WELFARE TO WORK/CAL-LEARN SUPPORTIVE SEF OVERPAYMENT FINAL NOTICE	RVICE	NOTICE DATE	:				
COUNTY OF:		CASE NAME:					
		CASE NUMBE	R:				
		WORKER'S NA	AME"				
We told you on		that you were overp	aid for th	e following supportive service(s):			
Transportation expenses		Work/training related exper	nses	Education related expenses			
The amount of your overpayment that you still owe is \$		and is due now.					
HERE'S WHY:							
You did not agree to repay. You did not pay as agreed.							
You are no longer in Welfare to Work/Cal-Learn, and	vour n	nethod of repayment no long	er works				
You are no longer getting cash aid, and your method	•	, ,	,				
You did not have to repay while you were in Welfare t	o Wor	k/Cal-Learn. Now you need	to repay.				
Other.							
TOTAL OVERPAID AMOUNT LE	SS AI	MOUNT REPAID	Т	OTAL AMOUNT YOU OWE			
- \$			= \$				
You must pay the County what you owe or contact us to make	a repa	ayment plan within ten days	from the	date this notice was mailed to you.			
If you do not repay the County or contact the County to enter in state income tax refund or take other action to collect the amount			ounty ma	y take what you owe out of your			
If you get cash aid you can ask to have your cash aid grant lowered to pay what you owe.							
You do not have to use any Social Security or SSI benefits 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 s	ure to	ask for a numbered receipt	with the C	County name on it.			
If you have any questions call	_•						
If you have any questions call	_·						
If you have any questions call							

RULES: These rules apply. CalWORKs Implementation Guidelines,

Section VII, Welf. & Ins. Code 11004, 11323.4. You may review them at your welfare office.

HEARING. 'YOUR HEARING RIGHTS' FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.

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 <u>before</u> 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 ab	out my:	
		Medi-Cal		
Other (list)_				
Here's Why:				
If you need	more space, checl	chere and add	a page.	
	ate to provide me w friend cannot interp			
	or dialect is:			
NAME OF PERSON WHOS	E BENEFITS WERE DENIED, (CHANGED OR STOPPED		
BIRTH DATE		PHONE NUM	PHONE NUMBER	
STREET ADDRESS				
CITY		STATE	ZIP CODE	
SIGNATURE		DATE		
NAME OF PERSON COMP	E 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 <u>can be</u> a friend or relative but cannot interpret for you.)

NAME	PHONE NUMBER			
STREET ADDRESS				
СІТУ	STATE	ZIP CODE		