

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



January 8, 2002

ALL COUNTY INFORMATION NOTICE I-01-02

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CalWORKs PROGRAM SPECIALISTS
 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: TRANSMITTAL OF TEMPORARY NOTICE OF ACTION 1230
 (TEMP NA 1230) FOR RETROACTIVE PAYMENTS UNDER THE
 CHILD CITIZENSHIP ACT OF 2000

REFERENCE: ALL COUNTY LETTER 01-81

This All County Information Notice (ACIN) transmits the Temporary Notice of Action 1230 (TEMP NA 1230) for approval of retroactive payments under the Child Citizenship Act of 2000. All County Letter 01-81 dated November 21, 2001, was recently released to the counties to provide information and instruction on this new law and how it affects the California Work Opportunity and Responsibility to Kids (CalWORKs) and Food Stamp programs.

Implementation

Counties must begin using the TEMP NA 1230 immediately.

Forms Designation and Modification of Forms

The TEMP NA 1230 transmitted with this ACIN is designated as "Required Form – Substitute Permitted." County Welfare Departments (CWDs) must obtain prior approval from the California Department of Social Services (CDSS) and/or the Department of Health Services (DHS) before implementing a modification or substitution to these and other "Substitute Permitted" forms. For CalWORKs program changes, the procedures for submission of a change request are outlined in the Manual of Policies and Procedures (MPP) Section 23-400.2. The Food Stamp program procedures for submission of a form change request are in MPP Section 63-1250.

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 lts@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. 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 fmu@dss.ca.gov. For additional copies of NOA messages in English, please contact Shawn Bradley at (916) 653-8675 or by e-mail at shawn.bradley@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.

Contacts

If you have any questions or need further information, please contact the following staff regarding their specific program area:

This letter and the attachment: Shawn Bradley at shawn.bradley@dss.ca.gov
(916) 653-8675/CALNET 453-8675

Child Citizenship Act of 2000:
(for CalWORKs cash aid) Terry Mallin at terry.mallin@dss.ca.gov
(916) 653-8395/CALNET 453-8395

Food Stamp questions: Sandra Pierce at sandra.pierce@dss.ca.gov
(916) 653-5208/CALNET 453-5208

Sincerely,
Original signed by
Charr Lee Metsker on
1/8/02
CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachment

c: 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 how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the county has approved your back cash aid of \$ _____.

HERE'S WHY:

A new law has told us to look at the citizenship of your child(ren) in a new way. A child not born in the United States is a US citizen when:

- at least one parent is a legal US citizen; and
- the child is under the age of 18 years; and
- the child is a legal permanent resident; and
- the child is in the legal and physical custody of the parent; and
- the rule for adopted children is met.

Your back cash aid is figured on the next page.

- A check will be sent soon.
- A check is enclosed.
- You have an existing overpayment balance. Some or all of your back cash aid was used to lower the overpayment amount.

If you get Food Stamps, we will count your back cash aid as a resource.

- You may get another notice from Food Stamps.

Rules: These rules apply. You may review them at your welfare office: MPP sections 42-433.3.

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