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Title 22@ Social Security

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Division 1@ Employment Development Department

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Subdivision 1@ Director of Employment Development

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Division 1@ Unemployment and Disability Compensation

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Part 2@ Disability Compensation

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Chapter 2@ Disability Benefits

2708(c)-1 Acceptable Documentation for a Child's Birth,

Article 4@ Filing, Determination and Payment of Disability Benefit Claims

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Adoption, Foster Care Placement, or Legal Guardianship

Guardianship Placement

Placement

(a)

When filing a claim to bond with a new child after birth, adoption, foster care placement, or legal guardianship placement, the claimant shall include an original or copy of a supporting document that provides sufficient information to establish the relationship between the claimant and the new child. The department may, at its discretion, accept a supporting document that does not contain all of the information prescribed under this section provided that the department can readily obtain the information through reasonable means or ascertain that there is no intent to defraud. (1) A supporting document shall include the child's: (A) name. (B) date of birth. (C) gender. (D) social security account number, if available. Absence of child's social security account number shall not disqualify claimant. (2) If applicable, a supporting document shall also include: (A) the date(s) of placement. (B) names of the parent(s), custodial parent(s), and/or registered domestic partner. (C) a dated signature of the social worker, director or authorized designate.

(1)

A supporting document shall include the child's: (A) name. (B) date of birth. (C) gender. (D) social security account number, if available. Absence of child's social security

account number shall not disqualify claimant.

(A)

name.

(B)

date of birth.

(C)

gender.

(D)

social security account number, if available. Absence of child's social security account number shall not disqualify claimant.

(2)

If applicable, a supporting document shall also include: (A) the date(s) of placement.

(B) names of the parent(s), custodial parent(s), and/or registered domestic partner. (C)

a dated signature of the social worker, director or authorized designate.

(A)

the date(s) of placement.

(B)

names of the parent(s), custodial parent(s), and/or registered domestic partner.

(C)

a dated signature of the social worker, director or authorized designate.

(b)

To verify the birth of a child, supporting documentation shall be provided as follows: (1) For maternal, paternal, and registered domestic partner bonding claims, an original or copy of any of the following documents is acceptable: (A) the child's certified birth certificate listing the claimant as a parent. (B) the completed hospital or birthing center documents attesting to the birth of the child listing the

claimant as a parent. (C) a letter from the birthing center's or hospital's Director of Medical Records or their designate containing all of the following information: (i) child's full name. (ii) child's gender. (iii) child's date of birth. (iv) full name of mother. (v) full name of father, if known, or registered domestic partner. (vi) dated signature of the treating physician or midwife, or Director of Medical Records, or their designate as appropriate. (2) For paternal non-spouse bonding claims where the claimant is not named on a document listed under paragraph (1) of this subdivision, proof of paternity is required. In California, the acceptable supporting document is a photocopy of California Department of Child Support Services form Declaration of Paternity, CS-909 revision 5/02, or its subsequent revision. For proof of paternity outside of California, an equivalent supporting document issued by an authorized county, state or equivalent government entity may be accepted by the department. **EXAMPLE 1.** Claimant A, a biological father, submits his wife's post partum hospital discharge orders with his claim to bond with his new child. The discharge orders list the mother's name, the child's name, gender, and date of birth. This document alone is not sufficient to establish the father's eligibility for benefits to bond because it does not name the father as a parent. Additional documentation that identifies Claimant A as a parent of the child is required to determine eligibility for Family Temporary Disability Insurance benefits.

(1)

For maternal, paternal, and registered domestic partner bonding claims, an original or copy of any of the following documents is acceptable: (A) the child's certified birth certificate listing the claimant as a parent. (B) the completed hospital or birthing center documents attesting to the birth of the child listing the claimant as a parent. (C) a letter from the birthing center's or hospital's Director of Medical Records or their

designate containing all of the following information: (i) child's full name. (ii) child's gender. (iii) child's date of birth. (iv) full name of mother. (v) full name of father, if known, or registered domestic partner. (vi) dated signature of the treating physician or midwife, or Director of Medical Records, or their designate as appropriate.

(A)

the child's certified birth certificate listing the claimant as a parent.

(B)

the completed hospital or birthing center documents attesting to the birth of the child listing the claimant as a parent.

(C)

a letter from the birthing center's or hospital's Director of Medical Records or their designate containing all of the following information: (i) child's full name. (ii) child's gender. (iii) child's date of birth. (iv) full name of mother. (v) full name of father, if known, or registered domestic partner. (vi) dated signature of the treating physician or midwife, or Director of Medical Records, or their designate as appropriate.

(i)

child's full name.

(ii)

child's gender.

(iii)

child's date of birth.

(iv)

full name of mother.

(v)

full name of father, if known, or registered domestic partner.

(vi)

dated signature of the treating physician or midwife, or Director of Medical Records, or their designate as appropriate.

(2)

For paternal non-spouse bonding claims where the claimant is not named on a document listed under paragraph (1) of this subdivision, proof of paternity is required. In California, the acceptable supporting document is a photocopy of California Department of Child Support Services form Declaration of Paternity, CS-909 revision 5/02, or its subsequent revision. For proof of paternity outside of California, an equivalent supporting document issued by an authorized county, state or equivalent government entity may be accepted by the department. EXAMPLE 1. Claimant A, a biological father, submits his wife's post partum hospital discharge orders with his claim to bond with his new child. The discharge orders list the mother's name, the child's name, gender, and date of birth. This document alone is not sufficient to establish the father's eligibility for benefits to bond because it does not name the father as a parent. Additional documentation that identifies Claimant A as a parent of the child is required to determine eligibility for Family Temporary Disability Insurance benefits.

(c)

To verify adoption, an original or copy of any of the following documents, or their subsequent revisions, is acceptable: (1) Department of Social Services form Notice of Placement, AD-907 revision 6/01. (2) Department of Social Services form Independent Adoption Placement Agreement, AD-924 revision 7/02. (3) a conformed copy of a court order of placement for adoption issued within the United States. (4) a statement on letterhead from a county, state or equivalent government or private entity that provides adoption placement, stating all of the following: (A) child's full name. (B) child's gender. (C) child's date of birth. (D) child's social security account number if issued. Absence of child's social security

account number shall not disqualify claimant. (E) residence address where the child is placed. (F) full name(s) of the adoptive parent(s), including such person's: (i) social security account number(s). Absence of social security account number of the adoptive parent(s) shall not disqualify claimant. (ii) residence address. (iii) date of birth. (G) the signature block for the social worker, director or designate making the placement shall include all of the following: (i) a dated signature. (ii) a typewritten name. (iii) a direct telephone number. (H) an official certification, seal or stamp of approval may be accepted by the department, in lieu of the requirements under (4)(G) of this subdivision. (5) child's adoption certificate from a foreign country's competent local authority with a notarized English translation.

EXAMPLE 2. Claimant B submits a "Pre-Adoptive Agreement" obtained from a private adoption agency with the Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the child's name and date of birth, date of placement, the adoptive parents' names and address, the social worker's name and dated signature. Subdivision (c) of Section 2708 of the code does not specify that the adoption be final prior to establishing eligibility for benefits; it refers to placement of the child in connection with foster care or adoption. Claimant B may receive Family Temporary Disability Insurance benefits, if otherwise eligible, because the document submitted is acceptable in that it contains the critical elements, i.e., child's name and date of birth, adoptive parents' names and addresses, date of placement and the required adoption agency information.

(1)

Department of Social Services form Notice of Placement, AD-907 revision 6/01.

(2)

Department of Social Services form Independent Adoption Placement Agreement,

(3)

a conformed copy of a court order of placement for adoption issued within the United States.

(4)

a statement on letterhead from a county, state or equivalent government or private entity that provides adoption placement, stating all of the following: (A) child's full name. (B) child's gender. (C) child's date of birth. (D) child's social security account number if issued. Absence of child's social security account number shall not disqualify claimant. (E) residence address where the child is placed. (F) full name(s) of the adoptive parent(s), including such person's: (i) social security account number(s). Absence of social security account number of the adoptive parent(s) shall not disqualify claimant. (ii) residence address. (iii) date of birth. (G) the signature block for the social worker, director or designate making the placement shall include all of the following: (i) a dated signature. (ii) a typewritten name. (iii) a direct telephone number. (H) an official certification, seal or stamp of approval may be accepted by the department, in lieu of the requirements under (4)(G) of this subdivision.

(A)

child's full name.

(B)

child's gender.

(C)

child's date of birth.

(D)

child's social security account number if issued. Absence of child's social security account number shall not disqualify claimant.

(E)

residence address where the child is placed.

(F)

full name(s) of the adoptive parent(s), including such person's: (i) social security account number(s). Absence of social security account number of the adoptive parent(s) shall not disqualify claimant. (ii) residence address. (iii) date of birth.

(i)

social security account number(s). Absence of social security account number of the adoptive parent(s) shall not disqualify claimant.

(ii)

residence address.

(iii)

date of birth.

(G)

the signature block for the social worker, director or designate making the placement shall include all of the following:(i) a dated signature. (ii) a typewritten name. (iii) a direct telephone number.

(i)

a dated signature.

(ii)

a typewritten name.

(iii)

a direct telephone number.

(H)

an official certification, seal or stamp of approval may be accepted by the department, in lieu of the requirements under (4)(G) of this subdivision.

(5)

child's adoption certificate from a foreign country's competent local authority with a notarized English translation. EXAMPLE 2. Claimant B submits a "Pre-Adoptive Agreement" obtained from a private adoption agency with the Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the child's name and date of birth, date of placement, the adoptive parents' names and address, the social worker's name and dated signature. Subdivision (c) of Section 2708 of the code does not specify that the adoption be final prior to establishing eligibility for benefits; it refers to placement of the child in connection with foster care or adoption. Claimant B may receive Family Temporary Disability Insurance benefits, if otherwise eligible, because the document submitted is acceptable in that it contains the critical elements, i.e., child's name and date of birth, adoptive parents' names and addresses, date of placement and the required adoption agency information.

(d)

An original or copy of any of the following documents is acceptable to verify foster care placement: (1) Department of Social Services form Approval of Family Caregiver Home, SOC-815 revision 11/02, or its subsequent revision. (2) a statement on letterhead from a county, state, or equivalent government or private entity that provides foster care placement, stating all of the following:(A) child's full name. (B) child's gender. (C) child's date of birth. (D) child's social security account number if issued. Absence of child's social security account number shall not disqualify claimant. (E) residence address where the child is placed. (F) date of foster care placement including the length of time of the placement if a duration has been established. (G) full name(s) of the person(s) with whom the foster care placement is made, including such person's:(i) social security account number(s). Absence of social security account number of person(s) with whom the foster care

placement is made shall not disqualify claimant. (ii) residence address. (iii) date of birth. (H) the signature block for the social worker, director or designate making the foster care placement shall include all of the following: (i) a dated signature. (ii) a typewritten name. (iii) a direct telephone number. (I) an official certification, seal or stamp of approval may be accepted by the department, in lieu of, the requirements under (2)(H) of this subdivision.

EXAMPLE 3. Claimant C submits a "Placement Agreement" obtained from a private foster care agency with her Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the child's name and date of birth, date of placement, the foster parents' names and address, the social worker's name and dated signature. The document submitted is acceptable in that it contains the critical elements, i.e. child's name and date of birth, date of placement, foster parents' names and address, social worker's name and dated signature. The child's gender, foster parents' dates of birth, and the social worker's telephone number can be readily obtained, if necessary, via claimant contact if not listed on the Family Temporary Disability Insurance claim form. This claim is payable, if Claimant C is otherwise eligible.

EXAMPLE 4. Claimant D submits a "Placement Agreement" obtained from a private foster care agency with his Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the State of California license number. The document provides the child's name and date of birth, date of placement, foster parents' names and address, social worker's name and contact numbers, and the agency director's dated signature and telephone number. The document submitted is acceptable in that it contains the critical elements, i.e. child's name and date of birth, date of placement, foster parents' names and address, and the social worker's name and telephone number. The child's gender and foster parents' dates of birth can be readily obtained, if necessary, via

claimant contact if not listed on the Family Temporary Disability Insurance claim form. In lieu of the social worker's dated signature, the agency director's dated signature is acceptable. This claim is payable, if the claimant is otherwise eligible.

EXAMPLE 5. Claimant E submits a "Placement Letter" obtained from an out-of-state Human Services Department with her Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the child's name, gender, foster parents' names, date of placement, dated signature of the social worker, and the social worker's telephone number. The child's date of birth, foster parents' address and dates of birth can be readily obtained, if necessary, via claimant contact if not listed on the Family Temporary Disability Insurance claim form. Although the social worker's typewritten name cannot be obtained via telephone contact, her dated signature and telephone number are sufficient for the department to determine eligibility for benefits. This claim is payable, if the claimant is otherwise eligible.

(1)

Department of Social Services form Approval of Family Caregiver Home, SOC-815 revision 11/02, or its subsequent revision.

(2)

a statement on letterhead from a county, state, or equivalent government or private entity that provides foster care placement, stating all of the following: (A) child's full name. (B) child's gender. (C) child's date of birth. (D) child's social security account number if issued. Absence of child's social security account number shall not disqualify claimant. (E) residence address where the child is placed. (F) date of foster care placement including the length of time of the placement if a duration has been established. (G) full name(s) of the person(s) with whom the foster care placement is made, including such person's: (i) social security account number(s). Absence of social

security account number of person(s) with whom the foster care placement is made shall not disqualify claimant. (ii) residence address. (iii) date of birth. (H) the signature block for the social worker, director or designate making the foster care placement shall include all of the following: (i) a dated signature. (ii) a typewritten name. (iii) a direct telephone number. (I) an official certification, seal or stamp of approval may be accepted by the department, in lieu of, the requirements under (2)(H) of this subdivision.

EXAMPLE 3. Claimant C submits a "Placement Agreement" obtained from a private foster care agency with her Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the child's name and date of birth, date of placement, the foster parents' names and address, the social worker's name and dated signature. The document submitted is acceptable in that it contains the critical elements, i.e. child's name and date of birth, date of placement, foster parents' names and address, social worker's name and dated signature. The child's gender, foster parents' dates of birth, and the social worker's telephone number can be readily obtained, if necessary, via claimant contact if not listed on the Family Temporary Disability Insurance claim form. This claim is payable, if Claimant C is otherwise eligible.

EXAMPLE 4. Claimant D submits a "Placement Agreement" obtained from a private foster care agency with his Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the State of California license number. The document provides the child's name and date of birth, date of placement, foster parents' names and address, social worker's name and contact numbers, and the agency director's dated signature and telephone number. The document submitted is acceptable in that it contains the critical elements, i.e. child's name and date of birth, date of placement, foster parents' names and address, and the social worker's name and telephone number. The child's gender and foster parents' dates of birth can be readily obtained, if necessary, via claimant contact if not listed on the Family

Temporary Disability Insurance claim form. In lieu of the social worker's dated signature, the agency director's dated signature is acceptable. This claim is payable, if the claimant is otherwise eligible. EXAMPLE 5. Claimant E submits a "Placement Letter" obtained from an out-of-state Human Services Department with her Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the child's name, gender, foster parents' names, date of placement, dated signature of the social worker, and the social worker's telephone number. The child's date of birth, foster parents' address and dates of birth can be readily obtained, if necessary, via claimant contact if not listed on the Family Temporary Disability Insurance claim form. Although the social worker's typewritten name cannot be obtained via telephone contact, her dated signature and telephone number are sufficient for the department to determine eligibility for benefits. This claim is payable, if the claimant is otherwise eligible.

(A)

child's full name.

(B)

child's gender.

(C)

child's date of birth.

(D)

child's social security account number if issued. Absence of child's social security account number shall not disqualify claimant.

(E)

residence address where the child is placed.

(F)

date of foster care placement including the length of time of the placement if a duration has been established.

(G)

full name(s) of the person(s) with whom the foster care placement is made, including such person's:(i) social security account number(s). Absence of social security account number of person(s) with whom the foster care placement is made shall not disqualify claimant. (ii) residence address. (iii) date of birth.

(i)

social security account number(s). Absence of social security account number of person(s) with whom the foster care placement is made shall not disqualify claimant.

(ii)

residence address.

(iii)

date of birth.

(H)

the signature block for the social worker, director or designate making the foster care placement shall include all of the following:(i) a dated signature. (ii) a typewritten name. (iii) a direct telephone number.

(i)

a dated signature.

(ii)

a typewritten name.

(iii)

a direct telephone number.

(I)

an official certification, seal or stamp of approval may be accepted by the department, in lieu of, the requirements under (2)(H) of this subdivision. EXAMPLE 3. Claimant C submits a "Placement Agreement" obtained from a private foster care agency with her Family

Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the child's name and date of birth, date of placement, the foster parents' names and address, the social worker's name and dated signature. The document submitted is acceptable in that it contains the critical elements, i.e. child's name and date of birth, date of placement, foster parents' names and address, social worker's name and dated signature. The child's gender, foster parents' dates of birth, and the social worker's telephone number can be readily obtained, if necessary, via claimant contact if not listed on the Family Temporary Disability Insurance claim form. This claim is payable, if Claimant C is otherwise eligible.

EXAMPLE 4. Claimant D submits a "Placement Agreement" obtained from a private foster care agency with his Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the State of California license number. The document provides the child's name and date of birth, date of placement, foster parents' names and address, social worker's name and contact numbers, and the agency director's dated signature and telephone number. The document submitted is acceptable in that it contains the critical elements, i.e. child's name and date of birth, date of placement, foster parents' names and address, and the social worker's name and telephone number. The child's gender and foster parents' dates of birth can be readily obtained, if necessary, via claimant contact if not listed on the Family Temporary Disability Insurance claim form. In lieu of the social worker's dated signature, the agency director's dated signature is acceptable. This claim is payable, if the claimant is otherwise eligible. EXAMPLE 5. Claimant E submits a "Placement Letter" obtained from an out-of-state Human Services Department with her Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the child's name, gender, foster parents' names, date of placement, dated signature of the social worker, and the social worker's telephone number. The child's date of birth, foster parents' address and dates of birth can be readily obtained, if necessary, via claimant contact if not listed on the Family Temporary Disability Insurance claim form. Although the social worker's

typewritten name cannot be obtained via telephone contact, her dated signature and telephone number are sufficient for the department to determine eligibility for benefits. This claim is payable, if the claimant is otherwise eligible.

(e)

An original or copy of any of the following documents is acceptable proof of legal guardianship placement: (1) Letter of Guardianship, JV-330 revision 7/06, or its subsequent revision, issued by a court of competent jurisdiction. (2) an official document issued by a court of competent jurisdiction that establishes legal guardianship and states all of the following: (A) child's full name. (B) child's gender. (C) child's date of birth. (D) child's social security account number if issued. Absence of child's social security account number shall not disqualify the claimant. EXAMPLE 6. Claimant F submits a "Letter of Guardianship" obtained from a court of competent jurisdiction with his Family Temporary Disability Insurance claim. The "Letter of Guardianship" is acceptable proof of the relationship even though it does not contain all of the information listed in Section 2708(c) - 1(a)(1) of these regulations. The Department may grant benefits as the child's gender, social security number, and date of birth may be obtained from the Family Temporary Disability Insurance claim form or by contacting the claimant. The Letter of Guardianship together with information submitted with the claim form is acceptable documentation. The claim is payable if Claimant F is otherwise eligible.

(1)

Letter of Guardianship, JV-330 revision 7/06, or its subsequent revision, issued by a court of competent jurisdiction.

(2)

an official document issued by a court of competent jurisdiction that establishes legal

guardianship and states all of the following: (A) child's full name. (B) child's gender. (C) child's date of birth. (D) child's social security account number if issued. Absence of child's social security account number shall not disqualify the claimant. EXAMPLE 6. Claimant F submits a "Letter of Guardianship" obtained from a court of competent jurisdiction with his Family Temporary Disability Insurance claim. The "Letter of Guardianship" is acceptable proof of the relationship even though it does not contain all of the information listed in Section 2708(c) - 1(a)(1) of these regulations. The Department may grant benefits as the child's gender, social security number, and date of birth may be obtained from the Family Temporary Disability Insurance claim form or by contacting the claimant. The Letter of Guardianship together with information submitted with the claim form is acceptable documentation. The claim is payable if Claimant F is otherwise eligible.

(A)

child's full name.

(B)

child's gender.

(C)

child's date of birth.

(D)

child's social security account number if issued. Absence of child's social security account number shall not disqualify the claimant. EXAMPLE 6. Claimant F submits a "Letter of Guardianship" obtained from a court of competent jurisdiction with his Family Temporary Disability Insurance claim. The "Letter of Guardianship" is acceptable proof of the relationship even though it does not contain all of the information listed in Section 2708(c) - 1(a)(1) of these regulations. The Department may grant benefits as the child's gender, social security number, and date of birth may be obtained from the Family Temporary Disability Insurance

claim form or by contacting the claimant. The Letter of Guardianship together with information submitted with the claim form is acceptable documentation. The claim is payable if Claimant F is otherwise eligible.