



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

July 16, 2018

ERRATUM

ALL COUNTY LETTER (ACL) NO. 18-50E

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

SUBJECT: CALFRESH OVERISSUANCE NOTICES OF ACTION:
REVISIONS TO DFA 377.7F, CF 377.7D3 LP, AND DFA 377.7F
LP

REFERENCES: [ACL 18-50](#), [TITLE 7 CODE OF FEDERAL REGULATIONS \(CFR\) §273.16\(c\)](#), [7 CFR §273.18\(e\)\(3\)](#), [MANUAL OF POLICIES AND PROCEDURES \(MPP\) §63-801.431](#), [MPP §63-801.732](#), [MPP §23-400.111](#)

The purpose of this erratum is to transmit copies of the following revised CalFresh Overissuance (OI) Notices of Action (NOAs) to County Welfare Departments (CWDs):

- DFA 377.7F – CalFresh Overissuance Notice for Intentional Program Violation (IPV)
- CF 377.7D3 LP – CalFresh Overissuance Notice for County Administrative Error (AE)
- DFA 377.7F LP – CalFresh Overissuance Notice for Intentional Program Violation (IPV)

The original language and the revised language for the impacted sections of the OI NOAs are provided below. Deletions are marked with a ~~strike through~~ and additions are in **bold**.

Overview of Form Changes

DFA 377.7F – CalFresh Overissuance Notice for Intentional Program Violation (IPV)

Original language under the fifth bullet point under the “Note” Section:

- ~~• If you stop receiving past due or the household is sued, you may have to pay court or other costs.~~

Revised language:

- **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.**

CF 377.7D3 LP – CalFresh Overissuance Notice for County Administrative Error (AE)

Original language under the heading, “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.

Revised language:

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

DFA 377.7F LP – CalFresh Overissuance Notice for Intentional Program Violation (IPV)

Original language under the heading, “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.

Revised language:

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

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 ACL 18-50, dated May 3, 2018. 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.

Camera Ready Copies and Translations

For a camera-ready copy in English, contact the CDSS Forms Management Unit at 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
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 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 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

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.**

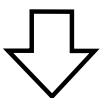
You need to pay back the \$ _____
we overissued from _____ to
_____. Please see page 3 for your
options to repay.

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

IMPORTANT - MORE INFORMATION ON PAGE 3.

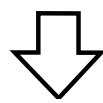
3. Your options to repay:

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 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

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 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:

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



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 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
