Tracking

In order to keep track of the number of instances of fraud within a 24 month period, the Worker shall follow the tracking methods outlined below:

On-line Tracking

On the On-line system, the Worker enters the appropriate Case Flag.

Fraud Overpayments

When discontinuing a case for fraud, the Worker must also determine whether any overpayments have occurred due to fraud.

- Easily determined overpayments must be computed by the Worker for collection from future benefits.
- Complex overpayments must be referred to the Overpayments Section, using form 4030, Referral to Special Investigations Unit.

Once fraud overpayment has been established, an overpayment recoupment of 40% of the monthly benefit shall be initiated. However, overpayment deduction amounts can be lowered from the maximum collectible percentage whenever the client would lose their current, cost-effective housing as a result of decreasing the grant due to overpayment recoupment.

97-10: Returnable Guidelines

(Revised as of 5/12/25)

Rejection criteria exists for returning cases from one Section to another Section.

Important Note: As a general rule of thumb, anything in violation of established procedure in the CAAP Handbook and Alerts is grounds for return unless an exception has been approved at the proper level.

General Guidelines

1. The Receiving Supervisor, Acting Supervisor, or QC Reviewer has three (3) work days to return a case. The following workday after the receipt of a case is counted as the first work day. This also applies to cases that had already gone through a QC review.
2. Reasons for returning a case are listed on a HAAS Discovery form sent via email to the previous Supervisor and all Lead Workers in the previous unit (cc to: Clerical).
3. Once a case has been returned, items that were not included in the first return cannot be used for a second return, with the exception of situations outlined in Guideline #4 below.
4. The Section that has the possession of the case has the responsibility of maintaining the case. Example: A case is returned for an eligibility issue and while the case return is being handled, the client fails a program requirement. The unit who has possession of the case is responsible to take an action on the failure.
5. Once the receiving unit takes negative action or grant change the case can no longer be returned. Returnable criteria does not apply to CalSAWS functional problems, if that is the only issue. CalSAWS functional problems are limited to problems awaiting resolutions from the CalSAWS project. The worker must journal any related issues that cannot be resolved due to the CalSAWS functional problem.
6. Cases (where benefits were issued correctly and timely on the morning of transfer) are not subject to returnable criteria if benefit information in CalSAWS changes as a result of changes made by another program, through no fault of the transferring unit after noon on the day of the transfer. The transferring unit is responsible for checking CalSAWS status on the morning of the transfer to ensure that the benefits are accurate.
7. Problems regarding returns must be resolved at the Supervisor level. If the problem cannot be resolved at the Supervisor level it escalates to the Program Analyst level and if still unresolved, is referred to the Section Manager for resolution.

Returnable Criteria

The following are returnable criteria for returning cases to the transferring worker:

- The case was transferred within three (3) work days of a client's scheduled appointment.
- An error was made that requires client contact to correct.
- An error was made that requires a negative action.
- A client/worker/supervisor's signature is missing on a pertinent document. Pertinent documents include but are not limited to Forms 2308, 2133 packet.

- Documentation and/or a narrative is missing or inadequate to support an eligibility determination.
    - If verification of eligibility is based on a collateral contact, the narrative entry must include the phone number called and if possible, the name of the person from whom the information was obtained.
- Written instructions are missing for income subject to the 30/60/90-day verification requirement (i.e., SSI/SSP, SSA, SDI, DIB and UIB income.)
- A Notice to decrease benefits is missing, incorrect or incomplete, except for initial benefit issuances at Approval.
- An overpayment (O/P) claim is not posted in CalSAWS or documentation of the overpayment is missing, whether or not the O/P is being collected. If the O/P issue should have been previously addressed by the Carrying Worker, the case will be returned to Carrying without the O/P recoupment initiated in at Intake.
- Hand-issued benefits outside of CalSAWS (i.e., when CalSAWS is down) were either not posted or were incorrectly posted.
    - Presumptive Eligibility benefits excluded
- Incorrect entries related to benefit issuance and it is past the fiscal cutoff to correct (e.g. payee, address, zip code, grant amount, etc.). All other incorrect CalSAWS entries cannot be used by themselves as reasons to return the case. They can only be added when there is valid returnable issue identified.
- For Earned Income Disregard Cases:
    - There is no completed CalSAWS generated CAAP 1 (including verification) for a case transferred after the seventh work day of the month in which a CalSAWS generated CAAP 1 is due in CalSAWS.
    - The case is missing a Notice of Action, indicating the future month's grant when a complete CAAP-1 report has been submitted by the client.
    - A complete employment information must be entered in CalSAWS.
- A Fair Hearing is scheduled.
- There is a Re-evaluation that is either due in the current month, overdue or is not completed. The worker must complete the re-evaluation prior to transferring the case.
- The client did not complete the Triage evaluation process, COSTS was not updated, or the corresponding PEC case flag was not updated.
- Required shelter information is not entered accurately into ONE.
- The case is in discontinued status.
- Incomplete forms (missing information on required forms).
- Issues with the IEVS report:
    - No IEVS report was generated or processed.
    - Discrepancies were not addressed or resolved.
    - No narratives to explain that the above were completed.
- Reports were not processed such as PVS, NHR, NPM, SSI/SSA etc.
- Incorrect CAAP Program determination (e.g. a case was approved for SSIP instead of GA without verification of long term disability).

- Narration and verification (if applies) of good cause is missing. Good cause is up to supervisor approval without verification.
    - When Good Cause Exists
        - Good Cause for a client's failure to comply with program requirements exists whenever the client fails to meet those requirements due to circumstances or events beyond their control. Verification is required unless other reasonable explanation is presented by the client to the worker why verification cannot be presented. The client's explanation is subject to Unit Supervisor's review and approval as Good Cause.
- On-going/future benefits were not set up properly (e.g. Two-Party check).
- PEC Code not entered in CalSAWS case flag, or PEC codes are incorrect .

97-11.1: Shelter Reservation Process

(Revised as of 11/25/25)

All homeless clients who have applied for CAAP shall be offered shelter placement, if a shelter space is available, outlined in the procedure below and in the CAAP Benefit Package section 97-11.2: CAAP Benefit Package. Clients may request accommodations in their shelter placement based on any unique needs.

NOTE: As per 98-2: Aid Paid Pending, clients who are denied and files for a fair hearing are **not** entitled to a shelter reservation.

As of 9/9/2024, Shelter Reservations are created using the ONE system. The CAAP Program has dedicated bed slots in three major shelters in the city, MSC South Shelter ESG (Agency-St. Vincent de Paul), Next Door (Agency - Five Keys Charter Schools & Programs) and Sanctuary Shelter ESG (Agency - Episcopal Community Services). The shelter's address and contact information are as follows:

Next Door (Check-in from 8:00 AM to 5:00 PM, up to 8AM next day for late intake check in)
1001 Polk St
San Francisco, CA 94109
(415) 734-3310
Agency managing the shelter - Five Keys Charter Schools & Programs

MSC South Shelter ESG (Check-in from 9:00 AM to 5:00 PM, up to 8PM for late intake check in)
525 5th Street
San Francisco, CA 94107
(415) 597-7960
Agency managing the shelter - St. Vincent de Paul Society

Sanctuary Shelter ESG (Check-in from 8:00 AM to 5:00 PM, up to 9PM for late intake check in)
201 8th St,
San Francisco, CA 94103
(415) 487-3300 x4211
Agency managing the shelter - Episcopal Community Services

*Note – The Sanctuary does not take ADA accommodations. Use MSC South or Next Door for clients who need ADA accommodations.

CAAP should **only** reserve beds that are labeled CAAP inside ONE as there are other non-CAAP beds in the system as well. Both shelters (MSC South and Next Door) are wheel chair accessible and have beds for female and male clients. Gender and bunk bed type (upper or lower) are labeled inside the ONE system. In addition, the shelters have the following accommodations and rules:

- There is no parking for vehicles
- Bicycle storage is available but very limited, (20-25 at Next Door, bike racks are also outside of MSC South) cannot be stored near the beds
- Pets are permitted if space allows, service animals are always permitted. Some pets may not be permitted such as birds and pigeons.
- Storage space is minimal but clients are allowed to bring 2 bags of belongings

- For additional storage space, refer clients to Homeless Storage sites.
- Please refer to the **Homeless Storage Flyer** (found on the CAAP Intranet) and provide it to clients upon request.

Additional reasonable accommodations shall be requested by the client when they check-in at the shelter. Shelter staff and ADA liaisons are available to assist clients with their requests and process reasonable accommodations accordingly.

Once the reservation is made in ONE by CAAP staff, the client should be informed to check in at their shelter on the first night. Print and provide the referral confirmation page in ONE to the client, and inform them to check in during normal business hours from **8:00 AM to 5:00 PM** on their first night. Clients can also check in after 5:00 PM, no late pass is required, see above for late pass details. Clients must check in on their first night.

After their first night, all clients must show presence at the shelters within a **48 hour** period to retain the bed slot. Shelter staff will perform nightly bed checks to verify the client's presence. If the client is not present for more than 48 hours, they may lose their bed slot and will need to contact CAAP for another reservation. Please inform the client about these shelter policies after creating a reservation.

Immediate Denial Process at the Service Counter

Clients who are ineligible for CAAP are not entitled to a CAAP Shelter Bed. Prior to creating a shelter reservation, verify that the client is eligible for the program based on standard eligibility program requirements (e.g. not SSI active, not pregnant, not undocumented, on a sanction, and/or meets 15-day residency requirement, etc.) by asking the following questions:

- Are you undocumented?
- Are you on SSI?
- Are you currently pregnant?

Check to see if the client is serving a CAAP Sanction in CalSAWS.

If additional review is needed, the worker can also check other systems such as CalSAWS or MEDS.

If a homeless client is determined to be ineligible to CAAP at the Service Counter, the Service Counter Supervisor will contact Reception and Records Management to process an immediate denial. The Service Counter Supervisor will contact Records Management Staff at the reception counter, issue the proper denial notice to the client and inform them to reapply when their circumstances have changed. These clients are not eligible for a CAAP Shelter bed. If the client insists to be interviewed, please follow standard process for shelter reservation. Their CAAP Intake appointments will not be expedited.

Relevant stakeholders of the immediate denial process will be added to a Teams group chat to help facilitate the the process. The Service Counter Supervisor should provide standard demographic information in the chat so that Records Management staff can identify and clear these cases on priority.

Group Chat Name: **Immediate Denial**

Members of the Group Chat: Records Management Staff, Reception Staff, and CAAP Supervisors.

Case is in pending status:

If a homeless client is ineligible for CAAP and the case is already in pending status. Follow the steps below to immediately deny the case and do not make a shelter reservation:

1. Inform the client that they are not eligible for shelter and their case will be denied.
2. Apply negative action on the case and Run EDBC to deny the case in CalSAWS.
3. Issue the appropriate denial notice in CalSAWS in person, or by mail.

4. Remove future SharePoint appointment slot if applicable.
5. Add Case Narrative.
6. Submit the case to supervisor for closing.

Case is not cleared or pended:

If a homeless client is ineligible for CAAP and the case is not pending or no case number is assigned yet. Follow the steps below to immediately deny the case and do not make a shelter reservation:

1. Inform the client that they are not eligible for shelter and their case will be denied.
2. Request the Service Counter Supervisor to submit a request to expedite clearance of the client's case to Records Management using the Immediate Denial Group Chat – Provide demographic information for Records Management to identify the client.
3. Inform Records Management to **NOT** create an appointment in the SharePoint appointment calendars for this client as their case will be denied.
4. Once Records Management clears the case, process the immediate denial.
5. Apply negative action on the case and Run EDBC to deny the case in CalSAWS.
6. Issue the appropriate denial notice in CalSAWS in person, or by mail.
7. Remove future SharePoint appointment slot if applicable.
8. Add Case Narrative.
9. Submit the case to supervisor for closing.

Shelter Status, Refusal and Exemptions

If a client refuses shelter placement when it is available for them, they will be considered shelter refused and will receive the standard CBP grant. The following list details the different status and grants that should be issued to our clients. Always document clearly the client's shelter status using case comments.

- **Homeless client with no active placement** – Offer Shelter at application or other touch points, CBP grant once shelter is accepted and placed.
- **Homeless client who decline shelter** – Client refuses to stay in a shelter, inform the client that they will receive CBP grant. Client can request shelter anytime if they change their mind.
- **Homeless client currently placed in CASC (Community Assessment and Services Center)** – The client is considered sheltered, inform client to stay in current placement, no shelter reservation is required, client will receive CBP grant. If the client leaves their CASC, they can contact CAAP to reserve a bed at our available shelters.
- **Homeless client currently placed in other shelters in the city (Not MSC or Next Door)** - Client is considered sheltered, inform client to stay in current placement, no shelter reservation is required, client will receive CBP grant. If the client leaves their existing shelter, they can contact CAAP to reserve a bed at our available shelters.
- **Homeless client at Safe Sleep Site** – Client is considered unsheltered, inform the client to discharge themselves from the Safe Sleep Site and call us back to request a shelter reservation if they choose, issue CBP grant.
- **Homeless client living in a Cabin (33 Gough site)** – Client is considered sheltered, do not offer shelter. Client will receive the CBP grant.
- **Homeless client no show at the shelter prior to Intake interview after we made a reservation** – Approve the case for CBP based on the client's residency established at application date. (GA, PAES, SSIP, Age Exempt) The client is considered shelter refused and can call us back for a reservation at any time.

Shelter Reservation Touch Points

Clients are eligible for shelter as soon as they apply, therefore we must offer shelter at each contact touch point. The following list details some of the touch points where shelters should be offered and reserved for clients.

Assign an upper bunk to clients when available. Reserve a lower bunk for clients that have an indicated disability or accommodation in ONE, CalSAWS or documented on a current OCR2. If the client requests a bottom bunk after being assigned an upper bunk, the client must state a reasonable accommodation to reassign to a lower bunk. If the client does have a reasonable accommodation, consult your supervisor for approval. If the client does not have a reasonable accommodation, do not reassign to a lower bunk.

Homeless client applies in Person

- In person clients will be screened by Reception Operation (RO) staff and referred the Service Counter if they need a shelter reservation
- Service Counter staff will be creating the shelter reservation following the ONE Intake Workflow below
- Intake EW should review and offer client shelter at intake appointment

Homeless client applies through online BenefitsCAL

- Shelter reservations shall be made for the client at the next touch point, i.e. if the client contact CAAP for shelter or during their intake appointment

Homeless client requests a shelter reservation through the Call Center

- Inform the client that shelters available and create a reservation for the client following the ONE intake Workflow

Homeless client at Intake interview

- Intake EW shall review case comment, the Shelter Utilization Report or ONE to determine the client's current shelter status
- Offer shelter to client using the ONE Intake Workflow

Homeless client reinstates for benefits

- Carrying EWs shall offer shelter for clients who reinstates and are homeless.
- Offer shelter to client using the ONE Intake Workflow

Homeless client calls for shelter reservation

- Carrying EWs shall offer shelter for clients who contact CAAP for shelter reservation if eligible
- Offer shelter to client using the ONE Intake Workflow

COVID

If the client declares that they are currently COVID positive, they are not allowed to stay in the shelters. Refer the client to contact Guest Placement at 628-652-2820 for a placement at DPH's Isolation and Quarantine Unit. The client will be given CBP grant whether they accept DPH's placement or not. Once the client's quarantine is over or they are no longer COVID positive, they can contact us for a shelter reservation at our available shelters.

If the client contracts COVID while they are at the shelter, shelter staff will transfer the client out of the shelters so they can be placed at DPH's Isolation and Quarantine unit. While the client is being quarantined, they will lose their bed slot at the shelter. Once the client completes their quarantine, they can contact CAAP to request another reservation at our available shelters.

Shelter Cash Out Changes

With the resuming of shelter reservations with ONE, clients should no longer be cashed out if there are shelter beds available. CAAP staff shall make all possible efforts to secure a shelter bed for a homeless client at our available shelters. Shelter cash out should only be reserved for special circumstances such as:

- Shelters are completely full and/or no beds are available
- The client has a Sex Offender approved exemption by Manager (see 91-7.5: Parole/Probation)

Please consult your supervisor prior to granting cash out status for homeless clients. Clearly document shelter cash out in case comments.

Shelter Utilization and Denial of Service Report

CAAP staff must verify if a homeless client has an existing shelter placement or denial of service record before making a new placement for shelter. This is because the ONE system does allow of double booking and we do not want to create duplicate reservations.

With the transition to ONE in 9/2024, both active placement and Denial of Service (DOS) are now available in the ONE system. Please refer to the ONE User Guide for more details.

Aside from the ONE System, CAAP staff can also review the Power BI report prior to making a reservation. This Power BI report can be found here. This new report includes a robust list of client's shelter placement in San Francisco. In addition, it also includes a list of denial of service (DOS) clients that cannot be placed at our available shelters.

For more information on how to use the Power BI Shelter Utilization Report, please refer to the how-to on the CAAP Intranet page.

Shelter Utilization

The report indicates if the client is placed in a sheltered location (regular shelter) or an unsheltered location (Safe Sleep Sites). If a client is found to be listed in this report or have an active Emergency Shelter or Transistional housing placement in ONE, we will not make a shelter reservation for them at this time. You can also find this information directly inside the client's profile in ONE, which should be the preferred method of checking existing placement.

- If a client is listed placed at a sheltered location, they should be informed to stay at that location and are considered sheltered. (CPB grant)
    - The client should not be moved to our CAAP shelter beds unless they are fully discharged from their current shelter placement and no longer listed on this report.
- If a client is listed placed at an unsheltered location, they are eligible to be placed at our CAAP shelter beds.
    - However, the client must be discharged from their current location before we can make a new reservation for them. Please inform the client to discharge themselves from their current placement location and call us back for a new reservation.

Denial of Service

As of 9/2024 with the transition to ONE, the DOS report can now be found in the ONE System. Search and confirm that your client does not currently have a denial of service to Next Door, MSC South or Sanctuary. If the client has a

denial of service for one shelter, a reservation should be made at the other shelter. If the client has a denial of service to all shelters then please follow the steps in the ONE Intake Workflow section regarding a referral to Guest Placement.

Safety Transfer

A safety transfer will be requested and processed by the shelter when there is a need to move a client to another shelter location for their safety. This process is completed by the shelters and Guest Placement but once the transfer is complete they will inform us of the new shelter location of the client by emailing the information to CAAPServices@sfgov.org.

Guest Placement will try to place the CAAP client from one CAAP bed to another CAAP bed in a different shelter. If that is not available, they will place the client in a non-CAAP bed if available.

ONE Intake Workflow

The follow steps are best practices when creating a shelter reservation for a homeless client requesting shelter using the ONE system. For more details on how to use ONE, please refer to the ONE User Guide and recorded training materials on the CAAP Intranet page.

Step 1: Review current shelter status of the client

- Search the client in the ONE system to see if they have any active placement in shelters in the city or any denial of service records at our available shelters.
    - If the client does not have a profile in the system, create a profile for the client.
- The DOS report can be found within the ONE system under Reports.
- If the client does not have an active placement and no denial of service records, proceed to Step 2.

Active Placement

- If the client has an active **sheltered** placement (Emergency Shelter or Transistional Housing), inform the client to stay at that placement and they are considered sheltered. **Do not** create another reservation. The client can call us back for another shelter reservation if they are fully discharge from their current shelter placement.
- If the client has an active **unsheltered** placement, (Safe Sleep Sites) inform the client that we cannot make another reservation for them until they are fully discharged from their current site. The client would need to report to their site and fully discharge before calling CAAP back for a shelter placement.

Active Denial of Service

- If the client has an active denial of service in one shelter (MSC South), please create the reservation in other shelter. (Next Door)
- If the client has an active denial of service in all of the CAAP designated shelter, we will need to request assistance from the HSH's Guest Placement team.

Guest Placement Assistance for DOS and ADA Accommodations

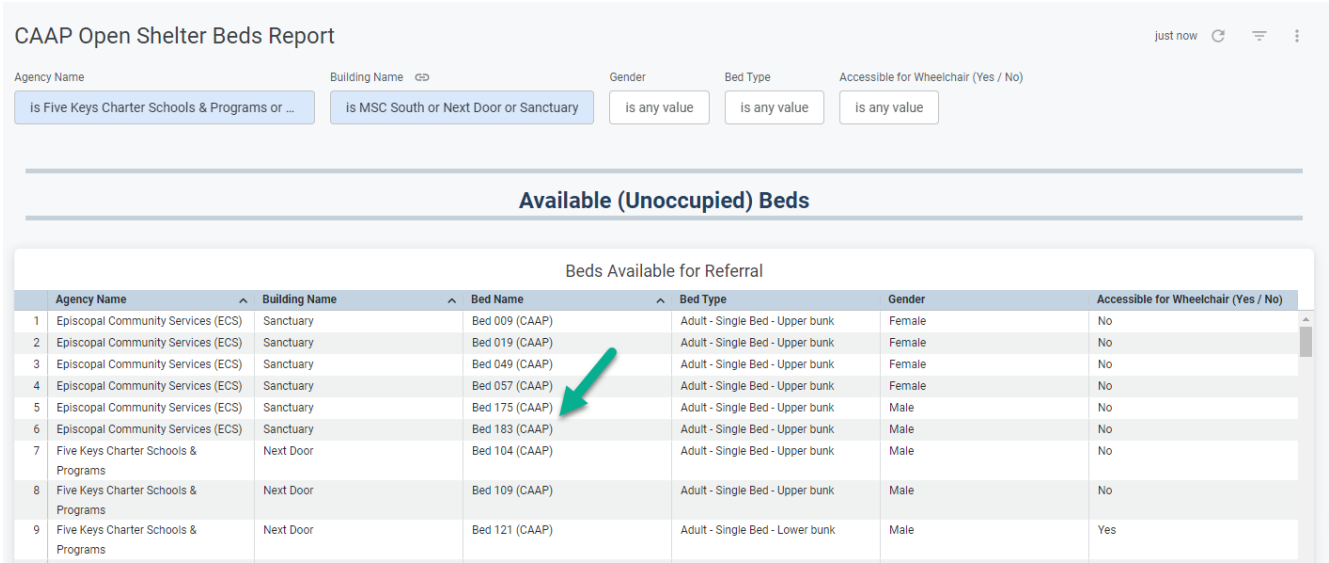
- CAAP workers attempting to make placements for new intakes should identify if the client has any accessibility needs (e.g., needing a lower bunk) or has a denial of service that may limit the client's placement options
- If the client has a DOS at all shelters, or if the client has accessibility needs that cannot be accommodated by available beds at the available shelters, the CAAP worker should escalate the case to a supervisor. Please use the Shelter Referral to Guest Placement template found on the CAAP Intranet for guidance.
    - Provide the details in the template to your supervisor to notify Guest Placement using email: HSHShelterGuestPlacement@sfgov.org
        - CAAP supervisor should indicate the client's full name, date of birth and other referral details in the email, and reason for needing a non-CAAP bed.
        - Guest Placement monitors this email rigorously during the day and will respond within 30 minutes.
    - Guest Placement will determine if there is an alternate bed elsewhere in the system that meets the client's needs.
    - If an alternate bed is found, Guest Placement will email back the CAAP supervisor with the shelter details (shelter location and bed number assigned to client).
    - CAAP supervisor will communicate the referral information to the EW with instructions for the client on where and when to check in.
    - If the guest needs a late shelter intake because client is working or referral occurs late in the day, this should be communicated in the email to Guest Placement to ensure successful completion of the referral.
- You may need to write down the client's contact information and call them back with the shelter reservation details while you wait for Guest Placement processing.

Case comment

- Always case comment your interactions with the client.

Step 2: Confirm bed availability in ONE

- Using the CAAP Open Shelter Bed Report in ONE to check if there is an available CAAP bed at the shelters that is suitable for the client.



	Agency Name	Building Name	Bed Name	Bed Type	Gender	Accessible for Wheelchair (Yes / No)
1	Episcopal Community Services (ECS)	Sanctuary	Bed 009 (CAAP)	Adult - Single Bed - Upper bunk	Female	No
2	Episcopal Community Services (ECS)	Sanctuary	Bed 019 (CAAP)	Adult - Single Bed - Upper bunk	Female	No
3	Episcopal Community Services (ECS)	Sanctuary	Bed 049 (CAAP)	Adult - Single Bed - Upper bunk	Female	No
4	Episcopal Community Services (ECS)	Sanctuary	Bed 057 (CAAP)	Adult - Single Bed - Upper bunk	Female	No
5	Episcopal Community Services (ECS)	Sanctuary	Bed 175 (CAAP)	Adult - Single Bed - Upper bunk	Male	No
6	Episcopal Community Services (ECS)	Sanctuary	Bed 183 (CAAP)	Adult - Single Bed - Upper bunk	Male	No
7	Five Keys Charter Schools & Programs	Next Door	Bed 104 (CAAP)	Adult - Single Bed - Upper bunk	Male	No
8	Five Keys Charter Schools & Programs	Next Door	Bed 109 (CAAP)	Adult - Single Bed - Upper bunk	Male	No
9	Five Keys Charter Schools & Programs	Next Door	Bed 121 (CAAP)	Adult - Single Bed - Lower bunk	Male	Yes

- If there is a bed that is available and it suits the client's needs please proceed to step 3.

No CAAP beds available at the shelters

- Supervisors need to be monitoring available CAAP beds in ONE throughout the day.
- Workers should consult with the Service Counter (SC) or Call Center (CC) supervisor when shelter beds are not available. If there are no available CAAP shelter beds, the SC or CC supervisor should place a client in a 311 bed in ONE and they should notify managers that no CAAP shelter beds are available. 311 beds can only be reserved after 2pm by the CC or SC supervisor and only using MSC South beds. The supervisor will then email managers to notify them that 311 Beds were reserved for CAAP clients.

- If there are no CAAP beds available at the available shelters, then the client is eligible for shelter cash out grant.
- Clients who are cashed out due to no shelter beds will continue to be cashed out until shelters are available again.
- If a client is cashed out using this process, please continue to use the case flag CAAP – Shelter Cash Out.

Case comment

- Always case comment your interactions with the client.

Step 3: Search for the client and complete ONE Referral

- Using the homepage in ONE, search for the client and select their profile
    - If the client does not have a profile in the system, create a profile for the client.
- For more details on selecting and creating profiles please use ONE User guide that can be found on the CAAP Intranet.
- Select Referral and the proper agency to locate the Shelter
    - MSC South ESG (Agency-St. Vincent de Paul Society)
    - Next Door (Agency – Five Keys Charter Schools & Programs)
    - The Sanctuary Shelter ESG (Agency-Episcopal Community Services)

Step 4: Place the client in the appropriate shelter bed

- Select the correct CAAP Bed number in the Available Units/Bed section, ensuring it is CAAP only.
    - Please note: Gender and Lower/Upper Bunk information does not display in this selection dropdown. You should've identify the correct bed number in step 2 using the CAAP Open Shelter Bed Report.
    - Confirm with the client when making the shelter reservation their gender identity.
    - Workers should update gender in ONE if a client is placed in a gender bed different from the gender listed in ONE.
- During bed assignment, please pay attention to the client's ADA accommodation needs. For example, if a client has mobility issues please place them in a lower bunk instead of upper bunk.
- Assign an upper bunk to clients when available. Reserve a lower bunk for clients that have an indicated disability or accommodation in ONE, CalSAWS or documented on a current OCR2.
- Complete the Referral by clicking Make Referral and then Send Referral.

Step 5: Inform the client regarding their placement

- Once the placement is made, please inform the client of their placement by printing and providing the referral confirmation page in ONE and instruct them to check in at the shelter on the first night.
- You will find the information for the shelters on the CAAP Shelter Reservation Information Flyer, offer other information regarding each shelter (see Shelter Information section above) upon request.
- If the client requests a bottom bunk after being assigned an upper bunk, the client must state a reasonable accommodation to reassign to a lower bunk. If the client does have a reasonable accommodation, consult your supervisor for approval. If the client does not have a reasonable accommodation, do not reassign to a lower bunk.
- Important Information to let the client know:
    - Print and provide the referral confirmation page in ONE
    - Contact phone for the shelters
    - The client must check in on the first night
    - The client must show presence at the shelter within 48 hours after the first night to retain their bed
    - If the client loses their bed slot or needs another reservation please have them call the CAAP Call Center at (833) 879-1365.
    - Client can check in up until the late check in time frame at each shelter. Please see above.

Special requests regarding shelter reservations

Client requesting bed change at shelter

- If a client request for bed change at the shelter from CAAP EW, refer the client to communicate with shelter staff for the bed change.
- The shelters will only move the client from a CAAP bed to another CAAP bed
- They will not move a CAAP client from a CAAP Bed to a Non-CAAP bed
- They will not move a Non-CAAP bed client to a CAAP bed
- Case comment interaction

Client request for shelter change

- A client may request from CAAP EW to be moved from one shelter to another. (MSC South to Next Door).
- Inform the client that they must fully discharge themselves at their current shelter first by speaking with the shelter staff to request for discharge. They can call us back once they are discharged.
- Once they are fully discharged from their existing shelter, we can make a new referral for the client in ONE in the shelter of their choice if beds are available.
- Print and provide the referral confirmation page in ONE.
- If there are no beds available at the preferred shelter, the client must accept any other available bed placement or else they would be considered shelter refused.
- Case comment interaction

Client request discharge from shelter

- A client may request from CAAP EW to be discharged from the shelter.

- Inform the client that they can discharge by speaking with the shelter staff.
- Once they are discharged, they can call us for another shelter reservation at any time
- The client is considered shelter refused if they personally request discharge and will receive the CBP grant
- Case comment interaction

More information about Shelter Reservation

Refer to 97-11.2: CAAP Benefit Package

97-11.2: CAAP Benefit Package

(Revised as of 9/25/25)

Homeless Residency and Verification

Homeless CAAP clients must meet the criteria for residency requirements and prove physical presence and intent to remain in San Francisco. (HB 91-7 Residency).

All Unhoused individuals whose residency cannot be verified should be referred to enroll in the ONE system. Clients can contact 311 Shelter Waitlist, visit Adult Access Point at 123 10th Street or contact SF HOT hotline at 628-652-8000.

A homeless CAAP client shall meet SF residency if:

- The worker can verify through the Shelter Utilization Power BI Report (or the ONE system) which show a list of all clients who are currently placed in a shelter site in San Francisco.
- The worker can verify through the ONE system for services obtained by the client by providers in the ONE system.
- The worker can verify through EBT showing transactions made in San Francisco at least 1 out of every 7 calendar days in the period indicated by the CAAP Homeless report.
- The worker can verify that the client completed all WF/LDCS required hours for the prior month. If client did not complete all required hours, worker can verify that client is doing WF/LDCS every week without failure within the period indicated by the CAAP Homeless report.
- The worker can verify though CalSAWS if client attended appointments with any other staff at least 1 out of every 7 calendar days in the period indicated by the CAAP Homeless report.
- The worker can verify with SSI Case Managers if the client attended appointments with them during the period indicated by the CAAP Homeless report..
- The worker can verify residency through a combination of all of the above.
    - If the worker is unable to verify through the available systems that client meets residency requirements, worker will discontinue the case with form 2158. If case is discontinued due to residency, client is not eligible for reinstatement and must reapply.

Note: If the client does not meet or fails to comply with providing acceptable verifications, action to deny/discontinue for failure to provide acceptable homeless residency verification shall be taken.

Clients discontinued due to residency will not be eligible for reinstatement and must reapply.

CAAP Benefit Package

Human Services Agency offers CBP as part of the monthly benefit to provide assistance to homeless CAAP clients. The primary goal of the CBP is to reduce homelessness and improve the health and welfare of homeless CAAP clients through permanent housing opportunities and enhanced services.

Components of the CBP may include: shelter (including utilities) and meals as a portion of their benefit package, access to permanent housing (SRO) when such becomes available, special needs housing (outside of the SRO Housing program for clients with chronic health issues and or behavioral health treatment needs), congregate living and residential treatment beds.

All homeless CAAP clients will receive the CBP grant to which they are eligible whether or not they accept or refuse shelter when shelter beds are available. The CBP grant amount is equal to the maximum grant amount minus any in-kind value of shelter, utilities and food offered to the client. Clients with income shall not receive more than the

appropriate grant level (the budget calculation for clients with income is manually determined for appropriate CBP entry in CalSAWS). For homeless clients with income, see the Homeless Clients with Income Job Aid.

A timely Notice of Action is given when the client's benefit changes from the maximum cash aid grant to the CBP grant for the first time only. The worker shall enter "CAAP - CBP Notice Issued" special indicator in CalSAWS, indicating client will not require a timely notice for any subsequent occurrences.

Clients with Denial of Service (DOS) from a shelter are not allowed back to the same shelter until the expiration of the DOS. DOS records can be found in the ONE system under Reports. This report should be reviewed prior to creating a shelter reservation inside the ONE system.

CAAP clients who provide acceptable verification that they pay for their shelter beds are considered housed and not subject to CBP conversion. Verification is not required if the Shelter Utilization Power BI Report or the ONE System shows that the client is occupying a transitional housing bed, such as site like G House.

Clients who are placed with Housing & Urban Health Medical Respite are considered homeless.

Participants of Stabilization Care Program (SCP) are considered housed with income in kind, unless they are placed in a shelter, in which case they are considered homeless.

Clients residing in a cabin are considered homeless.

Note: A cabin is a temporary housing in a modular, portable structure made of prefabricated panels assembled on a steel frame foundation with a heater, a bed and electrical outlets with 100 or less square feet of living area. Other furniture such as a desk and chair may also be present. No bathroom or cooking facilities are in the structure. The property is managed by a nonprofit or City agency, or combination of both, with hot meals delivered in a dining hall and separated shower and bathroom facilities on site.

A client who obtains housing while applying for or receiving CAAP and whose monthly housing expenses exceed the maximum allowable value of shelter is not eligible to the thirty-day rent reduction rule. That client shall continue to receive the CBP grant.

Type of Service Beds

- Shelter beds in the ONE system are labeled with the following details
    - Program - CAAP
    - Sex - Female/Male
    - Bunk Type – Lower/Upper
- All beds are available for reservation if it meets the needs of the client
- Do not make reservations in **Non-CAAP Beds** in ONE, only if the Bed is labeled for CAAP use.
    - Supervisors have ability to make reservations in 311 beds under certain circumstances.

Shelter Bed Not Available

If there are no homeless shelter reservations available, then homeless clients will be eligible for temporary "Shelter Cash Out". This "cash out" refers to homeless clients applying for benefits and to homeless recipients at their 6 month renewal appointment. This also includes recipients who are not currently placed in a HSH shelter/temporary hotel and are not requesting shelter and recipients who inform CAAP that their housing status has changed from housed to homeless. Please consult your supervisor and section manager before granting a shelter cash out. The CBP from will still be signed.

The EW will notify the supervisor immediately if there are no Shelter Beds available. The EW supervisor will notify Eligibility Section Managers who will Email the CAAP Program Director. The subject line of the email should be "Zero Beds Available" and specify type of beds. i.e. CAAP - Male Lower Bunk.

Client is DOS from Shelter(s)

If the client is DOS from the shelter, they can contact CAAP during normal business hours to request for a placement in a different shelter. If the client has a DOS in all of the CAAP designated shelters, please refer the client to Guest Placement using the process detailed in 97-11.1 Shelter Reservation Process. The client has the right to appeal the DOS decision through shelter grievance process with the specific shelter.

Note: Clients who are DOS from all shelters are not eligible for Shelter Cash Out.

Shelter Late Pass

Each shelter has their own late check in timing cutoff. Please review OLM 97-11.1: Shelter Reservation Process for more details.

Change of Shelter Requests

The client can request a change of shelter at any time if another shelter bed is available. If another bed is available, print and provide the referral confirmation page in ONE. The client must first completely discharge themselves from their existing shelter before CAAP be create a new reservation for them. However, if the client requests a shelter change due to violence against the client at the current shelter and another shelter is not available, the client is eligible to the maximum cash grant. A police report must be provided by the client. The client can also reach out to shelter staff to inquire about a Safety Transfer.

Journey Home Program

Offered by the Human Services Agency in partnership with the Department of Homelessness and Supportive Housing in support of the CCSF DMACC.

The Journey Home Program is designed to provide a low barrier, rapid intervention paid relocation service via bus or train for people with substance use disorder and/or experiencing homelessness that would like to leave San Francisco. The program strives to reconnect individuals with family, friends, or other support networks in their hometown.

Journey Home provides eligible participants with free bus or train tickets (within the lower 48 states) and a meal stipend. Overnight lodging (shelter or hotel) can also be arranged if the participant's train/bus does not leave the same day. The program can also provide some basic hygiene supplies, Covid tests, Narcan, clothing and a duffel bag for belongings.

Program Criteria

- The individual must:
- Be experiencing homelessness and/or substance use disorder, and currently staying in San Francisco.
- Not be on parole or probation limiting them to San Francisco.
- Provide informed consent and demonstrate that they can travel safely.
- Voluntarily agree to participate.
- Have a connection to the destination city (individuals need to demonstrate their relation to the destination city, including prior residence or family/friends located there)
- Limit pets to a single dog or cat, under 15 lbs. Pet may have to travel in a crate.
- Limit bags to a single backpack (plus purse) and a single duffle bag.

Making a Referral
Journey Home Referral Line (669) 265-9373
Hours of Service: Monday – Friday 8 a.m. - 5 p.m., No holiday service.

Program Referral: Anyone can make a referral. If you encounter an individual interested in relocation services, contact the Journey Home Referral Line and share the following information with staff:

- Referral entity information: Program, staff name, phone number
- Where the individual is currently located: program office, street, shelter, etc.
- Basic details about the individual: Name, DOB, desired destination city.

The client will be briefly interviewed over the phone to collect additional information. A safety and wellbeing assessment will be conducted to determine eligibility.

Self-Referral: If you encounter an individual that is not yet ready to travel or after-hours, provide general information about the program and either: a) share the referral line number with the individual for future self-referral, or b) collect the individuals contact information and share with the Journey Home staff.

This information about Journey Home is also provided to our homeless clients in the CBP packet.

CAAP Staff Actions and Responsibilities

If a Homeless client is interested in shelter placement prior to the CAAP Intake appointment, the CAAP Service Counter or the CAAP Call Center will make shelter reservations in the ONE System by completing a referral following the ONE Intake Workflow found in 97-11.1: Shelter Reservation Process .

At Intake

For homeless applicants who are approved for Presumptive Eligibility (PE) benefits, the worker shall:

- Explain CBP. Inform client that if he is eligible to receive CAAP at Approval, his benefit package will consist of in-kind benefits and cash grant.
- Check the Shelter Utilization Power BI report or the ONE System to see if the client has an existing reservation at any shelter. If the client currently has a shelter placement at MSC South/Next Door/ Sanctuary or other sheltered sites in the city, no action is needed. Client is considered sheltered and will receive the CBP grant.
- If not, upon client request, create a ONE Referral and place the client in appropriate available bed in the ONE system following the ONE Intake Workflow found in 97-11.1: Shelter Reservation Process
- Inform the client that if they can check in during normal business hours of the shelters. After the first night, the client must show presence at the shelters within a 48 hour period to retain their bed. Failure to complete the on-going eligibility for the CAAP program will result in the cancellation of the shelter reservation.
- Inform the client that their bed placement is dependent on their on-going eligibility for the CAAP program. If they do not complete the Approval process and their case is denied, they will lose the CAAP bed reservation.
- If the client declines shelter offer, narrate. Client would receive the CBP grant.

At Approval

1. Clients who were homeless at the Intake appointment and who have obtained housing by Approval, the worker shall:

- Verify the client's address and housing status. If the client is approved, provide the full grant back to the application date as a housed client.
- Update shelter Case Flag as appropriate and case comment.
- If the client is unable to provide acceptable verification of their housing status, pend the case for up to 3 work days to provide acceptable verification of their housing status.

- If the client is unable to provide verification, deny the application for failure to provide acceptable verification of housing status.

2. Clients who are homeless at Approval, the worker shall:

- Explain the CAAP Benefit Package and Monthly Residency Verification Process.
- Explain and complete the CAAP Homeless Client Agreement, Form 2274.
- Complete the CAAP Benefit Package Disclosure, Form 2275, with the client initialing their acceptance or refusal of CAAP shelter and complete/choose mailing address. Remind client to check their mail at least once a week. For clients who choose General Delivery Address at 391 Ellis St, enter General Delivery according to instructions described in CalSAWS Job Aid “Address - Enter Case Address” on the Intranet.
- Review case comments and Case Flag to determine the homeless client’s current shelter status. Update Case Flag if needed.
- If the client leaves the CAAP shelters during the PE period and does not contact CAAP to make another reservation, this is considered shelter refused, approve with CBP grant.
    - The client must contact CAAP to request for another shelter reservation.
- Issue CBP benefits.
- Enter CalSAWS Case Flag "CAAP - CBP Notice Issued".
- If the client refuses to comply with CBP, deny the application for failure to complete Approval.

At Carrying

If CAAP Housed client reports they are Homeless:

- Explain the CAAP Benefit Package and Monthly Residency Verification Process.
- Explain and complete the CAAP Homeless Client Agreement, Form 2274.
- Complete the CAAP Benefit Package Disclosure, Form 2275, with the client initialing their acceptance or refusal of CAAP shelter and complete/choose mailing address. Remind client to check their mail at least once a week. For clients who choose General Delivery Address at 391 Ellis St, enter General Delivery according to instructions described in CalSAWS How To “Address - Enter Case Address” in the Intranet.
    - Addressing to General Delivery
        - Client's Name
        - 391 Ellis St.
        - San Francisco, CA 94102
- The 2274 and 2275 form can be signed by the client through DocuSign if a client has an email or they can be mailed to the client using the Form 2191 with a 10 day requirement to return the signed forms to CAAP.
- Offer shelter, if available and make a new ONE Referral in the ONE system following the ONE Intake Workflow found at 97-11.1: Shelter Reservation Process and inform the client to check in at their shelter. Update Shelter Case Flag if appropriate and case comment.
- Inform the client that they can check into the shelters during normal business hours.
- If the client declines shelter offer, narrate.
- Issue CBP benefits. Change the cash grant from housed to homeless after receiving signed 2274 and 2275 forms.

Note: If a housed client requests shelter placement, schedule appointment for the client to sign CBP and make shelter reservations in the ONE System. If CBP client requests placement or change of the shelter, client shall call the CAAP Call Center or go to the CAAP Service Counter for assistance.

CAAP Homeless Client's Residency Should be Verified Monthly

A monthly report will be generated and cases will be as signed to EWs via task in CalSAWS to verify residency for the prior month. Upon receiving the task, EW will:

- Verify through the Shelter Utilization Power BI report or ONE system. If the client has an active placement in a shelter site, their monthly homeless residency is met.
- If the client does not stay in a shelter, check workfare/LDCS assignment attendance and if the client has completed all required hours for the past month **or** has attended every week without failure for the past month, narrate residency has been verified through workfare/LDCS attendance. Admin Support will provide the report with the names/case numbers of homeless clients who completed their hours.
- If the client does not stay in the shelter or does not perform workfare/LDCS assignment, check EBT Transactions and if the transactions occur in SF for at least 1 day per 7 calendar days, narrate residency has been verified through EBT Transactions.
    - If more than 2 days per week of EBT Transactions have occurred outside of SF, but the usage is mixed between SF and other counties, initiate a FRED referral.
    - If all transactions are outside of SF, discontinue the case for leaving the county.
    - Any of the combination of 1, 2, 3 above for at least 1 day per 7 calendar days verifies the client's residency.
    - If EW is unable to verify residency, the EW will discontinue the case with the form 2158 for residency:

When the Client Reports they are Housed

- When a homeless client provides verification of housing through a private landlord, they are entitled to the maximum pro-rated cash grant from the date verification was provided. If the EW was unable to see the client the date the client contacted the worker to submit acceptable housing verification, the maximum cash grant is prorated to that date. Inform the client to discharge themselves from any existing shelter and update CalSAWS with the new address and convert the client's benefits to the maximum cash grant to which the client is eligible.
- Update Shelter Case Flag if appropriate and case comment.
- When a Homeless client provides verification that they are housed by an affordable housing agency, the EW will advance a 2-party check and issue benefits retroactively as of the first of the current month but no earlier than the beginning date of aid. Client will be given a 30 day appointment to provide the rental agreement/lease. Please update CalSAWS with new address.
- When a client is being housed by HAT (Housing Assess Team), HAT will notify CAAP by emailing Form 2277 to caapservices@sfgov.org.

Upon received email from HAT with the form 2277, Task Supervisor will:

- Forward the email to the assigned EW and include HAT in the email hat@sfgov.org
- Assign task in CalSAWS.
- If assigned EW out, email should be forwarded to the assigned EWs supervisor.

Upon receiving form 2277, EW will:

- Convert the case to housed within one workday and issue benefits with the benefit issuance date requested by HAT.
    - The rental amount will be 30% of the CAAP housed grant.
- Reply to hat@sfgov.org to let them know if warrant is available at the distribution for the pick up or if F2277 was not processed due to client's eligibility. i.e. "F2277 not processed due to discontinuance".

Note: Include case number in the subject of the email.

Additional Eligibility Information Regarding Housing

When a client is placed in a DHS subsidized housing but fails to maintain this housing, the clients CAAP benefit shall be discontinued. For example, a client who is evicted from housing will be discontinued from CAAP.

Investigations and FRAUD

When clients declare to CAAP that they are housed but also stay in a shelter for:

- A cumulative total of 2-5 nights in a single month, or in two consecutive months, a FRED referral shall be made.
- A cumulative total of 6 or more nights in a single month, or in two consecutive months, case will be discontinued for FRAUD/Duplicate Aid. Case shall only be rescinded if the client presents a legitimate and verifiable reason for staying in the shelter.
- Duplicate Aid due to shelter usage while receiving housed grant will be subject to an overpayment.

Note: Homeless clients' residency is verified every month. A monthly report will be generated and cases will be assigned to EWs via Task Assignment to verify residency for the prior month.

Administrative Review

If a client has a factual dispute about the calculation of their cash grant , the client shall be instructed to contact the assigned worker's supervisor for an administrative review. The administrative review must be completed no later than 5 p.m. the next workday, following the day when the client brought up the complaint. The EW supervisor will compare the information entered into the computer system against the information on the CAAP Benefit Package Disclosure form 2275 to ensure consistency and if,

- The outcome of the review shows a discrepancy in the computation of the client's grant, instruct the worker to adjust the cash grant amount to which the client is eligible.
- The outcome of the review shows that the calculation of the clients' grant was done correctly, inform the client of that finding.

97-12.1: Eligibility to CalWORKs or Family General Relief

(Revised as of 3/22/24)

A parent with minor children living in the home cannot be aided in CAAP if any member(s) of the Assistance Unit is eligible to CalWORKs benefits or Family General Relief (FGR). A family applying for CAAP shall be assessed for possible eligibility to CalWORKs or to FGR.

Refer to section 93-2: Reception Functions. For pregnant women applying for CAAP refer to section 91-6.1: Pregnant Clients.

Eligibility for CalWORKs

Eligibility for CalWORKs may exist for an adult who lives with a minor child to whom they are related:

- By blood;
- By law;
- By preceding generations;
- As an adoptive relative or unmarried parent.

Eligibility for CalWORKs for a child, married or unmarried, may exist on the basis of age until their 18th birthday, if there is economic deprivation based on the parent's:

- Death;
- Disability;
- Absence; or
- Unemployment (two-parent households only).

A child between 18 and 19 years of age OR an emancipated minor by court order with a child, (either living with a parent or caretaker) is eligible to receive CalWORKs only if they are attending a full-time high school program or a vocational-technical training program (if they have not completed high school), provided that either the high school program or the vocational-technical program can be completed before reaching age 19.

If any of the above circumstances exist, the adult and child must always be referred to apply for CalWORKs for a determination of eligibility to that program. Ineligibility to CalWORKs must be verified before CAAP eligibility determination is made.

For applicants whose minor child(ren) is not at home but the client is participating in AB429: Family Reunification Program, refer to section 93-2: Reception Functions.

Time-Out from CalWORKs

A parent who has 1) exhausted their 60 month time clock limit for CalWORKs and 2) does not have care and control of their minor children is eligible to receive PAES, CALM or SSIP.

A parent who is receiving CalWORKs on behalf of an eligible child, but who is either ineligible for aid or whose needs are not otherwise taken into account in determining the amount of aid to the family shall not be eligible for CAAP.

Eligibility for Family General Relief Program (FGR)

Applicants and Recipients may potentially be eligible for benefits under the Family General Relief Program when all of the following are met:

1. There is a minor in the household;
2. The household was discontinued from CalWORKs because of the "12-month indigent sponsored noncitizen" regulation;
3. The household has no other source of income.

Intake Procedure

For CAAP applicants with minor child(ren), the Intake Worker shall do the following:

If the applicant was not previously aided in CalWORKs, the worker shall:

- Give the client Form 2149CalWORKs (Referral to CalWORKs) and inform the client that they must apply for CalWORKs within thirty (30) days from today's date.
- Advise the client that if they are denied CalWORKs, he must call the CAAP Service Center at 1-(833) 879-1365 to schedule an appointment.
- Inform the client that if they are approved for CalWORKs, they do not need to return to the CAAP office.
- Give the client Form 2155 - DENIAL. Deny the case for eligibility to CalWORKs.

If the applicant was previously aided in CalWORKs, the worker shall:

- Refer the case to their Unit Supervisor. The Unit Supervisor shall then contact the CalWORKs Eligibility Manager (C400) to discuss the case for possible eligibility to CalWORKs or FGR.

If the CW Eligibility Manager is not available, the Unit Supervisor shall contact the CalWORKs Program Specialist (C002).

Note: If the Unit Supervisor was not able to contact C400 or C002 by phone, they shall email them regarding the case. Pend the case until the case is discussed with CalWORKs.

- If the client is eligible to CalWORKs or FGR, refer the client using Form 2149CalWORKs.
- If the client is not eligible to any program (CAAP, CalWORKs or FGR) and requests an Executive Exception, refer the case to the CAAP Program Director (U000) who will seek approval from the Deputy Director of Economic Support and Self-Sufficiency Programs within 10 days.

Div 98 Fair Hearings

98-1: Fair Hearing Process

(Revised as of 12/26/24)

Any applicant or recipient who is dissatisfied with an appealable action, inaction or decision relating to their CAAP (see Notice of Proposed Action, below) may request a Fair Hearing. In order for the hearing to be granted, the request must be timely (see Appealable Issues, below). The decision to grant a Fair Hearing will be made by the Fair Hearing Officer. It is their responsibility to determine that an appropriate issue is being appealed and that a timely request has been filed.

Clients who have been denied and have scheduled a Fair Hearing are not eligible for Aid Paid Pending. Clients can reapply if the client loses the Fair Hearing and the Beginning Date of Aid is effective on a new application date. If the client wins the Fair Hearing, the worker must adjust the Beginning Date of Aid back to the original application date. Clients can also reapply if they are pending a Fair Hearing decision.

Clients who have been discontinued and have a scheduled Fair Hearing are eligible for Aid Paid Pending. If the client loses the Fair Hearing, the client can reapply or reinstate if eligible. If the client wins the Fair Hearing, the worker must rescind the case.

Notice of Proposed Action

A Notice of Action is required whenever the worker proposes to withhold or decrease benefits, or impose denial, discontinuance, and/or recoupment of overpayment. A 10-day Notice of Action is required in all these instances other than denial. Exceptions to the 10-day requirement occur whenever the adverse action is the result of any of the following conditions:

- Death;
- Abandonment of residency in San Francisco, as verified by the client or an official agency (e.g., a county welfare department, half-way house, or other institution with which DHS has a memorandum of understanding);
- Participant/Recipient's own request;
- Unfavorable Fair Hearing decision;
- Official notification of institutionalization;
- Notification of approval for other public assistance. (Note: Discontinuances due to SSI approvals require a 10-Day Notice.)

Appealable Issues

An applicant for, or participant or recipient of, CAAP may appeal an action taken by the Department relating to any of the following:

- Withholding of benefits;
- Denial of benefits;
- Discontinuance of benefits; and/or
- Recoupment of overpayment of aid.

Note: The client does not have a hearing right if they disagree with the County's determination of the program for which they are eligible and accepts to be in that program.

Time Limitations

There are specific time limitations within which a request for a Fair Hearing must be made. These time limits vary based on the nature of the negative action which is being appealed and certain situations beyond the control of the client.

If no request for a hearing is made within the time constraints specified below, the client is considered to have waived their right to a Fair Hearing and the proposed action becomes final, unless good cause can be established.

Important: If the hearing request is mailed to the Hearing Office, the date of the postmark is considered the hearing request date.

In all time frames listed below, the day following the date of hand-delivery or the date of mailing of the Notice of Action (or date of postmark, if later) is counted as the first day.

Denial

If a denial has occurred, a request for a Fair Hearing must be made no later than **ten** (10) calendar days after the date the Notice of Proposed Action was mailed or hand-delivered.

Discontinuance and Other Adverse Actions

The deadline for requesting a Fair Hearing is any time after the negative or adverse action has been taken BUT not later than:

- The end of the third (3rd) work day after the effective date of the discontinuance action.
- The end of the tenth (10^{th}) calendar day after the effective date for the following adverse actions:
    - A hold on client's benefits;
    - A decrease in grant due to income; or
    - A recoupment of an overpayment.

Exceptions

Exceptions to the time limitations stated above are allowed when the client can subsequently establish that their failure to meet the time limitation was due to:

- Verified arrest, incarceration, or required related appointments (i.e., court dates or appointments scheduled by the client's attorney, probation or parole officer);
- Verified hospitalization or attendance at a scheduled medical appointment as verified by a licensed health practitioner;
- Illness or injury of the client, as verified by a licensed health practitioner, which was severe enough to interfere with the client's compliance;
- Other verified and acceptable situations establishing good cause, as enumerated in section 90-6: Good Cause.

Note: Additional time for requesting a hearing is allotted on a day-by-day basis for verified good cause.

Extension of Time Period

The time period for filing a request for a Fair Hearing is extended to 30 days when:

- The Department fails to issue a Notice of Proposed Action whenever it withholds, decreases, denies, discontinues, and/or recoups any overpayment. The 30 days shall begin on the effective date the action is taken.
- The Notice of Proposed Action is inadequate. A notice will be considered inadequate if it does not state any one of the following:
    - Effective date of the proposed action;
    - Notification of what action is to be taken;
    - Why the action is being taken;
    - Right to request a Fair Hearing.
- The Notice of Proposed Action is returned in the mail for reasons including, but not limited to:
    - Wrong address;
    - The client moved and reported within a timely manner.

How a Request for a Fair Hearing is Made

A request for a Fair Hearing may be made by either the claimant or by his authorized representative.

Oral

Oral requests are made by telephone to the Fair Hearing Office. (The telephone number 1-415-558-1177 is provided on the reverse of all Notices of Action.) The Form 2153, Request for Fair Hearing, can be filled out by the client, authorized representative or staff. Once the request is received, it will be processed. CalSAWS will be checked to determine if the client is eligible for a Fair Hearing.

Written

If the request for a hearing is made in writing, any of the following may be used:

- Request for Fair Hearing, Form 2153;
- The reverse side of the Notice of Action; or
- Any other writing material.
- Requests can also be mailed to our office: WS20 CAAP FAIR HEARINGS, PO BOX 7988, SAN FRANCISCO, CA 94120
- Requests can also be emailed to us: fair.hearings.clerical@sfgov.org.

These hard copies are scanned/emailed to fair.hearings.clerical@sfgov.org and the hard copy is put in our mailbox in the Basement.

Requests Received by an Eligibility Worker

If a claimant attempts to hand-deliver a written hearing request to the CAAP Eligibility Worker or the CAAP Service Counter, the EW should time stamp the request and scan and email to the Fair Hearing Office.

Note: If a client requests a second hearing regarding a new County-proposed discontinuance while awaiting the decision from their first hearing, no action is taken by the Hearing Office until it has been determined whether the

decision on the first issue is in favor of the County or the claimant. In the case where the first decision is against the client, the second hearing request is denied because the second issue becomes a moot point.

98-2: Aid Paid Pending

(Revised as of 10/30/23)

Clients appealing an adverse action on their CAAP case have the right to receive benefits (i.e., Aid Paid Pending a Fair Hearing) until a decision has been rendered.

Conditions for Continuation of Benefits

Any recipient who has been discontinued or whose grant has been decreased due to other income or overpayment recoupment and who has made a timely request for a Hearing, shall have the same benefits, in-kind or cash, which were in effect prior to the change or discontinuance, continue until a final determination is made in their case, if they are otherwise eligible. Timely hearing requests are outlined in Fair Hearing Process.

Aid Paid Pending (APP) is given to a client who meets the following criteria:

- The Fair Hearings Office has issued a written authorization.
- The client remains otherwise eligible to CAAP until the Fair Hearing decision is rendered and received by the Eligibility Worker.

Aid will not be paid pending a Hearing for a denial of CAAP benefits.

CAAP Worker Responsibility

When the worker receives an Aid Paid Pending (APP) request from Fair Hearing office, notifying that the scheduled hearing date is later than the effective date of the proposed action, and APP has been approved by the Fair Hearing officer, it becomes the worker's responsibility to continue aid through the day of the hearing decision.

Upon receipt of APP notice, the worker must issue APP immediately as follows:

- If APP is approved on or before the system cut-off date, issue with the regular first-of-the-month benefit to the client.
- If APP is approved after the system cut-off date but prior to the 1st day of the month, generate the benefit to be available to the client on the first of the month.
- If APP is approved on or after the first of the month, generate the benefit to be available through the overnight process.
- While preparing for the Fair Hearing case, if the Negative action was due to an eligibility factor, the EW shall email the request for the APP to be collectable to the Fair Hearing office.

Fair Hearing Overpayment Determination

The Aid Paid Pending that was issued to the client during the Fair Hearing period will be considered only as an overpayment upon the order of the Fair Hearing Officer.

Upon receipt of the Fair Hearing decision, EW should review for possible overpayment.

98-3: Hearing Notification/Case Review Process

(Revised as of 12/20/24)

Notice of Hearing

- Once a hearing has been requested, a Notice of Hearing is issued to inform the client and/or authorized representative of the date, time, and place of the hearing.
- The Fair Hearing Office shall schedule a hearing date no less than five days after receipt of a client's request unless the client makes a knowing and intelligent waiver of their right to a case record review.
- The Hearing Notice shall be mailed or hand-delivered immediately to the client to allow them the full period for a case record review before the hearing. If the client requests a case record review, the following rules apply:
    - A Department administrative employee, primarily the Principal Clerk, must be present during the case record review.
    - For both open and closed cases, the client and/or authorized representative may schedule an appointment to review their case and the evidence to be presented by contacting the Principal Clerk at 1-833-879-1365 or email to CAAPclerical@sfgov.org at least Eight (8) workdays prior to the hearing.
    - The client or authorized representative will be charged at the rate of 10 cents per page, for documents photocopied or printed.
    - A receipt issued to the client or authorized representative for cash in full. The money is then forwarded to the Accounting Division by the administrative assistant.
    - For the client's authorized representative, a written release from the client and a current picture ID will be requested at the time of the case review.
- It is important that any confidential information and or documents that are printed, but are not taken by the client and/or authorized representative should be immediately discarded in the confidential document bin.
- If, upon receiving a Hearing Notice, the claimant or authorized representative is unable to attend the Hearing because of a prior commitment, they will immediately inform the Hearing Officer of the existing conflict. The Hearing Officer shall allow a time change to eliminate the conflict.

Time Frames for Holding a Hearing

All hearings shall be held within 15 calendar days of the request.

Immediate Hearing Request-Expedited Hearing

If a client requests an immediate Hearing, the request should be granted only after carefully explaining the following:

- That all clients are entitled to aid paid pending except for a hearing for a denial of public assistance

Worker Notification

The worker who took the adverse action (not necessarily the current worker) is sent a copy of the Notice of Hearing indicating the date and time of the Hearing. A copy of the notice is also sent to the Unit's shared email.

At the end of each work week, the Fair Hearing Program Specialist sends the next week's Daily Hearing Schedule to all CAAP staff via email. The supervisor may then either post the schedule or provide the affected workers with photocopies to serve as a reminder and ensure representation in case of absence.

County Representation

The worker who took the adverse action will represent the county at the hearing. If that worker is absent, a unit representative will represent the County. However, in those instances in which the responsible worker's absence is temporary (e.g., one or two, but no more than five working days), the client is given the choice as to whether or not they wish to postpone the Hearing until the worker may be present.

Document requests from Advocacy Process (BALA and Others)

Case Is discontinued or in Fair Hearing, Pending or Closed status:

- Email request should be sent to caapclerical@sfgov.org
- Clerical:
    - Review and image ROI.
        - If the ROI is missing, Clerical will reply with request for ROI.
        - If the ROI in images, Clerical will forward email to Principal Clerk.
- Principal Clerk:
    - Review the request.
    - Email requested documents to the requesting agency via “secure” email.

Case is in active status:

- Email request should be sent to caapclerical@sfgov.org
- Clerical:
    - Review and image the ROI.
        - If the ROI is missing, Clerical will reply with request for the ROI.
    - Assign task to the assigned EW and forward the email to the assigned EW and CC their Supervisor.
- EW:
    - Reply to advocacy with the requested documents/information.
    - If 2nd email received with more questions/concerns/etc., forward the email to your direct Supervisor.
- Supervisor:
    - Reply to advocacy and CC both Eligibility Managers.

NOTE:

- All emailed correspondence with any advocacy should be secure. The word “SECURE” must be in the subject line.
- The Release of Information (ROI) should be in imaged.
- Any emails with questions or concerns regarding the policy should be forwarded to the Eligibility Managers.
- Reach out to the Eligibility Managers any time Clerical, an EW or a Supervisor have questions with advocacy requests.

98-4: Hearing Rights and Terms

In order to maintain fairness and impartiality, Fair Hearings are conducted under specific conditions and claimants are accorded specific rights. The hearing is conducted in an informal manner. No hearing is regarded as precedent setting.

Impartial Hearing Officer

The function of the Fair Hearing Officer is to uphold or overturn an action originally proposed by the County. It is, therefore, essential that the County provide a forum for the presentation of oral arguments on behalf of both the County and the client, regarding the action taken and the circumstances surrounding that action.

- The impartial Hearing Officer is an individual totally independent of the County Adult Assistance Programs.
- The Hearing Officer's supervisor is not involved in the administration of the County Adult Assistance Programs.
- The Hearing Officer is located in a hearing room in the General Assistance building separate from the staff involved actively in the County Adult Assistance Programs.

Rights

The client's rights are enumerated on both the Proposed Notice of Action and the Hearing Notice. These rights include:

Representation

The client has the right to representation by any authorized representative, including members of the advocate and/or legal community.

If, at the time of the hearing, the Hearing Officer concludes that an client is unable to adequately present their case, the hearing officer will inform the claimant of this opinion in order to determine whether the claimant would then like to obtain assistance.

Recording of the Proceedings

At the beginning of the hearing, the Hearing Officer informs the Department and the claimant that the hearing proceedings will be recorded in order to provide a record of the hearing. Such recordings are retained for at least ninety (90) days for the purpose of possible court action. Upon written request from the claimant or their authorized representative, the Department will provide a copy of the recorded hearing proceedings, within 30 calendar days of the claimant's written request.

Opportunity to Present Case

The client or their authorized representative is provided a full opportunity for them to present their case.

Opportunity to Cross-Examine

After Department employees who have made the decision to deny or discontinue aid have presented the evidence upon which they had based their action, the client or their authorized representative is given the opportunity to cross-examine all witnesses at the hearing.

Submission of Additional Evidence

If the Hearing Officer determines during the hearing that additional evidence is needed to corroborate the oral testimony of either party (e.g., statement from a landlord or roommate, proof of current/prior filing at DMV for

acceptable photo identification, a letter from USCIS clarifying immigration status, etc.), he can suggest that the hearing record be left open for submission of such evidence.

If either party wishes to submit additional evidence, the hearing record is left open for as short a time as possible (typically, 24 hours for the County and 2 to 5 working days for the claimant, depending on the availability of the evidence to be submitted).

Immediate Decision

The client or their authorized representative has the right to receive an immediate decision - when possible - at the conclusion of the hearing.

Conclusion of the Hearing

At the conclusion of the Hearing, the Hearing record is usually considered closed. There are specific instances, however, which might require that the Hearing record be left open.

Hearing Record Closed

Upon closing the Hearing record, the Hearing Officer is responsible for the following:

- Preparing a written decision indicating the factual findings and the grounds for the decision.
- Basing such decisions only on evidence presented at the hearing which the client had an opportunity to hear and contest.
- Mailing or hand-delivering a copy of the decision within seven (7) calendar days from the date of the hearing.

Hearing Record Left Open

The main reason for leaving the Hearing record open at the conclusion of the Hearing is to gather more relevant information. When this occurs, the Hearing Officer must subsequently:

- Record when such evidence has been received and allow the client and/or the County representative an opportunity to fully review and comment on it.
- Indicate on what date the Hearing record will be closed.
- Render a decision within seven (7) calendar days once the Hearing record has been closed.

Forms

All forms relating to the Fair Hearing must be imaged.

98-5: Hearing Decision and Effects of Non-Appearance

Once a Fair Hearing either has been held or the client has failed to appear at the scheduled time, specific actions occur.

Clients who have been denied and have scheduled a Fair Hearing are not eligible for Aid Paid Pending. Clients can reapply if the client loses the Fair Hearing and the Beginning Date of Aid is effective on a new application date. If the client wins the Fair Hearing, the worker must adjust the Beginning Date of Aid back to the original application date.

Clients who have been discontinued and have a scheduled Fair Hearing are eligible for Aid Paid Pending. If the client loses the Fair Hearing, the client can reapply. If the client wins the Fair Hearing, the worker must rescind the case.

When Either Party Fails to Appear

Because it is essential that both sides be present to argue their claims, no Hearing can take place if either party fails to appear.

Claimant Fails to Appear

The Notice of Hearing instructed the client to arrive 10 minutes prior to the scheduled Hearing time. The claimant is additionally granted a 10-minute leeway past the scheduled time of the Hearing. If the claimant fails to arrive by this time:

- It is presumed that they no longer wishes to pursue their claim;
- The Hearing is neither held nor rescheduled unless the claimant establishes "good cause;"
- The proposed action which had been appealed by the claimant takes effect.

Notes:

An authorized representative may not pursue a Hearing without the presence of the client.

The absent client may request a second hearing if they can establish good cause for failure to attend the first hearing.

If a client or their authorized representative fails to appear for a Fair Hearing, the client has fifteen (15) days in which to present Good Cause for the failure and request a second hearing. The client may provide Good Cause up to the day of the hearing.

County Representative Fails to Appear

When a claimant arrives for a scheduled hearing, the Hearing Office Secretary contacts the Eligibility Worker by phone, advising him that the claimant is here for the scheduled hearing. The County is then expected to arrive in a timely manner and is granted a 10-minute leeway past the time of the scheduled hearing.

If the County fails to arrive by the end of the 10-minute leeway period:

- The Hearing shall be dismissed;
- A decision in favor of the client shall be automatically rendered; and
- This decision is final and the County cannot re-discontinue the client for the same program failure, unless the client fails to meet ongoing eligibility criteria.

Hearing Decision

Once a hearing has been held, it is the Hearing Officer's responsibility to provide a written decision within seven (7) calendar days of the hearing. The decision notice must include:

- Factual findings;
- Grounds for the decision;
- Right to request a full written transcript of the Hearing proceedings, which is available only if the client consented to the taping of the Hearing; and
- Information regarding appeal rights.

The decision must be based only on evidence presented at the hearing.

Note: Whenever possible, the decision should be rendered to the applicant or recipient immediately upon conclusion of the hearing. A copy of the decision must also be furnished. If an immediate decision cannot be rendered, the written decision is then mailed according to the time frame specified above.

Finality of Hearing

The results of all hearings are considered final. There is no further right of appeal. The County cannot re-discontinue the client for the same program failure. However, the client may be discontinued again if they fail to meet ongoing eligibility criteria, or, if fraud is indicated and the hearing decision did not rule on whether the client committed fraud, a fraud discontinuance action may be taken.

If a client is dissatisfied with the hearing decision, they may file for review in Superior Court. A request for a hearing before Superior Court must be made within ninety (90) days of the hearing decision. This date appears on the first page of the hearing decision.

Div 99 CAAP References

99-1: Income-In-Kind Values

(Revised as of 11/1/25)

# of Persons	Housing	Utilities	Food	Clothing
1	$422	$89	$231	$70
2	$560	$102	$493	$137

Note: For Households of **more than 10**, **add $35** per additional person for **food and clothing** values.

99.1-1: Maximum PAES/SSIP/CALM Grant Amount

(Revised as of 10/1/24)

Number of Eligible Persons in the Same Family	Stipend Amount
Single Individual	$714
2 Persons	$1172
3 Persons	$1449
4 Persons	$1722
5 Persons	$1964
6 Persons	$2205
7 Persons	$2422
8 Persons	$2640
9 Persons	$2861
10 Persons	$3107

In the case of **more than 10 persons** in a Family Budget Unit, an **additional $35** each month shall be paid for **each additional person** in the Family Budget Unit. For Family Budget Units in which members **receive cash payments** from more than one Federal, State or County **assistance program, except** for **SSI/SSP**, the total aid payment shall consist of the sum of each individual's **proportionate share** of the aid payment for a Family Budget Unit of the same size within each program to which each family member is eligible.

99.1-2: PAES/SSIP Grant Proration Table (Housed)

(Revised as of 10/1/24)

	PAES/SSIP Grant Proration Table 31 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
31	1	714.00		1,172.00	
30	2	690.97		1,134.19	
29	3	667.94		1,096.39	
28	4	644.90		1,058.58	
27	5	621.87		1,020.77	
26	6	598.84		982.97	
25	7	575.81		945.16	
24	8	552.77		907.35	
23	9	529.74		869.55	
22	10	506.71		831.74	
21	11	483.68		793.94	
20	12	460.65		756.13	
19	13	437.61		718.32	
18	14	414.58		680.52	
17	15	391.55		642.71	
16	16	368.52		604.90	
15	17	345.48		567.10	
14	18	322.45		529.29	
13	19	299.42		491.48	
12	20	276.39		453.68	
11	21	253.35	*967.35*	415.87	*1,587.87*
10	22	230.32	*944.32*	378.06	*1,550.06*
9	23	207.29	*921.29*	340.26	*1,512.26*
8	24	184.26	*898.26*	302.45	*1,474.45*
7	25	161.23	*875.23*	264.65	*1,436.65*
6	26	138.19	*852.19*	226.84	*1,398.84*
5	27	115.16	*829.16*	189.03	*1,361.03*
4	28	92.13	*806.13*	151.23	*1,323.23*
3	29	69.10	*783.10*	113.42	*1,285.42*
2	30	46.06	*760.06*	75.61	*1,247.61*
1	31	23.03	*737.03*	37.81	*1,209.81*
	Daily Rate	23.03		37.81	

	PAES/SSIP Grant Proration Table 30 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
30	1	714.00		1,172.00	
29	2	690.20		1,132.93	
28	3	666.40		1,093.87	
27	4	642.60		1,054.80	
26	5	618.80		1,015.73	
25	6	595.00		976.67	
24	7	571.20		937.60	
23	8	547.40		898.53	
22	9	523.60		859.47	
21	10	499.80		820.40	
20	11	476.00		781.33	
19	12	452.20		742.27	
18	13	428.40		703.20	
17	14	404.60		664.13	
16	15	380.80		625.07	
15	16	357.00		586.00	
14	17	333.20		546.93	
13	18	309.40		507.87	
12	19	285.60		468.80	
11	20	261.80	*975.80*	429.73	*1,601.73*
10	21	238.00	*952.00*	390.67	*1,562.67*
9	22	214.20	*928.20*	351.60	*1,523.60*
8	23	190.40	*904.40*	312.53	*1,484.53*
7	24	166.60	*880.60*	273.47	*1,445.47*
6	25	142.80	*856.80*	234.40	*1,406.40*
5	26	119.00	*833.00*	195.33	*1,367.33*
4	27	95.20	*809.20*	156.27	*1,328.27*
3	28	71.40	*785.40*	117.20	*1,289.20*
2	29	47.60	*761.60*	78.13	*1,250.13*
1	30	23.80	*737.80*	39.07	*1,211.07*
	Daily Rate	23.80		39.07	

	PAES/SSIP Grant Proration Table 29 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance

29	1	714.00		1,172.00	
28	2	689.38		1,131.59	
27	3	664.76		1,091.17	
26	4	640.14		1,050.76	
25	5	615.52		1,010.34	
24	6	590.90		969.93	
23	7	566.28		929.52	
22	8	541.66		889.10	
21	9	517.03		848.69	
20	10	492.41		808.28	
19	11	467.79		767.86	
18	12	443.17		727.45	
17	13	418.55		687.03	
16	14	393.93		646.62	
15	15	369.31		606.21	
14	16	344.69		565.79	
13	17	320.07		525.38	
12	18	295.45		484.97	
11	19	270.83	*984.83*	444.55	*1,616.55*
10	20	246.21	*960.21*	404.14	*1,576.14*
9	21	221.59	*935.59*	363.72	*1,535.72*
8	22	196.97	*910.97*	323.31	*1,495.31*
7	23	172.34	*886.34*	282.90	*1,454.90*
6	24	147.72	*861.72*	242.48	*1,414.48*
5	25	123.10	*837.10*	202.07	*1,374.07*
4	26	98.48	*812.48*	161.66	*1,333.66*
3	27	73.86	*787.86*	121.24	*1,293.24*
2	28	49.24	*763.24*	80.83	*1,252.83*
1	29	24.62	*738.62*	40.41	*1,212.41*
	Daily Rate	24.62		40.41	

	PAES/SSIP Grant Proration Table 28 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
28	1	714.00		1,172.00	
27	2	688.50		1,130.14	
26	3	663.00		1,088.29	
25	4	637.50		1,046.43	
24	5	612.00		1,004.57	
23	6	586.50		962.71	

22	7	561.00		920.86	
21	8	535.50		879.00	
20	9	510.00		837.14	
19	10	484.50		795.29	
18	11	459.00		753.43	
17	12	433.50		711.57	
16	13	408.00		669.71	
15	14	382.50		627.86	
14	15	357.00		586.00	
13	16	331.50		544.14	
12	17	306.00		502.29	
11	18	280.50	*994.50*	460.43	*1,632.43*
10	19	255.00	*969.00*	418.57	*1,590.57*
9	20	229.50	*943.50*	376.71	*1,548.71*
8	21	204.00	*918.00*	334.86	*1,506.86*
7	22	178.50	*892.50*	293.00	*1,465.00*
6	23	153.00	*867.00*	251.14	*1,423.14*
5	24	127.50	*841.50*	209.29	*1,381.29*
4	25	102.00	*816.00*	167.43	*1,339.43*
3	26	76.50	*790.50*	125.57	*1,297.57*
2	27	51.00	*765.00*	83.71	*1,255.71*
1	28	25.50	*739.50*	41.86	*1,213.86*
	Daily Rate	25.50		41.86	

99.1-2.1: PAES/SSIP Grant Proration Table (CBP)

(Revised as of 11/1/2025)

	PAES/SSIP Grant Proration Table (CBP Amounts) 31 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
31	1	59.00		182.00	
30	2	57.10		176.13	
29	3	55.19		170.26	
28	4	53.29		164.39	
27	5	51.39		158.52	
26	6	49.48		152.65	
25	7	47.58		146.77	
24	8	45.68		140.90	
23	9	43.77		135.03	
22	10	41.87		129.16	
21	11	39.97		123.29	
20	12	38.06		117.42	
19	13	36.16		111.55	
18	14	34.26		105.68	
17	15	32.35		99.81	
16	16	30.45		93.94	
15	17	28.55		88.06	
14	18	26.65		82.19	
13	19	24.74		76.32	
12	20	22.84		70.45	
11	21	20.94	*79.94*	64.58	*246.58*
10	22	19.03	*78.03*	58.71	*240.71*
9	23	17.13	*76.13*	52.84	*234.84*
8	24	15.23	*74.23*	46.97	*228.97*
7	25	13.32	*72.32*	41.10	*223.10*
6	26	11.42	*70.42*	35.23	*217.23*
5	27	9.52	*68.52*	29.35	*211.35*
4	28	7.61	*66.61*	23.48	*205.48*
3	29	5.71	*64.71*	17.61	*199.61*
2	30	3.81	*62.81*	11.74	*193.74*
1	31	1.90	*60.90*	5.87	*187.87*
	Daily Rate	1.90		5.87	

	PAES/SSIP Grant Proration Table (CBP Amounts) 30 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
30	1	59.00		182.00	
29	2	57.03		175.93	
28	3	55.07		169.87	
27	4	53.10		163.80	
26	5	51.13		157.73	
25	6	49.17		151.67	
24	7	47.20		145.60	
23	8	45.23		139.53	
22	9	43.27		133.47	
21	10	41.30		127.40	
20	11	39.33		121.33	
19	12	37.37		115.27	
18	13	35.40		109.20	
17	14	33.43		103.13	
16	15	31.47		97.07	
15	16	29.50		91.00	
14	17	27.53		84.93	
13	18	25.57		78.87	
12	19	23.60		72.80	
11	20	21.63	*80.63*	66.73	*248.73*
10	21	19.67	*78.67*	60.67	*242.67*
9	22	17.70	*76.70*	54.60	*236.60*
8	23	15.73	*74.73*	48.53	*230.53*
7	24	13.77	*72.77*	42.47	*224.47*
6	25	11.80	*70.80*	36.40	*218.40*
5	26	9.83	*68.83*	30.33	*212.33*
4	27	7.87	*66.87*	24.27	*206.27*
3	28	5.90	*64.90*	18.20	*200.20*
2	29	3.93	*62.93*	12.13	*194.13*
1	30	1.97	*60.97*	6.07	*188.07*
	Daily Rate	1.97		6.07	

	PAES/SSIP Grant Proration Table (CBP Amounts) 29 - Day Month

Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
29	1	59.00		182.00	
28	2	56.97		175.72	
27	3	54.93		169.45	
26	4	52.90		163.17	
25	5	50.86		156.90	
24	6	48.83		150.62	
23	7	46.79		144.34	
22	8	44.76		138.07	
21	9	42.72		131.79	
20	10	40.69		125.52	
19	11	38.66		119.24	
18	12	36.62		112.97	
17	13	34.59		106.69	
16	14	32.55		100.41	
15	15	30.52		94.14	
14	16	28.48		87.86	
13	17	26.45		81.59	
12	18	24.41		75.31	
11	19	22.38	*81.38*	69.03	*251.03*
10	20	20.34	*79.34*	62.76	*244.76*
9	21	18.31	*77.31*	56.48	*238.48*
8	22	16.28	*75.28*	50.21	*232.21*
7	23	14.24	*73.24*	43.93	*225.93*
6	24	12.21	*71.21*	37.66	*219.66*
5	25	10.17	*69.17*	31.38	*213.38*
4	26	8.14	*67.14*	25.10	*207.10*
3	27	6.10	*65.10*	18.83	*200.83*
2	28	4.07	*63.07*	12.55	*194.55*
1	29	2.03	*61.03*	6.28	*188.28*
	Daily Rate	2.03		6.28	

	PAES/SSIP Grant Proration Table (CBP Amounts) 28 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
28	1	59.00		182.00	
27	2	56.89		175.50	

26	3	54.79		169.00	
25	4	52.68		162.50	
24	5	50.57		156.00	
23	6	48.46		149.50	
22	7	46.36		143.00	
21	8	44.25		136.50	
20	9	42.14		130.00	
19	10	40.04		123.50	
18	11	37.93		117.00	
17	12	35.82		110.50	
16	13	33.71		104.00	
15	14	31.61		97.50	
14	15	29.50		91.00	
13	16	27.39		84.50	
12	17	25.29		78.00	
11	18	23.18	*82.18*	71.50	*253.50*
10	19	21.07	*80.07*	65.00	*247.00*
9	20	18.96	*77.96*	58.50	*240.50*
8	21	16.86	*75.86*	52.00	*234.00*
7	22	14.75	*73.75*	45.50	*227.50*
6	23	12.64	*71.64*	39.00	*221.00*
5	24	10.54	*69.54*	32.50	*214.50*
4	25	8.43	*67.43*	26.00	*208.00*
3	26	6.32	*65.32*	19.50	*201.50*
2	27	4.21	*63.21*	13.00	*195.00*
1	28	2.11	*61.11*	6.50	*188.50*
	Daily Rate	2.11		6.50	

99.1-3: PAES/SSIP/CALM Earned Income & Asset Disregard (Introduction)

(Revised as of 10/1/24)

PAES/SSIP/CALM Earned Income
Disregard Tables

The amounts in the following tables were calculated by **disregarding monthly gross earnings** **according to the following levels:**

$200 (ALL) of the **first $200**
$100 (2/3) of the **next $150**
$75 (1/2) of the **next $150**
$50 (1/3) of the **next $150**
$30 (1/5) of the **next $150**

Note:
All gross earnings **above $1168** are **deducted** from the participant's remaining PAES/SSIP/CALM grant on a **dollar-for-dollar** basis

99.1-3.1 PAES/SSIP/CALM Earned Income & Asset Disregard Table FBU 1

Click here to open topic.

99.1-3.2: PAES/SSIP/CALM Earned Income & Asset Disregard Table FBU 2

Click here to open topic.

99-3: MEDS SSI-Payment Status Codes

(Revised as of 9/15/20)

All potentially SSI-eligible clients must apply for SSI and, once approved for SSI, must comply with the SSI eligibility requirements to maintain SSI eligibility. The worker must check MEDS to determine the client's current SSI status in California. If a client has a MEDS history of SSI eligibility/payment status, the worker must take appropriate action based on the client's SSI Payment Status Code. Review of the client's SSI Payment Status must be done until the client's eligibility is known and resolved. There is no need to re-refer the client to SSA if there is documentation of the following:

- That the client's SSI benefit cannot be reinstated and the client has reapplied for SSI.
- SSA office has indicated that client's SSI benefits cannot be reinstated on Form 39CAAP and the Form 39CAAP is dated after the effective date in MEDS.
- That the client is cooperating with CAAP SSI CM.

  Otherwise the client must be referred to SSA:
- For Intake - at every application
- For Carrying - at every Reinvestigation (RV) until the client's SSI Payment Status is known and resolved. Refer to section 95-2.1: SSI Verification and SSI Advocacy for follow-up process.

If the client is required to go to SSA at RV, the Form 39CAAP must be sent with the RV packet.

If the client declares that he is now employable, follow Worker Action Code as indicated on the Chart, below, for the following reasons:

- The SSI Payment Status must be clarified for a possibility of potential income.
- Triage assessment will determine employability status. Triage assessment takes precedence over the SSI code.

Overview of SSI Payment Codes:

- Codes that begin with C mean that the client is currently receiving SSI payment. For CAAP, the client is not eligible.
- Codes that begin with E mean that the client is eligible to SSI but there's no payment for the current month. However, the client can be paid at any time as soon as the client's status changes. This code is usually applied to a client who is currently in a nursing home. For CAAP, the client is not eligible.
- Codes that begin with H mean that the client's payment is on hold, pending approval of SSI. For CAAP, the client is eligible if all other eligibility criteria are met.
- Codes that begin with N mean non-payment of SSI benefits. For CAAP, the client may or may not be eligible to receive CAAP depending on the reason for the non-payment status. The CAAP worker action will depend on this reason. N codes will convert to T codes after one year. At which time, the client must reapply for SSI.
- Codes that begin with S mean the client's payment is suspended. Usually, the suspension can be lifted and payment reinstated. For CAAP, with the exceptions of codes S04, S05 and S21, the client is not eligible.
- Codes that begin with T mean the client's payment is terminated. The client must reapply for SSI. For CAAP, the client is eligible if all other eligibility criteria are met.

The chart below will assist the worker in determining the next course of action. Refer to Worker Action Code column in the chart.

Worker Action Code 1

- Deny/Discontinue
- Advise the client to go to SSA to update eligibility status for current payment for the month.

For Intake Only and applicable to Worker Action Code 1:

- If the client states that he was not on SSI before and the SSI Payment Code pertains to the denial of his SSI application, follow Worker Action Code 2.
- If the client's eligibility to SSI is questionable, consult Unit Supervisor who will consult the Intake Manager. The Intake Manager shall determine the appropriate Worker Action based on a case by case basis.

Worker Action Code 2

Client may or may not be eligible to CAAP depending on the client's current eligibility to SSI benefits. For Intake - Pend the case.

- Complete Form 39CAAP.
- Refer the client to SSA with the Form 39CAAP.
- Instruct the client to see an SSA representative for reinstatement of his SSI benefits. The SSA representative must complete Section II of the Form 39CAAP.
    - If the client's SSI benefits can be reinstated within thirty days, deny/discontinue.
    - If the client's SSI benefits cannot be reinstated within thirty days, determine CAAP eligibility. If eligible, grant aid pending receipt of SSI benefits.
    - Refer the client to Triage, as usual.

If the client presents the completed Form 39CAAP to Triage, Triage Staff must make a copy of the form for Triage record and return the original to client for submission to CAAP Worker.

Worker Action Code 3

The client must reapply for SSI.

- Complete Form 39CAAP.
- Refer the client to SSA with the Form 39CAAP.
- Instruct the client to see an SSA representative for reinstatement of his SSI benefits. The SSA representative must complete Section II of the Form 39CAAP.
    - If the client's SSI benefits cannot be reinstated, the worker must take action based on the Triage rating as indicated in the next bullet below.
        - If the client's SSI application is pending, grant/continue aid pending receipt of SSI benefits.
- Refer the client to Triage, as usual.
    - Rating #1, 2 or 3 - client is not required to reapply for SSI. Triage assessment takes precedence over SSI code.
    - Rating #4 - client must reapply for SSI through CAAP SSI Case Management.

If the client presents the completed Form 39CAAP to Triage, Triage Staff must make a copy of the form for Triage record and return the original to client for submission to CAAP Worker.

Worker Action Code 4

Refer the client to Triage, as usual.

- Rating #1, 2 or 3 - client is not required to reapply for SSI. Triage assessment takes precedence over SSI code.
- Rating #4 - client must reapply for SSI through CAAP SSI Case Management.

Note: Follow current criteria for Triage referral, refer to section 95-2: Employability Determination.

SSI PAYMENT STATUS	SSI CODE	WORKER ACTION CODE	EXPLANATION
Current Pay	C01	1	Currently receiving systems-generated payment.

Eligible but no payment due	E01	1	Eligibility for Federal and/or State benefits based on the eligibility determination but no payment is due based on the payment computation.
	E02	1	Claimant is not due a payment for the first month of eligibility that the system would otherwise compute to C01 or E01.
Hold	H10	2	Living arrangements change in process.
	H20	2	Marital status change in process.
	H30	2	Resource change in process.
	H40	2	Student status change in process.
	H50	2	Head of household change in process.
	H60	2	Hold pending receipt of date of death.
	H70	4	Hold code used when subsequent input is needed.
	H80	4	Hold code used to indicate that full development is not completed.
	H90	2	Systems limitations regarding computation; Field Office must manually compute and input payment amounts.
Force Pay	M01	1	Force payment case— recipient may be in current payment or nonpayment status, depending on payment history.
	M02	1	Force due case— recipient may be in current payment or nonpayment status, depending on payment history.
Non Pay	N01	1	Recipient's countable income exceeds Title XVI federal benefit rate.
	N02	2	Recipient is resident of public institution - if Effect Date is less than 1 year.
	N02	4	Recipient is resident of public institution - if Effect Date is more than 1 year.
	N03	2	Recipient is outside U.S. - if Effect Date is less than 1 year.
	N03	4	Recipient is outside U.S. - if Effect Date is more than 1 year.

SSI PAYMENT STATUS	SSI CODE	WORKER ACTION CODE	EXPLANATION
Non Pay	N04	1	Recipient's nonexcludable resources exceed Title XVI limitations. (SSA determines a period of ineligibility based on the amount of excess resources).
	N05	1	Unable to determine eligibility for some month(s) of a period of nonpayment or failure to provide information for children overseas.
	N06	4	Recipient failed to file for other benefits.
	N07	4	Cessation of recipient's disability.

N08	4	Cessation of recipient's blindness.
N09	4	Recipient refused to accept vocational rehabilitation. Invalid for any month after 01/01/01.
N10	4	Recipient failed to comply with treatment (DAA).
N11	4	Sanction suspense month (DAA).
N12	4	Recipient voluntarily withdrew from program.
N13	4	Not a citizen or eligible alien.
N14	4	Aged claim denied for age.
N15	4	Blind claim denied— applicant not blind.
N16	4	Disabled claim denied— applicant not disabled.
N17	4	Failure to pursue claim by applicant.
N18	4	Failure to cooperate (may be "capacity" issue).
N19	4	Voluntary termination in the SSI program.
N20	4	Failure to provide required report or evidence.
N22	2	Claimant is an inmate of penal institution - if Effect Date is less than 1 year.
N22	4	Claimant is an inmate of penal institution - if Effect Date is more than 1 year.
N23	2	Claimant is not a resident of the U.S. - if Effect Date is less than 1 year.
N23	4	Claimant is not a resident of the U.S. - if Effect Date is more than 1 year.
N24	1	Claimant has provided false or misleading statements affecting benefit eligibility or amount and administrative sanction is imposed.
N25	2	Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for, a crime which is a felony (or in New Jersey, a high misdemeanor) under the laws of the place from which s/he flees, or is violating a condition of probation or parole imposed under Federal or State law - if Effect Date is less than one year.
N25	4	Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for, a crime which is a felony (or in New Jersey, a high misdemeanor) under the laws of the place from which s/he flees, or is violating a condition of probation or parole imposed under Federal or State law - if Effect Date is more than one year.
N27	4	Termination due to Substantial Gainful Activity (SGA).
N30	4	Slight impairment— medical consideration alone; no visual impairment.
N31	4	Capacity for Substantial Gainful Activity (SGA)— customary past work; no visual impairment.
N32	4	Capacity for SGA— other work; no visual impairment.

SSI PAYMENT STATUS	SSI CODE	WORKER ACTION CODE	EXPLANATION
Non Pay	N33	4	Engaging in SGA despite impairment; no visual impairment.
	N34	4	Child under age 18, impairment(s) disabling for a period of less than 12 months.
	N35	4	Impairment is severe at time of adjudication but not expected to last 12 months; no visual impairment.
	N36	4	Insufficient or no medical data furnished, no visual impairment.
	N37	4	Failure or refusal to submit to consultative examination, no visual impairment.
	N38	4	Applicant does not want to continue development of claim, no visual impairment.
	N39	4	Applicant willfully fails to follow prescribed treatment, no visual impairment.
	N40	4	Child under age 18; Individual Functional Assessment (IFA) shows impairment(s) not of comparable severity.
	N41	4	Slight impairment— medical condition alone, visual impairment.
	N42	4	Capacity for SGA— customary past work; visual impairment.
	N43	4	Capacity for SGA— other work; visual impairment.
	N44	4	Child under age 18; impairment not severe.
	N45	4	Impairment no longer severe at time of adjudication and did not last 12 months; visual impairment.
	N46	4	Impairment is severe at time of adjudication but not expected to last 12 months; visual impairment.
	N47	4	Insufficient or no medical evidence furnished; visual impairment or blindness.
	N48	4	Failure or refusal to submit to consultative examination; visual impairment or blindness.
	N49	4	Applicant does not want to continue development of claim; visual impairment or blindness.
	N50	4	Applicant willfully fails to follow prescribed treatment; visual impairment or blindness.
	N51	4	Child under 18. Individual Functional Assessment (IFA) shows impairment(s) not of comparable severity, visual impairment.
	N52	4	Deleted from State rolls before 12/73 payment.

SSI PAYMENT STATUS	SSI CODE	WORKER ACTION CODE	EXPLANATION
Non Pay	N53	4	Deleted from State rolls after 12/73 payment.
	N54	4	Denied— whereabouts unknown.
	P01	2	Potentially eligible— SGA involved. If Effect Date is less than 1 year.
	P01	4	Potentially eligible— SGA involved. If Effect Date is more than 1 year.
	S04	4	System awaiting disability decision (system-generated).
	S05	2	Prerequisite payment month development pending to determine eligibility for special 1619(a) payments to a disabled individual.
	S06	2	Recipient's whereabouts unknown - if Effect Date is less than 1 year.
	S06	4	Recipient's whereabouts unknown - if Effect Date is more than 1 year.
	S07	2	Returned checks for other than death, address, payee change, or death of representative payee - if Effect Date is less than 1 year.
	S07	4	Returned checks for other than death, address, payee change, or death of representative payee - if Effect Date is more than 1 year.
	S08	2	Representative payee development pending.
	S09	2	Temporary institutionalization suspense (system-generated) - if Effect Date is less than 1 year.
	S09	4	Temporary institutionalization suspense (system-generated) - if Effect Date is more than 1 year.
	S10	2	Recipient has a bank account and refuses to receive payments via direct deposit.
	S20	4	Potential Rollback case or disability decision made prior to July 1973.
	S21	4	The recipient is presumptively disabled and has received 6 months' payments (systems-generated).
	S90 & S91	2	PR1 change in process because SSR was established under the incorrect SSN (this condition is extremely rare).
	T01	2	Death of recipient.
	T20	2	Received payment under 2 different account numbers.
	T22	2	Received payment under two different accounts, established with the same or different numbers.
	T30	2	Manual termination (payment previously made) - if Effect Date is less than 1 year.
	T30	4	Manual termination (payment previously made) - if Effect Date is more than 1 year.

T31	2	System termination (payment previously made). Effective 7/24/99, can be input only to records with a force flag - if Effect Date is less than 1 year.
T31	4	System termination (payment previously made). Effective 7/24/99, can be input only to records with a force flag - if Effect Date is more than 1 year.
T32	2	Systems termination of a paid record that is becoming too large for the system to handle - if Effect Date is less than 1 year.
T32	4	Systems termination of a paid record that is becoming too large for the system to handle - if Effect Date is more than 1 year.
T33	2	System termination or manual termination via MSSICS screens (payment previously made) - if Effect Date is less than 1 year.
T33	4	System termination or manual termination via MSSICS screens (payment previously made) - if Effect Date is more than 1 year.
T50	4	Manual termination (no payment made).
T51	4	System termination (no payment made).

99.3-1: Maximum GA Grant Amount

(Revised as of 10/1/24)

Number of Eligible Persons in the Same Family	Grant Amount
Single Individual	$578
2 Persons	$1036
3 Persons	$1166
4 Persons	$1390
5 Persons	$1583
6 Persons	$1774
7 Persons	$1949
8 Persons	$2127
9 Persons	$2294
10 Persons	$2465

In the case of **more than 10 persons** in a Family Budget Unit, an **additional $35** each month shall be paid for **each additional person** in the Family Budget Unit. For the purpose of this section a family is **defined** as an **eligible applicant/recipient and his or her spouse of "domestic partner,"** as defined under Section 62.2 of the San Francisco Administrative Code, and/or any of the applicant/recipient's **children** who are **under age 18**, living with, and applying for General Assistance with, such applicant/recipient, **provided** that such child(ren) was (were) **never** eligible for **TANF/CalWORKs.** For Family Budget Units in which members **receive cash payments** from more than **one** Federal, State or County **assistance program, except for SSI/SSP,** the total aid **payment** shall consist of the **sum** of each **individual's proportionate share** of the aid **payment** for a Family Budget Unit of the same size within each program to which each family member is eligible.

99.3-3.2: GA Earned Income & Asset Disregard Table FBU 2

Click here to open topic.

99.3-2.1: GA Grant Proration Table (CBP)

(Revised as of 11/1/25)

	GA Grant Proration Table (CBP Amounts) 31 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
31	1	59.00		59.00	
30	2	57.10		57.10	
29	3	55.19		55.19	
28	4	53.29		53.29	
27	5	51.39		51.39	
26	6	49.48		49.48	
25	7	47.58		47.58	
24	8	45.68		45.68	
23	9	43.77		43.77	
22	10	41.87		41.87	
21	11	39.97		39.97	
20	12	38.06		38.06	
19	13	36.16		36.16	
18	14	34.26		34.26	
17	15	32.35		32.35	
16	16	30.45		30.45	
15	17	28.55		28.55	
14	18	26.65		26.65	
13	19	24.74		24.74	
12	20	22.84		22.84	
11	21	20.94	*79.94*	20.94	*79.94*
10	22	19.03	*78.03*	19.03	*78.03*
9	23	17.13	*76.13*	17.13	*76.13*
8	24	15.23	*74.23*	15.23	*74.23*
7	25	13.32	*72.32*	13.32	*72.32*
6	26	11.42	*70.42*	11.42	*70.42*
5	27	9.52	*68.52*	9.52	*68.52*
4	28	7.61	*66.61*	7.61	*66.61*
3	29	5.71	*64.71*	5.71	*64.71*
2	30	3.81	*62.81*	3.81	*62.81*
1	31	1.90	*60.90*	1.90	*60.90*

	Daily Rate	1.90		1.90	

	GA Grant Proration Table (CBP Amounts) 30 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
30	1	59.00		59.00	
29	2	57.03		57.03	
28	3	55.07		55.07	
27	4	53.10		53.10	
26	5	51.13		51.13	
25	6	49.17		49.17	
24	7	47.20		47.20	
23	8	45.23		45.23	
22	9	43.27		43.27	
21	10	41.30		41.30	
20	11	39.33		39.33	
19	12	37.37		37.37	
18	13	35.40		35.40	
17	14	33.43		33.43	
16	15	31.47		31.47	
15	16	29.50		29.50	
14	17	27.53		27.53	
13	18	25.57		25.57	
12	19	23.60		23.60	
11	20	21.63	*80.63*	21.63	*80.63*
10	21	19.67	*78.67*	19.67	*78.67*
9	22	17.70	*76.70*	17.70	*76.70*
8	23	15.73	*74.73*	15.73	*74.73*
7	24	13.77	*72.77*	13.77	*72.77*
6	25	11.80	*70.80*	11.80	*70.80*
5	26	9.83	*68.83*	9.83	*68.83*
4	27	7.87	*66.87*	7.87	*66.87*
3	28	5.90	*64.90*	5.90	*64.90*
2	29	3.93	*62.93*	3.93	*62.93*
1	30	1.97	*60.97*	1.97	*60.97*
	Daily Rate	1.97		1.97	

	GA Grant Proration Table (CBP Amounts) 29 - Day Month

Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
29	1	59.00		59.00	
28	2	56.97		56.97	
27	3	54.93		54.93	
26	4	52.90		52.90	
25	5	50.86		50.86	
24	6	48.83		48.83	
23	7	46.79		46.79	
22	8	44.76		44.76	
21	9	42.72		42.72	
20	10	40.69		40.69	
19	11	38.66		38.66	
18	12	36.62		36.62	
17	13	34.59		34.59	
16	14	32.55		32.55	
15	15	30.52		30.52	
14	16	28.48		28.48	
13	17	26.45		26.45	
12	18	24.41		24.41	
11	19	22.38	*81.38*	22.38	*81.38*
10	20	20.34	*79.34*	20.34	*79.34*
9	21	18.31	*77.31*	18.31	*77.31*
8	22	16.28	*75.28*	16.28	*75.28*
7	23	14.24	*73.24*	14.24	*73.24*
6	24	12.21	*71.21*	12.21	*71.21*
5	25	10.17	*69.17*	10.17	*69.17*
4	26	8.14	*67.14*	8.14	*67.14*
3	27	6.10	*65.10*	6.10	*65.10*
2	28	4.07	*63.07*	4.07	*63.07*
1	29	2.03	*61.03*	2.03	*61.03*
	Daily Rate	2.03		2.03	

	GA Grant Proration Table (CBP Amounts) **28 - Day Month**				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
28	1	59.00		59.00	
27	2	56.89		56.89	

26	3	54.79		54.79	
25	4	52.68		52.68	
24	5	50.57		50.57	
23	6	48.46		48.46	
22	7	46.36		46.36	
21	8	44.25		44.25	
20	9	42.14		42.14	
19	10	40.04		40.04	
18	11	37.93		37.93	
17	12	35.82		35.82	
16	13	33.71		33.71	
15	14	31.61		31.61	
14	15	29.50		29.50	
13	16	27.39		27.39	
12	17	25.29		25.29	
11	18	23.18	*82.18*	23.18	*82.18*
10	19	21.07	*80.07*	21.07	*80.07*
9	20	18.96	*77.96*	18.96	*77.96*
8	21	16.86	*75.86*	16.86	*75.86*
7	22	14.75	*73.75*	14.75	*73.75*
6	23	12.64	*71.64*	12.64	*71.64*
5	24	10.54	*69.54*	10.54	*69.54*
4	25	8.43	*67.43*	8.43	*67.43*
3	26	6.32	*65.32*	6.32	*65.32*
2	27	4.21	*63.21*	4.21	*63.21*
1	28	2.11	*61.11*	2.11	*61.11*
	Daily Rate	2.11		2.11	

99.3-3: GA Earned Income & Asset Disregard (Introduction)

(Revised as of 10/1/24)

GA Earned Income Disregard Tables

The amounts in the following tables were calculated by **disregarding monthly gross earnings <u>according to the following levels:</u>**

$200 (ALL) of the **first $200**
$100 (2/3) of the **next $150**
$75 (1/2) of the **next $150**
$50 (1/3) of the **next $150**
$30 (1/5) of the **next $150**

Note:

All gross earnings **above $1032** are **deducted** from the participant's remaining GA stipend on a **dollar-for-dollar** basis.

99.3-3.1: GA Earned Income & Asset Disregard Table FBU 1

Click here to open topic.

99.3-2: GA Grant Proration Table (Housed)

(Revised as of 10/1/24)

	GA Grant Proration Table 31 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
31	1	578.00		1,036.00	
30	2	559.35		1,002.58	
29	3	540.71		969.16	
28	4	522.06		935.74	
27	5	503.42		902.32	
26	6	484.77		868.90	
25	7	466.13		835.48	
24	8	447.48		802.06	
23	9	428.84		768.65	
22	10	410.19		735.23	
21	11	391.55		701.81	
20	12	372.90		668.39	
19	13	354.26		634.97	
18	14	335.61		601.55	
17	15	316.97		568.13	
16	16	298.32		534.71	
15	17	279.68		501.29	
14	18	261.03		467.87	
13	19	242.39		434.45	
12	20	223.74		401.03	
11	21	205.10	*783.10*	367.61	*1,403.61*
10	22	186.45	*764.45*	334.19	*1,370.19*
9	23	167.81	*745.81*	300.77	*1,336.77*
8	24	149.16	*727.16*	267.35	*1,303.35*
7	25	130.52	*708.52*	233.94	*1,269.94*
6	26	111.87	*689.87*	200.52	*1,236.52*
5	27	93.23	*671.23*	167.10	*1,203.10*
4	28	74.58	*652.58*	133.68	*1,169.68*
3	29	55.94	*633.94*	100.26	*1,136.26*
2	30	37.29	*615.29*	66.84	*1,102.84*
1	31	18.65	*596.65*	33.42	*1,069.42*
	Daily Rate	18.65		33.42	

	GA Grant Proration Table 30 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
30	1	578.00		1,036.00	
29	2	558.73		1,001.47	
28	3	539.47		966.93	
27	4	520.20		932.40	
26	5	500.93		897.87	
25	6	481.67		863.33	
24	7	462.40		828.80	
23	8	443.13		794.27	
22	9	423.87		759.73	
21	10	404.60		725.20	
20	11	385.33		690.67	
19	12	366.07		656.13	
18	13	346.80		621.60	
17	14	327.53		587.07	
16	15	308.27		552.53	
15	16	289.00		518.00	
14	17	269.73		483.47	
13	18	250.47		448.93	
12	19	231.20		414.40	
11	20	211.93	*789.93*	379.87	*1,415.87*
10	21	192.67	*770.67*	345.33	*1,381.33*
9	22	173.40	*751.40*	310.80	*1,346.80*
8	23	154.13	*732.13*	276.27	*1,312.27*
7	24	134.87	*712.87*	241.73	*1,277.73*
6	25	115.60	*693.60*	207.20	*1,243.20*
5	26	96.33	*674.33*	172.67	*1,208.67*
4	27	77.07	*655.07*	138.13	*1,174.13*
3	28	57.80	*635.80*	103.60	*1,139.60*
2	29	38.53	*616.53*	69.07	*1,105.07*
1	30	19.27	*597.27*	34.53	*1,070.53*
	Daily Rate	19.27		34.53	

	GA Grant Proration Table 29 - Day Month

Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
29	1	578.00		1,036.00	
28	2	558.07		1,000.28	
27	3	538.14		964.55	
26	4	518.21		928.83	
25	5	498.28		893.10	
24	6	478.34		857.38	
23	7	458.41		821.66	
22	8	438.48		785.93	
21	9	418.55		750.21	
20	10	398.62		714.48	
19	11	378.69		678.76	
18	12	358.76		643.03	
17	13	338.83		607.31	
16	14	318.90		571.59	
15	15	298.97		535.86	
14	16	279.03		500.14	
13	17	259.10		464.41	
12	18	239.17		428.69	
11	19	219.24	*797.24*	392.97	*1,428.97*
10	20	199.31	*777.31*	357.24	*1,393.24*
9	21	179.38	*757.38*	321.52	*1,357.52*
8	22	159.45	*737.45*	285.79	*1,321.79*
7	23	139.52	*717.52*	250.07	*1,286.07*
6	24	119.59	*697.59*	214.34	*1,250.34*
5	25	99.66	*677.66*	178.62	*1,214.62*
4	26	79.72	*657.72*	142.90	*1,178.90*
3	27	59.79	*637.79*	107.17	*1,143.17*
2	28	39.86	*617.86*	71.45	*1,107.45*
1	29	19.93	*597.93*	35.72	*1,071.72*
	Daily Rate	19.93		35.72	

	GA Grant Proration Table 28 - Day Month				
Date of Entitlement	Date of Final Intake	FBU of 1	Including Advance	FBU of 2	Including Advance
28	1	578.00		1,036.00	
27	2	557.36		999.00	
26	3	536.71		962.00	

25	4	516.07		925.00	
24	5	495.43		888.00	
23	6	474.79		851.00	
22	7	454.14		814.00	
21	8	433.50		777.00	
20	9	412.86		740.00	
19	10	392.21		703.00	
18	11	371.57		666.00	
17	12	350.93		629.00	
16	13	330.29		592.00	
15	14	309.64		555.00	
14	15	289.00		518.00	
13	16	268.36		481.00	
12	17	247.71		444.00	
11	18	227.07	*805.07*	407.00	*1,443.00*
10	19	206.43	*784.43*	370.00	*1,406.00*
9	20	185.79	*763.79*	333.00	*1,369.00*
8	21	165.14	*743.14*	296.00	*1,332.00*
7	22	144.50	*722.50*	259.00	*1,295.00*
6	23	123.86	*701.86*	222.00	*1,258.00*
5	24	103.21	*681.21*	185.00	*1,221.00*
4	25	82.57	*660.57*	148.00	*1,184.00*
3	26	61.93	*639.93*	111.00	*1,147.00*
2	27	41.29	*619.29*	74.00	*1,110.00*
1	28	20.64	*598.64*	37.00	*1,073.00*
	Daily Rate	20.64		37.00	

99-2: Unemployment & Disability Insurance Benefit Base Periods

Eligibility to either Unemployment or Disability Insurance Benefits depends upon earnings received during a prior 12-month period. (The date of application also has a direct bearing on the rate of benefits to which a client is eligible). The table below indicates the base period that is used to determine both eligibility and rate of benefits, according to the month in which a claim is filed.

For Claims Filed In:	**Base Period is the 12 Months Ending the Previous:**
February, March, or April	September 30
May, June, or July	December 31
August, September, or October	March 31
November, December, or January	June 30

99-4: Social Security Numbers by Issuing State

1st 3 Digits	Issuing State
001-003	New Hampshire
004-007	Maine
008-009	Vermont
010-034	Massachusetts
035-039	Rhode Island
040-049	Connecticut
050-134	New York
135-158	New Jersey
159-211	Pennsylvania
212-220	Maryland
221-222	Delaware
223-231	Virginia
232	West Virginia OR North Carolina
233-236	West Virginia
237-246	North Carolina
247-251	South Carolina
252-260	Georgia
261-267	Florida
268-302	Ohio
303-317	Indiana
318-361	Illinois
362-386	Michigan
387-399	Wisconsin

1st 3 Digits	Issuing State
449-467	Texas
468-477	Minnesota
478-485	Iowa
486-500	Missouri
501-502	North Dakota
503-504	South Dakota
505-508	Nebraska
509-515	Kansas
516-517	Montana
518-519	Idaho
520	Wyoming
521-524	Colorado
525	New Mexico
526-527	Arizona
528-529	Utah
530	Nevada
531-539	Washington
540-544	Oregon
545-573	California
574	Alaska
575-576	Hawaii
577-579	DC
580	Puerto Rico & the Virgin Islands

400-407	Kentucky	581-584	Puerto Rico
408-415	Tennessee	585	New Mexico
416-424	Alabama	586	Guam, American Samoa & the Philippines
425-428	Mississippi	587	Mississippi
429-432	Arkansas	600-601	Arizona
433-439	Louisiana	602-626	California
440-448	Oklahoma		

Note: Prefixes **700-728** are used for Railroad Retirement Board members in all states.

99-5: San Francisco Social Security Offices

Name, Address and Phone Number	Serves ZIP Codes 941--
Chinatown 560 Kearny Street (between California & Sacramento) (877) 319-3070	08 11 33
Downtown 90 Seventh Street, Annex, 1st Floor (7th and Mission Streets) (866) 964-5051*	01 02 03 04 05 06 09 13 21 23 25 26 29 30 and **homeless**
Mission 1098 Valencia Street (Valencia & 22nd Streets) (866) 755-6323	10 12

Note: Above **phone numbers** are for the **use of staff only**, and are not to be given to clients. Clients may call **1.800.772.1213**.

Refer the following Zip Codes to the **Downtown** office: 07, 14, 15, 16, 17, 18, 22, 24, 27, 28, 31, 32, 34, 35.

*Supervisors (or acting supervisors) may call this number to **verify** SSA number **matches**.

99-6: Vital Statistics Offices

STATE		ADDRESS
Alabama	AL	Alabama Vital Records Mail-in Application PO Box 5626 Montgomery, AL 36103-5625 334.206.5418
Alaska	AK	Alaska Department of Health and Social Services Bureau of Vital Statistics 5441 Commercial Blvd. Juneau, AK 99801 907.465.3391
American Samoa	AS	Registrar of Vital Statistics Vital Statistics Sections Government of American Samoa Pago Pago, American Samoa 96799 684.633.1405 or 1406
Arizona	AZ	Office of Vital Records Arizona Department of Health Services PO Box 3887 Phoenix, AZ 85030-3887 602.364.1300
Arkansas	AR	Arkansas Department of Health Division of Vital Records 4815 West Markham Street, Slot 44 Little Rock, AR 72205-3867 501.661.2726
California	CA	California Department of Health Services Office of Vital Records MS 5103

		PO Box 997410 Sacramento, CA 95899-7410 916.445.2684 **For San Francisco ONLY:** Department of Public Health 101 Grove Street San Francisco, CA 94102
Canal Zone		Vital Records Branch Passport Services 1111 19th Street NW, Suite 150 Washington, DC CZ 34011-2300 202.955.0307
Colorado	CO	Colorado Department of Public Health and Environment Vital Records Section 4300 Cherry Creek Drive South HSVRD-VS-A1 Denver, CO 80246-1530 303.692.2200
Connecticut	CT	<u>For Births in Bridgeport:</u> Bureau of Vital Statistics 202 State St, Room 105 Bridgeport, CT 06604 203.576.7477 <u>For Births in Hartford:</u> Bureau of Vital Records 550 Main St Hartford, CT 06103 860.543.8538

		For Births in Greenwich: Town of Greenwich 101 Field Point Road Greenwich, CT 06830 203.622.7869 For Births in Groton: Town of Groton 45 Fort Hill Road Groton, CT 06340 860.441.6640 For Births in Norwich: City of Norwich Town Clerk 100 Broadway, Room 215 Norwich, CT 06360 860.823.3734 For Birth Information: Health Department Vital Records Office 410 Capitol Ave, 1st Floor Hartford, CT 06134 860.509.7897
Delaware	DE	Office of Vital Statistics Division of Public Health PO Box 637 Dover, DE 19903 302.744.4549
District of Columbia	DC	Vital Records Department 825 North Capitol Street, NE Washington, DC 20002 202.442.9009

Florida	FL	Office of Vital Statistics Attn: Customer Services PO Box 210 1217 Pearl Street Jacksonville, FL 32231-0042 904.359.6900 x900
Georgia	GA	Georgia Department of Human Resources Vital Records 2600 Skyland Drive NE Atlanta, GA 30319-3640 404.679.4701
Guam	GU	Office of Vital Statistics Department of Health and Social Services Government of Guam PO Box 2816 Agana, Guam 96932 671.735.7263
Hawaii	HI	State Department of Health Office of Health Status Monitoring Vital Records Section PO Box 3378 Honolulu, HI 96801-9984 808.586.4539
Idaho	ID	Idaho Vital Statistics Unit Center for Vital Statistics and Health Policy 450 West State Street, 1st Floor PO Box 83720 Boise, ID 83720-0036 208.334.5988
Illinois	IL	Illinois Department of Public Health Division of Vital Records

		605 West Jefferson Street Springfield, IL 62702-5097 217.782.4977
Indiana	IN	Vital Records Department Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204 317.233.2700
Iowa	IA	Iowa Department of Public Health Bureau of Vital Records Lucas State Office Building, 1st Floor 321 East 12th Street Des Moines, IA 50319-0075
Kansas	KS	Office of Vital Statistics Curtis State Office Building 1000 SW Jackson St, Suite 120 Topeka, KS 66612-2221 785.296.1400
Kentucky	KY	Office of Vital Statistics Department for Health Services 275 East Main Street Frankfort, KY 40621 502.564.4212
Louisiana	LA	Vital Records Registry Office of Public Health PO Box 60630 New Orleans, LA 70160 504.568.5152 or 800.454.9570
Maine	ME	Office of Vital Records Maine Department of Human Services 221 State Street, Station 11

		Augusta, ME 04333-0011 207.287.3181
Maryland	MD	Department of Health and Mental Hygiene Division of Vital Records 6550 Reistertown Avenue PO Box 68760 Baltimore, MD 21215-0020 410.764.3038 or 800.832.3277
Massachusetts	MA	Registry of Vital Records and Statistics 150 Mt Vernon Street, 1st Floor Dorchester, MA 02125-3105 617.740.2600
Michigan	MI	Vital Records Request PO Box 30721 Lansing, MI 48909 517.335.8666
Minnesota	MN	Minnesota Department of Health Attn: Ofice of the State Registrar PO Box 9441 Minneapolis, MN 55440-9441 612.676.5120
Mississippi	MS	Mississippi Vital Records State Department of Health PO Box 1700 Jackson, MS 39215-1700 601.576.7981
Missouri	MO	Missouri Department of Health & Senior Services Bureau of Vital Records PO Box 570 Jefferson City, MO 65102-0570 573.526.5771

Montana	MT	Montana Department of Public Health and Human Services Vital Statistics Bureau 111 N Sanders, Room 209 PO Box 4210 Helena, MT 59604-4210 406.444.2685
Nebraska	NE	Nebraska DHHS Finance & Support Vital Records 301 Centennial Mall South PO Box 95065 Lincoln, NE 68509-5065 402.471.2871
Nevada	NV	Division of Health-Vital Statistics 505 East King Street #102 Carson City, NV 89710 775.684.4242
New Hampshire	NH	Bureau of Vital Records Health and Human Services Building 6 Hazen Drive Concord, NH 03301 603.271.4650
New Jersey	NJ	NJ Vital Statistics - Customer Service Unit PO Box 370 Trenton, NJ 08625-0370 609.292.4087
New Mexico	NM	New Mexico Vital Records PO Box 26110 Santa Fe, NM 87502 505.827.0121
New York	NY	Certification Unit Vital Records Section

(Except New York City)		New York State Department of Health PO Box 2602 Albany, NY 12220-2602 518.474.3075 For **New York City <u>Births & Deaths</u>:** NYC Department of Health & Mental Hygiene Office of Vital Records 125 Worth St, Box 4, Room 133 New York, NY 10013-4090 212.788.4520 For **New York City <u>Marriages</u>:** (All Boroughs including Brooklyn, Manhattan, Bronx, Richmond, Queens) City Clerk of New York Municipal Building 1 Centre Street, Room 252 New York, NY 10007 212.NEW.YORK
North Carolina	NC	NC Vital Records 1903 Mail Service Center Raleigh, NC 27699-1903 919.733.3526
North Dakota	ND	Division of Vital Records State Capitol 600 East Boulevard Avenue, Dept 301 Bismarck, ND 58505-0200 701.328.2360

Northern Mariana Islands		Superior Court Vital Records Section PO Box 307 Saipan, Mariana Islands 96950 (Air mail postage; make checks payable to Clerk of Court) 670.234.6401 x15
Ohio	OH	Ohio Department of Health Revenue Room 246 North High Street PO Box 15098 Columbus, OH 43215-0098 614.466.2531
Oklahoma	OK	Vital Records Service Oklahoma State Department of Health 1000 Northeast 10th Street PO Box 53551 Oklahoma City, OK 73117 405.271.4040
Oregon	OR	Oregon Vital Records PO Box 14050 Portland, OR 97293-0050 503.731.4095
Pennsylvania	PA	Division of Vital Records State Department of Health Central Building 101 South Mercer Street PO Box 1528 New Castle, PA 16101 724.656.3100
Puerto Rico	PR	Secretary of Treasury PO Box 11854

		San Juan, PR 00910 787.767.9120
Rhode Island	RI	Office of Vital Records Room 101 Cannon Building, 3 Capitol Hill Providence, RI 02908-5097 401.222.2811 or 2812
South Carolina	SC	Office of Vital Records & Public Health Statistics South Carolina Department of Health and Environmental Control 2600 Bull Street Columbia, SC 29201-1708 803.898.3630
South Dakota	SD	Vital Records South Dakota Department of Health 600 East Capitol Avenue Pierre, SD 57501-2536 605.773.4961
Tennessee	TN	Tennessee Vital Records Department of Health 421 5th Avenue, North 1st Floor, Central Services Building Nashville, TN 37247-0450 615.741.1763
Texas	TX	Bureau of Vital Statistics Texas Department of Health PO Box 12040 Austin, TX 78711-2040 512.458.7111
Utah	UT	Office of Vital Records & Statistics Utah Department of Health 288 North 1460 West

		PO Box 141012 Salt Lake City, UT 84114-1012 801.538.6105
Vermont	VT	Vermont Department of Health Vital Records Section PO Box 70 Burlington, VT 05402-0070 802.828.3286
Virginia	VA	Office of Vital Records PO Box 1000 Richmond, VA 23218-1000 804.662.6200
Virgin Islands		For Births in **St Thomas**: Vital Statistics Old Municipal Hospital St Thomas, Virgin Islands 00802 340.774.1734 For Births in **St Croix**: Department of Health, Vital Statistics Charles Hardwood Memorial Hospital Christiansted St Croix, Virgin Islands 00820 340.773.4050
Washington	WA	Department of Health Center for Health Statistics PO Box 9709 Olympia, WA 98507-9709 360.236.4300
West Virginia	WV	Vital Registration Office Room 165 350 Capitol Street

		Charleston, WV 25301.3701 304.558.2931
Wisconsin	WI	Wisconsin Vital Records Office PO Box 309 Madison, WI 53701-0309 608.266.1371
Wyoming	WY	Vital Records Services Hathaway Building Cheyenne, WY 82002 307.777.7591
American Born Overseas		Passport Services Correspondence Branch US Department of State 1111 19th Street NW, Suite 510 Washington, DC 20522-1705

99-7: County Welfare Departments Directory

County	Director(s) & Address	Telephone
ALAMEDA (01)	Roger G. Lum, Agency Director Social Services Agency PO Box 12941 Oakland, CA 94607 Jill L'Esperance, Deputy Director Kathy Archuleta, Director Department of Welfare to Work	510.271.9100 510.271.9120 Fax 510.268.2002 C.I. 510.271.9110 510.267.9430
ALPINE (02)	Katherine Kerr, Director Social Services Department PO Box 277 Markleevilee, CA 96120 Jackie Casey, CalWORKs Employment	530.694.2236 Pub 530.694.2252 Fax 530.694.2235
AMADOR (03)	Tracy Russell, Director Health and Human Services Agency 1003 Broadway Jackson, CA 95642 Jackie Steele, Manager Eligibility Programs	209.223.6550 Pub 209.223.6241 Pvt 209.223.6579 Fax 209.223.6622 209.223.6208 Fax
BUTTE (04)	Pat Cragar, Welfare Director Department of Social Welfare PO Box 1649	530.538.7572 Pub 530.534.5745 Fax

	Oroville, CA 95965	
CALAVERAS (05)	Terri Beaudreau, Director Calaveras Works & Human Services Agency Government Center 891 Mountain Ranch Road San Andreas, CA 95249-9707 Eligibility Services	209.754.6576 Pub 209.754.6445 Pvt 209.754.6724 Fax 209.754.6440 Pub
COLUSA (06)	Bonnie Marshall, Director Department of Health and Human Services PO Box 370 Colusa, CA 95932 Services & Public Guardian - 24 hours Kay Sharpe, CalWORKs Program Manager	530.458.0250 Pub 530.458.0492 Fax 530.458.0280 530.458.0283
CONTRA COSTA (07)	John Cullen, Director Employment & Human Services Department 40 Douglas Drive Martinez, CA 94553 Wendy Therrian, Director Workforce Services Bureau Bob Sessler, Assistant Director Adult & Aging Services Bureau Marilyn Chan, Executive Secretary	925.313.1500 Pub 925.313.1579 Pvt 925.313.1575 Fax 925.313.1645 C.I. 925.313.1593 925.313.1605 925.313.1577

DEL NORTE (08)	Stephen D. Brohmer, Director Department of Health and Social Services Public Guardian 880 Northcrest Drive Crescent City, CA 95531	707.646.3191 Pub 707.465.1783 Fax
EL DORADO (09)	Glenn Helland, Director Department of Social Services 3057 Briw Road Placerville, CA 95667	530.642.7300 Pub 530.642.7270 Adm 530.642.7271 Pvt 530.626.9060 Fax 530.642.7147 C.I.
FRESNO (10)	David Dent, Director Human Services System 2600 Ventura Street Fresno, CA 93750-0001 Alan Peters, Administrative Services Officer Don Pierce, Director Department of Employment & Temporary Assistance 4455 E. Kings Canyon Road Fresno, CA 93750-0001	559.453.6405 Pub 559.453.6159 Fax 559.453.6404 559.453.6407 559.453.3782 Fax 559.488.1750 C.I. 559.456.7447 I.C.T.
GLENN (11)	Kim W. Gaghagen, Director Human Resource Agency 420 E. Laurel Street PO Box 611 Willows, CA 95988 Christine Cook Applegate, Deputy Director	530.934.6514 Pub/ C.I./I.C.T. 530.934.6521 Fax 530.934.6638 Pvt 530.934.6514

	Social Services Division Becky Hansen, Program Manager CalWORKs/Eligibility	530.934.6514
HUMBOLDT (12)	Phillip R. Crandall, Director Social Services Department 929 Koster Street Eureka, CA 95501 Sid Fauerback, Manager Programs/Eligibility Patrick Quinn, Program Manager Adult/Employment/CalWORKs	707.445.6103/6106 Pub/C.I. 707.441.2096 Fax 707.445.6065 707.445.6096 Fax 707.268.3460 707.445.6110 Fax
IMPERIAL (13)	Jim Semmes, Director Department of Social Services Categorical Aid CalWORKs 2995 South Fourth Street, Suite 102 El Centro, CA 92243	760.337.6800 Pub 760.353.1043 Pvt 760.370.0492 Fax 760.337.5716 Fax 760.353.5900 760.337.5870 Fax
INYO (14)	Susan Holgate, Director Department of Health & Human Services Drawer A Independence, CA 93526	760.878.0247 Pub 760.878.0248 Dir 760.878.0266 Fax
KERN (15)	Kathleen Irvine, Director Department of Human Services 100 E California Avenue, PO Box 511 Bakersfield, CA 93302	661.631.6000 Pub 661.631.6550 Dir 661.631.6631 Fax

	Pat Cheadie, Assistant Director Employment and Financial Services	661.631.6136 661.631.6584 Fax
KINGS (16)	William Gundacker, Director Kings County Government Center 1200 South Drive Hanford, CA 93230 Peggy Montgomery, Deputy Director John Semas, Sr. Program Manager GAIN/Income Maintenance	559.582.3241 Pub Ext. 2202 8:30 am-4:00 pm: 559.584.2749 559.584.4416 SS Fax 559.582.7399 WtW Fax Ext. 2212 Ext. 2270
LAKE (17)	Carol J. Huchingson, Director Department of Social Services PO Box 9000 Lower Lake, CA 95457 Janice Hubbell, Program Manager CalWORKs/Other Public Assistance	707.995.4200 Pub 707.995.4260 Adm 707.995.4294 Fax 707.995.4306 707.995.4204 Fax 707.995.4200 I.C.T.
LASSEN (18)	Thomas Keeffer, Director Department of Health and Human Services 720 Richmond Road PO Box 1359 Susanville, CA 96130 Margaret Crosby, Deputy Director	530.251.8152 Pub 530.251.8370 Fax 530.251.8346
LOS ANGELES (19)	Lynn W. Bayer, Director Department of Public Social Services 12860 Crossroads Parkway South	562.908.8400 Pub 562.908.8383 Pvt 562.908.0459 Fax

	City of Industry, CA 91746-3411	
	Steven J. Golightly, Chief Deputy Director	562.908.8309
	Will M. Stewart, Director Bureau of CalWORKs	562.908.8633
	John O. Murrell, Director Bureau of Administrative Services	562.908.8622
	Joseph F. Guerra, Director Bureau of Health, Adult & Special Need Services	562.908.8655
MADERA (20)	Susan Arteaga, Acting Director Department of Human Services 629 E. Yosemite Avenue Madera, CA 93638	559.675.7841 Pub 559.675.7603 Fax
	720 E. Yosemite Avenue (CalWORKs) Madera, CA 93638	
	PO Box 569 Madera, CA 93639	
	Deputy Director	559.675.7841
	Debbie Williams, Manager CWS/ CMS	559.675.7860
	Pam Hansen, Manager CalWORKs/ START	559.675.7860 559.675.2364

	Jeanne Welton, Manager Eligibility Intake	
MARIN (21)	Nancy Rubin, Director Health and Human Services Department 20 N. San Pedro Road, Suite 2028 San Rafael, CA 94903 Jane Chopson, County Welfare Director Eligibility Program	415.499.6924 Pub 415.499.3791 Fax 415.499.6970 415.499.7005
MARIPOSA (22)	Tom Archer, Director Public Guardian/Conservator Human Services Department PO Box 7 Mariposa, CA 95338 Debbie Smith, Administrator Eligibility Services	209.966.3609 Pub 209.966.2131 Admin 209.966.5943 Fax
MENDOCINO (23)	Alison Glassey, Director Administration 747 South State Street PO Box 1060 Ukiah, CA 95482 Bob Giordano, Deputy Director Employment & Family Assistance Services Financial Assistance Services/ICT PO Box 8508 Ukiah, CA 95482	707.463.7700 Pub 707.463.7733 Pvt 707.463.7804 Fax 707.463.7788 707.463.7846 707.463.7859 Fax

MERCED (24)	Grover Omyer, Director Human Services Agency 2115 West Wardrobe Avenue PO Box 112 Merced, CA 95341 Hub Walsh, Deputy Director Employment and Training/ CalWORKs Scott Pettygrove, Deputy Director Eligibility Services Division	209.385.3000 Pub Ext. 5300 Pvt Ext. 5496 I.C.T. Ext. 5421 M.I. 209.383.6925 Fax Ext. 5600 209.725.3997 Fax Ext. 5450
MODOC (25)	Richard Belarde, Director Department of Social Services 120 North Main Street Alturas, CA 96101	530.233.6501 Pub 530.233.2136 Fax
MONO (26)	Marilyn Berg, Director Main Office: Department of Social Services P.O. Box 576 Bridgeport, CA 93517 Doug Weitz, Deputy Director Mammoth Lakes Office: Department of Social Services P.O. Box 2969 Mammoth Lakes, CA 93546	760.932.7291 Pub 760.932.5275 Fax 760.932.5287 Fax 760.934.3511 Pub 760.934.8012 Pvt 760.934.5431 Fax

	Julie Timerman, Program Manager CalWORKs, Food Stamps, Medi-Cal, CMSP, GA, SAWS	
MONTEREY (27)	Marie A. Glavin, Director Social Services Deaprtment 1000 South Main Street, Suite 209-A Salinas, CA 93901 Marilyn Clark, Assistant Director CalWORKs Benefits & Employment Services Helen Shaw, Deputy Director CalWORKs Benefits & Employment Services	831.755.4400 Pub 831.755.4434 Pvt 831.755.8477 Fax 831.755.4402 831.755.4403
NAPA (28)	Terry Longoria, Director Health and Human Services Agency 2261 Elm Street Napa, CA 94559-3721 Jim Featherstone, Assistant Director Edwin Rivera, Public Assistance	707.253.4279 Pub 707.253.4678 Pvt 707.253.6172 Fax 707.253.4511 I.C.T. 707.253.4219 707.259.8134
NEVADA (29)	Phyllis Murdock, Agency Director Human Services Agency P.O. Box 1210 Nevada City, CA 95959 Director, Adult and Senior Services	530.265.1340 Pub 530.265.1659 Pvt 530.265.7120 Fax 530.265.1410 Pvt
ORANGE (30)	Larry Leaman, Director Social Services Agency 888 North Main Street	714.541.7700 Pub 714.541.7707 Pvt 714.245.6282 Pvt Fax

	Santa Ana, CA 92701	714.435.4626 C.I.
	Robert Griffith, Chief Deputy and Director, Administration	714.541.7783
	Angelo Doti, Director Family Self Sufficiency	714.541.7773
	Frederick A. Branca, Director, Adult Services and Assistance Programs	714.541.7776
	June Marcott, Deputy Director, Adult Assistance Programs, Operations	714.541.7725
PLACER (31)	Raymond J. Merz, Director Health and Human Services 11484 B Avenue Auburn, CA 95603	530.889.7610 Pub 530.889.7120 Pvt 530.889.7128 Fax
	Human Services Division (Welfare) Cindy Woodyard, Director Client Services 11519 B Avenue Auburn, CA 95603	530.889.7620 Pub 530.889.7146 Pvt 530.889.6826 Fax
	Intercounty Transfers/Master File	530.889.7613 Pub 530.889.6826
PLUMAS (32)	Elliot Smart, Director Department of Social Services and Public Guardian 270 County Hospital Road, Suite 207 Quincy, CA 95971	530.283.6350 Pub 530.283.6463 Pvt 530.283.6368 Fax
	Colleen Keller, Program Manager, Self-Sufficiency Division	530.283.6474 Pvt

RIVERSIDE (33)	Dennis J. Boyle, Director	909.358.3000 Pub 909.358.3005 Pvt
	Department of Public Social Services Administrative Office 4060 County Circle Drive Riverside, CA 92503	909.358.3300 C.I. 909.358.3036 Fax
	Ronald G. Merrill, Assistant DirectorTemporary Assistance and Medi-Cal	909.358.3333 909.275.6400 I.C.T.
SACRAMENTO (34)	Penelope Clarke, Administrator Public Protection and Human Service Agency 700 H Street, #7650 Sacramento, CA 95814-1280	916.874.2072 Pub 916.874.5886 Pvt 916.874.5885 Fax
	Cheryl S. Davis, Director Department of Human Assistance 2433 Marconi Avenue Sacramento, CA 95821	916.875.3601 Pub 916.875.3611 Pvt 916.875.3591 Fax
	Jane Rasmussen, Deputy Director Employment & Supportive Services	916.875.3520
	Intercounty Transfers P.O. Box 487 Sacramento, CA 95812	916.874.2483 C.I. 916.874.2072: Information Line
SAN BENITO (35)	Marilyn Coppola, Director 1111 San Felipe Road #206 Hollister, CA 95023	831.636.4180 Pub/C.I. 831.637.9754 Fax
		831.636.4180

	Roberta Johnson, Deputy Director, Eligibility	
SAN BERNARDINO (36)	John F. Michaelson, Director/ACA Administrative Office 385 North Arrowhead Avenue, 5th floor San Bernardino, CA 92415-0128 Human Services System Administration 150 So. Lena Road San Bernardino, CA 92415-0515 Carol L. Anselmi, Director Transitional Assistance Department	909.387.5040 Pub/ C.I./C.T. 909.387.4764 Pvt 909.387.3081 Fax 909.388.0245 909.388.0233 Fax
SAN DIEGO (37)	Robert K. Ross, M.D., Director Health and Human Services Agency 1700 Pacific Highway, MS P-501 San Diego, CA 92101-7439 Public Assistance Information Public Information Unit	619.515.6555 Pub 619.515.6556 Fax 858.514.6920 Pub 858.514.6921 Pvt 858.514.6885
SAN FRANCISCO (38)	Trent Rhorer, Executive Director City and County of San Francisco Department of Human Services P.O. Box 7988 San Francisco, CA 94120 General Information CalWORKs	415.557.6541 Pub 415.431.9270 Fax 415.557.5000 415.557.5721

	County Adult Assistance Programs (CAAP) Central Index/Active Cases Food Stamps In-Home Supportive Services/Adult Protective Services Medi-Cal	(833) 879-1365 415.557.5988 415.557.1158 415.557.5579 415.863.9892
SAN JOAQUIN (39)	John Vera, Director Human Services Agency P.O. Box 201056 102 S. San Joaquin Street Stockton, CA 95201-3006 Joseph Chelli Aging and Adult Programs, Community Svcs. Bobbie Fasano, Deputy Director, CalWORKs	209.468.1000 Pub 209.468.1650 Pvt 209.468.1421 ICT 209.468.1985 Fax 209.468.1554 209.468.9400
SAN LUIS OBISPO (40)	Debby Jeter, Acting Director Social Services Department 3433 South Higuera P.O. Box 8119 San Luis Obispo, CA 93403-8119 Susan Fuller, Principal Division Manager CalWORKs Participant and Adult Services	805.781.1600 Pub 805.781.1825 Adm 805.781.1846 Fax

SAN MATEO (41)	Maureen D. Borland, Director Human Services Agency 400 Harbor Boulevard Belmont, CA 94002 Bob Schwab, Manager Employment and Training Policy John Joy, Director, Financial Services 2500 Middlefield Road Redwood City, CA 94063	650.595.7500 Pub 650.595.7555 Direct 650.595.7516 Fax 650.802.5197 650.802.5173 Fax 650.802.5157 650.595.7516 Fax
SANTA BARBARA (42)	Charlene Chase, Director Social Services Department 234 Camino del Remedio Santa Barbara, CA 93110 Kathy Gallagher, Deputy Director Income Maintenance and Adult Services 2125 South Centerpointe Parkway Santa Maria, CA 93454 Edna Terrell, Deputy Director, CalWORKs	805.681.4400 Pub 805.681.4451 Pvt 805.681.4403 Fax 805.346.7101 805.681.4485
SANTA CLARA (43)	Yolanda Lenier Rinaldo, Agency Director Social Services Agency 1725 Technology Drive San Jose, CA 95110-1360 Assistance Application Center 1919 Senter Road San Jose, CA 95113	408.441.5100 Pub/CI 408.441.5777 Pvt 408.436.1337 Fax 408.271.5600 408.295.9177 ICT/Fax 408.441.5826

		408.441.7237 Fax
	Slette Lundeberg, Administrator Employment and Benefits Services	
SANTA CRUZ (44)	Cecilia Espinola, Administrator Human Resources Agency 1000 Emeline Avenue Santa Cruz, CA 95060	831.454.4045 Pub 831.454.4150 CI 831.454.4642 Fax
	Lynn Miller, Division Director Benefits Division (Health Insurance Programs, Temporary Assistance Services, and Immigrant Services)	831.454.4189
	Vacant, Division Director, Career Works (Employment & Training Services, CalWORKs, JTPA/WIA, Child Care)	831.454.4080
SHASTA (45)	Dennis McFall, Director/Public Guardian Department of Social Services P.O. Box 496005 Redding, CA 96049-6005	530.225.5777 Pub 530.225.5704 Pvt 530.225.5361 Fax 530.225.5613 CI
	Robert G. Creighton, Deputy Director Personnel/Social Services Programs	530.225.5509 530.335.5750
	Mary Downey, Prog. Manager, CalWORKs	530.225.5087 Fax 530.225.5733
	Steve Grimm, Program Manager, CalWORKs	530.225.5087 Fax 530.225.5033
	Linda Barba, Program Manager, CalWORKs	530.225.5417 Fax

SIERRA (46)	Klaus Ludwig, Director Department of Human Services P.O. Box 1019Loyalton, CA 96118 Lori Wright, Eligibility Supervisor	530.993.6720 Pub 530.993.6741 Fax
SISKIYOU (47)	Sher Huss, Director Human Services Department 818 South Main Street Yreka, CA 96097 Nadine Della Bitta, Program Manager Employment & Temporary Assistance Svcs.	530.841.2761 Pvt 530.841.2790 Pvt Fax 530.841.2700 Pub 530.841.2791 Fax 530.841.2750 Pvt
SOLANO (48)	Donald R. Rowe, Director Health and Social Services Department P.O. Box 4090/MS 3-220 Fairfield, CA 94533-0677 Vicki Sparks, Deputy Director, Eligibility Rose Mary Lewis, Deputy Director Employment Services	707.421.6643 Pvt 707.421.3207 Fax 707.421.6046 707.421.6097 Fax 707.553.5173 707.553.5514 Fax
SONOMA (49)	Dianne M. Edwards, Director Human Services Department 1421 Guerneville Road P.O. Box 1539 Santa Rosa, CA 95402-1539 Linda Kalenik, Director, Economic Assistance	707.565.2715 Pub 707.565.5900 Pvt 707.565.5890 Fax 707.565.2889 CT 707.565.5301 707.565.5353 Fax

	Jerry Dunn, Director Employment and Training Services	707.565.5550 707.565.5655 Fax
STANISLAUS (50)	Jeff Jue, Director Community Services Agency 251 E. Hackett Road P.O. Box 42 Modesto, CA 95353-0042 Gerry Caviness, Assistant Director StanWORKS Division Caseworker ID	209.558.2500 Adm 209.558.2558 Fax 209.558.2500 209.558.2777
SUTTER (51)	Edward A. Fischer, Welfare Director Assistant Director – Human Services Welfare and Social Services Division P.O. Box 1535 Yuba City, CA 95992 Myrnice Valentine, Program Manager Administration/Employment Services Donna Van Meter, Program Manager Income Maintenance	530.822.7230 Pub 530.822.7238 Pvt 530.822.7255 Fax 530.822.2312 530.822.7255 Fax 530.822.7230 x210 530.822.7212 Fax
TEHAMA (52)	Del R. Skillman, Director Department of Social Services P.O. Box 1515 22840 Antelope Boulevard Red Bluff, CA 96080 	530.527.1911 Pub/ ICT/CI 530.527.4078 Pvt 530.527.5410 Fax 530.528.4081 Pvt

	Diane Lieberenz, Program Manager Income Maintenance Bill Snelson, Program Manager Adult Services and Employment Services	530.528.4028 Pvt
TRINITY (53)	Linda Wright, Director Health and Human Services Agency 1 Industrial Parkway P.O. Box 1470 Weaverville, CA 96093-1470 CalWORKs/Eligibility Employment Services Section	530.623.1265 Pub/Cl 530.623.1425 Pvt Fax 530.623.1250 Fax 530.623.1265 Pub 530.623.1499 Pub
TULARE (54)	Ronald Probasco, Agency Director Health and Human Services Agency 5957 South Mooney Boulevard Visalia, CA 93277 David Crawford, Division Manager TulareWORKs/Eligibility	559.737.4686 Pub 559.737.4660 x2111
TUOLUMNE (55)	Kent Skellenger, HAS Director Welfare director, Public Guardian Human Services Agency Social Services Department 20075 Cedar Road North Sonora, CA 95370 Sharon Minor, Program Manager Income Maintenance	209.533.5711 Pub 209.533.5716 Pvt 209.533.5714 Fax 209.533.5715
VENTURA	Barbara Fitzgerald, Director	805.652.7602

(56)	Human Services Agency 505 Poli Street Ventura, CA 93001 Helen Reburn, Director Transitional Assistance/Adult Services	805.652.7571 Fax 805.652.7662
YOLO (57)	Meg Sheldon, Director Dept. of Employment & Employment Svcs. 120 West Main Street Woodland, CA 95695 Alex Laiewski, Director, Employment Svcs. Renee Craig, Deputy Director Income Maintenance, Staff Development	530.661.2750 Pub 530.661.2757 Pvt 530.661.2847 Fax 530.661.2750 ICT 530.661.2934 530.661.2759
YUBA (58)	Mike Noda, Director Human Services Agency P.O. Box 2320 6000 Lindhurst Avenue #504 Marysville, CA 95901 Chris Adams, Program Manager Income Maintenance Department Barbara Miles, Program Manager Employment Services Department	530.749.6311 Pub 530.749.6271 Pvt 530.749.6281 Fax 530.749.6274 Pvt 530.749.6287 Pvt

99-7.1: County Welfare Departments (Quick Reference)

County	Telephone	County	Telephone
[01] Alameda	(510) 268-2100	[30] Orange	(714) 541-7700
[02] Alpine	(530) 694-2235	[31] Placer	(530) 889-7610
[03] Amador	(209) 223-6550	[32] Plumas	(530) 283-6350
[04] Butte	(530) 879-3479	[33] Riverside	(909) 358-3000
[05] Calaveras	(209) 754-6452	[34] Sacramento	(916) 874-2072
[06] Colusa	(530) 458-0250	[35] San Benito	(831) 637-5336
[07] Contra Costa	(925) 313-1500	[36] San Bernardino	(909) 387-5040
[08] Del Norte	(707) 464-3191	[37] San Diego	(619) 515-6555
[09] El Dorado	(530) 642-7300	[38] San Francisco	(415) 557-6541
[10] Fresno	(209) 488-1750	[39] San Joaquin	(209) 468-1000
[11] Glenn	(530) 934-6514	[40] Sn Luis Obispo	(805) 781-1600
[12] Humboldt	(707) 445-6103	[41] San Mateo	(650) 595-7500
[13] Imperial	(760) 337-6800	[42] Santa Barbara	(805) 681-4400
[14] Inyo	(760) 878-0247	[43] Santa Clara	(408) 441-5100
[15] Kern	(805) 631-6000	[44] Santa Cruz	(831) 454-4045
[16] Kings	(209) 582-3241	[45] Shasta	(530) 225-5777
[17] Lake	(707) 995-4200	[46] Sierra	(530) 993-6720
[18] Lassen	(530) 251-8152	[47] Siskiyou	(530) 841-2700
[19] Los Angeles	(562) 908-8400	[48] Solano	(707) 553-5311
[20] Madera	(559) 675-7841	[49] Sonoma	(707) 527-2715
[21] Marin	(415) 499-6924	[50] Stanislaus	(209) 558-2000
[22] Mariposa	(209) 966-3609	[51] Sutter	(530) 822-7230
[23] Mendocino	(707) 463-7700	[52] Tehama	(530) 527-1911
[24] Merced	(209) 385-3000	[53] Trinity	(530) 623-1265
[25] Modoc	(530) 233-6501	[54] Tulare	(209) 737-4686
[26] Mono	(760) 932-7291	[55] Tuolumne	(209) 533-5711
[27] Monterey	(831) 755-4400	[56] Ventura	(805) 652-7601
[28] Napa	(707) 253-4279	[57] Yolo	(530) 661-2750
	(530) 265-1340	[58] Yuba	(530) 749-6311

[29] Nevada City			

99-7.2: State Welfare Departments Telephone Listing

STATE	Description and Telephone Listing
Alabama	Dept. of Human Resources Administered by 67 County Departments of Human Resources **No G.A.** **Dept. of Human Resources: 1 (334) 242-1310**
Alaska	Dept. of Health and Social Services Administered by 16 District Offices G.A. is State funded. **Dept. of Health/Soc.Svcs: 1 (907) 465-3030**
American Samoa	Dept. of Human and Social Services **No welfare.** **Dept. of Human/Soc. Svcs: 011-684-633-2696**
Arizona	Dept. of Economic Security 6 District Offices G.A. is State funded. **Dept. of Economic Security: 1 (602) 542-9935**
Arkansas	Dept. of Human Services Division of County Operations 79 County offices. No G.A. **Dept. of Human Services: 1 (501) 682-1001**
California	Check County listings in Secs. 99-7 & 99-7.1
Colorado	Dept. of Human Services 63 County Departments G.A. is locally funded. **Dept. of Human Services: 1 (303) 866-5700**
Delaware	Dept. of Health and Social Services Division of Social Services

	G.A. is State administered. **Division of Social Svcs: 1 (302) 577-4400**
District Of Columbia	Dept. of Human Services Commission on Social Services Income Maintenance Administration No G.A. **Dept. of Human Services: 1 (202) 279-6000** **Income Maintenance Admin: 1 (202) 698-3900**
Florida	Dept. of Children and Families Economic Self-Suffieciency Program For G.A. - check County Welfare Agencies or Public Welfare Directory **Dept. of Children/Families: 1 (850) 487-1111**
Georgia	Dept. of Human Resources G.A. is currently provided by only 19 counties and is locally funded. **Dept. of Human Resources: 1 (404) 651-6314**
Guam	Dept. of Public Health and Social Services Division of Public Welfare G.A. is Territorially funded. **Dept. Pub. Health/Soc.Svcs: 1 (671) 735-7399**
Hawaii	Dept. of Human Services Benefits, Employment and Support Svcs. Division G.A. is State funded. **Benefits, Emp. & Supp.Svcs: 1 (808) 586-5230**
Idaho	Dept. of Health and Welfare Division of Welfare No G.A. **Dept. of Health/Welfare: 1 (208) 334-5500** **Division of Welfare: 1 (208) 334-5816**
Illinois	Dept. of Human Services Dept. of Public Aid G.A. is State funded/locally administered.

	Dept. of Public Aid: 1-(217) 782-1200
Indiana	Indiana Family and Social Services Administration G.A. is administered by Township Trustees without State supervision and is locally funded. **Family/Soc. Svcs Admin: 1 (317) 233-4452**
Iowa	Dept. of Human Services G.A. is administered by each of the 99 county boards of social welfare. **Dept. of Human Services: 1 (515) 281-3147**
Kansas	Dept. of Social and Rehabilitation Services Economic and Employment Support Commission G.A. is State-funded. **Dept. Social/Rehab Svcs: 1 (785) 296-3959**
Kentucky	Cabinet for Families and Children (5 units) G.A. is locally funded by, and at the discretion of, the 120 counties. **Cabinet Families/Children: 1 (502) 564-7130**
Louisiana	Dept. of Social Services No G.A. - New Orleans Dept. of Public Welfare provides limited assistance to needy unemployed. **Dept. of Social Services: 1 (225) 922-3000**
Maine	Dept. of Human Services Bureau of Family Independence G.A. is State and locally funded. **Bureau Family Independence: 1 (207) 287-2826**
Maryland	Dept. of Human Resources G.A. is State and locally funded. **Dept. of Human Resources: 1 (800) 332-6347**
Massachusetts	Dept. of Health and Human Services Dept. of Transitional Assistance G.A. is State funded. **Dept. Transitional Assist: 1 (617) 348-8500**

Michigan	Family Independence Agency G.A. was State-funded until 10/91. No G.A. currently. **Family Independence Agency: 1 (517) 373-2035**
Minnesota	Dept. of Human Services Economic and Community Support Strategies G.A. is State and County funded. **Economic/Community Support: 1 (651) 296-1834**
Mississippi	Dept. of Human Services Division of Economic Assistance G.A. is left to the discretion of the Board of Supervisors in each county. **Div. Economic Assistance: 1 (601) 359-4800**
Missouri	Dept. of Social Services Division of Family Services 115 County offices No G.A. **Div. of Family Services: 1 (573) 751-3221**
Montana	Dept. of Public Health and Human Services Community Services Division G.A. is State or County funded. **Dept. Pub. Health/Human Svcs: 1 (406) 444-5622** **Community Svcs. Division: 1 (406) 444-1788**
Nebraska	Health and Human Services System 6 service areas. G.A. is County funded. **Health and Human Services: 1 (800) 254-4202**
Nevada	Dept. of Human Resources: 1 (775) 687-4730 Welfare Division: 1 (775) 687-4128 G.A. is locally funded. **Las Vegas: 1 (702) 486-5000**

New Hampshire	Dept. of Health and Human Services 12 District offices G.A. is locally funded. **Dept. Health/Human Svcs: 1 (603) 224-5000**
New Jersey	Dept. of Human Services Division of Family Development G.A. is State and locally funded, administered by 567 Municipal Welfare Departments. **Dept. of Human Services: 1 (609) 292-5235** **Div. Family Development: 1 (609) 588-2000**
New Mexico	Human Services Department Income Support Division G.A. is state funded. **Income Support Division: 1 (505) 827-7250**
New York	Dept. of Family Assistance Office of Temporary and Disability Assistance 58 local Departments. G.A., or Safety Net, is State and locally funded. **Dept. Family Assistance: 1 (800) 342-3009**
North Carolina	Dept. Health and Human Services Division of Social Services G.A. is County funded and offered at the option of each county. **Division of Social Svcs: 1 (919) 733-3055** **Dept. Health/Human Svcs: 1 (919) 733-4534**
North Dakota	Dept. of Human Services G.A. is State and locally funded, administered by County Social Service Boards. **Dept. of Human Services: 1 (701) 328-2310** **Toll free number: 1 (800) 472-2622**
Ohio	Dept. of Human Services 88 County offices No G.A. - disability assistance only

	Dept. of Human Services: 1 (614) 466-6282
Oklahoma	Dept. of Human Services No G.A. **Dept. of Human Services: 1 (405) 521-3646**
Oregon	Family Independence Agency G.A. was State-funded until 10/91. No G.A. currently. **Family Independence Agency: 1 (517) 373-2035**
Pennsylvania	Dept. of Public Welfare Office of Income Maintenance G.A. is State funded and administered through County Assistance offices. **Dept. of Public Welfare: 1 (717) 787-2600** **Office Income Maintenance: 1 (717) 787-1894**
Puerto Rico	Dept. of The Family G.A. is funded by the Commonwealth. **Dept. of The Family: 1 (809) 722-7400**
Rhode Island	Dept. of Human Services Division of Management Services G.A. is State funded, administered by District offices. **Dept. of Human Services: 1 (401) 464-1000**
South Carolina	Dept. of Social Services G.A. is State funded, administered by County Departments. **Dept. of Social Services: 1 (803) 898-7602**
South Dakota	Dept. of Social Services G.A. is County funded, administered by the Board of County Commissioners. **Dept. of Social Services: 1 (605) 773-3165** **Social Services Info: 1 (605) 773-3609**
Tennessee	Dept. of Human Services 95 County offices

	G.A. is funded by County governments or their agents. Most counties have no G.A. **Dept. of Human Services: 1 (615) 313-4700**
Texas	Dept. of Human Services G.A. is provided by County Commissioners' Courts or City/County welfare departments. where available. **Dept. of Human Services: 1 (512) 438-3011**
Utah	Dept. of Workforce Services G.A. is State funded. **Dept. of Workforce Svcs: 1 (801) 536-7000**
Vermont	Agency of Human Services Dept. of Social Welfare G.A. is State funded. **Dept. of Social Welfare: 1 (800) 287-0589 or 1 (802) 241-2800**
Virginia	Dept. of Social Services Division of Family Services General Relief is State and locally funded. **Div. of Family Services: 1 (804) 692-1201**
Virgin Islands	Dept. of Human Services Division of Financial Programs G.A. is Territorially funded. **Dept. of Human Services: 1 (340) 774-0930** **Div. of Financial Services: 1 (340) 774-7125**
Washington	Dept. of Social and Health Services G.A. is State funded, administered by Community Service offices. **Dept. of Social/Health Svcs: 1 (800) 737-0617** **Community Services HQ: 1 (800) 865-7801**
West Virginia	Dept. of Health and Human Resources No G.A. **Dept. Health/Human Res: 1 (304) 558-0684**
Wisconsin	Dept. of Health and Family Services

	Dept. of Workforce Development G.A. is administered without state supervision by County Social/ Human Services departments and is County funded. **Dept. Health/Family Svcs: 1 (608) 266-1865** **Dept. Workforce Development: 1 (608) 266-3131**
Wyoming	Dept. of Family Services No G.A. - discontinued 7/1/92 **Dept. of Family Services: 1 (307) 777-7564**

99-8: Mail Drop Addresses

The following mail drop addresses **may not be used** by any client **as a residence address**. However, they may be used —for mail purposes only—by clients claiming homelessness, by individuals who have provided appropriate verification of mail delivery problems, and individuals who reside at North Beach Citizens.

ADDRESS	MAIL SERVICE NAME & PHONE NUMBER
350 **BAY** ST STE 3 SF 94133	POSTAL ANNEX 772-9022
268 **BUSH** ST SF 94104	MAIL BOXES
1550 **CALIFORNIA** ST SF 94109	SECURITY MAIL BOXES 775-6245
519 **CASTRO** ST SF 94114	GRAND CENTRAL ANS SERVICE 626-1118
584 **CASTRO** ST SF 94114	P.O PLUS 864-5888
2269 **CHESTNUT** ST SF 94123	MAILBOX SERVICE 922-4500
858 **COLE** ST SF 94117	VIDEO NOOK 731-6265
915 **COLE** ST SF 94117	POSTAL CHASE 566-9777
817 **COLUMBUS** AVE SF 94133	SF STAR INC.
2912 **DIAMOND** SF 94131	GLEN PARK MAIL DEPOT 586-1000
2966 **DIAMOND** ST SF 94131	P.O PLUS
5214 **DIAMOND HEIGHTS** BLVD STE F SF 94131	MAILHOUSE PLUS
1347 **DIVISADERO** ST SF 94115	THE CARBON ALTERNATIVE
1459 **EIGHTEENTH** ST SF 94107	POTERERO MAIL N MORE
24 **ELLIS** ST SF 94102	THE HOME OFFICE
1040 **FERRY** BLDG SF 94111	FERRY PLZ BUSINESS SERVICE 362-0702
842 **FOLSOM** ST SF 94107	POTRERO MAIL N MORE

1072 **FOLSOM** ST SF 94103	AT & T CENTER 252-1496
ADDRESS	**MAIL SERVICE NAME & PHONE NUMBER**
1074 **FOLSOM** ST SF 94103	SF MAILING SERVICE
244 **FOURTH** AVE SF 94118	POSTAL PLACE
740A **FOURTEENTH** ST SF 94114	ANN'S MAIL BOX SHOP 431-4261
3145 **GEARY** BLVD SF 94118	MAIL BOXES ETC
1044 **GRANT** AVE SF 94133	SF STAR INC. 397-9708
1230 **GRANT** AVE SF 94133	MAILBOX BOUTIQUE
1230A **GRANT** AVE SF 94133	SF STAR INC.
1388 **HAIGHT** ST SF 94117	INSTAMAIL POSTAL SERVICE 621-0975
1827 **HAIGHT** ST SF 94117	HAIGHT STREET MAIL 221-3400
1 **HALLIDIE** PLZ 701 SF 94102	THE HOME OFFICE 391-8240
610 **IRVING** ST SF 94112	UNITED MAIL BOXES
904 **IRVING** ST SF 94122	UNITED MAIL BOXES
1032 **IRVING** ST SF 94122	MAILBOX SERVICE 665-3000
1932 **IRVING** ST SF 94122	IRVING LAUNDRY WORLD 665-0911
537 **JONES** ST SF 94102	CONT MAIL SERVICE 885-8555
309 **JUDAH** ST SF 94122	UNITED MAIL BOXES
433 **KEARNY** ST SF 94108	MAIL BOXES ETC
750 **LA PLAYA** ST SF 94121	MAIL BOXES ETC USA 384-4450
3649 **LAWTON** ST SF 94122	EL PORTAL 655-3102

760 **MARKET** ST STE 315 SF 94102	SECRETARY SERVICE 781-8390
1101 **MARKET** ST SF 94103	SF MAILING SERVICE

ADDRESS	MAIL SERVICE NAME & PHONE NUMBER
1105 **MARKET** ST SF 94103	ANY KIND CHECK CASHING 8 61-2751
1182B **MARKET** ST SF 94102	MAIL CALL SERVICE 621-4344
1230 **MARKET** ST SF 94102	THE HOME OFFICE 621-1991
1275 **MARKET** ST STE 1300 SF 94103	EXECUTIVE CONNECTION 394-6700
2261 **MARKET** ST SF 94114	MAIL CCSS 626-2575
2300 **MARKET** ST SF 94114	CHECK X CHANGE 861-1991
2336 **MARKET** ST SF 94114	THE CARBON ALTERNATIVE
109 **MINNA** ST LBBY SF 94105	MAIL BOX SERVICE 777-4569
564 **MISSION** ST SF 94105	MAIL BOX SERVICE 495-6963
2300 **MISSION** ST SF 94110	C & C CHECKS CASHING 285-5794
2886 **MISSION** ST SF 94110	MAIL SERVICE EXPRESS
2922 **MISSION** ST SF 94110	MISSION WASH CLUB
3311 **MISSION** ST SF 94110	EL DORADO TRAVEL MAILBOX 826-4025
44 **MONTGOMERY** ST STE 500 SF 94104	HEADQUARTERS COMPANIES
220 **MONTGOMERY** ST STE GRD SF 94104	MAIL BOX ETC.
220 **NINTH** ST SF 94103	SF MAILING SERVICE
2547 **NORIEGA** ST SF 94122	UNITED MAIL BOXES 664-9872

1716 **OCEAN** AVE SF 94112	ED'S MAIL BOX C/S #24
110 **PACIFIC** AVE SF 94111	MAIL BOXES SERVICE 942-0271
827 **PACIFIC** AVE SF 94133	PACIFIC POSTAL BOX SU 391-8278

ADDRESS	MAIL SERVICE NAME & PHONE NUMBER
1001 **PAGE** ST SF 94117	MICHAEL'S PIT SHOP 864-6811
1630 **POLK** ST STE 2 SF 94109	POST OFFCIE EXPRESS
2040 **POLK** ST SF 94109	MAIL BOXES ETC 441-4954
633 **POST** ST SF 94109	SF MAIL BOX RENTAL 673-6053
1255 **POST** ST STE 625 SF 94109	RED CARPET SUITE 561-9400
3315 **SACRAMENTO** ST SF 94118	MAIL BOXES ETC
2440 **SIXTEENTH** ST SF 94103	AAA ATTIC SELF STORAGE
41 **SUTTER** ST SF 94104	MAIL BOX SERVICE
1450 **SUTTER** ST SF 94109	MAIL PLUS
450 **TARAVAL** ST SF 94116	DRAGON INSTANT PRINTING 566-0585
2022 **TARAVAL** ST SF 94116	FOGHORN PRESS
2022 **TARAVAL** ST SF 94116	TARAVAL POST 566-5511
474 **THIRD** ST SF 94107	MAZ GROCER 392-8353
370 **TURK** ST SF 94102	FORT KNOX BOXES 775-1195
3288 **TWENTY-FIRST** ST SF 94110	THE MAIL CARRIER 648-4602
3150 **TWENTY-SECOND** ST SF 94110	CHECKS INTERNATIONAL 206-9246

1592 **UNION** ST SF 94123	THE POST BOX
1850 **UNION** ST SF 94123	EAGLE MAILBOX 921-2834
601 **VAN NESS** AAVE STE E SF 94102	MAIL BOXES ETC 775-6644
201 **W. PORTAL** AVE SF 94127	SUN PHOTO & VIDEO
236 **W. PORTAL** AVE SF 94127	MAIL BOXES ETC 665-5085

ADDRESS	**MAIL SERVICE NAME & PHONE NUMBER**
1034 Kearny St SF 94133	NORTH BEACH CITIZENS 772-0918

99-11: Special/Treatment Programs

(Revised as of 06/24/25)

Employable participants in the special/treatment programs listed here are exempt from employability requirements; programs not listed here are not exempt from such requirements. Continuing participation in these programs must be verified. Refer to Section 95-5: Employables in Special/Treatment Programs .

Special/Treatment Programs Without Assigned CAAP Specialized Workers

Institution Name, Address, and Telephone Number	Type of Program Service Provided
Alcoholics Rehabilitation Association (ARA) First Step Home 415.863.3661	Licensed non-profit halfway house alcohol recovery home. Participants have already completed a treatment program.
Cameo House 415.703.0600	Alternative sentencing program for homeless, formerly incarcerated parenting or pregnant women and their children. Provides supportive services and reunification for women with up to 2 children. Staff serves as a multi-disciplinary team, supporting families in building skills in areas such as: parent and child attachment, stress management, anger management, economic self-sufficiency, educational and vocational attainment.
Community Housing Partnership 415.929.2470	Non-profit housing developer. Permanent single room occupancy. Rent=30% of income. Vocational training in construction, building maintenance & management. Assist clients in gaining work skills and finding employment.
Drug Court Treatment Center 415.575.6407	Alternative to incarceration for individuals arrested for felony drug possession, and substance abuse-related charges.
Episcopal Community Services (ECS) 415.487.3773	Houses clients by referrals. Formerly homeless.
Fr. Alfred Center of St. Anthony Foundation 415.592.2880	Residential drug & alcohol treatment (6 months). Rent = 1/3 income.
Iris Center Women's Counseling & Recovery Services 415.864.2364	Recovery center for any substance abuse and mental health problems for women of all ages. Outpatient program.
Latino Commission 650.244.1444	

Casa Quetzal **Casa Aviva**	Substance abuse program for men only. Minimum age: 18 years. In-patient. Substance abuse program for women only. In-patient.
Lee Woodward Counseling Center for Women (LWCC) 415.776.1001 https://www.healthright360.org/program/lee-woodward-counseling-center-women-lwcc	Outpatient: Substance abuse and mental health treatment for women only. Will need to provide separate verification for residency.
Ohlhoff Men's Residential Program 415.621.4388 http://www.ohlhoff.org	Inpatient (Residential)/outpatient recovery programs for men. They offer a six-month residential program (in which clients are required to work for pay or volunteer), and a 30-day intensive program (for people not ready for employment; daily counseling mandatory). Some services are available to women (counseling); however, there is no residential program for women.
Project Ninety, Inc 650.579.7881 http://www.projectninety.org	Residential program for drug and alcohol abuse. Activities include, but are not limited to, 12 step meetings, focused step work, face to face counseling, physical activities, therapy, anger management and literacy. Project Ninety may charge clients to cover part of the program costs.
Safe House for Women Leaving Prostitution **SF Network Ministries Housing Corporation** 415.928.6209 Contact: Susie Wong	Residential program for homeless women who are trying to escape prostitution. Counseling, prevention, recovery group, case management. Limit of 10 women at a time. Single women only (no children).
Sheriff's Department's Alternative Program--S.W.A.P., 5-Keys Charter School, NOVA (inc. Positive Direction), Women's Resource Center 415.553.1458	Additional programs require approval of Administration Manager.

Swords to Plowshares 415.834.0341	All residential programs and pre-treatment 28-day program, VA- or HUD-funded primary or transitional program and all work incentive programs.
A Woman's Place 415.487.2140	Transitional/Substance abuse program.

Special/Treatment Programs With Assigned CAAP Specialized Workers

Institution Name, Address and Telephone Number	Unit Responsible
BAKER PLACES	
Hummingbird Place - Potrero 887 Potrero Avenue SF, CA 94110 415.206.2855	Served by Halfway House Intake Served by Carrying
Hummingbird Place - Valencia 1156 Valencia Street Avenue SF, CA 94103 415.329.2005	Served by Halfway House Intake Served by Carrying
Baker Places 730 Baker Street SF, CA 94115 415.567.1498 bcouture@bakerplaces.org	Served by Halfway House Intake Served by Carrying
Ferguson House 1249 Scott Street SF, CA 94115 415.922.9114	Served by Halfway House Intake Served by Carrying
Grove Street House 2157 Grove Street SF, CA 94117 415.387.2275	Served by Halfway House Intake Served by Carrying
Leland House	Served by Halfway House Intake

141 Leland Avenue SF, CA 94134 415.508.3987	Served by Carrying
Odyssey Street House 484 Oak Street SF, CA 94102 415.626.5199	Served by Halfway House Intake Served by Carrying
Robertson Place 921 Lincoln Way SF, CA 94122 415.664.4876 415.664.1414	Served by Halfway House Intake Served by Carrying
San Jose Place 673 San Jose Avenue SF, CA 94110 415.282.3789	Served by Halfway House Intake Served by Carrying
AILP (Assisted Independent Living Program) 637 Norton St SF, CA 94112 552 London St, SF, CA 94112 599 Naples St, SF, CA 94112 595 Naples St, SF, CA 94112 12 Somerset St, SF, CA 94134 14 Somerset St SF, CA 94134 583A London St, SF, CA 94112 552A London St, SF, CA 94112 303 Seneca Ave, SF, CA 94112 250 Tingley St, SF, CA 94112 252 Tingley St, SF, CA 94112 623 York St, SF, CA 94110 674 Hayes St, SF, CA 94102 672 Hayes St, SF, CA 94102	Served by Halfway House Intake Served by Carrying

BSLP (Baker Supported Living Program) 1765 Page St, SF, CA 94117 1763 Page St, SF, CA 94117 1761 Page St, SF, CA 94117 15 Stanley St, SF, CA 94132 2250 32nd Ave, SF, CA 94116 583B London St, SF, CA 94112 214 Dolores St, SF, CA 94103	Served by Halfway House Intake Served by Carrying
CONARD HOUSE HOTEL PROGRAM— (CHHP) PO Box 410466 SF, CA	
Aarti Hotel 391 Leavenworth Street SF, CA 94102 415.775.9361	Served by Halfway House Intake Served by Carrying
Conard House 2441 Jackson Street SF, CA 94115 415.346.6380 admin@conard.org	Served by Halfway House Intake Served by Carrying
Soma-Canon Kip Hotel 705 Natoma Street SF, CA 94103 415.836.1731	Served by Halfway House Intake Served by Carrying
Hotel Dolores 35 Woodward Street SF, CA 94103 415.431.9485	Served by Halfway House Intake Served by Carrying
El Dorado Hotel 150 9th Street SF, CA 94103 415.863.4582	Served by Halfway House Intake Served by Carrying

Lyric Hotel 140 Jones Street SF, CA 94102 415.775.6006	Served by Halfway House Intake Served by Carrying
Midori Hotel 240 Hyde Street SF, CA 94102 415.775.6006	Served by Halfway House Intake Served by Carrying
Washburn Hotel 38-42 Washburn Street SF, CA 94103 415.864.8701	Served by Halfway House Intake Served by Carrying
PROGRESS FOUNDATION	
La Amistad 2481 Harrison Street SF, CA 94110 415.285.8100 laamistadstaff@progressfoundation.org	Served by Halfway House Intake Served by Carrying
Ashbury House 212 Ashbury Street SF, CA 94117 415.775.6194 ashburystaff@progressfoundation.org	Served by Halfway House Intake Served by Carrying
Avenue House 1443 7th Avenue SF, CA 94122 415.242.8033	Served by Halfway House Intake Served by Carrying
Clay Street House 2210 Clay Street SF, CA 94115 415.776.4647	Served by Halfway House Intake Served by Carrying

claystreet@progressfoundation.org	
Dore Street 52 Dore Street SF, CA 94103 415.553.3115 dvdnh25@gmail.com	Served by Halfway House Intake Served by Carrying
Cortland House 77 Cortland Avenue SF, CA 94110 415.550.1881 cortland@progressfoundation.org	Served by Halfway House Intake Served by Carrying
Dorine Loso House 405 Baker Street SF, CA 94117 415.346.7775 losohousestaff@progressfoundation.org	Served by Halfway House Intake Served by Carrying
La Posada House 810 Capp Street SF, CA 94110 415.285.0810 laposada@progressfoundation.org	Served by Halfway House Intake Served by Carrying
Progress House 25 Beulah Street SF, CA 94117 415.668.1511	Served by Halfway House Intake Served by Carrying
Rypins House 1405 Guerrero Street SF, CA 94110 415.821.0697 rypins1405@gmail.com	Served by Halfway House Intake Served by Carrying
Shrader House	Served by Halfway House Intake

50 Shrader Street SF, CA 94117 415.668.4166 shraderhouse@progressfoundation.org	Served by Carrying
OTHER HALFWAY HOUSES	
Haight Ashbury Free Clinics-HealthRight 360 (HAFC-HR360) 1563 Mission St. SF, CA 94103 415.970.7500 mcwilliams@healthright360.org	Served by Halfway House Intake Served by Carrying
Harbor Lights 1275 Harrison Street SF, CA 94103 415.503.3002	Served by Halfway House Intake Served by Carrying
Gracenter 1310 Bacon Street SF, CA 94134 415.337.1938 smunoz@gsgracenter.org	Served by Halfway House Intake Served by Carrying
Friendship House 56 Julian Avenue SF, CA 94103 415.865.0964 Ex.: 4005 Nelsonj@friendshiphouse.org	Served by Halfway House Intake Served by Carrying
Asian American Residential Recovery Services (AARRS) 2024 Hayes Street SF, CA 94117 415.750.5111 ksilk@healthright360.org	Served by Halfway House Intake Served by Carrying
Epiphany Center	Served by Halfway House Intake

100 Masonic Avenue SF, CA 94118 415.567.8370 sdesmond@theepiphanycenter.org 1615-17 Broderick Street SF, CA 94115 415.567.8370	Served by Carrying

Work Assignment/Workfare Referred by Evaluation

Institution Name, Address and Telephone Number	Type of Program Service Provided
Department of Public Works (DPW)	Street sweeping various sites.
Muni Railway: 1. Presidio 2. Metro 3. Potrero 4. Woods (Mobile Units) • Flynn • Kirkland Mobile • Army 415.337.2341	Graffiti removal at various sites.
San Francisco General Hospital 1001 Potrero Avenue SF, CA 94110 415.206.8000	General labor and office work, laundry work.
Parks & Recreation Department	Park clean-up, various sites.

Alternative Workfare Sites

See Form 2380, Alternative Work Assignment, for a listing of acceptable sites.

Ineligible Special/Treatment Programs to Receive CAAP

Participants whose needs are met as residents of the following residential programs are **ineligible to receive CAAP** because it is presumed that the client is staying in a facility that provides housing and three meals a day. To rebut this presumption, the client must present satisfactory evidence (acceptable verification) that he pays the facility for his housing and/or is he is not provided with 3 meals a day. (Refer to section 91-7.4: institutionalization)

- **Broderick House:** 1421 Broderick Street, SF CA, (415) 827-3953
- **Parolee Service Center/GEO Reentry Services:** 111 Taylor Street, SF CA, (415) 346-9769
- **Haight Ashbury Parole Program:** 940 Haight Street, SF CA
- **United Family Care Corporation** (formerly known as Seton Hall)**:** 165 Guerrero Street, SF CA, (415) 865-0592
- **United States Mission** (no locations in San Francisco)
- **HealthRight 360** (several locations in San Francisco, call the specific facility if they provide housing and 3 meals a day)**:** (415) 554-1100

Participants of **Harbor House:** 407 9th Street, SF, CA, (415) 503-3029 **are ineligible to receive CAAP** because this facility only accepts single parent/s with minor child/ren. Participants of Harbor House are eligible and must apply for CalWORKs.

Note: Participants of **Jelani Familiy Residential are eligible to receive CAAP** and are **not exempt from work requirement.** Residents are responsible for their own food and pay rent of 30% of their total income. **Services include:** independent living residential step-down program and provides food storage and cooking equipment for residents. Address is 1638 Kirkwood Street, SF and phone number is (415) 671-1167.

PECs/Case Flags

(Revised as of 8/28/25)

All PECs and Case Flags listed below are found in the Case Flag List page in CalSAWS.

Person Employability Code (PEC)

- Choose only one current PEC per case.
- The Effective End Date or expiration date is the last day of the month in which the PEC is being used.
- The appropriate Case Flag must also be selected in addition to the client's one PEC designation.
- PEC hierarchy:

1. **C, F, G**
2. **Y, HY, YO**
3. **D**
4. E
5. JN
6. **BC**
7. **Z, HZ**
8. **X, HX**
9. **M, P**
10. **H, Q**
11. **A, A1, J, S, S1, V, I (If a client is in more than one of these activities, the activity with the most hours takes precedence.)**
12. **K, W**
13. **L**

CalSAWS Code	Definition	Expiration Date	Description
A	Light Duty Community Service	RE Date*	Able to work but due to some physical and/ or mental limitations are unable to perform general labor required by CAAP Workfare assignments.

A1	Job Search	Red Dot expiration date	Red dot client with Triage rating #1 or #2 who is referred to CAAP Job Search Workshop.
BC	Behavioral Health Services	RE Date*	CCS Assessment - no other work activity.
C	Capacity	12 months	Lacking capacity to understand and/or comply with CAAP regulations.
D	CAAP Treatment Pathways	RE Date*	Clients who are participating in CAAP Treatment Pathways for Substance Use Disorder
E	Employed	RE Date*	Currently working and participating in the Income Disregard Program.
F	Catastrophic/Terminal Illness	RE Date*	Client with life expectancy of six months or less.
G	Admin Exempt - Psych	RE Date*	Administrative exemption from Work Assignment activities due to a psychological condition. To be used only with Section Manager's approval.
H	Halfway House Resident - Employable	RE Date*	Employable Halfway House resident with no special condition.
HX	Halfway House Resident - TDC	RE Date*	Halfway House resident with Temporary Disabling Condition.
HY	Halfway House Resident - Unemployable	RE Date*	Halfway House resident with permanent disability.
HZ	Halfway House Resident -Age Exempt	• The expiration date is the RE Date* **<u>or</u>** • Three (3) months prior to the month/year the client turns 62 (to apply for Social Security Retirement benefits) **<u>or</u>** • Thirty (30) days prior to the month/year the client turns 65 (to apply for SSI), whichever comes first.	Halfway House resident who is 60 years or older.
I	I - In Plan with ES	RE Date*	Actively participating in WDD PAES Employment Plan.

J	GED or High School	Refer to Form 2174 for duration of approved schooling.	G.E.D. or High School student graduating within 12 months.
JN	JobsNOW!	RE Date*	Job Placement program matches people looking for jobs at all levels.
K	Alternative Workfare	RE Date*	Work experience with participating community agencies.
L	SFHOT Stabilization Care Program	RE Date*	Residents of SFHOT Stabilization Care Program.
M	Triage assessment referral	30 days	Triage referral. This is an interim code that must be updated upon client's employability determination via COSTS.
P	Admin Exempt - Other Non-Psych	RE Date*	Administrative exemption from Work Assignment activities. To be used only with Section Manager's approval.
Q	Special Program Chart	RE Date* or end date of the program (whichever comes first)	Participants of one of the programs listed in the Special Program Chart (Not served by CAAP), Department of Rehabilitation (DOR) program or of a verified court-mandated program.
S	Approved Vocational Training	Refer to Form 2174 for duration of approved training	Training course referred by WDD.
S1	Self-Initiated Vocational Training	Refer to Form 2174 for duration of approved training	Training course reviewed and approved by CAAP Unit Supervisor.
V	VIP Referral	RE Date*	Vocational Immersion Program (ESL level 1-4)
W	Work Assignment/ Workfare	RE Date*	Employable and assigned to work assignment/workfare.
X	TDC	RE Date*	Temporary Disabling Condition usually less than 12 months.
Y	Long Term Disability	RE Date*	Long term disabling condition expected to last or has lasted 12 months or more.
YO	Outside SSI Advocacy	RE Date* or six months (whichever comes first)	Long term disabling condition and represented solely by SSI Contracted Legal Advocates (Positive Resource Center, Bay Area Legal Aid and Homeless Advocacy Project). Form 39B current on file.

Z	Age Exempt	• The expiration date is the RE Date* **or** • Three (3) months prior to the month/year the client turns 62 (to apply for Social Security Retirement benefits) **or** • Thirty (30) days prior to the month/year the client turns 65 (to apply for SSI), whichever comes first.	Client is 60 years of age or older. Exempted from employable requirements at client's request.

*** Refer to CalSAWS GA/GR Automated Solution program block for correct RE due date.**

Case Flags

- Review the Case Flag List page in CalSAWS at every Intake and Re-evaluation and make changes accordingly.
- Choose all Case Flags that apply to the case.
- If the Special Indicator(s) no longer applies to the case, delete it. For example, a husband and wife got divorced, delete the "CAAP-Couple Case" indicator from both cases.

Requires End Date	Description	Effective End Date
No	60+ Seen by Triage	
No	ADA – difficulty completing form	
No	ADA – difficulty hearing	
No	ADA – difficulty seeing	
No	ADA – difficulty sitting	
No	ADA – difficulty speaking	
No	ADA – difficulty standing	
No	ADA – difficulty undeclared	
No	ADA – difficulty understanding	
No	ADA – difficulty walking	
No	ADA – no need indicated	

No	ADA – other difficulty	
No	ADA – physical-mental impairment	
No	Blue Dot (previously Disability (blue dot))	
Yes	CAAP - Catastrophic Undoc	RE Date*
No	CAAP-CBP Notice Issued (previously CBP One Time NOA Given)	
No	CAAP-Couple Case	
No	CAAP-DMV ID Provided	
No	CAAP-Family Case	
No	CAAP-1st Unreported Income - GA	
No	CAAP-1st Unreported Income - PAES	
No	CAAP-1st Unreported Income - SSIP	
Yes	CAAP-FRAUD Discontinuance	Refer to Form 2160
Yes	CAAP-Not Eligible for FP (Fast Pass)	12 months
No	CAAP-PCS 18-mo Exhausted	
Yes	CAAP - SUD Triage Referral at RE	RE Date*
Yes	CAAP-Trujillo	
No	CAAP-Two-Party Payee (previously CAAP 2-Party Payee)	
No	CAAP - Shelter Cash out	When status ends
No	NC- Nav Center Embarcadero	
No	NC- Nav Center Civic Center	
No	NC- Nav Center Waterfront	
No	NC- Nav Center Bayshore	
No	NC- Nav Center Division Circle	
No	NC- Nav Center 5th and Bryant	
Yes	Pregnancy Only	Refer to Form 4020A

Yes	Red Dot	12 months
Yes	Sex Offender Shelter Exempt	RE Date*
Yes	SUD/CAAP/PSH	RE Date*
Yes	SUD/CAAP/PRIV	RE Date*
Yes	SUD/ALT/PSH	RE Date*
Yes	SUD/ALT/PRV	RE Date*
No	Text messages OK	
Yes	T-Visa Approved	RE Date*
Yes	T-Visa Pending	RE Date*
Yes	U-Visa Approved	RE Date*
Yes	U-Visa Pending	RE Date*
No	Wheel Chair Bound	
No	WPC-ND (Whole Person Care-Next Door)	
No	WPC-MSC South (Whole Person Care-Multi-Service Center South)	
Yes	Yellow Dot	12 months

***Refer to CalSAWS GA/GR Automated Solution program block for correct RE due date.**

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