

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 1, 2001

ALL-COUNTY INFORMATION NOTICE NO. I-15-01

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CALWORKS PROGRAM SPECIALISTS
 ALL FOOD STAMP COORDINATORS
 ALL WELFARE TO WORK COORDINATORS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: REVISED NOTICES AND FORMS FOR THE FOOD STAMP PROGRAM

REFERENCE: ALL-COUNTY LETTER NO. 98-21; 99-78

This letter transmits revised forms and Notices of Action (NOAs) to be used by counties as they administer the food stamp program. The forms and notices have been revised to more accurately reflect existing policy governing the Able-Bodied Adult Without Dependents (ABAWD) and California Food Assistance Program (CFAP) work requirements. Below is a listing of the revised forms and a description of the changes that have been made to each form.

The **SAWS 2A** has been updated to include a description of the ABAWD work requirement. The SAWS 2A is distributed to cash aid-only households and to mixed households in which some recipients only receive food stamps and are subject to the ABAWD work requirement. Effective February 1, 2000, ABAWD regulations at Manuel of Policies and Procedures (MPP) Section 63-410 require counties to provide written information at application and recertification which explains the ABAWD work requirement. Issuance of the updated SAWS 2A satisfies this requirement for food stamp recipients in mixed households. The SAWS 2A has also been revised to more clearly distinguish between public assistance and non-assistance food stamp work requirements and penalties.

The DFA **285-A3** has been revised to remove language that described the CFAP work requirement before it was amended by Assembly Bill 1111. All County Letter (ACL) 99-78 specifies that effective October 1, 1999, CFAP recipients who do not receive California Work Opportunity and Responsibility to Kids (CalWORKs) must meet the ABAWD work requirement, unless they are otherwise exempt. The DFA 285-A3 explains the ABAWD requirement, and a separate section describing the CFAP work requirement is no longer needed.

Language has been removed from ABAWD and CFAP NOAs to avoid confusion about when a client may submit evidence showing that food stamps should not have been discontinued because s/he either met, or was exempt from, the ABAWD work requirement. The NOAs previously implied that if food stamps are to be restored, evidence must be submitted by the date that food stamps are discontinued. Therefore, benefits should be restored for those months that an ABAWD shows that he met, or was exempt from, the work requirement. Months for which the requirement was met should not count against the three-month limit.

The following NOAs have been revised to reflect this policy clarification:

DFA 377.11A FOOD STAMP NOTICE OF DISCONTINUANCE: 1st Failure to Meet ABAWD Work Requirement;

DFA 377.11B FOOD STAMP NOTICE OF DISCONTINUANCE: 2nd Or Subsequent Discontinuance for Failure to Meet ABAWD Work Requirement;

NA 994 FOOD STAMP NOTICE OF DISCONTINUANCE: Failure to Meet Non-Assistance CFAP Work Requirement (violation prior to three-consecutive-month grace period); and

NA 996 FOOD STAMP NOTICE OF DISCONTINUANCE: Failure to Meet Non-Assistance CFAP Work Rule (violation after receipt of three-consecutive-month-grace period).

Implementation

Counties should begin using the revised forms immediately. Upon receipt of the revised forms, counties should destroy all prior versions that were revised before October 2000.

Camera-Ready Copies

After you receive a copy of an English form, or a NOA message, please allow six to eight weeks for the form or message to be translated and mailed to your CalWORKs and Food Stamp Forms Coordinators. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Cambodian, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Cambodian, Vietnamese or Russian, fax your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov.

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For a camera-ready copy and/or an additional copy of an English form, please call Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms (not including messages) from the California Department of Social Services (CDSS) web page at: <http://www.dss.cahwnet.gov>.

FMU has placed the revised forms on the Internet at the CDSS external home page. If the name, mailing address or e-mail address of your CalWORKs or Food Stamp Forms Coordinators change, please contact FMU by telephone at (916) 654-1282 or by e-mail to fm@dss.ca.gov.

Translations

Your CalWORKs and Food Stamp Forms Coordinators are to distribute forms and NOA messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English speaking populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq) and by the state regulations in MPP, Division 21, Civil Rights Nondiscrimination, Section 115. Among other things, this regulation section requires that you provide forms in the applicant's or recipient's primary language. If you have questions regarding translations, please contact Johnny Oh at (916) 657-1937/CALNET 437-1937.

Stock

State-produced stock of the English version of these forms is currently available, and Spanish-language versions for these forms will be available 30 to 60 days after the release of this letter. Stock of each form may be ordered from the CDSS Warehouse upon receipt of the Notice of Form Change (GEN 127), in accordance with the procedures in the County Forms Catalog.

Forms Designation and Modification of Forms

The forms designation for the SAWS 2-A and the DFA 285 A-3 is "Required Form-No Substitute Permitted." The forms designation for the DFA 377.11A, DFA 377.11B, NA 994, and NA 996 is "Required Form-Substitute Permitted." County welfare departments (CWDs) must obtain prior approval from the CDSS and/or Department of Health Services (DHS) before implementing a modification or substitution to "Substitute Permitted" forms. For CalWORKs program changes, the procedures for submission of a change request are outlined in Management and Office Procedures Regulations 23-400.22 and the Food Stamp Handbook Regulations Section 63-1250.

For Medi-Cal/State CMSP changes or substitutions, CWDs should forward requests to the DHS, Medi-Cal Eligibility Branch.

Contact

If you have any questions regarding this letter, please contact Robert Nevins by telephone at 916) 654-1408 or by e-mail at robert.nevins@dss.ca.gov.

Sincerely,

***Original Signed By Charr Lee Metsker
On February 28, 2001***

CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CWDA
CSAC



RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

For the Cash Aid and Food Stamp Programs, and/or Medi-Cal/State-Run County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, food stamps, and/or Medi-Cal/State CMSP and to figure how much you will get if you are eligible. If you need more information or have questions, ask your worker.

Cash Aid includes California Work Opportunity and Responsibility to Kids (CalWORKs) and Refugee Cash Assistance (RCA).

Medi-Cal/State CMSP includes Full Medi-Cal/State CMSP benefits and Restricted Medi-Cal/CMSP emergency and pregnancy related care only.

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 have 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 15-70
P.O. Box 944243
Sacramento, CA 94244-2430

or by calling **collect** (916) 654-2107 or for the hearing impaired TDD (916)-654-2098.

2. To tell the county if you have a disability and need help applying for or continuing to receive cash aid, benefits, and services.
3. To ask for help to complete your application for any other cash aid, food stamp, or Medi-Cal/State CMSP form.
4. To ask for forms and notices to be translated if you don't 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 your eligibility determined within 45 days for cash aid and Medi-Cal/State CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for food stamps.
7. To discuss your case with the county and to review your case yourself when you request to do so.
8. To be told the rules for getting cash aid right away. If we think you might be eligible, you will get an interview within one day.
9. To be told the rules for getting food stamps right away. If we think you might be eligible to get them right away, you will get an interview immediately and get food stamps within three days.
10. To get Medi-Cal/State CMSP as soon as possible if you have a medical emergency or are pregnant, if eligible.
11. To continue getting cash aid and Medi-Cal benefits without a break if you move from one county to another if you stay eligible.
12. To be told the rules for retroactive Medi-Cal/State CMSP eligibility.
13. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal/State CMSP.
14. To choose prepaid health plan (PHP), fee-for-service coverage (if available), Health Maintenance Organization (HMO), or Medi-Cal when eligible for Medi-Cal/State CMSP.
15. To ask to have your Food Stamp I.D. or Medi-Cal Benefits Identification Card (BIC), Food Stamp authorization document or issuance card, or Food Stamp coupons replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible. Your BIC may also be replaced if lost or stolen.
16. To ask for extra money if your income drops or stops (cash aid only).
17. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (cash aid only).
18. 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. (cash aid only).
19. To be notified in writing when your application is approved, denied, or when your benefits change or stop.
20. To have your records kept confidential by the county and state, unless you are getting cash aid or food stamps and there is a felony arrest warrant issued for you, or as otherwise provided by law.
21. 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.
22. To ask for a State Hearing within 90 days of the county's action for cash aid, food stamps, Medi-Cal, and, if you think you were not getting the right State CMSP services.
23. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in Item 21 above.
24. To appeal all State CMSP eligibility issues, you can **only write** to your county.
25. 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.

YOUR RESPONSIBILITIES

Citizenship/Immigration Status

To sign under penalty of perjury that each member applying for cash aid and food stamps is a U.S. citizen, U.S. national or has lawful immigration status. Information you give us on immigration status will be checked with the U.S. Immigration and Naturalization Service (INS). Information we get from INS may affect your eligibility.

If you want Medi-Cal/State CMSP, you must provide a declaration of citizenship/immigration status under penalty of perjury. If you say you are an alien with lawful permanent residence (LPR) in the U.S., an amnesty alien with a valid and current I-688 or an alien permanently residing under color of law (PRUCOL), your immigration status will be checked with the U.S. Immigration and Naturalization Service (INS). The information the INS receives to verify the immigration status of the applicant can only be used to determine Medi-Cal/State CMSP eligibility, and cannot be used for immigration enforcement unless you are committing fraud.

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 cash aid, food stamp and Medi-Cal/State CMSP may result in repayment of benefits and/or criminal or civil action.

Cash Aid and Food Stamps: You must give us the SSN for each applicant or recipient of cash aid and/or food stamps. If you refuse to give us either a SSN or proof of application for a SSN, you will not be able to get cash aid or food stamps. For cash aid, you must give proof of application for a SSN within 30 days of application for cash aid and give the SSN to the county when you get it.

Each applicant for Medi-Cal/State CMSP, who says he/she is a U.S. citizen, a U.S. national, LPR in the U.S., an amnesty alien with a valid and current I-688, or PRUCOL, will be disqualified from getting Medi-Cal if he/she refuses to give either a SSN or proof of application for a SSN. Any alien who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or a LPR or PRUCOL, can still get restricted Medi-Cal/State CMSP if he/she meets all eligibility rules, including California residency.

Verification(s)

To give proof to support your eligibility. If you can't get proof, you will need to give the name of some other person or agency we may contact to get the proof. We will help you get proof when you can't get it.

Cooperation

To cooperate with county, state and federal staff. For cash aid, a county worker can come to your home at any time to check out your facts, including seeing each family member, without calling ahead of time. You may not get benefits or your benefits may be stopped if you don't cooperate.

FOOD STAMPS AND CASH AID

To tell the county when any member of your household:

- is hiding or running from the law for a felony, or attempted felony, or is violating their parole or probation as they will not be eligible for cash aid and/or food stamps.
- has been convicted of a drug related felony for possession, use or distribution of illegal drugs since August 22, 1996, as they may not be eligible for food stamps, or if convicted since January 1, 1998, they will not be eligible for cash aid.

CASH AID AND MEDI-CAL

To apply for any benefits or income anyone 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 District Attorney/Family Support Division (DA/FSD) to:

- identify and locate any absent parent in your case;
- tell the county or the DA/FSD 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;
- obtain medical support money from any absent parent and, if you get cash aid, obtain child support money;
- give the DA/FSD any medical support money and, any child/spousal support money you get;
- tell the county about medical coverage or money for medical services paid by the absent parent.

Your cash aid will be lowered if you don't cooperate.

MEDI-CAL

Benefits Identification Card (BIC)

- To sign your BIC when you get it and to use it only to get necessary health care services.
- **To never throw your BIC away** (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- To take the BIC to your medical provider when you or a family member is sick or has an appointment.
- To take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.

Health Care Coverage/Insurance

- To tell the county and any health care provider of any health care coverage/insurance you or a family member have.
- To retain any health insurance available to you and your family at no or reasonable cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal/State CMSP, unless the plan does not offer the medical service needed. You need to use them because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.
- To enroll and stay enrolled in an employment-related group health plan when Medi-Cal approves payment of plan premiums by the State of California.

YOUR REPORTING RESPONSIBILITIES

You must report all changes to the county. If you're not sure how to report changes, what changes to report, or what proof we need, ask your worker. If you get food stamps, your worker will tell you if you are a monthly or nonmonthly reporting household. If you get Medi-Cal/State CMSP, the county will tell you if you must report monthly or quarterly.

HOW YOU MUST REPORT

For Cash Aid, you must report all changes to the county within 5 days AND turn in a complete Monthly Eligibility Report by the 5th of each month.

For Food Stamp Monthly Reporting, you must turn in a complete Monthly Eligibility Report by the 5th of each month.

Note: If you get both cash aid and food stamps, you will need to turn in only one complete Monthly Eligibility Report by the 5th of each month.

For Food Stamp Nonmonthly Reporting, you must report all changes within 10 days:

- by mail, telephone, or in person at the County Food Stamp office; OR
- on a DFA 377.5, Food Stamp Household Change Report; OR
- if you get cash aid, you may report the change(s) on your Monthly Eligibility Report.

For Medi-Cal/State CMSP Quarterly Reporting Beneficiaries, you must report all changes within 10 days AND turn in a complete Status Report by the 5th of the month when the county sends or gives it to you.

WHEN YOU MUST REPORT

For Cash Aid, Food Stamp Monthly Reporting, and Medi-Cal/State CMSP, you must report when:

1. Anyone gets money (including lump sums) from work, relatives, Social Security, Unemployment Insurance Benefits (UIB), Veterans benefits, tax refunds, or any other source.
2. Anyone gets child, spousal, or medical support money.
3. Anyone's job or training program changes.
4. Anyone's income or source of income changes, starts, or stops, including self-employment.
5. Anyone age 16 or older starts or stops school, college, or training. For Food Stamps Only, any child up to age 17 or any adult who starts or stops school or training.
6. You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, absent parents, other relatives, and non-relatives.

7. Anyone (including children) comes into the home, leaves the home, or plans to visit somewhere else even for a short period of time (cash aid only).
8. Anyone moves to another address, plans to move (including out of state), or gets a new mailing address. If you move to another county and you want to keep getting benefits, you must tell the county giving you aid and/or benefits AND ask for cash aid, food stamps, or Medi-Cal in the new county. You must also ask for State CMSP, if it is available in the new county.
9. Any changes in rent or utility costs when there is a move or when anyone gets free rent/utilities.
10. Anyone gets payments or allowances for job, training, or school expenses, such as educational grants and loans, transportation to and from job or training, etc.
11. Anyone has job, training, or school costs, such as dependent care, transportation, tuition, books, etc.
12. Anyone has expenses that are paid for by someone else in total or in part, such as housing, utilities, dependent care, etc.
13. Anyone gets married, separated, divorced, or died.
14. Anyone gets, sells, gives away or transfers real property, such as a home, buildings or land; or business or personal property, such as money, a bank account, a motor vehicle, a boat, a trust fund, etc.
15. Anyone's physical or mental illness begins or ends.
16. Anyone's citizenship or immigration status changes or anyone gets a letter, form or new card from the INS.
17. Anyone getting cash aid or Medi-Cal/State CMSP becomes pregnant, gives birth, or ends a pregnancy.
18. Anyone goes to or gets out of jail/prison.
19. Any changes in the order for court ordered child support paid by a household member for a child not living in the home (food stamps and Medi-Cal/State CMSP).
20. Anyone's health care coverage/insurance changes or becomes available as a result of employment (cash aid and Medi-Cal/State CMSP).

For Medi-Cal/State CMSP, you must report when:

21. Anyone enters or leaves a nursing home or long term care facility.
22. Anyone applies for disability benefits, such as SSI/SSP, Social Security, Veterans, or Railroad Retirement.
23. Anyone gets health care services that result from an accident or injury due to someone else's action or failure to act.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

For Cash Aid and Food Stamp Monthly and Nonmonthly Reporting, you must report when:

24. Any member of your household is hiding or running from the law for a felony, or attempted felony, or is violating their parole or probation.
25. Any member of your household has been convicted of a drug related felony for possession, use or distribution of illegal drugs since August 22, 1996 for food stamps, or if convicted since January 1, 1998 for cash aid.

For Food Stamp Monthly Reporting, you may report when:

26. A household member is age 60 or older.
27. Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.

For Food Stamp Nonmonthly Reporting, you must report when:

28. Your total monthly income starts, stops, or changes by more than \$25.
29. Anyone's source of income changes.
30. Anyone moves into or out of your home.
31. Anyone joins or leaves your household.
32. You move or you get a new address.
33. Your rent and utility costs **only** if you move.
34. Anyone buys, gets, sells, or gives away a licensed motor vehicle.
35. The total of your household's stocks, bonds, or other money is or is more than \$2000 (or \$3000 if you have a household member who is age 60 or older).

For Food Stamp Nonmonthly Reporting, you may report when:

36. Anyone's physical or mental illness begins or ends.
37. Anyone's citizenship/immigration status changes or anyone gets a letter, form or new card from the INS.
38. You have changes in your dependent care costs.
39. Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.

IMPORTANT INFORMATION CASH AID ONLY

Unemployed Parent

If you are applying for cash aid as an unemployed parent, the principal earner (PE) must:

- be unemployed and not have worked in the preceding 4 weeks
- apply for and accept any unemployment insurance you are eligible to receive

The PE is the parent who has the most earnings in the past 24 months.

Homeless Assistance

You may be eligible for money to help pay for temporary shelter or permanent housing. This is a once-in-a-lifetime payment unless you meet an exemption. If you have already received homeless assistance and need it again, your worker will tell you if you are eligible.

School Attendance and Immunizations

You must provide proof when requested by the county that:

- all school-age children are attending school, and
- children under the age of 6 have received age appropriate immunizations.

Maximum Aid Payment (MAP)

There are two levels of Maximum Aid Payment (MAP). Most families getting cash aid 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 parent/caretaker does not get aid
- is disabled and getting Supplemental Security Income/ State Supplemental Payments (SSI/SSP), or In-Home Supportive Services (IHSS), or State Disability Insurance (SDI), or Temporary Workers Compensation (TWC), or Temporary Disability Indemnity (TDI) benefits.

Also eligible for the higher MAP:

- a family who gets Refugee Cash Assistance (RCA) if each adult meets an exception.

If all the adults in the household meet at least one of these exemptions, ask your worker about applying for an exemption.

Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

Maximum Family Grant (MFG) Rule

The MFG rule applies to any child born after August 31, 1997. The MFG rule says that your maximum aid payment (MAP) will not go up to include a child born to your family, if your family got cash aid for the 10 months in a row right before the child's birth. There are exemptions to the rule. Ask your worker if you have any questions about the MFG rule.

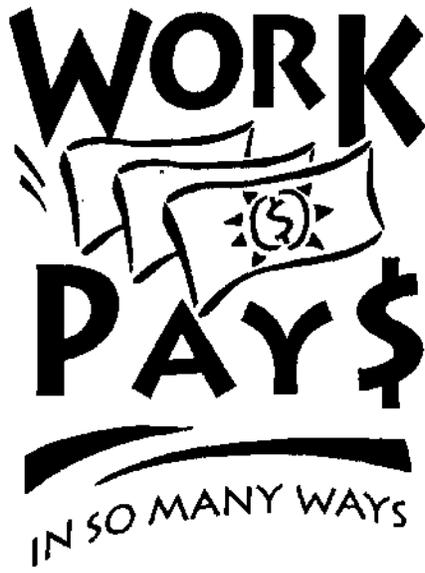
Proof of Facts

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

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

If you ask for cash aid 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 you last got cash aid, the county will need new proof.



You can work and still get cash aid.

Working:

- gives you more \$\$\$\$ to help support your family
- builds a better life for you and your family
- develops job skills
- builds self-esteem
- gives you personal satisfaction

Here's how "Work Pays":

When you work, your gross earnings (earnings before deductions) are not subtracted dollar for dollar from your cash aid payment. You are eligible for work-related deductions.

You may be eligible for child care costs to be paid to your provider.

See page 6 for facts about work and training rules, work incentives, including child care programs.

When you add the amount of your earnings to the amount of your cash aid, you will have more \$\$\$\$ for your family.

It always pays to work. You can work and still get cash aid as long as you remain eligible and meet reporting rules in a timely manner.

Ask your worker for more facts about "Work Pays."

Remember, when you don't work, the most \$\$\$\$ you can get is the maximum aid payment for your family size.

Work and Training Rules

Your worker will tell you what cash aid and/or food stamp work rules you need to follow before and after your application is approved. You may be required to be in work, training or education activities to keep getting your cash aid, food stamps, or both. More than one member of a household can be required to follow cash aid and/or food stamp work rules. If anyone becomes ineligible for not following work or training rules, other members of their household can still get cash aid or food stamps, as long as they remain eligible. But, the amount of cash aid or food stamps they get may change.

Cash Aid Work Rules

If you get cash aid and food stamps or just get cash aid, you will need to take part in certain Welfare to Work activities to keep getting your cash aid and food stamps. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules. Welfare to Work activities include subsidized or unsubsidized work, work experience, community service, adult basic education, vocational training, and job search. Subsidized means that the county or some other funding source pays your employer for part of your wages.

Community Service Activities

After getting cash aid for a certain number of months, you must have a job with a minimum number of hours per week. If you don't, you can only keep getting cash aid if you take part in community service activities. The county will tell you what time limit applies to you and when your time limit starts. There are exceptions to this time limit and the limit does not apply to children.

The cash aid work rules also say you must:

- Sign a Welfare-to-Work plan;
- Take a suitable job that is offered to you;
- Not quit a job or reduce your earnings.

Penalties for Not Meeting Cash Aid Work Rules

The first time you don't meet cash aid work rules for a good reason, your cash aid will be stopped until you do what you should do. For the second violation, it will be stopped for at least three months and for the third or additional violation, it will be stopped for at least six months. If your cash aid is stopped, your food stamps may also be stopped or reduced. After your cash aid and food stamps are stopped or reduced, you can only get them back again if you meet the work rules that you had stopped meeting or you become excused.

Food Stamp Work Rules for Persons Not Receiving Cash Aid

If you only get food stamps, you may need to take part in certain employment and training activities to keep getting your food stamps. These activities include job search, workfare, adult basic education, and vocational training. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules.

The food stamp work rules also say you must:

- Answer questions about your job experience and ability to work;
- Check on a possible job we tell you about and take a suitable job that is offered to you;
- Not quit a job or reduce the number of hours you work to less than 30 hours per week.

Food Stamp Only Penalties

If you don't meet food stamp work rules and you don't have a good reason, your food stamps will be denied or stopped for at least one, three, or six months, depending on the number of times you stop meeting the rules. After your food stamps are stopped, you can only get them again if you meet the work rules that you failed to meet or you become excused.

Work Requirement for Able-Bodied Adults Not Receiving Cash Aid

If you only receive food stamps and you don't have minor children, there is another work rule which you also may need to meet. You do not have to meet this work rule if you are under age 18, over age 50, pregnant, or you are part of a food stamp household with a minor child. You may be excused for other reasons that your county worker can explain. The work rule says that if you are an able-bodied adult, you must work at least 20 hours a week in paid employment, take part in a workfare project for the required number of hours, or take part in an approved training activity for at least 20 hours per week. During a period of 36 months, food stamps will stop if there are three months in which you do not meet the work rule. If you stop meeting the work rule a second time for reasons such as being laid off, you may be able to get food stamps for three months in a row without having to meet the rule. After that you can only get food stamps if you meet the work rule or get excused.

Income Disregards

When you have income and are on cash aid, there are two income disregards (deductions) that may be subtracted from certain types of family income. When you or any of your family members receive certain types of disability-based unearned income or you are working and getting cash aid, you are eligible for an income disregard of \$225. The \$225 is first deducted from certain disability-based unearned income. Any remainder of the \$225 is then deducted from earned income. If there is a remainder of earned income, 50 percent of that remaining earned income will be disregarded.

CalWORKs Child Care Program

Child care benefits are available to recipients who need 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.

Transitional Medi-Cal (TMC)

You may get Medi-Cal for up to 12 months if you go off cash aid because you are working. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. To get more than six months of TMC, your income must be under certain limits and you must meet TMC reporting rules.

OTHER IMPORTANT INFORMATION

CASH AID AND FOOD STAMP MONTHLY REPORTING HOUSEHOLDS

Budgeting Rules

The amount of cash aid or food stamps you can get depends on your income and allowable expenses. What you report on the Monthly Eligibility Report will be used to figure the amount of cash aid and/or food stamps you can get two months later. For example, your income and allowable expenses from January that you report in February are used to figure the cash aid and/or food stamp benefits you would get in March. This method is called retrospective budgeting.

Property Limit

There is a \$2000.00 limit on the amount of property (e.g., bank accounts, stocks, etc.) that your household can have and still get cash aid or food stamps. If someone in your household is at least 60 years old, the limit goes up to \$3000.00. Your house and furniture are not part of the total limit as long as you live in your home. The individual vehicle value limit is \$4650. If you have only one vehicle which is registered, and it has a value of less than \$4650, it will not be counted as part of the limit. If your vehicle is worth more than \$4650, anything over the limit will be used as part of the total property limit to determine eligibility, unless the vehicle is needed by the household for certain reasons. Your worker can tell you what these are. If you have a vehicle that is unregistered, its value will be figured differently and your worker can explain to you how it is done.

CASH AID ONLY

60-Month Time Limit

As of January 1, 1998, a parent or caretaker relative is not eligible for cash aid when he/she has received cash aid for a total of 60 months. All aid received through CalWORKs (California Work Opportunity and Responsibility to Kids) and/or cash aid received from any other state counts toward the 60-month total. Only cash aid received on or after January 1, 1998, counts toward the 60-month total. There are exceptions to this time limit and the limit does not apply to children.

Transfer of Assets Rule

Recipients can sell, exchange or change the form of their property holdings, if they get fair market value for the property (asset). If they do not get fair market value for the asset, the family will get a period of ineligibility. The period of ineligibility is figured by subtracting the amount received from the fair market value of the asset and then dividing that amount by the need standard for the family. The amount is rounded down to the next lower whole number.

Cal-Learn

Cal-Learn helps pregnant and/or parenting teens under the age of 20, who are getting cash aid 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 good grades and graduation from high school. Cal-Learn teens may get help with child care, transportation, and other services. Cash penalties may be subtracted from their family's cash aid payment for not going to school or for getting poor grades.

FOOD STAMP ONLY

Standard Utility Allowance (SUA)

If you are billed for heating and/or cooling costs that are not included in your rent or mortgage payment, you may be eligible for the Standard Utility Allowance (SUA). The SUA is one deduction for **all** of your eligible utility costs. If your utility bills are more than the SUA, you may switch between actual and the SUA at recertification. If you have other utility costs but your heating or cooling costs are included in your rent, your benefits will be figured on your actual utility costs. Ask the county to check your facts to see if you are eligible for the SUA.

MEDI-CAL/STATE CMSP ONLY

Spending Down Excess Property

- If you get or apply for Medi-Cal/State CMSP Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. For Medi-Cal you may spend your excess property in any manner you want. But you may not be eligible for nursing facility level of care for a period of time if you sell or give away any property for less than its worth, and you apply for or receive Medi-Cal nursing facility level of care within 30 months of the transfer.
- You may not be eligible for State CMSP if you sell or give away any property for less than it is worth.

Resources And Property

- All Medi-Cal benefits received after age 55 are subject to recovery from a deceased Medi-Cal recipient's estate. However, recovery may not exceed the value of the estate. Recovery may not occur if the beneficiary is survived by a spouse. The state may not claim the proportionate share of an estate left to a minor child or a totally disabled adult child. In addition if recovery would cause an undue hardship for any other heirs and that hardship can be demonstrated, recovery may be waived in full or in part.
- If you are institutionalized and your home or former home is not exempt, the State may record a lien against your property to repay the cost of medical care covered by Medi-Cal.

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.

Voter Registration

If you want to register to vote, ask your worker to send you a registration form. If you need help filling it out, ask your worker. You can mail the form yourself. Your eligibility for aid will not be affected whether or not you register. Your worker will not tell you how to vote.

PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, food stamps, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or food stamps.

Disqualification Penalties

Cash Aid and Food Stamps

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 an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or food stamp overissuance.

Cash Aid Penalties

If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

Food Stamp Only

If your household receives food stamps, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamps.
- Don't trade or sell food stamps, Authorization Documents (ADs), or issuance cards.
- Don't alter ADs or issuance cards to get food stamps you are not entitled to get.
- Don't use food stamps to buy ineligible items such as alcoholic drinks or tobacco, paper, or cleaning products.
- Don't use someone else's food stamps, ADs, or issuance cards for your household.

Food Stamps Penalties

If you do not follow food stamp rules, your food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And you may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

If you are found guilty in any court of law because:

- you traded or sold food stamps for firearms, ammunition, or explosives, your food stamps can be stopped forever for the first violation;
- you traded or sold food stamps for controlled substance, your food stamps can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold food stamps that were worth \$500 or more, your food stamps can be stopped forever;
- you filed two or more applications for food stamps at the same time and gave the county false identity or residence information, your food stamps can be stopped for 10 years.

APPLICANT/RECIPIENT CERTIFICATION

- 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 my eligibility or benefit level for cash aid or food stamps, and/or my Medi-Cal/State CMSP share of cost.
 - I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A).
 - I also certify that, if I applied for or get cash aid, I got a copy of the following:
 - GAIN Program Notice and Exemption (GAIN 53)
 - Welfare to Work Informing Notice (WTW 5)
- _____
(APPLICANT/RECIPIENT'S INITIALS)
- I also certify that if I applied for Medi-Cal/State CMSP, I got a copy of the MC 219 and its contents were explained to me.

ELIGIBILITY WORKER'S CERTIFICATION

- I certify that the applicant/recipient appears to understand:**
- 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 his/her eligibility or benefit level for cash aid or food stamps, and/or share of cost for Medi-Cal/State CMSP
- I also certify that the applicant/recipient was given a copy of:**
- The Rights, Responsibilities, and Other Important Information (SAWS 2A)
 - For cash aid:
 - GAIN Program Notice and Exemption (GAIN 53)
 - Welfare to Work Informing Notice (WTW 5)
 - For Medi-Cal/State CMSP: the MC 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative, Medi-Cal/State CMSP Applicant/Beneficiary)	Date
Signature (Other Parent Living in the Home)	Witness, if You Signed With An "X" Date
Eligibility Worker's Signature	Eligibility Worker's Number Date

IMPORTANT FACTS FOR FOOD STAMP APPLICANTS

These pages give you important information, including your rights and responsibilities. If you need more information or have questions, ask your worker. The County needs facts about you and your household to see if you are eligible for Food Stamp benefits and to figure how much you will get if you are eligible.

IF YOU HAVE A DISABILITY AND NEED HELP APPLYING FOR OR CONTINUING TO RECEIVE CASH AID, FOOD STAMP BENEFITS, AND SERVICES, TELL THE COUNTY.

The law says that all applicants/recipients for aid, benefits, or services are to be treated fairly without regard to race, color, national origin, political beliefs, religion, gender, age or disability.

If you think you have been discriminated against, you may file a complaint by:

1. contacting your county's civil rights coordinator; or
2. writing to:
 - California Department of Social Services
Civil Rights Bureau
744 P Street MS 15-70,
P.O. Box 944243, Sacramento, CA 94244-2430
 - or if you get Food Stamps **only** write to:
U.S. Department of Agriculture,
Food and Consumer Service, Civil Rights Office,
550 Kearny Street, San Francisco, CA 94108-2518

You may also file by calling (916) 654-2107 or for the hearing or speech impaired 1-916-654-2098 (TDD).

YOUR RIGHTS

- To ask for help to complete your application or any other food stamp form.
- To ask for forms and notices to be translated if you don't read English.
- To be treated with courtesy, consideration and respect.
- To be interviewed promptly by the county when you apply and to have your eligibility determined within 30 days.
- To discuss your case with the county and to review your case yourself when you request to do so.
- To be told the rules for getting food stamps right away. If we think you might be eligible, you will get an interview immediately and stamps within three days.
- To ask to have your Food Stamp I.D., authorization document, or issuance card, or food stamps replaced if lost in the mail, damaged, stolen or destroyed. The county will tell you if you are eligible.
- To be given a written notice when your application is approved, denied, or when your benefits change or stop.

- To have your records kept confidential by the county and state, unless there is an outstanding felony arrest warrant issued for you, or as otherwise provided by law.
- To file a complaint or to ask for a state hearing within 90 days of any action if you think the action was wrong. You can write to your County Welfare Department or call toll free 1-800-952-5253 or for the hearing or speech impaired (TDD) 1-800-952-8349.
- To be represented at a state hearing by yourself or by 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.

YOUR RESPONSIBILITIES

FINGERPRINT/PHOTO IMAGING

All eligible adult household members must be fingerprint/photo imaged. If anyone who is required to cooperate with these rules does not get fingerprint/photo imaged, no benefits will be issued to the entire food stamp household.

The fingerprint/photo images are confidential and can only be used to prevent or prosecute welfare fraud.

Citizenship/Immigration Status

You must sign under penalty of perjury that each member applying for food stamps is a U.S. citizen or U.S. national. If you are a noncitizen, you will be expected to provide acceptable verification of your status. Information you give us on immigration status will be checked with the U.S. Immigration and Naturalization Service (INS). Information we get from INS may affect your eligibility for food stamps.

Social Security Number

You must give us the Social Security Number (SSN) for each household member for food stamps. Anyone who refuses to give either a SSN or proof of application for a SSN will be disqualified from getting benefits. (Providing a SSN is required for all applicants by Section 1137 of the Social Security Act: 7 U.S. Code Section 2025e).

The SSN(s) 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. SSN(s) will also be matched with law enforcement 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 for food stamps may result in discontinuance and/or repayment of benefits and/or criminal or civil action.

Verification(s)

You must give verification (proof) or more facts when we ask. If you can't get proof, give the name of some other person or agency we may contact to get it. When you can't get the proof you need, we will help you get it.

Cooperation

You must cooperate with County, State and Federal staff. You may not get benefits or your benefits may be stopped if you don't cooperate.

YOUR REPORTING RESPONSIBILITIES

You must report all changes to the County. If you're not sure how to report changes, what changes to report, or what proof we need, ask your worker. Your worker will tell you if you are a monthly or nonmonthly reporting household.

MONTHLY REPORTING

How You Must Report

You must turn in a complete Monthly Eligibility Report by the 5th day of each month.

Monthly Reporting Requirements

YOU MUST REPORT IF:

- Anyone gets money from work, relatives, Social Security, Veterans benefits, tax refunds, or any other source.
- Anyone gets free rent or utilities.
- Anyone's job or training program changes.
- Anyone's income or source of income changes, starts or stops.
- Any child or any adult starts or stops school, college or training.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, absent parents, other relatives and non-relatives.
- Anyone moves to another address, plans to move, or gets a new mailing address. If you move to another county and you want to keep getting benefits, you must tell the county giving you aid and/or benefits AND ask for food stamps again in the new county.
- Anyone gets payments or allowances for job, training or school expenses, such as educational grants and loans, transportation to and from job or training, etc.
- Anyone is self-employed.
- Anyone has job, training or school costs, such as dependent care, transportation, tuition, books, etc.
- Anyone has expenses that are paid for in total or in part by someone else, such as housing, utilities, medical, dependent care, etc.
- Any change in the order for court ordered child support paid by a household member for a child not living in the home.
- Anyone gets, sells, gives away, or transfers real property, such as a house, buildings or land; or personal property, such as money, a bank account, a motor vehicle, a boat, a trust fund, etc.
- Anyone's citizenship/immigration status or documentation changes, or they get a letter, form, or new card from INS.
- Anyone reaches 60 years of age.
- Any member of your household is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole.
- Any member of your household has committed and been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) that took place after August 22, 1996.

YOU MAY REPORT IF:

- Any household member, who is disabled or age 60 or over, has changes in medical expenses or any new medical expenses.
- Any household member begins to pay court ordered child support for a child not living in the home.

NONMONTHLY REPORTING

How You Must Report

You must report all changes within 10 days:

- by mail, telephone or in person at the County Food Stamp office OR
- on a DFA 377.5, Food Stamp Household Change Report OR
- on a Monthly Eligibility Report if you get cash aid.

Nonmonthly Reporting Requirements

YOU MUST REPORT IF:

- Your total monthly income starts, stops, or changes by more than \$25.
- Anyone's source of income changes.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, other relatives or non-relatives.
- Anyone moves to another address, plans to move, or gets a new mailing address.
- The total of your household's stocks, bonds, or other money is more than \$2000 (or \$3000 if you have a household member who is age 60 or over).
- If there is a change in the order of any court ordered child support paid by a member of the household for a child not living in the home.
- Any member of your household is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole.
- Any member of your household has committed and been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) that took place after August 22, 1996.

YOU MAY REPORT IF:

- A household member is age 60 or older.
- Any household member, who is disabled or age 60 or over, has changes in medical expenses or any new medical expenses.
- Anyone in the household starts or stops a physical or mental illness.
- You have changes in your dependent care costs.
- Anyone's citizenship/immigration status or documentation changes, or they get a letter, form, or new card from INS.
- Any household member begins to pay court ordered child support for a child not living in the home.

Budgeting Rules--Monthly Reporting

The amount of food stamps you can get depends on your income and allowable expenses. What you report on the Monthly Eligibility Report will be used to figure the amount of food stamps you can get two months later. For example, your income and allowable expenses from January are used to figure the food stamp benefits you would get in March. This method is called retrospective budgeting.

WORK AND TRAINING RULES

- **Register for Work:** Most household members between the ages of 18 and 60 who are able to work must register for work. Some 16 and 17 year old household members may need to register. A single parent with a child(ren) under six does not have to register. You may be excused for other reasons that your county worker can explain. Once you or a member of your household are registered for work, you must follow food stamp work rules or your application may be denied, or your food stamps can be stopped for at least one, three or six months depending on how often this has happened. Work rules include keeping appointments, taking an acceptable job, not changing the hours you work to less than 30 hours per week, not quitting a job, and participating in an employment or training assignment we send you to.
- **Work requirement for Able-Bodied Adults:** There is a work rule which you may need to meet if you are an able-bodied adult without minor children. If you are under age 18 or over age 50 or pregnant, you do not have to meet this work rule. You may be excused for other reasons that your county worker can explain. The work rule says that if you are an able-bodied adult, you must work at least 20 hours a week in paid employment, participate (take part) in a workfare project for the required number of hours, or participate in an approved training activity for at least 20 hours per week. During a period of 36 months, food stamps will stop if there are three months in which you do not meet the work rule, unless you are excused. If food stamps stop because you did not meet the work rule, you can get food stamps again after you have worked or participated in a workfare or training assignment, or if you get excused from the work rule. If you stop meeting the work rule a second time in the 36-month period you may be able to get food stamps for three months in a row without meeting the rule in some cases. After that you can only get food stamps if you meet the work rule or get excused.

STANDARD UTILITY ALLOWANCE (SUA)

If you are billed for heating and/or cooling costs that are not included in your rent or mortgage payment, you may be eligible for the Standard Utility Allowance (SUA). The SUA is one deduction for all of your eligible utility costs. If your utility bills are more than the SUA, you may switch between actual and the SUA at recertification. If you have other utility costs but your heating or cooling costs are included in your rent, your benefits will be figured on your actual utility costs. Ask the County to check your facts to see if you are eligible for the SUA.

DISQUALIFICATION PENALTIES

Failing to follow the rules listed can result in a finding of a Food Stamp Intentional Program Violation (IPV). The penalties for an IPV are **disqualification** as listed below **AND** can be **fines up to \$250,000 and/or jail/prison for up to 20 years**. Disqualification means not being able to get food stamps for a period of time. When you are disqualified, the penalties stop your benefits for:

- **12 months for the first violation**
- **24 months for the second violation, and**
- **forever for the third violation.**

These penalties start after a state hearing or court of law finds that an individual committed an IPV.

In addition there are **separate penalties** for other things you should not do. They are:

- **If you are found guilty in any court of law of trading food coupons for controlled substances, food stamps can be stopped for 24 months for the first violation and forever for the second violation.**
- **If you are found guilty in any court of law of trading food stamps coupons for firearms, ammunition or explosives, food stamps can be stopped forever for the first violation.**
- **If you sell or trade food stamps worth \$500 or more food stamps can be stopped forever.**
- **If you file more than one application at the same time and give false identification or residence information, food stamps can be stopped for ten years.**

Also, anyone who is accused of committing an IPV may agree to be disqualified by signing either a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Anyone who signs one of these documents accepts responsibility to repay any overissuance.

PENALTY WARNING

If you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted with penalties of a fine and/or imprisonment. You may be found to have committed a felony if more than \$400 is wrongly paid out in food stamp benefits because you didn't report all of your facts or changes in income, property or family status.

If your household receives food stamps, you must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamps.
- Don't trade or sell food stamps, Food Stamp Authorization Documents (ADs), or issuance cards.
- Don't alter ADs or issuance cards to get food stamps you are not entitled to get.
- Don't use food stamps to buy ineligible items such as alcoholic drinks or tobacco, paper or cleaning products.
- Don't use someone else's food stamps, ADs or issuance cards for your household.

CERTIFICATION

I certify that I have received a copy of the "Important Facts for Food Stamp Applicants" (DFA 285-A3). I understand my rights and responsibilities. I agree to comply with my responsibilities. I also understand the penalties for giving wrong or incomplete facts and failing to report facts or situations which may affect my eligibility or benefit level for food stamp benefits.

SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE):

DATE:

WITNESS, IF YOU SIGNED WITH AN "X"

DATE:

I certify that I have informed the applicant/recipient of the above responsibilities and of the possibilities of criminal penalties for intentionally making false statements or failing to report information which affects food stamp eligibility.

SIGNATURE OF INTERVIEWING WORKER

DATE APPLICATION REVIEWED WITH CLIENT OR AUTHORIZED REPRESENTATIVE:

FOOD STAMP NOTICE OF DISCONTINUANCE

1st Failure To Meet ABAWD Work Requirement

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)

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

As of _____, food stamps will be discontinued for _____.

The County is taking this action because _____ has not followed the Able-Bodied Adults Without Dependents

(ABAWD) work rule for: first failed month/year
second failed month/year

and

- has not provided proof that the ABAWD work rule has been met for the third failed month/year
- did not meet the ABAWD work rule for the third failed month/year

This is the first time in the 36-month period that started _____ that this person had their food stamps discontinued for not following the ABAWD work rule.

A person who is not exempt from the ABAWD work rule cannot receive food stamps for more than three months without meeting the ABAWD work rule. The ABAWD work rule says that each month a person must work an average of 20 hours or more per week, participate in a workfare assignment, or participate in a work assignment for 20 or more hours per week.

To get food stamps again, _____ must be eligible. To be eligible, that person must:

- Be exempt from the ABAWD work rule; or
- Show proof that they either followed the ABAWD work rule or were exempt for any or all of the months listed above; or
- Work 80 or more hours in a 30-day period, participate in a workfare assignment for the required number of hours in a 30-day period, participate in a work assignment 80 or more hours in a 30-day period, or become exempt.

Even if you do not become exempt or follow the ABAWD work rule, you may become eligible again when the 36-month period ends in _____. You may reapply at that time.

If your household had other changes you will get another notice.

If the failure to meet the ABAWD work rule also causes a Food Stamp penalty, that person may not be able to get food stamps for at least 1, 3, or 6 months. That person will get another notice telling them how long their food stamps will be stopped.

COMMENTS

RULES: These rules apply. You may review them at your welfare office.

MPP 63-410 Other

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 _____

FOOD STAMP NOTICE OF DISCONTINUANCE

2nd Or Subsequent Discontinuance For Failure To Meet ABAWD Work Requirement

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

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

As of _____, food stamps will be discontinued for _____.

The County is taking this action because _____ : did not meet the Able-Bodied Adult Without Dependents (ABAWD) work rule for _____ month/year has not provided proof that the rule has been met for _____ month/year.

Persons who fail to meet the ABAWD work rule more than once during a 36-month period may receive food stamps for one period of three consecutive months. This three month period is no longer available for _____.

A person who fails to meet the ABAWD work rule more than once during a 36-month period and receives food stamps for the three consecutive month period cannot receive food stamps unless that person either becomes exempt or meets the ABAWD work rule.

The ABAWD work rule says that each month a person must work an average of 20 hours or more per week, participate in a workfare assignment, or participate in a work assignment for 20 or more hours per week.

To get food stamps again, _____ must be eligible. To be eligible, that person must:

- Be exempt from the ABAWD work rule; or
- Show proof that they either followed the ABAWD work rule or were exempt for the month shown above; or
- Work an average of 20 hours per week, participate in a workfare assignment, or participate in a work assignment an average of 20 hours per week.

Even if you do not become exempt or follow the ABAWD work rule, you may become eligible again when the 36-month period ends in _____. You may reapply at that time.

If your household had other changes you will get another notice.

If the failure to meet the ABAWD work rule also causes a Food Stamp penalty, that person may not be able to get food stamps for at least 1, 3, or 6 months. That person will get another notice telling them how long their food stamps will be stopped.

COMMENTS

RULES: These rules apply. You may review them at your welfare office.

MPP 63-410 Other

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 _____

FOOD STAMP NOTICE OF DISCONTINUANCE

COUNTY OF _____

Failure To Meet Non-Assistance CFAP Work Requirement (violation prior to three consecutive month grace period)

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. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, food stamps received under the California Food Assistance Program (CFAP) will be discontinued for _____ . The County is taking this action because _____ has not followed the Non-Assistance CFAP work rule for:

First failed month/year _____

Second failed month/year _____ and _____

Has not provided proof that the Non-Assistance work rule has been met for the third failed month/year _____

Did not meet the Non-Assistance work rule for the third failed month/year _____

This is the first time in the 36-month period that started _____ that this person had their food stamps discontinued for not following the Non-Assistance CFAP work rule. A person who is not excused from the Non-Assistance work rule cannot receive food stamps for more than three months without meeting this work rule. The Non-Assistance work rule says that each month a person must work an average of 20 hours or more per week, participate in a workfare assignment, or participate in a work assignment for 20 or more hours per week.

To get food stamps again, _____ must be eligible. To be eligible, that person must:

- Be excused from the Non-Assistance work rule: or
- Show proof that they either followed the Non-Assistance work rule or were excused for any or all of the months listed above; or
- Work 80 or more hours in a 30-day period, participate in a workfare assignment for the required number of hours in a 30-day period, or participate in a work assignment 80 or more hours in a 30-day period.

Even if you do not become excused or follow the Non-Assistance work rule, you may become eligible again when the 36 month period ends on _____. You may reapply at that time.

If your household had other changes you will get another notice.

If the failure to meet the non-assistance work rule also caused a food stamp penalty, that person may not be able to get food stamps for at least 1, 3 or 6 months. That person will get another notice telling them how long their food stamps will be stopped.

COMMENTS

RULES: These rules apply. You may review them at your welfare office.

MPP 63-407.5 63-410 W&IC 18930.5 All County Letter 99-78 Other

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:

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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 _____

FOOD STAMP NOTICE OF DISCONTINUANCE

Failure To Meet Non-Assistance CFAP Work Rule (violation after receipt of three consecutive month grace period)

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

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

As of _____, food stamps received under the California Food Assistance Program (CFAP) will be discontinued for _____ . The County is taking this action because _____ has not followed the Non-Assistance CFAP work rule for:

_____ month/year.

_____ has not provided proof that the rule has been met for

_____ month/year.

A person who fails to meet the Non-Assistance CFAP work rule more than once during a 36-month period can sometimes get food stamps for three months in a row without meeting the work rule. When the three months end, a person can only get food stamps if they become excused or meet the Non-Assistance work rule. This three month period can only be used once and it is not longer available for _____ .

The Non-Assistance CFAP work rule says that each month a person must work an average of 20 hours of more per week, participate in a workfare assignment, or participate in a work assignment for 20 or more hours per week.

To get food stamps again, _____ must:

- Be excused from the Non-Assistance work rule;
- Show proof that they either followed the Non-Assistance work rule or were excused for the month shown above; or
- Work an average of 20 hours per week, participate in a workfare assignment, or participate in a work assignment an average of 20 hours per week.

Even if you do not become excused or follow the Non-Assistance work rule, you may become eligible for food stamps again when the 36-month period ends in _____ . You may reapply at that time.

If your household had other changes you will get another notice.

If the failure to meet the Non-Assistance CFAP work rule also causes a food stamp penalty, that person may not be able to get food stamps for at least 1, 3 or 6 months. That person will get another notice telling them how long their food stamps will be stopped.

COMMENTS

RULES: These rules apply. You may review them at your welfare office.

MPP 63-407 63-410 W&IC 18930.5 All County Letter 99-78 Other

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- 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:

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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 _____