

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



February 6, 1997

ALL COUNTY INFORMATION NOTICE NO.  
I-05-97

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR TRANSMITTAL

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

SUBJECT: REVISION OF FOOD STAMP PROGRAM FORMS DFA 285 A1, DFA 285 A3, DFA 377.7A, AND TEMP 2131

REFERENCE: PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT (PRWORA) OF 1996, P.L. 104-193, ACL #96-51, ACL #96-54

This notice transmits forms-related information and copies of a revised:

- DFA 285 A1, APPLICATION FOR FOOD STAMPS, PART 1
- DFA 285 A3, IMPORTANT FACTS FOR FOOD STAMP APPLICANTS
- DFA 377.7A, NOTICE OF ADMINISTRATIVE DISQUALIFICATION
- TEMP 2131, ADDENDUM TO FOOD STAMP APPLICATION

DFA 285 A1

The DFA 285 A1, Application for Food Stamps, Part 1 (12/96), has been revised as follows:

- to delete homelessness as a qualifying reason for expedited service.
- added question number seven to obtain information regarding the length of time a person claiming to be homeless has stayed "temporarily in the home of another." Provisions of the PRWORA now define living "temporarily in the home of another" to be limited to a ninety day period with any one household.
- on the back, the address for writing to the U.S. Department of Agriculture regarding a discrimination complaint has been changed to an address in Washington, DC.
- a certification statement regarding expedited service informing was added to the form when it was revised earlier this year. That revision was dated 8/96. Inadvertently, counties were not notified when the form was revised, so this change is noted here.

### DFA 285 A3

The DFA 285 A3, Important Facts for Food Stamp Applicants (12/96), contains several revisions.

#### Page One

- the address for writing to the U.S. Department of Agriculture regarding a discrimination complaint has been changed to an address in Washington, DC.
- under the "Your Rights" section, the bullet dealing with keeping an applicant/recipient's records confidential has been modified to add the following: "...unless there is an outstanding felony arrest warrant issued for you, or as otherwise provided by law."
- the language under "Systematic Alien Verification for Entitlements (SAVE)" has been changed due to the new provisions regarding lawful aliens.

#### Page Two

- a bullet has been added under Monthly Reporting and Nonmonthly Reporting Requirements indicating that if a member of the household is avoiding prosecution ("hiding or running from the law" is the Turnerized language contained on the form) for a felony, attempted felony, or a parole or probation violation, this information must be reported.
- the fifth bullet under Monthly Reporting has been reworded. It previously stated any child, to age 22, who was in school was subject to reporting of their school status.

#### Page Three

- the disqualification penalty periods for work violations or a voluntary quit have been changed as required by PRWORA.
- under Standard Utility Allowance, in the third sentence, the phrase "and at one other time during the certification period" has been deleted at the end of the sentence.
- the entire section under Penalty Warnings on the third page has been reformatted to include the newest disqualifications and the longer time frames. The format has been restructured for clarity and uniformity.

### DFA 377.7A

The DFA 377.7A, Notice of Administrative Disqualification (11/96), has been redone in the standard two column format for notices.

- the section labeled Disqualification Penalty has been revised to give the longer time periods for the various disqualifications as well as the new reasons for disqualification as provided in the PRWORA.

### TEMP 2131

The TEMP 2131, Addendum To Food Stamp Application (11/96), has been revised as follows:

- to remove any reference in the Certification section to a household member being a felon in flight from the law. Question number 2 now addresses this issue.
- all the questions have been revised and reordered with the question about temporarily staying in another's home now being the first question.

- the question regarding lawful aliens and establishing 40 qualifying quarters of eligible employment is now number three and has become a three part question, dealing with the various ways the family members can establish 40 quarters for eligibility pending verification from Social Security.
- the statement that the questions need to be completed for any household member who is not a citizen of the United States has been added.

### CAMERA-READY COPIES AND TRANSLATIONS

Counties who need camera-ready copies of any of the forms covered by this letter may call:

- for English and Spanish: the Forms Management Unit at (916) 657-1874 or CALNET 437-1984.
- for Asian languages (Chinese, Cambodian, and Vietnamese versions), counties may FAX their requests to the Language Services Bureau at (916) 657-3429 or CALNET 473-3429, or if only one form is being ordered they may call (916) 464-1282.

Camera-ready copies of the Spanish versions are expected to be available within 30 days of the date of this letter and Asian translations at a later date.

### STOCK

Stock of the DFA 285 A1, DFA 285 A3 and the DFA 377.7A will be produced and available in the warehouse in approximately 30 days. It is recommended that the counties use the new revisions as soon as possible. Older versions will be pulled from the warehouse and destroyed. Counties can order these forms through the normal procedures from the California Department of Social Services warehouse. The TEMP 2131 will continue to be available in Camera-Ready/Master Copy only and can be ordered from Forms Management as indicated above.

If you have any questions or comments regarding this letter, please contact Melissa Buchanan of the Food Stamp Program Bureau at (916) 654-8467 or CALNET 464-8467.

Sincerely,



BRUCE WAGSTAFF  
Deputy Director  
Welfare Programs Division

Attachments

**APPLICATION FOR FOOD STAMPS —  
PART 1 (DFA 285-A1)**

**IF YOU HAVE A DISABILITY AND NEED HELP APPLYING FOR OR CONTINUING TO RECEIVE CASH AID, FOOD STAMP BENEFITS, AND SERVICES, TELL THE COUNTY WORKER.**

**INSTRUCTIONS:** You can apply for food stamps at the welfare office at any time during business hours, even the first day you call or visit. If you are eligible, your benefits will be figured from the date you apply. You should be told if you are eligible or not, within 30 days after you apply. To apply, give us your name and address and sign on this page. Before we can tell you if you are eligible, you need to complete Part 2 of the application and be interviewed. You can turn in Part 2 with Part 1 or you can bring it to your interview.

- If you have trouble answering questions or getting any proof, a worker will help you.
- If you are not an adult member of the household, you must have a written note signed by the head of household or another household member saying that you can apply for the household.

**FOOD STAMP EXPEDITED SERVICE**

You have the right to get food stamps within three days, if you qualify. Here's how:

Your household needs to be eligible for food stamps and have:

No more than \$100 liquid resources and less than \$150 income before deductions. *(See other side of page for what we mean when we say income and liquid resources.)*

OR

Rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions.

OR

No more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

**If you need Food Stamps right away, complete Section B below.** If we think you might be eligible to get your benefits within 3 days, you will also need to fill out Part 2 right away and give us proof of your identity. We'll tell you what other proof you need to show us.

**COUNTY USE ONLY**

TYPE OF APPLICATION

New  Recert

Restoration

Date Received:

**Before you complete Sections A and B, read the back page.**

**SECTION A APPLICANT INFORMATION**

1. Name (First, Middle Initial, Last)		2. Social Security Number	
3. Home Address: (Number and Street)		4. Mailing Address (If Different) (Number and Street)	
City/State	Zip Code	City/State	Zip Code
5. Is Your Home Address Permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Home If no home, tell us where you live.		6. Have you received Food Stamps anywhere before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
7. If you are homeless, are you staying temporarily in the home of someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when did you begin staying in this home?			
8. Home Phone Number		9. Is anyone a migrant or seasonal farmworker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. The law says we must get your ethnic group and primary language. If you don't want to complete these items, the county will do it for you. This won't affect your eligibility.			
<b>A. ETHNIC GROUP -</b> <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Asian or Pacific Islander (Specify): _____			
<b>B. PRIMARY LANGUAGE</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> American Sign <input type="checkbox"/> Cantonese <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Russian <input type="checkbox"/> Other (Specify) _____			

Homeless  Yes  No

Ethnic Group \_\_\_\_\_  
Primary Language \_\_\_\_\_

**Section B**  
 Not completed  
 Screened for ES  
Date \_\_\_\_\_  
By \_\_\_\_\_  
(Initials)

FS Referred for:  
 ES Processing  
 Regular Processing

**SECTION B COMPLETE ALL QUESTIONS IF YOU NEED FOOD STAMPS RIGHT AWAY**

11. How much total liquid resources does everyone, including children, have? \$ _____ (See back of form for what Liquid Resources are.)	14. How much is your mortgage or rent this month? \$ _____
12. How much income did everyone, including children, get or will they get this month? (See back of form for what we mean by Income.) \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____	15. How much are your utilities that are not included in this month's rent? \$ _____
13. Has your household's only income stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. How many people who live in your home buy food and fix meals with you? (Include yourself.)

17. Signature (Head of household, household member or authorized representative) I certify that the County has told me of my right to Expedited Service.	Date	Case name:
Witness, if you signed with an "X"	Date	Case Number:

## WHAT WE MEAN WHEN WE SAY

**You, Anyone, Everyone** – any and all persons who live in your home and who are applying for food stamps. When we need information about the other people in your home, we will ask you.

**Your Household** – you and the people who eat with you.

**Food Stamps** – benefits for low income households to help buy food.

**Food Stamp Expedited Service** – food stamps available to you within three days.

**Income** – money received or expected, such as:

- earnings, welfare, child support, SSI or Social Security, or veterans payments
- pension or retirement payments
- unemployment (UIB), State Disability (SDI) or other disability
- strike funds, payments from roomers, school grants and loans
- cash gifts, cash winnings, or any other cash payments

**Liquid Resources** – other money you have, such as:

- cash on hand, uncashed checks; money in checking accounts, savings accounts; or savings certificates; etc.
- trust deeds, notes receivable, stocks or bonds, etc.

**Utilities** – gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water sewage, etc.

**Cash Aid** – AFDC (Aid to Families with Dependent Children), and Refugee Assistance, County's local Cash Aid Program (General Assistance or General Relief).

## OTHER THINGS YOU SHOULD KNOW

- You can apply for food stamps and cash aid at the same time and have only one interview for both, except when you apply for General Assistance/General Relief (GA/GR) as a cash aid.
- You must report mail loss of your Food Stamps, Authorization Document (AD), or issuance cards before the end of the month in which you should have gotten them. But if they were stolen or destroyed you must report your loss within 10 days of the incident.

- If you receive too many food stamps, you will have to pay them back and/or your benefits may be lowered or stopped.
- Your Social Security Number (SSN) will be used to check identity, to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.

Providing your SSN is not required for Part 1. You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits.

## COMPLAINTS AND STATE HEARINGS

If you have a complaint, try to work it out with the county. If you can't work it out, you may call or write to:

California Department of Social Services  
744 P Street  
Sacramento, CA 95814  
Phone Number: 1 (800) 952-5253,  
or for the hearing impaired call 1 (800) 952-8349

If you think any action taken by the County is wrong, you can ask for a State Hearing by writing to your local county welfare office or by calling the phone numbers listed above. You must ask for a hearing within 90 days of the action and tell why you want one.

**The law says that all applicants/recipients for aid, benefits, or services are to be treated fairly without regard to race, color, national origin, political affiliation, religion, marital status, sex, age or disability.**

If you think you have been discriminated against, you may file a complaint by:

1. contacting your county's civil rights coordinator; or
2. writing to:
  - the state's Civil Rights Bureau, M.S. 15-70, P.O. Box 944243, Sacramento, CA 94244-2430
  - **or for Food Stamps only:**  
Secretary of Agriculture  
U.S. Department of Agriculture  
14th & Independence Avenue, S.W. Room 200A  
Administration Building  
Washington, D.C. 20250

## IMPORTANT FACTS FOR FOOD STAMP APPLICANTS

These pages give you important information, including your rights and responsibilities. If you need more information or have questions, ask your worker. The County needs facts about you and your household to see if you are eligible for Food Stamp benefits and to figure how much you will get if you are eligible.

### IF YOU HAVE A DISABILITY AND NEED HELP APPLYING FOR OR CONTINUING TO RECEIVE CASH AID, FOOD STAMP BENEFITS, AND SERVICES, TELL THE COUNTY.

The law says that all applicants/recipients for aid, benefits, or services are to be treated fairly without regard to race, color, national origin, political affiliation, religion, marital status, sex, age or disability.

If you think you have been discriminated against, you may file a complaint by:

1. contacting your county's civil rights coordinator; or
2. writing to:
  - State Department of Social Services  
Civil Rights Bureau  
744 P Street MS 15-70,  
P.O. Box 944243, Sacramento, CA 94244-2430
  - or for Food Stamps **only** to:  
Secretary of Agriculture  
U.S. Department of Agriculture  
14th & Independence Avenue, S.W. Room 200A  
Administration Building  
Washington, D.C. 20250

You may also file by calling (916) 654-2107 or for the hearing impaired toll free 1-800-952-8349 (TDD).

## YOUR RIGHTS

- To ask for help to complete your application or any other food stamp form.
- To ask for forms and notices to be translated if you don't read English.
- To be treated with courtesy, consideration and respect.
- To be interviewed promptly by the county when you apply and to have your eligibility determined within 30 days.
- To discuss your case with the County and to review your case yourself when you request to do so.
- To be told the rules for getting food stamps right away. If we think you might be eligible, you will get an interview immediately and stamps within three days.
- To ask to have your Food Stamp I.D., authorization document, or issuance card, or food stamps replaced if lost in the mail, damaged, stolen or destroyed. The County will tell you if you are eligible.

- To be given a written notice when your application is approved, denied, or when your benefits change or stop.
- To have your records kept confidential by the County and State, unless there is an outstanding felony arrest warrant issued for you, or as otherwise provided by law.
- To file a complaint or to ask for a State hearing within 90 days of any action if you think the action was wrong. You can write to your County Welfare Department or call toll free 1-800-952-5253 or for the hearing impaired (TDD) 1-800-952-8349.
- To be represented at a State Hearing by yourself or by a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.

## YOUR RESPONSIBILITIES

### Systematic Alien Verification for Entitlements (SAVE)

You must sign under penalty of perjury that each member applying for food stamps is a U.S. citizen or U.S. national. If you are a lawful alien, you will be expected to provide verification of your alien status. Information you give us on immigration status will be checked with the U.S. Immigration and Naturalization Service (INS). Information we get from INS may affect your eligibility for food stamps.

### Social Security Number

You must give us the Social Security Number (SSN) for each applicant for food stamps. Anyone who refuses to give either a SSN or proof of application for a SSN will be disqualified from getting benefits. (Providing a SSN is required for all applicants by Section 1137 of the Social Security Act: 7 U.S. Code Section 2025e).

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility for food stamps may result in discontinuance and/or repayment of benefits and/or criminal or civil action.

### Verification(s)

You must give proof or more facts when we ask. If you can't get proof, give the name of some other person or agency we may contact to get it. When you can't get the proof you need, we will help you get it.

### Cooperation

You must cooperate with County, State and Federal staff. You may not get benefits or your benefits may be stopped if you don't cooperate.

## YOUR REPORTING RESPONSIBILITIES

**You must report all changes to the County. If you're not sure how to report changes, what changes to report, or what proof we need, ask your worker. Your worker will tell you if you are a monthly or nonmonthly reporting household.**

### MONTHLY REPORTING

#### How You Must Report

You must turn in a complete Monthly Eligibility Report by the 5th of each month.

#### Monthly Reporting Requirements

##### YOU MUST REPORT IF:

- Anyone gets money from work, relatives, Social Security, Veteran's benefits, tax refunds, or any other source.
- Anyone gets free rent or utilities.
- Anyone's job or training program changes.
- Anyone's income or source of income changes, starts or stops.
- Any child or any adult starts or stops school, college or training.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, absent parents, other relatives and non-relatives.
- Anyone moves to another address, plans to move, or gets a new mailing address. If you move to another County and you want to keep getting benefits, you must tell the County giving you aid and/or benefits AND ask for food stamps again in the new county.
- Anyone gets payments or allowances for job, training or school expenses, such as educational grants and loans, transportation to and from job or training, etc.
- Anyone is self-employed.
- Anyone has job, training or school costs, such as dependent care, transportation, tuition, books, etc.
- Anyone has expenses that are paid for in total or in part by someone else, such as housing, utilities, medical, dependent care, etc.
- Any change in the order for court ordered child support paid by a household member for a child not living in the home.
- Anyone gets, sells gives away or transfers real property, such as a house, buildings or land; or personal property, such as money, a bank account, a motor vehicle, a boat, a trust fund, etc.
- Anyone's citizenship/immigration status or documentation changes.
- Anyone reaches 60 years of age.
- Any member of your household is hiding or running from the law for a felony, attempted felony, or a parole or probation violation.

##### YOU MAY REPORT IF:

- Any household member, who is disabled or age 60 or over, has changes in medical expenses or any new medical expenses.
- Any household member begins to pay court ordered child support for a child not living in the home.

### NONMONTHLY REPORTING

#### How You Must Report

You must report all changes within 10 days:

- by mail, telephone or in person at the County Food Stamp office OR
- on a DFA 377.5, Food Stamp Household Change Report OR
- on a Monthly Eligibility Report if you get AFDC.

#### Nonmonthly Reporting Requirements

##### YOU MUST REPORT IF:

- Your total monthly income starts, stops, or changes by more than \$25.
- Anyone's source of income changes.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, other relatives or non-relatives.
- Anyone moves to another address, plans to move, or gets a new mailing address.
- The total of your household's stocks, bonds, or other money is more than \$2000 (or \$3000 if you have a household member who is age 60 or over).
- If there is a change in the order of any court ordered child support paid by a member of the household for a child not living in the home.
- Any member of your household is hiding or running from the law for a felony, attempted felony, or a parole or probation violation.

##### YOU MAY REPORT IF:

- A household member is age 60 or older.
- Any household member, who is disabled or age 60 or over, has changes in medical expenses or any new medical expenses.
- Anyone in the household starts or stops a physical or mental illness.
- You have changes in your dependent care costs.
- Anyone's citizenship/immigration status or documentation changes.
- Any household member begins to pay court ordered child support for a child not living in the home.

#### Budgeting Rules--Monthly Reporting

The amount of food stamps you can get depends on your income and allowable expenses. What you report on the Monthly Eligibility Report will be used to figure the amount of food stamps you can get two months later. For example, your income and allowable expenses from January are used to figure the food stamp benefits you would get in March. This method is called retrospective budgeting.

## WORK AND TRAINING RULES

You may need to take part in work or training activities. Your worker will look at your facts to see if the rules apply to you. Your worker will tell you what you need to do before and after your application is approved.

If you don't follow the work and training rules, and don't have a good reason, we may deny your application, change the amount of benefits you get, or disqualify you or a member of your household from getting food stamps for at least one month and as much as six months.

## VOLUNTARY QUIT

If you or a member of your household quit a job without a good reason, you or that person maybe disqualified for at least one month and as much as six months.

## STANDARD UTILITY ALLOWANCE (SUA)

If you are billed for heating and/or cooling costs that are not included in your rent or mortgage payment, you may be eligible for the Standard Utility Allowance (SUA). The SUA is one deduction for all of your eligible utility costs. If your utility bills are more than the SUA, you may switch between actual and the SUA at recertification. If you have other utility costs but your heating or cooling costs are included in your rent, your benefits will be figured on your actual utility costs. Ask the County to check your facts to see if you are eligible for the SUA.

## PENALTY WARNING

If you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted with penalties of a fine and/or imprisonment. You may be found to have committed a felony if more than \$400 is wrongly paid out in food stamp benefits because you didn't report all of your facts or changes in income, property or family status.

If your household receives food stamps, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamps.
- Don't trade or sell Food Stamp Authorization Documents (ADs) or issuance cards.

## PENALTY WARNING CONTINUED:

- Don't alter ADs or issuance cards to get food stamps you are not entitled to get.
- Don't use food stamps to buy ineligible items such as alcoholic drinks or tobacco, paper or cleaning products.
- Don't use someone else's food stamps, ADs or issuance cards for your household.

## DISQUALIFICATION PENALTIES

Failing to follow the rules listed can result in a finding of a Food Stamp Intentional Program Violation (IPV). The penalties for an IPV can be **fines up to \$250,000 or jail/prison for up to 20 years and/or disqualification from the Food Stamp Program**. Disqualification means not being able to get food stamps for a period of time. If you are disqualified, the penalties are:

- 12 months for the first violation
- 24 months for the second violation, and
- forever for the third violation.

These penalties start after a state hearing or court of law finds that an individual committed an IPV.

In addition there are separate penalties for other things you should not do. They are:

- If you are found guilty in any court of law of trading food coupons for controlled substances, food stamps can be stopped for 24 months for the first violation and forever for the second violation.
- If you are found guilty in any court of law of trading food stamps coupons for firearms, ammunition or explosives, food stamps can be stopped forever for the first violation.
- If you sell or trade food stamps worth \$500 or more food stamps can be stopped forever.
- If you file more than one application at the same time and give false identification or residence information, food stamps can be stopped for ten years.

Also, anyone who is accused of committing an IPV may agree to be disqualified by signing either a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Anyone who signs one of these documents accepts responsibility to repay any overissuance.

## CERTIFICATION

I certify that I have received a copy of the "Important Facts for Food Stamp Applicants" (DFA 285-A3). I understand my rights and responsibilities. I agree to comply with my responsibilities. I also understand the penalties for giving wrong or incomplete facts and failing to report facts or situations which may affect my eligibility for food stamp benefits.

SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE):

DATE:

WITNESS, IF YOU SIGNED WITH AN "X"

DATE:

I certify that I have informed the applicant/recipient of the above responsibilities and of the possibilities of criminal penalties for intentionally making false statements or failing to report information which affects food stamp eligibility.

SIGNATURE OF INTERVIEWING WORKER

DATE APPLICATION REVIEWED WITH CLIENT OR AUTHORIZED REPRESENTATIVE:



# NOTICE OF ADMINISTRATIVE DISQUALIFICATION

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Worker Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**State Hearing:** You cannot appeal the disqualification action in a state hearing. If you think the new amount of food stamps for the other members of your household is wrong, you can ask for a hearing. The back of this page tells how. Most often the new amount will not change unless the hearing decision changes it.

### DISQUALIFICATION ACTION

The following action disqualified you from the Food Stamp Program:

- A state hearing decision found you committed an intentional program violation.
- A court decision found you committed an intentional program violation.
- You signed a Disqualification Consent Agreement on \_\_\_\_\_.
- You signed an Administrative Disqualification Hearing Waiver on \_\_\_\_\_.
- You were disqualified from the Food Stamp Program in \_\_\_\_\_ (LOCATION).

A copy of the above action was sent or given to you. If a state hearing decision found you committed an intentional program violation, the state or federal government may still prosecute you in court.

### DISQUALIFICATION PENALTY

The disqualification penalties are 12 months for the first violation, 24 months for the second violation, and permanent disqualification for the third violation. There are separate penalties if you break these rules:

- If you are found guilty in any court of law of having traded food stamp coupons for firearms, ammunition, or explosives, you can be disqualified forever for the first violation.
- If you are found guilty of having traded food stamp coupons for controlled substances, you can be disqualified for 24 months for the first violation and forever for the second violation.
- If you are found guilty of having traded or sold food stamp coupons worth \$500 or more, you can be disqualified forever.
- If you are found to have filed more than one application at the same time and have given false identification or residence information, you can be disqualified for ten years.

This is your \_\_\_\_\_ violation, which means:

- You cannot get food stamps for \_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_.
- You have been permanently disqualified from the Food Stamps Program, as of \_\_\_\_\_.

**Rules:** These rules apply. You may review them at your welfare office: 20-300.221(c), 20-300.3, 22-003.11, 63-804.1, 63-805.1.

### NOTICE TO THE OTHER MEMBERS OF YOUR HOUSEHOLD

- Because \_\_\_\_\_ was disqualified from the Food Stamp Program:
  - Your food stamps will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ as of \_\_\_\_\_.
  - But since you reported a change, your food stamps will be different. The enclosed Notice of Change shows the amount you will get.
  - Your food stamps will stop as of \_\_\_\_\_. As a result of this disqualification, your income is too high. You may reapply when the disqualification period ends or if circumstances change.
- Your certification period has ended. You may reapply at any time. Food stamps may be different because \_\_\_\_\_ was disqualified.

### COMMENTS:

## YOUR HEARING RIGHTS

### To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid     Food Stamps

### To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

### Other Information

**Child and/or Medical Support:** The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They 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 Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

## HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

- Cash Aid     Food Stamps     Medi-Cal     Child Care  
 Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

I need a free interpreter.  
My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ADDENDUM TO FOOD STAMP APPLICATION

**Due to changes in Food Stamp laws effective September 22, 1996, you need to give us additional information not asked on the current application forms. Please answer the following questions and then read and sign this form when your worker has explained it to you.**

1. If you are homeless, are you temporarily staying in someone's home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when did you begin staying at this home? Date: _____	County Use Column
2. Is any member of the household hiding or running from the law for a felony, attempted felony, or a parole or probation violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give the name of the person _____	
3. If any member of the household is <b>not a citizen of the United States</b> , please complete the following questions: a) How many years total have you or your spouse or your parents (before you were 18 years old) lived in the United States? _____ b) In how many of the total years reported, in answer 3a above, did you or your spouse or your parents (before you were 18 years old) earn money by working in the United States? _____ c) How many total years did you or your spouse or your parents (before you were 18 years old) work in the United States while <b>not living</b> in the United States? _____	

### Food Stamp Fraud Penalties

There are new food stamp fraud penalties.

I understand that if I am convicted of an Intentional Program Violation, for having given wrong facts or incomplete facts, I can be disqualified for **one year** for the **first violation** and **two years** for the **second violation** and **forever** for the **third violation**. If I am found guilty in any court of law of having traded food stamps for a controlled substance, I will be disqualified for **two years** for the **first violation** and **forever** for the **second violation**.

If I trade or sell food stamps worth \$500 or more, I can be disqualified **forever**.

If I am found to have filed more than one application at the same time and have given false identification or residence information, my food stamps can be stopped for **10 years**.

### Work Requirement Penalties

There are new Work Requirement Penalties effective **September 22, 1996**. If you do not meet all the food stamp work rules, you can be disqualified for a period of time and you can be disqualified even if you aren't the head of the household or you do not have the most income.

I understand that I can be disqualified for:

- **One month or until I do what I should do, whichever is later**, for the **first** time I fail to meet food stamp work rules.
- **Three months or until I do what I should do, whichever is later**, for the **second** time I fail to meet food stamp work rules.
- **Six months or until I do what I should do, whichever is later**, for the **third** time I fail to meet food stamp work rules.

## APPLICANT/RECIPIENT CERTIFICATION

I have completed the questions above and read all the information. I understand the new food stamp rules and penalties apply to my application or reapplication for food stamps. I understand the new rules and agree to comply with them. I **declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this form is true, correct and complete.**

SIGNATURE ADULT HOUSEHOLD MEMBER (AUTHORIZED REPRESENTATIVE)	DATE
WITNESS IF YOU SIGN WITH AN X	DATE
ELIGIBILITY WORKER SIGNATURE	DATE