



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

October 13, 2016

ALL COUNTY INFORMATION NOTICE NO.I-74-16

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE-TO-WORK COORDINATORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL COUNTY REFUGEE COORDINATORS
ALL CONSORTIA MANAGERS

SUBJECT: REVISED CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS (CalWORKs) TRANSPORTATION
CHANGE NOTICES OF ACTION (NA) 822

REFERENCE: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
KIDS (CalWORKs) MANUAL OF POLICIES AND PROCEDURES,
DIVISION 42, CHAPTER 42-750.4

This letter transmits copies of the revised Notices of Action (NA) 822—Transportation Change form. Counties must adopt the revised NA 822 form as soon as administratively possible, but no later than **January 1, 2017**.

Changes were made to improve clarity and organization of the form, including:

- Adding a Welfare-to-Work and Cal-Learn checkbox at the beginning of the form to identify clients' program type.
- Removed the sixth checkbox option describing that the county has changed the participant's transportation payment limit because it is no longer necessary since the remaining options already cover each transportation payment.
- Reordered the wording of the last checkbox regarding the less than 30 days non-noticing language.

REASON FOR THIS TRANSMITTAL

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

Camera-Ready Copies and Translations

After you receive a copy of an English CalWORKs form or message, please allow six to eight weeks for the forms and messages to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Vietnamese or Russian, FAX your request to LTS at (916) 657-3429 or e-mail it to lbs@dss.ca.gov.

For a camera-ready copy and/or an additional copy of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907 or fmudss@dss.ca.gov. If your office has Internet access, you may obtain various forms (not including NOA messages) from the CDSS web page at: www.dss.cahwnet.gov. FMU is currently in the process of making forms available on the Internet. If the name, mailing address or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to fmudss@dss.ca.gov.

Your CalWORKs Forms Coordinator is to distribute translated forms and messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

Please contact your CDSS Employment Bureau county consultant at (916) 654-2137, if you have questions or need additional information regarding the information in this letter.

Sincerely,

Original Document Signed By

KÄREN DICKERSON, Chief
Employment and Eligibility Branch
Welfare to Work Division

Attachment

cc: CSAC
CWDA

NOTICE OF ACTION

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.

STATE HEARING: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

- Welfare to Work Cal-Learn
- As of _____ until _____
- The County has changed your mileage transportation payment from \$ _____ to \$ _____ for a total of _____ miles per _____.
- The County has changed your public transportation payment from \$ _____ to \$ _____ per _____.
- The County has changed your bus ticket payment from _____ to _____ per _____.
- The County has changed your transportation payment method from _____ to _____.
- The County has changed your other transportation (identify type): _____ payment from _____ to _____ per _____.

Here's why:

- The county's mileage rate changed effective _____. The rate used to be \$ _____ a month, now it is \$ _____ a month.
- Your mileage changed. The mileage from your home to your WTW activity each way used to be _____ miles, now it is _____ miles.
- The public transportation rate changed effective _____. The rate used to be \$ _____ a month, now it is \$ _____ a month.
- Public transportation, which takes less than two hours is available to get you from your home to your WTW activity.
- Other:

Your transportation payments will be

- Paid in advance to you. You must turn in your proof at the end of the month.
- Paid to you at the end of the month (you did not ask for advance payment for transportation)
- Paid to your transportation provider (who is): _____
- Other:

Rules: These rules apply. You may review them at your welfare office: MPP Section 42-750.112, .2 and .4. Welt & Inst. Code 11323.2, 11323.4, 11322.9

Your transportation payment calculation is shown on this notice.

Mileage can be paid only if there is no public transportation available, or if driving your car costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your activity on time. Time going to and from your child's school or child care is not counted in how long it takes you to get to your activity. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Unless it is an emergency, you need to tell your worker at least ten days before you change your transportation arrangement.

- public transportation
_____ rate for each day is
_____ per _____
= \$ _____
- your car's mileage
_____ rate
_____ per _____
_____ miles
= \$ _____
- parking
\$ _____ month school term other
- Other:
_____ Rate
x _____ per _____
= \$ _____

- You will not get another notice telling you when your payments end because your activity is less than 30 days.

You can call your Welfare to Work/Cal- Learn worker if you think this notice is wrong.

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