

**CalWORKs EXEMPTION DETERMINATION**

CASE NAME	
CASE NO.	
COUNTY	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

On \_\_\_\_\_, \_\_\_\_\_ asked for an exemption. The county made the following determination:

**A. WELFARE-TO-WORK 24-MONTH TIME CLOCK AND PARTICIPATION EXEMPTION**

1.  This exemption is APPROVED. Reason for exemption: \_\_\_\_\_

Starting on \_\_\_\_\_, you are not required to participate in Welfare-to-Work and each month of aid for the period that your condition or circumstance lasts will not count toward your Welfare-to-Work 24-Month Time Clock. Your exemption will end on \_\_\_\_\_.

If your exemption should continue, you must provide information to show that it should continue before the ending date above, or you will be expected to participate in Welfare-to-Work.

You can ask to volunteer to participate in Welfare-to-Work and will be told what activities and/or services are available.

Your condition may be looked at again to see if you should continue to be exempt. If you are no longer exempt, you will be expected to participate in Welfare-to-Work and each month of aid may count toward the Welfare-to-Work 24-Month Time Clock.

2.  This exemption is DENIED. Reason for denial: \_\_\_\_\_

You are required to participate in Welfare-to-Work and each month of aid may count toward your Welfare-to-Work 24-Month Time Clock. You will get a notice from the county telling you when to attend Welfare-to-Work activities and/or services.

**B. CalWORKs 48-MONTH TIME LIMIT EXEMPTION**

1.  This exemption is APPROVED. Reason for exemption: \_\_\_\_\_

Starting on \_\_\_\_\_, each month of aid for the period that your condition or circumstance lasts will not count toward your CalWORKs 48-month time limit. Your exemption will end on \_\_\_\_\_.

If your exemption should continue, you must provide information to show that it should continue before the ending date above, or each month of aid will count toward your 48-month time limit.

Your condition may be looked at again to see if you should continue to be exempt. If you are no longer exempt, each month of aid will count toward your CalWORKs 48-month time limit.

2.  This exemption is DENIED. Reason for denial: \_\_\_\_\_

Each month of aid will continue to count toward your CalWORKs 48-month time limit.

**CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.**

**Rules:** These rules apply; you may review them at your welfare office: MPP 42-302.1, 42- 302.2, 42-302.21, 42-302.3 - .34, 42-712, and Senate Bill 1041 (Chapter 47, Statutes of 2012).

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:  Cash Aid  CalFresh  
 Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

Cash Aid  CalFresh  Medi-Cal

Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

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

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE