

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



February 9, 2004

ALL COUNTY INFORMATION NOTICE NO. I-08-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL FOOD STAMP COORDINATORS**REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: ADDITIONAL AND REVISED NOTICE OF ACTION (NOAs) FOR FOOD
STAMP ELECTRONIC BENEFIT TRANSFER (EBT) ACCOUNTS

The purpose of this All County Information Notice (ACIN) is to transmit two NOAs to be used with food stamp EBT Accounts. This ACIN transmits TEMP NA 1232, Food Stamp Notice of Action EBT account, which has been revised to exclude the account adjustment information. The account adjustment information will be provided in the newly developed form TEMP 1238. The revised TEMP NA 1232 will continue to be used to advise clients of deactivated and reactivated EBT accounts.

Also enclosed is the TEMP 1238, Food Stamp Notice of Action EBT Account Adjustment, to be used for client-initiated and retailer-initiated claims. When a client submits a claim asking for a credit to their EBT account, claiming that they did not receive the right amount of food stamp benefits; or that they were charged too much; or that they did not use their EBT card to make the purchase, EBT vendor will determine if the transaction was correct. In cases where it is found that the transaction was correct, the county will send a TEMP 1238 NOA denying the request for credit adjustment. If EBT vendor determines that the transaction was incorrect, then EBT vendor would credit the client's account and a NOA is not required to be sent to client.

If you have any questions regarding this letter, please contact Frederick Hodges III at (916) 653-7973.

Sincerely,

Original document signed byRICHTON YEE, Chief
Food Stamp Branch

Enclosures

FOOD STAMP NOTICE OF ACTION EBT ACCOUNT

If you have any questions or want more information, please contact your worker.

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

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Questions? Ask your Worker.

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

ACCOUNT DEACTIVATED

OUR RECORDS SHOW THAT YOU HAVE NOT USED YOUR FOOD STAMP ELECTRONIC BENEFIT ACCOUNT FOR OVER 45 DAYS.

- If you do not use your food stamp benefit card by _____, the county will stop access to your electronic food stamp benefits. You can stop this action by using your food stamp benefit card.

OUR RECORDS SHOW THAT YOU HAVE NOT USED YOUR FOOD STAMP ELECTRONIC BENEFIT ACCOUNT FOR OVER 90 DAYS.

- On _____, the county stopped access to your food stamp benefits. Call your County Worker to activate your electronic food stamp benefit account again.

IF YOU HAVE NOT USED YOUR FOOD STAMP ELECTRONIC BENEFIT ACCOUNT FOR NINE MONTHS, YOUR BENEFITS WILL BE REMOVED AND CAN NOT BE RESTORED.

ACCOUNT REACTIVATED

- On _____, the county started access to your food stamp electronic benefit account.

If you have lost your card call 1 - 877 - 328-9677. If you need help using your EBT card, call your county worker.

Rules: These rules apply: You may review them at your welfare office. MPP 16-210, MPP 16-300, MPP 16-710, and 16-705.32.

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

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Food Stamp Notice of Action EBT Account Adjustment

COUNTY OF _____

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

If you have any questions or want more information, please contact your worker.

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

ADDRESSEE

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State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits in your EBT account may not be removed if you ask for a hearing before this action takes place. You have 15 days to appeal.

Questions? Ask your Worker.

ACCOUNT ADJUSTMENT REVIEW:

The county has denied your request to have \$ _____ added to your electronic Benefit Transfer (EBT) Food Stamp account.

HERE'S WHY:

A system error did not happen when using your electronic food stamp benefit account:

Date:
Time:
Location:
Amount:
Other:

ACCOUNT ADJUSTED (By Retailer)

On _____, your electronic food stamp benefit account will have \$ _____ removed from your balance.

HERE'S WHY:

A system error happened when using your electronic food stamp benefit account:

Date:
Time:
Location:
Amount:
Other:

If you are required to repay benefits and you do not have enough benefits in your account to repay the amount of the error, we will take it out of your next month's benefits.

This Notice:

- does not change your eligibility to benefits;
- does not change your responsibility to report changes that affect your eligibility; and
- does not change your cash aid or Medi-Cal benefits--if cash aid or Medi-Cal benefits change you will get a separate notice.
- does not give you aid paid pending rights because of an account adjustment denial.

This Notice:

- does not change your responsibility to report changes that affect your eligibility; and
- does not change your cash aid or Medi-Cal benefits--if cash aid or Medi-Cal benefits change, you will get a separate notice.
- does not change your eligibility to benefits.

Rules: These rules apply: You may review them at your welfare office. MPP 16-210, MPP 16-300, MPP 16-705, and 16-705.32, and MPP 16-705.10.

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