

ACTION BULLETIN

TO: All Adult and Dislocated Worker Career Service Providers funded through the Workforce Innovation and Opportunity Act (WIOA)

DATE: June 28, 2019

SUBJECT: **Employment Development Department's (EDD) Data Consent Authorization Form (DCAF) and Process: Purpose, Allowances and Location Codes**

PURPOSE OF BULLETIN:

The purpose of this bulletin is to provide notification to Alameda County Workforce Development Board's (ACWDB) contracted Workforce Innovation and Opportunity Act (WIOA) Career Service Providers (CSP) regarding updates to EDD's policy concerning the use of the DCAF form for collection of confidential data relevant to WIOA applicants/participants and other individuals.

REFERENCES:

- Workforce Services Directive (WSD) 16-08 – Release of Confidential Unemployment Insurance (UI) Information; Issued October 3, 2016

BACKGROUND:

Prior to issuance of WSD 16-08, EDD and Local Workforce Boards had an agreement on the purpose and use of the UI DCAF form to obtain wage information and data regarding WIOA eligibility for applicants/participants involved in WIOA programs.

WSD 16-08 modified the allowances of the DCAF restricting usage to a last resort option after having exhausted avenues that the individual applicant/participant could utilize to obtain the confidential information/documentation from EDD. Confidential information/documentation shared through this process was being shared via facsimile (fax). Therefore, each Local Workforce Development Area (LWDA) was required to receive approval from EDD for each CSP and provide verification that fax machines were located in areas restricted to staff and not available for public access.

In May, 2019, EDD provided notification to the Management Information Systems (MIS) administrators from each LWDA that existing location codes must be reviewed to:

- Ensure continuing access to CSPs still utilizing the system/process;
- Deactivate locations not actively using the process; and
- Correct contact information assigned to each location (mailing address, fax number, etc.)

CONSIDERATIONS:

Upon receipt of notification of the proposed changes to the DCAF location codes from EDD, ACWDB staff conducted a query of contracted WIOA CSPs to determine usage and compliance with the UI DCAF process.

Consideration was given to:

- Whether the offices affiliated with the location codes were still viable CSPs;
- Whether CSPs had been utilizing the DCAF process at all over the last program year; and
- Whether CSPs had been utilizing the DCAF process in compliance with current EDD directives.

DETERMINATIONS:

ACWDB staff have determined that usage of the DCAF process at all was very minimal and that most CSPs had discontinued use of the process after the issuance of WSD 16-08.

It was further determined that:

- CSPs who indicated an on-going, regular usage of the process – and who currently have access to confidential EDD information through the location code authorization would be grandfathered in and allowed to maintain their access to the system and the process;
- CSPs not currently utilizing the system or the process would be omitted from the location code roster – and will be required to request confidential information from EDD through ACWDB staff – specifically, through the Workforce Services Support Team (WSST) Technicians.

POLICY:

Effective upon the issuance of this action bulletin:

- CSPs without access to EDD's DCAF process will be required to submit requests to their assigned Workforce Technician through email, fax, or hand delivery;
- CSPs with access through an authorized location code will be required to submit requests directly to the attention of EDD's UI Division in compliance with the process outlined below; and
- To assist CSPs without access to EDD's DCAF process, Workforce Technicians will be responsible for:
 - faxing correctly completed requests to the attention of the Unemployment Insurance Division of EDD;
 - retrieving responses from EDD; and
 - returning those responses to the attention of the appropriate CSP staff.

PURPOSE OF THE DCAF:

Per WSD 16-08, use of the DCAF form should be limited to last resort efforts to collect documentation relevant to the determination of eligibility for Dislocated Worker status – specifically:

- 1) whether the applicant has received or exhausted their eligibility for Unemployment Insurance (UI) benefits; and

- 2) the last employer of record, last date employed, and reason for separation or lay-off status with that employer.

Additionally, the DCAF should be used only after the applicant has been unable to obtain that documentation on their own through UI Online sources or through letters sent to the applicant by EDD (Notice of Unemployment Insurance Award, the Notice of Unemployment Insurance Claim Filed, or the Automated UI Check Stub Message).

PROCESS:

Once CSP staff determines that documentation is not available through any other source (as referenced above), they should initiate the DCAF process by requesting that WIOA applicants complete and sign the EDD UI DCAF form (attachment 1 to this bulletin).

DCAF Instructions:

1. In the “Completed by Customer” section, the WIOA applicant should provide their name in the designated space;
2. In the “Customer Select One” section, WIOA staff should select the option indicating “Fax to the EDD number . . .”;
3. In the “Customer Signature” section, the WIOA applicant should provide their signature, and fill in the date and their full social security number.
4. In the “Completed by the Subrecipient Case Worker” section, CSP staff should provide the “subrecipient name”, the “Location Code”, the “Name of Case Worker”, the “Case Worker Signature”, the Case Worker phone number and signature date. (NOTE: Appropriate Subrecipient Names and Location Codes are provided in a list below).

Career Service Provider	Subrecipient Name	Location Code
ACWDB’s Business Services Unit	Alameda County WDB	ALA-00
Eden AJCC	Rubicon Programs	ALA-04
North Cities CSP*	Alameda County WDB	ALA-00
Tri-Cities CSP	Ohlone College	ALA-10
Valley CSP	Chabot/Las Positas	ALA-07

*CSPs utilizing the ACWDB Location Code will be required to submit completed DCAF forms to their assigned technicians for transmission to EDD.

5. Completed DCAF forms should be submitted in one of two ways:
 - 1) through fax (per instructions on the DCAF Form) to EDD’s UI Division, in Sacramento, California (1-916-319-1486); or
 - 2) to the attention of ACWDB’s Workforce Services Support Team (WSST) through email (scanned document), fax, or through hand-delivery.
6. Upon receipt of completed DCAF forms, WSST staff will submit requests to the attention of EDD through fax.
7. Responses from EDD will be sent immediately back to the attention of requesting CSP staff.

ACTION:

Career Service Provides should provide immediate notification to appropriate staff responsible for intake and eligibility determination.

Career Service Provides should develop internal procedures to ensure compliance with restrictions and requirements being set forth in this bulletin.

For information and inquiries please contact:

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Hayward, CA 94544-1203
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ATTACHMENTS:

Attachment 1 – WIOA UI – Data Consent Authorization Form (DCAF)

TO:	EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)	EDD FAX No.:	916-319-1486
	Unemployment Insurance Division, MIC 40		
	P.O. Box 826880		
	Sacramento, CA 94280-0001		

WIOA UI - DATA CONSENT AUTHORIZATION FORM

ALL OF THE FOLLOWING ENTRIES MUST BE COMPLETED

COMPLETED BY CUSTOMER

I, , authorize the Employment Development Department
PRINT OR TYPE CUSTOMER'S FULL (FIRST, MI, LAST) NAME AUTHORIZING THE RELEASE OF THE UI INFORMATION

to release a copy of the following records pertaining to my Unemployment Insurance (UI) information:

- Total dollar amount of wages by quarter as reported by my former employers for the last three completed quarters.
- Beginning and ending dates of most recent valid UI claim and claim award (weekly and maximum benefit amount), claim balance, and whether I have exhausted my benefits.
- Last employer name and address, last date worked, and whether laid off due to lack of work.

I also authorize the Workforce Innovation and Opportunity Act (WIOA) entity referenced below to use my EDD information for purposes related to my eligibility under the WIOA, *Public Law 113-128*, for the Dislocated Worker Program and other WIOA services or programs. This Authorization shall remain in effect for 12 months from the date signed below.

<p>(CUSTOMER SELECT ONE)</p> <p>TRANSMIT MY CONSENT AND UI INFORMATION VIA:</p> <p><input type="checkbox"/> U.S. Mail –(With original consent form to EDD.)</p> <p><input type="checkbox"/> FAX to the EDD number listed above and to the Subrecipient's number according to the Location Code.</p> <p>NOTE:</p> <ul style="list-style-type: none"> • A Fax or a photocopy of this form is deemed as valid as the original Consent Authorization. • Personal Information transmitted via FAX (a public network) may not be protected against unauthorized access while in transit. 	<p>CUSTOMER'S SIGNATURE:</p> <p><input type="text"/></p>	
	<p>SIGNATURE DATE <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>CUSTOMER'S SSN: <input type="text"/> - <input type="text"/> - <input type="text"/></p>
<h3>COMPLETED BY THE SUBRECIPIENT CASE WORKER</h3>		
<p>I certify under penalty of perjury that the original copy of this Consent Authorization was signed and dated by the individual who is the subject of this request and available for EDD inspection upon request. It will be made part of the case file.</p>		
<p><input type="text"/></p> <p style="text-align: center;">SUBRECIPIENT NAME</p>		<p style="text-align: center;">LOCATION CODE</p> <p><input type="text"/></p>
<p><input type="text"/></p> <p style="text-align: center;">NAME OF CASE WORKER TO WHOM RECORDS ARE TO BE SENT</p>		
<p style="text-align: center;">REQUESTING SUBRECIPIENT CASE WORKER SIGNATURE</p> <p><input type="text"/></p>		
<p><input type="text"/> (<input type="text"/>) <input type="text"/> - <input type="text"/></p> <p style="text-align: center;">SUBRECIPIENT CASE WORKER PHONE NUMBER</p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p style="text-align: center;">SIGNATURE DATE</p>	

INSTRUCTIONS: Submit on Subrecipient letterhead and complete all entries. Forms with blank fields will not be processed. Please note: The EDD response will include the customer's name and only the last four numbers of the social security number pursuant to Civil Code Section 1798.29.

CONFIDENTIALITY NOTICE:

- The disclosure of your social security number is voluntary. However, since most EDD records are filed by social security number, EDD may be unable to locate any or all of the records requested without it.
- This notice is for the sole use of the intended recipients. It contains confidential information. Under Penal Code 502 and Civil Code 1798.53 any unauthorized review, use, disclosure, or distribution of the content of this document is prohibited and subject to criminal penalties/fines.
- If you are not the intended recipient of document, please return it to the originating agency.