



**Madera County
Department of Social Services**

Eligibility Services

MP (Multiple Program) 1 CW (CalWORKs)/CF (CalFresh)

The Work Number® - Noticing Requirements

Date: May 23, 2017

References: [ACL 16-118](#), [ACL 16-43](#), [SB 1232](#),
[FCRA - Section 603\(K\)](#), [ACWDL Released 1-13-2016](#), [ACIN I-41-14](#),
MPP §§: [22-115](#), [21-115.2](#), [23-400](#)

Forms: [GEN 1390](#), [GEN 1390 Sp](#), [MAD 229 TALX ROI](#), [MAD 229 Sp. - TALX ROI](#),
[SAWS 2 PLUS\(4-2015\)](#), [SAWS 2 PLUS Sp.\(4-2015\)](#),
[CF 285\(11-2016\)](#), [CF 285 Sp\(11-2016\)](#), [CF 37\(11-2016\)](#), [CF 37 Sp.\(11-2016\)](#)

Background

Effective 1-1-2017 counties must adhere to [SB 1232](#) (Senate Bill) which informs CWDs (County Welfare Departments) of new requirements pertaining to the CW and CF programs regarding the use of The Work Number®. The Work Number® provides instant employment verification data, such as employee earnings or hours worked by using customer's Social Security Number. CWDs must obtain written authorization from their customer prior to requesting income information from The Work Number®. If an adverse action results to a case from an income report pulled from The Work Number® the county must properly notify customer.

Policy

Eligibility Staff shall use The Work Number® for: IEVS processing, at application/renewal, fraud detection, or when information received from the customer is insufficient, and/or questionable. Prior to using The Work Number® EWs (Eligibility Workers) must obtain written authorization from the customer. If an adverse case action is taken customer must be properly notified.

**Written
Authorization**

Customer must sign a [SAWS 2 PLUS\(4-2015\)/SAWS 2 PLUS Sp.\(4-2015\)](#), [CF 285\(11-2016\)/CF 285 Sp\(11-2016\)](#), or [CF 37\(11-2016\)/CF 37 Sp.\(11-2016\)](#) with the Privacy Act and Disclosure statement below:

"The County will check your answers using information in state and federal electronic databases and databases from the Internal Revenue Service (IRS), Social Security Administration, the Department of Homeland Security, and/or a **consumer reporting agency.**"

Using forms with revision dates prior to what is on the attached forms means customer may not have authorized the CWD to use The Work Number®. If needed, staff can use the [MAD 229 TALX ROI/MAD 229 Sp. - TALX ROI](#) as a customer's release for the CWD to use The Work Number®. A form with written authorization

must be collected at application and/or at customer's yearly renewal. An E-Application completed/signed electronically by customer authorizes the CWD to use The Work Number®.

Adverse Action

[SB 1232](#) defines "adverse actions" as a determination of ineligibility for CW and/or CF benefits, or a reduction to those benefits; e.g. denial of an application, discontinuance of a case, a reduction of benefits, or the creation of an OP (overpayment)/OI (over-issuance). [FCRA - Section 603\(K\)](#) defines "adverse actions" as all business, credit, and employment actions that affect customer negatively.

Noticing Customer

When an adverse action is taken in a CW and/or CF case based on information received from The Work Number®, customers must be noticed through a [GEN 1390/GEN 1390 Sp.](#), which contains the following language/information; adhering to [SB 1232](#).

"The action being taken against you is based in part from information obtained from the Consumer Credit Report Agency listed below. This Agency did not make the decision to take this action against you and is not able to explain why the decision was made. You can obtain a free copy of information contained in your file if you make a request to the Agency within 60 days. You may dispute the accuracy or completeness of any information by contacting the Agency."

The NOA (Notice of Action) shall include contact information for The Work Number®:

The Work Number/Equifax
11432 Lackland Road
St. Louis, MO 63146
1-800-367-2884
www.theworknumber.com

The GEN 1390 supplements NOAs already issued by C-IV.

CalWORKS

- M44-316B - Change in Income Over IRT Notice
- M44-316D - SAR Change in Income Notice
- NA 840 - Sanction/Removal from Aid of Participant Notice
- NA 840A - Determination of Good Cause/No Good Cause
- NA 845 - Removal of Second Parent NOA
- NA 835 - Child Care Discontinuance NOA
- NA 274E - OP Detail Worksheet
- NA 301 - Generic Cash OP Informing/Demand NOA
- NA 100 - Blank NOA Form
- NA 200 – NOA Multipurpose Incl Budget
- NA 1239AR – NOA (Continued) Annual Reporting Budget

- CalFresh**
- CF 377.4 - CF Notice of Change for SAR Households
 - CF 377.7A - Notice of Administrative Disqualification
 - CF 377.7B - CF OI Notice for Inadvertent Household Errors Only
 - CF 377.7D - CF Overissuance Notice for Administrative Errors Only
 - CF 377.7D1 - CF Overissuance Notice for Administrative Errors Only
 - CF 377.7D3 - CF Overissuance Notice for Administrative Errors
 - CF 1239 – CF Notice of Approval/Denial/Termination TCF
 - NA CF APP2 - CF Approval/Denial
 - NA CF CHG2 - CF Benefit Change (CR)
 - NA CF CHG1 - CF Benefit Change (SAR)
 - NA CF DNL3 - CF Denial (Gross/Net)
 - NA CF CHG1 - CF Discontinuance (No Budget)
 - NA CF DSC4 - CF Discontinuance (SAR Gross/Net)
 - NA CF DSC2 - CF Discontinuance (SAR Gross)

**Duplicative
Documentation**

EW's **shall not** require customer submit hard-copy documentation that is duplicative of the information received from The Work Number®; unless customer questions that information, or if the CWD has a suspicion the information received is questionable; then the CWD can ask customer submit additional documentation for clarification. For CF purposes, information received from The Work Number® is **not considered VUR (verified upon receipt)**.

Process

Eligibility Staff At application and renewal, staff shall obtain written authorization from customer allowing the county to extract income information from The Work Number®: [SAWS 2 PLUS\(12-2015\)/SAWS 2 PLUS Sp.\(12-2015\), CF 285\(11-2016\)/CF 285 Sp\(11-2016\), CF 37\(11-2016\)/CF 37 Sp.\(11-2016\)](#), or a [GEN 1390/GEN 1390 Sp.](#)

If the income information collected from The Work Number® results in an adverse action to customer's CW and/or CF case, staff shall issue a [GEN 1390/GEN 1390 Sp.](#) to supplement one of the change NOA's issued by CIV.

**INFORMING NOTICE –
REGARDING AN ACTION TAKEN
ON YOUR CASE**

| | | |
|-------------|--------------|----------------------|
| COUNTY | | Madera County |
| CASE NAME | | |
| CASE NO. | OTHER ID NO. | |
| WORKER NAME | | |

Date: _____

This form provides information about the report from a credit reporting agency used to make changes to your case. A consumer credit report can verify employment, such as your wages, your salary, your hours worked or if and where you are employed. This report is a regulated by the Fair Credit Reporting Act.

The action taken on your case is explained on the enclosed form: _____
Name of NOA, Etc., Used

"The action being taken against you is based in part from information obtained from the Consumer Credit Report Agency listed below. This Agency did not make the decision to take this action against you and is not able to explain why the decision was made. You can obtain a free copy of information contained in your file if you make a request to the Agency within 60 days. You may dispute the accuracy or completeness of any information by contacting the Agency."

| | |
|--|---|
| <p>The information to make this change to your case was provided by:</p> | <p style="text-align: center;">The Work Number/Equifax</p> <p>Name of Agency Providing Notice</p> |
| <p>How can you obtain a copy of your employment verification report?</p> | <p>By telephone: <u>1-800-367-2884</u> Toll-Free Number</p> <p>By mail: <u>11432 Lackland Road/St Louis, MO 63146</u> Address</p> <p>On the web: <u>www.theworknumber.com</u> Website Address</p> |
| <p>What if there are mistakes in your consumer credit report?</p> | <p>You have a right to dispute any inaccurate information in your consumer credit report. Under Federal law, you have the right to obtain a copy of your consumer credit report without charge for 60 days after you receive this notice.</p> <p>If you find mistakes in your consumer credit report, contact the consumer reporting agency.</p> <p>It is a good idea to check your consumer credit report to make sure the information is correct.</p> |
| <p>How can you get more information about your employment verification report?</p> | <p>For more information about consumer reports including this report, visit the Consumer Financial Protection Bureau's website at www.consumerfinance.gov/learnmore</p> |
| <p>Please call your county worker if you have any questions about the information in this notice.</p> | <p>County Worker Name: _____</p> <p>Telephone Number: _____</p> |

GEN 1990 (1/17) REQUIRED FORM – NO SUBSTITUTES PERMITTED

**AVISO INFORMATIVO –
ACERCA DE UNA ACCIÓN TOMADA
EN SU CASO**

| | | |
|-------------|--------------|----------------------|
| COUNTY | | Madera County |
| CASE NAME | | |
| CASE NO. | OTHER ID NO. | |
| WORKER NAME | | |

Fecha: _____

Este formulario provee información acerca del reporte de una agencia de reportes de crédito que fue usado para hacer cambios a su caso. Un reporte de crédito del consumidor puede verificar empleo, sus ingresos, su salario, sus horas trabajadas, o si está empleado y dónde. Este reporte está regulado por la Ley Federal de Informe Imparcial de Crédito.

La acción tomada en su caso se explica en el formulario adjunto: _____
Nombre del Aviso de Acción, etc., que se utilizó

“La acción que se toma en contra suya se basa en parte en la información obtenida de la Agencia de Reportes de Crédito del Consumidor que se indica enseguida. Esta Agencia no tomó la decisión de acción en contra suya, y no puede explicarle por qué se tomó la decisión. Usted puede obtener una copia gratuita de la información que contiene su expediente, si se lo pide a la Agencia dentro de 60 días. Puede disputar la exactitud o la integridad de cualquier información comunicándose con la Agencia”.

| | |
|--|---|
| <p>La información para este cambio en su caso fue presentada por:</p> | <p style="text-align: center;">The Work Number/Equifax</p> <p>Nombre de la agencia que presenta el aviso</p> |
| <p>¿Cómo puede obtener una copia de su reporte de verificación de empleo?</p> | <p>Por teléfono: <u>1-800-367-2884</u> Número gratuito</p> <p>Por correo: <u>11432 Lackland Road/St Louis, MO 63146</u> Domicilio</p> <p>En la web: <u>www.theworknumber.com</u> Página web</p> |
| <p>¿Y si hay errores en su reporte de crédito del consumidor?</p> | <p>Usted tiene el derecho a disputar cualquier información incorrecta en su reporte de crédito del consumidor. Conforme a la ley Federal, usted tiene el derecho a obtener una copia de su reporte de crédito del consumidor sin cobro por 60 días después que usted reciba este aviso.</p> <p>Si usted encuentra errores en su informe de crédito del consumidor, comuníquese con la agencia de reportes del consumidor.</p> <p>Es buena idea revisar su reporte de crédito del consumidor para asegurarse que la información está correcta.</p> |
| <p>¿Cómo puede conseguir más información sobre su reporte de verificación de empleo?</p> | <p>Para más información sobre los reportes del consumidor incluyendo este reporte, visite la página web de la Oficina de Protección Financiera del Consumidor en www.consumerfinance.gov/learnmore</p> |
| <p>Por favor llame a su trabajador del condado si tiene alguna pregunta sobre la información en este aviso.</p> | <p>Nombre del trabajador del condado: _____</p> <p>Número de teléfono: _____</p> |