

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



June 26, 2000

ALL-COUNTY INFORMATION NOTICE I-61-00

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHILD CARE COORDINATORS**REASON FOR THIS
TRANSMITTAL**

- State Law Change
 Federal Law or Regulation
Change
 Court Order
 Clarification Requested by
One or More Counties

SUBJECT: CLARIFICATION REGARDING CHILD CARE NOTICES OF ACTION:
NA 832 NOTICE OF APPROVAL
NA 833 NOTICE OF CHANGE
NA 834 NOTICE OF DENIAL
NA 835 NOTICE OF DISCONTINUANCEREFERENCE: ALL COUNTY LETTER 97-73 dated October 29, 1997
ALL-COUNTY INFORMATION NOTICE I-94-99 dated
December 3, 1999

The purpose of this notice is to clarify the status of the following Notices of Action (NOAs):

- NA 832, *Notice of Approval*;
- NA 833, *Notice of Change*;
- NA 834, *Notice of Denial*; and
- NA 835, *Notice of Discontinuance*.

In 1997, with the implementation of the Personal Responsibility and Work Opportunity Reconciliation Act, the California Department of Social Services (CDSS) transmitted these four NOAs via the above-referenced All-County Letter. These NOAs, however, were never made available on the Internet; and the inability to access these documents may have caused many users to conclude that they were obsolete. Upon learning that these NOAs were unavailable via the Internet, the Department took action to ensure their availability.

County Welfare Departments (CWDs) recently were informed, however, that, as a protection against possible misuse, **all CDSS NOAs are being transferred to a secure website and, therefore, are currently unavailable online**. Once the secure website has been established, CWDs will be issued a password to access these NOAs online. To ensure that the security of the website is maintained, CWDs must exercise caution in the dissemination of the assigned password.

Page Two

Hard copies of these notices are attached for your reference. We apologize for any inconvenience resulting from their lapsed availability.

Camera-Ready Copies

For camera-ready copies of these notices in English, please call the Forms Management Unit (FMU) at (916) 657-1907.

Translations

Counties are required to provide bilingual/interpretive services and written translations to non-English speaking populations in accordance with the Manual of Policies and Procedures, Division 21, Civil Rights Nondiscrimination, Section 115. Translations of these forms are available. For Chinese, Cambodian, Spanish, Russian and Vietnamese versions of these forms, please contact Language Translation Services (LTS) at (916) 654-1282 or CALNET 464-1282.

If you need several forms, please fax your request to (916) 657-3429 or e-mail your request to lsu@dss.ca.gov. If your county is on the LTS mailing list, your forms coordinator will receive all translations as soon as they become available. Once you have established an e-mail address, please contact FMU by telephone or e-mail at fmu@dss.ca.gov. FMU will then place you on their e-mail list.

Stock

These forms are available as master copies only; printed stock will not be maintained in the warehouse.

Page Three

NA Back 9

Counties are reminded that a copy of the NA Back 9, Your Hearing Rights, transmitted via All County Information Notice (ACIN) I-94-99, dated December 3, 1999, must accompany each of these notices. A copy of the NA Back 9 is also attached to this letter for your reference.

Contact

If you have any questions or need further information regarding the attached Notices Of Action, please call Suzanne McNamee in the Child Care Programs Bureau, at (916) 657-3815.

***Original Document Signed By
Jo Weber on 6/26/00***

JO WEBER, Chief
Work Services and Demonstration Projects Branch

Attachments

c: County Welfare Directors Association
Regional Advisors

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
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. The back of this page tells how.

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As of _____ until _____, the county has approved your child care:

Your child care payment limit is figured on this notice, and is based on the information you gave us. The most we will pay for each eligible child is:

Child's Name:	Provider's Name	Payment Limit:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

● The rate is what your child care provider charges or the most we can pay based on your area's child care costs, which ever is less.

● Child care payment will be paid to your provider.

Because your approved activity/program is less than 30 days, you will not get another notice telling you when your payments end.

You have chosen a provider _____ who is not licensed and must apply for Trustline registration and Health and Safety certification. Payments for child care with this provider will stop on _____ unless the county gets proof that your provider has applied for Trustline registration. You will get no further notice.

The county will only pay child care for the hours and days you are attending your approved activity/program.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

Child(ren): _____

\$ _____ rate

X _____ hours days weeks month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

\$ _____ rate

X _____ hours days weeks month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

\$ _____ rate

X _____ hours days weeks month

= \$ _____ per _____

Provider name: _____

Rules: These rules apply. You may review them at your welfare office: Welfare and Education Code Sections: 8350-8353, 8357. WIC 11322.9, 11323.6, 11323.8 and 11324.

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 ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, 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 Food Stamps 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, Food Stamps 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 Food Stamps 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 Food Stamps 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

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
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. The back of this page tells how.

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As of _____ until _____:

- The county has changed the payment amount for child care from \$ _____ per _____ to \$ _____ per _____.
- The county has changed your payment method for Cal-Learn CalWorks child care from _____ to _____.
- Your child care provider has changed. Your Cal-Learn CalWorks child care at _____ has been paid through _____. Payment for _____ starts after that date.

HERE'S WHY:

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

Your new child care payment amount is figured on this notice.

- The county will only pay child care for the hours and days you are attending your approved activity/program.
- YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

Rules: These rules apply. You may review them at your welfare office: WIC 11322.9, 11323.6, 11323.4, 11323.8. Welfare and Education Code Sections 8350-8353, 8357

Child(ren): _____

\$ _____ rate

X _____ hours days weeks month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

\$ _____ rate

X _____ hours days weeks month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

\$ _____ rate

X _____ hours days weeks month

= \$ _____ per _____

Provider name: _____

Child care for children not listed here stays the same.

The rate is what your child care provider charges or the State of California child care limit, whichever is less.

YOUR HEARING RIGHTS

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- 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 Food Stamps 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, Food Stamps 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 Food Stamps 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:

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- 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 Food Stamps 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 _____

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
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. The back of this page tells how.

As of _____:

- Your child care payment for is denied for _____
Month
- Your request to raise your child care payment limit is denied.
- Payment for your child care for your child, _____, is denied.

HERE'S WHY:

- You are not in an approved activity/program.
- You are already getting the most the county can pay based on your area's child care costs.
- The child care you asked for is not needed to attend your approved activity/program.
- You did not cooperate with CalWORKs program.
- Your child _____ is _____ or more years old, which is over the age we can pay for and is not disabled or under court supervision.
- You have not given us proof that show your aided child, _____, has a physical or mental condition that needs special care.
- The child care provider is your child's parent, legal guardian, or a member of your CalWORKs/Cal-Learn assistance unit.
- Your license-exempt child care provider had his/her application for Trustline denied, revoked or closed.
- You did not complete/qualify for the Health and Safety certification.
- Other:

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

Rules: These rules apply. You may review them at your welfare office: Welfare and Education Code Sections 8350-8353, 8357. WIC 11322.9, 11323.6, 11323.4 and 11323.8

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If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

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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

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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:

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- 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.

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Cash Aid Food Stamps Medi-Cal

Other (list) _____

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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

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NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
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. The back of this page tells how.

As of _____:

Your child care payment(s) will stop.

HERE'S WHY:

- You are no longer attending an approved activity/program.
- You moved out of this county.
- You do not have to go to the approved county activity/program right now.
- You did not cooperate with the CalWORKs program
- You went off cash aid.
- You asked that your child care payments be stopped.
- Your child _____ is _____ or more years old, which is over the age we can pay for and is not disabled or under court supervision.
- Your child(ren) no longer need(s) child care.
- Your child care provider is your child's parent, legal guardian, or a member of your CalWORKs assistance unit.
- Your license-exempt child care provider _____ had his/her application for Trustline, was denied, ^{Name}revoked or closed.
- Your income has exceeded the 75% percentile of the State median income.
- Other

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

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Other (list) _____

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- 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 _____