MPP Section 63-410; REQUIRED FORM - SUBSTITUTES PERMITTED

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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你的聽證權利
假如你不同意郡政府所採取的任何行動的話，你有權利請求聽證。你只有90天的時間請求聽證。90天開始於郡政府發給你或寄給你通知後的那一天。

假如在對你的現金補助，加州醫療補助(Medi-Cal)，糧食券，或托兒照顧採取行動以前你請求聽證：
- 在你等待聽證期間你的現金補助或 Medi-Cal 將保持不變。
- 在你等待聽證期間你的糧食券服務保持不變。
- 你的糧食券保持不變，直至聽證時或你公開期的結束時，視那一個
  先發生。

假如聽證決定認為我們是對的，你將欠我們你所得到的額外現金
補助，糧食券，或托兒照顧服務。
若在聽證以前，要我們減少或停止你的福利金，請在下面作記號:
要，減少或停止：□ 現金補助 □ 糧食券 □ 托兒照顧

在你為下列項目等待聽證期間
福利停止工作計畫：
你不必參加活動。
在你這份通知以前你因著就業和参加郡政府批准的活動可以領取托兒
照顧付款。
假如我們通知你將停止你其它的協助性服務付款，即使你參加活動，你
也不能再領取任何付款。
假如我們通知你將支付你其它的協助性服務付款，我們將以通知中告訴
你的金額和付款方式付款。
- 若要得到這些協助性服務，你必須參加郡政府要你參加的活動。
- 在你等待聽證決定時，假如郡政府付你的協助性服務的金額不足夠
  讓你參加活動的話，你可以停止參加。

加州領取貧民補助及幾歲家庭的教育計畫(Cal-Learn):
- 假如我們通知你我們不能為你服務，你就不可以參加Cal-Learn
  計畫。
- 我們只為被批准的活動支付Cal-Learn協助性服務。

其他資料
Medi-Cal 地區管理護理計劃成員：在這份通知上所採取的行動會停
止你從地區管理保計劃項下領取服務。假如你有問題的話，你可以和
你的健康計劃會員服務部門聯絡。
子女無養費和／或診療方面無養費：即使你沒有領取現金補助，你
當地的子女無養費代理機構也會免費幫助你收取無養費。假如他們現
在為你收取無養費的話，他們將保持進行收取，除非你書面通知他們
停止這樣做。他們將寄給你現在所收取的無養費。但他們將保留收
取到的欠郡政府過期未付的錢。

家庭計劃：你的福利將把你所需的資料提供給你。

聽證檔案：假如你請求聽證的話，州政府聽證部門將建立一份檔
案。在你聽證以前，你有權查看這份檔案，並且至少在聽證前的兩
天內得到一份郡政府對你案件的立場聲明的副本。州政府可以把你
的聽證檔案交給福利所，聯邦健康人文服務部和聯邦農業部。（W&I
Code Sections 10850 和10950。）

若要請求聽證
- 填寫這一頁。
- 複印一份本頁的正反面留作你的記錄。假如你索取的話，你的工
  作人員會給你一份本頁的副本。
- 請把這一頁寄回或送至：

或者
- 打免費電話：1-800-952-5253 或者對聽或說有障礙，使用聯機
  電傳機(TDD) 的人，1-800-952-6349。

要取得幫助：你可以打上面所列州政府的免費電話詢問你的聽
證權利或尋求法律諮詢的推薦。你可以在你當地的法律諮詢所或
福利權利所取得免費的法律幫助。

假如你不願意單獨去聽證，你可以帶朋友或某位人士前去。

聽證要求
我因為 ___________________________ 都福利所採取有關下列
計劃的行動而要求聽證：
- 現金補助 □ 糧食券 □ Medi-Cal
- 其他（請列出）

理由在於：______________________________

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□ 假如你需要更多篇幅的話，請在此作記號並另加一頁。
- 我需要州政府提供我一位不需要我付費的翻譯員。（你的親戚或
  朋友在聽證時不能為你翻譯。）
- 我的語言或方言是：

福利限於：

出生日期 電話號碼

居住地址

城市

類型

簽署此表格的人姓名 電話號碼

□ 我要求下面提名人士在聽證時代表我。我准許這位人士查看
我的記錄或為我去聽證。（這人可以是朋友或親戚，但不能
為你作翻譯。）

姓名

居住地址

城市

類型

電話號碼

□