

August 30, 2018

ALL COUNTY LETTER (ACL) NO. 18-108

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

SUBJECT: IMPLEMENTATION OF THE SUPPLEMENTAL 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 Supplemental Nutrition Benefit (SNB) Program notices to County Welfare Departments (CWDs). The California Department of Social Services (CDSS) is issuing the following five notices for the SNB Program:

- SNB 1: Informational Notice for the Supplemental Nutrition Benefit Program
- SNB 2: Notice of Approval for the Supplemental Nutrition Benefit Program
- SNB 3: Notice of Change for the Supplemental Nutrition Benefit Program
- SNB 4: Notice of Expiration of Certification for the Supplemental Nutrition Benefit Program
- SNB 5: Notice of Discontinuance for the Supplemental 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 SNB Program and Transitional Nutrition Benefit (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 18-91 providing policy instructions for implementation and automation of the SNB Program. The SNB Program will provide supplemental state-funded nutrition benefits to those existing CalFresh households with excluded members that receive SSI/SSP benefits that, at the time of implementation of the reversal of the cash-out policy, experience a reduction of CalFresh benefits.

Please note that the SNB Program notices issued by this ACL are referenced in ACL 18-91. The notice titles, descriptions, and directions for use described in this ACL are the same as those provided in ACL 18-91.

Implementation Timeline

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

New SNB Program Notices

Form SNB 1 Informational Notice for the Supplemental Nutrition Benefit Program.

The purpose of the SNB 1 is to provide the household with general information about the SNB Program and an overview of SNB Program eligibility rules. The SNB 1 will be provided to the household when initial SNB Program eligibility is determined.

Form SNB 2 Notice of Approval for the Supplemental Nutrition Benefit Program.

The purpose of the SNB 2 is to inform the household that they have been approved to receive SNB Program benefits. This notice also provides information to the household about how they may continue to receive SNB Program benefits. The SNB 2 will be provided to the household when initial SNB Program eligibility is determined and, if applicable, at SNB Program recertification thereafter. The SNB 2 may be combined with the household's CalFresh notices, when applicable.

Form SNB 3 Notice of Change for the Supplemental Nutrition Benefit Program.

The purpose of the SNB 3 is to inform the household that there has been a change in their SNB Program benefits (for example, if SNB

Program funding changes and SNB Program benefit allotments are impacted). The SNB 3 will be provided to the household no later than ten days prior to the change.

Form SNB 4

Notice of Expiration of Certification for the Supplemental Nutrition Benefit Program.

The purpose of the SNB 4 is to inform the household that the household's SNB Program certification will expire and the household must complete their CalFresh recertification in order to continue receiving SNB Program benefits. The SNB 4 must be sent at the same time the household receives their CalFresh Notice of Expiration of Certification. The SNB 4 may be combined with the household's CalFresh notices, when applicable.

Form SNB 5

Notice of Discontinuance for the Supplemental Nutrition Benefit Program.

The purpose of the SNB 5 is to inform the household that the household's SNB Program eligibility has been discontinued (for example, if the household no longer receives CalFresh or the originally excluded SSI/SSP recipient member is no longer part of the household). The SNB 5 must be provided to the household no later than ten days prior to the discontinuance, except if the discontinuance is a result of a denial of CalFresh at recertification. The SNB 5 may be combined with the household's CalFresh notices, when applicable.

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

Note that for all SNB 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 SNB Program notice. Non-relevant text following a check box may be suppressed, as applicable, when issuing an SNB Program notice.

Process of Requesting a Notice Modification or Substitution

All of the SNB 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 (1) cause a 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](mailto:fmudds@dss.ca.gov) at fmudds@dss.ca.gov. You may obtain these forms from the [CDSS webpage](http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program) 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](http://www.cdss.ca.gov/cdssweb/entres/forms/Multi/GEN1365MUL.pdf) 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](http://www.cdss.ca.gov/inforesources/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 form, 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 SUPPLEMENTAL NUTRITION BENEFIT (SNB) PROGRAM

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 see their CalFresh benefits reduced when a SSI/SSP recipient and their income are added to their household. A new program called the Supplemental Nutrition Benefit (SNB) Program will make up for some of this reduction in CalFresh benefits.

You are receiving this notice because your household's CalFresh benefits were reduced when a SSI/SSP recipient was added to your household, so your household is eligible to receive monthly SNB Program benefits on your EBT card in addition to CalFresh.

Your household is receiving SNB Program benefits because:

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

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

- Your new CalFresh household size; and
- The number of SSI/SSP recipients in your household that had been excluded from your CalFresh household before they became eligible for CalFresh under this new policy.

Your household will continue to receive SNB Program benefits if:

- Your household continues to receive CalFresh without a break in aid; and
- Your household continues to include at least one of the same SSI/SSP recipients added to your household when they became eligible for CalFresh.

SNB Program Recertification

You will get a notice when it is time to complete your CalFresh recertification. At that time, the county will determine if your household will continue to receive SNB Program benefits. If you do not complete the CalFresh recertification, your household will not continue to receive SNB Program benefits.

SNB Program Eligibility

If your household stops receiving CalFresh benefits, your household will no longer receive SNB Program benefits. You will not be eligible for SNB Program benefits in the future if you apply for and begin to receive CalFresh benefits again. If your CalFresh benefits are restored within the month following CalFresh discontinuance, your SNB Program eligibility may continue.

If you think we made a mistake in determining your CalFresh benefits or SNB 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 SUPPLEMENTAL NUTRITION BENEFIT (SNB) 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 Supplemental Nutrition Benefit (SNB) Program benefits each month. These monthly SNB Program benefits will be in addition to your CalFresh benefits.

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 California State Supplementary Payment (SSI/SSP) benefits;
- Your CalFresh household continues to include at least one of the same SSI/SSP recipient(s); and
- Your CalFresh household's benefits were reduced when the SSI/SSP recipient(s) became eligible for CalFresh.

SNB Program Recertification

You will get a notice when it is time to complete your CalFresh recertification. At that time, the county will determine if your household will continue to receive SNB Program benefits. If you do not complete the CalFresh recertification, your household will not continue to receive SNB Program benefits.

SNB Program Eligibility

If your household stops receiving CalFresh benefits, your household will no longer receive SNB Program benefits. You will not be eligible for SNB Program benefits in the future if you apply for and begin to receive CalFresh benefits again. If your CalFresh benefits are restored within the month following CalFresh discontinuance, your SNB Program eligibility may continue.

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 SUPPLEMENTAL NUTRITION BENEFIT (SNB) 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 Supplemental Nutrition Benefit (SNB) Program benefits from \$_____ to \$_____.

Here's Why:

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

Your household is receiving these benefits because:

- On June 1, 2019, your CalFresh household included at least one recipient of Supplemental Security Income (SSI) and/or California State Supplementary Payment (SSP) benefits;
- Your CalFresh household continues to include at least one of the same SSI/SSP recipient(s); and
- Your CalFresh household's benefits were reduced when the SSI/SSP recipient(s) became eligible for CalFresh.

SNB Program Recertification

You will get a notice when it is time to complete your CalFresh recertification. At that time, the county will determine if your household will continue to receive SNB Program benefits. If you do not complete the CalFresh recertification, your household will not continue to receive SNB Program benefits.

SNB Program Eligibility

If your household stops receiving CalFresh benefits, your household will no longer receive SNB Program benefits. You will not be eligible for SNB Program benefits in the future if you apply for and begin to receive CalFresh benefits again. If your CalFresh benefits are restored within the month following CalFresh discontinuance, your SNB Program eligibility may continue.

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 EXPIRATION OF CERTIFICATION FOR SUPPLEMENTAL NUTRITION BENEFIT (SNB) 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.

Your Supplemental Nutrition Benefit (SNB) Program certification period will end on _____.

If you want to keep getting your SNB Program benefits without a break, you must complete your regular CalFresh recertification.

Important Rules

As a reminder, your household will maintain SNB Program eligibility as long as:

- Your household completes the CalFresh recertification and continues to receive CalFresh; and
- Your household continues to include at least one of the Supplemental Security Income and/or California State Supplemental Payment (SSI/SSP) recipient(s) added to your household when they became eligible for CalFresh.

If your household's CalFresh recertification it is determined that your household continues to be eligible for CalFresh and maintains SNB Program eligibility, your household will continue receiving SNB Program 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.

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OTHER INFORMATION

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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.

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- Send or take this page to:

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- 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 DISCONTINUANCE FOR SUPPLEMENTAL NUTRITION BENEFIT (SNB) 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 Supplemental Nutrition Benefit (SNB) Program benefit. Your household is no longer eligible to receive SNB Program benefits.

Here's Why:

- ☐ Your household is no longer receiving CalFresh.
- ☐ Your household no longer includes at least one of the same Supplemental Security Income and/or California State Supplementary Payment (SSI/SSP) recipients added to your household when they became eligible for CalFresh.

Your household will not be eligible for SNB Program benefits in the future if you apply for and begin to receive CalFresh benefits again.

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
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STREET ADDRESS

CITY	STATE	ZIP CODE
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SIGNATURE	DATE
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NAME OF PERSON COMPLETING THIS FORM	PHONE NUMBER
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☐ 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
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STREET ADDRESS

CITY	STATE	ZIP CODE
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