



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

September 30, 2016

ALL COUNTY LETTER (ACL) NO. 16-76

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL CalFresh COORDINATORS
ALL CONSORTIUM PROJECT MANAGERS
ALL WELFARE-TO-WORK COORDINATORS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
KIDS (CalWORKs): REVISED CW 2184, CW 2189, CW 2190A AND
CW 2190B FORMS

REFERENCES: MANUAL OF POLICIES AND PROCEDURES (MPP) SECTIONS
[40-107\(C\)](#), [40-107\(D\)](#), [42-302.1](#), [42-302.2](#), [42-302.111](#), [42-302.112](#),
[42-302.113](#), [42-302.114](#), [42-711.56](#), [42-711.57](#), [42-711.58](#), [42-715](#)
[ACL NO. 13-81](#), [ACL NO. 14-12](#), [ACL NO. 14-17](#), [ACL NO. 14-61](#),
[ACL NO. 14-64](#), [ACL NO. 14-81](#), [ACL NO. 15-01](#), [ACL NO. 15-02](#),
[ACL NO. 15-03](#)

This ACL transmits four revised CalWORKs forms: the CW 2184, CW 2189, CW 2190A and CW 2190B. The CDSS revised these CW forms based on input and feedback from County Welfare Departments (CWDs) and welfare advocates. Issuance of this ACL will also serve to remind CWDs of the importance of understanding CalWORKs 48-Month Time Limit extensions.

With respect to CalWORKs 48-Month Time Limit extensions, CWDs are reminded to screen clients nearing the end of their CalWORKs 48-Month Time Limit to determine eligibility for a time limit extension. Criterion used to determine eligibility for an extender under MPP Section 42-302.1, et seq. include: client's age, whether or not they are a possible caregiver, potential disabilities, whether domestic violence is present, client's past participation, determination if the client is incapable of participation or employment due to a documented impairment as listed in MPP Sections 42-711.56-.58, whether given documentation of the impairment, the impairment is too severe for employment or

REASON FOR THIS TRANSMITTAL

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

WTW activities and there is a lack of reasonable accommodation as discussed in MPP Section 42-302.114(b)(2)(A)-(C).

The CW 2184, CW 2189, CW 2190A and CW 2190B

CW 2184 – The “CalWORKs 48-Month Time Limit” notice informs clients about the CalWORKs 48-Month Time Limit. In addition to general information about the CalWORKs 48-Month Time Limit, the CW 2184 informs clients about time limit exceptions, exemptions and waivers per MPP Sections 42-301 through 42-302.2.

The changes to the CW 2184 include:

- removal of the previous young child exemption and lack of supportive services exemption that expired in 2012
- addition of the one-time young child exemption
- revision of the disability impairment extender definition

CW 2189 – The “Notice of Your CalWORKs Time Limit-42nd Month on Aid” informs the client that he or she is 6 months from the end of the CalWORKs 48-Month Time Limit as required by MPP Sections 40-107(C) and 40-107(D). This is intended to facilitate a dialogue between the CWD and client in anticipation of the client transitioning off of aid, modifying his or her plan if the assessment indicates it is necessary or to obtain an extension, if eligible. Language was added to the second bullet clarifying that an exemption stops the client’s CalWORKs 48-Month time clock.

CW 2190A – Checkbox number five was added to the CW 2190A “CalWORKs 48-Month Time Limit Extender Request Form.” This addition was made to distinguish when an extension for being unable to maintain employment or participate in WTW is requested under MPP Section 42-302.114.

Hearing rights information was added to this form and one sentence was removed from the bulleted section that was considered redundant.

CW 2190B – This form originally informed clients that they had been denied a CalWORKs 48-Month Time Limit extension. The CW 2190B has been modified to include whether or not a client has been approved, and a space to describe the reason for the approval.

CAMERA READY COPIES AND TRANSLATIONS:

For a camera-ready copy in English, contact the CDSS Forms Management Unit at fmudss@dss.ca.gov. You may obtain these forms from the CDSS webpage at: <http://www.dss.cahwnet.gov/cdssweb/PG167.htm>.

When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at:
http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact the CDSS Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365 - Notice of Language Services and a local contact number. <http://www.cdss.ca.gov/cdssweb/entres/forms/Multi/GEN1365MUL.pdf>.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

In the event that CDSS does not provide translations of a form, it is the CWD's responsibility to provide interpreter services if an applicant or recipient requests them. More information regarding translations can be found in MPP Section 21-115.

The ACL and other CDSS Letters and Notices are available on the internet at:
<http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

If you have any questions regarding this letter, please contact the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachments

CALWORKS 48-MONTH TIME LIMIT



CalWORKs 48-MONTH TIME LIMIT ON AID

Beginning July 1, 2011, an aided adult (parent, stepparent, and/or caretaker relative) can only get 48 months (4 years) of cash aid from the California Work Opportunity and Responsibility to Kids (CalWORKs) program. This includes cash aid you got from California and other states' Federal Temporary Assistance for Needy Families (TANF) Programs.

The 48-month time limit does NOT apply to:

- Children
- Child Care
- Medi-Cal Benefits
- CalFresh Benefits
- Aid that you got from California or other states under the Aid to Families with Dependent Children (AFDC) Program before January 1, 1998.

FACTS YOU SHOULD KNOW ABOUT THE CalWORKs 48-MONTH TIME LIMIT

Time Limit Exemptions - "Clock Stoppers"

A month on cash aid does **not** count toward your CalWORKs 48-month time limit if at any time during that month **you are**:

- Disabled (*You must have medical proof of a disability that is expected to last at least 30 days.*)
- 60 years or older.
- Caring for an ill or incapacitated person living in your home, which impairs you from working or participating in welfare-to-work activities.
- Caring for a dependent child of the court or a child at risk of placement in foster care, which impairs you from working or participating in welfare-to-work activities.
- A victim of domestic abuse and the county waives the 48-month time limit.
- Living in Indian Country, as defined by federal law, or an Alaskan native village, in which at least 50 percent of the adults are unemployed.
- Granted an exemption from participation and the cash aid time limit based on caring for a child who is 0-23 months of age. (*This exemption is only available once.*)

More "Clock Stoppers" to the CalWORKs 48-Month Time Limit

A month does **not** count if:

- You did not get CalWORKs cash aid for yourself because your grant was less than \$10, you were sanctioned, or you were not eligible for any other reason.
- Your cash grant is fully repaid by child support collection.
- You are off cash aid, employed and only getting supportive services such as child care, transportation, or case management.

For more information regarding time limits, see back page.

CALWORKS 48-MONTH TIME LIMIT

Time Limit Exceptions - “Time Extenders”

You may be able to get more cash aid after 48 months if **all** aided parents, stepparents, and/or caretaker relatives in the home are in one of the following situations:

- Caring for an ill or incapacitated person living in your home, which impairs you from working or participating in welfare-to-work activities.
- 60 years or older
- Caring for a dependent child of the court, or a child at risk of placement in foster care, which impairs you from working or participating in welfare-to-work activities.
- Evaluated by the county and are found to be unable to maintain work or take part in welfare-to-work activities. This exception only applies when the adult has a history of cooperating with welfare-to-work rules.
- Not in the assistance unit (AU) for any reason other than reaching the 48-month time limit.
- Disabled and receiving certain types of disability benefits and the disability impairs you from working or participating in welfare-to-work activities. The benefits that qualify for this are: State Disability Insurance, Worker’s Compensation Temporary Disability Insurance, In-Home Supportive Services, or State Supplementary Program benefits.
- If only one adult in the home meets an extender, you won’t be eligible for extended cash aid. Both adults must meet one of these extenders, but each one can meet a different one.

CalWORKs 48-Month Time Limit Waiver for Extending Aid

If you are a victim of domestic abuse and the county determines that your condition or situation impairs your ability to work or to participate in welfare-to-work activities, the county may waive the 48-month time limit, and you can get more than 48 months of aid.

Request for Exemption or Extender

If you think you meet the rules for an exemption or extender, contact your worker. You may also contact your worker to find out how many months of aid you used.

Choosing to Leave Cash Aid

If your family is getting only a small amount of monthly cash aid, you may choose to go off aid so that the months will not count against your CalWORKs 48-month time limit. This **will** save you some months for cash aid in the future. You should contact your worker to find out if going off aid will be helpful to you.

Diversion

There are special time limit rules for diversion. Diversion is a lump sum payment you can get instead of getting monthly cash aid. The month that you get the diversion payment counts as one month toward the CalWORKs 48-month time limit, unless you reapply and get cash aid during the diversion period. In that case, you may choose to have all the months in the diversion period counted toward the 48-month time limit, or to repay the diversion payment by reducing your monthly cash grant.

RULES FOR OTHER STATES

Other states have different time limit rules. If you got TANF aid in another state - or if you plan to move to another state - you must contact that state to find out about its time limit requirements.

**NOTICE OF YOUR CalWORKs TIME LIMIT
-42ND MONTH ON AID**

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

THIS NOTICE GIVES YOU INFORMATION ABOUT YOUR CalWORKs 48-MONTH TIME CLOCK.

As of _____, the County has found that you, _____,
(DATE) (NAME)
have received a total of **42 months** of your lifetime 48-month time limit of CalWORKs cash aid. You may be eligible to receive aid for 6 more months from that date.

CONTACT YOUR WORKER RIGHT AWAY IF YOU:

- Need more information about the number of months that were counted toward your 48-month time clock.
- Are or were exempt from the CalWORKs 48-month time limit and you have not requested the exemption. An exemption stops your time clock by not counting certain months against your lifetime limit on aid.
- Do not agree with the county's time limit count.
- Need more information about the CalWORKs 48-month time limit requirements, or exemptions, or how to ask for a time limit exemption.

THE 48-MONTH TIME LIMIT WILL NOT AFFECT YOUR ELIGIBILITY FOR CALFRESH OR MEDI-CAL.

You will also receive a Notice of Action to tell you when you have used your lifetime 48-months of CalWORKs cash aid.

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS HOW TO ASK FOR A STATE HEARING.

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

CalWORKs 48-MONTH TIME LIMIT EXTENDER REQUEST FORM

PLEASE PRINT

YOUR NAME		COUNTY USE ONLY	
ADDRESS	STREET	COUNTY	
CITY	ZIP	CASE NAME	
PHONE ()		CASE NO.	OTHER ID NO.
QUESTIONS? ASK YOUR WORKER.		WORKER NAME	

Beginning July 1, 2011, most adults cannot get aid for more than a total of 48 months (4 years) from the CalWORKs program. (This includes aid you got from other states' Federal Temporary Assistance for Needy Families (Tribal TANF) Programs on and after January 1998.) However, aid can be paid beyond the CalWORKs 48-month time limit, if **you** and **all** parents, aided stepparents, and/or caretaker relatives in the home meet one of the conditions listed below.

If you answer "Yes" to any of these questions, you may be eligible for an extender. Please answer all the questions. If you need help with this form contact the county, but the county cannot complete this form for you. **Please be sure to sign and date the back of this form.** You may need to send more information to help the county decide if you can be extended on aid.

YES NO CalWORKs 48-MONTH TIME LIMIT EXTENDERS

1. Are you staying at home to take care of someone in the household who cannot take care of her/himself, which impairs you from working or participating in welfare-to-work activities?
2. Are you the nonparent caretaker relative of a child who is a dependent or ward of the court in foster care, or at risk of being placed in foster care?
3. Are you getting benefits from State Disability Insurance (SDI), Worker's Compensation Temporary Disability Insurance (TDI), In-Home Supportive Services (IHSS), or the State Supplemental Program (SSP) and are you unable to work or to participate in a welfare-to-work activity on a regular basis?
4. Although you are not getting disability benefits, is a physical or mental problem keeping you from working or participating in welfare-to-work activities for 20 or more hours per week?
5. Are you able to work or take part in welfare-to-work activities for 20 or more hours per week even though you have a physical or mental problem, because you get help with the problem? For example, you receive counseling, treatment, or special tutoring to enable you to cope with the problem. Otherwise the problem would keep you from working or participating in welfare-to-work activities.

(The county will review your past and current records to determine if you qualify for this extender. Aid may be extended if you worked or participated in welfare-to-work in the past.)

CalWORKs 48-MONTH TIME LIMIT EXTENDER FOR ADVANCED AGE - If you are 60 years of age or older, you may contact your worker to ask for an extender for advanced age. You do not have to complete this form to ask for the extender.

OTHER AIDED ADULTS IN THE HOME - All other parents, aided stepparents, and/or caretaker relatives in your home must also qualify for an extender in order for you to be extended on aid. She/he must complete a separate request form. You can be extended on aid if the other adult(s) is not in your assistance unit and she/he has not received aid for 48 months.

PLEASE READ AND SIGN THE BACK OF THIS FORM.

CalWORKs 48-MONTH TIME LIMIT EXTENDER REQUEST FORM

CalWORKs 48-MONTH TIME LIMIT WAIVER - If you are a victim of domestic abuse and the county determines that your condition or situation prevents or impairs your ability to be regularly employed or take part in welfare-to-work activities, the county may waive the 48-month time limit, so you can be extended on aid. You do not have to complete this form to get a domestic abuse waiver or extender to the time limits. You may contact your worker to request a domestic abuse waiver.

- You will be informed whether or not you will be extended on aid and the reason why.
- You may be asked to give the county proof of your reason for requesting the extender.
- If you do not agree with the county, you may ask for a State hearing.
- Your condition may be evaluated again to determine if you can continue to be extended on aid.

YOUR SIGNATURE

DATE

CalWORKs 48-MONTH TIME LIMIT EXTENDER DETERMINATION FORM

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

Date _____

On _____, a 48-month time limit extender was requested for _____.

(DATE)

(NAME)

Based on the facts in your case, the county made the following decision.

- 1. The 48-month time limit extender is **APPROVED**. The county has found that you meet the rules to qualify for a time limit extender at this time. If you are currently getting cash aid, you will not be discontinued due to time limits. If you are not currently getting cash aid, you will receive a separate notice regarding your eligibility and any changes to your grant amount.

Starting on _____, your CalWORKs 48-month time limit will be extended and you will continue to get cash aid. Your extender will end on _____.

Notify the county if the condition extending your CalWORKs 48-month time limit changes.

Reason for Approval: _____

- 2. The 48-month time limit extender is **DENIED**. You do not meet the rules to qualify for a time limit extender at this time and will not be aided. If your condition changes, call your worker to ask for a time limit extender.

Reason for Denial: _____

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.

Rules: These rules apply; you may review them at your welfare office: MPP Sections 42-302.1, 42-302.11, 42-302.12, 42-302.2, 42-302.3 - .34 and Senate Bill 72 (Chapter 8, Statutes of 2011).

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BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

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NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE