

WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT/UNDERPAYMENT NOTICE

COUNTY OF: \_\_\_\_\_

ADDRESSEE: \_\_\_\_\_

NOTICE DATE:	_____
CASE NAME:	_____
CASE NUMBER:	_____
WORKER'S NAME:	_____

- You were overpaid for the following Supportive Services(s) for the month(s) of \_\_\_\_\_ :
- Transportation expenses       Work/training related expenses       Education related expenses

HERE'S WHY:

- You did not have good reason for not participating in the following assigned activity \_\_\_\_\_ and were not eligible for supportive services.
- You were paid an advance payment for \_\_\_\_\_ that you did not use to pay for Welfare to Work/Cal-Learn expenses.
- Other: \_\_\_\_\_

- You have an underpayment in  Transportation expenses       Education related expenses
- Work/training related expenses; of \$ \_\_\_\_\_ because of \_\_\_\_\_.

The following shows how much you were paid or what the County paid for you, the amount that should have been paid and the total amount you owe.

AMOUNT PAID.....	\$	\$	\$	\$
LESS AMOUNT YOU SHOULD HAVE BEEN PAID.....	-\$	-\$	-\$	-\$
OVERPAYMENT AMOUNT.....	=\$	=\$	=\$	=\$
TOTAL OVERPAYMENT (YOU OWE) FROM THIS NOTICE.....				=\$
PLUS TOTAL PREVIOUS UNCOLLECTED OVERPAYMENT.....				+\$
LESS UNDERPAYMENT.....				-\$
NEW TOTAL AMOUNT YOU OWE.....				=\$
TOTAL AMOUNT WE OWE YOU.....				=\$

ONLY THE BOXES THAT ARE CHECKED BELOW APPLY TO YOU:

You must pay back what you owe. You have 10 days from the date this notice was mailed to you to:

- pay in full what you owe,     complete and return the enclosed repayment agreement or,
- call your county at \_\_\_\_\_ to discuss a repayment agreement with the County.

If you don't pay what you owe or contact your County within 10 days after the date this notice was mailed to you, the County will collect the overpayment by lowering your supportive services payment.

The amount collected will be 5% of your supportive services payment if the overpayment was caused by the County or 10% of your supportive services payment if the overpayment was caused by you.

The overpayment collection will continue for each month you request a payment until the amount you owe is paid back. This means that your next supportive services payment of up to \$ \_\_\_\_\_ will be lowered by no more than \$ \_\_\_\_\_.

You may not have to repay in any month while you are in Welfare to Work/Cal-Learn if you would:

- not have enough money to pay for child care, transportation and or work/training related expenses and/or education related expenses to be in Welfare to Work/Cal-Learn and/or
  - have to change the child care arrangements you have now.
- Call your worker/Case Manager to have your repayment delayed, if either of the reasons above apply to you.
- You have told the County before that you cannot begin to repay the overpayment while you are in Welfare to Work/Cal-Learn. The County will delay this repayment.

CONTACT YOUR WORKER/CASE MANAGER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.

If you go off aid before the overpayment is paid back and you do not continue to repay, the County may take what you owe out of your state income tax refund or take other action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order send or bring it to:

Address:

If you pay by cash, pay in person. DO NOT MAIL CASH. Be sure to ask for a numbered receipt with the County's name on it.

RULES: These rules apply: CALWORKS Implementation Guidelines Section VII, Welf. & Inst. Code 11004, 11323.4

## 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 ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, 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 Food Stamps 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, Food Stamps 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  Food Stamps  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  Food Stamps  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