

WELFARE-TO-WORK 24-MONTH TIME CLOCK NOTICE

COUNTY OF _____

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

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

(ADDRESSEE)

Questions? Ask your Worker.

Beginning _____, months will start counting toward your Welfare-To-Work 24-Month Time Clock. We will start counting months toward your Welfare-To-Work 24-Month Time Clock because you did not do all of the hours in "federal" activities you agreed to in your Welfare-To-Work plan.

You will get a separate notice if your worker needs to make an appointment to talk to you about a participation problem.

CONTACT YOUR WORKER RIGHT AWAY IF YOU DISAGREE WITH THE INFORMATION ON THIS NOTICE

Welfare-To-Work Worker's Name:

Telephone Number: _____

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

CalWORKs: This notice DOES NOT stop or change your CalWORKs benefits. You will get a separate notice telling you about any changes to your CalWORKs benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply; WIC § 11322.8, 11322.85(a)(2) and (b).