

July 25, 2022

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 22-61**

This All County Letter (ACL) informs County Welfare Departments (CWDs) of the revisions to four Notices of Action regarding overissuances (OIs). These notices were revised to facilitate the CalFresh OI compromise policy for elderly and/or disabled households outlined in ACL 21-118 issued on September 30, 2021. This letter confirms the effective date of the CalFresh OI Compromise Policy for elderly and/or disabled households.



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](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

July 22, 2022

ALL COUNTY LETTER NO. 22-61

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CALFRESH PROGRAM SPECIALISTS  
ALL CONSORTIA REPRESENTATIVES  
ALL QUALITY CONTROL PROGRAM COORDINATORS

SUBJECT: CALFRESH IMPLEMENTATION OF OVERISSUANCE  
COMPROMISE POLICY FOR HOUSEHOLDS WITH ELDERLY  
AND/OR DISABLED MEMBERS AND REVISED NOTICES OF  
ACTION

REFERENCE: [ASSEMBLY BILL 1811](#); [SENATE BILL 490](#); [7 CODE OF FEDERAL REGULATIONS \(CFR\) 273.18\(e\)\(7\)](#); [7 CFR 271.2](#); [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 18927](#); [TITLE XVI OF THE SOCIAL SECURITY ACT](#); [MANUAL OF POLICIES AND PROCEDURES \(MPP\) 63-801.11](#); [ALL COUNTY LETTER \(ACL\) 18-90](#); [ACL 21-118](#)

The purpose of this All County Letter (ACL) is to inform County Welfare Departments (CWDs) of the revisions to four Notices of Action (NOAs) regarding overissuances (OIs). These notices were revised to facilitate the CalFresh OI compromise policy for elderly and/or disabled households outlined in [ACL 21-118](#) issued on September 30, 2021. This letter also confirms the effective date of the CalFresh OI compromise policy for elderly and/or disabled households.

The revised NOAs include:

- CalFresh Overissuance Notice – Inadvertent Household Error (CF 377.7B)
- CalFresh Repayment Final Notice – Inadvertent Household Error (CF 377.7B1)
- CalFresh Repayment Final Notice – County Administrative Error (CF 377.7D2)
- CalFresh Overissuance Notice – County Administrative Error (CF 377.7D3)

The automation of the OI compromise policy, including revised NOAs, is expected to be completed by the final policy effective date of May 1, 2023.

## **BACKGROUND**

[ACL 21-118](#) outlined the new OI compromise policy for households that include elderly and/or disabled members. The letter informed counties of the policy and directed the Statewide Automated Welfare System (SAWS) to begin the automation process for implementation. As part of this process, the letter designated NOAs that were required to be revised in order to facilitate proper noticing to the households of the compromise amount and the remaining OI claim balance.

The previous iteration of these notices only listed the OI amount and the period that the OI occurred. Therefore, CWDs did not have a space to delineate between the OI amount and how much the household was required to pay. The OI compromise policy requires this delineation because the amount overissued and the amount the household is required to pay will be different if they are eligible to have their OI claim compromised.

The revised notices allow for each amount to be listed in order to differentiate between the amount overissued and the amount still owed by the household.

## **REVISED CALFRESH NOTICES OF ACTION**

Form No.	Title	Change Description
CF 377.7B	CALFRESH OVERISSUANCE NOTICE - INADVERTENT HOUSEHOLD ERRORS (IHE) ONLY	Box 1 has been revised to read:  <b>\$_____ was overissued to you from _____ to _____. You need to pay \$_____. Please see below for your options to repay.</b>
CF 377.7D3	CALFRESH OVERISSUANCE NOTICE COUNTY ADMINISTRATIVE ERROR (AE)	Box 1 has been revised to read:  <b>\$_____ was overissued to you from _____ to _____. You need to pay \$_____. Please see below for your options to repay.</b>

CF 377.7B1	CALFRESH REPAYMENT NOTICE - INADVERTENT HOUSEHOLD ERRORS ONLY FINAL NOTICE	Box 1 has been revised to read:  <b>You still owe \$ _____ because we overissued you \$ _____ from _____ to _____. Please see below for your options to repay.</b>
CF 377.7D2	CALFRESH REPAYMENT NOTICE - COUNTY ADMINISTRATIVE ERROR ONLY FINAL NOTICE	Box 1 has been revised to read:  <b>You still owe \$ _____ because we overissued you \$ _____ from _____ to _____. Please see below for your options to repay.</b>

## **MANUAL PROCEDURES**

The CWD must manually enter an explanation of the reason for the OI and provide sufficient detail to allow the household to determine if any “incorrect” information was used in the OI determination into the “Why This Happened” box. The CWD must also enter an explanation of the reason for the OI compromise into the same box. This explanation must outline how the household qualified for the compromise and by which amount the OI was reduced.

## **QUALITY CONTROL REVIEW GUIDELINES**

No special Quality Control procedures are required for cases subject to the provisions of the new OI compromise policy. Cases must be reviewed using standard review procedures contained in the FNS Handbook 310.

## **COPIES AND TRANSLATIONS**

Forms referenced in this letter are available on the [CDSS Forms-Brochures web page](#).

When all translations are completed per [MPP §21-115.2](#), they are posted on the [Translated Forms and Publications web page](#). For questions on translated materials, please contact Language Services at (916) 651- 8876. Until translations

are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

Per California Code Section 7290 et seq., the CWDs must ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the applicant/recipient. If CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it.

Additionally, the CWDs must ensure that individuals with disabilities are provided services such as auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where necessary. More information regarding provisions for services to applicants and recipients who are non-English speaking or who have disabilities can be found in [MPP Section 21-115](#).

If you have any questions or need additional guidance regarding the information in this letter, contact the CalFresh Policy and Employment Bureau at [CalFreshPolicy@dss.ca.gov](mailto:CalFreshPolicy@dss.ca.gov).

Sincerely,

***Original Document Signed By***

JENNIFER HERNANDEZ  
Deputy Director  
Family Engagement and Empowerment Division

Attachments

# CALFRESH OVERISSUANCE NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

(ADDRESSEE)

Questions? Ask your Worker.

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

## 1. We paid you too much CalFresh.

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

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

## 3. Your options to repay:

YES




Are you still receiving CalFresh?

NO



### \$ 1. Pay in full


OR

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

OR

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

OR

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

### \$ 1. Pay in full

OR

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

OR

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

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

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

## YOUR HEARING RIGHTS

**YOUR HEARING RIGHTS (See also PUB 412 at [www.cdss.ca.gov/inforesources/state-hearings](http://www.cdss.ca.gov/inforesources/state-hearings))**

You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at [acms.dss.ca.gov](http://acms.dss.ca.gov) Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account  
**OR**
- **Call** toll free (800) 743-8525 (or TDD (800) 952-8349)  
**OR**
- **Fax** fill out this page/fax to (833) 281-0905 **OR**
- Fill out this page, and deliver it by one of the following:
  - o **In-person:** \_\_\_\_\_
  - o **Mail to:** CDSS State Hearings Division,  
PO Box 944243, MS 21-37  
Sacramento CA 94244-2430
  - o **Email to:** [SHDCSU@DSS.ca.gov](mailto:SHDCSU@DSS.ca.gov)

### HEARING REQUEST

1. My hearing issue involves \_\_\_\_\_ (benefit program) and \_\_\_\_\_ County/Agency.
2. I want a hearing because: \_\_\_\_\_
3. Print name of person who needs a hearing: \_\_\_\_\_ Birthdate: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
☐ I want to get hearing notices from the State Hearing Division by email. **Email Address:** \_\_\_\_\_
5. **Name/Signature:** \_\_\_\_\_ **Date Signed** \_\_\_\_\_
6. Interpreter: ☐ I want a **free** interpreter for the \_\_\_\_\_ language or dialect.
7. Disability Accommodation for hearing? ☐ No ☐ Yes (explain): \_\_\_\_\_
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:  
☐ By Telephone ☐ By Video (*you see judge on your phone/computer*) ☐ In person at the county hearing site  
☐ I have no phone or internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to ☐ Denial of CalWORKs or CalFresh emergency benefits  
☐ Medical Emergency ☐ Eviction/homelessness ☐ Other (explain): \_\_\_\_\_
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKs (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.  
☐ Check to have your aid lowered or stopped pending the hearing for: ☐ CalWORKs ☐ Childcare ☐ CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed:**  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing:

# CALFRESH REPAYMENT FINAL NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

(ADDRESSEE)

Questions? Ask your Worker.

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

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

**1. We told you before that we paid you too much CalFresh.** You still owe \$ \_\_\_\_\_ because we overissued you \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Please see below for your options to repay.

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

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

YES



Are you still receiving CalFresh?

NO



**\$ 1. Pay in full**

**OR**

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

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

**OR**

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

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

**OR**

**(Scales 4. Ask for a state hearing**

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

**\$ 1. Pay in full**

**OR**

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

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

**OR**

**(Scales 3. Ask for a state hearing**

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

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

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

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



## YOUR HEARING RIGHTS

### YOUR HEARING RIGHTS (See also PUB 412 at [www.cdss.ca.gov/inforesources/state-hearings](http://www.cdss.ca.gov/inforesources/state-hearings))

You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at [acms.dss.ca.gov](http://acms.dss.ca.gov) Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account  
**OR**
- **Call** toll free (800) 743-8525 (or TDD (800) 952-8349)  
**OR**
- **Fax** fill out this page/fax to (833) 281-0905 **OR**
- Fill out this page, and deliver it by one of the following:
  - **In-person:** \_\_\_\_\_
  - **Mail to:** CDSS State Hearings Division,  
PO Box 944243, MS 21-37  
Sacramento CA 94244-2430
  - **Email to:** [SHDCSU@DSS.ca.gov](mailto:SHDCSU@DSS.ca.gov)

### HEARING REQUEST

1. My hearing issue involves \_\_\_\_\_ (benefit program) and \_\_\_\_\_ County/Agency.
2. I want a hearing because: \_\_\_\_\_
3. Print name of person who needs a hearing: \_\_\_\_\_ Birthdate: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
☐ I want to get hearing notices from the State Hearing Division by email. **Email Address:** \_\_\_\_\_
5. **Name/Signature:** \_\_\_\_\_ **Date Signed** \_\_\_\_\_
6. Interpreter: ☐ I want a **free** interpreter for the \_\_\_\_\_ language or dialect.
7. Disability Accommodation for hearing? ☐ No ☐ Yes (explain): \_\_\_\_\_
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:  
☐ By Telephone ☐ By Video (*you see judge on your phone/computer*) ☐ In person at the county hearing site  
☐ I have no phone or internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to ☐ Denial of CalWORKs or CalFresh emergency benefits  
☐ Medical Emergency ☐ Eviction/homelessness ☐ Other (explain): \_\_\_\_\_
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKs (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.  
☐ Check to have your aid lowered or stopped pending the hearing for: ☐ CalWORKs ☐ Childcare ☐ CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed:**  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing:

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

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

(ADDRESSEE)

Questions? Ask your Worker.

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

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

**1. We told you before that we paid you too much CalFresh.** You still owe \$ \_\_\_\_\_ because we overissued you \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Please see below for your options to repay.

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

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

**YES**



**Are you still receiving CalFresh?**

**NO**



**\$ 1. Pay in full**

**OR**

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

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

**OR**

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

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

**OR**

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

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

**\$ 1. Pay in full**

**OR**

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

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

**OR**

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

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

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

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

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

## YOUR HEARING RIGHTS

### YOUR HEARING RIGHTS (See also PUB 412 at [www.cdss.ca.gov/inforesources/state-hearings](http://www.cdss.ca.gov/inforesources/state-hearings))

You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at [acms.dss.ca.gov](http://acms.dss.ca.gov) Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account  
**OR**
- **Call** toll free (800) 743-8525 (or TDD (800) 952-8349)  
**OR**
- **Fax** fill out this page/fax to (833) 281-0905 **OR**
- Fill out this page, and deliver it by one of the following:
  - o **In-person:** \_\_\_\_\_
  - o **Mail to:** CDSS State Hearings Division,  
PO Box 944243, MS 21-37  
Sacramento CA 94244-2430
  - o **Email to:** [SHDCSU@DSS.ca.gov](mailto:SHDCSU@DSS.ca.gov)

### HEARING REQUEST

1. My hearing issue involves \_\_\_\_\_ (benefit program) and \_\_\_\_\_ County/Agency.
2. I want a hearing because: \_\_\_\_\_
3. Print name of person who needs a hearing: \_\_\_\_\_ Birthdate: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
☐ I want to get hearing notices from the State Hearing Division by email. **Email Address:** \_\_\_\_\_
5. **Name/Signature:** \_\_\_\_\_ **Date Signed** \_\_\_\_\_
6. Interpreter: ☐ I want a **free** interpreter for the \_\_\_\_\_ language or dialect.
7. Disability Accommodation for hearing? ☐ No ☐ Yes (explain): \_\_\_\_\_
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:  
☐ By Telephone ☐ By Video (*you see judge on your phone/computer*) ☐ In person at the county hearing site  
☐ I have no phone or internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to ☐ Denial of CalWORKs or CalFresh emergency benefits  
☐ Medical Emergency ☐ Eviction/homelessness ☐ Other (explain): \_\_\_\_\_
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKs (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.  
☐ Check to have your aid lowered or stopped pending the hearing for: ☐ CalWORKs ☐ Childcare ☐ CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed:**  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing:

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

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

(ADDRESSEE)

Questions? Ask your Worker.

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

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

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

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

**3. Your options to repay:**



Are you still receiving CalFresh?



**\$ 1. Pay in full**

**OR**



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

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

**OR**



**3. Agree to another repayment plan**

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

**OR**



**4. Ask for a state hearing**

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

**\$ 1. Pay in full**

**OR**



**2. Agree to a repayment plan**

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

**OR**



**3. Ask for a state hearing**

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

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

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

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

## YOUR HEARING RIGHTS

### YOUR HEARING RIGHTS (See also PUB 412 at [www.cdss.ca.gov/inforesources/state-hearings](http://www.cdss.ca.gov/inforesources/state-hearings))

You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at [acms.dss.ca.gov](http://acms.dss.ca.gov) Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account  
**OR**
- **Call** toll free (800) 743-8525 (or TDD (800) 952-8349)  
**OR**
- **Fax** fill out this page/fax to (833) 281-0905 **OR**
- Fill out this page, and deliver it by one of the following:
  - o **In-person:** \_\_\_\_\_
  - o **Mail to:** CDSS State Hearings Division,  
PO Box 944243, MS 21-37  
Sacramento CA 94244-2430
  - o **Email to:** [SHDCSU@DSS.ca.gov](mailto:SHDCSU@DSS.ca.gov)

### HEARING REQUEST

1. My hearing issue involves \_\_\_\_\_ (benefit program) and \_\_\_\_\_ County/Agency.
2. I want a hearing because: \_\_\_\_\_
3. Print name of person who needs a hearing: \_\_\_\_\_ Birthdate: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
☐ I want to get hearing notices from the State Hearing Division by email. **Email Address:** \_\_\_\_\_
5. **Name/Signature:** \_\_\_\_\_ **Date Signed** \_\_\_\_\_
6. Interpreter: ☐ I want a **free** interpreter for the \_\_\_\_\_ language or dialect.
7. Disability Accommodation for hearing? ☐ No ☐ Yes (explain): \_\_\_\_\_
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:  
☐ By Telephone ☐ By Video (*you see judge on your phone/computer*) ☐ In person at the county hearing site  
☐ I have no phone or internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to ☐ Denial of CalWORKs or CalFresh emergency benefits  
☐ Medical Emergency ☐ Eviction/homelessness ☐ Other (explain): \_\_\_\_\_
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKs (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.  
☐ Check to have your aid lowered or stopped pending the hearing for: ☐ CalWORKs ☐ Childcare ☐ CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed:**  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing: