This section provides commonly used abbreviations and acronyms used by the California Department of Health Services and the California Department of Social Services. (When there have been duplications of abbreviations and acronyms, they may only show in one section.)

AAP ................................................................. American Academy of Pediatrics
AB .................................................................................. Assembly Bill
ACIN ........................................................................ All County Information Notice
ACL .................................................................................. All County Letter
ACWDL ................................................................. All County Welfare Directors Letter
AER .................................................................................. Annual Eligibility Review
AFLP ........................................................................ Adolescent Family Life Program
BIC ........................................................................ Benefits Identification Card
BY .................................................................................. Budget Year
CalWIN ........................................................................... CalWorks Information Network
CalWORKS ................................................................. California Work Opportunity and Responsibility to Kids
CCR .................................................................................. California Code of Regulations
CCS .................................................................................. California Children’s Services
CDC .................................................................................. Centers for Disease Control and Prevention
CDHS ........................................................................... California Department of Health Services
CDSS ........................................................................... California Department of Social Services
CFR .................................................................................. Code of Federal Regulations
CHDP ........................................................................ Child Health and Disability Prevention Program
CHEAC ........................................................................... County Health Executives Association of California
CIN .................................................................................. Client Index Number
CLPPPP ........................................................................ Childhood Lead Poisoning Prevention Program
CMS Net ........................................................................ Children’s Medical Services Network
CMS .................................................................................. Children’s Medical Services; Centers for Medicare and Medicaid Services
CMSP ........................................................................... County Medical Services Program
COHS ........................................................................ County Organized Health Systems
CSHCN ........................................................................ Children with Special Health Care Needs
CTO ................................................................................ Compensatory/Certified Time Off
CWS ................................................................................ Child Welfare Services
CWS/CMS ........................................ Child Welfare System/Case Management System
CY ........................................................................................................ Calendar Year
DHS 4073 ................................................................. CHDP Pre-Enrollment Application
DHS 4505 ....................................................... CHDP Report of Distribution
E 47 .......................................................................................... Enhancement 47
EDC .................................................................................. Expected Date of Confinement
EDS .................................................................................. Electronic Data Systems (CDHS’s Fiscal Intermediary)
EPSDT ................................................ Early and Periodic Screening, Diagnosis, and Treatment
EPSDT-SS .......... Early and Periodic Screening, Diagnosis, and Treatment-Supplemental Services
EW .................................................................................. Eligibility Worker
FFP .................................................................................. Federal Financial Participation
FIG .................................................................................. Federal Income Guidelines
FTE .................................................................................. Full Time Equivalent
FY .................................................................................. Fiscal Year
GHPP ................................................ Genetically Handicapped Persons Program
GMC ........................................................................ Geographic Managed Care
HCC ............................................................ Hearing Coordination Center
HCFA .......................................... Health Care Financing Administration (now known as CMS)
HCPCFC ...................................... Health Care Program for Children in Foster Care
HEP .................................................................................. Health Education Passport
HF .................................................................................. Healthy Families
HFP .................................................................................. Healthy Families Program
HIPAA .......................................... Health Insurance Portability and Accountability Act
HRIF .................................................. High Risk Infant Follow-up Program
HRSA ........................................................ Health Resources and Services Administration
IAA ........................................................ Interagency Agreement
ICD 10 ................................................ International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
ICD 9 ................................................ International Classification of Diseases, Ninth Revision
IEP ........................................................ Individualized Educational Plan
IFSP ........................................................ Individualized Family Services Plan
IHO .................................................................................. In-Home Operations
IN .................................................................................. Information Notice
LEA ........................................................ Local Education Agency
M & T ........................................................ Maintenance and Transportation
MC 13 ................................................ Statement of Citizenship, Alienage, and Immigration Status
MC 210 ................................................ Statement of Facts (Medi-Cal Only Mail in Application)
PSA .................................................................Program Service Agreement
PSD ..............................................................................Payment Systems Division
PSQA ...............................................................Program Standards and Quality Assurance
PSS ..............................................................................Program Support Section
PSU ..............................................................................Provider Services Unit
RC ..................................................................................Regional Center
ROS ..................................................................................Regional Operations Section
SAWS 2 ..........................................................Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal/State
Run CMSP
SB ....................................................................................Senate Bill
SCC ..................................................................................Special Care Center
SCHIP .................................................................State Child Health Insurance Program
SCCRO .............................................................................CCS Southern California Regional Office
SELPA ..................................................................................Special Education Local Planning Area
SFRO ..................................................................................CCS San Francisco Regional Office
SOW ..................................................................................Scope of Work
SPC ..................................................................................Substitute Care Provider
SPHN .............................................................................Supervising Public Health Nurse
SPMP ..................................................................................Skilled Professional Medical Personnel
SRO ....................................................................................CCS Sacramento Regional Office
SY ......................................................................................School Year
TCM ....................................................................................Targeted Case Management
TEMP 602 B ............................................................Medical and Dental Exams for Children and Youth and Family Planning
Services, Annual Mail-In Redetermination Referral
TEMP CA 600 .............................................................Annual Review for Cash Aid and Food Stamps
WIC ............................................................................Women, Infants, and Children Supplemental Nutrition Program

California Department of Social Services
Abbreviations and Acronyms

AAP ..................................................................................Adoption Assistance Program
ADD ..................................................................................Attention Deficit Disorder
ADHD .............................................................................Attention Deficit Hyperactivity Disorder
ADS ..................................................................................Alcohol and Drug System
AFDC ..................................................................................Aid to Families with Dependent Children
AFDC-FC ..........................................................Aid to Families with Dependent Children – Foster Care
AFDC-FG ..........................................................Aid to Families with Dependent Children – Family Group
AIDS ..................................................................................Acquired Immuno Deficiency Syndrome
ARD ................................................................. Administrative Resource Department
ASD .............................................................. Administrative Support Division
AST ............................................................. Automated System Technician
BCIS ......................................................... Bureau of Citizenship and Immigration Services
BIA ............................................................... Bureau of Indian Affairs
CAC .............................................................. Children’s Assessment Center
CACI ............................................................. Child Abuse Central Index
CAD IQ ......................................................... Child Abuse Database Interactive Queries
CAF ............................................................. Case Assessment Forum
CAHL ........................................................... Child Abuse Hot Line
CAL CAP .................................................... California Confidential Address Program
CAPIT ......................................................... Child Abuse Prevention, Intervention and Treatment
CAS ............................................................. County Adoption Service
CASA ........................................................... Court Appointed Special Advocate
CATS .......................................................... Child and Adolescent Treatment Services
CC ............................................................... County Counsel
CC-1 .......................................................... Correction Counselor One
CDC ............................................................ California Department of Corrections
CDC ............................................................... Child Day Care
CDRT ........................................................... Child Death Review Team
CDS ............................................................. Child Development Services
CII ............................................................... Criminal Identification and Information
CLETS ...................................................... California Law Enforcement Telecommunications System
COLA ........................................................ Cost of Living Adjustment
CORI .......................................................... Criminal Offender Record Information
CP ............................................................... Case Plan
CPA ........................................................... Child Protective Agency
CPR ............................................................ Concurrent Planning Review
CPS ............................................................. Child Protective Services
CWDA ...................................................... County Welfare Director’s Association
CWEA ........................................................ Child Welfare Improvement Activities
CWLA ........................................................ Child Welfare League of America
CWS ........................................................... Child Welfare Services
CWS/CMS ................................................ Child Welfare Services/Case Management System
DA ............................................................. District Attorney
DAAS ........................................................ Department of Aging and Adult Services
DAP ............................................................ Description, Assessment Plan
DARE ........................................................ Daily Assessment Review Evaluation
DBH .................................................. Department of Behavioral Health
DD .................................................. Deputy Director
DD .................................................. Development Disability
DEC .................................................. Drug Endangered Child
DOB .................................................. Date of Birth
DOJ .................................................. Department of Justice
DPH .................................................. Department of Public Health
DPSS ............................................. Department of Public Social Services
DSM-IV-R ..................................... Diagnostic and Statistical Manual of Mental Disorders
DV .................................................. Domestic Violence
EA .................................................. Emergency Assistance
EA-CRS ........................................ Emergency Assistance Crisis Resolution Services
ER .................................................. Emergency Response
EW .................................................. Eligibility Worker
EWCA .......................................... Eligibility Worker Case Aide
EVO .................................................. Evaluated Out
EYH ................................................ Enriched Youth Home
F & O’s ......................................... Findings and Orders
F2F ................................................ Family to Family
FBG ................................................ Federal Block Grant
FC .................................................. Foster Care
FCEW .......................................... Foster Care Eligibility Worker
FFA ................................................ Foster Family Agency
FFACH ......................................... Foster Family Agency Certified Home
FFH ................................................ Foster Family Home
FGDM .......................................... Family Group Decision Making
FH .................................................. Foster Home
FIO ................................................ For Information Only
FM .................................................. Family Maintenance
FP .................................................. Foster Parent
FPC(s) .......................................... Family Preservation Council
FR .................................................. Family Reunification
FTT ................................................ Failure to Thrive
FYI ................................................ For Your Information
FYS ................................................ Foster Youth Services
GAL .............................................. Guardian Ad Litem
GH .................................................. Group Home
HEP ............................................. Health and Education Passport
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HOPE</td>
<td>Helping Others Parent Effectively</td>
</tr>
<tr>
<td>HRS</td>
<td>Human Resource Services</td>
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<tr>
<td>HSS</td>
<td>Human Services System</td>
</tr>
<tr>
<td>HV</td>
<td>Home Visit</td>
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<tr>
<td>ICP</td>
<td>Inter-County Placement</td>
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<tr>
<td>ICPC</td>
<td>Interstate Compact on the Placement of Children</td>
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<tr>
<td>ICT</td>
<td>Inter-County Transfer</td>
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<td>ICWA</td>
<td>Indian Child Welfare Act</td>
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<tr>
<td>IEP</td>
<td>Individual Education Plan</td>
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<tr>
<td>IIN</td>
<td>Interim Instruction Notice</td>
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<tr>
<td>ILP</td>
<td>Independent Living Program</td>
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<tr>
<td>ILSP</td>
<td>Independent Living Skills Program</td>
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<tr>
<td>IM</td>
<td>Income Maintenance</td>
</tr>
<tr>
<td>INS</td>
<td>Immigration and Naturalization Service</td>
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<tr>
<td>IPC</td>
<td>Interagency Placement Committee</td>
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<tr>
<td>IR</td>
<td>Immediate Response</td>
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<tr>
<td>ISP</td>
<td>Infant Supplemental Payment</td>
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<tr>
<td>ITSD</td>
<td>Information Technology Services Department</td>
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<tr>
<td>IQSAB</td>
<td>Improving Quality Systemwide Advisory Board</td>
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<tr>
<td>J/D</td>
<td>Jurisdiction/Disposition Hearing</td>
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<tr>
<td>JNET</td>
<td>Juvenile Network (Juvenile Dependency Court Information)</td>
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<tr>
<td>JWIS</td>
<td>Juvenile Warehouse of Integrated Systems</td>
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<tr>
<td>KG</td>
<td>KinGap</td>
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<tr>
<td>KIN-GAP</td>
<td>Kinship Guardian Assistance Program</td>
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<tr>
<td>LE</td>
<td>Law Enforcement</td>
</tr>
<tr>
<td>LTFC</td>
<td>Long Term Foster Care</td>
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<tr>
<td>MDT(s)</td>
<td>Multidisciplinary Team(s)</td>
</tr>
<tr>
<td>MEPA</td>
<td>Multi-ethnic Placement Act</td>
</tr>
<tr>
<td>MGM</td>
<td>Maternal Grandmother</td>
</tr>
<tr>
<td>NCIC</td>
<td>National Crime Information Center</td>
</tr>
<tr>
<td>NOA</td>
<td>Notice of Action</td>
</tr>
<tr>
<td>NREFM</td>
<td>Non-Related Extended Family Member</td>
</tr>
<tr>
<td>N/S</td>
<td>No Show</td>
</tr>
<tr>
<td>O &amp; I</td>
<td>Orientation and Induction</td>
</tr>
<tr>
<td>OA</td>
<td>Office Assistant</td>
</tr>
<tr>
<td>OHC</td>
<td>Out of Home Care</td>
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<tr>
<td>OOHA</td>
<td>Out of Home Abuse</td>
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OOHI……………………………………………………………………………. Out of Home Abuse Investigation

OES …Office of Emergency Services Medical report of Suspected Child Physical Abuse and Neglect Examination

PC……………………………………………………………………………Penal Code or Protective Custody as in “Protective Custody Hold”

PCWTA……………………………………………………Public Child Welfare Training Academy

PD………………………………………………………………………………Police Department

PDD …………………………………………………………… Program Development Division

PERC ………………………………………………………….. Performance, Education and Resource Center

PET……………………………………………………………………………Parent Effectiveness Training

PGM …………………………………………………………………………… paternal Grandmother

PHN ………………………………………………………………………….Public Health Nurse

PID ………………………………………………………………………….Program Integrity Division

PMCD ……………………………………………………….. Psychotropic Medication Court Desk

POB………………………………………………………………………….. Place of Birth

PP……………………………………………………………………………..Permanency Planning

PPH …………………………………………………………………………..Permanency Planning Hearing

PPLA …………………………………………………………… Planned Permanent Living Arrangement

PRIDE ……………………………………………Parent Resources for Information and Education

PPR …………………………………………………………………………..Permanency Planning Review

PRC …………………………………………………………………………..Placement Review Committee

PRUCOL…………………………………………Permanent Residence Under the Cover of the Law

PSC …………………………………………………………………………..Pretrial Settlement Conference

PSSF …………………………………………………………………………..Promoting Safe and Stable Families

PTSD ……………………………………………………………………… Post Traumatic Stress Disorder

RAJ …………………………………………………………………………..Run Away Juvenile

RAU …………………………………………………………………………..Relative Approval Unit

RFPC ……………………………………………………………………… Regional Family Preservation Council

SANS ……………………………………………………………………… Subsequent Arrest Notification Service

SAR …………………………………………………………………………..Semi-annual Review

SARB ……………………………………………………………………… School Attendance Review Board

SAWS ………………………………………………………………… Statewide Automated Welfare System

SC …………………………………………………………………………..Shelter Care

SCP …………………………………………………………………………..Substitute Care Provider

SED …………………………………………………………………………Seriously Emotional Disturbed

SHCM …………………………………………………………………….Special Health Care Needs

SIDS ……………………………………………………………………… Sudden Infant Death Syndrome

SIJS …………………………………………………………………………..Special Immigrant Juvenile Status
Definitions (Related to Social Services)

Bates Bill Child........................................ Child with Specialized Medical Needs
Deprivation ........................................... Determination of Deprivation Worksheet DPSS/FC 2.5
Medi-Cal .................................................. California’s State Medicaid Program
Miller vs. Youakim ......................... Court order whereby eligibility is determined for foster care
PPR .................................................... Permanency Planning Review to determine long term permanent plan for children unable to return home
SAWS .................. Application for case aid, food stamps and/or medical assistance/SAWS 1
Ten Day .................. Report of abuse assessed to require investigation within ten (10) days
TT ..... Reports of abuse determined to require a prioritized investigation sooner than ten
(10) days or within three (3) days

.21e...................................................... Six (6) month court review for reunification cases
.21f...................................................... Twelve (12) month court review for reunification cases
0.22..................................................... Eighteen (18) month court review for reunification cases
0.26................. Hearing to implement the recommended Permanent Plan of Adoption, Guardianship or Long Term Foster Care
342.......................................................... Petition to report new facts to the court
387................. Supplemental petition: Previous disposition has not been effective in the Rehabilitation or protection of the child. Child needs higher level of care.
388................. Petition (usually initiated by parent) stating the circumstances have changed or there is new evidence asking court to modify the order because of best interest of the child
SAR .......... Semi-annual review (6 month hearing for children placed in their own home)