

January 04, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-144

The purpose of this All County Letter is to transmit new and revised forms for California Work Opportunity and Responsibility to Kids program related to income disregard changes effective June 1, 2021, pursuant to Senate Bill 80.



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

January 04, 2021

ALL COUNTY LETTER (ACL) NO. 20-144

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL CALFRESH PROGRAM SPECIALISTS
ALL COUNTY REFUGEE COORDINATORS
ALL WELFARE-TO-WORK COORDINATORS
ALL CONSORTIA REPRESENTATIVES

SUBJECT: NEW AND REVISED FORMS TO REFLECT THE INCOME DISREGARD
INCREASE TO \$550 IN ACCORDANCE WITH SENATE BILL 80
(CHAPTER 27, STATUTES OF 2019)

REFERENCE: [SENATE BILL \(SB\) 80 \(CHAPTER 27, STATUTES OF 2019\)](#); [ALL COUNTY LETTER \(ACL\) NOS. 19-76](#); [19-76E](#); [19-76EII](#); AND [20-110](#)

The purpose of this ACL is to transmit new and revised forms related to the June 1, 2021, changes to the CalWORKs income disregards, pursuant to SB 80, signed by the Governor on June 27, 2019. SB 80 updates the CalWORKs disability-based and earned income disregards (EID) thresholds on an annual basis until 2022.

INCOME DISREGARDS

Effective June 1, 2020, SB 80 implemented changes to the net non-exempt income (NNI) that is used to determine how the Assistance Unit's (AU) Maximum Aid Payment (MAP) is calculated by disregarding the first \$500 of disability-based unearned income (DBI) and/or any earned income and 50 percent of any remaining earned income. If the AU has earned income only, the first \$500 and 50 percent of the remaining earned income is disregarded when calculating the MAP.

SB 80 further implements the following increases to the income disregards for CalWORKs recipients:

- Effective June 1, 2021, the income disregards will increase from \$500 to \$550; and
- Effective June 1, 2022, the income disregards will increase from \$550 to \$600.

The grants for all CalWORKs recipients receiving disability-based and/or earned income will be reevaluated by the county, and recipients receiving higher grants will be issued a Change

Notice of Action (NOA). CalFresh income and reporting rules for how to consider income changes in all other circumstances remain unchanged.

FORMS AND NOAS

This letter includes the forms and NOAs which have been updated to reflect the \$550 income disregard amount. A description of the forms and NOAs included in this letter are listed below.

New Forms:

- **NA 274I** CONTINUATION PAGE – OVERPAYMENT COMPUTATIONS FOR 06/01/2021. This form reflects the amount owed for overpayments occurring on or after 06/01/2021.
- **NA 281D** CONTINUATION PAGE – UNDERPAYMENT COMPUTATIONS FOR 06/01/2021. This form reflects the amount owed for underpayments occurring on or after 06/01/2021.

Obsolete Forms:

- **TM 44-111A** NOTICE OF ACTION – INCOME DISREGARD. This obsolescence is due to statute changes that are no longer applicable.
- **TM 44-111B** NOTICE OF ACTION – INCOME DISREGARD. This obsolescence is due to statute changes that are no longer applicable.

Revisions to other forms are included in the table below.

Form/ NOA #	Title	Change Description
CW 2166	WORK PAYS NOTICE	Budget updated to reflect increases in minimum wage and EID. Reference to the Healthy Families program removed and the IRS phone number updated.
CW 2218	RIGHTS AND RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION	Income Disregard amended from \$500 to \$550.
NA 200	MULTIPURPOSE INCLUDES BUDGET	Income Disregard amended from \$500 to \$550. Added "if negative, enter 0" for budget subtotal.

Form/ NOA #	Title	Change Description
NA 213A	NOTICE OF ACTION, DENY	Income Disregard amended from \$500 to \$550.
NA 271	CONTINUATION PAGE – FAMILY INCOME COMPUTATIONS	Income Disregard amended from \$500 to \$550. Added “if negative, enter 0” for budget subtotal
NA 274H	CONTINUATION PAGE- OVERPAYMENT COMPUTATIONS FOR 6/1/2021	Modified to “Overpayments Amount Owed (For Overpayments Occurring between 06/01/2020 and 05/31/2021)”.
NA 281C	CONTINUATION PAGE- UNDERPAYMENT COMPUTATIONS ON OR AFTER 6/1/2020	Modified to “Underpayment Amount Owed (For underpayments between 06/01/2020 and 05/31/2021)”.
NA 300	CONTINUATION PAGE- APPLICANT FINANCIAL ELIGIBILITY TEST	Title change from Recipient to Applicant. This notice used only for applicants who already passed the Applicant/ MBSAC test and the net non-exempt income exceeds the Maximum Aid Payment. Income Disregard amended from \$500 to \$550.
NA 531	CONTINUATION PAGE- 48-MONTH TIME LIMIT- INCLUDES BUDGETS	Income Disregard amended from \$500 to \$550. Added “if negative, enter 0” for budget subtotal.
NA 532	CONTINUATION PAGE- 48-MONTH TIME LIMIT DISCONTINUE- INCLUDES BUDGETS	Income Disregard amended from \$500 to \$550.

Form/ NOA #	Title	Change Description
NA 1239AR	CONTINUATION PAGE – ANNUAL REPORTING BUDGET	Income Disregard amended from \$500 to \$550. Added “if negative, enter 0” for budget subtotal.
NA 1239SAR	CONTINUATION PAGE- SEMI-ANNUAL REPORTING BUDGET	Income Disregard amended from \$500 to \$550. Added “if negative, enter 0” for budget subtotal.
TEMP 2252	STATE LAW CHANGES THE CALWORKS EARNED INCOME DISREGARD	Income disregards amended from \$500 to \$550. Example budgets updated to reflect changes pursuant to SB 80.
WTW 16A	GRANT BASED OJT INCOME EXAMPLE FOR REGION 1	EID amended from \$500 to \$550; Examples updated to reflect 2021 minimum wage and other related changes.
WTW 16B	GRANT BASED OJT INCOME EXAMPLE FOR REGION 2	EID amended from \$500 to \$550; Examples updated to reflect 2021 minimum wage and other related changes.

CAMERA-READY COPIES AND TRANSLATIONS:

For a camera-ready copy in English, contact the California Department of Social Services (CDSS) Forms Management Unit at fmudss@dss.ca.gov. You may obtain these forms from the CDSS webpage at: [CDSS Forms and Brochures Website](#).

For questions on translated materials, please contact the CDSS Language Services at (916) 651-8876. The CWDs are required to provide CDSS translation to applicants and recipients in their primary languages when they are or become available. Until translations are available, recipients who have elected to receive materials in languages other than English must be sent the English version of the form or 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. When the percentage of non-English cases in a program and/or office location is less than five percent, this requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. When the percentage of non-English cases in a program and/or office location is equal to or more than five percent, the CWD must

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assign a sufficient number of qualified bilingual employees to public contact positions in that program or location, as calculated pursuant to [MPP Section 21-115.1](#). Language services shall be provided free of charge to the applicant/recipient.

More information regarding languages services, which includes both interpretation and translations, can be found in [MPP Section 21-115](#).

If you have any questions concerning this letter, please contact the Early Engagement & Eligibility Bureau at (916) 654-1322.

Sincerely,

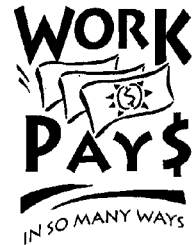
Original Document Signed By

JENNIFER HERNANDEZ
Deputy Director
Family Engagement and Empowerment Division

WORK REALLY PAYS! HERE'S HOW:

You can work and still get CalWORKs cash aid as long as you are low income and remain eligible. When you add your earnings to your cash aid, you will have more \$\$\$ for your family. Work also:

- Develops your job skills, and helps you get a better job.
- Builds a better life for you and your family.
- Gives you personal satisfaction.
- Builds your self-esteem.



HERE IS AN EXAMPLE OF HOW WORK PAYS FOR MARY AND HER TWO CHILDREN (REGION 1): Mary works 32 hours a week for \$14.00 an hour.

Step 1 We figure Mary's weekly gross earnings:

\$14.00 x 32 hours = \$448 Weekly Earnings

Step 2 We figure Mary's monthly gross earnings:

\$448 x 4.33 weeks = \$1939.84 Monthly Gross Earnings (4.33 is the average number of weeks per month)

Step 3 We figure Mary's monthly countable earnings:

Mary's Monthly Gross Earnings	\$ 1939.84
Less \$550 Earned Income Deduction (EID)	- 550.00
Balance	1389.84
Less 50% (half) of Balance	- 694.92
Equals Countable Earnings	\$ 694.00*

Step 4 We figure Mary's cash grant:

Non-exempt Maximum Aid Payment (MAP) for 3 (Region 1)**	\$ 878.00
Less Mary's Countable Earnings	- 694.00
Equals Cash Grant	\$ 184.00

Step 5 We figure Mary's total monthly income:

Monthly Gross Earnings	\$ 1939.00*
Plus Cash Grant	+ 184.00
Equals Total Gross Income	\$ 2123.00

*Countable income is rounded down to whole dollar amounts.

**MAP is from All County Letter No. 19-73

For a translation of this notice, ask your worker.

若需本通知的翻譯本，請和你的工作人員聯絡。

(Chinese)

Si no puede leer este documento, pídale ayuda a su trabajador.

(Spanish)

Для перевода этого извещения обратитесь к работнику.

(Russian)

Để có bản dịch của thông báo này, xin liên lạc với nhân viên phụ trách hồ sơ của quý vị.

(Vietnamese)

FIGURE YOUR EARNINGS AND CASH AID:**Step 1 Figure your weekly gross earnings:**

Your hourly wage \$ _____ x your weekly hours of work _____ = your Weekly Gross Earnings \$ _____.

Step 2 Figure your monthly gross earnings:

Your Weekly Gross Earnings \$ _____ x 4.33 weeks = your Monthly Gross Earnings \$ _____.

Step 3 Figure your monthly countable earnings:

Your Monthly Gross Earnings (from Step 2)	\$	_____
Less \$550 Deduction	-	550.00
Balance	\$	_____
Less 50% (half) of Balance	-	_____
*Equals Countable Earnings	\$	_____

Step 4 Figure your cash grant:

Non-exempt Maximum Aid Payment (MAP) for a family your size	\$	_____
Less your Countable Earnings (from step 3)	-	_____
Equals Cash Grant	\$	_____

Step 5 Figure your total monthly income:

*Monthly Gross Earnings (from step 2)	\$	_____
Plus Cash Grant (from step 4)	+	_____
Equals Total Gross Income	\$	_____

*Countable income is rounded down to whole dollar amounts.

FACTS ABOUT OTHER BENEFITS YOU CAN GET FROM WORKING**WORK PAYS IN SO MANY OTHER WAYS****SUPPORTIVE SERVICES**

While in CalWORKs, you and the county will agree on goals and activities to help you get a job and support your family without cash aid. You have the right to available supportive services you need to do the activities and assignments. This can be transportation, child care, ancillary costs (fees, uniforms, supplies, etc.), and counseling services to help with the transition to work. You may be able to get some of these supportive services paid for in advance.

CHILD CARE

CalWORKs can pay for part or all of your child care. You can get paid child care while you look for a job, work, or take part in other approved CalWORKs activities, such as training or county meetings. Your child care will be paid to the eligible child care provider that you choose.

If you are looking for work, working, in a training program, or taking part in a county approved activity, you can get paid child care for the entire time you are on cash aid. After you go off cash aid, you can keep getting child care for up to 24 months, as long as you are below a certain income level.

After you have received 24 months of child care, you may continue to get child care if funding is available and your family remains eligible. The county or the local Alternative Payment Program agency will help you to find additional services.

JOB RETENTION SERVICES

Some counties provide job retention services for eligible former recipients, as part of the CalWORKs program. Job retention services can be case management, transportation, or other services that help you keep a job or get a better job. Ask your worker what services your county can give you. Months you get job retention services do not count against the California 48-month time limit, and do not count against the Federal limit as long as you are employed.

You may get job retention services for up to 12 months IF:

- You got CalWORKs AND
- You went off cash aid because you got a job OR
- You went off cash aid and you got a job within 12 months.

HEALTH COVERAGE IS IMPORTANT FOR YOU AND YOUR FAMILY

Your health coverage may continue when your CalWORKs cash aid stops.

- Depending on the reason your cash aid stops, you and your child(ren) may be eligible for continued no-cost or low-cost health coverage under Medi-Cal.

EARNED INCOME TAX CREDIT

The federal Earned Income Tax Credit (EITC) is a special tax break for people who work full or part time. This means extra cash in your pocket. Claiming your EITC is easy. Just file your tax return form 1040 or 1040A and Schedule EIC. You can still get an EITC refund even if you do not owe any income tax.

The EITC refund is not counted as income when your CalWORKs cash grant, CalFresh, or Medi-Cal benefits are figured.

You can get the EITC refund going back three years if you filed your income tax but did not claim your EITC. You just need to turn in an amended income tax return. There is no late penalty for those earlier years.

You can get free tax help from Volunteer Income Tax Assistance (VITA) sites. For a VITA site near you, or other tax information, call the IRS at 1-800-906-9887.

FEDERAL AND STATE 48-MONTH TIME LIMITS

As of July 1, 2011, a parent or caretaker relative can only get CalWORKs cash aid for up to a lifetime total of 48 months. Cash aid received from CalWORKs, Tribal TANF and/or from any other state counts toward the 48-month limit.

- There are times when you can get aid past 48-months. These situations allow aid to continue past the time limit, or stop a month of aid from counting toward the time limit. Some of these exceptions are:
 - The limit does not apply to children.
 - A month on cash aid does not count toward the 48-month time limit when the person is:
 - ✓ Age 60 or older.
 - ✓ Exempt from taking part in Welfare-to-Work activities for certain reasons.
 - ✓ Disabled for 30 days or more.
 - ✓ And other reasons your worker can tell you.
- Other states may have different rules for the 48-month time limit.

RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

For the California Work Opportunity and Responsibility to Kids (CalWORKs) Program (Non-needy Caretaker Relative With Relative Foster Child)

These pages give you your rights and responsibilities and other important information. The county needs facts about you and your child to see if he/she is eligible for CalWORKs cash aid and how much you may be eligible for. If you need more information or have questions, ask your worker.

YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you or your child has been discriminated against by first speaking with your county's designated civil rights representative or by writing to the
State Civil Rights Bureau
744 P Street, MS 8-16-70
P.O. Box 944243
Sacramento, CA 94244-2430
or by calling toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.
2. To tell the county if the child has a disability and needs help applying for or continuing to get CalWORKs benefits and services.
3. To ask for help to complete the application or any other cash aid, CalFresh, or Medi-Cal form.
4. To ask for an interpreter and to have forms and notices translated if you don't speak or read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have the eligibility determined within 45 days.
7. To discuss the child's case with the county and to review the child's case yourself when you ask to do so.
8. To be told the rules for getting CalWORKs right away. If we think you might be eligible, you will get an interview within one day.
9. To continue getting CalWORKs without a break if you move from one county to another if the child stays eligible.
10. To ask to have your Electronic Benefits Transfer (EBT) card replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible.
11. To ask for extra money if the child's income drops or stops.
12. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances.

13. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc.
14. To be notified in writing when your application is approved, denied, or when the child's benefits change or stop.
15. To have the child's records kept confidential by the county and state, unless there is a felony arrest warrant issued for the child, or as otherwise provided by law.
16. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
17. To ask for a State Hearing within 90 days of the county's action.
18. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in Item 16 above.
19. To be represented at a State Hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.
20. To have reasonable access to a location where you can withdraw CalWORKs benefits with minimal or no costs.
21. To get a brochure that will tell you how to use your EBT card and how to get CalWORKs benefits at minimal or no costs.
22. To get a list of surcharge-free ATMs and stores where you can get cash back at no cost when you make a purchase with your EBT card. You can get a list of these locations from your county worker or at www.ebt.ca.gov.

YOUR RESPONSIBILITIES

Citizenship/Immigration Status

To sign under penalty of perjury that the child applying for CalWORKs is a U.S. citizen, U.S. national, or has lawful immigration status. We will check the immigration status information with the U.S. Citizenship and Immigration Services (USCIS) to make sure the child is eligible.

Photo Identification

Most adults applying for a child-only grant must show a form of photo identification. Non-needy caretaker relatives applying only for a relative foster child are not required to show photo identification. If you apply at a later date for CalWORKs for yourself and/or other children in your family who are not relative foster children, you may have to show photo identification.

Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for CalWORKs may result in repayment of benefits and/or criminal or civil action.

You must give us the SSN for each applicant or recipient of CalWORKs. If you refuse to give us either a SSN or proof of application for a SSN, the child will not be able to get CalWORKs. You must give proof of application for a SSN within 30 days of application for CalWORKs and give the SSN to the county when you get it. (MPP Section 40-105.2)

Verification(s)

To give proof to support the child's eligibility. If you can't get proof, we will help you get it. You may need to sign a release for third party information or sign a sworn statement. (MPP Sections 40-105.1; 40-157.212; 40-157.213)

Cooperation

To cooperate with county, state and federal staff. A county worker can come to your home at an arranged time to check out your facts, including seeing each family member. The child may not get benefits or benefits may be stopped if you don't cooperate.

Other Benefits

To apply for any benefits or income the child is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

Child/Spousal and Medical Support

To cooperate with the county and the Local Child Support Agency to:

- identify and locate any absent parent in your case;
- tell the county or the Local Child Support Agency anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- get medical support money from any absent parent and, get child support money;
- give the Local Child Support Agency any medical support money and, any child/spousal support money the child gets;
- tell the county about medical coverage or money for medical services paid by either parent.

YOUR REPORTING RESPONSIBILITIES

You must report certain information to the county. If you're not sure how to report, what to report, or what proof we need, ask your worker.

Applicants

If any of the facts you told the county change during the processing of your application, you must report the new facts to the county within 5 days.

Annual Reporting for Certain Child-Only Cases (AR/CO)

Most CalWORKs cases where only the children get cash aid will only have to report once each year except for a few mandatory changes that must be reported within 10 days of when they happen. These cases are called Annual Reporting/Child-Only (AR/CO) cases. The county will tell you if you have an AR/CO case.

AR/CO cases will only have to report changes at their Annual Redetermination (RD), with the following exceptions:

- Anytime the child's combined gross income, both earned and unearned is more than the Income Reporting Threshold (IRT) for the child. The county will tell you in writing what the child's IRT is.
- Anytime someone moves into or out of your home. This includes newborns and children who are placed in foster care.
- Anytime you and/or the child have an address change.
- Anytime the child becomes a fleeing felon or is found by a court to be in violation of probation or parole and it was not already reported.

Voluntary Reporting Information for AR/CO Cases

You can also report some changes voluntarily. Reporting some changes may help the child's cash aid go up. If the information reported causes benefits to go up, the county will take action within 10 days after you provide verification.

Some examples of voluntary reporting that may cause the child's benefits to go up include:

- The child's income stops or drops.
- You believe that the child is eligible for a CalWORKs Special Needs payment, such as pregnancy special needs or a qualifying special diet.

Immunizations

You must provide proof when requested by the county that children under the age of 6 have received age appropriate immunizations. (MPP Sections 40-105.4; 40-105.5)

School Attendance

All children between the ages of six and 18 years of age who are getting CalWORKs must attend school.

If the child is between the ages of 16 and 18 years of age, is not attending school regularly, and does not have a good reason, the child's grant can be lowered until he or she starts attending or meets an exemption.

YOUR REPORTING RESPONSIBILITIES (Continued)**Maximum Aid Payment (MAP)**

There are two levels of Maximum Aid Payment (MAP). Most families getting CalWORKs get the lower MAP level. Families may get the higher MAP level if each parent or caretaker in the Assistance Unit (AU) is caring for an aided child(ren) who is not their child and the caretaker does not get CalWORKs.

Proof of Facts

If you ask for CalWORKs within one year of the date it stopped, the county must look at the child's prior case file to see if it already has the proof needed to determine the child's eligibility when:

- you cannot get the proof, or
- there is a cost to you to get the proof, or
- processing the child's application would be delayed because it would take too long for you to get the proof.

If you ask for CalWORKs within one year of the date it stopped AND, if the county doesn't have the proof it needs, then you will have to provide proof.

If you have new changes since the child last got CalWORKs, the county will need new proof.

OTHER IMPORTANT INFORMATION

Education and Work Rules

Your worker will tell you what CalWORKs rules the child needs to follow before and after the application is approved. The child may be required to be in education, work or training activities to keep getting CalWORKs. The county will tell you how many hours a week the child must take part in these activities or if the child is excused from these rules.

All children are required to attend school and complete high school or its equivalent. Pregnant and parenting teens under the age of 19 who have not completed high school are subject to Cal-Learn program requirements. Non-pregnant and non-parenting teens ages 16 and 17 may be subject to Welfare-to-Work program requirements if they do not regularly attend high school, or if they complete high school and do not enroll or plan to enroll in a postsecondary education program.

Noncompliance for Not Meeting CalWORKs Rules

Any time the child does not meet CalWORKs rules and does not have a good reason, CalWORKs may be stopped until the child does what they should do.

Income Disregards

The total amount of CalWORKs the child receives is based on the child's income. The law allows for some income to be disregarded when the total amount of CalWORKs the child will receive is calculated.

- If the child gets more than \$550 a month of Disability Income (DI), only the first \$550 is disregarded.
- If the child gets \$550 a month or less of DI, none of it will be counted as income and if the child also has Earned Income (EI), any remaining amount of the \$550 disregard, up to \$550, will not be counted as income.
- In addition, 50 percent of any other EI will be disregarded.
- The remainder is the child's net countable income and is the amount that will be used to figure the child's CalWORKs grant.

If the child is participating in the Independent Living Program (ILP), any income earned as part of the program is exempt.

CalWORKs Child Care Program

In some cases, child care benefits may be available to a CalWORKs minor parent who needs child care to work or participate in county-approved welfare-to-work activities such as attending education or job training programs.

California Department of Education (CDE) Child Care

Child care benefits are also available from CDE. Contact your local Resource and Referral Agency for more information.

AR/CO CASES

Budgeting Rules

AR/CO households will use prospective budgeting and will report on their annual redetermination (RD) form any income, expenses and property the child has and any changes they are sure will happen in the next 12 months. The information you provide will be used to figure the child's CalWORKs benefits for the next 12 months. There are some things that you will have to report within 10 days of when they happen. The mandatory reporting rules for AR cases are on page 4 of this form.

OTHER IMPORTANT INFORMATION (Continued)**Property Limit**

There is a \$10,000 limit on the value of the property (e.g. bank accounts, stocks, etc.) that the child can own and be eligible to receive CalWORKs benefits. That limit increases to \$15,000 if the child has a disability. A child under age 18 can own a vehicle (for example a car, truck, van, motorcycle, etc.) to drive to work, school, job training or to look for work. This also applies during temporary periods of unemployment for the child who customarily drives to and from work. Any motor vehicle with an equity value of \$25,000 or less will not count against the \$10,000. For each motor vehicle with an equity value of more than \$25,000, the value that exceeds \$25,000 counts against the child's property. If it was given to the child as a gift, a donation, or a family member transferred it to the child, we also do not count it. You will be asked to give the county proof from the Department of Motor Vehicles that it was a gift, donation or transfer from a family member.

We do not count the value of the vehicle at all when the vehicle is used for certain purposes, such as when the vehicle is used as the child's residence. If the child uses the vehicle other than to drive to work, school, job training or to look for work, please talk to your worker.

Resources/EBT

Any balance remaining in the EBT account at the end of the month will be considered an available resource and could make the child ineligible for CalWORKs if the total countable resources are more than the allowable resource limits.

Cal-Learn

Cal-Learn helps pregnant and/or parenting teens under the age of 19, who are getting CalWORKs and do not have a high school diploma or its equivalent to stay in or return to school. Teens in the Cal-Learn Program may get cash bonuses for making satisfactory progress in the education program they are attending, or for completing the education program they were attending. Cal-Learn teens may get help with supportive services, including child care, transportation, and any other services necessary for the teen parent to successfully participate in the Cal-Learn Program. Cash penalties may be subtracted from their CalWORKs payment if Cal-Learn teens do not submit their report cards as required, or do not make satisfactory progress.

AVAILABLE SERVICES

Women, Infants and Children (WIC) Supplemental Nutrition Program: The WIC Program is only for pregnant and breast feeding women, infants and children under age 5, who are at medical-nutritional risk. For more facts about WIC, call your local county health department or the phone number for "WIC" in the telephone book.

PENALTY WARNINGS

Disqualification Penalties

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or a Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any CalWORKs overpayment.

Program Rules and Penalties

I understand I am committing an intentional program violation which may also be a crime, if I give false or wrong information, or if I do not give all the information on purpose to try to get CalWORKs benefits that I am not eligible to get, or to help someone else get benefits that they are not eligible for, or if I misuse my benefits (this is called trafficking). If I do this on purpose and get more than \$950 in benefits I was not eligible for, I can be charged with a felony.

In addition, I understand I must pay back any benefits I get that I/my child was not eligible for or that I misused.

Program Violations I understand I may have committed an intentional program violation and I may lose benefits if: <ul style="list-style-type: none"> I give false information about who I am or where I live. I try to get dual benefits, for example, apply in two or more different counties or states at the same time. I submit false documents for children who are not eligible or who do not exist. The child violates conditions of probation or parole. The child flees after a felony conviction. 	Penalties I may lose CalWORKs benefits: <ul style="list-style-type: none"> For six months, one year, two years, four years, five years or forever And be fined by a court and/or sent to jail/prison for up to five years.
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APPLICANT/RECIPIENT CERTIFICATION <ul style="list-style-type: none"> I understand that one of the intended purposes for CalWORKs is to help meet the basic needs of the child, including housing, food, and clothing. I understand my rights and responsibilities and agree to comply with my responsibilities. I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect the child's eligibility or benefit level for CalWORKs. I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (CW 2218). <div style="border-bottom: 1px solid black; width: 100%;"></div> (Applicant/Recipient's Initials)	ELIGIBILITY WORKER'S CERTIFICATION <p>I certify that the applicant/recipient appears to understand:</p> <ul style="list-style-type: none"> his/her rights and responsibilities and the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect the child's eligibility or benefit level for CalWORKs. <p>I also certify that the applicant/recipient was given a copy of:</p> <ul style="list-style-type: none"> The Rights, Responsibilities, and Other Important Information (CW 2218)
--	---

Signature of Caretaker Relative

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date

NOTICE OF ACTION

COUNTY OF _____

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

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Page 3 tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office: MPP Sections 44-100; 44-315; SB 80 (Chapter 27, Statutes of 2019).

Monthly Cash Aid Amount**Section A. Countable Income,**
Month of _____

1. Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$550 DBI Disregard (if #4 is greater than \$550) - _____
6. Nonexempt Unearned Disability-Based Income = _____
OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$550 (from #7) - _____
- 11. Subtotal** = _____
12. Earned Income Disregard 50% - _____
- 13. Subtotal** = _____
14. Nonexempt Unearned Disability-Based Income (from #6) + _____
- 15. Subtotal** = _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
- Net Countable Income** = _____

Section B. Your Cash Aid,
Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) \$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____
3. Net Countable Income from Section A - _____
- 4. Subtotal** (if negative, enter 0) = _____
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding Penalized Persons) \$ _____
6. Special Needs (Assistance Unit only) + _____
7. Maximum Aid Subtotal = _____
- 8. Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7) = _____
9. Line 8 Prorated for Part of Month = _____
10. Adjustments:
 - 25% Child Support Penalty(ies) - _____
 - Other Penalties - _____
 - Overpayment - _____
 - Cal-Learn Penalties - _____
 - School Bonus (\$100 or \$500) + _____
- 11. Monthly Cash Aid Amount** (Line 8 or 9 Adjusted) \$ _____

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
DENY -
FINANCIAL ELIGIBILITY

COUNTY OF _____

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

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Page 3 tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Medi-Cal: This notice does NOT change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will receive another notice.
Keep your plastic Benefits Identification Card(s).

Rules: These rules apply; you may review them at your welfare office:

Net Countable Income

1. Total Self-Employment Income \$ _____
2. Self-Employment Expenses:
- a. 40% Standard - _____
- OR
- b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$550 DBI Disregard (if #4 is greater than \$550) - _____
6. Nonexempt Unearned Disability-Based Income = _____
- OR
7. Unused Amount of \$550 DBI Disregard = _____
8. Total Earned Income \$ _____
9. Net Earnings from Self-Employment (from above) + _____
- 10.Subtotal** = _____
- 11.Unused Amount of \$550 (from #7) - _____
- 12.Subtotal** = _____
- 13.Earned Income Disregard 50% - _____
- 14.Subtotal** = _____
- 15.Nonexempt Unearned Disability-Based Income (from #6) + _____
- 16.Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
- 17.Child Support collected by County + _____
- 18.Total Net Countable Income** = _____

19.Maximum Aid Payment

Maximum Aid for _____
Persons (Assistance Unit +
Non-Assistance Unit Members) \$ _____
Special Needs (Assistance
Unit + Non-Assistance Unit
Members) + _____

20.Maximum Aid Payment

= _____

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.

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.

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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		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 (Continued)

FAMILY'S INCOME

COUNTY OF _____

Notice Date : _____
Case Name : _____
Case Number : _____

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

1. Total Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$550 DBI Disregard (if #4 is greater than \$550) - _____
6. Nonexempt Unearned Disability-Based Income = _____
- OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$550 (from #7) - _____
- 11. Subtotal** = _____
12. Earned Income Disregard 50% - _____
- 13. Subtotal** = _____
14. Nonexempt Unearned Disability-Based Income (from #6) + _____
- 15. Subtotal** = _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
- Net Countable Income** = _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) \$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____
3. Net Countable Income from Section A - _____
- 4. Subtotal** (if negative, enter 0) = _____
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding Penalized Persons) \$ _____
6. Special Needs (Assistance Unit only) + _____
7. Maximum Aid Subtotal = _____
- 8. Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7) = _____
9. Line 8 Prorated for Part of Month = _____
10. Adjustments:
 - 25% Child Support Penalty(ies) - _____
 - Other Penalties - _____
 - Overpayment - _____
 - Cal-Learn Penalties - _____
 - School Bonus (\$100 or \$500) + _____
- 11. Monthly Cash Aid Amount** (Line 8 or 9 Adjusted) \$ _____

Rules: These rules apply; you may review them at your welfare office: MPP Sections 44-100 and 44-315, SB 80 (Chapter 27, Statutes of 2019).

**NOTICE OF ACTION
(Continued)**

COUNTY OF _____

Overpayment Amount Owed
(For Overpayments Occurring
Between 6-1-2020 and 5-31-2021)

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

Overpayment Month and Year**Section A. Countable Income, Month of _____**

1. Total Self-Employment Income	\$			
2. Self-Employment Expenses:				
a. 40% Standard	-			
OR				
b. Actual	-			
3. Net Earnings from Self-Employment	=			
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members)	\$			
5. \$500 DBI Disregard (if #4 is greater than \$500)	-			
6. Nonexempt Unearned Disability-Based Income	=			
OR				
7. Unused DBI Disregard	=			
8. Net Earnings from Self-Employment (from above)	+			
9. Total Other Earned Income	+			
10. Unused Amount of \$500 (from #7)	-			
11. Subtotal	=			
12. Earned Income Disregard 50%.	-			
13. Subtotal	=			
14. Nonexempt Unearned Disability-Based Income (from #6)	+			
15. Subtotal	=			
16. Other Nonexempt Income (Assistance Unit + Non- Assistance Unit Members)	+			
Net Countable Income	=			

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	\$			
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	+			
3. Net Countable Income from Section A	-			
4. Subtotal (Enter \$0 if negative)	=			
5. Maximum Aid _____ Persons (Assistance Unit only) (Penalized Persons)	\$			
6. Special Needs (Assistance Unit only)	+			
7. Maximum Aid Subtotal	=			
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	=			
9. Line 8 Prorated for Part of Month	=			
10. Adjustments: 25% Child Support Penalty(ies)	-			
Other Penalties	-			
Overpayment	-			
Cal-Learn Penalties	-			
School Bonus (\$100 or \$500)	+			
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	\$			
12. Overpayment				
Cash Aid Paid to You	\$			
Correct Cash Aid Amount with Adjustments	-			
Subtotal	=			
13. Cash Aid Paid to You	\$			
Support Payments Collected for You	-			
Subtotal	=			
14. Amount of Overpayment for Each Month (Lesser of Subtotal 12 or 13)	=			

TOTAL OVERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP Section 44-352, SB 1041 (Chapter 47, Statutes of 2012).

State Hearing: If you think this action is wrong, you can ask for a hearing. Page 3 tells how.

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.)**

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- **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.

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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		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
(Continued)**

COUNTY OF _____

Overpayment Amount Owed
(For Overpayments Occurring
Between 6-1-2020 and 5-31-2021)

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

Overpayment Month and Year**Section A. Countable Income, Month of _____**

1. Total Self-Employment Income	\$			
2. Self-Employment Expenses:				
a. 40% Standard	-			
OR				
b. Actual	-			
3. Net Earnings from Self-Employment	=			
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members)	\$			
5. \$500 DBI Disregard (if #4 is greater than \$500)	-			
6. Nonexempt Unearned Disability-Based Income	=			
OR				
7. Unused DBI Disregard	=			
8. Net Earnings from Self-Employment (from above)	+			
9. Total Other Earned Income	+			
10. Unused Amount of \$500 (from #7)	-			
11. Subtotal	=			
12. Earned Income Disregard 50%.	-			
13. Subtotal	=			
14. Nonexempt Unearned Disability-Based Income (from #6)	+			
15. Subtotal	=			
16. Other Nonexempt Income (Assistance Unit + Non- Assistance Unit Members)	+			
Net Countable Income	=			

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	\$			
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	+			
3. Net Countable Income from Section A	-			
4. Subtotal (Enter \$0 if negative)	=			
5. Maximum Aid _____ Persons (Assistance Unit only) (Penalized Persons)	\$			
6. Special Needs (Assistance Unit only)	+			
7. Maximum Aid Subtotal	=			
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	=			
9. Line 8 Prorated for Part of Month	=			
10. Adjustments: 25% Child Support Penalty(ies)	-			
Other Penalties	-			
Overpayment	-			
Cal-Learn Penalties	-			
School Bonus (\$100 or \$500)	+			
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	\$			
12. Overpayment				
Cash Aid Paid to You	\$			
Correct Cash Aid Amount with Adjustments	-			
Subtotal	=			
13. Cash Aid Paid to You	\$			
Support Payments Collected for You	-			
Subtotal	=			
14. Amount of Overpayment for Each Month (Lesser of Subtotal 12 or 13)	=			

TOTAL OVERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP Section 44-352, SB 1041 (Chapter 47, Statutes of 2012).

State Hearing: If you think this action is wrong, you can ask for a hearing. Page 3 tells how.

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.

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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		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
(Continued)**

Overpayment Amount Owed
(For Overpayments Occurring On or
after 6-1-2021)

COUNTY OF _____

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

Overpayment Month and Year**Section A. Countable Income, Month of _____**

1. Total Self-Employment Income	\$			
2. Self-Employment Expenses:				
a. 40% Standard	-			
OR				
b. Actual	-			
3. Net Earnings from Self-Employment	=			
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members)	\$			
5. \$550 DBI Disregard (if #4 is greater than \$550)	-			
6. Nonexempt Unearned Disability-Based Income	=			
OR				
7. Unused DBI Disregard	=			
8. Net Earnings from Self-Employment (from above)	+			
9. Total Other Earned Income	+			
10. Unused Amount of \$550 (from #7)	-			
11. Subtotal	=			
12. Earned Income Disregard 50%.	-			
13. Subtotal	=			
14. Nonexempt Unearned Disability-Based Income (from #6)	+			
15. Subtotal	=			
16. Other Nonexempt Income (Assistance Unit + Non- Assistance Unit Members)	+			
Net Countable Income	=			

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	\$			
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	+			
3. Net Countable Income from Section A	-			
4. Subtotal (Enter \$0 if negative)	=			
5. Maximum Aid _____ Persons (Assistance Unit only) (Penalized Persons)	\$			
6. Special Needs (Assistance Unit only)	+			
7. Maximum Aid Subtotal	=			
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	=			
9. Line 8 Prorated for Part of Month	=			
10. Adjustments: 25% Child Support Penalty(ies)	-			
Other Penalties	-			
Overpayment	-			
Cal-Learn Penalties	-			
School Bonus (\$100 or \$500)	+			
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	\$			
12. Overpayment				
Cash Aid Paid to You	\$			
Correct Cash Aid Amount with Adjustments	-			
Subtotal	=			
13. Cash Aid Paid to You	\$			
Support Payments Collected for You	-			
Subtotal	=			
14. Amount of Overpayment for Each Month (Lesser of Subtotal 12 or 13)	=			

TOTAL OVERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP Section 44-352.

State Hearing: If you think this action is wrong, you can ask for a hearing. Page 3 tells how.

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.

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Street Address	City	State	Zip Code
Signature			Date
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Name		Phone Number	
Street Address	City	State	Zip Code

**NOTICE OF ACTION
(Continued)**

COUNTY OF _____

Underpayment Amount Owed
(For Underpayments Occurring
Between 6-1-2020 and 5-31-2021)

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

Underpayment Month and Year**Section A. Countable Income, Month of _____**

1. Self-Employment Income	\$			
2. Self-Employment Expenses:				
a. 40% Standard	-			
OR				
b. Actual	-			
3. Net Earnings from Self-Employment	=			
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members)	\$			
5. \$500 DBI Disregard (if #4 is greater than \$500)	-			
6. Nonexempt Unearned Disability-Based Income	=			
OR				
7. Unused DBI Disregard	=			
8. Net Earnings from Self-Employment (from above)	+			
9. Total Other Earned Income	+			
10. Unused Amount of \$500 (from #7)	-			
11. Subtotal	=			
12. Earned Income Disregard 50%	-			
13. Subtotal	=			
14. Nonexempt Unearned Disability-Based Income (from #6)	+			
15. Subtotal	=			
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members)	+			
Net Countable Income	=			

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	\$			
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	+			
3. Net Countable Income from Section A	-			
4. Subtotal	=			
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding Penalized Persons)	\$			
6. Special Needs (Assistance Unit only)	+			
7. Maximum Aid Subtotal	=			
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	=			
9. Line 8 Prorated for Part of Month	=			
10. Adjustments: 25% Child Support Penalty(ies)	-			
Other Penalties	-			
Overpayment	-			
Cal-Learn Penalties	-			
School Bonus (\$100 or \$500)	+			
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	\$			
12. Underpayment				
Correct Cash Aid Amount	\$			
Cash Aid Paid To You	-			
Subtotal	=			
13. Cash Aid Paid to You	\$			
Support Payments Collected for You	-			
Subtotal	=			
14. Amount of Underpayment for Each Month	=			

TOTAL UNDERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP Section 44-340, SB 80 (Chapter 27, Statutes of 2019).

State Hearing: If you think this action is wrong, you can ask for a hearing. Page 3 tells how.

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.

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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:

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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

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Name		Phone Number	
Street Address	City	State	Zip Code

**NOTICE OF ACTION
(Continued)**

Underpayment Amount Owed
(For Underpayments Occurring On Or
After 6-1-2021)

COUNTY OF _____

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

Underpayment Month and Year**Section A. Countable Income, Month of _____**

1. Self-Employment Income	\$			
2. Self-Employment Expenses:				
a. 40% Standard	-			
OR				
b. Actual	-			
3. Net Earnings from Self-Employment	=			
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members)	\$			
5. \$550 DBI Disregard (if #4 is greater than \$550)	-			
6. Nonexempt Unearned Disability-Based Income	=			
OR				
7. Unused DBI Disregard	=			
8. Net Earnings from Self-Employment (from above)	+			
9. Total Other Earned Income	+			
10. Unused Amount of \$550 (from #7)	-			
11. Subtotal	=			
12. Earned Income Disregard 50%	-			
13. Subtotal	=			
14. Nonexempt Unearned Disability-Based Income (from #6)	+			
15. Subtotal	=			
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members)	+			
Net Countable Income	=			

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	\$			
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	+			
3. Net Countable Income from Section A	-			
4. Subtotal	=			
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding Penalized Persons)	\$			
6. Special Needs (Assistance Unit only)	+			
7. Maximum Aid Subtotal	=			
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	=			
9. Line 8 Prorated for Part of Month	=			
10. Adjustments: 25% Child Support Penalty(ies)	-			
Other Penalties	-			
Overpayment	-			
Cal-Learn Penalties	-			
School Bonus (\$100 or \$500)	+			
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	\$			
12. Underpayment				
Correct Cash Aid Amount	\$			
Cash Aid Paid To You	-			
Subtotal	=			
13. Cash Aid Paid to You	\$			
Support Payments Collected for You	-			
Subtotal	=			
14. Amount of Underpayment for Each Month	=			

TOTAL UNDERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP Section 44-340, SB 80 (Chapter 27, Statutes of 2019).

State Hearing: If you think this action is wrong, you can ask for a hearing. Page 3 tells how.

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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.

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Cal-Learn:

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- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

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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
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Name		Phone Number	
Street Address	City	State	Zip Code

NOTICE OF ACTION**Continued****APPLICANT - FINANCIAL ELIGIBILITY TEST**

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. Page 2 tells you how.

You are ineligible because your **Total Net Countable Income** (#18) is more than your **Maximum Aid Payment** (#20).

Monthly Cash Aid Amount**Section A. Countable Income, Month of _____**

1. Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$550 DBI Disregard (if #4 is greater than \$550) - _____
6. Nonexempt Unearned Disability-Based Income = _____
- OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$550 (from #7) - _____
- 11.Subtotal** = _____

12. Earned Income Disregard 50% - _____
- 13.Subtotal** = _____
14. Nonexempt Unearned Disability-Based Income (from #6) + _____
- 15.Subtotal** = _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
17. Child Support collected by County + _____
- 18.Total Net Countable Income** = _____
- 19.Maximum Aid Payment**
Maximum Aid for _____
Persons (Assistance Unit + Non-Assistance Unit Members) \$ _____
Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____
- 20.Maximum Aid Payment** = _____

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Yes, lower or stop:	Cash Aid	CalFresh
	Child Care	

While You Wait for a Hearing Decision for:

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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

48-MONTH TIME LIMIT (Continued)

ADULT REACHED CALWORKS 48-MONTH TIME LIMIT

COUNTY OF _____

Notice Date : _____
 Case Name : _____
 Case Number : _____

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

1. Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$550 DBI Disregard (if #4 is greater than \$550) - _____
6. Nonexempt Unearned Disability-Based Income = _____
- OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$550 (from #7) - _____
- 11. Subtotal** = _____
12. Earned Income Disregard 50% - _____
- 13. Subtotal** = _____
14. Nonexempt Unearned Disability-Based Income (from #6) + _____
- 15. Subtotal** = _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
- Net Countable Income** = _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) \$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____
3. Net Countable Income from Section A - _____
- 4. Subtotal** (if negative, enter 0) = _____
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding Penalized Persons) \$ _____
6. Special Needs (Assistance Unit only) + _____
7. Maximum Aid Subtotal = _____
- 8. Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7) = _____
9. Line 8 Prorated for Part of Month = _____
10. Adjustments:
 - 25% Child Support Penalty(ies) - _____
 - Other Penalties - _____
 - Overpayment - _____
 - Cal-Learn Penalties - _____
 - School Bonus (\$100 or \$500) + _____
- 11. Monthly Cash Aid Amount** (Line 8 or 9 Adjusted) \$ _____

EXEMPT MONTHS

The following _____ months did not count
toward your CalWORKs 48-month time limit:

Year _____ - ☐ Jan ☐ Feb ☐ Mar
 ☐ Apr ☐ May ☐ June
 ☐ July ☐ Aug ☐ Sept
 ☐ Oct ☐ Nov ☐ Dec

Year _____ - ☐ Jan ☐ Feb ☐ Mar
 ☐ Apr ☐ May ☐ June
 ☐ July ☐ Aug ☐ Sept
 ☐ Oct ☐ Nov ☐ Dec

NOTICE OF ACTION

48-MONTH TIME LIMIT (Continued)

ADULT REACHED CALWORKS 48-MONTH TIME LIMIT - DISCONTINUE

COUNTY OF _____

Notice Date : _____
Case Name : _____
Case Number : _____

Section A. Net Countable Income, Month of _____

1. Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$550 DBI Disregard (if #4 is greater than \$550) - _____
6. Nonexempt Unearned Disability-Based Income = _____
OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$550 (from #7) - _____
- 11. Subtotal** = _____
12. Earned Income Disregard 50% - _____
- 13. Subtotal** = _____
14. Nonexempt Unearned Disability-Based Income (from #6) + _____
- 15. Subtotal** = _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
17. Child Support collected by County + _____

Section B. Net Countable Income = _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) \$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____
3. Net Countable Income from Section A - _____
- 4. Maximum Aid Payment** = _____

EXEMPT MONTHS

The following _____ months did not count toward your CalWORKs 48-month time limit:

Year _____ -	Jan	Feb	Mar
	Apr	May	June
	July	Aug	Sept
	Oct	Nov	Dec
Year _____ -	Jan	Feb	Mar
	Apr	May	June
	July	Aug	Sept
	Oct	Nov	Dec

NOTICE OF ACTION**Continued**

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. Page 3 tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You reported income that you do not expect to change. Although your income fluctuates monthly, we used the amount you said you could reasonably expect to receive.

When you get paid every week or every other week, here is how we figure your monthly income:

First, we add all the income you got in the month and divide by the total number of payments you got. Then, we multiply that amount by the average number of payments in a month.

- If you get paid every week, you may get paid 4 or 5 times in a month. 4.33 is the average number of payments in a month.
- If you get paid every other week, you may get paid 2 or 3 times in a month. 2.167 is the average number of payments in a month.

Here's your information:

_____ Income Reported

\$ _____

\$ _____

\$ _____

\$ _____

+ \$ _____

Total reported = \$ _____

of Payments Reported ÷ _____

Weekly Amount = \$ _____

Multiplied by x _____

Monthly Amount = \$ _____

Monthly Cash Aid Amount**Section A. Countable Income,**
Month of _____

1. Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$550 DBI Disregard (if #4 is greater than \$550) - _____
6. Nonexempt Unearned Disability-Based Income = _____
- OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$550 (from #7) - _____
- 11. Subtotal** = _____
12. Earned Income Disregard 50% - _____
- 13. Subtotal** = _____
14. Nonexempt Unearned Disability-Based Income (from #6) + _____
- 15. Subtotal** = _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
- Net Countable Income** = _____

Section B. Your Cash Aid,
Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) \$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____
3. Net Countable Income from Section A - _____
- 4. Subtotal** (if negative, enter 0) = _____
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding Penalized Persons) \$ _____
6. Special Needs (Assistance Unit only) + _____
7. Maximum Aid Subtotal = _____
- 8. Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7) = _____
9. Line 8 Prorated for Part of Month = _____
10. Adjustments:
 - 25% Child Support Penalty(ies) - _____
 - Other Penalties - _____
 - Overpayment - _____
 - Cal-Learn Penalties - _____
 - School Bonus (\$100 or \$500) + _____
- 11. Monthly Cash Aid Amount** (Line 8 or 9 Adjusted) \$ _____
12. Current Cash Aid Amount (If This Amount Is More Than #11, Your Cash Aid Will Not Change) = _____

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**Continued**

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. Page 3 tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

When you get paid every week or every other week, here is how we figure your monthly income:

First, we add all the income you got in the month and divide by the total number of payments you got. Then, we multiply that amount by the average number of payments in a month.

- If you get paid every week, you may get paid 4 or 5 times in a month. 4.33 is the average number of payments in a month.
- If you get paid every other week, you may get paid 2 or 3 times in a month. 2.167 is the average number of payments in a month.

Here's your information:

_____ Income Reported

\$ _____

\$ _____

\$ _____

\$ _____

+ \$ _____

Total reported = \$ _____

of Payments Reported ÷ _____

Weekly Amount = \$ _____

Multiplied by x _____

Monthly Amount = \$ _____

Monthly Cash Aid Amount**Section A. Countable Income,**
Month of _____

1. Total Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$550 DBI Disregard (if #4 is greater than \$550) - _____
6. Nonexempt Unearned Disability-Based Income = _____
- OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$550 (from #7) - _____
- 11. Subtotal** = _____
12. Earned Income Disregard 50% - _____
- 13. Subtotal** = _____
14. Nonexempt Unearned Disability-Based Income (from #6) + _____
- 15. Subtotal** = _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
- Net Countable Income** = _____

Section B. Your Cash Aid,
Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) \$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____
3. Net Countable Income from Section A - _____
- 4. Subtotal** (if negative, enter 0) = _____
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding Penalized Persons) \$ _____
6. Special Needs (Assistance Unit only) + _____
7. Maximum Aid Subtotal = _____
- 8. Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7) = _____
9. Line 8 Prorated for Part of Month = _____
10. Adjustments:
 - 25% Child Support Penalty(ies) - _____
 - Other Penalties - _____
 - Overpayment - _____
 - Cal-Learn Penalties - _____
 - School Bonus (\$100 or \$500) + _____
- 11. Monthly Cash Aid Amount** (Line 8 or 9 Adjusted) \$ _____
12. Current Cash Aid Amount (If This Amount Is More Than #11, Your Cash Aid Will Not Change) = _____

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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.

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- 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.
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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.)**

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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.
- **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

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Here's Why: _____

☐ **If you need more space, check here and add a page.**

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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

STATE LAW CHANGES THE CALWORKS EARNED INCOME DISREGARD

As of June 1, 2021, there are new rules in the CalWORKs program that may change your cash aid. When your grant is calculated, the amount you get is based on your household size and any income that you may have. The law allows for certain income to not be counted against your cash aid (income disregards). The law changes the Earned Income Disregard (EID). These changes could mean that your CalWORKs cash aid may increase.

In some cases, voluntarily reported changes may result in an increase in benefits for one program, while decreasing benefits for the other program. For example, an increase in CalWORKs could result in a decrease in CalFresh benefits.

The new way to calculate your CalWORKs cash aid will be:

- If your family gets more than \$550 a month of Disability-Based Unearned Income (DBI), only \$550 will be disregarded. (DBI can be Social Security disability, workers compensation, state disability benefits, etc.). The DBI over \$550 will be subtracted from your grant amount.
- If your family gets \$550 or less a month of DBI, none of the DBI will count when figuring your cash aid payment.
- If you also have earned income, any amount of the \$550 DBI disregard remaining, will not be counted as income when your cash aid is calculated.
- In addition, 50% of any remaining earned income will also be disregarded.
- The remainder is your net countable income. This is the amount that will be used to figure your grant.

Below is an example of how cash aid is currently calculated in an Assistance Unit (AU) with only earned income.

A family with a mother and two children has gross earned income of \$1200 per month. The family lives in Region 1.

This example uses the previous \$500 EID:

\$1200	Gross earned income
<u>- 500</u>	EID
\$700	Subtotal
<u>- 350</u>	50 percent of EID
\$350	*Total countable income
\$878	**Maximum Aid Payment (Family of 3 in Region 1)
<u>- 350</u>	Total countable Income
\$528	Monthly grant amount

This is the same example using the higher \$550 EID:

\$1200	Gross earned income
<u>- 550</u>	EID
\$650	Subtotal
<u>- 325</u>	50 percent of EID
\$325	Total countable income
\$878	Maximum Aid Payment (Family of 3 in Region 1)
<u>- 325</u>	Total countable Income
\$553	Monthly grant amount

* Total countable income is rounded down to whole dollar amounts.

**MAP is from All County Letter No. 19-73

Below is an example of how cash aid will be calculated in an AU with Disability-Based Income.

A family with a mother and two children has gross earned income of \$1200 per month. Each child gets \$200 in disability benefits based on the absent parent's disability claim.

\$400	Disability-Based Unearned Income (DBI)
<u>- 550</u>	EID
(\$-150)	Unused DBI disregard
\$1200	Gross earned income
<u>- 150</u>	Unused DBI disregard (from above)
\$1050	Subtotal
<u>- 525</u>	50 percent of EID
\$525	Total countable income
\$878	Maximum Aid Payment (Family of 3 in Region 1)
<u>- 525</u>	Total countable Income
\$353	Monthly grant amount

These changes also apply to Refugee Cash Assistance, Entrant Cash Assistance, and Trafficking and Crime Victims Assistance (TCVAP cash assistance and TCVAP CalWORKs) recipients, since cash aid payments under these programs are based on CalWORKs amounts.

You will get a Notice of Action (NOA) showing how this grant increase was made. If you also get CalFresh, you may get less CalFresh benefits because of the grant increase. If so, you will get a separate notice informing you of your new CalFresh amount.

EXAMPLES OF FAMILY INCOME (REGION 1)

These examples are to give you an idea of the differences in income between cash aid, a regular job, and grant-based on-the-job training (OJT). The amount you receive will vary depending on your family size, how many hours you work, and how much other income you might receive.

Region 1 Assistance Unit Size = 2	Receive Cash Aid Only	Regular Job When Gross Wages Equal Cash Aid Amount	Grant-Based OJT
Cash Aid For Two People	\$696	\$696	\$696 Grant Is Diverted To Employer
Monthly Gross Wage	Does Not Apply (N/A)	\$696	\$696
Earned Income Disregard	N/A	$\$696 - \$550 = \$146$	N/A
Gross Wage Less \$550	N/A	\$146	N/A
50% Earned Income Disregard	N/A	$\$146 \times 50\% = \73	N/A
Nonexempt Income	N/A	\$73	N/A
Cash Aid For Two People	\$696	\$696	\$696
Less Nonexempt Income	N/A	$\$696 - \$73 = \$623$	\$696
Cash Aid Received	\$696	\$623	\$0
Net Wages*	N/A	$\$696 - \$63^{**} = \$633$	N/A
Total Income	\$696	$\$623 + \$633 = \$1256$	$\$696 - \$63^{**} = \$633$
*Net Wages = gross wages minus 9% for Social Security, Medicare, and State Disability Insurance (SDI) taxes			
**Total of Social Security, Medicare, and SDI taxes rounded to the nearest dollar			

Region 1 Assistance Unit Size = 3	Receive Cash Aid Only	Regular Job When Gross Wages Equal Cash Aid Amount	Grant-Based OJT
Cash Aid For Three People	\$878	\$878	\$878 Grant Is Diverted To Employer
Monthly Gross Wage	Does Not Apply (N/A)	\$878	\$878
Earned Income Disregard	N/A	$\$878 - \$550 = \$328$	N/A
Gross Wage Less \$550	N/A	\$328	N/A
50% Earned Income Disregard	N/A	$\$328 \times 50\% = \164	N/A
Nonexempt Income	N/A	\$164	N/A
Cash Aid For Three People	\$878	\$878	\$878
Less Nonexempt Income	N/A	$\$878 - \$164 = \$714$	\$878
Cash Aid Received	\$878	\$714	\$0
Net Wages*	N/A	$\$878 - \$79^{**} = \$799$	N/A
Total Income	\$878	$\$714 + \$799 = \$1513$	$\$878 - \$79^{**} = \$799$
*Net Wages = gross wages minus 9% for Social Security, Medicare, and State Disability Insurance (SDI) taxes			
**Total of Social Security, Medicare, and SDI taxes rounded to the nearest dollar			

Region 1 Assistance Unit Size = 5	Receive Cash Aid Only	Regular Job When Gross Wages Equal Cash Aid Amount	Grant-Based OJT
Cash Aid For Five People	\$1242	\$1242	\$1242 Grant Is Diverted To Employer
Monthly Gross Wage	Does Not Apply (N/A)	\$1242	\$1242
Earned Income Disregard	N/A	$\$1242 - \$550 = \$692$	N/A
Gross Wage Less \$550	N/A	\$692	N/A
50% Earned Income Disregard	N/A	$\$692 \times 50\% = \346	N/A
Nonexempt Income	N/A	\$346	\$1242
Cash Aid For Five People	\$1242	\$1242	\$1242
Less Nonexempt Income	N/A	$\$1242 - \$346 = \$896$	\$1242
Cash Aid Received	\$1242	\$896	\$0
Net Wages*	N/A	$\$1242 - \$112^{**} = \$1130$	N/A
Total Income	\$1242	$\$896 + \$1130 = \$2026$	$\$1242 - \$112^{**} = \$1130$
*Net Wages = gross wages minus 9% for Social Security, Medicare, and State Disability Insurance (SDI) taxes			
**Total of Social Security, Medicare, and SDI taxes rounded to the nearest dollar			

EXAMPLES OF FAMILY INCOME (REGION 2)

These examples are to give you an idea of the differences in income between cash aid, a regular job, and grant-based on-the-job training (OJT). The amount you receive will vary depending on your family size, how many hours you work, and how much other income you might receive.

Region 2 Assistance Unit Size = 2	Receive Cash Aid Only	Regular Job When Gross Wages Equal Cash Aid Amount	Grant-Based OJT
Cash Aid For Two People	\$661	\$661	\$661 Grant Is Diverted To Employer
Monthly Gross Wage	Does Not Apply (N/A)	\$661	\$661
Earned Income Disregard	N/A	$\$661 - \$550 = \$111$	N/A
Gross Wage Less \$550	N/A	\$111	N/A
50% Earned Income Disregard	N/A	$\$111 \times 50\% = \56 (rounded to the nearest dollar)	N/A
Nonexempt Income	N/A	\$56	N/A
Cash Aid For Two People	\$661	\$661	\$661
Less Nonexempt Income	N/A	$\$661 - \$56 = \$605$	\$661
Cash Aid Received	\$661	\$605	\$0
Net Wages*	N/A	$\$661 - \$59^{**} = \$602$	N/A
Total Income	\$661	$\$605 + \$602 = \$1207$	$\$661 - \$59^{**} = \$602$
*Net Wages = gross wages minus 9% for Social Security, Medicare, and State Disability Insurance (SDI) taxes			
**Total of Social Security, Medicare, and SDI taxes rounded to the nearest dollar			

Region 2 Assistance Unit Size = 3	Receive Cash Aid Only	Regular Job When Gross Wages Equal Cash Aid Amount	Grant-Based OJT
Cash Aid For Three People	\$834	\$834	\$834 Grant Is Diverted To Employer
Monthly Gross Wage	Does Not Apply (N/A)	\$834	\$834
Earned Income Disregard	N/A	$\$834 - \$550 = \$284$	N/A
Gross Wage Less \$550	N/A	\$284	N/A
50% Earned Income Disregard	N/A	$\$284 \times 50\% = \142	N/A
Nonexempt Income	N/A	\$142	N/A
Cash Aid For Three People	\$834	\$834	\$834
Less Nonexempt Income	N/A	$\$834 - \$142 = \$692$	\$834
Cash Aid Received	\$834	\$692	\$0
Net Wages*	N/A	$\$834 - \$75^{**} = \$759$	N/A
Total Income	\$834	$\$692 + \$759 = \$1451$	$\$834 - \$75^{**} = \$759$
*Net Wages = gross wages minus 9% for Social Security, Medicare, and State Disability Insurance (SDI) taxes			
**Total of Social Security, Medicare, and SDI taxes rounded to the nearest dollar			

Region 2 Assistance Unit Size = 5	Receive Cash Aid Only	Regular Job When Gross Wages Equal Cash Aid Amount	Grant-Based OJT
Cash Aid For Five People	\$1180	\$1180	\$1180 Grant Is Diverted To Employer
Monthly Gross Wage	Does Not Apply (N/A)	\$1180	\$1180
Earned Income Disregard	N/A	\$1180 - \$550 = \$630	N/A
Gross Wage Less \$550	N/A	\$680	N/A
50% Earned Income Disregard	N/A	\$630 x 50% = \$315	N/A
Nonexempt Income	N/A	\$315	\$1180
Cash Aid For Five People	\$1180	\$1180	\$1180
Less Nonexempt Income	N/A	\$1180 - \$315 = \$865	\$1180
Cash Aid Received	\$1180	\$865	\$0
Net Wages*	N/A	\$1180 - \$106** = \$1074	N/A
Total Income	\$1180	\$865 + \$1074 = \$1939	\$1180 - \$106** = \$1074
*Net Wages = gross wages minus 9% for Social Security, Medicare, and State Disability Insurance (SDI) taxes			
**Total of Social Security, Medicare, and SDI taxes rounded to the nearest dollar			