STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, Governor

DEPARTMENT OF HEALTH SERVICES
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December 24, 1999

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialist/Liaisons
All County Public Health Directors
All County Mental Health Directors

Letter No.: 99-76

UPDATED CAMERA-READY COPY OF THE UNEMPLOYED PARENT DETERMINATION WORK SHEET AND VOCATIONAL AND WORK HISTORY

Ref: All County Welfare Directors Letter (ACWDL) Nos. 97-17, 97-26, 97-37, and 99-54

This letter is to inform you of changes on two forms that the county used to determine the principal wage earner (PWE) when establishing deprivation as an unemployed parent. Since federal law deleted many of the former requirements as described in the ACWDLs referenced above, we combined the MC 176 U form (Medi-Cal U-Parent Determination Work Sheet) with the MC 210 S-W (Vocation and Work History) and deleted the MC 176 U as a separate form.

Since the new MC 210 S-W will have to be changed prior to March 1, 2000 to incorporate changes in state law (Assembly Bill 1107, Chapter 146, Statutes of 1999) which allows the PWE to work over 100 hours if the family's net nonexempt earned income is not more than 100 percent of the federal poverty level, we suggest that counties only order a small amount of the current form.

More information on that change will be forthcoming.

If you have any further questions, please contact Ms. Margie Buzdas of my staff at (916) 657-0726 or Ms. Erin Lynch at (916) 654-5769.

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL U-PARENT DETERMINATION WORK SHEET
(TO BE COMPLETED BY CWD STAFF)

Case name:_____ Worker number:_____

Case number: _____ Date: _____

1. Determination of Principal Wage Earner **(PWE)**

   a. Application date OR date U-Parent deprivation began: _____
   b. To establish 24-month earnings period, check month on chart for each parent:

   Month number 1: subtract two years from line (a): _____

   Month number 24: Month/Year immediately preceding line (a): _____

Parent 1's Earnings	Current year _____		Year _____		Year _____	
_____ Name	$	Dec.	$	Dec.	$	Dec.
	$	Nov.	$	Nov.	$	Nov.
	$	Oct.	$	Oct.	$	Oct.
	$	Sep.	$	Sep.	$	Sep.
	$	Aug.	$	Aug.	$	Aug.
	$	Jul.	$	Jul.	$	Jul.
	$	Jun.	$	Jun.	$	Jun.
	$	May	$	May	$	May
	$	Apr.	$	Apr.	$	Apr.
	$	Mar.	$	Mar.	$	Mar.
Total: $_____	$	Feb.	$	Feb.	$	Feb.
	$	Jan.	$	Jan.	$	Jan.

Parent 2's Earnings	Current year _____		Year _____		Year _____	
_____ Name	$	Dec.	$	Dec.	$	Dec.
	$	Nov.	$	Nov.	$	Nov.
	$	Oct.	$	Oct.	$	Oct.
	$	Sep.	$	Sep.	$	Sep.
	$	Aug.	$	Aug.	$	Aug.
	$	Jul.	$	Jul.	$	Jul.
	$	Jun.	$	Jun.	$	Jun.
	$	May	$	May	$	May
	$	Apr.	$	Apr.	$	Apr.
	$	Mar.	$	Mar.	$	Mar.
Total: $_____	$	Feb.	$	Feb.	$	Feb.
	$	Jan.	$	Jan.	$	Jan.

COUNTY USE ONLY

The parent earning the greater amount is the PWE: _____
(Name of PWE)

2. Is the PWE working less than 100 hours a month? ☐ Yes ☐ No

Note: Recipients of Section 1931(b) may exceed 100 Hours.

VOCATIONAL AND WORK HISTORY

Person Number 1 Name: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.

Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly
1.	☐ Work ☐ Training	From __/__/__ To __/__/__	$	4.	☐ Work ☐ Training	From __/__/__ To __/__/__	$
2.	☐ Work ☐ Training	From __/__/__ To __/__/__	$	5.	☐ Work ☐ Training	From __/__/__ To __/__/__	$
3.	☐ Work ☐ Training	From __/__/__ To __/__/__	$	6.	☐ Work ☐ Training	From __/__/__ To __/__/__	$

Person Number 2 Name: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.

Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly
1.	☐ Work ☐ Training	From __/__/__ To __/__/__	$	4.	☐ Work ☐ Training	From __/__/__ To __/__/__	$
2.	☐ Work ☐ Training	From __/__/__ To __/__/__	$	5.	☐ Work ☐ Training	From __/__/__ To __/__/__	$
3.	☐ Work ☐ Training	From __/__/__ To __/__/__	$	6.	☐ Work ☐ Training	From __/__/__ To __/__/__	$

I understand that the statements I have made on this form are subject to investigation and verification. I declare under penalty of perjury that the foregoing statements are true and correct.

Signature: _____ Date: _____