

with a particular case and provide any person, without prior knowledge of the case, a clear and complete picture of each case.

ADMINISTRATION:

Self Sufficiency Services Division Staff
Community Health Initiative (CHI) Staff
Quality Management (QM)

DEFINITIONS:

None

END OF POLICY

PROCEDURE

1. Documentation Requirements

- a. Documentation shall be in sufficient detail to permit a reviewer to determine the logic and accuracy of an action. The case documentation should provide a clear picture or flow of events related to an action taken or contact/attempted contact made with the customer.
- b. Documentation shall include sufficient information to establish who is affected by changes, what occurred, where the contact occurred (in office, on the phone, etc.), when (what time frames), how it affects eligibility, what action the worker took and why he or she took that particular action.
- c. In cases where the worker or department makes a difficult or unusual determination, the basis for the decision shall be clearly documented in sufficient detail so that a reviewer is able to follow the worker's thought process and reach the same conclusion as the worker.
- d. Documentation shall contain objective observations and statements of fact. Judgmental language and editorial comment are not appropriate. Customer behaviors are objectively described without conclusions being drawn.
- e. It is essential for the accuracy of the case record that the worker enters comments as close to the time of the events described as possible. All case notes should be entered the same business day and no later than 24 hours after the contact or event.
 - i. Journal entries should appear chronologically when possible. Entering case notes late can create notes that appear "out of order".
- f. Journal entries may include approved abbreviations only (See attachment A for a list of approved abbreviations.)
- g. The worker will enter case notes when making a correction or change that resulted from a quality assurance/quality control review. The comments should contain a short description identifying that the comment relates to a QA correction.
- h. Comments should only include information related to the case or the customer's eligibility. For example: "Mrs. Green came in at 10:00 a.m., but since I hadn't taken my break, I saw her at 10:15 a.m." is not an appropriate comment as the information regarding the delayed break is not relevant. However, "Mrs. Green came in for her appointment at 10:00 but had to leave at 10:30. She will return at 1:00 to complete the interview." is appropriate.

- i. Case notes shall not contain subjective or judgmental comments about other workers or staff or HHS policies.
- j. Staff should only describe actions taken, not the supposed motivation behind them. For example: “Per QM review, XYZ was discovered and I have corrected the case.” is an appropriate comment. However, “Due to my being off for three weeks to attend a bowling convention, other staff worked on this case and per my supervisor I have to do XYZ.” is not an appropriate entry because:
 - i. it includes superfluous information (worker’s time off)
 - ii. it casts blame (“other staff worked on this case and...”)
 - iii. it paints a picture of discord and disagreement or unwillingness to follow direction
- k. Language is to be detailed and descriptive, recording behavior of things the users see. Staff should use words with clear meaning, and avoid subjective or judgmental statements.
 - i. **Poor Example**—“Mrs. Sample was obnoxious and unreasonable.” This comment is judgmental.
 - ii. **Better Example** “Mrs. Sample insisted in a loud voice that her check be given to her immediately. Mrs. Sample also banged her fist on the table. When I began to explain why we could not give her the check immediately, Mrs. Sample left the office slamming the door behind her.”
- l. Journal Entries should include reasons for discontinuance or denial of benefits, addition or deletion of persons in the Assistance Unit (AU), changes in household composition, changes of address, or other information that relates to eligibility determinations, benefits, or employment services.
- m. All eligibility and benefits information should be recorded in the automated system. If the system is down and manual notes are taken, they should be transferred within 24 hours of when the system becomes available again.
- n. It is not necessary to sign a user name following the journal entry. C-IV will automatically stamp the entry with worker name, date, and time.
- o. Intake or RE notes shall contain a summary of the case situation and include headers to organize the information.
 - i. Examples of headers can be found in the journal entry checklist templates in attachment B.
- p. When documenting referrals: Identify to whom the referral was made, why, and the outcome desired.
- q. Documentation of medical problems shall be discreet and address the impact on participant’s ability to complete training and/or employment. This shall be documented in the IEP.
- r. Case notes shall describe behavior and not the worker’s interpretations or conclusions; Workers shall not try to give behavior a clinical name.
- s. CalWORKs intake interviews must include a full discussion of the applicant’s reporting responsibilities. This includes reporting all changes which may affect eligibility and grant amount within five calendar days of the occurrence. Details of the discussion must include which changes are mandatory to report and possible consequences for not reporting. The intake journal entry shall include detailed notes about this discussion.
- t. Case notes shall include details of information or consent given verbally by customers. We may now take verbal requests for retro Medi-Cal coverage, request to add a person to a case, consent to receive e-notifications, information on tax filing status, etc. It is vital this information be recorded in the journal as no other paper documentation may exist. Specific verbiage shall be used when documenting telephonic signature as outlined in the MC RE and MC Intake Journal Entry Checklists in Attachment B.
- u. Case notes shall be made any time the Work Number (WN) is used to verify income or hours of employment. See SSSD Policy & Procedure [The Work Number](#) for details.
- v. Case notes shall be made when the first payment for a Covered California Health Plan is processed in our office including how the payment was processed and if the keypad was used.

- w. WIOA intake case notes must include: applicant received WIOA orientation, basic life information (age, marital status, children, education, work history, etc.); services the applicant is seeking, any referrals made, services we can offer, your plan and next steps.
- x. When a customer provides an identity document for the CalWORKs program, document in the journal who provided the document.

2. Documenting Contacts- All contacts and attempted contacts with customers, as well as incidents related to the customer, are to be documented in the journal in C-IV as separate entries, in the order of occurrence.

- a. Examples of successful and unsuccessful contacts include:
 - i. Telephone calls (made, returned, attempted, voice messages)
 - ii. Mail (returned, manual NOAs, forms, letters, verifications received)
 - iii. Messages via C4Yourself
 - iv. Missed and rescheduled appointments
 - v. Collateral contacts
 - vi. Referrals and follow-up to referrals
- b. Contact entries include identification of person, place, direct communication (phone, office visit, etc.), source of information, and decisions or thought processes.
- c. When identifying individuals in the case, it is acceptable to identify them by name. Distinguishing between people with the same name is vital. If there is any confusion, include relationship or age in the note.
- d. "Headers" should be used when making journal entries that include the entire case situation (intake, RE, appraisal, assessment, etc.). Headers break up the information and allow reviewers to find information quickly within an entry. WIOA case notes shall include the activity code in the header if applicable.
- e. Any correspondence via email should be imaged to the C-IV case and not pasted into a journal entry.

3. Interpretive and Auxiliary Services Documentation- Per Section 21-116 of the CDSS Confidentiality, Fraud, Civil Rights, and State Hearings Manual, it is required that the worker or other staff member document the information that follows in the case files of Non-English speaking, blind, deaf, or disabled Applicants or Beneficiaries. See Attachment C for a chart (from ACIN I-02-08) that lists when documentation is required and what should be documented.

- a. All counties are required to ask customers what their preferred language is for both oral and written communication and document the customer's preferred language(s) in the case. Per ACIN I-02-08, this requirement also includes receptionists and other support staff if they provide non-English-speaking customers with information or screen applications. Staff can use the "Language Line Quick Reference Guide", and the "I Speak" Cards to assist in determining the language the customer speaks
- b. The law requires that counties document that interpretive services and auxiliary aids or services were provided and/or offered at each customer contact. The documentation should record:
 - i. that interpretive services were offered or rendered
 - ii. the nature of that service (translation, auxiliary aids, etc.)
 - iii. the name of the person who provided interpretive services
- c. Once we have identified that the customer's interpretative or auxiliary needs, we must offer and provide an interpreter at **every** subsequent contact and document how those services were provided in the file. Include:
 - i. that we offered free interpretive services
 - ii. whether or not the customer accepted or refused interpretive services

- iii. who provided the interpretive services (bilingual EW, language line, professional interpreter, volunteer interpreter, customer provided interpreter, etc.)
 - 1) If a customer-provided adult interpreter is used, the EW/ESW/OA or other staff member must document that the customer was informed about possible misinterpretation and that a release of information was used
 - 2) If a minor is used, the emergency circumstances requiring the need to use a minor must be documented
- iv. in which language the interaction was conducted

4. Customer Access to Case Notes

- a. Case notes are part of the case record, and customers have the right to review what has been written in comments. The documentation contained in the case record must be clear and understandable to all those having legal access to the record. The case record is considered to be a legal document and must always be treated as such.
- b. CalWORKs, CalFresh, state-funded Trafficking and Crime Victims Assistance Program (TCVAP) and Refugee Cash Assistance (RCA) programs
 - i. Generally, case notes are confidential and not open to examination for any purpose not directly connected with the administration of the program.
 - ii. An exception to this general rule is when a customer desires to inspect their own case record.
 - iii. CWD must take caution to prevent the disclosure of confidential or privileged information.
 - 1) Privileged Information includes attorney-client privilege and identity of informer.
 - 2) Confidential Information may include
 - (a) Whereabouts of an absent parent
 - (b) Information regarding the status of children removed from the home by Child Welfare Services
 - (c) Domestic abuse
 - (d) Criminal background
 - (e) Mental health and substance abuse treatment
 - (f) Learning disabilities
 - (g) Information pertaining to minors authorized by law to consent to medical treatment
 - (h) Information received from a third party that was not obtained pursuant to an authorization from the customer
 - (i) Information received from one adult in the HH/AU should be assessed to determine if another adult in the HH/AU has authorization to inspect a requested document.
 - iv. The customer does not need to provide a reason for requesting to inspect their case record.
 - v. Other persons authorized to inspect a customer's case record:
 - 1) An Authorized Representative with signed release on file.
 - 2) A parent or guardian of a minor (some exceptions for example, when minor's physical or psychological safety is in danger).
 - 3) Anyone the customer chooses to be physically present with them while accessing their case record with verbal authorization.
 - 4) A caretaker relative present with a child receiving CalWORKs.
 - vi. Steps to take when a customer requests to inspect case record
 - 1) Inform the customer of the types of information and documents contained in their case.

- 2) Assist the customer in identifying the case record information they want to inspect. For example, they may want a specific time frame or information regarding an application or renewal, not the entire case record.
 - 3) Consult with your supervisor to ensure confidential or privileged information will not be shared. Supervisors may consult with managers who may consult with County Counsel in determining if information is privileged or confidential.
 - 4) It may be necessary to withhold, redact or obscure the confidential or privileged information if it is mixed with non-confidential and non-privileged information. This can be done by blacking out the information and copying prior to allowing the customer to view it.
 - 5) The case record may be provided in hard copy, read-only from the automated system, or in PDF file. Hard copies must be provided to the customer if requested.
 - 6) The EW may schedule an appointment for the customer to visit the office to view/obtain the requested case record. This should be done as soon as possible during normal business hours.
 - 7) View photo identification prior to allowing access to view case records.
 - 8) Complete the CW 2213 and provide to the customer.
- c. Medi-Cal program
- i. The applicant/recipient or his/her attorney or AR may inspect the case records including the entire case narrative relating to the applicant or recipient with the exception of privileged information (see section above for definition).
- d. Special Investigations Unit (SIU) files
- i. SIU files are separate from the eligibility case records.
 - ii. SIU files are confidential and not available for general inspection.

5. Accessing the Journal in C-IV

- a. The journal is found on the Utility Navigation Bar at the top of every C-IV page. Within the context of a case, clicking on Journal will bring up a pop-up page that displays a list of journal entries. This list can be filtered by category and date range.
 - i. To add an entry, the user clicks the Add Entry button.
- b. Some other areas of C-IV offer the ability to enter notes for specific purposes. These include:
 - i. Recovery account notes
 - 1) Describe the overpayment or overissuance reason, date(s) and amounts. If the information does not fit in the recovery account comment field, enter a line “see journal entry dated ___” to reference details in the journal.
 - ii. Special Investigations (these notes are for the investigators’ use only)

6. Changing and Appending Journal Entries in C-IV

- a. Workers are able to append a journal entry but are not able to delete or edit an existing entry. If a user wishes to add clarification or omitted information to a journal entry, it is appropriate to append the entry only if the additional information was obtained as part of the same contact or interaction. For example, if an EW forgot to include a due date for pending verifications in the Intake journal entry, it would be appropriate to append the Intake entry with the information. It would not be appropriate to append the entry to add the details of a phone call received later related to the intake.
 - i. It is not appropriate to append any C-IV auto- created journal entry with narrative information.
 - ii. It may be appropriate to append a WTW tracking journal entry if additional hours or new information is obtained regarding the month that was already entered.

- b. Supervisors are able to suppress journal entries and users should request this in cases where the entry is not appropriate (such as made in the incorrect case, etc.).

7. Accessing the Case Notes in CalJOBS

- a. Click **Manage Individuals**, and then **Assist an Individual**.
- b. Enter search criteria to find the customer.
- c. Click the **Staff's Profile** tab.
- d. Click **General Profile**.
- e. Click the **Case Notes** tab.
- f. Click the name of a case note to view it.
- g. Click **Add New Case Note** to create an entry.
 - i. Complete all fields including the App ID

8. Other Documentation— Although this procedure pertains mainly to C-IV and CalJOBS case notes, workers are responsible for maintaining “paper” documentation of any form or documents required to be in the physical case folder or imaged into the C-IV system.

- a. All forms with County Use sections are to be completed by staff members when such a County Use section is required on a form.
 - i. Staff members are required to fill out the top sections of forms with customer information (case name, case number, etc.)
- b. All signature areas on all forms are to be signed by the appropriate person (i.e. customer, EW/ESW, Supervisor, etc.) when required by regulation. If a signature is required, initials are not acceptable in lieu of the individual’s signature.
- c. Every program has slightly different requirements for types of documentation needed for eligibility and/or case management purposes. However, any documents received by a worker from the customer must be date stamped. Documents are generally date stamped on the front of the document. If date stamping is impossible, the worker is to write the date received and initial the front of the document.
- d. All original documents (check stubs, birth certificates, etc.) must be returned to the customer once copies are made for the case file. Documents that verify a person’s citizenship and/or identity, such as passports or birth certificates should be stamped with the “Original Viewed” stamp when the original document was viewed by county staff.
- e. When imaged documents require a signature, the documents should be printed, signed, and re-imaged into C-IV.

9. General Assistance (GA) Journal Entries

- a. All GA case notes will contain a heading that identify the notes as GA comments.
- b. A separate entry will be made for monthly vouchers issued
 - 1) It is appropriate to append the initial voucher entry when the voucher has been picked up

10. Workforce Innovation and Opportunity Act (WIOA) Case Notes

- a. General Criteria
 - i. Case notes must occur at a minimum of every 30 days and anytime an action or contact is made.

REFERENCES:

MPP sections: 48-001.15, 63-300.5 (j), Division 21-116.2, 19-005, 19-006
CDSS Manual 11.501.2
ACLs 03-56, 06-20, 14-57, 16-02
ACWDL 05-04
ACINs I-09-06, I-08-02
Change of Address/Returned Mail Policy & Procedure #2000600-2004-13 – describes journal entry requirements for returned mail, address changes and when verifying addresses and phone numbers.
Lobby Management Policy & Procedure #2000600-1027-18 – describes journal entry requirements for reception staff.

FORMS

[CW 2213](#) – Response to Request to Inspect Case Record CalWORKs, CalFresh, TCVAP, and Refugee Programs

CONTACT PERSON(S):

Shelly Todd, Staff Services Analyst

END OF PROCEDURE

REVISION HISTORY:

Revision	Date	Description of Change	Requested By
1.0	12/31/2010	Updated for C-IV functionality. Merged WIA “Case Noting” Procedure	Jessica Chapin, SSA II
2.0	12/31/2011	Updated with new templates/checklists. Edited for clarity. Merged WIA Acronyms with SSSD Abbreviations attachment.	Jessica Chapin, SSA II
3.0	06/30/2012	Added checklists.	Jessica Chapin, SSA II
4.0	07/30/2014	Added MAGI documentation standards. Added SAR, ACA, and other acronyms.	Jessica Chapin, SSA II
5.0	10/9/2015	Added documentation requirements for CW applicants and verbal consent (1.s-t). Added new acronyms and abbreviations. Minor changes to journal entry checklists.	Shelly Todd, SSA II
6.0	12/5/2016	Added/revised acronyms. Removed MC In-Office template, added CMSP Intake, WINS, FSP & WIOA templates. Added self service options to templates.	Shelly Todd, SSA II
7.0	3/12/2018	Annual review. Updates to templates: added OP/OI, RIDP details, residency, added WTW tracking and orientation. Details required for recovery accounts.	Shelly Todd, SSA II

8.0	10/26/2018	Revised "Client Access to Case Notes" section per ACL 16-02. New form added: CW 2213. Minor additions to acronyms and journal templates. Reference to other P&Ps that have significant journal requirements.	Shelly Todd, SSA II
9.0	10/2/2019	Added Balderas Call, TMC report, QMB & CAPI templates. Added some acronyms.	Shelly Todd, SSA II

Approved Acronyms and Abbreviations

Note: Acronyms and abbreviations highlighted gray have been changed, are no longer used or no longer applicable. Please do not use these.

Description	ABBR
ABLE BODIED ADULTS WITHOUT DEPENDENTS	ABAWD
ABSENCE	AB
ABSENT PARENT	AP, A/P, NCP
ACCOUNT	ACCT
ACCESS FOR INFANTS AND MOTHERS	AIM
ADJUSTED GROSS INCOME	AGI
ADMINISTRATIVE	ADMIN
ADMINISTRATIVE LAW JUDGE	ALJ
ADOPTION ASSISTANCE PROGRAM	AAP
ADVANCED PREMIUM TAX CREDIT	APTC
AFFORDABLE CARE ACT	ACA
AID CODE	A/C
ALCOHOL AND DRUG SERVICES	ADS
ALCOHOLICS ANONYMOUS	AA
ALL COUNTY INFORMATION NOTICE	ACIN
ALL COUNTY LETTER	ACL
ALL COUNTY WELFARE DIRECTOR'S LETTER	ACWDL
AMERICAN CANYON	AC
AMOUNT	AMT
AND	&
ANNUAL REPORTING CHILD ONLY	AR/CO
APPLICATION	APP
APARTMENT	APT
APPOINTMENT	APPT
APPROXIMATELY	APPROX
APPROVED RELATIVE CAREGIVER	ARC
APPRAISAL SUMMARY REPORT	ASR
ASSOCIATE DEGREE IN NURSING	ADN
ASSISTANCE UNIT	AU
AT	@
ATTENTION DEFICIT HYPERACTIVE DISORDER	ADHD
ATTENTION DEFICIT DISORDER	ADD
AUTHORIZE(D)	AUTH, AUTH'D
AUTHORIZED REPRESENTATIVE	A/R
AVERAGE	AVG
BANK OF AMERICA	BoFA, B OF A
BECAUSE	B/C
BEFORE	B/4
BEGINNING DATE OF AID	BDOA
BEHAVIORAL HEALTH TEAM	BHT
BENEFICIARY DATA EXCHANGE INFORMATION PROGRAM	BENDEX
BENEFICIARY EARNINGS EXCHANGE RECORD	BEER
BETWEEN	BTWN

BIRTH CERTIFICATE	BC
BIRTHDATE/DATE OF BIRTH	DOB
BIWEEKLY	BIWKLY
BOARD AND CARE	B&C
BOARD OF GOVERNORS GRANT	BOGG
BOARD OF SUPERVISORS	BOS
BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS	BVNPT
BREAST AND CERVICAL CANCER TREATMENT PROGRAM	BCCTP
BUSINESS RULES ENGINE	BRE
C4YOURSELF	C4Y
CALIFORNIA	CA
CALIFORNIA HUMAN DEVELOPMENT CORPORATION	CHDC
CALIFORNIA CHILDREN'S SERVICES	CCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES	CDHCS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	CDSS
CALIFORNIA DRIVER LICENSE	CDL
CALIFORNIA FOOD ASSISTANCE PROGRAM	CFAP
CALIFORNIA IDENTIFICATION CARD	CID
CALIFORNIA TRAINING BENEFITS	CTB
CALIFORNIA YOUTH AUTHORITY	CYA
CALFRESH	CF
CALFRESH EMPLOYMENT AND TRAINING	CFET
CALHEERS	CH
CALJOBS	CJ
CAL LEARN	CL
CALWORKS	CW
CAREER CENTER	CC
CAREGIVER TRAINING INITIATIVE GRANT (607)	CTI
CASH ON HAND	COH
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS	CAPI
CASH SURRENDER VALUE	CSV
CATEGORICALLY ELIGIBLE	CE
CERTIFICATION, CERTIFICATE	CERT
CERTIFIED NURSING ASSISTANT	CNA
CHECK	CHK
CHECKING ACCOUNT	CHK ACCT
CHILD HEALTH & DISABILITY PREVENTION	CHDP
CHILD SUPPORT	C/S
CHILD CARE	C/C
CHILD WELFARE SERVICES	CWS
CHILD WELFARE SERVICES/CASE MANAGEMENT SERVICES	CWS/CMS
CHILDREN'S HEALTH INSURANCE PROGRAM	CHIP
CITIZEN/CITIZENSHIP	CITZ
CLEAR(ED)	CLR, CLR'D
CLIENT	CLT
CLIENT INDEX NUMBER	CIN
CLIENT REQUEST	CL REQ
COMMUNITY BASED ORGANIZATION	CBO
COMMUNITY HEALTH INITIATIVE	CHI
COMMUNITY RESOURCES FOR CHILDREN	CRC

COMMUNITY SPOUSE RESOURCE ALLOWANCE	CSRA
COMPOSITION	COMP
CONFIDENTIAL	CONF
CONTINUING	CONT
COOPERATED	COOP'D
COST OF LIVING ADJUSTMENT	COLA
COST SHARING REDUCTIONS	CSR
COUNTY	CO
COUNTY WELFARE DEPARTMENT	CWD
COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA	CWDA
COUNTY FAIR HEARING	CFH
COUNTY INITIATED ACTION	CIA
COUNTY MEDICAL SERVICES PROGRAM	CMSP
COVERED CALIFORNIA	COVCA, COV CA, CovCA
COVERED CALIFORNIA PLAN	CCP
CREDIT UNION	CR UN
CURRENT MONTH(LY) INCOME	CMI
DATE OF BIRTH/BIRTHDATE	DOB
DATE OF ENTRY	DOE
DECEASED PERSON MATCH	DPM
DEEMED ELIGIBLE	DE
DEFICIT REDUCTION ACT (RELATING TO CITIZENSHIP & IDENTITY RULES FOR MC)	DRA
DEFERRED ACTION FOR CHILDHOOD ARRIVALS	DACA
DENIED	DN
DEPARTMENT OF CHILD SUPPORT SERVICES	DCSS
DEPARTMENT OF HEALTH CARE SERVICES	DHCS
DEPARTMENT OF MOTOR VEHICLES	DMV
DEPARTMENT OF REHABILITATION	DOR
DEPRIVATION	DEP
DETERMINATION ELIGIBILITY RESPONSE	DER
DIRECT DEPOSIT	D/D
DISABILITY	DIB
DISABILITY INSURANCE BENEFITS	SDI
DISABILITY DETERMINATION SERVICE DIVISION	DDSD
DISABLED ADULT CHILD	DAC
DISCONTINUE(D)	DISC
DISLOCATED WORKER SPECIAL PROJECT (542)	DW 542
DISLOCATED WORKER	DW
DOCTOR	DR.
DOLLAR(S)	\$
DOMESTIC VIOLENCE	DV
DRUG FELON	DF
EARLY FRAUD INVESTIGATION	EFI
EARNINGS CLEARANCE SYSTEM	ECS
EDUCATION	ED
EFFECTIVE	EFF
ELECTRONIC BENEFIT TRANSFER	EBT
ELECTRONIC INTER COUNTY TRANSFER	EICT
ELIGIBILITY / ELIGIBLE	ELIG

ELIGIBILITY AND ASSISTANCE STANDARDS	EAS
ELIGIBILITY DETERMINATION AND BENEFIT CALCULATION	EDBC
ELIGIBILITY SUPERVISOR	ES
ELIGIBILITY SPECIALIST	EW
ELIGIBILITY SPECIALIST III	EWIII
ELIGIBILITY & TRAINING WORKER	ETW
ELIGIBILITY & TRAINING WORKER III	ETWIII
EMERGENCY MEDI-CAL	EMMC
EMPLOYED/EMPLOYMENT	EMP
EMPLOYMENT DEVELOPMENT DEPARTMENT	EDD
EMPLOYMENT PROGRAM SPECIALIST	EPS
EMPLOYMENT SERVICES WORKER	ESW
ENGLISH	ENG
ESSENTIAL PERSON	EP
ESTIMATE	EST
ESTIMATED DATE OF CONFINEMENT	EDC
EVALUATION	EVAL
EVERY OTHER WEEK	EOW
EXPANDED SUBSIDIZED EMPLOYMENT	ESE
EXPEDITED CALFRESH/EXPEDITED SERVICES	ECF OR ES
FACE TO FACE	F2F
FAILURE TO PROVIDE	FTP
FAIR MARKET VALUE	FMV
FAMILY BUDGET UNIT	FBU
FAMILY UNIFICATION PROGRAM	FUP
FAMILY SELF SUFFICIENCY	FSS
FATHER/DAD	DAD
FAMILY GROUP	FG
FAMILY STABILIZATION PROGRAM	FSP
FEDERAL POVERTY LEVEL	FPL
FEDERAL TAX INFORMATION	FTI
FILING UNIT	FU
FLEEING FELON MATCH	FFM
FLUCTUATING	FLUC
FOLLOW UP	F/U
FOOD AND NUTRITION SERVICE	FNS
FOSTER CARE	FC
FOSTER FAMILY AGENCY	FFA
FULL TIME	FT
FULL TIME EMPLOYMENT	FTE
GRADE POINT AVERAGE	GPA
GENERAL EDUCATION DIPLOMA	GED
GENERAL ASSISTANCE	GA
GOOD CAUSE	GC
GRANT(ED)	GR
HEAD OF HOUSEHOLD	HOH
HEALTH CARE REFORM	HCR
HEALTHCARE TRAINING INITIATIVE	HTI
HEALTHY FAMILIES	HF
HEALTH INSURANCE CLAIM NUMBER (MEDICARE)	HIC#
HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT	HIPPA

HEALTH MAINTENANCE ORGANIZATION	HMO
HIGH SCHOOL	HS
HOMELESS ASSISTANCE PERMANENT HOMELESS ASSISTANCE TEMPORARY HOMELESS ASSISTANCE	HA PERM HA, PHA TEMP HA, THA
HOMELESS MANAGEMENT INFORMATION SYSTEM	HMIS
HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM	HRRP
HOMELESS SHELTER ALLOWANCE	HSA
HOME VISIT	H/V
HOME VISITING INITIATIVE	HVI
HOME VISITING PROGRAM	HVP
HOUSEHOLD	HH
HOUSING	HSG
HOUSING AND DISABILITY ADVOCACY PROGRAM	HDAP
HOUSING SUPPORT PROGRAM	HSP
HOUR(LY) (S)	HR(S)
HOURS PER WEEK	HRS/WK
IDENTITY	ID
IMMEDIATE NEED	IN, IMN
IMMIGRATION REFORM AND CONTROL ACT OF 1986	IRCA
IMMUNIZATIONS	IMM, IZ
INADVERTENT HOUSEHOLD ERROR	IHE
INCAPACITATED	INCAP
INCOME	INC
INCOME DISREGARD PROGRAM	IDP
INCOME & ELIGIBILITY VERIFICATION SYSTEM	IEVS
INCOME IN-KIND/IN-KIND INCOME	IIK
INCOME REPORTING THRESHOLD	IRT
INCOMPLETE	IC
INDEPENDENT LIVING PROGRAM	ILP
INDIVIDUAL DEMOGRAPHICS SCREEN	INDV DEMS OR INDIV DEMO
INDIVIDUAL EDUCATION PLAN	IEP
INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER	ITIN
INDIVIDUAL TRAINING ACCOUNT	ITA
INELIGIBLE	IE
INFORMATION	INFO
IN-HOME SUPPORTIVE SERVICES	IHSS
INSURANCE	INS
INSURANCE AFFORDABILITY PROGRAM	IAP
INTEGRATED FRAUD DETECTION SYSTEM	IFDS
INTENSIVE SERVICES PLAN	ISP
INTENTIONAL PROGRAM VIOLATION	IPV
INTERACTIVE VOICE RESPONSE	IVR
INTER-AGENCY TRANSFER	IAT
INTER-COUNTY TRANSFER	ICT
INTER-DEPARTMENT TRANSFER	IDT
INTERNAL REVENUE SERVICE	IRS
KINSHIP GUARDIAN ASSISTANCE PROGRAM (KIN-GAP)	KG
LABOR MARKET INFORMATION	LMI
LAST DATE OF SERVICE	LDS

LEARNING DISABILITY	LD
LEFT MESSAGE	LM
LEGAL PERMANENT RESIDENT	LPR
LICENSED VOCATIONAL NURSE	LVN
LIMITED UTILITY ALLOWANCE	LUA
LONG TERM CARE	LTC
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM	LIHEAP
MANDATORY	MD
MANUAL OF POLICIES AND PROCEDURES	MPP
MARRIED FILING JOINTLY	MFJ
MAXIMUM AID PAYMENT	MAP
MAXIMUM FAMILY GRANT	MFG
MEDI-CAL	MC
MEDI-CAL ELIGIBILITY DIVISION INFORMATION LETTER	MEDIL
MEDICAL ASSISTANT	MA
MEDI-CAL ACCESS PROGRAM	MCAP
MEDI-CAL ELIGIBILITY DATA SYSTEM	MEDS
MEDI-CAL FAMILY BUDGET UNIT	MFBU
MEDICARE SAVINGS PROGRAM/MEDICARE PREMIUM PAYMENT PROGRAM	MSP/MPPP
MEETING	MTG
MEDICALLY INDIGENT	MI
MEDICALLY NEEDY	MN
MEDICALLY NEEDY ONLY	MNO
MEDICATION(S)	MED(S).
MENTAL HEALTH COUNSELOR	MHC
MESSAGE	MSG
MID-PERIOD	MP
MID-QUARTER	MQ
MINI BUDGET UNIT	MBU
MINIMUM BASIC STANDARD OF ADEQUATE CARE	MBSAC
MINIMUM ESSENTIAL COVERAGE	MEC
MINOR CONSENT MEDI-CAL	MCMC
MODIFIED ADJUSTED GROSS INCOME	MAGI
MODIFIED CATEGORICAL ELIGIBILITY	MCE
MONEY	\$
MONTH(S)	MO(S)
MONTHS	JANUARY = JAN JULY = JUL FEBRUARY = FEB AUGUST = AUG MARCH = MAR SEPTEMBER = SEP APRIL = APR OCTOBER = OCT MAY = MAY NOVEMBER = NOV JUNE = JUN DECEMBER = DEC
MONTH TIME CLOCK (WTW 24 MONTH TIME CLOCK)	24 MTC
MOTHER/MOM	MOM
MID-YEAR STATUS REPORT	MSR
NATIONWIDE PRISONER MATCH	NPM
NAPA STATE HOSPITAL	NSH
NAPA VALLEY ADULT SCHOOL	NVAS
NAPA VALLEY COLLEGE	NVC
NAPA VALLEY ECONOMIC DEVELOPMENT CORPORATION	NVEDC

NAPA VALLEY UNIFIED SCHOOL DISTRICT	NVUSD
NAPA COUNTY OFFICE OF EDUCATION	NCOE
NARCOTICS ANONYMOUS	NA
NEW HIRE REGISTRY	NHR
NON-ASSISTANCE CALFRESH	NACF
NON COMPLIANCE	NC
NON-CUSTODIAL PARENT	NCP
NON-CUSTODIAL PARENT PROGRAM	NCPP
NON NEEDY RELATIVE	NNR
NON-MINOR DEPENDENT	NMD
NON PAYMENT OF PREMIUMS	NPP
NORTH BAY EMPLOYMENT CONNECTION	NBEC
NOT APPLICABLE	N/A
NOTICE OF ACTION	NOA
NOTICE OF INACTION	NOI
NOTICE OF EXPIRED CERTIFICATION	NEC
NURTURING EMPOWERMENT WORTH SAFETY	NEWS
NUMBER	#
OFFICE ASSISTANT	
OFFICE ASSISTANT	OA
OFFICE VISIT	O/V
OLD AGE SURVIVORS & DISABILITY INSURANCE	OASDI
OLDER YOUTH	OY
OMNIBUS BUDGET RECONCILIATION ACT	OBRA
ON THE JOB TRAINING	OJT
ONLINE CALWORKS APPRAISAL TOOL	OCAT
OPEN ENROLLMENT	OE
OPTIONAL TARGETED LOW INCOME CHILDREN (PROGRAM)	OTLIC or TLICP
OTHER HEALTH COVERAGE	OHC
OVERISSUANCE	O/I
OVERPAYMENT	O/P
PACIFIC UNION COLLEGE	
PACIFIC UNION COLLEGE	PUC
PACKET	PKT
PARTICIPANT	PT
PART TIME EMPLOYMENT	PTE
PATERNITY OPPORTUNITY PROGRAM	POP
PAYMENT AUTHORIZATION	PA
PAYMENT VERIFICATION SYSTEM	PVS
PENDING	PN
PENDING VERIFICATION(S)	PV
PENSION	PENS
PERIOD OF INELIGIBILITY	POI
PERCENT	%
PERMANENT	PERM
PERMANENT HOMELESS ASSISTANCE	PHA, PERM HA
PERMANENTLY RESIDING UNDER COLOR OF LAW	PRUCOL
PERSON	PER
PERSONAL PROPERTY	PP
PHONE CALL	P/C
POLICY, REVIEW AND TRAINING ENVIRONMENT	PRT
POST TRAUMATIC STRESS DISORDER	PTSD
POWER OF ATTORNEY	POA

PREGNANT/PREGNANCY	PG
PREGNANT WOMAN ONLY	PWO
PRE-LICENSED PSYCHIATRIC TECHNICIAN	PLPT
PREPAID HEALTH PLAN	PHP
PRESCRIPTION(S)	RX
PRIMARY CARE BENEFIT	PCB
PRINCIPAL/PRIMARY (WAGE) EARNER	PWE
PROCESSED	PROC'D
PROJECT 90	P90
PROJECT EXPENDITURES WORKSHEET	PEW
PROJECTED ANNUAL INCOME	PAI
PROOF OF ELIGIBILITY	POE
PSYCHIATRIC TECHNICIAN TRAINEE	PTT
PSYCHIATRIC TECHNICIAN TRAINING CANDIDATE	PTTC
PUBLIC ASSISTANCE CALFRESH	PACF
PURCHASE & PREPARE	P&P
QUALIFIED HEALTH PLAN	QHP
QUALIFIED MEDICARE BENEFICIARY	QMB
QUALIFIED WORKING DISABLED INDIVIDUAL	QWDI
QUALIFYING LIFE EVENT	QLE
QUALITY ASSURANCE	QA
QUALITY CONTROL	QC
QUALITY MANAGEMENT	QM
QUALITY MANAGEMENT SPECIALIST	QMS
QUARTER	QTR
QUARTERLY REPORTING/PROSPECTIVE BUDGETING	QR/PB
QUESTION(S)	?(S)
REASONABLY ANTICIPATED INCOME	RAI
RECEIVED	RCVD
RECERTIFICATION	RE
RE-EVALUATION	RE
REFERRAL	REF
REFUGEE CASH ASSISTANCE	RCA
REFUGEE MEDICAL ASSISTANCE	RMA
REGARDING	RE:
REGIONAL CALL CENTER	RCC
REGIONAL OCCUPATIONAL PROGRAM	ROPG
REGIONAL OCCUPATIONAL PROGRAM	ROP
REASONABLE OPPORTUNITY PERIOD	ROP
REGISTER, REGISTRATION(S)	REG
REGISTERED DENTAL ASSISTANT	RDA
REGISTERED DOMESTIC PARTNER	RDP
REGISTERED NURSE	RN
REGULATIONS	REGS
REINVESTIGATION	RE
RELEASE OF INFORMATION	ROI
REMOTE IDENTITY PROOFING	RIDP
REQUEST(ED)	REQ
REQUEST FOR TAX HOUSEHOLD INFORMATION	RFTHI
RESOURCE SPECIALIST	RS
RESTORATION OF AID	ROA

RETIREMENT	RET
RETURNED TELEPHONE CALL	R/C
RIGHTS & RESPONSIBILITIES	R&R
ROOM AND BOARD	R&B
SANCTION	SANC
SAMARITAN FAMILY CENTER	SFC
SATISFACTORY IMMIGRATION STATUS	SIS
SAVINGS ACCOUNT	SAV ACCT
SCHOOL ATTENDANCE REVIEW BOARD	SARB
SELF-EMPLOYMENT	SE
SELF SUFFICIENCY SERVICES DIVISION	SSSD
SEMI ANNUAL REPORTING	SAR
SEMI ANNUAL REPORTING ANNUALLY	SARA
SENIOR OFFICE ASSISTANT	SOA
SENIOR RESOURCE SPECIALIST	SRRS
SEXUAL ORIENTATION/GENDER IDENTITY	SOGI
SHARE OF COST	SOC
SIGNED IN MY PRESENCE	SIMP
SINGLE POINT OF ENTRY	SPE
SINGLE STREAMLINED APPLICATION	SSAPP
SKILLED NURSING FACILITY	SNF
SMALL BUSINESS DEVELOPMENT CENTER	SBDC
SOCIAL SECURITY	SS
SOCIAL SECURITY ADMINISTRATION	SSA
SOCIAL SECURITY DISABILITY	SSD
SUPPLEMENTAL SECURITY INCOME	SSI
STATE SUPPLEMENTARY PAYMENT	SSP
SOCIAL SECURITY NUMBER	SSN
SOCIAL WORKER	SW
SPANISH	SP
SPECIAL INVESTIGATIONS UNIT	SIU
SPECIAL NEED	SN
SPECIFIED LOW-INCOME BENEFICIARY	SLMB
STAFF SERVICES ANALYST I/II	SSA I/SSA II
STANDARD UTILITY ALLOWANCE	SUA
STATE BUY IN	SBI
STATE DATA EXCHANGE	SDX
STATE DISABILITY INSURANCE	SDI
STATE FAIR HEARING	SFH
STATE SUPPLEMENTARY PAYMENT	SSP
STATEMENT	STMT
STATEMENT OF FACTS	SOF
STATEWIDE FINGERPRINT IMAGING SYSTEM	SFIS
STATEWIDE UTILITY ASSISTANCE SUBSIDY	SUAS
SUPERVISING RESOURCE SPECIALIST	SRS
SUPERVISOR	SUPE
SUPPLEMENT	SUPP
SYSTEMATIC ALIEN VERIFICATION OF ENTITLEMENT	SAVE
TELEPHONE CALL	T/C
TELEPHONE UTILITY ALLOWANCE	TUA
TEMPORARY	TEMP

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	TANF
TEMPORARY HOMELESS ASSISTANCE	THA, TEMP HA
TEMPORARY WORKER'S COMPENSATION	TWC
THIRD PARTY LIABILITY	TPL
THERAPEUTIC ABORTION	TAB
TIME ON AID	TOA
TRAFFICKING AND CRIME VICTIMS ASSISTANCE PROGRAM	TCVAP
TRAINING PROPOSAL	TP
TRAINING RESEARCH REPORT	TRR
TRANSITIONAL CALFRESH	TCF
TRANSITIONAL MEDI-CAL	TMC
TRUST FUND	TR FD
UNABLE TO DETERMINE	UTD
UNCONDITIONALLY AVAILABLE INCOME (AKA POTENTIALLY AVAILABLE INCOME)	UAI
UNDERISSUANCE	U/I
UNDERPAYMENT	U/P
UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES	USCIS
UNDOCUMENTED	UNDOC
UNEMPLOYED PARENT	U-PARENT
UNEMPLOYMENT INSURANCE BENEFITS	UIB
UNITED STATES OF AMERICA	USA, US
UNIVERSAL ENGAGEMENT	UE
UNRELATED ADULT MALE	URAM
UTILITIES	UTIL
VEHICLE	VEH, MV
VENDOR / VOUCHER	V/V
VERIFICATION(S)	VERIF(S)
VERIFIED UPON RECEIPT	VUR
VETERAN'S ADMINISTRATION	VA
VETERAN'S HOME	VH
VOCATIONAL EDUCATION	VOC ED
VOICE MAIL	V/M
VOLUNTARY AGENCY FOR REFUGEE RESETTLEMENT	VOLAG
VOTER REGISTRATION CARD	VRC
VIRTUAL ONE STOP	VOS
WEEK	WK
WEEKDAYS/WEEKENDS	MONDAY = MON FRIDAY = FRI TUESDAY = TUE SATURDAY = SAT WEDNESDAY = WED SUNDAY = SUN THURSDAY = THU
WEEKLY	WKLY
WELFARE DATA TRACKING IMPLEMENTATION PROJECT	WDTIP
WELFARE FRAUD INVESTIGATOR	WFI
WELFARE-TO-WORK	WTW
WITH	W/
WITHDRAW(AL)	W/D
WITHIN	W/IN
WITHOUT	W/O
WOMAN, INFANT, AND CHILDREN	WIC
WORK INCENTIVE NUTRITIONAL SUPPLEMENT	WINS

WORK EXPERIENCE	WEX
WORK NUMBER	WN
WORK PARTICIPATION RATE	WPR
WORK REGISTRATION	WRK REG
WORKFORCE INNOVATION AND OPPORTUNITY ACT	WIOA
WORKFORCE NAPA	WFN
WORKER'S COMPENSATION	WC
YEAR(S)	YR(S)
YEAR TO DATE	YTD
YOUNGER YOUTH	YY
ZERO BASIC GRANT	ZBG

Journal Entry Checklists

CW/CF/GA Intake	
Category	Eligibility
Type	Narrative
Short Description Options	Intake- CW/CF Intake- CW Intake- CF Intake- GA/CF
Long Description:	
<ol style="list-style-type: none"> 1. General Info <ol style="list-style-type: none"> a. O/V or phone interview b. Date of interview c. Who came in? d. Reason for O/V (programs, emergency services, etc.) e. Date of application f. Language choice for interview and forms g. Language accommodations requested/offered h. How language accommodations were met (bilingual EW/RS, Language line, etc.) i. Special Circumstances (aged, disabled, special needs etc.) j. Residency k. Identity (note: CW requires adults present ID in person) 2. Household composition <ol style="list-style-type: none"> a. Citizenship/Alien Status b. Separate HH status/Purchase & Prepare c. Living Situation (shared housing, own, rent) d. Deprivation (CW only) e. Any existing sanctions f. If case is NNR – Whether or not benefits will be used for children(s) needs (CW only) g. URAM (CW only) 3. Expenses <ol style="list-style-type: none"> a. Rent/IIK (amount of rent/source of IIK) b. SUA,LUA, TUA, has c. Medical expenses for disabled (CF 31) 4. Income <ol style="list-style-type: none"> a. Amount/source/frequency/etc. b. Determination on RAI, What \$ used & why c. Verification provided d. Income v Expenses (how making ends meet, if applicable) 5. Resources/Property <ol style="list-style-type: none"> a. Description b. Value c. Verification provided d. MCE (CalFresh only) <ol style="list-style-type: none"> i. Income below or above 200% FPL ii. Availability of PUB 275 iii. MCE conferred or not conferred 6. Forms/Referrals/SOF/R&Rs 	

- a. Given
 - b. Explained
 - c. SIMP
 - d. Referrals made (CHDP, Food bank, WIC, etc.)
 - e. Applicant reporting responsibilities explained (CW only)
 - f. Motor Voter (MC 200)
 - g. SOGI/CW 2223 (who form mailed to, if declined to state or failed to return form)
 - h. CW 2224 given and outcome of decision to accept or decline services (if applicable, otherwise indicate did not meet criteria)
7. Self Service Options
- a. What services were offered: C4Yourself, E-notifications, Text notifications and IVR
 - b. What services customer opted-in to
 - c. Consent forms signed
8. ABAWD/Work registration
9. WINS Eligibility
10. Discrepancies
11. Actions Taken
- a. Rescinds
 - b. Approvals (months and amounts/aid code)
 - c. Denials
 - d. Pending info and due date
12. MEDS /IEVS cleared
13. NOAs

Processing CW/CF Changes	
Category	Eligibility
Type	Change Reported
Short Description Options	Phone Call- (made, attempted, or received), or Drop-In, or Mail Received
Long Description:	
<ul style="list-style-type: none"> 1. What initiated the change? <ul style="list-style-type: none"> a. T/C or O/V from customer b. County initiated action (sanction) c. QC/QM correction d. Special Investigations/IEVS information 2. Info received and source 3. Action taken <ul style="list-style-type: none"> a. Case changes, updated ___ page(s) b. Changes rejected due to SAR or 10 day c. Gave/mailed forms to customer d. Rescinds (program or people on case) e. Add-person or DISC person-(include who and effective date) f. Moves (in & out of home)/Address changes g. ABAWD information h. Sanctions i. Forms <ul style="list-style-type: none"> i. NOAs ii. Pending list, due date 	

- j. Program(s) DISC for _____
- k. Programs approved

CW/CF RE	
Category	Eligibility
Type	Narrative
Short Description	(Due Date) RE- CF/CW Example: 09/11 RE- CW
Long Description:	
<ol style="list-style-type: none"> 1. General Information <ol style="list-style-type: none"> a. O/V or Phone interview b. Date c. Who participated d. Reason for O/V (CF/CW RE) e. Language choice for interview and forms f. Language accommodations requested/offered g. How language accommodations were met (bilingual EW, Language line, etc.) 2. Household Composition <ol style="list-style-type: none"> a. Citizenship/Alien Status b. Separate HH status c. Living Situation (shared housing, own, rent) d. Deprivation (CW only) e. Any existing sanctions f. If case is NNR – Whether or not benefits will be used for children(s) needs (CW only) g. URAM (CW only) 3. Expenses <ol style="list-style-type: none"> a. Rent/IIK (amount of rent/source of IIK) b. SUA, etc. 4. Income <ol style="list-style-type: none"> a. Source/frequency/etc. b. Determination on RAI, what \$ used and why c. Verification provided d. Income vs. expenses 5. Resources/Property <ol style="list-style-type: none"> a. Description b. Value c. Verification provided d. MCE (CalFresh only) <ol style="list-style-type: none"> i. Income below or above 200% FPL ii. Availability of PUB 275 iii. MCE conferred or not conferred 6. Forms/Referrals/SOF/R&Rs <ol style="list-style-type: none"> a. Given b. Explained c. SIMP d. Referrals made (CHDP, Food bank, WIC, etc.) e. Motor Voter (MC 200) f. SOGI/CW 2223 (who form mailed to, if declined to state or failed to return form) 	

- g. CW 2224 given and outcome of decision to accept or decline services (if applicable, otherwise indicate did not meet criteria)
- 7. Self Service Options
 - a. What services were offered: C4Yourself, E-notifications, Text notifications and IVR
 - b. What services customer opted-in to
 - c. Consent forms signed
- 8. ABAWD/Work registration/WTW information
- 9. WINS Eligibility
- 10. Discrepancies
- 11. Actions Taken
 - a. Approval Decrease/Increase (reason)
 - b. Discontinuance (reason)
 - c. Pending info and due date
- 12. IEVS cleared
- 13. NOAs

SAR 7	
Category	Eligibility
Type	Narrative
Short Description	(MM/YY) SAR 7 Processed
Long Description:	
<ul style="list-style-type: none"> 1. Complete or incomplete 2. Timely or late, date received 3. Changes reported 4. Verifications received 5. Income, no income <ul style="list-style-type: none"> a. RAI b. How EW used income or not 6. Actions taken <ul style="list-style-type: none"> a. EDBC run for _____ b. Months granted c. Benefits increase or decrease d. NOAs sent 7. OI/OP result of late reporting (if applicable) 	

Balderas Call	
Category	Eligibility
Type	Narrative
Short Description	Balderas Call
Long Description	
<ul style="list-style-type: none"> 1. Date called 2. Phone number(s) called 3. Outcome for each phone number 4. Self Service Options offered (C4Yourself, e-notifications, Text messages and/or IVR) 5. If contact made, customer preference for completing SAR 7 (e-signature or paper). 	

WINS Review	
Category	Eligibility
Type	Narrative
Short Description	WINS Sample Verified
Long Description:	
<ol style="list-style-type: none"> 1. Month/Year of WINS Sample 2. CF HH composition with note of APs not in the home 3. WINS aid code 4. Employment (include employer and position if known) 5. Date employment began 6. Earnings per hour 7. Frequency paid 8. Source of verification 9. Projected Income 10. Pay period and hours worked (i.e. MM/DD/YY through MM/DD/YY, 00.00 hours worked) 11. Calculated monthly hours (i.e. 40 hours per week x 4.33 = 173.2 hours for the month). 12. Average weekly hours of unsubsidized employment (i.e. 115.5 hours for the month/4.33 = 26.67, rounded to nearest whole hour = 27). 13. Case is/is not meeting WPR and WINS will/will not continue for [month/year]. 	

Overpayment and/or Overissuance	
Category	Eligibility
Type	Narrative
Short Description	O/I or O/P set up for <month(s)>
Long Description:	
<ol style="list-style-type: none"> 1. Issuance month(s) 2. Amount(s) issued 3. Correct amount(s) 4. Amount of O/I or O/P 5. Reason for O/I or O/P 6. NOA/Repayment Agreement sent 7. Type of O/I or O/P 8. Other Information 	

Time on Aid Comments	
Category	Eligibility
Type	Narrative
Short Description	Time on Aid
Long Description:	
<ol style="list-style-type: none"> 1. Reason TOA calculated or updated 2. Last time TOA was reviewed and documented 3. Months used for TANF and CW and how determined those months 4. Updates made since last TOA review 5. C-IV/WDTIP updated (if applicable) 6. Contact with other counties or states (name and phone of contact) including months of aid and any exemptions/sanctions that the other county has provided 7. Reviewed/Cleared courtesy months 8. Cleared WDTIP alerts 9. Child Support reimbursement calculated 10. Requests made to other counties to make changes (name/contact information) 	

ICT Out Comments	
Category	Eligibility
Type	Narrative
Short Description	ICT (Program) to (County Name)
Long Description:	
<ol style="list-style-type: none"> 1. Contact from participant/ new county that moved to _____ County on _____ (date) 2. Contact updated w/new address 3. Expenses updated w/new rent & utility information 4. CW 215/CF 215/MC 360/NA 1268/MC 358 generated 5. eICT/Manual ICT sent 6. (If date known) CW/CF will discontinue effective _____ 7. Sent customer reminder letter 8. If partial ICT, old case number 	

ICT Out Comments (Follow Up)	
Category	Eligibility
Type	Narrative
Short Description	ICT Follow Up
Long Description	
<ol style="list-style-type: none"> 1. Type of contact with receiving County 2. CW/CF/MC will discontinue effective _____ 3. Received confirmation that (county name) has picked up (programs) effective _____ (date). 	

Approval Comments	
Category	Eligibility
Type	Narrative
Short Description	CW/CF/MC Approved (if any program left pending or denied, also include) Example: CF Approved, CW Pending
Long Description:	
<ol style="list-style-type: none"> 1. Verifications received 2. Granted _____(programs) for months of _____ 3. Type/level of aid approved <ol style="list-style-type: none"> a. CF/CW: benefit amounts b. MC: aid codes/share of cost amount 4. Manual NOAs sent (if applicable) 5. PN Programs or verifications (if applicable) 6. Case IDT to _____ (unit/workload), MEDS connected *Either follow IDT Case Comments template below or enter new journal entry if IDT is done on a different date. 	

IDT Case Comments	
Category	Eligibility
Type	Narrative
Short Description	(List program(s)) IDT
Long Description:	
<ol style="list-style-type: none"> 1. Case IDT to _____ (unit/workload) 2. Documents indexed 3. IAT's completed 4. Verification page cleared 5. IEVS cleared 6. Tasks cleared/processed 7. Alerts cleared/processed 8. PVS cleared/processed 9. New Hires cleared/processed 10. MEDS connected 	

Denial Comments	
Category	Eligibility
Type	Narrative
Short Description	CW/CF/MC Denied (if any program left pending, also include) Example: CF Denied, MC Pending
Long Description:	
<ol style="list-style-type: none"> 1. Verifications not received or received 2. Denied _____(programs) for months of _____ 3. Manual NOAs sent (if applicable) 4. PN Programs or verifications (if applicable) 	

CMSP Intake	
Category	Eligibility
Type	Narrative
Short Description	Intake – CMSP
Long Description:	
<ol style="list-style-type: none"> 1. General Info <ol style="list-style-type: none"> a. How application was received (C4Y/SSApp/CH) b. If office visit, who came in? c. Date of application d. Language choice for interview and forms e. Language accommodations requested/offered f. How language accommodations were met (bilingual EW, language line, etc.) g. Reason ineligible to Medi-Cal – other options/coverage explored h. Authorized Representative? i. County residency 2. Household Composition <ol style="list-style-type: none"> a. Who is in the home, relationships b. Who is in the CFBU c. Citizenship/Alien status & how verified d. MC 13 required? e. Identity 3. Income <ol style="list-style-type: none"> a. Amount, source, frequency including countable and exempt income b. How determination of income was made 	

- c. How income was verified
- 4. Resources/Property
 - a. Types, ownership, values and exemption status
 - b. How values were obtained
 - c. Spend down if applicable
- 5. Expenses
 - a. Allowable expenses and amounts (OHC, child care, child support, etc.)
 - b. How expense(s) were verified
- 6. OHC
 - a. CMSP 203 sent
- 7. Retro requested for (persons) and (month) and how information was gathered
- 8. Disability status
 - a. DDS packet required?
 - b. Status of cooperation with DDS
- 9. Third Party Liability
 - a. CMSP 1176 sent
- 10. Covered CA application requirement met and verified?
- 11. UAI (UIB, SDI, SSA, etc.)
- 12. Screened for potential CF eligibility
- 13. Referrals made (EDD, SSA, Food Bank, Clothing, etc.)
- 14. BIC reviewed
- 15. Forms
 - a. CMSP 215 or document how information was gathered
 - b. CMSP 216 if telephonic signature was used
 - c. CMSP Notice 1 & 2
- 16. Actions Taken
 - a. Pending items, pending list sent & due date
 - b. Granted (aid code, share of cost, certification period)
 - c. NOA(s) sent, what was appended or if manual NOA sent
 - i. NOA sent to Authorized Representative?
 - d. MEDS checked for correct aid code and share of cost
 - e. Denied for _____
 - f. Rescinds
 - g. Case IDT'd to (unit)
- 17. Follow up needed to discontinue when CovCA coverage begins?

MC Intake	
Category	Eligibility
Type	Narrative
Short Description	Intake – MC Mail-In/e-App/CalHEERs Referral
Long Description:	
1. General Info <ul style="list-style-type: none"> a. Source of application (mail, C4Yourself, phone, MAGI referral) b. Date of application/referral & benefit months requested (if different than date of application) c. Language choice for interview and forms d. Language accommodations requested/offered e. How language accommodations were met (bilingual EW/RS, Language line, etc.) f. Who is requesting coverage g. Preferred method of contact (if unable to comply, reason why another method used) h. Customer Option for full hierarchy i. Retro: month(s) requested, month(s) customer has bill(s), for whom it was requested, how information was gathered (i.e. MC 210A or phone) and month(s) approved/denied j. County residency k. AR/POA/Agency including end date & how AR was assigned (form, phone, etc.) 	

- l. Motor Voter (MC 200)
 - m. Life Change Event
 - 2. HH Comp (use names rather than person numbers)
 - a. Who is living in the home, relationships
 - b. Tax Household
 - i. Tax filing status (single, married filing jointly, etc.)
 - ii. If the person is claimed as a dependent or not & who is claiming them
 - iii. If person is primary tax filer or not
 - iv. If person expects to file a tax return for current year or not
 - v. If person is required to file a tax return for current year or not
 - c. Linkage (for Non-MAGI)
 - d. Citizenship/Alien Status/MC13
 - i. How DRA was met/not met for US Citizens
 - ii. If vital stats screen not entered, why?
 - e. Identification
 - i. Identity for primary applicant
 - ii. Identity Proofing for primary applicant
 - f. Veterans: CW 5 sent
 - 3. Expenses
 - a. IRS allowable deductions for MAGI
 - b. Non-MAGI expenses
 - i. Dependent care
 - ii. Court ordered child/spousal support paid
 - iii. OHC Premiums
 - iv. Medicare (Parts, premium amounts, on buy-in?)
 - 4. Income
 - a. Amount, source, frequency, etc.; how determination of income used was made
 - b. What income was not counted/exempt
 - c. PAI or CMI used and how it was verified
 - d. Verifications received (if applicable)
 - e. Income In-Kind (non-MAGI only)
 - 5. Resources/Property (if evaluating for Non-MAGI)
 - a. MC 007 sent to customer/spend down explanation
 - b. DHCS 7077 & 7077-A sent
 - c. Types of property, ownership, values, type of verification
 - 6. LTC only – Look back and spend down reviewed
 - 7. OHC
 - 8. Special Circumstances (TPL, DED packet, etc.)
 - 9. Forms
 - a. SSApp/MC App signed by customer or telephonic signature
 - b. R&R(s) returned/not returned but mailed
 - c. Motor Voter returned/not returned but mailed
 - d. Manual NOAs: why manual NOA sent, what was appended
 - e. If documents uploaded from COV CA to meet DRA
 - 10. Discrepancies (IEVS, PVS, etc.)
 - a. Duplicate and/or cancelled CalHEERS cases
 - b. MEDS issues
 - c. Reason for any help desk tickets
 - 11. What information has been e-verified
 - 12. Telephonic signature (if applicable)

- a. "On [date], customer provided [xyz] over the phone, customer agreed to telephonic signature and was advised that the information provided was under penalty of perjury."
- 13. Referrals/Resources
 - a. CW/CF referral if appropriate
 - b. Referrals to other community resources
- 14. Self Service Options
 - a. What services were offered: C4Yourself, E-notifications, Text notifications and IVR
 - b. What services customer opted-in to
 - c. Consent forms signed
- 15. Case GR/Program DN for _____
- 16. MEDS checked for correct aid codes & case IDT'D
- 17. Actions taken(if taken during initial processing)
 - a. Rescinds
 - b. Pending items and due date
 - i. Attempts made to verify items (i.e. using ex parte or with release of information)
 - c. Approval, programs and months
 - d. Carry Forward Status lifted?
 - e. Denial and reason
 - i. How individual(s) denied Medi-Cal were notified of opportunity to apply for CMSP

MC Mail-In RE	
Category	Eligibility
Type	Narrative
Short Description	(Due Date) RE- MC (Example: 5/16 RE-MC)
Long Description:	
1. General Info <ul style="list-style-type: none"> a. RE for (month) complete/incomplete b. E-verification status c. 90 day cure period (if applicable) d. Ex parte completed e. AR/POA/Agency including end date f. Motor Voter (MC 200) g. Life Change Event 	
2. HH Comp <ul style="list-style-type: none"> a. Who is in the home, relationships b. Citizenship/Alien Status/MC 13 c. ID d. Language choice for interview and forms e. Language accommodations requested/offered f. How language accommodations were met (bilingual EW, language line, etc.) g. Living Situation/Tax Household – if changes reported, list by person what changed & what stayed the same. If no changes reported, summarize current information. h. Veterans: CW 5 sent 	
3. Expenses <ul style="list-style-type: none"> a. Allowable Non-MAGI deductions (OHC paid, child care, child/spousal support paid, Medicare). If on Medicare, what parts? on buy-in? b. Allowable MAGI deductions 	
4. Income	

- a. Amount, source, frequency, etc. how determination of income used was made including what income was not counted/exempt.
- 5. Resources/Property (if evaluating for Non-MAGI)
 - a. MC 007 sent to customer/spend down explanation
 - b. DHCS 7077 & 7077-A sent
 - c. Types of property, ownership, values, type of verification
- 6. OHC
 - a. Added/Removed
 - b. Verification received
- 7. Telephonic signature (if applicable)
 - a. "On [date], customer provided [xyz] over the phone, customer agreed to telephonic signature and was advised that the information provided was under penalty of perjury."
- 8. Discrepancies
 - a. IEVS cleared, PVS, New Hires, tasks, MEDS, CINs, etc.
- 9. Actions Taken (if any during initial processing)
 - a. Pending, MC 355 sent
 - b. Case GR or rescinded, aid codes
 - c. Non-MAGI screening packet sent to evaluate for non-MAGI?
 - d. Soft pause lifted?
 - e. Referrals and plan selection addressed (if applicable)
 - f. Case DISC for _____
- 10. NOAs
 - a. Manual NOAs: why manual NOA sent, what was appended
- 11. Referrals made
- 12. After GR, case IDT'd to _____ (unit). MEDS connected.

MC/CMSP Continuing Actions	
Category	Eligibility
Type	Narrative
Short Description Options	Phone Call (Made, Received, Attempted) Drop-in Mail Received Determination Change
Long Description:	
<ul style="list-style-type: none"> 1. T/C, O/V, mail 2. Reason for call or visit and/or type of change reported 3. Life Event Changes – date/reported date of Qualifying Life Event 4. Language accommodations requested/offered 5. How language accommodations were met (bilingual EW/ESW, Language line, etc.) 6. Info received 7. Action taken (<i>updated _____ page(s), etc.</i>) 8. Gave/mailed forms to customer 9. Rescinds (program or people on case) 10. Add-person or DISC person (include who and effective date) 11. Moves (in & out of home)/Address changes 12. Telephonic signature (if applicable) 	

- a. "On [date], customer provided [xyz] over the phone, customer agreed to telephonic signature and was advised that the information provided was under penalty of perjury."
- 13. NOAs
 - a. Manual NOAs: why manual NOA sent, what was appended
- 14. Case DISC for _____
 - a. How individual(s) denied Medi-Cal were notified of the opportunity to apply for CMSP
- 15. Case Approved for _____(month)
- 16. IAT reviewed, complete, manually complete. If not complete, why.

TMC Report	
Category	Eligibility
Type	Narrative
Short Description	(MM/YY) TMC Report
Long Description:	
<ol style="list-style-type: none"> 1. Report number (#1, #2 or #3) 2. Date received 3. Months report covers and month(s) report effects (i.e. TMC report covering months 1/19-3/19 determining ongoing TMC eligibility beginning 7/19) 4. Report complete or incomplete? Why? 5. Income used (actuals are used for TMC) 6. Expenses (child care) 7. Action taken 8. NOA sent 	

GA Granting	
Category	Eligibility
Type	Narrative
Short Description	GA Approved
Long Description:	
<ol style="list-style-type: none"> 1. Assessed Category, how it was determined and the development of an Employment, Exempt or Interim Assistance Plan. 2. Appointment comments 3. GA Forms reviewed 4. Granted benefit amounts 5. Granting information sent to fiscal to update database 6. SSP 14 delivered to SSA (if applicable) 	

QMB Only – SSI/SSP Linked

Category	Eligibility
Type	Narrative
Short Description	QMB Approved/Denied (SSI/SSP Linked)
Long Description:	
<ol style="list-style-type: none"> 1. Date QMB referral received or date of QMB Redetermination completed 2. BDOA 3. Information verified via MEDS records/Social Security <ol style="list-style-type: none"> a. Current MC aid code (QM) b. Date of Medicare eligibility/Buy-In (QB) c. Authorized Representative (QD) d. Citizenship/Immigration status (QE) e. Primary language per MEDS (QE) f. Income reported (QX) 4. All Resources verified via Social Security 5. Cleared <ol style="list-style-type: none"> a. MEDS alerts b. Tasks c. IEVS d. PVS e. SAVE f. Forms/Documents Indexed 6. EDBC Results 7. NOAs sent 	

QMB Only – Non-SSI/SSP Linked

Category	Eligibility
Type	Narrative
Short Description	QMB Approved/Denied (Non-SSI/SSP Linked)
Long Description:	
<ol style="list-style-type: none"> 8. Date QMB referral or MC 14A received or date of QMB Redetermination completed 9. BDOA 10. Citizenship/Immigration Status 11. Primary Language 12. Authorized Representative 13. Household Composition 14. Medicare Eligibility 15. Resources 16. Income 17. Cleared <ol style="list-style-type: none"> a. MEDS alerts b. Tasks c. IEVS d. PVS e. SAVE f. Forms/Documents Indexed 18. EDBC Results 19. NOAs sent 	

Companion Cases	
Category	Eligibility
Type	Narrative
Short Description	Companion Case Created/Removed
Long Description:	
1. Explanation of why companion case was created or removed.	

WTW Plan Initiation / SIP Comments	
Category	Employment Services
Type	Narrative
Short Description Options	WTW Plan SIP Approved
Long Description:	
<ol style="list-style-type: none"> 1. Reason for activity(s) 2. Description of activity(s) 3. Start date and end date of activity 4. WTW Action Plan and WTW2 completed and signed 5. List supportive services offered and requested 6. If SIP – Ed. plan on file 7. If SIP – WTW 8 signed and on file. 8. If SIP – Satisfactory progress on file (if appropriate) 9. 24 MTC start date & comprehensive discussion completed 10. Any referrals requested or made. 	

Sanction Initiation Comments	
Category	Employment Services
Type	Narrative
Short Description	WTW Sanction
Long Description:	
<ol style="list-style-type: none"> 1. PT no showed to compliance appointment or Describe how compliance plan not completed 2. Sanction reason and activity not completed (if applicable) 3. Sanction effective Date _____ 4. NA 817 sent if compliance plan was signed 5. NA 840 sent to Housing Authority (if applicable) 6. V/V task set 7. EW notified 	

WTW Non-Compliance	
Category	Employment Services
Type	Narrative
Short Description	WTW Non-Compliance
Long Description:	
<ol style="list-style-type: none"> 1. Reason for non-compliance 2. NA840/845 and WTW27 completed and mailed 3. Compliance Appointment Date and Time 4. Potential Sanction Date 5. CRC notified to terminate services (if applicable) 6. WTW4 sent to 2nd parent (if applicable) 	

WTW Home Visit	
Category	Employment Services
Type	Narrative
Short Description	Home Visit
Long Description:	
<ol style="list-style-type: none"> 1. HV completed on _____(date) and reason for HV (i.e. RE, compliance, etc.) 2. Describe first impressions of living situation and housing conditions 3. Summarize any noticeable barriers or issues 4. Summarize parenting skills issues (if applicable) 5. Summarize discussion w/participant 6. List any changes to plan/ activity etc. 7. List any forms completed 8. List any referrals made and reason for referral 9. Summarize conclusion and any follow-up needed and/or completed. 	

WTW Appraisal	
Category	Employment Services
Type	Narrative
Short Description	WTW Appraisal
Long Description:	
<ol style="list-style-type: none"> 1. Received signed WTW1 (if applicable) 2. Received WTW47 3. PT showed for appraisal on _____(date) 4. Summarize PT's school and employment history, skills and potential barriers (health, legal, substance abuse, etc.) 5. LD screening completed / waived and reason – and whether LD eval is necessary or customer is referred to it. 6. Referred for evaluation or waived 7. WTW Action Plan and activity assigned to complete _____. WTW 2/CCP 7 received and signed. WTW Action Plan received and signed (if applicable). Other comments per activity as necessary 8. Supportive Services offered and needed 9. ASR completed, reviewed, and signed with participant 10. Referrals made 11. Release of information received (if applicable) and case flag entered. 	

WTW Exemption Approval

Category	Employment Services
Type	Narrative
Short Description	WTW Exemption Approved
Long Description:	
<ol style="list-style-type: none"> 1. Proof of exemption eligibility received (i.e. CW 61 or Plan 112) 2. Summary of condition / Summary of Dr's statement on CW61 3. Phone call made to Dr. and what was discussed (if applicable) 4. CW2186B sent 5. Exemption start and end date 6. Review date set 7. Follow up and referrals 8. Medical condition tab completed 9. Review C-IV & MEDS for correct TOA 	

WTW Exemption Denial

Category	Employment Services
Type	Narrative
Short Description	WTW Exemption Denied
Long Description:	
<ol style="list-style-type: none"> 1. Reason for denial 2. CW61 not received or received stating able to work 3. Follow up contact w/ PT and/or Dr. and what was discussed 4. Denial CW 2186B sent 5. WTW appointment scheduled for _____ 	

Federal WPR Sample

Category	Employment Services
Type	Narrative
Short Description	Federal WPR Sample (Month/Year)
<p><i>The following items must <u>all</u> be answered in the exact order displayed below. If an item does not pertain to your case, enter "N/A" or "None".</i></p>	
Long Description:	
<ol style="list-style-type: none"> 1. Whether the case is a One or Two Parent Household 2. # of Work Eligibles and/or reason why parent is not work eligible 3. Participants status and status reason (especially exemption reason) 4. # of hours participant is required to participate 5. Any supportive services being used (including child care). Are they participating in FSP or HSP and receiving any funding? 6. Child(ren) name(s) and DOB 7. Earnings of any adults or children in the household 8. TANF amount received 9. Activities and hours to count towards activities. Ensure you list the activities under the correct activity category that it should be counted under. Information on what verifications are on file to verify activity/hours. 	

Orientation	
Category	Employment Services
Type	Narrative
Short Description	WTW orientation completed
Long Description:	
<ol style="list-style-type: none"> 1. Who came in to complete group orientation 2. WTW CalWORKs orientation completed in accordance with EAS 42-711.552 3. WTW Handbook provided 4. All questions answered 5. WTW 1 R&R reviewed and signed 6. Rights and Responsibilities understood. 7. WTW 1 scanned 8. Informing included description of WTW program, available activity components and supportive services including child care. 	

HSP - Referral	
Category	Employment Services
Type	Narrative
Short Description	HSP Referral
Long Description:	
<ol style="list-style-type: none"> 1. Referral (EW, ESW) <ol style="list-style-type: none"> a. Referral reason b. Explanation of homelessness, why customer is currently staying c. HSP explained to customer d. SSSD 2033 completed and provided to _____ and CW Analyst e. Other Worker (CW or WTW) informed 	

HSP – Initial Meeting	
Category	Employment Services
Type	Narrative
Short Description	HSP Initial Meeting
Long Description:	
<ol style="list-style-type: none"> 1. Initial Meeting <ol style="list-style-type: none"> a. HSP explained to customer b. Family size – including number of adults and children c. Current family income d. How customer meets or does not meet HSP criteria e. If granted, calculation of maximum rental budget that customer can pay f. Referral to apply for CW homeless assistance g. Level of case management required h. Grant/Denial form completed and forwarded to CW Analyst i. Referred to Abode 	

HSP – Case Management Check-in	
Category	Employment Services
Type	Narrative
Short Description	HSP Case Management Check in
Long Description:	
<ol style="list-style-type: none"> 1. Case Management Check-In <ol style="list-style-type: none"> a. Actions taken b. Review of Housing plan and progress towards housing plan c. Updates to housing plan (if applicable) d. If nearing Month 7 of rent subsidy, actions taken to assist in locating other housing or funding source 	

HSP – Discontinuance	
Category	Employment Services
Type	Narrative
Short Description	HSP Discontinuance
Long Description:	
<ol style="list-style-type: none"> 1. Discontinuance <ol style="list-style-type: none"> a. Reason for discontinuance b. Exit date c. Status of customer's housing at discontinuance d. HSP Exit Letter sent e. HMIS Exit form completed 	

HSP – Non-Compliance	
Category	Employment Services
Type	Narrative
Short Description	HSP Non-compliance
Long Description:	
<ol style="list-style-type: none"> 1. Non-Compliance (potential exit) – these minimum requirements will be expected to be over a number of entries. <ol style="list-style-type: none"> a. Reason for non-compliance b. Contacts or attempted contacts made c. Customer Contact Letter sent d. Landlord Exit Letter sent 	

WTW Tracking	
Category	Quality Review
Type	Activity
Short Description	For continuous tracking = WTW tracking month/year For e2lite tracking = E2lite tracking month/year
Long Description:	
<ol style="list-style-type: none"> 1. Complete narrative describing what was done or entered in review month 2. Enter or copy/paste the three tracking areas from appropriate tracking journal entry 3. Enter or update weeks/months used and remaining 4. On Job Search/Readiness tracking include begin month and end month of the previous 12 month period 	
Examples	
Continuous	
<ol style="list-style-type: none"> 1. John Doe used 1 month of voc ed. Verified hours using time and attendance sheet. 89 monthly hours divided by 4.33 = 21 weekly hours. Narrative JE done. 	

Voc Ed – 1 month used. 11 months remaining
Job Search/Readiness – begin month – end month. Weeks used - Weeks remaining – 6
Child under 1 yr – 0 month used. 12 months remaining

2. Verified Joan Doe's JS/R hours using VOS and employer contact logs. Joan used 4 weeks of JS/R in the 12 months prior to the 7/2013 E2lite month. 100 monthly hours divided by 4.33 = 23 weekly hours. Narrative JE done.

Voc Ed – 0 months used. 12 months remaining
Job Search/Readiness – 7/2012-6/2013. Weeks use – 4 Weeks remaining – 2
Child under 1 yr – 0 months used. 12 months remaining

E2lite Month

3. Betty Doe used 1 month of child under 12 month exemption.

Voc Ed – 0 month used. 12 months remaining
Job Search/Readiness – begin month – end month. Weeks used – 0 Weeks remaining – 6
Child under 1 yr – 1 month used. 11 months remaining

WIOA Intake Comments

Description:

1. Mention when the applicant attended the WIOA Orientation.
2. Give basic information on life situation (age, marital status, number and ages of children).
3. State how they meet the Priority of Service.
4. List any barriers and how they are documented.
5. List educational background.
6. Contain a brief summary of applicant's work history as relevant to plan, and current work situation. If applicant is not currently employed, state why (laid off, etc.).
7. State what service(s) the customer is seeking.
8. Identify documents that determine eligibility for the program to which they are applying and/or if they were referred by someone else.
9. Outline any/all assignments given to the applicant and when the ESW and applicant will again meet.
10. Note if applicants ID or I9 documentation will expire within two years from date of registration.

WIOA On-Going Comments

Description:

1. Summarize employment/education/training goals at the time the plan begins and every month thereafter.
2. Describe how assessment scores match goals/plan (interest, ability, and values) and how those were addressed with the participant.
3. Address gaps between skills and goals.
4. Estimate completion or extension of activities and/or objectives.
5. Describe the participant's responsibilities and actions towards completing the tasks/goals.
6. Detail the ESW's responsibilities to the plan.
7. Follow IEP format and enrollment forms addressing issues as they arise.
8. Explain the intent when services were implemented: purpose of activity or referral as depicted in IEP.
9. Document how the plan will be implemented and in what timeline.
10. Make clear why one plan over another was decided upon. Suitability issues? Cost? Location of training site?
11. List funding source.

12. Describe any supportive services that are made or will be needed. Including why they are reasonable, allowable and necessary.
13. Case notes should follow participant's activities, closing the loop from the previous note.
14. If participant starts working: name of employer, wage, number of hours, position and/or job title, should all be noted in the month.
15. Detail the ESW's responsibilities to assist towards completion of the tasks/goals.
16. Document any change in employment and wages, as it occurs.
17. Note all incident reports/compliance issues and their outcomes.

WIOA Closure (Exit) Comments

- Description:**
1. Note when participant entered the program.
 2. Note what funding source(s) were accessed to provide services.
 3. Note the employment goal/plan and resulting outcome.
 4. Note employment outcomes, including employer, wage, position, hours, etc.
 5. Note that follow-up services will be offered for 12 months post-exit.
 6. Why being exited/purpose of exit.

CAPI Intake	
Category	Eligibility
Type	Narrative
Short Description	CAPI Intake DOA

- Long Description:**
1. General Info
 - a. How was the application received (in person or mail)
 - b. If office visit, who came in
 - c. Date of face to face interview
 - d. How was identity verified
 - e. Date of application
 - f. Language choice for interview and forms
 - g. How language accommodations were met (bilingual EW, Language line, etc.)
 - h. Authorized Representative (if applicable)
 2. Basic Eligibility
 - a. Aged (over the age of 65), Blind or Disabled
 - b. Disability status
 - i. DDS packet required?
 - ii. DDS packet status?
 3. Residency
 - a. California residency
 4. Household Composition
 - a. Who is in the home, relationships
 - b. Living Situation (shared housing, own, rent)
 5. Immigration/Citizenship Status
 - a. How verified
 - b. Date of entry?
 - c. Sponsored?
 6. SSI/SSP Referral
 - a. Was referral made?
 - b. Status of SSI/SSP determination
 7. Income
 - a. Earned Income (source and frequency)
 - b. Unearned Income (source and frequency)

- c. Living Arrangements
 - i. In-kind support and maintenance (ISM) (if applicable)
 - ii. Pro-rata share (if applicable)
- d. Verification provided
- 8. Resources/Property
 - a. Description
 - b. Value
 - c. Verification provided
- 9. Type of payment
 - a. Warrant or Direct Deposit
 - b. SSSD 2005 – Direct Deposit Information & Authorization, if applicable is it on file
 - c. CAPI Payment Standard (Individual, Couple, Independent Living, Reduced Needs, Medical Facility)
- 10. Forms
 - a. Given
 - b. Received
 - c. Explained
 - d. SIMP
 - e. Reporting responsibilities explained
- 11. Actions Taken
 - a. Approval (months, amounts and aid code)
 - b. Denials
 - c. Suspension, Termination or Reinstatement
 - d. Pending info and due date
- 12. NOA's

CAPI RE	
Category	Eligibility
Type	Narrative
Short Description	<Due Date> RE – CAPI Example: 9/11 RE - CAPI
Long Description:	
<ul style="list-style-type: none"> 1. General Information <ul style="list-style-type: none"> a. O/V or RE received in the mail b. Date of O/V or date RE received c. Language choice for interview and forms d. Language accommodations requested/offered e. How language accommodations were met (bilingual EW, Language line, etc.) 2. Basic Eligibility <ul style="list-style-type: none"> a. Aged (over the age of 65), Blind or Disabled b. Disability status <ul style="list-style-type: none"> i. DDSD packet required? ii. DDSD packet status? 3. Residency <ul style="list-style-type: none"> a. California residency 4. Household Composition <ul style="list-style-type: none"> a. Who is in the home, relationships b. Living Situation (shared housing, own, rent) c. Identification <ul style="list-style-type: none"> i. Identity for the applicant 5. Immigration/Citizenship Status <ul style="list-style-type: none"> a. How verified b. Date of entry? 	

- c. Sponsored?
- 6. SSI/SSP Referral
 - a. Was referral made?
 - b. Status of SSI/SSP determination
- 7. Income
 - a. Earned Income (source and frequency)
 - b. Unearned Income (source and frequency)
 - c. Living Arrangements
 - i. In-kind support and maintenance (ISM) (if applicable)
 - ii. Pro-rata share (if applicable)
- 8. Resources/Property
 - a. Description
 - b. Value
 - c. Verification provided
- 9. Type of payment
 - a. Warrant or Direct Deposit
 - b. SSSD 2005 – Direct Deposit Information & Authorization, if applicable is it on file
 - c. CAPI Payment Standard (Individual, Couple, Independent Living, Reduced Needs, Medical Facility)
- 10. Forms
 - a. Given
 - b. Received
 - c. Explained
 - d. SIMP
 - e. Reporting responsibilities
- 11. Actions Taken
 - a. Approval (months, amounts and aid code)
 - b. Denials
 - c. Suspension, Termination or Reinstatement
 - d. Pending info and due date
- 12. NOA's

Processing CAPI Changes	
Category	Eligibility
Type	Narrative
Short Description	Phone Call (made, attempted, or received), or Drop-In, or Mail Received, or COLA
Long Description:	
<ul style="list-style-type: none"> 1. Language of choice for communication <ul style="list-style-type: none"> a. How language accommodations were met 2. What initiated the change? <ul style="list-style-type: none"> a. T/C or O/V from customer or A/R b. County initiated action c. QC/QM correction d. Special Investigations/IEVS information e. Drop-In or Received Mail f. COLA 3. Information received and source 4. Action taken <ul style="list-style-type: none"> a. Case changes b. Gave/mailed forms to client c. Moves (in & out of home)/Address changes d. Forms 	

- i. NOA's
 - ii. Pending list, due date
 - iii. CAPI RE mailed, what forms mailed to client
 - e. Program DISC for _____
 - f. Suspension, termination, restoration
5. Programs approved

Application Registration (Not face to face)

Category	Eligibility
Type	Narrative
Short Description	Registered <Program> Application
Long Description:	
<ol style="list-style-type: none"> 1. What type of application/form was received 2. Date of application and/or benefit month 3. How/Where was application received? (Which office, e-app, fax?) 4. Who is requesting aid 5. Authorized representative 6. Preferred language 7. ABD (yes or no) with brief explanation <ol style="list-style-type: none"> a. Requesting LTC/IHSS? 8. Prior activity <ol style="list-style-type: none"> a. Existing case in C-IV? b. Existing CIN(s) found in MEDS? c. Activity in MEDS? d. Activity/duplicates in CovCA? 9. Possible rescind/90 day cure? If yes, give brief explanation 10. ICT Needed? If yes, give brief explanation. 11. Any other pertinent information 12. What correspondence was sent to customer? (i.e. Info packet, letters, MC 200) 13. Was email sent to staff due to urgency? Who? 	

Application Registration (Face to Face)

Category	Eligibility
Type	Narrative
Short Description	Triage Completed
Long Description:	
<ol style="list-style-type: none"> 1. Date & type of application 2. GA only: explained to customer GA is a loan 3. Expedited Services <ol style="list-style-type: none"> a. How HH met expedited criteria or did not meet 4. Immediate Need – if emergency exists <ol style="list-style-type: none"> a. What is emergency b. How AU met criteria or did not 5. Household composition <ol style="list-style-type: none"> a. Who lives in the home & relationships b. Who purchases and prepares together 	

- c. Is anyone a student?
- 6. Citizenship/Immigration status
 - a. If US Citizens, what state & city were they born in?
- 7. Anyone currently active? If so, ICT requested? Possible rescind?
- 8. Other Health Coverage (OHC)
- 9. Address and Phone number verified
- 10. Self Service Options (C4Yourself, IVR, Text Messages, E-Notifications, Kiosk)
 - a. What was offered, if customer enrolled or declined.
- 11. Income
 - a. Sources and gross amounts
- 12. EBT balance?
- 13. Property/Liquid Resources
 - a. Bank accounts, cash, vehicles, retirement accounts and any other resources
- 14. Expenses
 - a. Rent amount, utility expenses, child support, medical expenses
- 15. Potentially Available Income (UIB, SDI, SSA Retirement or Survivors)
- 16. Tax Household
 - a. How does primary applicant file taxes?
 - b. Who do they claim as tax dependent?
 - c. Does anyone whom you claim file their own taxes?
 - d. Does anyone claim you or someone in your home as a tax dependent?
 - e. CalHEERS case in MEDS QP or Covered CA? If yes, enter case number.
 - f. Is there a duplicate Covered CA case? If yes, list case number(s)
- 17. Interview Scheduled
 - a. Date and time
 - b. How was applicant informed of interview
 - c. Type of interview (face to face or phone)
- 18. WTW Orientation scheduled? If yes, date and time.
- 19. Packets given
- 20. Referrals made

Division 21 Documentation Chart

When documentation is required	What Documentation is required	Who does this apply to?
Intake and RE, or yearly	Preferred language for verbal communication. Division 21-116.2	Each Head of Household or Primary Applicant
	Preferred language for written communication. Division 21-116.2	
	Acceptance or refusal of forms in client's primary language (name of person and type of interpretive services provided). Division 21-116.21	Non-English speaking Head of Household or Primary Applicant
Each and every contact	Narrative should document the method used to provide interpretive service (i.e. assigned bilingual worker, other bilingual worker, volunteer interpreter, contracted interpreter, telephone interpreter, client provided interpreter, etc.). Division 21-116.22	
	Narrative should indicate language in which the conversation was conducted. Division 21-116.22	
	Narrative should indicate use of minor under 18 and a description of extenuating circumstance. Division 21-115.16 & 21-116.22	
Each occurrence	If client provided interpreter is used, narrative should record warning of possible ineffective communication. Division 21-116.23	
	If client provided interpreter is used, narrative should indicate consent for release of information form was signed by applicant/recipient. Division 21-116.24	