

February 3, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-03

This All County Letter (ACL) provides County Welfare Departments (CWDs) with instructions and information regarding the revised Notice of Action forms for the California Work Opportunity and Responsibility to Kids (CalWORKs) Stage One Child Care program.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

February 3, 2020

ALL COUNTY LETTER (ACL) NO. 20-03

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHILD CARE COORDINATORS
ALL WELFARE TO WORK COORDINATORS
ALL COUNTY ELIGIBILITY WORKERS
ALL CONSORTIA REPRESENTATIVES

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
KIDS (CalWORKs) STAGE ONE CHILD CARE: NOTICE OF ACTION
FORMS

REFERENCE: [ASSEMBLY BILL \(AB\) 121 \(CHAPTER 414, STATUTES OF 2019\)](#);
[ALL COUNTY LETTER 19-99](#); [WELFARE AND INSTITUTIONS CODE
\(WIC\) SECTIONS 11323.3, 11323.4](#); [MANUAL OF POLICIES AND
PROCEDURES \(MPP\) SECTIONS 47-420.3, 47-430.2](#)

PURPOSE

The purpose of this ACL is to provide County Welfare Departments (CWDs) with policy information and instructions regarding revisions to the required Notices of Action (NOAs) relating to the California Work Opportunity and Responsibility to Kids (CalWORKs) Stage One Child Care program. The California Department of Social Services (CDSS) revised the CalWORKs Stage One Child Care program NOA forms to reflect the new policy implementation of immediate and continuous child care eligibility pursuant to [AB 121 \(Chapter 414, Statutes of 2019\)](#), signed by the Governor on October 2, 2019, and are to accompany [ACL 19-99](#).

POLICY IMPLEMENTATION

Effective October 1, 2019, CWDs shall begin utilizing the revised CalWORKs Stage One Child Care NOA forms when providing written notice of child care status for Stage

One Child Care recipients. The revised NOAs provide notification of child care eligibility, ineligibility, and any changes made in eligibility status or level of service. Although the NOAs have been revised, CWDs are reminded to ensure that the NOAs include the original NA Back 9 (the NA Back 9 has not been revised). The CWDs may substitute these NOAs; however, CWDs must submit the substitute NOAs to the CDSS via e-mail at CCPB@dss.ca.gov for approval prior to using them.

REVISED CALWORKS STAGE ONE CHILD CARE NOTICE OF ACTION FORMS

The following NOAs have been updated:

- Notice of Action - Child Care Services Approval (NA 832)
- Notice of Action - Child Care Change (NA 833)
- Notice of Action - Child Care Denial (NA 834)
- Notice of Action - Child Care Discontinuance (NA 835)

Reproducible copies of these forms are attached (Attachments A-D).

Notice of Action - Child Care Services Approval (NA 832)

The CDSS made the following revisions to the NA 832:

- Added an option for CWDs to approve Stage One Child Care services for 12 months, or until the participant is transferred to Stage Two, or is otherwise ineligible ([MPP 47-420.3](#))
- Added an option to inform exempt volunteers that the continuance of their child care services is dependent on signing a Welfare-to-Work (WTW) plan: child care will be discontinued if a WTW plan is not signed, but if the participant signs a plan and does not participate in an activity, the participant remains eligible for 12 months of child care
- Updated the child care reimbursement language to provide further clarification regarding the TrustLine process
- Updated citations, including [WIC Sections 11323.1-11323.4](#) and [ACL 19-99](#)

Notice of Action - Child Care Change (NA 833)

The CDSS made the following revisions to NA 833:

- Updated child care reimbursement language to clarify that the county will only reimburse child care for the hours and days that services are rendered
- Added language regarding the TrustLine process ([MPP 47-430.2](#))
- Updated citations, including [WIC Sections 11323.1-11323.4](#) and [ACL 19-99](#)

Notice of Action - Child Care Denial (NA 834)

The CDSS made the following revisions to NA 834:

- Added an additional reason for child care denial: when a participant is exempt from WTW, is not currently participating in any activity, and does not intend to participate in any activity
- Added clarifying language regarding the reasons why the participant's request for child care was denied
- Provided new language about sanctioned cases
- Replaced instances of "his/her" with "their"
- Updated citations, including [WIC Sections 11323.1-11323.4](#) and [ACL 19-99](#)

Notice of Action - Child Care Discontinuance (NA 835)

The CDSS made the following revisions to NA 835:

- Added the following reasons for child care discontinuance:
 - The participant's child care authorization will end
 - The participant has met their county's definition of stable and is being transferred to Stage Two
 - The participant's child care authorization will expire in six months
 - The participant failed to submit documents required to renew child care
- Provided new language about sanctioned cases
- Replaced instances of "his/her" with "their"
- Updated citations, including [WIC Sections 11323.1-11323.4](#) and [ACL 19-99](#)

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the CDSS Forms Management Unit at fmudss@dss.ca.gov. You may also obtain this form from the CDSS webpage at: [CDSS Forms and Brochures Website](#).

When translations are completed per [MPP §21-115.2](#), including the Spanish form, the forms will be posted on the CDSS website. Copies of the translated forms can be obtained at: [CDSS Translated Forms and Publications Website](#).

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.

If the CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in [MPP §21-115](#).

If you have any additional questions regarding this guidance, please contact the Child Care and Intergenerational Services Bureau at CCPB@dss.ca.gov.

Sincerely,

Original Document Signed By:

Jennifer Hernandez
Deputy Director
Family Engagement and Empowerment Division

ATTACHMENTS

NOTICE OF ACTION**CHILD CARE SERVICES APPROVAL**

COUNTY OF _____

Notice Date : _____
 Case Name : _____
 Case Number : _____
 Worker Name : _____
 Worker Number : _____
 Telephone Number : _____
 Address : _____

(Addressee)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Your benefits may not be changed if you ask for a hearing before this action takes place. If you and the county disagree or if you have not heard back from your worker, do not wait to ask for a hearing. You must ask for the hearing before a certain number of days. See the back of this notice for more information and to find out how to ask for a hearing.

CHILD CARE SERVICES

- ☐ You are approved for child care services from _____ through _____ for _____
Date Date

Name of Child(ren) _____

or until transferred to Stage Two or otherwise ineligible.

- ☐ You are an exempt volunteer and the continuance of your child care services is dependent on signing a Welfare-to-Work plan. Your child care services will be discontinued if you do not sign a Welfare-to-Work plan. If you sign a Welfare-to-Work plan but do not participate in an activity, you are still eligible for 12 months of child care.

CHILD CARE REIMBURSEMENT

- ☐ You have chosen an eligible licensed child care provider, or a license-exempt provider who is TrustLine-registered, or who is exempt from TrustLine.

The county may reimburse child care services only for the hours and days that services are rendered, up to the reimbursement limit, as follows.

Child Name:	Child Name:
Provider Name:	Provider Name:
Child Care Hours:	Child Care Hours:
Rate:	Rate:
Reimbursement Limit:	Reimbursement Limit:
Child Name:	Child Name:
Provider Name:	Provider Name:
Child Care Hours:	Child Care Hours:
Rate:	Rate:
Reimbursement Limit:	Reimbursement Limit:

The child care rate, type and reimbursement limit are based on information you gave us. The rate is the most we can reimburse based on what your child care provider charges or your area's child care costs, whichever is less. You are responsible to pay any difference above this rate.

NOTICE

The county will only reimburse for child care providers who are licensed, are registered with TrustLine, or are TrustLine-exempt. If you have selected a new provider who is required to register with TrustLine, this provider cannot be paid until they are registered. Once your provider is TrustLine-registered, the county will only pay for child care up to 120 calendar days from the date child care services were requested or provided, whichever is later.

REMINDERS

You must tell us before you change child care providers (except in an emergency) or we may not be able to approve and reimburse the new provider for child care services.

If you choose child care in your home (in-home child care), you are considered the employer. This means you may be responsible for paying at least the state's minimum wage, social security tax, Medicare taxes and state worker's compensation insurance for your provider. You may also be responsible for unemployment taxes.

If you do not choose in-home child care, the provider is responsible for reporting income and payment of any federal or state income taxes.

For more information contact your local child care resource and referral program at (800) 543-7793.

Rules: These rules apply. You may review them at your welfare office: CDSS All County Letter 19-99; CalWORKs MPP Sections 47-260, 47-430, 47-620, 47-630; Education Code Sections: 8350-8353, 8357; Welfare & Institutions Code Sections 11323.1-11323.4, 11323.6, 11323.8, and 11324; or visit www.cdss.ca.gov or www.leginfo.ca.gov.

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		Date of Birth	Phone Number
Street Address	City	State	Zip Code
Signature			Date
Name of Person Completing This Form			Phone Number

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

Name		Phone Number	
Street Address	City	State	Zip Code

NOTICE OF ACTION**CHILD CARE SERVICES CHANGE**

COUNTY OF _____

Notice Date : _____
 Case Name : _____
 Case Number : _____
 Worker Name : _____
 Worker Number : _____
 Telephone Number : _____
 Address : _____

(Addressee)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Your benefits may not be changed if you ask for a hearing before this action takes place. If you and the county disagree or if you have not heard back from your worker, do not wait to ask for a hearing. You must ask for the hearing before a certain number of days. See the back of this notice for more information and to find out how to ask for a hearing.

As of _____ the child care for
Date

Name of Child _____

is changed for the following reason:

- ☐ The county has changed the reimbursement rate from \$_____ per _____ to \$_____ per _____.
- ☐ The county has changed your reimbursement method for ☐ Cal-Learn ☐ CalWORKs child care from _____ to _____, because you asked for this change.
- ☐ Your child care provider has changed. Your ☐ Cal-Learn ☐ CalWORKs child care at _____ has been paid until _____. Reimbursement for your new child care provider _____ starts on _____.

HERE'S WHY:

- ☐ Your child care rate changed.
- ☐ Your child care provider changed.
- ☐ Your child's age has changed.
- ☐ Your child care hours changed.
- ☐ The State of California changed reimbursement limits.
- ☐ You asked for this change.
- ☐ Other: _____

Your new child care reimbursement is figured on this notice.

The county will only reimburse child care for the hours and days that services are rendered.

The county will only reimburse for child care providers who are licensed, are registered with TrustLine, or are TrustLine-exempt. If you have selected a new provider who is required to register with TrustLine, this provider cannot be paid until registered with TrustLine. Once your child care provider is TrustLine-registered, the county will pay for child care for up to 120 days from the date you asked for child care services or when the child care began, whichever is later.

Rules: These rules apply. You may review them at your welfare office: CDSS All County Letter 19-99; CalWORKs MPP Sections 47-260, 47-430.2, 47-620.32; Welfare and Institutions Code Sections 11323.1-11323.4, 11323.6, 11323.8. Education Code Sections 8350-8353, 8357, or visit www.cdss.ca.gov or www.loginfo.ca.gov.

You must tell us before you change child care providers except in an emergency or we may not be able to reimburse the new provider.

Child(ren): _____

\$_____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$_____ per _____

Provider name: _____

Child(ren): _____

\$_____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$_____ per _____

Provider name: _____

Child(ren): _____

\$_____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$_____ per _____

Provider name: _____

Child care for children not listed here stays the same.

The rates listed above are what your child care provider charges or the most we can reimburse based on your area's child care costs, whichever is less. You are responsible to pay any difference above this rate.

YOUR HEARING RIGHTS

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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		Date of Birth	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

COUNTY OF

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number: _____
Address : _____

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State Hearing: If you think this action is wrong, you can ask for a hearing. Your benefits may not be changed if you ask for a hearing before this action takes place. If you and the county disagree or if you have not heard back from your worker, do not wait to ask for a hearing. You must ask for the hearing before a certain number of days. See the back of this notice for more information and to find out how to ask for a hearing.

☐ You are exempt from Welfare-to-Work, are not currently participating in any activity, and do not intend to participate at this time.

Name of Provider

had their application for TrustLine denied, closed, or revoked.

☐ You are no longer eligible for post aid child care services because

☐ You have good cause for not participating in your Welfare- to-Work activities and have chosen not to participate as a volunteer. (See notes).

☐ Other: _____

☐ You are already getting the most the county can reimburse based on your area's child care costs, the age of your children, and type of child care provider.

☐ The child's other parent is in the home and is able and available to provide care. This parent is not in an activity or does not have a condition that impairs their ability to care for the child.

☐ Your child _____
Name of Child
is 13 years old or older and is not disabled or
under court supervision.

☐ You did not provide the proof that we asked you to give us on _____ that shows
Date
your aided child age 13 or older has a
physical or mental condition.

☐ The child care provider is your child's parent, legal guardian, or a member of your CalWORKs/Cal-Learn assistance unit.

Rules: These rules apply. You may review them at your welfare office: CDSS All County Letter 19-99; CalWORKs MPP Sections 42-713.2, 47-260, 47-430.2, 47-620.32; Education Code Sections 8350-8353, 8357. Welfare & Institutions Code Sections 11323.1-11323.4, 11323.6, and 11323.8, or visit www.cdss.ca.gov or www.leginfo.ca.gov.

Sanctioned Cases:

If you are being sanctioned and intend to cure your sanction, you may be eligible for Stage One Child Care.

Additional Child Care Services:

You may be eligible for Stage Two Child Care or another state or federally funded child care and development program if:

- You are being sanctioned and you do not intend to cure your sanction, and/or
- Your income is more than the 85% percentile of the State Median Income limit.

You may also apply on your own to the Resource and Referral agency listed below.

Notes

To see if you may qualify for other child care programs, you can contact the local Child Care Resource and Referral agency listed below:

Name	Telephone
Address	

YOUR HEARING RIGHTS

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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.

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- 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.
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OR

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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		Date of Birth	Phone Number
Street Address	City	State	Zip Code
Signature			Date
Name of Person Completing This Form			Phone Number

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

Name		Phone Number	
Street Address	City	State	Zip Code

NOTICE OF ACTION**CHILD CARE SERVICES
DISCONTINUANCE**

COUNTY OF _____

Notice Date : _____
 Case Name : _____
 Case Number : _____
 Worker Name : _____
 Worker Number : _____
 Telephone Number : _____
 Address : _____

(Addressee)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Your benefits may not be changed if you ask for a hearing before this action takes place. If you and the county disagree or if you have not heard back from your worker, do not wait to ask for a hearing. You must ask for the hearing before a certain number of days. See the back of this notice for more information and to find out how to ask for a hearing.

Your child care reimbursement for

Name of Child _____

will stop on _____
Date**HERE'S WHY:**

- ☐ Your 12-month child care authorization will end on _____. Please contact your _____
Date
county worker to renew your authorization.
- ☐ You have met your county's definition of stable and will be transferred to Stage Two Child Care as of _____.
Date
- ☐ Your 12-month child care authorization is expiring in 6 months.
- ☐ You have failed to submit documents required to renew child care. If you are still in need of child care services, please contact your worker.
- ☐ You do not have to go to the approved county Welfare-to-Work activity/program right now and have chosen not to participate as a volunteer.
- ☐ You did not meet the CalWORKs program requirements. (See notes).
- ☐ You went off CalWORKs cash aid. You may be eligible for Stage Two Child Care. Please call the Child Care Resource and Referral agency listed on page two.

- ☐ You asked that your child care reimbursements stop.
- ☐ Your child is 13 years old or older, and we do not have information that shows your child is disabled or under court supervision to keep getting child care.
- ☐ Your child(ren) no longer need(s) child care because _____
_____.
- ☐ Your child care provider is a member of your CalWORKs/ Cal-Learn assistance unit.
- ☐ Your child care provider _____
Name of Provider
had their application for TrustLine denied, or closed, or revoked.
- ☐ Your income is \$_____ which is more than the 85% percentile of the State median income limit. State law limits eligibility to this income amount.
- ☐ You are no longer eligible for post aid child care services because _____
_____.
- ☐ Other: _____

Rules: These rules apply. You may review them at your welfare office: CDSS All County Letter 19-99; CalWORKs MPP Sections 47-260, 47-430.2, 47-620.32; Education Code Sections 8350-8353, 8357. Welfare & Institutions Code Sections 11323.4, 11323.6, and 11323.8, or visit www.cdss.ca.gov or www.leginfo.ca.gov.

You can also call your worker/case manager if you think this notice is wrong.

Sanctioned Cases:

If you are being sanctioned and intend to cure your sanction, you may be eligible for Stage One Child Care.

Additional Child Care Services:

You may be eligible for Stage Two Child Care or another state or federally funded child care and development program if:

- You are being sanctioned and you do not intend to cure your sanction, and/or
- Your income is more than the 85% percentile of the State Median Income limit.

You may also apply on your own to the Resource and Referral agency listed below.

Notes

To see if you may qualify for other child care programs, you can contact the local Child Care Resource and Referral agency listed below:

Name	Telephone
Address	

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		Date of Birth	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