

**NOTICE OF ACTION**

**County of Yolo**

**CalWORKs Housing Support Allocation**

Notice Date: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Worker Name: \_\_\_\_\_  
 Worker Number: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

┌ \_\_\_\_\_ ┐  
 │ \_\_\_\_\_ │  
 └ \_\_\_\_\_ ┘

┌ \_\_\_\_\_ ┐  
 │ \_\_\_\_\_ │  
 └ \_\_\_\_\_ ┘

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

**APPROVAL OF CALWORKS HOUSING SUPPORT**

As of \_\_\_\_\_, the County has approved your request for CalWORKs Housing Support assistance.

The approved amount is \$\_\_\_\_\_ for the following purpose:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you do not participate in the activities and/or services outlined in your Housing Stability Plan, you may be discontinued. You will also be discontinued if your family is discontinued from CalWORKs or if you move out of Yolo County.

If you have any questions, please call your Case Manager at the telephone number listed above.

**Rules:** These rules apply. You may review them at your welfare office: Senate Bill 855 (Chapter 29, Statutes of 2014)

**DENIAL OF CALWORKS HOUSING SUPPORT**

As of \_\_\_\_\_, the County has denied your request for CalWORKs Housing Support assistance.

It has been determined that you do not meet the criteria for assistance under CalWORKs Housing Support assistance.

Here's why:

- Your family is not receiving CalWORKs.
- You do not reside or intend to stay in Yolo County.
- You have not used your CalWORKs Homeless Assistance payment.
- Your situation does not meet the required definition of homelessness:
  - Lacking a fixed and regular nighttime residence.
  - Having a primary nighttime residence that is a supervised publically or privately operated shelter designed to provide temporary living accommodations.
  - Residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
  - In receipt of a judgment for eviction, as ordered by a court.
- Other: \_\_\_\_\_

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:  Cash Aid  CalFresh  
 Child Care

While You Wait for a Hearing Decision for:

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:  
Yolo County Department of Employment and Social Services  
25 North Cottonwood Street  
Woodland, CA 95695

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

Legal Services of Northern California  
619 North Street, Woodland, CA 95695  
Main Line: (530) 662-1065  
Sacramento. Line: (916) 447-5798

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

- Cash Aid  CalFresh  Medi-Cal  
 Other (list) \_\_\_\_\_

Here's Why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If you need more space, check here and add a page.  
 I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_