

## DEPARTMENT OF SOCIAL SERVICES



July 1, 1985

ALL-COUNTY LETTER NO. ERRATA TO ALL COUNTY LETTER NO. 85-61

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: NOTICE OF ACTION (NOA) LANGUAGE FOR REFUGEE DEMONSTRATION  
PROJECT (RDP) SANCTIONS

REFERENCE: ACL 85-61

On May 29, 1985, the Office of Refugee Services mailed to you an advance copy of All-County Letter 85-61 which included a copy of NOA language for RDP sanction purposes. Enclosed is a copy of the revised NOA language for RDP sanctions which will supersede the copy provided with ACL 85-61. On the Notice of Action where it says, "You will get less RDP aid because:", please note that you will need to specify the appropriate reasons for sanctioning, the sanctioning period, and affected individuals in the case. Provided below are examples of appropriate reasons:

- You (or the other named person) failed to register at the Central Intake Unit.
- You (or the other named person) have not cooperated/participated in employment or training.
- Because you are the noncomplying unemployed parent, aid will be stopped to your entire family.
- Because you are the noncomplying caretaker relative, your aid will be stopped, but aid will be continued to the remainder of your family.
- Because this is the first occurrence, you will not get aid for three months.
- Because this is a second (or subsequent) occurrence, you will not get aid for six months.

Vietnamese, Laotian, Chinese and Cambodian language notices are currently being developed and will be forwarded to the counties as soon as possible.

If you have questions, please contact your Office of Refugee Services, County Welfare Operations Consultant at (916) 322-3141 or (415) 337-8588, as appropriate. Questions on Medi-Cal eligibility should be directed to Mr. Richard Yamadera with the State Department of Health Services at (916) 324-0652.



*Fok* RICHARD C. BAIZ, Deputy Director  
Government and Community Relations

Attachments

cc: CWDA  
ORR-SF  
DHS

# Notice of Action

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

Case Name :  
Case Number :  
Worker :  
Phone :  
Date :

Description of the Action, Amount, Reason(s), Comments. Effective \_\_\_\_\_, the following action is being taken:

THE COUNTY HAS CHANGED YOUR FAMILY'S REFUGEE DEMONSTRATION PROJECT (RDP) CASH AID FROM \$ \_\_\_\_\_ TO \$ \_\_\_\_\_ FOR (month) \_\_\_\_\_ THROUGH (month) \_\_\_\_\_.

(AID PAYMENTS COMPUTATION SECTION)

THE COUNTY IS STOPPING YOUR FAMILY'S RDP CASH AID FROM \_\_\_\_\_ (month) \_\_\_\_\_ THROUGH \_\_\_\_\_ (month) \_\_\_\_\_.

YOU WILL GET LESS RDP AID BECAUSE:

YOU/ \_\_\_\_\_ (name) \_\_\_\_\_ FAILED/REFUSED WITHOUT GOOD REASON TO MEET THE EMPLOYMENT/TRAINING RULES AS FOLLOWS: \_\_\_\_\_

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

YOU/ \_\_\_\_\_ (name) \_\_\_\_\_ MAY REAPPLY FOR RDP AT ANY TIME BUT THE DATE YOU CAN GET AID MAY BE NO EARLIER THAN \_\_\_\_\_ (date) \_\_\_\_\_.

YOU WILL GET A SEPARATE NOTICE ABOUT YOUR MEDI-CAL.

YOU WILL CONTINUE TO GET ZERO SHARE-OF-COST MEDI-CAL.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 69-208.712 and 69-208.724

Medi-Cal — California Administrative Code Title 22, Section(s) 50179.5 and 50215(b)

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.