

May 3, 2018

ALL COUNTY LETTER (ACL) NO. 18-50

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

SUBJECT: CALFRESH IMPLEMENTATION OF REDESIGNED REGULAR  
AND LARGE PRINT OVERISSUANCE NOTICES

REFERENCES: [TITLE 7 CODE OF FEDERAL REGULATIONS \(CFR\) §273.18\(e\)\(3\)](#), [7 CFR §273.16\(c\)](#), [MANUAL OF POLICIES AND PROCEDURES \(MPP\) §63-801.431](#), [MPP §63-801.732](#), [MPP §23-400.111](#)

The purpose of this ACL is to transmit copies of the redesigned CalFresh overissuance (OI) notices of action (NOAs) to County Welfare Departments (CWDs) in both regular print and Large Print (LP) form. No content changes were made to the OI NOAs – the purpose and use of the notices remain unchanged. The California Department of Social Services (CDSS) has redesigned the following seven NOAs regarding CalFresh Program OIs:

- CF 377.7B – CalFresh Overissuance Notice for Inadvertent Household Errors (IHE)
- CF 377.7D3 – CalFresh Overissuance Notice for County Administrative Error (AE)
- DFA 377.7F – CalFresh Overissuance Notice for Intentional Program Violation (IPV)
- CF 377.7F – CalFresh Overissuance Notice for Change from Inadvertent Household Error (IHE) to Intentional Program Violation (IPV)
- CF 377.7B1 – CalFresh Repayment Final Notice for Inadvertent Household Errors (IHE)

- CF 377.7D2 – CalFresh Repayment Final Notice for County Administrative Error (AE)
- CF 377.7F1 – CalFresh Repayment Final Notice for Intentional Program Violation (IPV)

## **Background**

In 2016, CDSS convened the NOA Workgroup, whose membership includes advocates, county partners, consortia, and internal stakeholders. The purpose of the workgroup is to update and standardize CalFresh notices in addition to other commonly used forms for ease of use and understanding. The efforts of the workgroup are client-centered and motivated by the need to create notices and forms that are user friendly and clearly direct the client to the desired outcome.

To this end, the workgroup partnered with external experts including the Social and Behavioral Sciences Team formerly chaired by the White House Office of Science and Technology Policy, and the non-profit Ideas42 which partners with states and cities to generate behavioral science innovations in public programs, policies, and spaces. Our external experts apply a research driven, user-centered, behavioral sciences approach to redesigning CalFresh NOAs and forms.

## **Summary of Design Changes**

The changes to the CalFresh OI NOAs were made to enhance client comprehension and readability; clarify requirements through wording and design changes; simplify the forms by reformatting and eliminating unnecessary language; improve the flow and continuity of information; and increase the effectiveness and efficiency of requested processes.

## **NO SUBSTITUTES PERMITTED – NO FORMATTING CHANGES**

Because the visual design of the OI NOAs is intentional, CWDs must not make any changes to the formatting of the NOAs. In accordance with the [CDSS MPP §23-400.111](#), all OI NOAs are required forms with no substitutes permitted. This extends to the formatting of the forms. The CWDs may not modify or restructure the formatting or text of the forms. However, overprinting modifications may be permitted. Overprinting modifications for purposes other than those specified under [MPP §23-400.211](#) must be pre-approved by CDSS before use of the forms by CWDs.

## **Implementation Timeline**

The CWDs shall begin using the redesigned NOAs as soon as administratively feasible, but no later than 12 months from the issuance of this ACL. Once the redesigned NOAs have been implemented, previously issued versions of the OI NOAs will become obsolete.

If automation of new NOAs is not completed by consortia before the effective date, CWDs will need to use alternative means of noticing clients until programming is completed.

## Redesigned CalFresh Overissuance NOAs

Form No.	Form Title, Description, Explanation of Changes, and Directions for Use
CF 377.7B	<p><b><u>CalFresh Overissuance Notice for Inadvertent Household Error (IHE) (Required Form, No Substitute Permitted)</u></b></p> <p>The purpose of this notice has not changed. This notice is used to inform households of an overpayment resulting from an inadvertent household error, which is an unintended error on the part of the household. The notice informs the household of their options to repay or request a state hearing.</p>
CF 377.7D3	<p><b><u>CalFresh Overissuance Notice for County Administrative Error (AE) (Required Form, No Substitute Permitted)</u></b></p> <p>The purpose of this notice has not changed. This notice is used to inform households of an overpayment caused by an administrative error, which is an action or failure to act on behalf of the county. The notice informs the household of their options to repay or request a state hearing.</p>
DFA 377.7F	<p><b><u>CalFresh Overissuance Notice for Intentional Program Violation (IPV) (Required Form, No Substitute Permitted)</u></b></p> <p>The purpose of this notice has not changed. This notice is used to inform households of an overpayment caused by an intentional program violation, which is a result of a recipient intentionally misrepresenting or withholding information, or intentionally committing any act that violates federal regulations or state statutes. The notice informs the household of their options to repay or request a state hearing.</p>
CF 377.7F	<p><b><u>CalFresh Overissuance Notice for Change from Inadvertent Household Error (IHE) to Intentional Program Violation (IPV) (Required Form, No Substitute Permitted)</u></b></p> <p>The purpose of this notice is to inform households that the status of an OI has changed from an OI due to an IHE to an OI due to an IPV. The notice informs the household of their options to repay or request a state hearing. The CWDs shall use this form after determining that the OI occurred due to an IPV, rather than an IHE.</p>
CF 377.7B1	<p><b><u>CalFresh Repayment Final Notice for Inadvertent Household Error (IHE) (Required Form, No Substitute Permitted)</u></b></p> <p>The purpose of this notice has not changed. This final notice is used to inform households that if they do not begin repayment on an OI resulting from an inadvertent household error, action will be</p>

Form No.	Form Title, Description, Explanation of Changes, and Directions for Use
	taken to recover the appropriate amount. The notice informs the household of their options to repay or request a state hearing.
CF 377.7D2	<b><u>CalFresh Repayment Final Notice for County Administrative Error (AE) (Required Form, No Substitute Permitted)</u></b> The purpose of this notice has not changed. This final notice is used to inform households that if they do not begin repayment on the OI resulting from an administrative error, action will be taken to recover the appropriate amount. The notice informs the household of their options to repay or request a state hearing.
CF 377.7F1	<b><u>CalFresh Repayment Final Notice for Intentional Program Violation (IPV) (Required Form, No Substitute Permitted)</u></b> The purpose of this notice has not changed. This final notice is used to inform households that if they do not begin repayment on the OI resulting from an intentional program violation, action will be taken to recover the appropriate amount. The notice informs the household of their options to repay or request a state hearing.

### **Large Print Overissuance NOAs**

The CDSS is dedicated to serving and improving accessibility for its disabled population. In order to move towards this commitment, the seven OI NOAs have also been issued in large print (LP) using size 18 font to be more easily readable to individuals who have low vision impairment.

The redesigned LP OI NOAs and the redesigned regular print OI NOAs serve the same purpose. The font size does not impact the purpose of the NOA as described above. The CWDs shall send the LP OI NOAs in place of regular print OI NOAs to individuals who request or indicate a need for a larger print. Note that the LP OI NOAs must be sent with the corresponding LP version of the NA Back 9. The following seven LP OI NOAs are issued with this ACL, to be distributed to individuals as needed:

- CF 377.7B LP – CalFresh Overissuance Notice for Inadvertent Household Errors (IHE)
- CF 377.7D3 LP – CalFresh Overissuance Notice for County Administrative Error (AE)
- DFA 377.7F LP – CalFresh Overissuance Notice for Intentional Program Violation (IPV)
- CF 377.7F LP – CalFresh Overissuance Notice for Change from Inadvertent Household Error (IHE) to Intentional Program Violation (IPV)
- CF 377.7B1 LP – CalFresh Repayment Final Notice for Inadvertent Household Errors (IHE)



- CF 377.7D2 LP – CalFresh Repayment Final Notice for County Administrative Error (AE)
- CF 377.7F1 LP – CalFresh Repayment Final Notice for Intentional Program Violation (IPV)

### **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.

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 from the CDSS webpage.

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 notice along with the [GEN 1365 – Notice of Language Services and a local contact number](#).

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 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 at [MPP §21-115](#).

This ACL and other CDSS Letters and Notices are available on the [CDSS webpage](#).

If you have any questions regarding this ACL, 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

# CALFRESH OVERISSUANCE NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)

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 disagree with us, you can ask for a hearing. The back of this page tells you how. If you ask for a hearing before \_\_\_\_\_ your benefits may not be changed until a decision is made.**

## 1. We paid you too much CalFresh.

You need to pay back the \$\_\_\_\_\_ we overissued from \_\_\_\_\_ to \_\_\_\_\_. Please see below for your options to repay.

## 2. You made a mistake. Here's why this happened:

## 3. Your options to repay:




Are you still receiving CalFresh?



### \$ 1. Pay in full


OR

 **2. Join the 10% or \$10 repayment plan**  
If you don't respond, we'll assume you agree to a 10% or \$10 reduction (whichever is more) in your CalFresh benefits until your balance is paid off. This will start on \_\_\_\_\_.

OR

 **3. Agree to another repayment plan**  
Fill out and return the included repayment form by \_\_\_\_\_.

OR

 **4. Ask for a state hearing**  
If you disagree with us, ask for a state hearing by filling out the back of this page and returning it by \_\_\_\_\_.

### \$ 1. Pay in full

OR

 **2. Agree to a repayment plan**  
Fill out and return the included repayment form by \_\_\_\_\_.

OR

 **3. Ask for a state hearing**  
If you disagree with us, ask for a state hearing by filling out the back of this page and returning it by \_\_\_\_\_.  
If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

- Note:**
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed, such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.

These rules apply: MPP 63-801; MPP 63-804. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## 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
------	--------------

STREET ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

**CALFRESH OVERISSUANCE NOTICE**  
**COUNTY ADMINISTRATIVE ERROR (AE)**

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 disagree with us, you can ask for a hearing. The back of this page tells how. If you ask for a hearing before \_\_\_\_\_ your benefits may not be changed until a decision is made.**

**1. We paid you too much CalFresh.**

You need to pay back the \$ \_\_\_\_\_ we overissued from \_\_\_\_\_ to \_\_\_\_\_. Please see below for your options to repay.

**2. The county made a mistake. Here's why this happened:**

**3. Your options to repay:**



Are you still receiving CalFresh?



**\$ 1. Pay in full**

**OR**



**2. Join the 5% or \$10 repayment plan**

If you don't respond, we'll assume you agree to a 5% or \$10 reduction (whichever is more) in your CalFresh benefits for up to 36 months. This will start on \_\_\_\_\_.

**OR**



**3. Agree to another repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**



**4. Ask for a state hearing**

If you disagree with us, ask for a state hearing by filling out the back of this page and returning it by \_\_\_\_\_.

**\$ 1. Pay in full**

**OR**



**2. Agree to a repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**



**3. Ask for a state hearing**

If you disagree with us, ask for a state hearing by filling out the back of this page and returning it by \_\_\_\_\_.

If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

- Note:**
- If you are not receiving CalFresh benefits, the overissuance must be repaid if it is more than \$125.
  - You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed, such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.
  - Lomeli v. Saenz: Federal law requires us to forgive any part of your claim if we believe you are unable to repay. We will collect the amount above by reducing your monthly allotment by 5% or \$10.00, whichever is greater, for up to a total of 36 months. Any remaining balance will be forgiven.

These rules apply: MPP 63-801.22, 63-801.43, 63-801.7, Lomeli v. Saenz and Duarte v. Saenz. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## 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

**CALFRESH OVERISSUANCE NOTICE  
INTENTIONAL PROGRAM VIOLATION (IPV)**

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

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

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

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing: If you disagree with us, you can ask for a hearing. The back of this page tells how. If you ask for a hearing before \_\_\_\_\_ your benefits may not be changed until a decision is made.**

**1. We paid you too much  
CalFresh.**

You need to pay back the \$ \_\_\_\_\_ we overissued from \_\_\_\_\_ to \_\_\_\_\_ . Please see below for your options to repay.

**2. You have intentionally got benefits you should not have. Here's why this happened:**

**3. Your options to repay:**

**YES**



**Are you still receiving CalFresh?**

**NO**



**\$ 1. Pay in full**

**OR**



**2. Join the 20% or \$20 repayment plan**

If you don't respond, we'll assume you agree to a 20% or \$20 reduction (whichever is more) in your CalFresh benefits. This will start on \_\_\_\_\_.

**OR**



**3. Agree to another repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**



**4. Ask for a state hearing**

If you disagree with us, ask for a state hearing by filling out the back of this page and returning it by \_\_\_\_\_.

**\$ 1. Pay in full**

**OR**



**2. Agree to a repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**



**3. Ask for a state hearing**

If you disagree with us, ask for a state hearing by filling out the back of this page and returning it by \_\_\_\_\_.

If you are NO LONGER receiving CalFresh, we MUST hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

- Note:**
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed, such as through the courts or federal government collection action.
  - If you stop receiving past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.
  - If this Intentional Program Violation was an Inadvertent Household Error, penalties will apply even if you agree to repay what you owe.

These rules apply: MPP 63-801.43; MPP 63-801.23. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## 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

**CALFRESH OVERISSUANCE NOTICE  
CHANGE FROM INADVERTENT HOUSEHOLD  
ERROR (IHE) TO INTENTIONAL PROGRAM  
VIOLATION (IPV)**

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

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

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

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you disagree with us, you can ask for a hearing, unless you already had a hearing on the cause of this overissuance. If you ask for a hearing before \_\_\_\_\_ your benefits may not be changed until a decision is made. See the back of this page for more information.

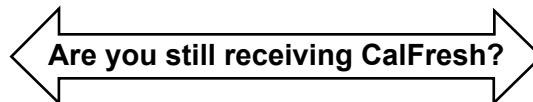
**1. You have been told we paid you too much CalFresh.**

You need to pay back the \$ \_\_\_\_\_ we overissued you from \_\_\_\_\_ to \_\_\_\_\_. Please see below for your options to repay.

**2. Here's why this happened:**

A court or state administrative hearing decided that your Inadvertent Household Error (IHE) is an Intentional Program Violation (IPV) or you have signed a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. This notice has information about the amount you now owe, which may be more than the amount you were told about before.

**3. Your options to repay:**




**\$ 1. Pay in full**


**OR**

**\$ 2. Join the 20% or \$20 repayment plan**  
If you don't respond, we'll assume you agree to a 20% or \$20 reduction (whichever is more) in your CalFresh benefits. This will start on \_\_\_\_\_.

**OR**


 **3. Agree to another repayment plan**  
Fill out and return the included repayment form by \_\_\_\_\_.

**OR**


 **4. Ask for a state hearing**  
If you disagree with us, ask for a state hearing by filling out the back of this page and returning it by \_\_\_\_\_.

**\$ 1. Pay in full**

**OR**

 **2. Agree to a repayment plan**  
Fill out and return the included repayment form by \_\_\_\_\_.

**OR**

 **3. Ask for a state hearing**  
If you disagree with us, ask for a state hearing by filling out the back of this page and returning it by \_\_\_\_\_.  
  
If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

- Note:**
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed, such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.
  - Because this is now an Intentional Program Violation, penalties will apply even if you agree to repay what you owe.

These rules apply: MPP 63-801.43; MPP 63-801.23. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.



## 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

**CALFRESH REPAYMENT FINAL NOTICE  
INADVERTENT HOUSEHOLD ERROR (IHE)**

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 disagree with us, you can ask for a hearing unless you have already had a hearing on the amount you owe. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

**Warning:** If you think we are wrong, this is your last chance to ask for a hearing. If you stay on CalFresh the county can lower your CalFresh benefits to collect the overissuance. If you go off CalFresh before the overissuance is paid back, the county may take what you owe out of your income tax refund.

**1. We told you before that we paid you too much CalFresh.**

You still owe \$ \_\_\_\_\_ because we overissued from \_\_\_\_\_ to \_\_\_\_\_. Please see below for your options to repay.

**2. You made a mistake. Here's why this happened:**

**3. You did not agree to repay OR did not repay as agreed. Your options to repay:**

YES



Are you still receiving CalFresh?

NO



**\$ 1. Pay in full**

**OR**

**(S) 2. Join the 10% or \$10 repayment plan**

If you don't respond, we'll assume you agree to a 10% or \$10 reduction (whichever is more) in your CalFresh benefits until your balance is paid off. This will start on \_\_\_\_\_.

**OR**

**(S) 3. Agree to another repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_. You must tell us when you cannot pay as agreed. If your ability to pay changes, explain why you cannot pay and contact the county about changing your monthly payments.

**OR**

**(S) 4. Ask for a state hearing**

If you disagree with us, this is your last chance to ask for a state hearing by filling out the back page and returning it by \_\_\_\_\_.

**\$ 1. Pay in full**

**OR**

**(S) 2. Agree to a repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_. You must tell us when you cannot pay as agreed. If your ability to pay changes, explain why you cannot pay and contact the county about changing your monthly payments.

**OR**

**(S) 3. Ask for a state hearing**

If you disagree with us, this is your last chance to ask for a state hearing by filling out the back page and returning it by \_\_\_\_\_.

If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

- Note:**
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed, such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.

These rules apply: MPP 63-801.21. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## 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

**CALFRESH REPAYMENT FINAL NOTICE**  
**COUNTY ADMINISTRATIVE ERROR (AE)**

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 unless you already had a hearing on the amount you owe. If you ask for a hearing before \_\_\_\_\_ your benefits will not be changed before the hearing. The back of this page tells you how.**

**Warning:** If you think we are wrong, this is your last chance to ask for a hearing. If you stay on CalFresh the county can lower your CalFresh benefits to collect the overissuance. If you go off CalFresh before the overissuance is paid back, the county may take what you owe out of your income tax refund.

**1. We told you before that we paid you too much CalFresh.**

You still owe \$ \_\_\_\_\_ because we overissued from \_\_\_\_\_ to \_\_\_\_\_. Please see below for your options to repay.

**2. The county made a mistake. Here's why this happened:**

**3. You did not agree to repay OR did not repay as agreed. Your options to repay:**

YES



Are you still receiving CalFresh?

NO



**\$ 1. Pay in full**

**OR**

**\$ 2. Join the 5% or \$10 repayment plan**

If you don't respond by \_\_\_\_\_, we'll assume you agree to a 5% or \$10 reduction (whichever is more) in your CalFresh benefits for up to 36 months. This will start on \_\_\_\_\_.

**OR**

**\$ 3. Agree to another repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_. You must tell us when you cannot pay as agreed. If your ability to pay changes, explain why you cannot pay and contact the county about changing your monthly payments.

**OR**

**\$ 4. Ask for a state hearing**

If you disagree with us this is your last chance to ask for a state hearing by filling out the back of this page and returning it by \_\_\_\_\_.

**\$ 1. Pay in full**

**OR**

**\$ 2. Agree to a repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_. You must tell us when you cannot pay as agreed. If your ability to pay changes, explain why you cannot pay and contact the county about changing your monthly payments.

**OR**

**\$ 3. Ask for a state hearing**

If you disagree with us, this is your last chance to ask for a state hearing by filling out the back page and returning it by \_\_\_\_\_.

If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

- Note:**
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed such as through the courts or federal government collection action.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.
  - Lomeli v. Saenz: Federal law requires us to forgive any part of your claim if we believe you are unable to repay. We will collect the amount above by reducing your monthly allotment by 5% or \$10.00, whichever is greater, for up to a total of 36 months. Any remaining balance will be forgiven.

These rules apply: MPP 63-801.21. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## 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.

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- Send or take this page to:

OR

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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

**CALFRESH REPAYMENT FINAL NOTICE  
INTENTIONAL PROGRAM VIOLATION (IPV)**

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

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

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

(ADDRESSEE)

[ ]

[ ]

Questions? Ask your Worker.

**State Hearing: If you disagree with us, you can ask for a hearing unless you have already had a hearing on the amount you owe. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

**Warning:** If you think we are wrong, this is your last chance to ask for a hearing. If you stay on CalFresh the county can lower your CalFresh benefits to collect the overissuance. If you go off CalFresh before the overissuance is paid back, the county may take what you owe out of your income tax refund.

**1. We told you before that we paid you too much CalFresh.**

You still owe \$ \_\_\_\_\_ because we overissued from \_\_\_\_\_ to \_\_\_\_\_. Please see below for your options to repay.

**2. You intentionally applied for benefits you should not have. Here's why this happened:**

**3. You did not agree to repay OR did not repay as agreed. Your options to repay:**

**YES**



**Are you still receiving CalFresh?**

**NO**



**\$ 1. Pay in full**

**OR**

**(S) 2. Join the 20% or \$20 repayment plan**

If you don't respond by \_\_\_\_\_, we'll assume you agree to a 20% or \$20 reduction (whichever is more) in your CalFresh benefits until your balance is paid off. This will start on \_\_\_\_\_.

**OR**

**(S) 3. Agree to another repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_. You must tell us when you cannot pay as agreed. If your ability to pay changes, explain why you cannot pay and contact the county about changing your monthly payments.

**OR**

**(S) 4. Ask for a state hearing**

If you disagree with us, this is your last chance to ask for a state hearing by filling out the back of this page and returning it by \_\_\_\_\_.

**\$ 1. Pay in full**

**OR**



**2. Agree to a repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_. You must tell us when you cannot pay as agreed. If your ability to pay changes, explain why you cannot pay and contact the county about changing your monthly payments.

**OR**



**3. Ask for a state hearing**

If you disagree with us, this is your last chance to ask for a state hearing by filling out the back page and returning it by \_\_\_\_\_.

If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

- Note:**
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.

These rules apply: MPP 63-801.32. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## 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

# CALFRESH OVERISSUANCE NOTICE

## INADVERTENT HOUSEHOLD ERRORS (IHE)

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

(ADDRESSEE)

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

Worker Telephone: \_\_\_\_\_

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

\_\_\_\_\_

Questions? Ask your  
Worker.

**State Hearing: If you disagree with us, you can ask for a hearing. Page 7 tells you how. If you ask for a hearing before \_\_\_\_\_ your benefits may not be changed until a decision is made.**

**1. We paid you  
too much  
CalFresh.**

You need to pay back the \$\_\_\_\_\_ we  
overissued from \_\_\_\_\_ to \_\_\_\_\_.  
Please see page 2 for your options to repay.

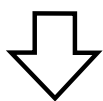
**2. You made a mistake. Here's why this happened:**

**IMPORTANT - MORE INFORMATION ON PAGE 2.**



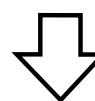
### 3. Your options to repay:

**YES**



**Are you still receiving CalFresh?**

**NO**



**\$ 1. Pay in full**

**OR**

**(\$) 2. Join the 10% or \$10 repayment plan**

If you don't respond, we'll assume you agree to a 10% or \$10 reduction (whichever is more) in your CalFresh benefits until your balance is paid off. This will start on \_\_\_\_\_.

**OR**



**3. Agree to another repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**



**4. Ask for a state hearing**

If you disagree with us, ask for a state hearing by filling out pages 5-8 and returning them by \_\_\_\_\_.

**\$ 1. Pay in full**

**OR**



**2. Agree to a repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**



**3. Ask for a state hearing**

If you disagree with us, ask for a state hearing by filling out pages 5-8 and returning them by \_\_\_\_\_.

If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

**IMPORTANT - MORE INFORMATION ON PAGE 3.**

## **CALFRESH OVERISSUANCE NOTICE**

### **INADVERTENT HOUSEHOLD ERRORS (IHE)**

- Note:
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed, such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.

These rules apply: MPP 63-801; MPP 63-804. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

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## **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.

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 6.**

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.)**

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 7.**

### TO ASK FOR A HEARING:

- **Fill out pages 5-8.**
- Make a copy of this entire 8 page form for your records. If you ask, your worker will get you a copy of this form.
- **Send or take this entire form 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:

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 8.**

State Of California - Health And Human Services Agency  
California Department Of Social Services

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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

# CALFRESH OVERISSUANCE NOTICE

COUNTY ADMINISTRATIVE ERROR (AE)

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

(ADDRESSEE)

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

Worker Telephone: \_\_\_\_\_

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

Questions? Ask your  
Worker.

**State Hearing: If you disagree with us, you can ask for a hearing. Page 7 tells how. If you ask for a hearing before \_\_\_\_\_ your benefits may not be changed until a decision is made.**

**IMPORTANT - MORE INFORMATION ON PAGE 2.**



**1. We paid you  
too much  
CalFresh.**

You may need to pay back the \$ \_\_\_\_\_  
we overissued from \_\_\_\_\_ to  
\_\_\_\_\_. Please see page 3 for your  
options to repay.

**2. The county made a mistake. Here's why this happened:**

**IMPORTANT - MORE INFORMATION ON PAGE 3.**

### 3. Your options to repay:


**YES**  
↓

← **Are you still receiving CalFresh?** →

**NO**  
↓

**\$ 1. Pay in full**

**OR**

**() 2. Join the 5% or \$10 repayment plan**


If you don't respond, we'll assume you agree to a 5% or \$10 reduction (whichever is more) in your CalFresh benefits for up to 36 months. This will start on \_\_\_\_\_.

**OR**

 **3. Agree to another repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**

 **4. Ask for a state hearing**  
If you disagree with us, ask for a state hearing by filling out pages 5-8 and returning them by \_\_\_\_\_.


**\$ 1. Pay in full**

**OR**

 **2. Agree to a repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**

 **3. Ask for a state hearing**  
If you disagree with us, ask for a state hearing by filling out pages 5-8 and returning them by \_\_\_\_\_.

If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

**IMPORTANT - MORE INFORMATION ON PAGE 4.**

- Note:
- If you are not receiving CalFresh benefits, the overissuance must be repaid if it is more than \$125.
  - You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed, such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.
  - Lomeli v. Saenz: Federal law requires us to forgive any part of your claim if we believe you are unable to repay. We will collect the amount above by reducing your monthly allotment by 5% or \$10.00, whichever is greater, for up to a total of 36 months. Any remaining balance will be forgiven.

These rules apply: MPP 63-801.22, 63-801.43, 63-801.7, Lomeli v. Saenz and Duarte v. Saenz. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## **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.

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 6.**

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.)**

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 7.**

### TO ASK FOR A HEARING:

- **Fill out pages 5-8.**
- Make a copy of this entire 8 page form for your records. If you ask, your worker will get you a copy of this form.
- **Send or take this entire form 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:

\_\_\_\_\_

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 8.**

State Of California - Health And Human Services Agency  
California Department Of Social Services

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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

**CALFRESH OVERISSUANCE NOTICE**  
**INTENTIONAL PROGRAM VIOLATION (IPV)**

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

(ADDRESSEE)


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

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

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

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

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

Worker Telephone: \_\_\_\_\_

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

Questions? Ask your  
Worker.

**State Hearing: If you disagree with us, you can ask for a hearing. Page 7 tells how. If you ask for a hearing before \_\_\_\_\_ your benefits may not be changed until a decision is made.**

**IMPORTANT - MORE INFORMATION ON PAGE 2.**



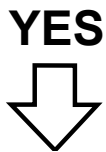
**1. We paid  
you too much  
CalFresh.**

You may need to pay back the \$\_\_\_\_\_ we overissued from \_\_\_\_\_ to \_\_\_\_\_. Please see page 3 for your options to repay.

**2. You intentionally got benefits you should not have. Here's why this happened:**

**IMPORTANT - MORE INFORMATION ON PAGE 3.**

### 3. Your options to repay:



**\$ 1. Pay in full**

**OR**

 **2. Join the 20% or \$20 repayment plan**

If you don't respond, we'll assume you agree to a 20% or \$20 reduction (whichever is more) in your CalFresh benefits. This will start on \_\_\_\_\_.

**OR**

 **3. Agree to another repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**



**4. Ask for a state hearing**

If you disagree with us, ask for a state hearing by filling out pages 5-8 and returning them by \_\_\_\_\_.

**\$ 1. Pay in full**

**OR**



**2. Agree to a repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**



**3. Ask for a state hearing**

If you disagree with us, ask for a state hearing by filling out pages 5-8 and returning them by \_\_\_\_\_.

If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

**IMPORTANT - MORE INFORMATION ON PAGE 4.**

- Note:**
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed, such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.
  - If this Intentional Program Violation was an Inadvertent Household Error, penalties will apply even if you agree to repay what you owe.

These rules apply: MPP 63-801.43; MPP 63-801.23. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## **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.

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 6.**

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.)**

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 7.**

### TO ASK FOR A HEARING:

- **Fill out pages 5-8.**
- Make a copy of this entire 8 page form for your records. If you ask, your worker will get you a copy of this form.
- **Send or take this entire form 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:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Cash Aid | <input type="checkbox"/> CalFresh           |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Other (list) _____ |
- 

**Here's Why:**

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---

---

---

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- ☐ **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:

---

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 8.**

State Of California - Health And Human Services Agency  
California Department Of Social Services

---

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

---

## **CALFRESH OVERISSUANCE NOTICE**

### **CHANGE FROM INADVERTENT HOUSEHOLD ERROR (IHE) TO INTENTIONAL PROGRAM VIOLATION (IPV)**

(ADDRESSEE)

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


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

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

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

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

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

Worker Telephone: \_\_\_\_\_

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

Questions? Ask your  
Worker.

**State Hearing: If you disagree with us, you can ask for a hearing, unless you already had a hearing on the cause of this overissuance. If you ask for a hearing before \_\_\_\_\_ your benefits may not be changed until a decision is made. See page 7 for more information.**

**IMPORTANT - MORE INFORMATION ON PAGE 2.**



**1. You have been told we paid you too much CalFresh.**

You need to pay back the \$ \_\_\_\_\_ we overissued you from \_\_\_\_\_ to \_\_\_\_\_. Please see page 3 for your options to repay.

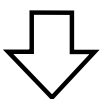
**2. Here's why this happened:**

A court or state administrative hearing decided that your Inadvertent Household Error (IHE) is an Intentional Program Violation (IPV) or you have signed a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. This notice has information about the amount you now owe, which may be more than the amount you were told about before.

**IMPORTANT - MORE INFORMATION ON PAGE 3.**

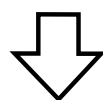
### 3. Your options to repay:

**YES**



**Are you still receiving CalFresh?**

**NO**



**\$ 1. Pay in full**

**OR**

**(S) 2. Join the 20% or \$20 repayment plan**

If you don't respond, we'll assume you agree to a 20% or \$20 reduction (whichever is more) in your CalFresh benefits. This will start on \_\_\_\_\_.

**OR**

**(S) 3. Agree to another repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**

**(S) 4. Ask for a state hearing**

If you disagree with us, ask for a state hearing by filling out pages 5-8 and returning them by \_\_\_\_\_.

**\$ 1. Pay in full**

**OR**



**2. Agree to a repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_.

**OR**



**3. Ask for a state hearing**

If you disagree with us, ask for a state hearing by filling out pages 5-8 and returning them by \_\_\_\_\_.

If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

**IMPORTANT - MORE INFORMATION ON PAGE 4.**

- Note:**
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed, such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.
  - Because this is now an Intentional Program Violation, penalties will apply even if you agree to repay what you owe.

These rules apply: MPP 63-801.43; MPP 63-801.23. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## **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.

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 6.**

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.)**

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 7.**

### TO ASK FOR A HEARING:

- **Fill out pages 5-8.**
- Make a copy of this entire 8 page form for your records. If you ask, your worker will get you a copy of this form.
- **Send or take this entire form 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:

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Cash Aid | <input type="checkbox"/> CalFresh          |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> 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:

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 8.**

State Of California - Health And Human Services Agency  
California Department Of Social Services

---

---

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

---

# CALFRESH REPAYMENT FINAL NOTICE

## INADVERTENT HOUSEHOLD ERROR (IHE)

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

(ADDRESSEE)


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

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

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

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

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

Worker Telephone: \_\_\_\_\_

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

Questions? Ask your  
Worker.

**State Hearing:** If you disagree with us, you can ask for a hearing unless you have already had a hearing on the amount you owe. Page 5 tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

**Warning:** If you think we are wrong, this is your last chance to ask for a hearing. If you stay on CalFresh the county can lower your CalFresh benefits to collect the overissuance. If you go off CalFresh before the overissuance is paid back, the county may take what you owe out of your income tax refund.

**IMPORTANT - MORE INFORMATION ON PAGE 2.**



State Of California - Health And Human Services Agency  
California Department Of Social Services

---

**1. We told you  
before that we  
paid you too  
much CalFresh.**

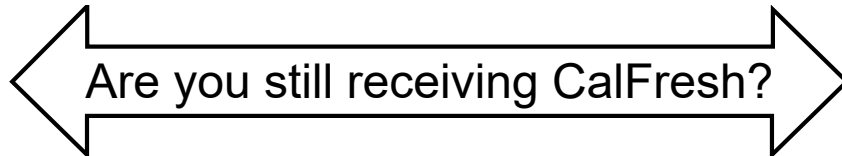
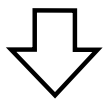
You still owe \$ \_\_\_\_\_ because we  
overissued from \_\_\_\_\_ to  
\_\_\_\_\_. Please see page 3 for your  
options to repay.

**2. You made a mistake. Here's why this happened:**

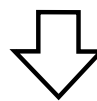
**IMPORTANT - MORE INFORMATION ON PAGE 3.**

**3. You did not agree to repay OR did not repay as agreed.  
Your options to repay:**

**YES**



**NO**



**\$ 1. Pay in full**

**OR**

**(\$) 2. Join the 10% or \$10  
repayment plan**

If you don't respond, we'll assume you agree to a 10% or \$10 reduction (whichever is more) in your CalFresh benefits until your balance is paid off. This will start on \_\_\_\_\_.

**OR**



**3. Agree to another  
repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_. You must tell us when you cannot pay as agreed. If your ability to pay changes, explain why you cannot pay and contact the county about changing your monthly payments.

**OR**



**4. Ask for a state hearing**

If you disagree with us, this is your last chance to ask for a state hearing by filling out pages 5-8 and returning them by \_\_\_\_\_.

**\$ 1. Pay in full**

**OR**



**2. Agree to a repayment plan**

Fill out and return the included repayment form by \_\_\_\_\_. You must tell us when you cannot pay as agreed. If your ability to pay changes, explain why you cannot pay and contact the county about changing your monthly payments.

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If you disagree with us, this is your last chance to ask for a state hearing by filling out pages 5-8 and returning them by \_\_\_\_\_.

If you are NO LONGER receiving CalFresh, we **MUST** hear from you. If we do not hear from you by \_\_\_\_\_, we may take your income tax refund, or use other ways of collecting the amount owed.

**IMPORTANT - MORE INFORMATION ON PAGE 4.**

- Note:
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed, such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.

These rules apply: MPP 63-801.21. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## **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.**

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- 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.

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 6.**

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.)**

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 7.**

### TO ASK FOR A HEARING:

- **Fill out pages 5-8.**
- Make a copy of this entire 8 page form for your records. If you ask, your worker will get you a copy of this form.
- **Send or take this entire form 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:

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 8.**

State Of California - Health And Human Services Agency  
California Department Of Social Services

---

---

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

---

# CALFRESH REPAYMENT FINAL NOTICE

## COUNTY ADMINISTRATIVE ERROR (AE)

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

(ADDRESSEE)


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

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

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

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

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

Worker Telephone: \_\_\_\_\_

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

Questions? Ask your  
Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. If you ask for a hearing before \_\_\_\_\_ your benefits will not be changed before the hearing. Page 7 tells you how.

**Warning:** If you think we are wrong, this is your last chance to ask for a hearing. If you stay on CalFresh the county can lower your CalFresh benefits to collect the overissuance. If you go off CalFresh before the overissuance is paid back, the county may take what you owe out of your income tax refund.

**IMPORTANT - MORE INFORMATION ON PAGE 2.**



State Of California - Health And Human Services Agency  
California Department Of Social Services

---

**1. We told you  
before that we  
paid you too  
much CalFresh.**

You still owe \$ \_\_\_\_\_ because  
we overissued from \_\_\_\_\_ to  
\_\_\_\_\_. Please see page 3 for your  
options to repay.

**2. The county made a mistake. Here's why this happened:**

**IMPORTANT - MORE INFORMATION ON PAGE 3.**

**3. You did not agree to repay OR did not repay as agreed.  
Your options to repay:**

**YES**  
↓

← **Are you still receiving CalFresh?** →

**NO**  
↓

**\$ 1. Pay in full**  
**OR**

**(\$ 2. Join the 5% or \$10  
repayment plan**

If you don't respond by \_\_\_\_\_,  
we'll assume you agree to a 5% or  
\$10 reduction (whichever is more) in  
your CalFresh benefits for up to 36  
months. This will start on \_\_\_\_\_.

**OR**



**3. Agree to another  
repayment plan**

Fill out and return the included  
repayment form by \_\_\_\_\_.  
You must tell us when you cannot  
pay as agreed. If your ability to pay  
changes, explain why you cannot  
pay and contact the county about  
changing your monthly payments.

**OR**



**4. Ask for a state hearing**

If you disagree with us, this is your  
last chance to ask for a state  
hearing by filling out pages 5-8 and  
returning them by \_\_\_\_\_.

**\$ 1. Pay in full**  
**OR**



**2. Agree to a repayment plan**

Fill out and return the included  
repayment form by \_\_\_\_\_.  
You must tell us when you  
cannot pay as agreed. If your  
ability to pay changes, explain  
why you cannot pay and contact  
the county about changing your  
monthly payments.

**OR**



**3. Ask for a state hearing**

If you disagree with us, this is  
your last chance to ask for a  
state hearing by filling out  
pages 5-8 and returning them  
by \_\_\_\_\_.

If you are **NO LONGER**  
receiving CalFresh, we **MUST**  
hear from you. If we do not  
hear from you by \_\_\_\_\_,  
we may take your income tax  
refund, or use other ways of  
collecting the amount owed.

**IMPORTANT - MORE INFORMATION ON PAGE 4.**

- Note:**
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed such as through the courts or federal government collection action.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.
  - Lomeli v. Saenz: Federal law requires us to forgive any part of your claim if we believe you are unable to repay. We will collect the amount above by reducing your monthly allotment by 5% or \$10.00, whichever is greater, for up to a total of 36 months. Any remaining balance will be forgiven.

These rules apply: MPP 63-801.21. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## **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.**

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- 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.

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 6.**

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.)**

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 7.**

### TO ASK FOR A HEARING:

- **Fill out pages 5-8.**
- Make a copy of this entire 8 page form for your records. If you ask, your worker will get you a copy of this form.
- **Send or take this entire form 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:

\_\_\_\_\_

**YOUR HEARING RIGHTS ARE  
CONTINUED ON PAGE 8.**

State Of California - Health And Human Services Agency  
California Department Of Social Services

---

---

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

---

# CALFRESH REPAYMENT FINAL NOTICE

## INTENTIONAL PROGRAM VIOLATION (IPV)

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

(ADDRESSEE)

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

Worker Telephone: \_\_\_\_\_

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

Questions? Ask your  
Worker.

**State Hearing:** If you disagree with us, you can ask for a hearing unless you have already had a hearing on the amount you owe. Page 7 tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

**Warning:** If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on CalFresh the county can lower your CalFresh benefits to collect the overissuance. If you go off CalFresh before the overissuance is paid back, the county may take what you owe out of your income tax refund.

**IMPORTANT - MORE INFORMATION ON PAGE 2.**



**1. We told you  
before that we  
paid you too  
much CalFresh.**

You still owe \$ \_\_\_\_\_ because  
we overissued from \_\_\_\_\_ to  
\_\_\_\_\_. Please see page 3 for your  
options to repay.

**2. You intentionally applied for benefits you should not have.  
Here's why this happened:**

**IMPORTANT - MORE INFORMATION ON PAGE 3.**

**3. You did not agree to repay OR did not repay as agreed.  
Your options to repay:**

**YES**  
↓

**Are you still receiving CalFresh?**

**NO**  
↓

**\$ 1. Pay in full**  
**OR**

**(S) 2. Join the 20% or \$20  
repayment plan**

If you don't respond by \_\_\_\_\_,  
we'll assume you agree to a 20%  
or \$20 reduction (whichever is  
more) in your CalFresh benefits  
until your balance is paid off. This  
will start on \_\_\_\_\_.

**OR**

**(S) 3. Agree to another  
repayment plan**

Fill out and return the included  
repayment form by \_\_\_\_\_.  
You must tell us when you cannot  
pay as agreed. If your ability to pay  
changes, explain why you cannot  
pay and contact the county about  
changing your monthly payments.

**OR**

**(S) 4. Ask for a state hearing**

If you disagree with us, this is  
your last chance to ask for a state  
hearing by filling out pages 5-8 and  
returning them by \_\_\_\_\_.

**\$ 1. Pay in full**  
**OR**

**(S) 2. Agree to a repayment  
plan**

Fill out and return the included  
repayment form by \_\_\_\_\_.  
You must tell us when you cannot  
pay as agreed. If your ability to  
pay changes, explain why you  
cannot pay and contact the county  
about changing your monthly  
payments.

**OR**

**(S) 3. Ask for a state hearing**

If you disagree with us, this is  
your last chance to ask for a state  
hearing by filling out pages 5-8  
and returning them by \_\_\_\_\_.  
If you are NO LONGER receiving  
CalFresh, we **MUST** hear from  
you. If we do not hear from you by  
\_\_\_\_\_, we may take your  
income tax refund, or use other  
ways of collecting the amount  
owed.

**IMPORTANT - MORE INFORMATION ON PAGE 4.**

- Note:**
- You do not have to use SSI benefits to pay back the overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - You may review and copy the county's records related to this overissuance.
  - If you do not pay back the overissuance, agree to a repayment plan, or have your benefits reduced, the county may use other ways of collecting the amount owed such as through the courts or federal government collection action.
  - If you stop receiving CalFresh before the overissuance is paid back, we may take what you owe out of your income tax refund.
  - If the claim becomes past due or the household is sued, you may have to pay court or other costs.
  - Your repayment agreement will be based on your current ability to pay. If your ability to pay changes, contact the county about changing your monthly payments.

These rules apply: MPP 63-801.32. You may review them online at [cdss.ca.gov](http://cdss.ca.gov) or at your local county office.

## **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:**

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**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

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County about my:

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Cash Aid | <input type="checkbox"/> CalFresh          |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> 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.)

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