

**County of Orange Social Services Agency
Family Self-Sufficiency Division**

Program/Area: CalWORKs

Title: Two-Party Check Issuance

Number: 100-B8

Status: Signature on file

Effective Date: 12/01/1998

Revision Date: 06/12/15

PURPOSE The purpose of this policy is to establish guidelines on issuance of vendor/two-party check payments in certain case situations, such as fleeing felon and WTW long term sanction.

**CASES
REQUIRING
TWO-PARTY
CHECK
ISSUANCE**

AB1542 and AB1808, Section 29.3 requires ongoing vendor/two-party check issuance for at least the rent and utilities in cases containing:

- Any parent or caretaker relative who is a Fleeing Felon who exhibits money mismanagement problems). (See [policy 100-B9 Fleeing Felon](#)).
- Any parent or caretaker relative who is Welfare-To-Work (WTW) sanctioned for at least three consecutive months. (See [policy 240 Good Cause/Compliance/Sanction](#)).

**TWO-PARTY
CHECK
PAYMENTS**

Two-Party check payments will be issued for rent and utility costs. If there is a remainder after the rent and utilities have been paid, the remainder will be paid to the recipient via Electronic Benefit Transfer (EBT). If the grant payment does not meet the total cost of the rent and/or utility, the entire grant amount will be paid towards the rent.

- **Note:** In these situations, the caseworker must explore how the client is meeting his/her needs if no other income or resources is reported. Refer to [policy 100-H4 Fraud Referral](#) for specific instructions.

**NOTIFICATION
OF
PAYMENT
REQUIREMENT**

Fleeing Felon:

When a Fleeing Felon client is identified at the initial application, or added to an Assistance Unit (AU), the eligibility staff will:

- Notify the client of the CalWORKs requirement of issuing a two-party check for rent and utilities.

- Print and review the [W-9 Request for Taxpayer Identification Number and Certification](#) form with client stressing the importance of informing the Vendor/Provider that the form must be completed accurately.
- Ensure that the Vendor/Provider's information is correct on the [W-9](#) form. For example: The name listed on the [W-9](#) form should match the name used by the Vendor/Provider when filing his/her income tax forms. If the Vendor/Provider files taxes under a business name, the business name should be listed on the [W-9](#) form, NOT the Vendor/Provider's name and vice versa.

WTW Sanction:

In cases where the parent or aided caretaker relative has been subject to sanction for at least three consecutive months, vendor/two-party check payments will be initiated at the beginning of the fourth consecutive month so the vendor payment process is completed no later than NOA deadline.

Vendor/two-party check payments shall continue until the participant is no longer sanctioned.

W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

The Vendor/Provider must complete the [W-9 Request for Taxpayer Identification Number and Certification](#) form. [\(Attachment 1\)](#)

The client will take the W-9 form to the Vendor/Provider for completion. A pre-paid envelope with the region's address and caseworker's caseload number should be provided for the Vendor/Provider to return the form directly to the eligibility staff. The client may return the form. However, the form must be returned **prior to issuance**.

Note: A new W-9 form must be completed each time there is a change of a Vendor/Provider.

Complete W-9 form:

Once the W-9 form is returned and completed correctly, the eligibility staff will:

1. Enter the provider name exactly as indicated on the W-9 in CalWIN.
2. Follow [Two - Party Check Issuance Resource Guide](#) for step-by-step guidelines and screen shots.
3. If Provider is not in CalWIN, inform Supervisor.

Supervisor will:

4. Complete the [Request to Add/Change Provider Record](#) and e-mail to CalWIN Providers <CalWINProviders@ssa.ocgov.com> ([Attachment 2](#))
5. Follow instructions on page 1 of the [Two - Party Check Issuance Resource Guide](#).
6. Fax the completed W-9 form to Information Technology (IT), fax number 714-541-7855.

Eligibility staff will:

7. Retain a copy of the W-9 form in the case folder.
8. Receive confirmation e-mail from CalWIN Provider mailbox via Supervisor with the provider name and provider number.
9. Enter information in CalWIN.
10. Complete "case comments" section of CalWIN that W-9 form received completed.

Incomplete W-9 form:

If the W-9 form is returned without a Taxpayer Identification Number (TIN) or Social Security Number (SSN), the eligibility staff will:

11. Contact the Vendor/Provider and request the TIN or SSN.
12. If the Vendor/Provider does not have a number, refer the Vendor/Provider to Part 1, page 3 of the [W-9](#) form.
13. Instruct the Vendor/Provider to report the TIN or SSN to the caseworker upon receipt from IRS.
14. Follow-up every 90 days until the TIN or SSN is obtained. **No negative action will be taken if not reported.**
15. Issue the two-party check to the Vendor/Provider identified by the client.
16. Complete "case comments" section of CalWIN that the TIN or SSN was not provided.

Supervisor will:

Follow steps # 4 thru 6.

Refusal to provide Identification Number:

If the Vendor/Provider refuses to provide a Taxpayer Identification Number (TIN) or Social Security Number (SSN), the eligibility staff will:

17. Provide client with a W-9 to complete the Vendor/Providers name and address leaving the SSN/TIN blank.
18. Email the completed W-9 to System Support Team (SST) at CalWINProviders@ssa.ocgov.com including in the body of the email the Vendor/Providers refusal to complete and provide the TIN/SSN. SST will add them as an exempt Provider.

Supervisor will:

Follow steps # 4 thru 6.

Eligibility staff will:

19. Issue the two-party check to the Vendor/Provider identified by the client.
20. Complete “case comments” section of CalWIN that Vendor/Provider continues refusing to provide the TIN or SSN.

ISSUANCE OF PAYMENTS

Follow step-by-step guidelines for the issuance of two-party checks in the [Two - Party Check Issuance Resource Guide](#).

Note: CalWIN does not support the issuance of recurring two-party checks. The split payment information must be completed each time a payment is authorized even when a payment was previously split and the net benefit amount has not changed.

ADDRESS CHANGE

When a client reports an address change and a change in the Vendor/Provider, the eligibility staff will:

- Ensure that a new W-9 form is completed and on file.
- Refer to [Address Changes Resource Guide](#) for step-by-step instructions on how to change address in CalWIN.
- Refer to the [Two - Party Check Issuance Resource Guide](#) for step-by-step instructions on how to update the split payment screens in CalWIN.

ATTACHMENTS

- [Attachment 1](#) – W-9 Request for Taxpayer Identification Number and Certification form

- [Attachment 2](#) - CalWIN Provider Request form
- [Resource Guide](#) – Two-Party Check Issuance
- [Resource Guide](#) - Address Change

REFERENCES

- EAS 44-303.3, .34, 44-307, 44-307.12
- ACL 08-38, 14-100
- [Policy 100-B9 Fleeing Felon](#)
- [Policy 100-H4 Fraud Referral](#)
- [Policy 240 Good Cause/Compliance/Sanction](#)

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