

August 30, 2018

ALL COUNTY LETTER (ACL) NO. 18-107

TO: ALL CALWORKS PROGRAM SPECIALISTS  
ALL COUNTY WELFARE DIRECTORS  
ALL CALFRESH PROGRAM SPECIALIST  
ALL CONSORTIA PROJECT MANAGERS  
ALL QUALITY CONTROL PROGRAM COORDINATORS

SUBJECT: IMPLEMENTATION OF THE TRANSITIONAL NUTRITION  
BENEFIT PROGRAM NOTICES

REFERENCES: [ASSEMBLY BILL 1811 \(CHAPTER 35, STATUTES OF 2018\)](#),  
[WELFARE AND INSTITUTIONS CODE SECTIONS 18900.5 TO .7](#);  
[ACL 18-90](#); [ACL 18-91](#); and [ACL 18-92](#)

This ACL transmits copies of the new Transitional Nutrition Benefit (TNB) Program notices to County Welfare Departments (CWDs). The California Department of Social Services (CDSS) is issuing the following six notices for the TNB Program:

- TNB 1: Information Notice for the Transitional Nutrition Benefit Program
- TNB 2: Notice of Approval for the Transitional Nutrition Benefit Program
- TNB 3: Notice of Change for the Transitional Nutrition Benefit Program
- TNB 4: Notice of Recertification for the Transitional Nutrition Benefit Program
- TNB 5: Reminder Notice for the Transitional Nutrition Benefit Program
- TNB 6: Notice of Discontinuance for the Transitional Nutrition Benefit Program

### **Background**

As described in ACL 18-90 released on July 31, 2018, Assembly Bill (AB) 1811 reverses the CalFresh eligibility policy known as cash-out, under which recipients of Supplemental Security Income and California State Supplementary Payment (SSI/SSP) are ineligible for CalFresh. Effective June 1, 2019, or the alternate implementation date,

individuals receiving SSI/SSP are eligible for CalFresh, provided all other eligibility criteria are met.

The CWDs will implement the policy change for newly eligible households as of June 1, 2019, or the alternate implementation date. For existing households, the CWDs will implement the policy change on a rolling basis at the household's next periodic report, recertification, or when voluntarily requested by the household, beginning on the implementation date.

In addition to reversing the cash-out policy, AB 1811 creates two state-funded nutrition benefit programs intended to "hold harmless" existing CalFresh households negatively affected by the policy change. The two state-funded programs, known as the Supplemental Nutrition Benefits (SNB) Program and TNB Program, will provide CalFresh households with nutrition benefits to mitigate the reduction of CalFresh benefits or CalFresh ineligibility, respectively.

On July 31, 2018, the CDSS released ACL 18-92 providing policy instructions for implementation and automation of the TNB Program. The TNB Program will provide transitional state-funded nutrition benefits to CalFresh households with excluded members that receive SSI/SSP benefits that, at the time of implementation of the reversal of the cash-out policy, become ineligible for CalFresh.

Please note that the TNB Program notices issued by this ACL are referenced in ACL 18-92. The notice titles, descriptions, and directions for use described in this ACL are the same as those provided in ACL 18-92.

### **Implementation Timeline**

All notices for the TNB Program must be automated and available for use by the CWDs no later than June 1, 2019, or the alternate implementation date.

### **New TNB Program Notices**

<b>Form TNB 1</b>	<b><u>Informational Notice for the Transitional Nutrition Benefit Program</u></b>
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The purpose of the TNB 1 is to provide the household with general information about the TNB Program and an overview of TNB Program eligibility rules. The TNB 1 will be provided to the household when initial TNB Program eligibility is determined.

<b>Form TNB 2</b>	<b><u>Notice of Approval for the Transitional Nutrition Benefit Program</u></b>
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The purpose of the TNB 2 is to inform the household that they have been approved to receive TNB Program benefits. This notice also provides information to the household about how they may continue to receive TNB Program benefits. The TNB 2 will be provided to

the household when initial TNB Program eligibility is determined and, if applicable, at the TNB Program recertification thereafter.

**Form TNB 3**

**Notice of Change for the Transitional Nutrition Benefit Program**

The purpose of the TNB 3 is to inform the household that there has been a change in their TNB Program benefits (for example, if TNB Program funding changes and TNB Program benefit allotments are impacted). The TNB 3 will be provided to the household no later than ten days prior to the change.

**Form TNB 4**

**Notice of Recertification for the Transitional Nutrition Benefit Program**

The purpose of the TNB 4 is to inform the household that the household's TNB Program certification will expire and that the household must complete the TNB Program recertification process in order to continue receiving TNB Program benefits. The TNB 4 acts as both the notice of expiring certification and the TNB Program recertification form.

The TNB 4 indicates the date the household's TNB Program certification period expires. It also provides the date by which the household must submit the TNB Program recertification form and, if applicable, a CalFresh application to receive uninterrupted TNB Program benefits. The TNB 4 describes that not completing the recertification in a timely manner may lead to a discontinuance. Lastly, the TNB 4 explains that households that no longer reside in California are not eligible for TNB Program and therefore do not need to complete the TNB Program recertification.

The TNB 4 requires that the TNB household report any changes that may make the household ineligible for the TNB Program. If the TNB household reports such a change, the TNB 4 informs the household that they must also submit a CalFresh application. The TNB 4 must be sent at least 45 days in advance of the household's expiration of TNB Program certification.

**Form TNB 5**

**Reminder Notice for the Transitional Nutrition Benefit Program**

The purpose of the TNB 5 is to inform the household that their TNB recertification was either not received or is incomplete. If the TNB recertification is incomplete, the TNB 5 informs the household of what is required to complete the recertification process. The Form TNB 5 reminds the household that the CWD cannot complete the recertification process until all required steps have been taken by the household.

## **Form TNB 6**

### **Notice of Discontinuance for the Transitional Nutrition Benefit Program**

The purpose of the TNB 6 is to inform the household that the household's TNB Program eligibility has been discontinued. The TNB 6 will be provided to the household no later than ten days prior to the discontinuance unless the discontinuance is a result of an incomplete TNB Program recertification. The TNB 6 may be combined with the household's CalFresh notices, when applicable.

All of the TNB Program notices, other than the TNB 1 and the TNB 5, must be provided to the household with a NA Back 9 outlining the TNB Program household's hearing rights.

Note that for all TNB Program notices, the text following a check box uses required language, but only the text relevant to each household's circumstances must be included when populating the TNB Program notice. Non-relevant text following a check box may be suppressed, as applicable, when issuing an TNB Program notice.

### **Process of Requesting a Notice Modification or Substitution**

All of the TNB Program notices are a "Required Form - Substitute Permitted". Forms in this category are required forms for which modifications or substitutions, with prior CDSS approval, are permitted. The CWDs may modify these forms as long as the modification does not cause a (1) conflict with program policy/regulations, or (2) change the legal content of the form. Substitute forms must be submitted to the CDSS in writing and may not be used until the CWD or consortium has received written approval from the CDSS (see MPP Section 23-400.22). The CWDs may contact the CalFresh Policy Bureau at (916) 651-8047 to confirm contact information to submit their request via email, or the CWD may submit a request via U.S. Postal mail at:

California Department of Social Services  
CalFresh Policy Bureau  
744 P Street, MS 8-9-32  
Sacramento, CA 95814

### **Camera Ready Copies and Translations**

For a camera-ready copy in English, contact the [CDSS Forms Management Unit](#) at [fmudds@dss.ca.gov](mailto:fmudds@dss.ca.gov). You may obtain these forms from the [CDSS webpage](#) at: <http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program>.

When all translations are completed per [MPP §21-115.2](#), they are posted on an on-going basis on the CDSS webpage. Copies of the [translated forms](#) can be obtained at: <http://www.cdss.ca.gov/inforesources/Translated-Forms-and-Publications>.

For questions on translated materials, please contact the CDSS Language and 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 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/recipient. In the event that the CDSS does not provide translations of a form, it is the CWD's responsibility to provide interpreter services if an applicant or recipient requests them. In addition, the CWDs shall ensure that individuals with disabilities are provided services such as auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where necessary. More information regarding translations can be found in [MPP §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>.

For CalFresh program questions, or inquiries related to the attached forms, please contact the CalFresh Policy Bureau at (916) 651-8047.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND

Deputy Director

Family Engagement and Empowerment Division

Attachments

## NOTICE TO CALFRESH RECIPIENTS TRANSITIONAL NUTRITION BENEFIT (TNB) PROGRAM

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### IMPORTANT – PLEASE READ

On June 1, 2019, a change in state law made recipients of Supplemental Security Income and/or California State Supplementary Payment (SSI/SSP) eligible for CalFresh.

Some CalFresh households will become ineligible for CalFresh when a SSI/SSP recipient and their income is added to their household. A new program called the Transitional Nutrition Benefit (TNB) Program will make up for some of the loss of CalFresh benefits.

You are receiving this notice because your household became ineligible for CalFresh when a SSI/SSP recipient was added to your household, so your household is eligible to receive monthly TNB Program benefits on your EBT card.

Your household is receiving TNB Program benefits because:

- On June 1, 2019, your CalFresh household included at least one recipient of SSI/SSP benefits;
- Your household continues to include at least one of the same SSI/SSP recipient(s); and
- Your CalFresh household became ineligible for CalFresh when the SSI/SSP recipient(s) became eligible for CalFresh.

Your household's TNB Program benefit amount is determined by:

- Your new household size; and
- The number of SSI/SSP recipients in your household that had been excluded from your CalFresh household.

Your household will continue to receive TNB Program benefits if:

- Your household continues to include at least one of the same SSI/SSP recipients added to your household;
- The same individual continues to receive SSI/SSP benefits;
- Your household remains ineligible for CalFresh; and
- Your household completes the TNB Program Recertification. You will get a notice when it is time to complete your TNB Program recertification.

You are not required to report any changes in household size, composition, or income until your TNB Program recertification.

If you think we made a mistake in determining your CalFresh benefits or your TNB Program benefits you may ask for a state hearing ***within 90 days of when you got this letter*** by calling:

Toll free: 1-800-952-5253.

If you are deaf and use TDD, call 1-800-952-8349.

When you ask for a state hearing, you must tell us why you think we made a mistake. You can speak for yourself at the hearing or you can have a friend, attorney, or other person speak for you, but you must get these people to help you. You may ask for free legal aid at a legal aid office in your area.

# NOTICE OF APPROVAL FOR TRANSITIONAL NUTRITION BENEFIT (TNB) PROGRAM

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COUNTY OF \_\_\_\_\_

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Case Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Worker Number : \_\_\_\_\_  
Telephone Number : \_\_\_\_\_  
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.**

As of \_\_\_\_\_, your household will receive \$\_\_\_\_\_ in Transitional Nutrition Benefit (TNB) Program benefits each month through \_\_\_\_\_.

Your household is receiving these benefits because:

- On June 1, 2019, your CalFresh household included at least one recipient of Supplemental Security Income and/or State Supplementary Payment (SSI/SSP) benefits;
- Your household became ineligible for CalFresh when the SSI/SSP recipient(s) was added to your household;
- Your household continues to include at least one of the same SSI/SSP recipient(s);
- The same individual continues to receive SSI/SSP benefits; and
- Your household is ineligible for CalFresh.

## TNB Program Recertification

You will get a notice when it is time to complete your TNB Program recertification. You must complete the required recertification documents and return them to the county on time. The county will determine if your household will continue to receive TNB Program benefits. If you do not complete the TNB recertification, your household will not continue to receive TNB Program benefits. You are not required to report any changes in household size, composition, or income until your TNB Program recertification.

## 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 CHANGE FOR TRANSITIONAL NUTRITION BENEFIT (TNB) PROGRAM

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COUNTY OF \_\_\_\_\_

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Case Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Worker Number : \_\_\_\_\_  
Telephone Number : \_\_\_\_\_  
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.**

As of \_\_\_\_\_, the county is changing your monthly Transitional Nutrition Benefit (TNB) Program benefits from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

## Here's Why:

- ☐ Funding for the TNB Program changed.
- ☐ There was a mistake determining your TNB Program household size and/or composition.

Your household is receiving TNB Program benefits because:

- On June 1, 2019, your CalFresh household included at least one recipient of Supplemental Security Income and/or State Supplementary Payment (SSI/SSP) benefits;
- Your household became ineligible for CalFresh when the SSI/SSP recipient(s) was added to your household;
- Your household continues to include at least one of the same SSI/SSP recipient(s);
- The same individual continues to receive SSI/SSP benefits; and
- Your household is ineligible for CalFresh.

## TNB Program Recertification

You will get a notice when it is time to complete your TNB Program recertification. You must complete the required recertification documents and return them to the county on time. The county will determine if your household will continue to receive TNB Program benefits. If you do not complete the TNB recertification, your household will not continue to receive TNB Program benefits. You are not required to report any changes in household size, composition, or income until your TNB Program recertification.

## 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 RECERTIFICATION  
FOR TRANSITIONAL NUTRITION  
BENEFIT (TNB) PROGRAM**

State of California  
Health and Human Services Agency  
California Department of Social Services

COUNTY OF \_\_\_\_\_

(ADDRESSEE)

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Case Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Worker Number : \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address : \_\_\_\_\_

Questions? Ask your worker.

State Hearing: You have the right to a state hearing if you do not agree with any action taken regarding your recertification for ongoing benefits. You can request a state hearing within 90 days of the county's action and you must tell us why you want a hearing. The approval or discontinuance notice you receive will have information on how to request a state hearing.

**TO KEEP YOUR BENEFITS, YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE  
COUNTY BY \_\_\_\_\_.**

Your TNB Program certification period ends on \_\_\_\_\_. To keep your TNB Program benefits you must complete and return this form. If you do not submit the completed form by the return date, you may lose your TNB Program benefits. You may also have to complete a CalFresh application. If you need help filling out this form, contact your county.

If you no longer live in California **STOP**. You do not need to complete the TNB Program recertification. Your household must live in California to receive TNB Program benefits.

**Here's What You Need to Do:**

1. Complete Section 1 by answering the "YES" or "NO" questions.
2. Complete Section 2 to determine whether or not you need to also submit a CalFresh application by the return date listed above. If required, you can complete a CalFresh application online at [www.benefitscal.com](http://www.benefitscal.com) or use the included paper application.
3. Complete Section 3 by signing, dating, and providing your contact information.
4. Return this completed form to the county by the return date listed above.

**Section 1: Household Changes**

Check "YES" or "NO" to report changes since your last TNB Program certification on \_\_\_\_\_.

**1. Did any person listed below move out of your household?**

*(Tip: Do not count anyone who is only temporarily gone from the household and plans to return. Do include people who have passed away.)*

\_\_\_\_\_ ☐ YES ☐ NO

\_\_\_\_\_ ☐ YES ☐ NO

**2. Did any person listed below stop receiving Supplemental Security Income and/or California State Supplemental Payment (SSI/SSP) benefits?**

(Tip: Answer "NO" if the person's SSI/SSP benefits have been suspended.)

\_\_\_\_\_ ☐ YES ☐ NO

\_\_\_\_\_ ☐ YES ☐ NO

**3. Did any person move in or out of your household?** ☐ YES ☐ NO**4. Did your household's total monthly income change (either increase or decrease) from a new job, CalWORKs, other cash aid, social security, veteran benefits, unemployment benefits, retirement, or other new sources?** ☐ YES ☐ NO**Section 2: CalFresh Application**

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If you checked "**NO**" to **all** of the questions in Section 1:

1. Complete Section 3 below and return this form to the county by the return date.

If you checked "**YES**" to **any** of the questions in Section 1:

1. You must complete a CalFresh application online at [www.benefitscal.com](http://www.benefitscal.com) OR use the included paper application by the return date.
2. Complete Section 3 and return this form. If you use the included paper application, please return it with this form.
3. Select the box that describes how you will submit the required CalFresh application:  
  
☐ **Completed an online application at [www.benefitscal.org](http://www.benefitscal.org)**  
  
☐ **Completed a paper application and returned with form**

**Section 3: Signature and Contact Information**

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I understand that I must accurately answer the questions above regarding changes to my household. I declare under penalty of perjury that all information provided is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**RECERTIFICATION REMINDER NOTICE  
FOR TRANSITIONAL NUTRITION  
BENEFIT (TNB) PROGRAM**

RECERTIFICATION FORM NOT RECEIVED  
OR INCOMPLETE

State of California  
Health and Human Services Agency  
California Department of Social Services

COUNTY OF \_\_\_\_\_

Notice Date : \_\_\_\_\_

Case Name : \_\_\_\_\_

Case Number : \_\_\_\_\_

Worker Name : \_\_\_\_\_

Worker Number : \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address : \_\_\_\_\_

(ADDRESSEE)

☐ **Transitional Nutrition Benefit (TNB) Recertification Form Not Received**

As of \_\_\_\_\_, we have not received your TNB Program recertification form.

Please remember to **complete** the TNB Program recertification on or before \_\_\_\_\_.

If you need help understanding this notice or completing the TNB Program recertification form, please contact your county.

☐ **TNB Recertification Form Not Complete**

On \_\_\_\_\_, you turned in your TNB Program recertification form, but it was not complete.

**Here is what we need:**

Please remember to **complete** the TNB Program recertification on or before \_\_\_\_\_.

If you need help understanding this notice or completing the TNB Program recertification, please contact your county.

**REMEMBER:** To keep your TNB Program benefits you must complete the TNB Program recertification. If you do not complete the recertification and, if applicable, a CalFresh application, you will not continue to receive TNB Program benefits.

# NOTICE OF DISCONTINUANCE FOR TRANSITIONAL NUTRITION BENEFIT (TNB) PROGRAM

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COUNTY OF \_\_\_\_\_

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Case Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Worker Number : \_\_\_\_\_  
Telephone Number : \_\_\_\_\_  
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.**

As of \_\_\_\_\_, the county is stopping your monthly Transitional Nutrition Benefit (TNB) Program benefits. Your household is no longer eligible to receive TNB Program benefits.

## Here's Why:

- ☐ Your household no longer includes at least one of the originally excluded Supplemental Security Income and/or California State Supplementary Income (SSI/SSP) recipients added to your household when they became eligible for CalFresh benefits.
- ☐ The originally excluded SSI/SSP recipient(s) is no longer receiving SSI/SSP benefits.
- ☐ Your household is now receiving CalFresh benefits.
- ☐ Your household moved out of California.

## 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