

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814

**REASON FOR THIS TRANSMITTAL**

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

July 24, 2001

ALL COUNTY LETTER NO. 01-50

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CalWORKS WELFARE TO  
WORK (WTW) COORDINATORS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS  
(CalWORKs) RETROACTIVE PAYMENT FOR TRANSPORTATION

REFERENCES: ACL No. 00-54, ACL No. 97-72, ACL No. 00-12, ACIN I-70-99

It has come to our attention that some counties are not reimbursing working CalWORKs participants for the transportation expenses to which they may be eligible. This letter provides clarification of policy for transportation reimbursement for CalWORKs recipients, and transmits instructions to counties on how to correct any inappropriate denials for reimbursement for transportation services.

Welfare and Institutions Code (WIC) Sections 11323.2 (a), 11323.2 (d)(2), 11323.4 (a), and Manual of Policies and Procedures (MPP) Sections 42-711.552 and 42-750.11 require that necessary supportive services be available to recipients who participate in assigned Welfare To Work (WTW) activities or employment. MPP Section 42-716.11 specifically lists employment as a WTW activity. Counties who have not paid transportation costs for CalWORKs recipients must reimburse recipients for transportation services in the amount for which they would have otherwise been eligible.

**INFORMING NOTICE**

The enclosed notice will be mailed on or about August 30, 2001 to all recipients receiving cash assistance and will be distributed by CDSS via the mass mailing process. The notice will provide instructions to participants on how to contact their WTW worker, and will remind them to complete the Transportation Review Request Form on the other side of the notice if they feel they did not receive reimbursement for transportation costs and are eligible for retroactive payments. The Transportation Review Request Form also will be posted on the Internet for printing. Counties must also prominently display the notice in County Welfare Department waiting areas and/or employment service centers, and other areas where recipients will come in contact with them.

Page Two

Recipients are eligible for reimbursement under the provisions of this requirement retroactive to January 1, 1998. Counties are not required to complete a case-by-case search to identify potential claimants other than for individuals who contact them as a result of this process. Counties, however, should have claim forms available for individuals who request them. Reimbursement is not required if a county can demonstrate that reimbursement for transportation expenses was offered and the recipient did not request the payment.

Counties are reminded that State statutes and regulations require the provision of transportation services that are determined necessary for a participant to obtain or retain employment, or to participate in other WTW activities. Counties are also reminded that transportation payments cannot be offset with a participant's income, income disregard, or cash assistance payment. Please refer to All County Letter No. 00-54 for information regarding transportation as a necessary supportive service.

### **RETROACTIVE PAYMENT FOR TRANSPORTATION NOTICE OF ACTION (NOA)**

The Retroactive Payment For Transportation Expenses NOAs –TEMP NA 1228 and TEMP NA 1229 are enclosed for county use. The NOAs inform recipients of approval or denial of their claim as a result of the case review by County Welfare Department staff. The county must determine if the individual is, or is not, eligible for retroactive reimbursement after reviewing and evaluating the information on the Transportation Review Request Form.

### **REVIEW AND NOTIFICATION**

- From the date the Transportation Review Request Form is received, the county has 90 days to review the claim and advise the claimant of any missing information or verification needed to process the claim.
- The claimant will have 30 days from receipt of the notice to provide the missing information or verification. On the date all information and verification is received by the county, the county has up to 30 days to process the claim, mail notification of its decision to the claimant, and make payment if the client is eligible.
- When a county receives a claim for reimbursement of transportation expenses that a claimant incurred while he/she was eligible in another county, the county receiving the claim must promptly forward it to the appropriate county.
- Counties must verify claims and calculate the amount of reimbursement on the basis of the claimant's declaration or use the public transportation rate or some other method (e.g., Map Quest on the Internet) to determine a reimbursement amount.
- When the county approves reimbursement for transportation expenses retroactively, the county shall submit revised aggregate data on the transportation services provided as shown on line item 33, Part C of the CalWORKs Welfare To Work Monthly Activity

Page Three

Reports (WTW 25 and WTW 25A). Please submit data to the State Department of Social Services, Data Systems and Survey Design Bureau (DSSDB), 714 P St, Sacramento, CA 95814. You may also call DSSDB at (916) 651-8269 if you have questions regarding data.

## **TRANSLATIONS**

For camera-ready copies of English and Spanish notices, call the Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain the notices from the CDSS web page at <http://www.dss.cahwnet.gov>. If you do not have Internet access, you may obtain copies by contacting the FMU.

If your county is on the Language Translation Services (LTS) mailing list, your Forms Coordinator now receives all translations as soon as they become available. Translated notices in Russian, Chinese, Vietnamese and Spanish will be sent to your county as soon as translations have been completed by the CDSS. Call LTS at (916) 654-1282 if your county does not receive the Russian, Chinese, Vietnamese and Spanish translations. If there are clients residing in your county who speak a language other than English, and who comprise five percent or more of the county population, then the county must ensure (if a written language exists for this population) notices are provided to those clients. Counties are reminded to follow the provisions of Division 21 for providing effective bilingual services.

If you have questions regarding this policy clarification, please direct them to Michael Lipkin in the Work Support Services Program at (916) 653-5216.

Sincerely,  
Original Document Signed By  
Bruce Wagstaff on 7/27/00  
**BRUCE WAGSTAFF**  
Deputy Director  
Welfare to Work Division

Enclosures

# IMPORTANT NOTICE FOR CalWORKs RECIPIENTS

Were you in a job while you were required to participate in the CalWORKs Welfare-to-Work Program or while you were an exempt volunteer? A job includes work such as work study and OJT.

Did the county refuse to pay the transportation costs necessary for you to get to and from your job?

If you answered yes to either of the questions above, you may be able to get money for the transportation costs you were not paid for.

To have the County Welfare Department review your case, you must fill out a Transportation Review Request Form. The form is printed on the other side of this Notice. Complete the form and return it to the worker or welfare to work office that gave you your work assignment no later than November 30, 2001.

# AVISO IMPORTANTE PARA LOS BENEFICIARIOS DE CalWORKs

¿Estuvo usted en un empleo mientras se le requería que participara en el Programa para la Transición de la Asistencia Pública al Trabajo (*Welfare to Work - WtW*) del Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños (CalWORKs) o mientras era un voluntario exento? Un empleo incluye al trabajo tal como empleo para estudiantes (*work study*) y entrenamiento en el empleo (OJT).

¿El Condado se rehusó a pagar los gastos de transporte necesarios para que usted fuera y viniera a su trabajo?

Si su respuesta es “Sí” a cualquiera de las preguntas anteriores, es posible que usted pueda recibir dinero por los gastos de transporte que no le pagaron.

Para que el departamento de bienestar público del Condado revise su caso, tiene que completar un “Formulario de petición para una revisión del transporte para recibir un pago retroactivo de CalWORKs”. El formulario está impreso al reverso de este aviso. Complete el formulario y devuélvalo a su trabajador o a la oficina de bienestar público que le dió la asignación de trabajo a más tardar el 30 de noviembre de 2001.

**នេះគឺជាសេចក្តីប្រកាសដ៏សំខាន់មួយ ។ បើសិនជាលោកអ្នកត្រូវការជំនួយដើម្បីអានសេចក្តីប្រកាសនេះ សូមទាក់ទងទៅអ្នកកាន់សំណុំរឿងរបស់លោកអ្នក ។**

**這是一份重要通知。如果你需要協助閱讀並了解這份通知，請跟你的工作人員聯絡。**

**ЭТО ВАЖНОЕ ИЗВЕЩЕНИЕ. ЕСЛИ ВАМ НУЖНА ПОМОЩЬ ПРОЧИТАТЬ ИЛИ ПОНЯТЬ ЭТО ИЗВЕЩЕНИЕ, ПОЖАЛУЙСТА, ОБРАТИТЕСЬ К ВАШЕМУ РАБОТНИКУ.**

**ĐÂY LÀ MỘT THÔNG BÁO QUAN TRỌNG. NẾU QUÝ VỊ CẦN SỰ GIÚP ĐỠ TRONG VIỆC ĐỌC VÀ HIỂU THÔNG BÁO NÀY, XIN LIÊN LẠC VỚI NHÂN VIÊN PHỤ TRÁCH HỒ SƠ CỦA QUÝ VỊ.**

## CaIWORKs RETROACTIVE PAYMENT FOR TRANSPORTATION REVIEW REQUEST FORM

**INSTRUCTIONS:** *If you believe that any of the situations listed on this form apply to you, please fill out and sign this form and return it to the worker that gave you your work assignment no later than November 30, 2001. If this form is not submitted to the County Welfare Department by November 30, 2001, any claim for benefits will be denied. Please print or type answers to the following:*

NAME		DATE OF BIRTH
ADDRESS		
SOCIAL SECURITY NUMBER	CASE NUMBER	TELEPHONE NUMBER

	<b>YES</b>	<b>NO</b>
1. At any time on or after January 1, 1998, did the county tell you that you could not get money for your transportation costs? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you have any other problem with the county about your transportation costs? If so, what was it? .....	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about each of your jobs that the county did not pay transportation costs for.

NAME OF PLACE YOU WORKED:		ADDRESS OF PLACE YOU WORKED:		HOW YOU GOT TO WORK:	
				<input type="checkbox"/> CAR <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> OTHER _____	
WORKED FROM:	WORKED TO:	USUAL HOURS WORKED:	COUNTY YOU LIVED IN WHILE WORKING THERE:		
/ /	/ /				

**AN EXTRA PAGE IS ATTACHED WITH MORE PLACES WORKED**

SIGNATURE OF PERSON MAKING CLAIM:	DATE SIGNED
-----------------------------------	-------------

## FORMULARIO DE PETICION PARA UNA REVISION DEL TRANSPORTE PARA RECIBIR UN PAGO RETROACTIVO DE CaIWORKs

**INSTRUCCIONES:** *Si piensa que alguna de las situaciones anotadas en este formulario aplica a usted, por favor complete y firme este formulario y devuélvalo al trabajador que le dió su asignación de trabajo a más tardar el 30 de noviembre de 2001. Si no se presenta este formulario al departamento de bienestar público del Condado a más tardar el 30 de noviembre de 2001, se negará cualquier petición para beneficios. Por favor complete la siguiente información. Llene a máquina o use letra de molde.*

NOMBRE		FECHA DE NACIMIENTO
DIRECCION		
NUMERO DE SEGURO SOCIAL	NUMERO DEL CASO	NUMERO DE TELEFONO

	<b>SI</b>	<b>NO</b>
1. ¿El 1° de enero de 1998, o en cualquier momento después de esa fecha, el Condado le dijo que no podía recibir dinero para sus gastos de transporte? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Tuvo algún otro problema con el Condado en relación a sus gastos de transporte? Si la respuesta es "SI", ¿qué fue? .....	<input type="checkbox"/>	<input type="checkbox"/>

Por favor conteste las siguientes preguntas en relación a cada uno de los trabajos para los cuáles el Condado no le pagó los gastos de transporte.

NOMBRE DEL LUGAR DONDE TRABAJE:		DIRECCION DEL LUGAR DONDE TRABAJE:		¿MEDIO QUE UTILICE PARA IR AL TRABAJO?	
				<input type="checkbox"/> AUTOMOVIL <input type="checkbox"/> TRANSPORTE PUBLICO <input type="checkbox"/> OTRO _____	
TRABAJE DESDE:	TRABAJE HASTA:	HORAS NORMALES DE TRABAJO	CONDADO EN EL QUE VIVIA MIENTRAS ESTABA TRABAJANDO EN ESTE LUGAR:		
/ /	/ /				

**SE ADJUNTA UNA HOJA EXTRA CON MAS LUGARES DONDE TRABAJE**

FIRMA DE LA PERSONA QUE PRESENTA EL RECLAMO:	FECHA EN QUE SE FIRMO:
--	------------------------

# 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.

For the period \_\_\_\_\_ until \_\_\_\_\_, your Retroactive Welfare To Work transportation payment you asked for is **approved**.

The amount the County owes you is \_\_\_\_\_.

The County figured your payment as shown on the right hand side of this notice (and page 2, if needed) and a check

is enclosed     will be sent soon

Your transportation payment limit is figured on this notice. Mileage can be paid only if there is no public transportation available, or if it 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. You cannot count time to go to and from your child's school or child care. 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.

## PAYMENT CALCULATION

Month \_\_\_\_\_ Year \_\_\_\_\_

### Public transportation

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

### Your car's mileage

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

### Parking

=\$ \_\_\_\_\_ month  
school term  
other

Other: \_\_\_\_\_ -

\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP sections 42-750.11 and 42-711.552.

**PAYMENT CALCULATION**

**PAYMENT CALCULATION**

**PAYMENT CALCULATION**

Month \_\_\_\_\_ Year \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

**Public transportation**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Public transportation**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Public transportation**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Your car's mileage**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Your car's mileage**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Your car's mileage**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Parking**

=\$ \_\_\_\_\_ month  
school term  
other

**Parking**

=\$ \_\_\_\_\_ month  
school term  
other

**Parking**

=\$ \_\_\_\_\_ month  
school term  
other

Other: \_\_\_\_\_ -  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

Other: \_\_\_\_\_ -  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

Other: \_\_\_\_\_ -  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**PAYMENT CALCULATION**

**PAYMENT CALCULATION**

**PAYMENT CALCULATION**

Month \_\_\_\_\_ Year \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

**Public transportation**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Public transportation**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Public transportation**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Your car's mileage**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Your car's mileage**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Your car's mileage**

\_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

**Parking**

=\$ \_\_\_\_\_ month  
school term  
other

**Parking**

=\$ \_\_\_\_\_ month  
school term  
other

**Parking**

=\$ \_\_\_\_\_ month  
school term  
other

Other: \_\_\_\_\_ -  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

Other: \_\_\_\_\_ -  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

Other: \_\_\_\_\_ -  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

# 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.

For the period \_\_\_\_\_ until \_\_\_\_\_,  
your Retroactive Welfare To Work transportation payment you asked for  
is **Denied**. Here's why:

- You were not in an approved Welfare to Work activity.
- The transportation you asked for was not needed to attend your approved Welfare To Work activity.
- You did not complete and give the County the forms you were asked to give them in order to get your transportation costs paid.
- You have already been paid as much as the county can pay.
- You did not file the Review Request Form by November 30, 2001.
- Other:

**Rules:** These rules apply. You may review them at your welfare office: MPP sections 42-750.11 and 42-711.552.



## 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