

NOTICE OF ACTION

COUNTY OF _____

CHILD CARE SERVICES DENIAL

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

(Addressee)

Questions? Ask your Worker.

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

Starting on _____ the child care
 Date
 for _____
 Name of Child
 is denied.

- You are exempt from Welfare-to-Work, are not currently participating in any activity, and do not intend to participate at this time.
- Your license-exempt child care provider,

 Name of Provider
 had their application for TrustLine denied, closed, or revoked.
- You did not return completed Health and Safety forms.
- You are no longer eligible for post aid child care services because _____

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

HERE'S WHY WE ARE DENYING YOUR REQUEST:

- You are already getting the most the county can reimburse based on your area's child care costs, the age of your children, and type of child care provider.
- The child's other parent is in the home and is able and available to provide care. This parent is not in an activity or does not have a condition that impairs their ability to care for the child.
- Your child _____
 Name of Child
 is 13 years old or older and is not disabled or under court supervision.
- You did not provide the proof that we asked you to give us on _____ that shows
 Date
 your aided child age 13 or older has a physical or mental condition.
- The child care provider is your child's parent, legal guardian, or a member of your CalWORKs/Cal-Learn assistance unit.

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

Sanctioned Cases:

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

Additional Child Care Services:

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

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

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

Notes

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

Name	Telephone
Address	

YOUR HEARING RIGHTS

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