

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

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



June 25, 2008

ALL COUNTY LETTER NO. 08-29

DEASON FOR THIS TRANSMITTAL

TO: ALL COUNTY WELFARE DIRECTORS

ALL FOOD STAMP PROGRAM COORDINATORS

ALL QUALITY CONTROL PROGRAM COORDINATORS

SUBJECT: STATEWIDE POLICY REGARDING THE RECERTIFICATION

PROCESS REQUIREMENTS IN THE FOOD STAMP PROGRAM

REFERENCE: MANUAL OF POLICIES AND PROCEDURES SECTIONS 23-400,

63-300.463 AND 63-1200; FOOD AND NUTRITION SERVICE,

ADMINISTRATIVE NOTICES 08- 08 AND 08-12; ALL COUNTY LETTER 08-20; FOOD STAMP NOTICE OF EXPIRATION OF CERTIFICATION, QR 377.2 AND FOOD STAMP RECERTIFICATION APPOINTMENT

LETTER, FS 29

The purpose of this letter is to provide clarification on the recertification process regarding changes to the required notices and/or forms that County Welfare Departments (CWDs) must provide to food stamp households at recertification, and the requirement for counties to schedule recertification interviews for all households. CWDs must begin scheduling recertification appointments for all households no later than January 01, 2009. To facilitate implementation, the California Department of Social Services (CDSS) has modified the Food Stamp Notice of Expiration of Certification (NEC), QR 377.2 (see attached), and has developed an FS 29 Appointment Letter (see attached), to be utilized when informing households of their impending expiration of certification period and to provide households with an appointment date and time.

## **Prior NEC Process**

The old NEC notice provided the date the certification period was ending, a check box which asked the household to call their worker to schedule an appointment for their recertification interview and included a check box and information to allow the CWD to send a scheduled

appointment with the NEC. The check boxes, in effect, gave CWDs the option to schedule a recertification appointment for the household or to ask the household to call for an appointment.

# **New NEC Process**

The Food and Nutrition Service has clarified that CWDs must schedule a recertification appointment for the household. To comply with this direction from FNS, the check box which allows the household to call for a recertification appointment is now removed from the NEC. Any information pertaining to scheduling an appointment has been moved to the Appointment Letter, FS 29. The NEC is now used only to end the certification period and does not contain any information about scheduling appointments. In addition, the QR 377.2 has been reworded for simplification purposes. The revised NEC, QR 377.2, is designated as a "Required Form – Substitute Permitted." With that form designation, any modifications counties make to the QR 377.2 must be approved by the CDSS, Food Stamp Program, in accordance with Manual Policies and Procedures (MPP) Sections 23-400 and 63-1200.

# Food Stamp Recertification Appointment Letter

CWDs must send the household an appointment letter which informs them about the date and time of their recertification interview and whether the interview will be conducted face-to-face or by telephone. The telephone interview is intended for households determined to be exempt from the face-to-face interview, (e.g. hardship situations) and new language is added to the FS 29 as part of simplifying the interview process. A Notice of Missed Interview (NOMI) must be sent to the household only after the first scheduled appointment is missed in accordance with MPP Section 63-300.463 and All County Letter 08-20.

### CAMERA-READY COPIES AND TRANSLATIONS

For camera-ready copies of the English language version of the QR 377.2 notice and new FS 29 form, contact the CDSS Forms Management Unit at (916) 657-1907. If your office has internet access; you may obtain this form from the CDSS web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm.

When all translations are completed per MPP Section 21-115.2, they will be posted on an ongoing basis on our web site. Copies of the translated forms and publications can be obtained at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu\_274.htm.

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For questions on translated materials, please contact Language Services at (916) 651-8876.

If you have any questions regarding this letter, please contact Rosie Avena at (916) 654-1514.

Sincerely,

# Original Document Signed By:

CHARR LEE METSKER Deputy Director Welfare to Work Division

Attachments

# FOOD STAMP RECERTIFICATION APPOINTMENT LETTER

				DATE	
CASE NAME					
MAILING ADDRESS	CITY			STATE	ZIP CODE
You were notified that your food stamp coappointment to keep getting your food sta		s on		an	d that you would get an
☐ You have a face-to-face food stamp re	ecertification interview	appoint	ment on:		
APPOINTMENT DATE:			APPOINTMENT TIME:		
COUNTY OFFICE NAME					
COUNTY OFFICE ADDRESS		CITY		STATE	ZIP CODE
☐ You have been scheduled for a teleph	none interview on		at	:	am/pm.
If you prefer to be interviewed in pers	on, please call your w	orker for	an appointment.		
Worker's Name:		\	Vorker's Phone Nเ	ımber:	
Complete your quarterly report forn complete your recertification for bene	. , ,	day of	the month in whi	ich it is c	due. We will need it to

# **IMPORTANT REMINDERS**

- Failure to complete this interview may result in a delay or may stop your food stamp benefits.
- If you do not keep the scheduled appointment, it is your responsibility to reschedule it.
- To change your appointment, please contact your worker.
- Required verification must be turned in within 10 days of your worker asking for it.

# FOOD STAMP NOTICE OF EXPIRATION OF CERTIFICATION

If you have any questions or want more information about this action, please contact your worker.

Case Name:
Case Number:
District:
Worker:
Phone:
Date of Notice:

1. Your Food Stamp Certification period will end on \_\_\_\_\_\_\_. If you want to keep getting food stamps, you must complete a new application and be determined eligible before the end of your certification period.

2. You will get a separate letter with the appointment date and time. Call your worker right away if you do not get the appointment letter within 10 days of this notice.

3. If you file Quarterly Reports, you must turn in a completed Quarterly Report (QR 7) by no later than the 11th of the month in which it is due to avoid a possible delay in benefits.

If you or your authorized representative are unable to reapply in person, call the county at \_\_\_\_\_\_\_.
We will arrange to have a worker interview you or your authorized representative by telephone.

#### **IMPORTANT RULES**

- If you reapply later than the date listed in #1 above, you may have to wait up to 30 days before final action is taken on your application. In addition, you may get only partial benefits for the first month of your new certification period. You have the right to apply for Expedited Service (ES) if there is a delay in your benefits.
- If you have a good reason for not applying on time, your should tell the county welfare department. If you have a good reason for the delay, you may get back any lost benefits.
- You have the right to get an application from the county welfare department at any time and to have the county department
  accept your application. The application must be signed and contain a readable name, address and signature or a witness to
  the mark.
- You will be given 10 days to turn in any needed verification.
- This action is required by the following Food Stamp Manual Section(s): 63-504.25, 251, and .6.

You have the right to request a state hearing if you disagree with any of these requirements. See the back of this notice for a hearing request.

# 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 <u>before</u> 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 _	of Cour			ity about my:			
	Cash Aid ☐ Food Stamps Other (list)		Medi-Cal				
u.							
нег	re's Why:						
	If you need more space, che	ck h	ere 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	E OF PERSON WHOSE BENEFITS WERE DENIE	D, CHA	NGED OR STOPPED				
BIRTI	H DATE		PHONE NUMBE	ER .			
STRE	EET ADDRESS						
CITY			STATE	ZIP CODE			
SIGN	ATURE		DATE				
NAME	E OF PERSON COMPLETING THIS FORM		PHONE NUMBE	ĒR			
	I want the person named hearing. I give my permis records or go to the hearing friend or relative but cannot	sion g for	for this persone. (This pe	on to see my			
NAME	E		PHONE NUMBE	ER			
STRE	EET ADDRESS						
CITY			STATE	ZIP CODE			
			-				