

# CARS IWR Script

CARS IWR Script – Rev. 4/6/09





**Start Page**



[Spanish](#) [Vietnamese](#) [Farsi](#) [Cantonese](#)

(Translations will be available soon)

## Welcome to Customers Automated Response Systems interactive web system

Please select a function below:

For frequently asked questions: click “FAQs”

FAQs

For current information on your case: click “Case Lookup”

Case Lookup

For history on your case: click: “History Lookup”

History Lookup

To have your worker call you: click “Message Worker”

Message Worker





## CalWORKs Status

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[CalWORKs History](#)

### CalWORKs Current Information

[If pending] Your application is pending.

[If active] Your case is active.

[If discontinued or denied] Your case is discontinued or denied.

[If active] The monthly cash grant amount on your case is [\$XX.XX]. Your cash stagger day or benefit availability day is the [Case Ser Last Digit, ordinal number (exempt = 1st)].

[If Food Stamp account] Your monthly food stamp benefit amount is [\$XX.XX]. Your Food Stamp benefit availability day is the [Case Ser Last Digit, ordinal number].

Your reporting form for [calculate month based on QR table in VRU instructions]

- [has been/has not been] received. Or,
- [If has been rec'd & is incomplete] This form is incomplete. Or,

You do not have a quarterly reporting form due

There are [X] adults and [X] children on your cash case.

[If Food Stamp account] There are [X] people in your food stamp household.

[If active] Your annual renewal is due in [MM/YY].

For income verification to be mailed to you: Click "Verification Letter"

Verification Letter

For frequently asked questions: click "FAQs"

FAQs

To return to the main Menu: click "Main Menu"

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## CalWORKs History

### CalWORKs History For

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[CalWORKs Status](#)

Month: 

July
June
May
April

(6 months available in drop down)  
Select your month and press go.

**GO**

[Most recent payment first (top down)] (not sure about which month etc. displays first)

During the month of [Month]:

[If supplemental pmt exists]: A supplemental [EBT Issuance/Direct Deposit/Paper Warrant] of [\$XXX.XX] was issued on [MM/DD] for [MM/YY].

[If pmt exists]: Your CalWORKs monthly [EBT Issuance/Direct Deposit/Paper Warrant] of [\$XXX.XX] is available as of [MM/DD].

[Verify that warrants have not been cancelled in CalWIN]

[If no pmt]: There is no cash payment for the month of [Month].

[If supplemental Food Stamp Issuance exists]: A supplemental Food Stamp EBT issuance of [\$XXX.XX] was issued on [MM/DD] for [MM/YY].

[If Food Stamp Issuance exists]: Your Food Stamp EBT issuance of [\$XXX.XX] is available as of [MM/DD].

For income verification to be mailed to you: click "Verification Letter"

For frequently asked questions: click "FAQs"

To return to the Main Menu: click "Main Menu"



## Food Stamps Status

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[Food Stamps History](#)

### Food Stamps Current Information

[If pending] Your food stamp application is pending.

[If active] Your food stamp benefits are active.

[If discontinued or denied] Your food stamp benefits are discontinued or denied.

[If active] The monthly food stamp benefit amount is [\$XXXX.XX]. Your Food Stamp availability day is the [Case Ser Last Digit, ordinal number].

Your reporting form for [calculate month based on QR table in VRU instructions]

- [has been/has not been] received. Or,

[If has been rec'd & is incomplete]

- This form is incomplete. Or,

You do not have a quarterly reporting form due.

There are [X] number of people in your food stamp household.

[If active] Your food stamp recertification is due [MM/YY].

For frequently asked questions: click "FAQs"

FAQs

To return to the Main Menu: click "Main Menu"

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## Food Stamps History

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[Food Stamps Status](#)

### Food Stamps History For

Month: 

July
June
May
April

(6 months available in drop down)  
Select your month and press go.

**GO**

[From CalWIN, most recent issuance ]

During the month of [Month]:

[If supplemental issuance exists]: An (supplemental - maybe) EBT food stamp issuance of [\$XXX.XX] was issued on [MM/DD] for [MM/YY].

[If issuance exists]: Your food stamp monthly EBT benefits of [\$XXX.XX] are available as of [MM/DD].

[Verify that food stamps have not been cancelled in CalWIN - do not give it out if it was cancelled.]

[If no pmt]: There are no food stamp benefits for the month of [Month].

For frequently asked questions:

click "FAQs"

FAQs

To return to the Main Menu:

click "Main Menu"

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## Medi-Cal Status

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[Medi-Cal History](#)

### Medi-Cal Current Information

[If pending] Your Medi-Cal application is pending.

[If active] Your Medi-Cal is active.

[If discontinued or denied] Your Medi-Cal is discontinued or denied.

[If active and share of cost > 0] The Medi-Cal share of cost is [\$XX.XX] for the month of [mm/yyyy].

[If active and share of cost = 0] You have no share of cost.

[If other health coverage] Your other health coverage is [other health coverage].

[If active] Your Medi-Cal renewal is due [MM/YY].

For income verification to be mailed to you: click "Verification Letter"

Verification Letter

For frequently asked questions: click "FAQs"

FAQs

To return to the Main Menu: click "Main Menu"

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## Medi-Cal History

### Medi-Cal History For

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[Medi-Cal Status](#)

Month: 

July
June
May
April

(6 months available in drop down)  
Select your month and press go.

**GO**

[From CalWIN]

During the month of [Month]:

The Medi-Cal status was [active/non-active].

[If status active and share of cost > 0] The share of cost for the month was [\$XXX].

[If status active and share of cost = 0] There was no share of cost for the month.

For income verification to be mailed to you: click “Verification Letter”

Verification Letter

For frequently asked questions: click “FAQs”

FAQs

To return to the Main Menu: click “Main Menu”

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## GA Status

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[GA History](#)

### General Assistance Current Information

[If pending] Your application is pending.

[If active] Your case is active.

[If discontinued or denied] Your case is discontinued or denied.

[If active] The monthly cash grant amount on your case is [\$XX.XX]. Your cash stagger day or benefit availability day is the [Case Ser Last Digit, ordinal number (exempt = 1st)].

[If active w/landlord pmt] The monthly landlord payment amount is [\$XX.XX].

Your reporting form for [prior month name] [has been/has not been] received.

[If has been rec'd & is incomplete] This form is incomplete.

[If active] Your renewal is due in [MM/YY].

For income verification to be mailed to you: click "Verification Letter"

Verification Letter

For frequently asked questions: click "FAQs"

FAQs

To return to the Main Menu: click "Main Menu"

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## GA History

### General Assistance History For

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[GA Status](#)

Month: 

July
June
May
April

**GO**

(6 months available in drop down)  
Select your month and press go.

[From CalWIN, most recent payment first]

During the month of [Month]:

[If supplemental pmt exists]: A supplemental [EBT Issuance/Direct Deposit/Paper Warrant] of [\$XXX.XX] was issued on [MM/DD] for [MM/YY].

[If pmt exists]: Your General Assistance monthly [EBT Issuance/Direct Deposit/Paper Warrant] of [\$XXX.XX] is available as of [MM/DD].

[Verify that warrants have not been cancelled in CalWIN]

[If supplemental landlord pmt exists]: A supplemental landlord payment of [\$XXX.XX] was issued on [MM/DD] for [MM/YY].

[If landlord pmt exists]: Your landlord's monthly payment of [\$XXX.XX] was issued on [MM/DD].

[Verify that warrants have not been cancelled in CalWIN]

[If no pmt]: There is no cash payment for the month of [Month].

For income verification to be mailed to you: Click "Verification Letter"

Verification Letter

For frequently asked questions: click "FAQs"

FAQs

To return to the Main Menu: click "Main Menu"

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## FAQs

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### Frequently Asked Questions and General Information

Select the program FAQs below. For information on our offices, where to apply, how to report abuse, EBT, employment services including childcare, appeals & reporting fraud, select “General FAQs”.

For information on child support payments, please call the Department of Child Support Services at **1 866 901-3212**.

For information on CalWORKs:	click “CalWORKs FAQs”	<a href="#">CalWORKs FAQs</a>
For information on Food Stamps:	click “Food Stamps FAQs”	<a href="#">Food Stamps FAQs</a>
For information on Medi-Cal:	click “Medi-Cal FAQs”	<a href="#">Medi-Cal FAQs</a>
For information on General Assistance:	click “GA FAQ’s”	<a href="#">GA FAQs</a>
For general information:	click “General FAQs”	<a href="#">General FAQs</a>
To return to the Main Menu:	click “Main Menu”	<a href="#">Main Menu</a>



## FAQs General

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### FAQs - General Information

To report suspected child abuse, call 510-259-1800.

If this is an emergency please call 911.

To report suspected adult & elder abuse, call [510-577-3500](tel:510-577-3500), 24 hours per day, seven days per week.

To report suspected welfare fraud, call the county welfare fraud hotline 24 hours a day at 1 888 991-8477 or 510-383-8788. All calls received through this line are treated confidentially. You can report suspected fraud without giving your name.

You can also get information on the following by clicking on the button:

Office Locations

Fair Hearings

EBT

Employment

Applications

To return to the FAQs:

FAQs

To return to the Main Menu:

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## FAQs General - Locations

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### FAQs - Locations

To find the office nearest you, Select the program from the list, enter your zip code and click “GO”.

Program:

Zip:

**GO**

For all of our office locations: click “Office locations”  [goes to slide 16]

Return to previous page: click “Go Back”

To return to the Main Menu: click “Main Menu”



## FAQs General – Locations Zip Playback

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### FAQs - Locations playback 1

[14 and 15 are one web page]

[Based on your alameda zip and program it will give you one of these, both office address and directions]

For[program] in the zip code [zipcode]:

[one of the following:]

**Eastmont Address:** The closest office to your home is the Eastmont Self-Sufficiency Center, 6955 Foothill Blvd, Suite 100, Oakland. Office hours are 8:30 am to 12:00 pm and 1:00 p.m. to 5:00 p.m. Monday through Friday. Applications for CalWORKs, Food Stamps, and General Assistance are accepted at this office.

**Eastmont Directions:** From 880 North or South, take the Hegenberger exit towards the Coliseum. Hegenberger turns into 73rd Ave. at International Blvd. Continue on 73rd for approximately 1 \_ miles. Cross the intersection of 73rd and Bancroft make a left turn into the first driveway at the lower level of the Eastmont mall parking lot entrance. Turn right into the parking lot and follow the signs to the Self-Sufficiency Center. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

**Enterprise Address:** Enterprise office at 8477 Enterprise Way, Oakland. Office hours are 8:30 am to 12:00 pm and 1:00 pm to 5:00 pm Monday through Friday. Applications for Medi-CAL and Food Stamps are accepted at this office.

**Enterprise Directions: Going south on Interstate 880,** take the Hegenberger Rd exit, staying in the left lane. At the stop light, turn left onto Hegenberger Rd. Turn right at the stop light onto Edes Ave. Turn left onto Enterprise Way. The building is located on the right, towards the end of the block.

**Going north on Interstate 880,** take the Hegenberger Rd / Coliseum exit, staying to the right. Turn right at the stop light onto Edes Ave. Turn left at the stop sign, onto 85th Ave. Turn left onto Enterprise Way. The office is on the left side. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

**North County Address:** The closest office to your home is the North County office, at 2000 San Pablo Avenue, Oakland. Applications for CalWORKs, Medi-Cal, Food Stamps, and General Assistance are accepted at this office. Office hours are 8:30 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. Monday through Friday.

**North County Office Directions:** Go to San Pablo Avenue and drive towards 20th Street also called Thomas Berkeley Way. We are located on the corner of San Pablo Avenue and 20th Street, across from the Greyhound Bus Station. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

[\[continued on next slide\]](#)



## FAQs General – Locations Playback

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### FAQs -locations playback 2

[continued from previous- based on program and alameda zip, shows one]

**Hayward:** The closest office to your home is the Eden Multi-Service Center at 24100 Amador St, Hayward. Applications for CalWORKs, Medi-Cal, Food Stamps and General Assistance are accepted at this office. Office hours are 8:30 am to 12:00 pm and 1:00 pm to 5:00 pm. Monday through Friday.

**Hayward Directions:** From 880, exit on Winton Avenue East and turn right at Amador, the second signal. The building is on the left. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

**Fremont:** The closest office to your home is at the Fremont Family Resource Center at 39155 Liberty St., Suite C330. Applications for CalWORKs, Medi-Cal and Food Stamps are accepted at this office. Office hours are 8:30 am to 12:00 pm and 1:00 pm to 5:00 pm Monday through Friday.

**Fremont Directions:** From 880, exit on Mowry Ave. East. Go east on Mowry Ave. Turn right on Paseo Padre Pkwy. Turn right on Capital Ave. Turn left on Liberty St. The office is at the corner of Liberty St. and Capital Ave. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

**Livermore:** The office closest to your home is the Livermore outstation at 3311 Pacific Ave. Applications for CalWORKs, Medi-Cal and Food Stamps are accepted at this office. Office hours are 8:30 am to 12:00 pm and 1:00 pm to 5:00 pm Monday through Friday.

**Directions:** From 580 east, take the North Livermore exit, go two miles, then turn left on Pacific. The office is across from the library and the Police Dept. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

For directions to all of our offices: Click “Office Locations”

[goes to slide 16]

Return to previous page:

click “Go Back”

To return to the Main Menu:

click “Main Menu”

Office Locations

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[continued on next slide].



## FAQs General – Directions Playback

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### FAQs - Directions

[Out of alameda zips and those selecting directions to all will get this]

**Eastmont Address:** Eastmont Self-Sufficiency Center, 6955 Foothill Blvd, Suite 100, Oakland. Office hours are 8:30 am to 12:00 pm and 1:00 p.m. to 5:00 p.m. Monday through Friday. Applications for CalWORKs, Food Stamps, and General Assistance are accepted at this office.

**Eastmont Directions:** From 880 North or South, take the Hegenberger exit towards the Coliseum. Hegenberger turns into 73rd Ave. at International Blvd. Continue on 73rd for approximately 1 \_ miles. Cross the intersection of 73rd and Bancroft make a left turn into the first driveway at the lower level of the Eastmont mall parking lot entrance. Turn right into the parking lot and follow the signs to the Self-Sufficiency Center. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

**Enterprise Address:** Enterprise office at 8477 Enterprise Way, Oakland. Office hours are 8:30 am to 12:00 pm and 1:00 pm to 5:00 pm Monday through Friday. Applications for Medi-CAL and Food Stamps are accepted at this office.

**Enterprise Directions: Going south on Interstate 880,** take the Hegenberger Rd exit, staying in the left lane. At the stop light, turn left onto Hegenberger Rd. Turn right at the stop light onto Edes Ave. Turn left onto Enterprise Way. The building is located on the right, towards the end of the block.

**Going north on Interstate 880,** take the Hegenberger Rd / Coliseum exit, staying to the right. Turn right at the stop light onto Edes Ave. Turn left at the stop sign, onto 85th Ave. Turn left onto Enterprise Way. The office is on the left side. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

**North County Address:** North County office, at 2000 San Pablo Avenue, Oakland. Applications for CalWORKs, Medi-Cal, Food Stamps, and General Assistance are accepted at this office. Office hours are 8:30 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. Monday through Friday.

**North County Office Directions:** Go to San Pablo Avenue and drive towards 20th Street also called Thomas Berkeley Way. We are located on the corner of San Pablo Avenue and 20th Street, across from the Greyhound Bus Station. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

**Hayward:** Eden Multi-Service Center at 24100 Amador St, Hayward. Applications for CalWORKs, Medi-Cal, Food Stamps and General Assistance are accepted at this office. Office hours are 8:30 am to 12:00 pm and 1:00 pm to 5:00 pm. Monday through Friday.

**Hayward Directions:** From 880, exit on Winton Avenue East and turn right at Amador, the second signal. The building is on the left. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

**Fremont:** Fremont Family Resource Center at 39155 Liberty St., Suite C330. Applications for CalWORKs, Medi-Cal and Food Stamps are accepted at this office. Office hours are 8:30 am to 12:00 pm and 1:00 pm to 5:00 pm Monday through Friday.

**Fremont Directions:** From 880, exit on Mowry Ave. East. Go east on Mowry Ave. Turn right on Paseo Padre Pkwy. Turn right on Capital Ave. Turn left on Liberty St. The office is at the corner of Liberty St. and Capital Ave. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

**Livermore:** Livermore outstation at 3311 Pacific Ave. Applications for CalWORKs, Medi-Cal and Food Stamps are accepted at this office. Office hours are 8:30 am to 12:00 pm and 1:00 pm to 5:00 pm Monday through Friday.

**Livermore Directions:** From 580 east, take the North Livermore exit, go two miles, then turn left on Pacific. The office is across from the library and the Police Dept. For information on public transportation, call BART information at 510-465-2278 or AC Transit Bus information at 510-817-1717.

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## **FAQs General – Fair Hearing**

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### **FAQs - Fair Hearing**

To request a fair hearing, you can write to the Appeals Unit at 7751 Edgewater Drive, Oakland, CA, 94621 or call 510 383 8777. You can fill out the form on the back of the notice of action letter or send us a written request. You can also turn in a request for a fair hearing at any of our self sufficiency centers. If your request is with CalWORKs, Food Stamps, or Medi Cal, you may call the State Department of Social Services at 1 800 952-5253.

You can get legal help from Bay Area Legal Aid at 510 663-4744 or the East Bay Community Law Center at 510 548 4040.

Please call Appeals at 510 383-8777 to find out specific information about your request.

To withdraw a request for a fair hearing please call Appeals at 510 383-8777. You may request a fair hearing on more than one action by the County. You may bring an attorney to your fair hearing. To find out the date of your hearing, call Appeals at 510 383-8777.

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## FAQs General – EBT FAQs - EBT

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### Replacement Card

To report a lost or stolen card, call 1 877-328-9677.

To obtain a replacement EBT card by mail, call 1-877-328-9677 or come into one of our offices.

### New PIN

To get a new PIN come into one of our offices during normal business hours, or select a new PIN over the phone by calling the 24 hour EBT Customer Service at 1-877-328-9677.

### Cash & Food Stamp Balance

To find out the balance in your cash & Food Stamp EBT account or if there is a problem with the balance on your account, call the 24 hour EBT Customer Service at 1-877-328-9677. Your EBT balance is included on each receipt you receive for EBT transactions from stores and ATM machines. Check your most recent receipt for your current balance.

### Dormant Benefits

To get EBT benefits that are dormant, or to release a dormant account, call **510-263-2420**.

### Stagger Day

If you would like to know your cash benefit availability day or your Food Stamp benefit availability day, click “Case Lookup.”

[Case Lookup](#)

### Add or Remove Authorized Representative

To remove an authorized representative from your EBT account, you may call the 24 hour EBT Customer Service at 1 877 328-9677 or you may speak to a worker during normal **510-263-2420** business hours by calling 1-. To add an authorized representative to your EBT account, you must give us a request in writing. Go to one of our offices to get the form, request a form in the mail by calling **510-263-2420**, or download the form.

To download a form to request to add or remove an authorized representative:, click: [Add/Remove authorized representative](#)

### EBT Cash Stagger Exemptions

To be exempt from EBT cash stagger (to get your cash on the first of each month) you must have an approved reason to require your cash on the first of the month. You must complete a mandatory form to request to be exempt from EBT cash stagger. You can come into one of our offices to get the form, request the form in the mail by calling **510-263-2420**, or download the form.

To download a form to be exempted from EBT cash stagger, click: [Stagger Exemption Form](#)

### EBT Cash Exemptions

To be exempt from EBT cash, you must first try to learn how to use EBT. You can also add an authorized representative to help you use EBT. Another option is to apply for Direct Deposit where your cash grant goes directly into your bank account. Come into one of our offices to get the direct deposit form, request the form in the mail by calling **510-263-2420**, or download the form.

To download a form to request to be exempted from cash EBT, click: [EBT Exemption](#)

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[Go Back](#)

For Directions to our office: click “Office Locations”

[Office Locations](#)

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## FAQs General - Employment Services

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### FAQs - Employment Services

If you want help with finding child care or want information on choosing childcare please call the resource and referral agency in your area.

For Oakland, Berkeley, San Leandro, Emeryville & Albany residents please call Bananas at 510-268-0106 or Child Care Links at 510-268-0106.

For Livermore, Dublin & Pleasanton please call Child Care Links at 925-417-8733.

For Fremont, Hayward, Union City & Newark, please call 4Cs at 510-582-2189 or CalWORKs clients call 510-584-3101.

To lookup your employment counselor's phone number,  
enter your Social Security Number below and click  
"GO".

**GO**

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## **FAQs Employment Counselor Playback**

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### **FAQs - Employment Counselor Playback**

(If found)

Your employment counselor, [ name], can be reached at: [Emp Counselor #].

(If not found)

You can contact an employment counselor by calling one of 3 offices:

- Hayward at 510-670-6000 x56985
- Eastmont at 510-383-5300 x35476
- North Oakland at 510-209-0902

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## FAQs General – Applications

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### FAQs - Applications

- Applications for assistance must be made in person at any of the Self Sufficiency offices in Alameda County. Photo ID & Social Security Number will be required. Please bring them with you to speed up your application.
- [CalWORKs]: Cash aid for families with children is known as CalWORKs. If you apply for cash assistance you may also apply for Food Stamps and Medi-Cal at the same time.
- [General Assistance]: General Assistance is a cash program for adults without children living with them. You may also apply for Food Stamps and Medi-Cal at the same time.
- [Food Stamps]: You may apply for Food Stamps for yourself or your family.
- [Medi-Cal]: You may apply for Medi-Cal for yourself or your family. You may also apply for Food Stamps at the same time.
- To apply for Medi-Cal over the phone call: [510-777-2300](tel:510-777-2300).

For Directions to our office: click “Office Locations”

Office Locations

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## FAQs CalWORKs

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### FAQs - CalWORKs

For questions about the following, click “Case Information.”

- cash payments
- food stamp benefits
- the status of your QR7, quarterly reporting form

Case Information

For questions regarding CalWORKs benefits issued this month or in a prior month: click “History Lookup”

To request a replacement Medi-Cal card for a person on your case click “BIC Replacement”

History Lookup

To find out if your CalWORKs grant was sanctioned, and how to lift the sanction, call **510-263-2420**.

To apply for Direct Deposit where your cash grant goes directly into your bank account, come into one of our offices to complete a direct deposit form or have your worker mail you one.

BIC Replacement

If you need a new quarterly report form mailed to you: click “Replace QR7”

If your quarterly reporting form, QR7, is incomplete, call **510-263-2420**.

Replace QR7

#### [Reporting Responsibilities]

There are times that you must report changes within ten days of the change even when it is not your “reporting responsibility.”

- Any change in earned or unearned income that exceeds your income reporting threshold.
- You must report anytime that someone in your household is convicted of a drug related felony, becomes a fleeing felon or is in violation of a condition of probation or parole.
- A change of address.

You will be receiving a quarterly reporting form called a QR7, which must be completed and returned.

#### [CalWORKs Income Ver.]

If you need a letter verifying your CalWORKs cash grant, you can request a letter be mailed to you. This letter can be used as income verification.

For income verification to be mailed to you: click “Verification Letter”

Verification Letter

For Directions to our office: click “Office Locations”

Office Locations

To return to the previous page: click “Go Back”

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## Replacement QR7

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### Replacement QR7

To request a replacement QR7 form by mail, input your Social Security Number below and click "GO".

SSN:

**GO**

Return to previous page: click "Go Back"

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(If case found) Thank you, the form will be mailed to you within 5 Business days

(If not found) A case could not be found for your Social Security Number.

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## Replacement QR7 Playback

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### Replacement QR7

[If during report month] [If QR7 received and complete] [Request new form]

Your quarterly reporting form for the month of [month] was received and is complete.

You do not need another form.

Your next quarterly reporting form will be due in [month].

[If during report month] [If received and incomplete] [Request new form]

Your quarterly reporting form for the month of [month] was received and is incomplete.

A new form will be sent to you in the mail within 5 days.

[If during report month] [QR7 not received] [Request new form]

Your quarterly reporting form for the month of [month] has not been received. You must return this form by the end of [month + 1] or your grant will be discontinued.

A new form will be sent to you in the mail within 5 days.

[If not during report month]

Your quarterly report is not due at this time.

Your next quarterly reporting form for the month of [month] will be due in [month+1].

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## CalWORKs Income Verification Letter

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### CalWORKs Income Verification Letter

To request a letter verifying your CalWORKs cash grant by mail, input your Social Security number below and click "GO".

SSN:

**GO**

Return to previous page: click "Go Back"

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To return to the Main Menu: click "Main Menu"

Main Menu

Part 1  
(CalWin Notice 50-10 CW)

---

Part 2

(case found) Thank you. Your letter has been requested.  
You will receive it in the mail in approximately 5 days.  
(If case not found) A CalWORKs case could not be found for [SSN].

Return to FAQ: click "Go Back"

Go back

To return to the Main Menu: click "Main Menu"

Main Menu



## BIC Replacement

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### BIC Replacement

To request a replacement Medi-Cal card for a person on your case, input their Social Security Number below and click "GO".

Part 1

SSN:

**GO**

Return to previous page: click "Go Back"

Go back

To return to the Main Menu: click "Main Menu"

Main Menu

Part 2

### BIC Replacement

(If case found) A replacement Medi-Cal Card will be mailed to you within 1 to 2 weeks.

To request a replacement Medi-Cal card for another family member, click "BIC Replacement" below.

(If case not found) A Medi-Cal case could not be found for (SSN).

To request a replacement Medi-Cal card for another family member: click "BIC Replacement"

BIC Replacement

Return to FAQs: click "Go Back"

Go Back

To return to the Main Menu: click "Main Menu"

Main Menu



## FAQs Food Stamps

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### FAQs - Food Stamps

For questions about the following, click “Case Lookup.”

- Food Stamp issuances
- The status of your case or application, or
- Your quarterly reporting form, QR7

[Case Lookup](#)

For questions regarding Food Stamp benefits issued this month or in a prior month: click “History Lookup”

[History Lookup](#)

If you have an EBT question: click “EBT”

[EBT](#)

If you need a new quarterly report form mailed to you: click “Replace QR7”

[Replace QR7](#)

There are times that you must report changes within ten days of the change even when it is not your “report month” such as:

- A change of address.
- If you are an Able Bodied Adult Without Dependents Food Stamp recipient, you must report anytime the number of hours you work or training hours drop to less than 20 hours a week or 80 hours a month.

To return to the previous page: click “Go Back”

[Go Back](#)

To return to the Main Menu: click “Main Menu”

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## FAQs Medi-Cal FAQs - Medi-Cal

[Back to Start Page](#)  
[Continue](#)

### Medi-Cal Status

For the status of your Medi-Cal case or Share of Cost, click “Case Lookup.”

Case Lookup

To verify your Medi-Cal status and share of cost for a prior month: click “History Lookup”

History Lookup

To enroll or disenroll in managed care, Alameda Alliance, Kaiser or Blue Cross, please call 1-800-430-4263.

To remove other health coverage code from your Medi-Cal card, you need to provide written proof from your healthcare provider that your health coverage has stopped and mail it to your worker or bring it into the office nearest you.

To transfer your case to another county, contact your Alameda County Social Services Agency Worker.

### Information

You can get information on the following topics by clicking the information button:

- Application and Renewal
- Pregnant Women and Children
- Adults and Seniors
- Reporting Information
- Medi-Cal Coverage and Billing

[Information](#)

### Actions

To request a Medi-Cal verification letter: click “Verification Letter”

Verification Letter

To request a replacement Medi-Cal card: click “BIC Replacement”

BIC Replacement

For Directions to our office: click “Office Locations”

Office Locations

To return to the previous page: click “Go Back”

Go Back

To return to the Main Menu: click “Main Menu”

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## **FAQs Medi-Cal (continued)**

### **FAQs - Medi-Cal**

**Back to Start**  
**BABY FAQs Medi-Cal**

[slide 29 and 30 are the same web page]

#### **Application**

If you need medical services, the Medi-Cal program provides free or share of cost health care coverage. You may apply in person, over the phone or by mail for Medi-Cal. You may apply in person at the Medi-Cal Center, 8477 Enterprise Way, Oakland, at any local Social Services Agency office, or at many clinics, schools and service agencies in the community.

To request an application by mail or to apply for Medi-Cal over the phone, call [510-777-2300](tel:510-777-2300).

#### **Renewal**

You should have received a renewal packet in the mail. Please complete it and return it in the envelope provided. If you need help completing the forms in the packet please come into one of our offices. If you have not received a packet, call [510-777-2300](tel:510-777-2300), or visit the office nearest you.

#### **Pregnant Women and Children**

To find out how to get a referral to CHDP for a Well-Child Check Up, call [510-263-2420](tel:510-263-2420).

For 'Access for Infants and Mothers,' health care coverage for those not eligible for free Medi-Cal, please phone 1 800-433-2611.

For WIC, Women, Infants & Children, health care services and nutrition education and vouchers for food, please phone 1 888-WIC WORKS or 1 888 942-9675.

For Baby-Cal, information about prenatal care and other state related programs, please phone 1 800 BABY 999 or 1 800 222-9999.

For Healthy Families, low cost health insurance coverage for children ages 1 - 19, please phone 1 888 747-1222.

For CHDP, Child Health & Disability Prevention Program, for free immunizations and health check ups, please phone 1 800 427-7937.

For 'California Kids,' low cost health insurance regardless of immigration status, please phone 1 800 461-1400.

For the Immunization Assistance Project for free or low cost immunization locations, please phone 510 267-3230.

For CCS, California Children Services Program that assists children with serious medical conditions requiring specialty medical care and rehabilitative therapy services, please phone 510-208-5970.

For the Childhood Lead Prevention Program, please phone 510-622-5000.

For Children's Protective Services, to report suspected abuse or neglect, please phone the 24 hour hotline at 510 259-1800.

[continued on next slide]



## FAQs Medi-Cal (continued) FAQs - Medi-Cal

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[BAGB FAQs Medi-Cal](#)

### Adults & Seniors

For Adult Protective Services, please phone 510-577-3500.

For the Social Services Department of Adult & Aging, for information and assistance, please phone 510-577-1900.

For In-Home-Supportive-Services, Board & Care and Long-Term Care please phone 510-577-1800.

For Social Security or SSI, please phone 1 800 772-1213.

For Medicare information, please phone 1 800 633-4227.

### Reporting Information

To find out if your Mid Year Status Report or MSR was received and if it was complete, call **510-263-2420**.

To find out what to do if your Mid Year Status Report or MSR form was incomplete and what you need to do, call **510-263-2420**.

### Reporting Responsibilities

If you are receiving Medi-Cal, you are required to report changes in your household to your worker within 10 days. Some of the changes that you are required to report are:

- If you become pregnant;
- If someone moves in or out of the home;
- If someone is hospitalized or moved to a nursing facility;
- Changes in earned and unearned income;
- Changes in property or assets;

Please contact your worker by telephone if you are not sure if the change should be reported. Call **510-263-2420** if you need assistance.

### Medi-Cal Coverage or Billing

For Medi-Cal billing problems or questions or what services Medi-Cal covers, please call 916-636-1980.

To find out what dental services Medi-Cal covers or for Denti-Cal billing questions, please call 1 800-322-6384.

For office locations and directions: click  
"Office locations"

Office Locations

Return to previous page: click "Go Back"

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To return to the Main Menu: click "Main Menu"

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## Medi-Cal Verification Letter

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### Medi-Cal Verification Letter

To request a Medi-Cal verification letter, input your Social Security Number below and click "GO".

Part 1

SSN:

**GO**

Return to previous page: click "Go Back"

Go back

To return to the Main Menu: click "Main Menu"

Main Menu

Part 2

### Medi-Cal Verification Letter

(If case found) A Medical verification letter will be mailed to you within 5 days.

(If case not found) A medical case could not be found for [SSN].

To request a Medi-Cal verification letter for another family member: click "Verification Letter"

Verification Letter

Return to FAQs: click "Go Back"

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To return to the Main Menu: click "Main Menu"

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## FAQs GA FAQs - General Assistance

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For General Assistance payment questions: click "Case Lookup"

Case Lookup

For questions regarding General Assistance benefits issued this month or in a prior month: click "History Lookup"

History Lookup

If you have an EBT question: click "EBT"

EBT

[Direct Deposit] To apply for Direct Deposit where your cash grant goes directly into your bank account, come into one of our offices to get the direct deposit form or have your worker mail you one. To speak with a representative call [510-263-2420](tel:510-263-2420).

[GA Reporting Info] To find out if your quarterly reporting form, QR7 was received and whether it was complete: click "Case Lookup"

Case Lookup

[GA Landlord info] To find out if your landlord check was mailed to your landlord: click "Case Lookup"  
To find out if your new landlord statement was received, call [510-263-2420](tel:510-263-2420).

If you need a new quarterly report form mailed to you: click "Replace QR7"

Replace QR7

If your quarterly reporting form, QR7, is incomplete, call [510-263-2420](tel:510-263-2420).

[Reporting Responsibilities] You are required to promptly report all changes affecting eligibility and the amount of your grant. You are required to report within five (5) days any changes in your household such as: employment or address changes. You must submit these changes by completing the appropriate form and returning it to the Social Services Agency by the requested deadline. If you fail to respond by the deadline, your grant will be discontinued.

You will be receiving a quarterly reporting form called a QR7, which must be completed and returned.

[GA Emp. Services]

To find out how to apply for a medical exemption from employment, call [510-263-2420](tel:510-263-2420).

To find out how to get transportation for employment services, call [510-263-2420](tel:510-263-2420).

Employment Counselor

To find out who your employment counselor is: click "Employment Counselor"

Verification Letter

For income verification to be mailed to you: click "Verification Letter"

Office Locations

For Directions to our office: click "Office Locations"

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To return to the previous page: click "Go Back"

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To return to the Main Menu: click "Main Menu"



## GA Income Verification Letter

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### Income Verification Letter

To request an income verification letter, input your Social Security Number below and click "GO".

Part 1

SSN:

**GO**

Return to previous page: click "Go Back"

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To return to the Main Menu: click "Main Menu"

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Part 2

### Income Verification Letter

(If case found) A letter verifying your General Assistance grant will be mailed to you within 5 days.

(If case not found) A General Assistance case could not be found for [SSN].

Return to FAQs click "Go Back"

Go back

To return to the Main Menu: click "Main Menu"

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## Message Worker - Request

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For which worker:

Eligibility  Employment  Not Sure

Enter your Social Security number:

Select your program:

- [CalWORKs](#)
- [FoodStamps](#)
- [Medi-Cal](#)
- [General Assistance](#)

Enter your phone number:

Select a reason for your call:

- Case is in discontinued status
- Grant amount has changed
- Problem with your EBT or BIC card
- Applied for benefits and need to know whether your benefits have been approved or denied
- Don't understand a letter you received from this agency
- Have not received your grant or check for books, school supplies, or transportation
- Can't make it to a scheduled appointment
- Having trouble reaching your worker
- Other/Not Sure

Other comments:

When done, click "Submit"

Return to previous page: click "Go Back"

To return to the Main Menu: click "Main Menu"



## **Message Worker - Response**

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Page\*\*](#)

**[If successful]**

Thank you. You should receive a call back within 2 business days.

**[If not successful]**

We're sorry, but we were unable to process your request. Please try again.

## Error

An error has occurred. Either your social security number was input incorrectly, or our database is down

[Click here to return to the main menu](#)

# Not found

A case could not be found for your Social Security Number.

[Click here to return to the main menu](#)





## **Misc Messages**

[\*\*Back to Start Page\*\*](#)

- EBT form to add authorized rep: Link to form needed. Will pop up in a separate browser window.
- Grey out buttons during processing.
- SSN will be retained and auto-populate fields until returning to the main menu; returning to the main menu will end the secure session and put the user at the static page.



## Generic SSN Input

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Program:

SSN:

Current Status  History

To proceed, select your program, enter the Social Security Number for a person on your case, and click Go.

Return to previous page: click "Go Back"

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To return to the Main Menu: click "Main Menu"

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## Legend

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Legend of this document

[] - Are sections

() – Are used for prompt numbers or information that does not appear

\*\* Comments, technical notes and others

**Answers** – Those are user's options in speech recognition

**Questions** – Things that need to be answered or clarified

[**Variables**] – Database or input variables