

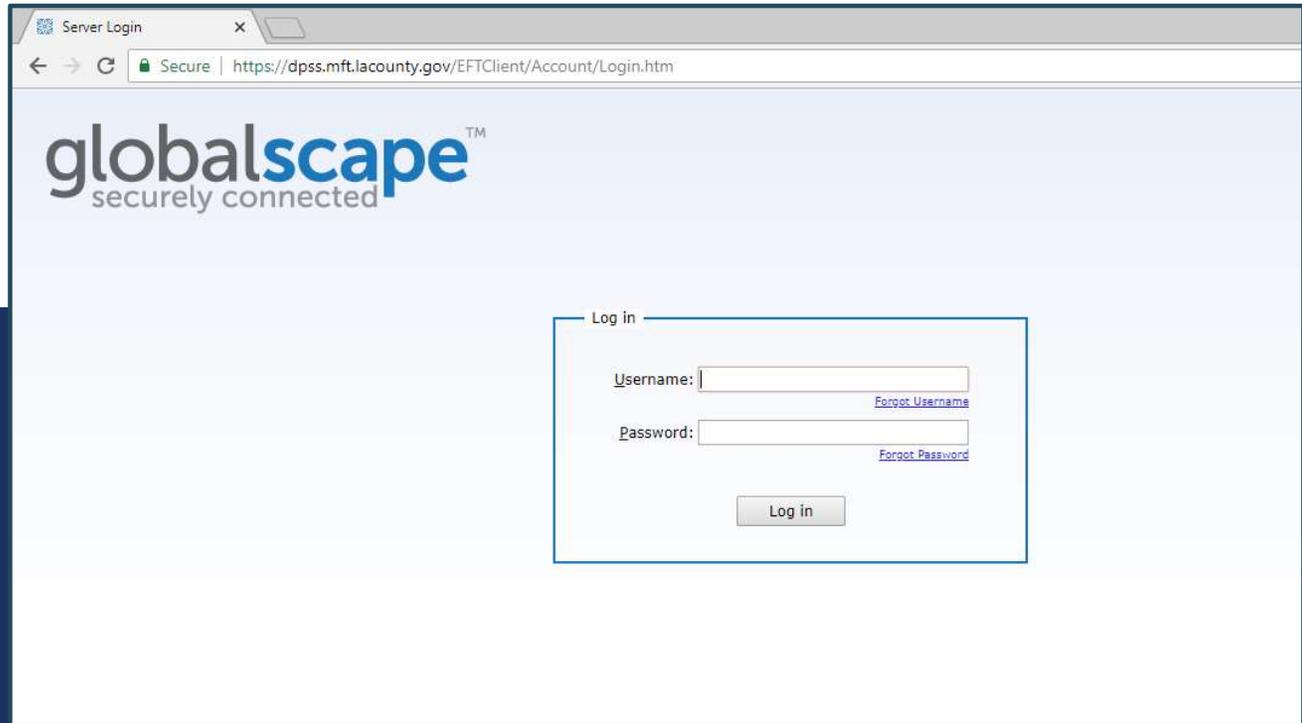


# MANAGED FILE TRANSFER (MFT) USER GUIDE

Go to  
<https://dpss.mft.lacounty.gov>  
from your internet browser.

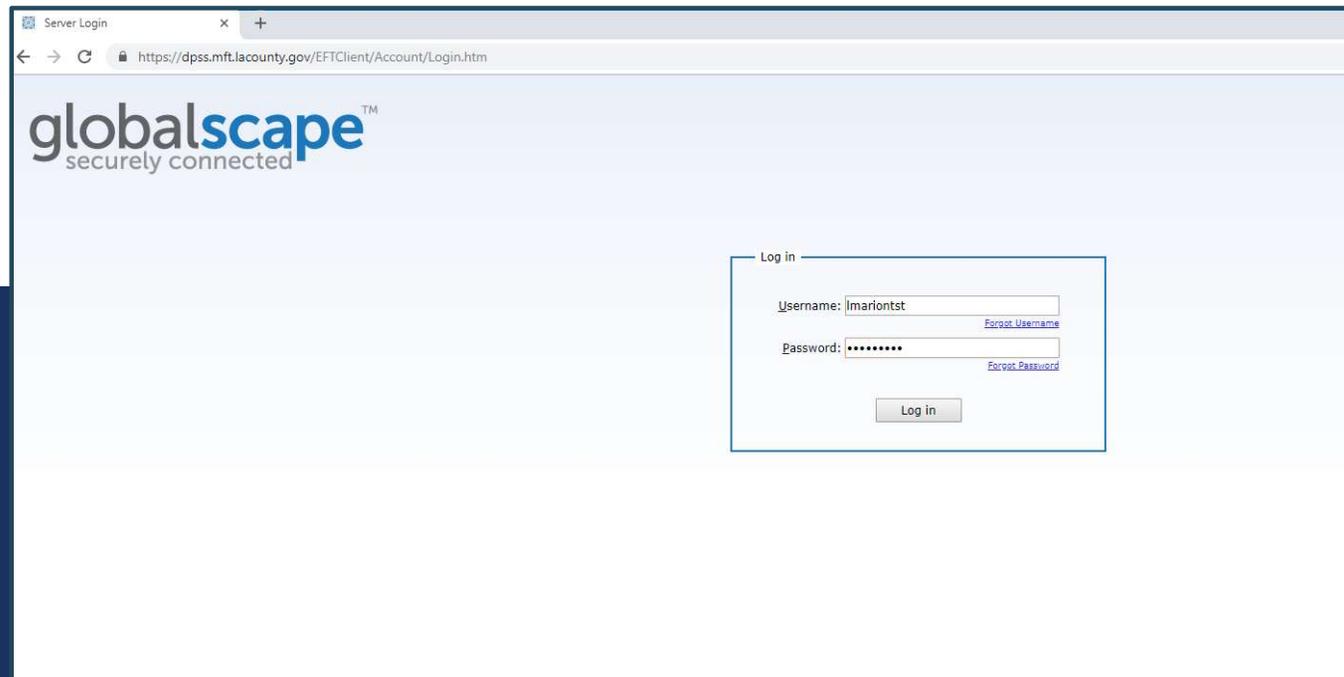
To save the MFT site link.

1. Click the “Star” icon on the right side of the address bar
2. Click “Add Bookmark”
3. Update the “Name” field (MFT Login)
4. Click “Done”



The screenshot shows a web browser window with the title "Server Login" and the address bar displaying "Secure | https://dpss.mft.lacounty.gov/EFTClient/Account/Login.htm". The page features the "globalscape" logo with the tagline "securely connected". A "Log in" form is centered on the page, containing two input fields: "Username:" and "password:". Below the "password:" field is a link labeled "Forgot Password". To the right of the "Username:" field is a link labeled "Forgot Username". A "Log in" button is positioned below the form fields.

Enter your username and password  
and click “Log In”



The screenshot shows a web browser window with the following details:

- Tab: Server Login
- Address bar: <https://dpss.mft.lacounty.gov/EFTClient/Account/Login.htm>
- Logo: **globalscape**™  
securely connected
- Form Title: Log in
- Username field:  [Forgot Username](#)
- Password field:  [Forgot Password](#)
- Submit button: Log in

Note: If you receive a security message similar to the one shown, please proceed to the website by clicking the “Go on to the webpage (not recommended)” link.

## This site is not secure

This might mean that someone's trying to fool you or steal any info you send to the server. You should close this site immediately.

 [Close this tab](#)

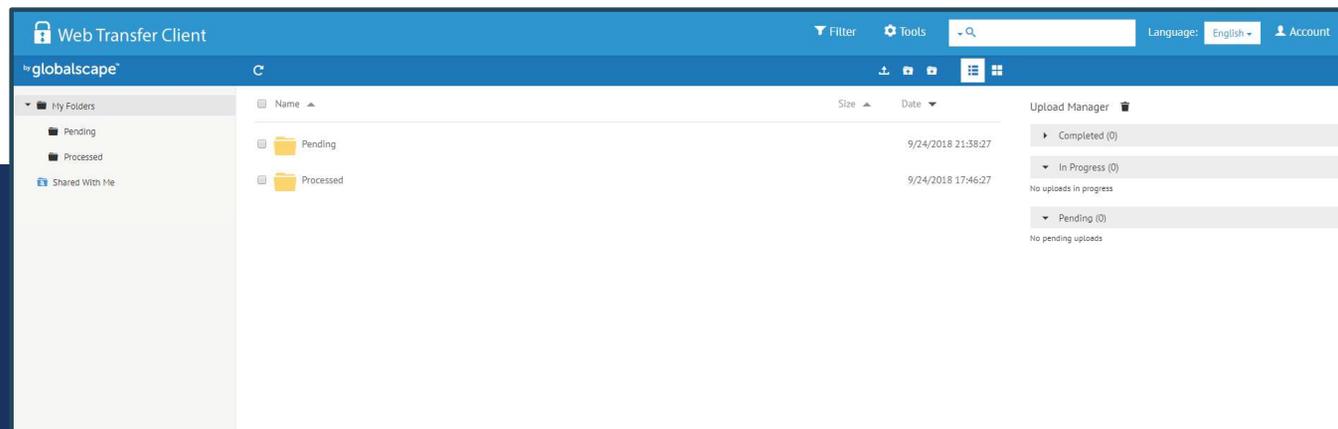
 [More information](#)

**Your PC doesn't trust this website's security certificate.**

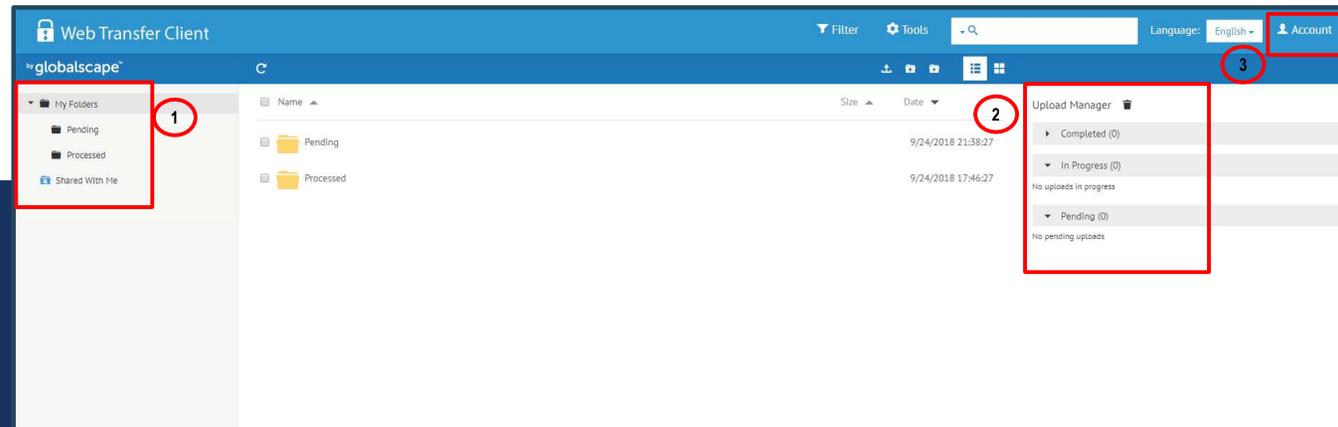
Error Code: DLG\_FLAGS\_INVALID\_CA

 [Go on to the webpage \(not recommended\)](#)

The MFT homepage will open.



Home page features.



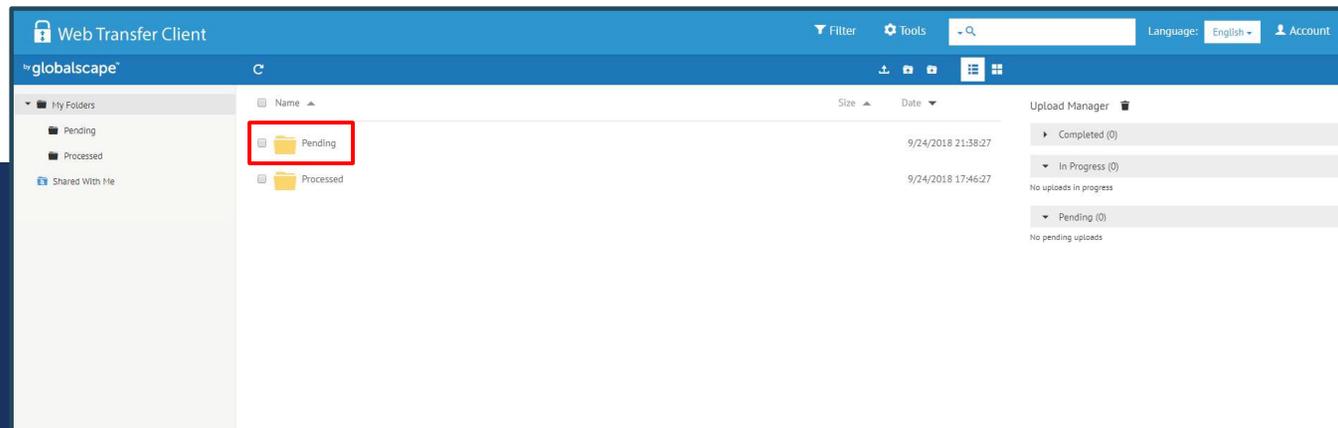
1. Main folders
2. Upload/Download status. This section may not update when files have been transferred. If no error message is displayed it is safe to assume the file has successfully transferred
3. Click here for log out profile options

## MFT PENDING FOLDER FUNCTION

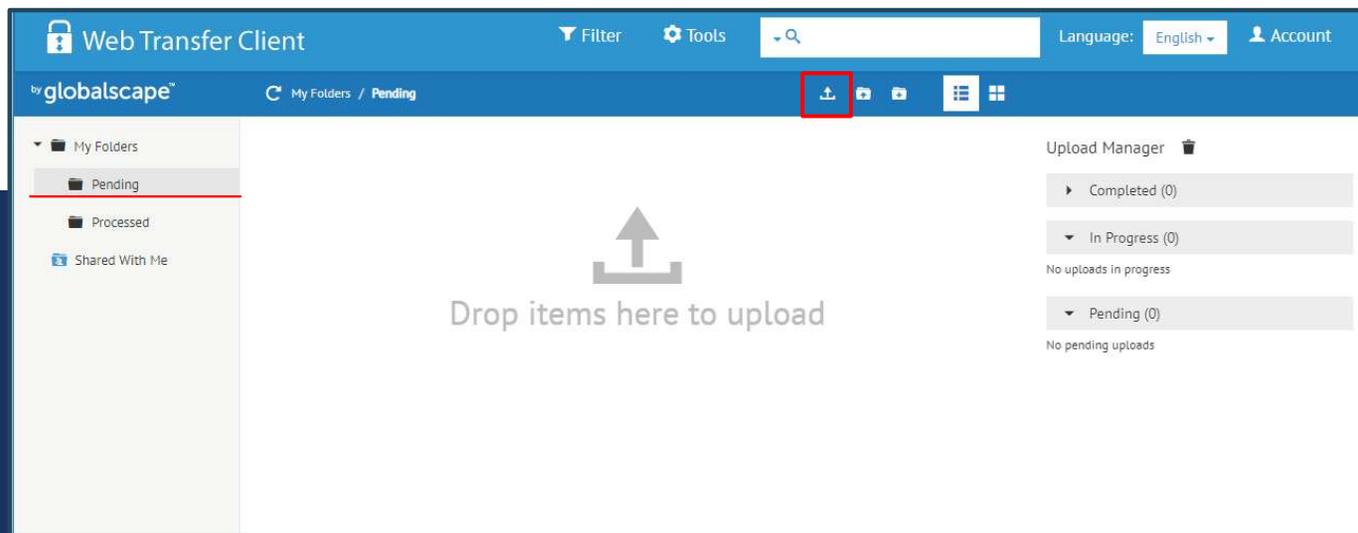
The “Pending” folder function is for all outgoing documents to the DPSS Centralized PA 1923 Reverse Referral (RR) Unit . The user must double-click and open the folder in order to upload documents.

*Note: If a document is dropped on the folder from the “Home” screen it will not be successfully transferred to the DPSS Centralized PA 1923 RR Unit .*

Click on the “Pending” folder to begin to upload a PA-1923.

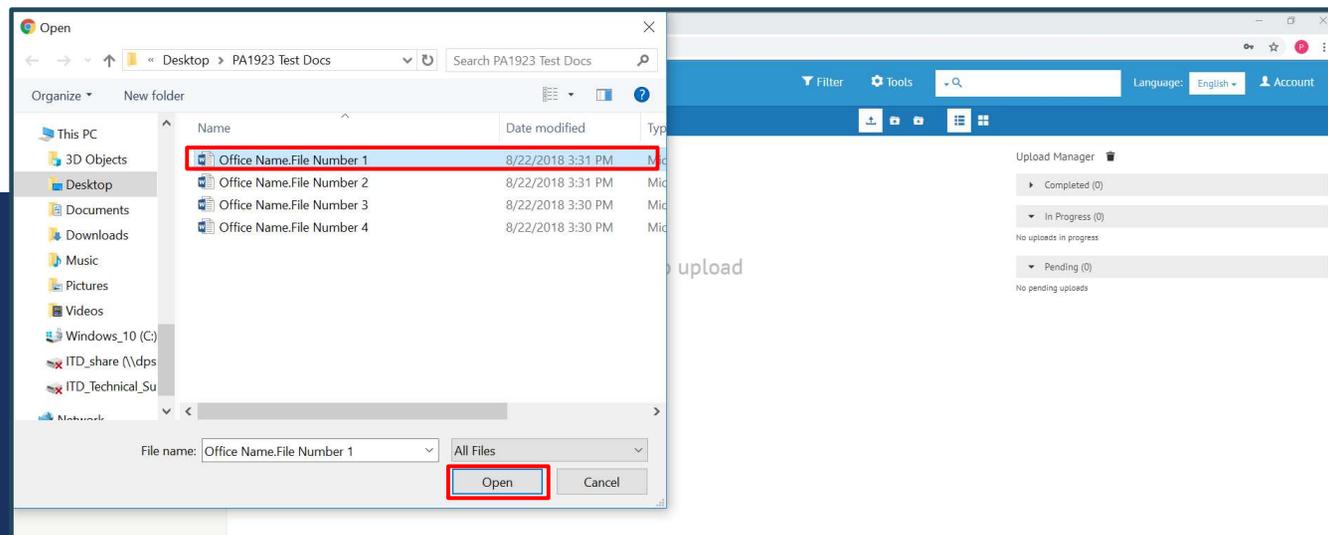


To upload a file, click on the “File Upload” icon function.

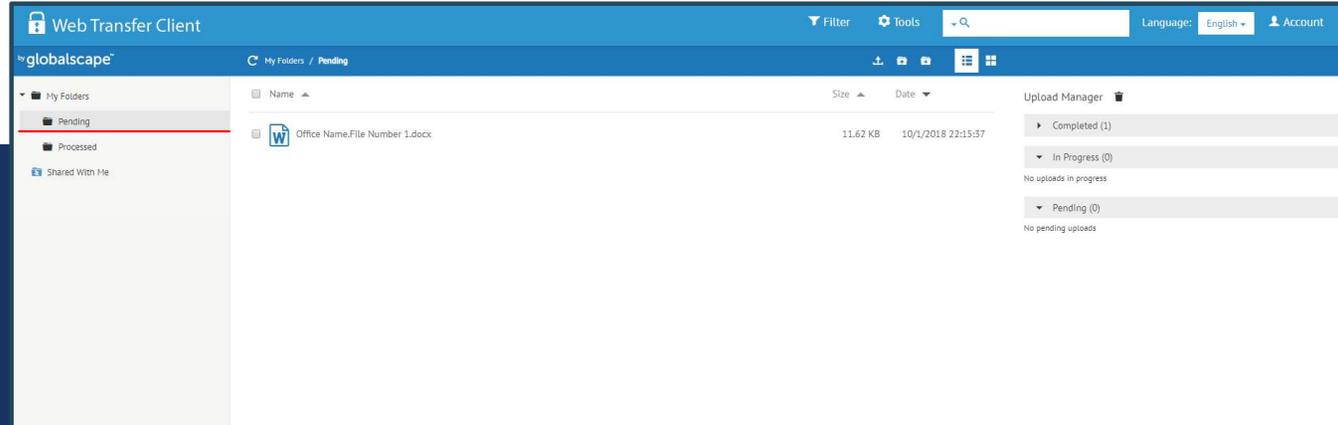


The File Explorer window will open.

Select the file and click “Open.”



The file will instantly transfer to DPSS Centralized PA 1923 RR Unit and will no longer display on the list.

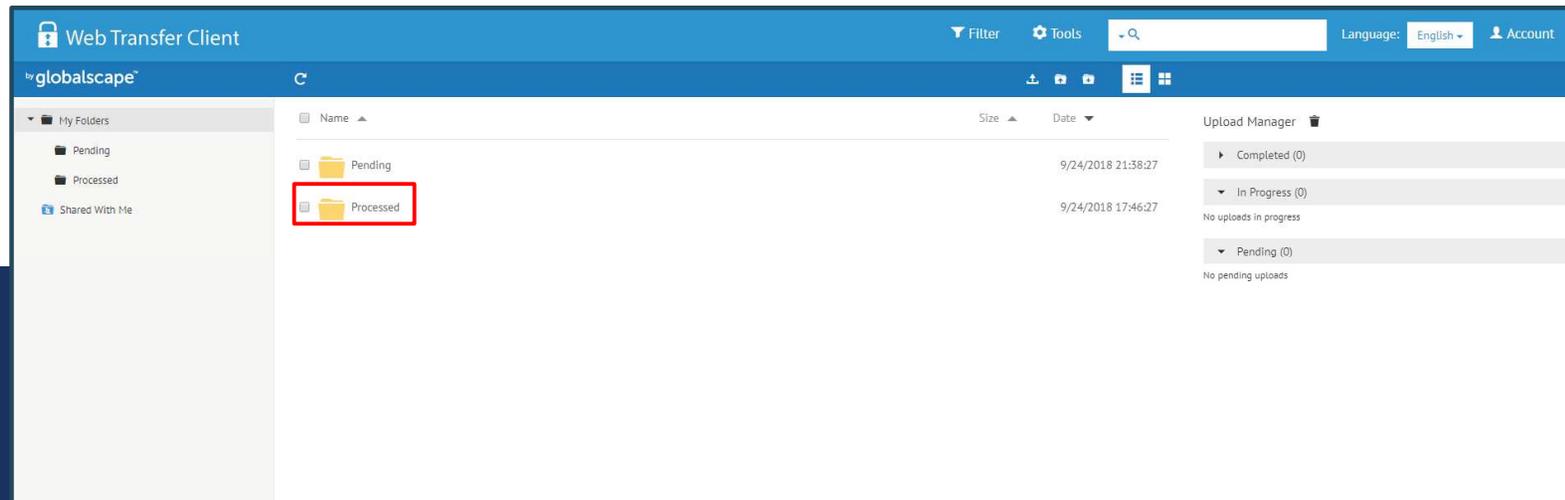


## MFT PROCESSED FOLDER FUNCTION

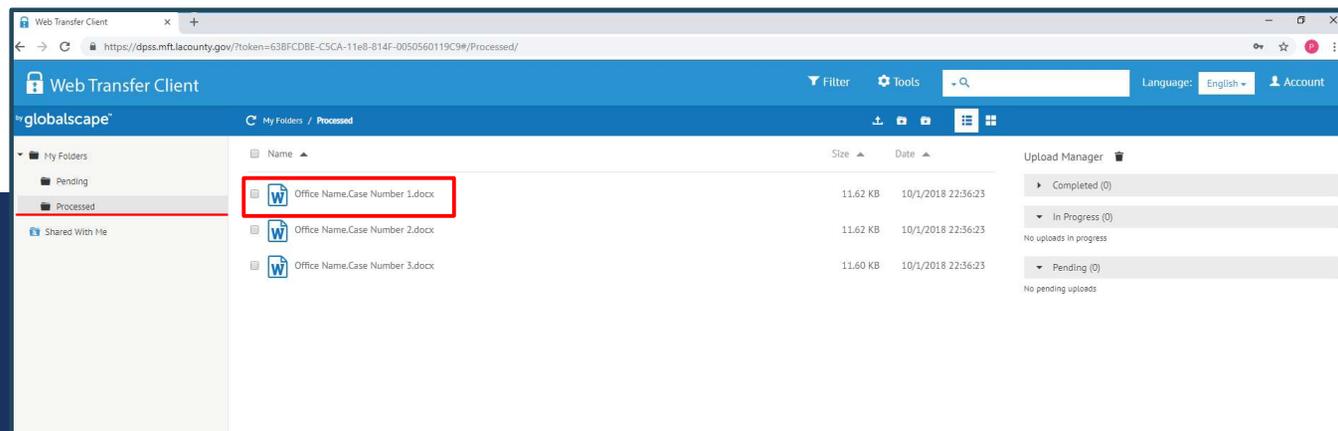
The “Processed” folder function is for all incoming documents from the DPSS Centralized PA 1923 RR Unit. The user must double click and open the folder in order to upload documents.

*Note: If a document is dropped on the “Pending or Processed” folder from the “Home” screen it will not be successfully transferred to the Centralized Unit. User’s must open the folder by clicking on it first.*

To download a completed PA-1923 and Notification Letter of Acceptance or Rejection that have been received from the DPSS Centralized PA 1923 RR Unit, click on the “Processed” folder.



Click on a file to view and print.  
Documents can be saved and  
should be deleted daily.



The processed PA-1923 and Notification Letter of Acceptance or Rejection will open.

		<b>County of Los Angeles</b> <b>DEPARTMENT OF PUBLIC SOCIAL SERVICES</b> <small>1200 CROSSROADS PARKWAY SOUTH • CITY OF INDUSTRY, CALIFORNIA 91746          Tel (626) 908-5400 • Fax (626) 908-5452</small>		
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES		(Date)		Board of Supervisors: GLODIA MOLINA First District MARK ROLBY-THOMAS Second District ZEV YAROSLAVSKY Third District COURNAZE Fourth District MICHAEL D. RITONOVICH Fifth District
<b>CalWORKs TREATMENT/SERVICES VERIFICATION</b>				
[ To: PA 1923 (SSS RR) Centralized Unit West Valley GAIN Region II 21415 Plummer Street, Suite B Chatsworth, CA 91311 FAX Number: (818) 775-4969		[ From: ]		
<b>A. PROVIDER CERTIFICATION</b> <small>(As an authorized employee of the treatment service provider agency named above, I certify that the individual named below is receiving CalWORKs Specialized Supportive Services (DOMESTIC VIOLENCE, SUBSTANCE ABUSE, OR MENTAL HEALTH) to help him/her overcome a barrier to employment. I understand that payment to contracted service provider is contingent on the CalWORKs participant maintaining eligibility to CalWORKs and complying with all requirements, assuming that the provider has been notified of the non-compliance by DPS. In instances of substance abuse/mental health problems, includes the appropriate treatment services and signing a Welfare-to-Work (WW) plan. For victims of domestic violence, certain requirements can be waived, including a WW plan. In addition, the service provider must have received the GN 8008, Mental Health/Substance Abuse/Domestic Violence/ Family Preservation Program Services Provider Progress Report, 90 days from service start date/assignment date, to confirm participant's continued eligibility to CalWORKs. This form must be submitted within 10 workdays of client's signature (not to exceed 30 days).)</small>				
Print Name/Title of Authorized Person: _____		Date Signed: _____		Telephone No: _____
Fax No: _____		CalWORKs Case No.: _____		
<b>B. PARTICIPANT IDENTIFICATION</b>				
Name (First/Last): _____				
Social Security No.: _____		Date of Birth: _____		Telephone No.: (Confidential for DV) _____
Primary Language: _____		Residential: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		
<b>C. TYPE OF TREATMENT SERVICES</b> (Complete as applicable)				
<input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> SUBSTANCE ABUSE				
Participant began treatment services on ____/____/____ for ____ hours per week.*				
Expected duration of needed treatment services: ____ months.				
<input type="checkbox"/> Participant is able to participate in another WW activity in addition to treatment services for ____ hours per week.				
<input type="checkbox"/> Participant is Exempt from GAIN and will participate in GAIN as an Exempt Volunteer.				
Note: *MHS/A participants may participate less than 32/75 hours per week with Good Cause for a 90-day period.				
<input type="checkbox"/> DOMESTIC VIOLENCE CASE MANAGEMENT <input type="checkbox"/> DV FAMILY LAW <input type="checkbox"/> DV IMMIGRATION LAW <input type="checkbox"/> VAWA <input type="checkbox"/> VVWA				
Participant began treatment services on ____/____/____ for ____ hours per week.				
Expected duration of needed treatment services: ____ months.				
<input type="checkbox"/> Participant is able to participate in another WW activity in addition to treatment services for ____ hours per week.				
<input type="checkbox"/> Participant is Exempt from GAIN and will participate in GAIN as an Exempt Volunteer.				
Note: Participant shall be granted a DV waiver from the mandatory WW Program rules with a clock stopper/extension.				
<b>D. OTHER SUPPORTIVE SERVICE NEEDS</b> (Complete as applicable)				
Participant needs the following supportive services: <input type="checkbox"/> Child care <input type="checkbox"/> Public Transportation <input type="checkbox"/> Mileage: ____ per month				
<input type="checkbox"/> Work Related/Arbitrary Expenses such as: <input type="checkbox"/> Books <input type="checkbox"/> Fees <input type="checkbox"/> Uniforms or <input type="checkbox"/> Other: _____				
<b>E. OTHER</b> Court ordered treatment services: <input type="checkbox"/> DV Counseling <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health				
<b>F. PARTICIPANT AUTHORIZATION</b> (Complete as applicable)				
I authorize the Department of Public Social Services and the above services provider to verify information regarding the status of my CalWORKs/GAIN case status and/or continuing eligibility to receive CalWORKs Specialized Supportive Services.				
<input type="checkbox"/> I am aware that my Mental Health or Substance Abuse treatment/services will be incorporated in my Welfare-to-Work plan.				
<input type="checkbox"/> I am aware that my Domestic Violence services may be incorporated now or eventually in my Welfare-to-Work plan.				
The determination will be made by my GAIN Services Worker/Contracted/REP Case Manager in consultation with the service provider.				
Participant's Signature: _____		Date: _____		
<b>G. COUNTY ACTION:</b> <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> _____ <input type="checkbox"/> _____				
PA 1923 (rev. 04/12/15)		DATE: _____		

Reference:  PA 1923  
 RE: \_\_\_\_\_  
 SSN/Case No.: \_\_\_\_\_

re referenced form:  
 it is receiving CalWORKs.  
 g reason(s):  
 a Treatment/Services Verification  
 not eligible and/or not in the household,  
 complete and/or illegible, unable to verify,  
 nd/or no case record found.  
 effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

for Potential CalWORKs Eligibility (Use For Family Reunification)

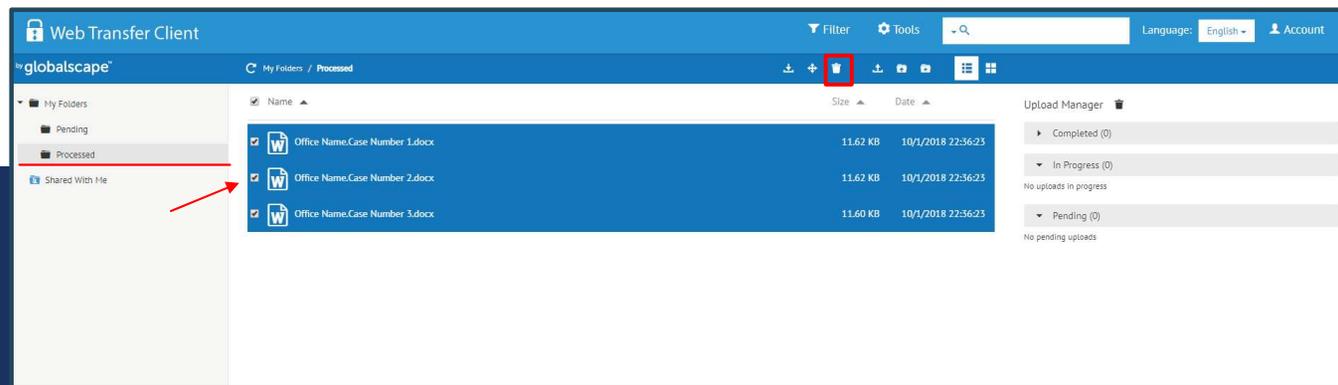
CalWORKs-eligible child(ren) in Los Angeles County,  
 not participating in the Family Reunification Program,  
 receiving CalWORKs (a PA 1923 should be sent instead),  
 complete, unable to verify.

23 has been accepted for participants who are part of the assistance  
 to being sanctioned by GAIN or Child Support Enforcement, time-off,  
 scheduled Appraisal Appointment(s), agree to participate in GAIN and  
 program rules, or agree to participate as an exempt volunteer.

should be directed to Emelita Melia at (818) 718-4277 or via email at:

ich Lives Through Effective And Caring Service\*

To delete files from the “Processed” folder, check the box next to the file and click on the “Delete” icon.



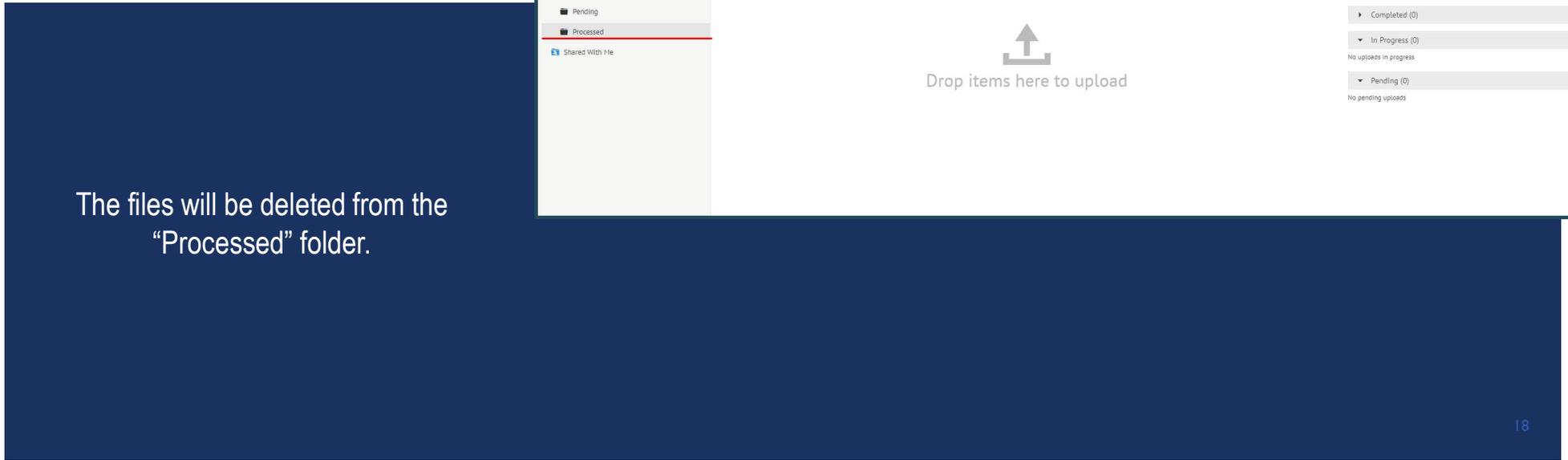


The Delete confirmation box will appear. Click "OK".

The screenshot shows the 'Web Transfer Client' window with the 'Processed' folder selected. A 'Delete' dialog box is open, asking 'Are you sure you want to delete the selected item(s)?'. The 'OK' button is highlighted with a red box. The background shows a list of files:

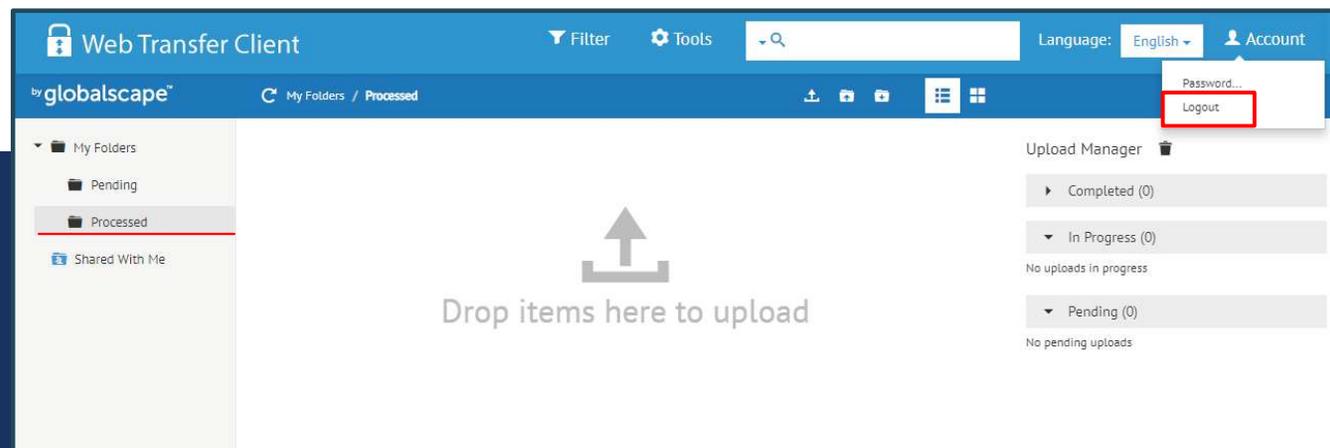
Name	Size	Date
Office Name.Case Number 1.docx		10/1/2018 22:36:23
Office Name.Case Number 2.docx	11.62 KB	10/1/2018 22:36:23
Office Name.Case Number 3.docx	11.60 KB	10/1/2018 22:36:23

The interface also includes a left sidebar with 'My Folders' (Pending, Processed, Shared With Me), a top navigation bar with 'globalscape', and an 'Upload Manager' on the right showing 'Completed (0)', 'In Progress (0)', and 'Pending (0)'.



The files will be deleted from the "Processed" folder.

To log out, click the “Account” icon and select “Logout”.



## BEST PRACTICE

- ❖ Log-In Information:
  - ❖ To change your password, click on the “account” icon and follow the steps in the prompt
  - ❖ To reset the password, on the log-in page click “forgot password” and follow the steps in the prompt
  - ❖ The MFT site will time-out automatically when left idle. Although the application will still be open, the user will not be able to send files and the platform will not refresh if new files are received.
  
- ❖ The file name should be in the following format : TBD
  
- ❖ MFT Maintenance:
  - ❖ Check the “Processed” folder daily for new documents.
  - ❖ Always clear the queue to avoid duplicates in the “Processed” folder by:
    1. First printing all documents for processing
    2. Then selecting all documents that have been processed by clicking on the “Delete” icon for removal from queue

## TO REPORT ISSUES

- ❖ If you experience any issues with the MFT site or have questions, please use the contact information below.

LaTrice Marion  
latricemarion@dpss.lacounty.gov