COUNTY OF

CALFRESH OVERISSUANCE NOTICE FOR ADMINISTRATIVE ERRORS (AE) ONLY

Notice Date : _____
Case
Name : _____
Number : _____
Worker
Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

State Hearing: If you think this action is wrong, you can ask for a state 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.

Too many CalFresh benefits were issued to:

☐ your household.

☐ the household, whom you sponsored.

Here's why:

☐ The unreported earned income does not qualify for the 20% deduction.

$_____ in extra CalFresh benefits were issued for the period _____.

The household received $_____ in CalFresh benefits.

The household should have received $ _____ in CalFresh benefits. $ _____ (extra CalFresh benefits) is what you received minus what you should have received.

This amount was reduced by $_____ because we received repayment of part of the amount owed. You now owe $_____.

See how we figured the extra amount you got on the worksheet that came with this notice.

REPAYMENT

You must repay the extra CalFresh benefits.

1. You may pay for the extra CalFresh benefits in full, or
2. Complete, sign and return the enclosed Repayment Agreement (CF 377.7E1) form and pay as agreed, or
3. If you do not sign and return the agreement within 30 days after the date of this notice and you are receiving CalFresh benefits, we will collect from your benefits.
   - You do not have to use any SSI benefits you get to repay this overissuance.
   - Collection will be from all adults in the household when the overissuance occurred.
   - If you are not receiving CalFresh benefits, your AE overissuance must be repaid if the overissuance is above $125.

POSSIBLE COLLECTION ACTIONS:

- Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not repay, the county may use other ways of collecting the amount owed, such as through the courts, other collection agency methods and by a federal government collection action.
- If this error is later reviewed by the court or hearing and determined to be your fault, penalties will apply even if you agree to repay what you owe.
- If the claim becomes delinquent or the household is sued, you may be subject to additional processing charges or court costs.
- If you do not repay the amount owed, the county may take your state/federal income tax refund and/or ask the court to attach your wages or any property you own.

Rules: These rules apply: MPP 63-801.22, 63-801.4, 63-801.43, 63-801.7. You may review them at your county office.

Questions? Ask your Worker.

Warning: If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on CalFresh, the county can collect the overissuance by lowering your monthly benefits. If you go off CalFresh before the overissuance is paid back and do not make repayment arrangements, the county may take what you owe out of your state/federal income tax refund as allowed by law.

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:**

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.

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