

**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 _____	
	\$	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.	
\$	Feb.	\$	Feb.	\$	Feb.	
\$	Jan.	\$	Jan.	\$	Jan.	
Total: \$ _____						

Parent 2's Earnings	Current year _____		Year _____		Year _____	
	\$	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.	
\$	Feb.	\$	Feb.	\$	Feb.	
\$	Jan.	\$	Jan.	\$	Jan.	
Total: \$ _____						

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.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$	4.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$
2.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$	5.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$
3.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$	6.	<input type="checkbox"/> Work <input type="checkbox"/> 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.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$	4.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$
2.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$	5.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$
3.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$	6.	<input type="checkbox"/> Work <input type="checkbox"/> 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: \_\_\_\_\_