

NOTICE OF FORM CHANGE NO. 04-228

DATE

08-12-2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE CW 2190B (6/04) English and Spanish
CalWORKs 60-Month time Limit Extender Determination Denial Form

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 6/04	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 6/04

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form; 8 1/2 x 11, 2 sided, NA BACK 9.

This form is on the restricted website.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

CalWORKs 60-MONTH TIME LIMIT EXTENDER DETERMINATION DENIAL FORM

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

Questions? Ask your worker.

Date _____

On _____, a 60-month time limit extender was requested for _____, and
(DATE) (NAME)
based on the facts, the county made the following determination.

The 60-month time limit extender is **DENIED**. You do not meet the rules to qualify for a time limit extender and will not be aided.

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 42-302.1, 42-302.11, 42-302.12, 42-302.2, and 42-302.3 - .34.

FORMULARIO DE DETERMINACION DE NEGATIVA A LA EXTENSION DEL LIMITE DE TIEMPO DE 60 MESES DE CalWORKs*

CONDADO	
NOMBRE DEL CASO	
NO. DEL CASO	OTRO NO. DE IDENTIFICACION
NOMBRE DEL TRABAJADOR	

¿Tiene preguntas? Comuníquese con su trabajador.

Fecha _____

En _____, se solicitó una extensión del límite de tiempo de 60 meses para _____,

(FECHA)

(NOMBRE)

y basándose en los hechos, el Condado hizo la siguiente determinación:

Se **NIEGA** la extensión del límite de tiempo de 60 meses. Usted no reúne los requisitos de las reglas relacionadas con la extensión del límite de tiempo y no recibirá asistencia.

Motivo de la negativa: _____

COMUNIQUESE CON SU TRABAJADOR SI CREE QUE ESTA NOTIFICACION ESTA EQUIVOCADA. TAMBIEN PUEDE SOLICITAR UNA AUDIENCIA CON EL ESTADO. LA SIGUIENTE PAGINA REPRESENTA UN FORMULARIO QUE CONTIENE UNA SECCION LLAMADA "SU DERECHO A UNA AUDIENCIA" DONDE SE LE EXPLICA COMO SOLICITAR UNA AUDIENCIA CON EL ESTADO.

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP 42-302.1, 42-302.11, 42-302.12, 42-302.2, y 42-302.3 - .34.