

July 16, 2018

ALL COUNTY LETTER (ACL) NO. 18-87

TO: ALL COUNTY WELFARE DIRECTORS  
ALL INTERIM ASSISTANCE REIMBURSEMENT (IAR)  
PROGRAM MANAGERS  
ALL CASH ASSISTANCE PROGRAM FOR IMMIGRANTS  
(CAPI) MANAGERS

SUBJECT: **CASH ASSISTANCE PROGRAM FOR IMMIGRANTS  
(CAPI) NOTICE OF DENIAL (NA 691) REVISION**

REFERENCES: [CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
MANUAL OF POLICIES AND PROCEDURES \(MPP\) §§30-  
009, 49-010, 49-060.33;](#)  
[PROGRAM OPERATIONS MANUAL SYSTEM \(POMS\) §§I  
02301.250\(B\)\(4\);](#)  
[ALL COUNTY LETTER NO. 17-31 \(MAY 18, 2017\).](#)

The purpose of this All County Letter (ACL) is to publish March 2018 revisions to the [Cash Assistance Program for Immigrants \(CAPI\) Notice of Denial \(NA 691\)](#). The form provides counties and CAPI consortia with convenient check boxes to provide applicants who have been denied CAPI with clear explanations of the reason for denial. This ACL describes changes made to the list of reasons.

The revised form has been appended to this ACL and is posted on the California Department of Social Services (CDSS) website. Please begin using this revised form immediately. Previous English language versions of this form (11/06 and earlier) should be discarded and will no longer be accepted by CDSS.

Translations of the revised NA 691 into the current CAPI statewide threshold languages (Spanish, Armenian and Chinese) are posted on the CDSS website. Please note that each county is responsible for translating the NA 691 as revised in March, 2018 into its threshold languages.

### **Form Accessibility**

The revised version of the CAPI (NA 691) uses an enlarged type size (at least 12 point) and meets CDSS standards of accessibility for the blind and visually impaired, including accommodation of screen reading software. Accordingly, the length of this form has increased from a single page to two pages.

### **Spousal Deeming**

Previously, the second and third check boxes indicated that deeming of sponsor assets may be a factor in determining that an applicant exceeds allowable income or resource limits and therefore fails to qualify for CAPI benefits. The revised form indicates that deeming of both spousal and sponsor assets (as applicable) are considered in making CAPI eligibility determinations.

### **Receipt of SSI Benefits**

The previous version of this form stated “you cannot receive both SSI benefits and payments under CAPI.” The revised form clarifies that claimants may not receive SSI and CAPI benefits *at the same time*. Many claimants receive CAPI first and SSI later (e.g., due to naturalization) or SSI first and CAPI later (e.g., refugees and asylees obtaining CAPI benefits after exhausting the seven-year SSI maximum applicable to these immigration status categories).

### **Leaving the United States for an Entire Calendar Month**

The previous denial reason “you are outside of the United States for an entire month” has been removed from this form. While this disqualification is a reason for suspending ongoing CAPI benefits (Manual of Policies and Procedures (MPP) §49-010.24) and is therefore listed on the [CAPI Notice of Change \(NA 692\)](#), it is rarely a reason for denying a CAPI application. Generally, counties and CAPI consortia must approve or deny CAPI within 30 days of application. (MPP §30-009.227; [ACL #17-31](#)). As the county, must conduct an in-person interview with the applicant as part of the CAPI application process (MPP §30-009.224), it is highly unlikely that an applicant would be outside the United States for a full calendar month prior to a decision on the application. However, should a CAPI application be denied for this reason, the county or CAPI consortium would list it on the form under “Other.”

### **Death of Applicant**

The previous denial reason “the county has information that the applicant is now deceased” has been removed from this form. Due to the short 30-day application process, it is likely that information regarding an applicant’s death will be received by the county after a decision on the CAPI application has already been made. However, should a CAPI application be denied for this reason, the county or CAPI consortium would list it on the form under “Other.”

In the event that a county or consortium learns of an applicant's death following approval of the application and payment of the initial month's benefits, CAPI should be terminated (MPP §49-060.33) and an appropriately completed CAPI Notice of Change sent to the recipient's address. If the county's or consortium's information is incorrect and the recipient is not deceased, the recipient should request a hearing following the instructions attached to the Notice of Change. (See [Program Operations Manual System \(POMS\) §SI 02301.250\(B\)\(4\)](#)).

### **Resident of a Public Institution**

This revision to form NA 691 clarifies that residents of public institutions are disqualified from receiving CAPI only after residing there for an entire calendar month or more. (MPP §49-010.21). Counties and CAPI consortia should not deny CAPI applications based on shorter stays in public institutions. For example, an applicant who is admitted to a county psychiatric facility during the 30-day application process may not be denied benefits merely based on residence in a public institution. Brief stays in such institutions are common. If CAPI is approved while an applicant resides in a public institution, the county or consortium should flag the case for follow-up in the following month based on actual length of residence in the public institution.

### **Additional Reasons for Denial**

This revision to form NA 691 lists two additional reasons for which a county or consortium may deny a CAPI application. Both of these are related to crimes committed by an applicant:

- You are in violation of a condition of probation or parole imposed under federal or state law. (MPP §49-010.23).
- You are fleeing to avoid prosecution, custody or confinement after conviction of a crime that is a felony under the laws of the place from which you have fled. (MPP §49-010.22).

For questions regarding the information contained in this letter, please contact Aron Smith, Cash Programs Manager in the Cash Assistance, Special Services and Program Integrity Bureau, CDSS Adult Programs Division at [aron.smith@dss.ca.gov](mailto:aron.smith@dss.ca.gov) or (916) 651-1174.

Sincerely,

### ***Original Document Signed By:***

DEBBI THOMSON  
Deputy Director  
Adult Programs Division

Attachment

## NOTICE OF DENIAL CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

(ADDRESSEE)

County of: \_\_\_\_\_

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

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

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

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

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

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

**Questions?** Ask your worker.

**State Hearing: If you think this action is wrong, you can ask for a hearing. The pages that follow tell you how.**

Your application for the Cash Assistance Program for Immigrants (CAPI) dated \_\_\_\_\_ has been denied because:

- ☐ Your citizenship/immigration status does not meet CAPI requirements. (MPP Section 49-020)
- ☐ Your income of \$\_\_\_\_\_, which may include income deemed from your spouse or sponsor(s), exceeds the allowable limit. (MPP Section 49-035)
- ☐ Your resources, which may include resources deemed from your spouse or sponsor(s), exceed the allowable limit of \$2,000 for an individual or \$3,000 for a couple. (MPP Section 49-040)
- ☐ You failed to provide proof that you applied for all possible benefits (including SSI), or you failed to take all necessary steps to obtain those benefits. (MPP Sections 49-030, 49-060.1(j))
- ☐ You currently receive SSI benefits; you may not receive SSI benefits and payments under CAPI at the same time. (MPP Section 49-030)
- ☐ You have failed to cooperate with the county application process (see comments). (MPP Section 49-015.1)
- ☐ You are currently a resident of a public institution and have been residing there for an entire calendar month or more. (MPP Section 49-010.21)
- ☐ You are not a California resident. (MPP Section 49-010.14)
- ☐ You are under the age of 65 and you are neither blind nor disabled. (MPP Section 49-025)
- ☐ You have voluntarily withdrawn your application.

- ☐ You are in violation of a condition of probation or parole imposed under federal or state law. (MPP Section 49-010.23)
- ☐ You are fleeing to avoid prosecution, custody or confinement after conviction of a crime that is a felony under the laws of the place from which you have fled. (MPP Section 49-010.22)
- ☐ Other \_\_\_\_\_

**Comments:**

**Rules:** These rules apply; you may review them at your welfare office: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Sections 49-001 through 49-070.

## 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