

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



February 3, 2004

CSS LETTER: 04-03

ALL IV-D DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL BOARDS OF SUPERVISORS

SUBJECT: SUPPLEMENTAL SECURITY INCOME (SSI) RESOURCE TEST
SELF-CERTIFICATION FORM DCSS 0046 (FORMERLY CSS 4311)

REFERENCE: CSS LETTER 02-15, 03-21

This letter transmits a revised version of the SSI Resource Test Self-Certification form. The form has been improved to include a space for the obligor to provide the amount of his/her monthly Social Security Disability Insurance (SSDI) benefit amount. There is also a statement added which requests a copy of the latest SSDI benefit payment or payment stub be attached to the form.

As of July 1, 2003, State forms are subject to a new numbering system as they are developed or revised. As a result, this form has been changed from CSS 4311 to DCSS 0046.

Local child support agencies should begin using form DCSS 0046 immediately. A Protected Document Format (PDF) copy of the form, as well as a JetForm version are attached.

If you have any questions or concerns regarding this matter, please contact the Policy Branch at (916) 464-5055.

Sincerely,

A handwritten signature in black ink, appearing to read "Donna S. Hershkowitz".

DONNA S. HERSHKOWITZ
Deputy Director
Child Support Services Division

Attachment

<u>Reason for this Transmittal</u>
<input type="checkbox"/> State Law or Regulation Change
<input type="checkbox"/> Federal Law or Regulation Change
<input type="checkbox"/> Court Order or Settlement Change
<input type="checkbox"/> Clarification requested by One or More Counties
<input checked="" type="checkbox"/> Initiated by DCSS

SUPPLEMENTAL SECURITY INCOME (SSI) RESOURCE TEST SELF CERTIFICATION FORM

DCSS 0046 (11/03)

If you receive monthly Social Security Disability Insurance (SSDI) benefits and you have limited resources, you may qualify to have only 5% of your SSDI benefits attached for payment toward your child support arrearage balance. This SSI resource test will be used to determine if you qualify.

NAME (Last)	(First)	(Middle Initial)
MAILING ADDRESS		
CITY	COUNTY	STATE
SOCIAL SECURITY NUMBER		ZIP CODE
		CHILD SUPPORT CASE NUMBER

I don't have resources worth more than:

- \$2,000 for one person
- \$3,000 for a couple

Resources:

Resources are things you own such as cash; bank accounts; land; life insurance and personal property.

Resources that DO NOT COUNT when deciding if you meet the SSI resource limit:

- The home you live in and the land it is on.
- Household goods and personal property that are not worth more than \$2,000.
- One wedding ring and one engagement ring.
- The value of one automobile.
- Burial spaces for you and your spouse.
- Burial funds up to \$1,500.
- Life insurance worth \$1,500 or less.
- Resources such as wheelchairs, respirators, care services, etc.

My monthly SSDI benefit amount is \$_____.

(Please attach a copy of your latest SSDI benefit payment or payment stub)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date