



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

December 20, 2017

ERRATA

ALL COUNTY LETTER NO. 17-115E

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL WELFARE-TO-WORK COORDINATORS
ALL COUNTY REFUGEE COORDINATORS
ALL COUNTY CALFRESH SPECIALISTS
ALL CONSORTIA REPRESENTATIVES
ALL TRIBAL TANF ADMINISTRATORS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM: CALWORKS EDUCATIONAL OPPORTUNITY AND ATTAINMENT PROGRAM

REFERENCE: ALL COUNTY LETTER (ACL) No. [17-115](#).

This purpose of this errata is to notify County Welfare Departments (CWDs) that the fiscal allocations released in ACL [17-115](#) were incorrect and a corrected version is attached.

This errata is also updating the two forms released with ACL [17-115](#), as the instructions were erroneously added to the forms. The instructions have been removed and are included below for CWDs:

- **NOTICE OF ACTION (NOA) CalWORKs Educational Opportunity and Attainment (EOA) Program APPROVE Form (WTW EOA2 12/2017)** Instructions: Use the WTW EOA2 to approve a \$500 once in a lifetime education bonus that is awarded for graduating from high school, its equivalent, or the \$1,000 once in a lifetime stipend for enrolling in an education or training program achieved on or after January 1, 2018.

The NOA to **approve** a \$500 bonus or \$1,000 stipend payment will be addressed and mailed to the graduate or enrollee as a result of the CalWORKs EOA Program, which was signed into California law July 2017.

- **NOTICE OF ACTION CalWORKs Educational Opportunity and Attainment (EOA) Program DENY Form (WTW EOA3 12/2017)** Instructions: Use the WTW EOA3 to **deny** a \$500 once in a lifetime education bonus that is awarded for graduating from high school, its equivalent, or the \$1,000 once in a lifetime stipend for enrolling in an education or training program on or after January 1, 2018.

The NOA to **deny** the \$500 bonus or \$1,000 stipend payment will be addressed and mailed to the recipient and is a result of the CalWORKs EOA Program, which was signed into California law July 2017.

The WTW EOA2 and WTW EOA3 forms are available on the [CDSS Forms](#) webpage.

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these publications from the [CDSS Forms and Publications](#) webpage.

When all translations are completed per MPP section 21-115.2, including Spanish forms, they are posted on an on-going basis on the [CDSS Translated Forms and Publications](#) webpage.

For questions on translated materials, please contact 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 the 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 or recipient. In the event that the California Department of Social Services (CDSS) does not provide translations of a form, it is the responsibility of the CWDs to provide interpreter services if an applicant or recipient requests for one. More information regarding translations can be found in MPP section 21-115.

This ACL and other CDSS Letters and Notices are available on the internet at <http://www.cdss.ca.gov/inforesources/Letters-and-Notices>.

If you have any questions or would like additional information regarding this letter, please contact the following CDSS representatives:

CalWORKs Eligibility County Consultant	(916) 654-1322
CalWORKs Employment County Consultant	(916) 654-2137
CalWORKs Child Care Program	(916) 657-2144
CalFresh County Consultant	(916) 654-1896

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Family Engagement and Empowerment Division

Attachments

c: CWDA
CSAC

FISCAL YEAR 2017-18 CALWORKS EDUCATIONAL OPPORTUNITY AND ATTAINMENT**PROGRAM ALLOCATIONS**

COUNTY	ALLOCATION
Alameda	\$100,500
Alpine	\$1,500
Amador	\$2,000
Butte	\$27,500
Calaveras	\$3,500
Colusa	\$1,500
Contra Costa	\$66,500
Del Norte	\$4,000
El Dorado	\$9,500
Fresno	\$191,500
Glenn	\$2,500
Humboldt	\$16,000
Imperial	\$48,000
Inyo	\$1,500
Kern	\$179,000
Kings	\$23,500
Lake	\$9,500
Lassen	\$2,000
Los Angeles	\$1,103,500
Madera	\$22,000
Marin	\$6,000
Mariposa	\$1,500
Mendocino	\$9,500
Merced	\$62,500
Modoc	\$1,500
Mono	\$1,500
Monterey	\$35,500
Napa	\$4,000
Nevada	\$4,500
Orange	\$156,500
Placer	\$12,500
Plumas	\$1,500
Riverside	\$248,000
Sacramento	\$241,000
San Benito	\$3,500
San Bernardino	\$428,500
San Diego	\$247,000
San Francisco	\$34,500
San Joaquin	\$110,000
San Luis Obispo	\$11,000
San Mateo	\$12,000
Santa Barbara	\$26,000
Santa Clara	\$60,000
Santa Cruz	\$16,000
Shasta	\$23,000
Sierra	\$1,500
Siskiyou	\$5,000
Solano	\$30,000
Sonoma	\$19,000
Stanislaus	\$90,000
Sutter	\$12,500
Tehama	\$9,000
Trinity	\$1,500
Tulare	\$108,000
Tuolumne	\$4,000
Ventura	\$47,000
Yolo	\$15,000
Yuba	\$14,000
Total	\$3,929,500

**NOTICE OF ACTION
CALWORKS EDUCATIONAL OPPORTUNITY
AND ATTAINMENT (EOA) PROGRAM
APPROVE FORM**

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.

MESSAGE:

- ☐ The County has approved your \$500 once in a lifetime education bonus for graduating from high school or its equivalent on or after January 1, 2018, that you applied for on _____.
- ☐ The County has approved your \$1,000 once in a lifetime education stipend for enrolling in an education or training program that started on or after January 1, 2018, that you applied for on _____.

Rules: These rules apply: ACL 17-115 and ACL 17-115E. You may review them at your welfare office.

CalFresh and CalWORKs cash aid: This notice DOES NOT stop or change your CalFresh or cash aid benefits.

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

**NOTICE OF ACTION
CALWORKS EDUCATIONAL OPPORTUNITY
AND ATTAINMENT (EOA) PROGRAM
DENY FORM**

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.

MESSAGE:

- ☐ The County denied your \$500 once in a lifetime education bonus for graduating from high school or its equivalent that you applied for on _____.
- ☐ The County denied your \$1,000 once in a lifetime education stipend for enrolling in an education or training program that you applied for on _____.

Here's why:

- ☐ You did not provide proof of graduating from high school or its equivalent on or after January 1, 2018.
- ☐ You did not provide proof that you enrolled in an education or training program that started on or after January 1, 2018.
- ☐ You provided proof but the verification was denied for these reasons: _____

- ☐ Enrollment in a term of an education or training program was not in your Welfare-to-Work plan.
- ☐ You already received this \$500 education bonus on _____. It is a once in a lifetime payment.
- ☐ You already received this \$1,000 stipend on _____. It is a once in a lifetime payment.
- ☐ You did not have time left on your CalWORKs 48-month time limit when the client graduated from high school or its equivalent or term of higher education began.

- ☐ You committed public assistance fraud and were not eligible for the \$500 education bonus payment.
- ☐ You committed public assistance fraud and were not eligible for the \$1,000 stipend payment.
- ☐ The county no longer has funding available for this program.
- ☐ You were sanctioned or removed from cash aid for not complying with Welfare-to-Work rules in _____ and were not eligible for the \$500 education bonus payment.
- ☐ You were sanctioned or removed from cash aid for not complying with Welfare-to-Work rules in _____ and were not eligible for the \$1,000 stipend payment.
- ☐ Other _____

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