

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



July 20, 2001

ALL-COUNTY INFORMATION NOTICE I-57-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL FOOD STAMP COORDINATORS

REASON FOR THIS TRANSMITTAL

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | State Law Change |
| <input type="checkbox"/> | Federal Law or Regulation Change |
| <input type="checkbox"/> | Court Order or Settlement Agreement |
| <input type="checkbox"/> | Clarification Requested by One or More Counties |
| <input checked="" type="checkbox"/> | Initiated by CDSS |

SUBJECT: FORMS REVISIONS REGARDING EMERGENCY
REGULATIONS FOR RECIPIENT CLAIM ESTABLISHMENT AND
COLLECTION STANDARDS – EFFECTIVE AUGUST 1, 2001

REFERENCE: ADMINISTRATIVE NOTICE 00-57

The purpose of this notice is to provide counties with the revised forms and with an update on the status of the implementing regulations for recipient claim establishment and collections standards. These emergency regulations are effective August 1, 2001, and will be sent along with implementation instructions in a separate All-County Letter (ACL).

We expect the emergency regulations to be filed with the Secretary of State by August 10, 2001.

Notices

Attached are the revisions to the DFA 377.7B, DFA 377.7D, DFA 377.7D1, DFA 377.7D3, and DFA 377.7F. Each of these forms will now contain information indicating:

- that collection will be from all adults in the household when the overissuance occurred.
- how the claim was calculated.
- that if the claim is not paid, it can be collected by collection agency methods or by federal government collection action.
- that if the claim becomes delinquent, the household may be subject to additional processing charges.
- that if allotment reduction is imposed, the percentage to be used and the effective date.

Also attached are revisions to the DFA 377.7C, DFA 377.7E1, and DFA 377.7G. Each of these forms will now contain information indicating:

- that the household will be subject to involuntary collection action(s) if payment is not received by the due date and the claim becomes delinquent.

Page Two

Mailing the Notices

The notice forms containing the new language are to be used as of August 1, 2001, on overissuance claims for which the initial demand notice has not been sent. However, the notices should not be sent out to households until the emergency regulations are filed as indicated above. Counties will be notified when the regulations are filed.

Camera Ready Copies and Translations

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain these forms from the California Department of Social Services (CDSS) web page at: <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting the FMU.

Your Forms Coordinator now receives all translations as soon as they become available if your county is on the Language Translation Services (LTS) mailing list. All translated messages in Russian and Chinese versions of the forms will follow shortly. Please call LTS at (916) 675-3429 if your county does not receive the Russian and Chinese translations.

Contact

If you have any questions regarding this notice or the attached forms, please contact Sandra Pierce at (916) 653-5208 or Sandra.Pierce@dss.ca.gov.

Sincerely,

Original document signed by Pat Sutherland for

GARY SWANSON, Chief
Food Stamp Branch

Attachments (8)

COUNTY OF _____

FOOD STAMP REPAYMENT NOTICE FOR INADVERTENT HOUSEHOLD ERRORS ONLY

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

(ADDRESSEE)

Questions? Ask your Worker.

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

Your household made a mistake.

Too many food stamps were issued to:

- ☐ the household.
☐ the household, whom you sponsored.

Here's why:

The household received \$ _____ in food stamps.

The household should have received \$ _____ in food stamps. \$ _____ (extra food stamps) is what you received minus what you should have received.

You must repay the extra food stamps.

_____ in extra food stamps were issued for the period _____. This amount was reduced by \$ _____ because we owed the household benefits from past months or we received repayment of part of the amount owed. You now owe \$ _____.

- You do not have to use any SSI benefits you get to repay this overissuance.
- You may ask for a hearing if you feel you received extra food stamps because the County Welfare Department made a mistake.
- If the ALJ determines the County Welfare Department made a mistake in issuing extra food stamps to you, the county will collect by reducing your monthly food stamp allotment by 5% or \$10.00 whichever is greater, for no more than a total of 36 months. At the end of that period any balance remaining on the overissuance will be forgiven and will not be collected.
- Collection will be from all adults in the household when the overissuance occurred.

Rules: These rules apply: MPP 63-801.21, Lomeli v. Saenz.
You may review them at your welfare office.

YOU MUST EITHER:

Pay for the extra food stamps in full, or complete, sign and return the enclosed Repayment Agreement (DFA 377.7C) form and pay as agreed.

PROGRAM ACTIONS:

- Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not sign and return the agreement within 30 days after the date of this notice, the amount of food stamps you get will be reduced by _____ % beginning _____.
- If you do not repay, the county may use other ways of collecting the amount owed, such as through the courts, other collection agency methods and by a federal government collection action.
- If this inadvertent household error is later found to be an Intentional Program violation, penalties will apply even if you agree to repay what you owe.
- If the claim becomes delinquent or the household is sued, you may be subject to additional processing charges or court costs.
- If you do not repay the amount owed, the county may take your state/federal income tax refund and/or ask the court to attach your wages or any property you own.

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

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

COUNTY OF _____

FOOD STAMP REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY

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.

The County Welfare Department made a mistake.

Too many food stamps were issued to:

- ☐ the household.
☐ the household, whom you sponsored.

Here's why:

The household received \$ _____ in food stamps.

The household should have received \$ _____ in food stamps.
\$ _____ (extra food stamps) is what you received minus what you should have received.

You must repay the extra food stamps.

\$ _____ in extra food stamps were issued for the period _____.
This amount was reduced by \$ _____ because we received repayment of part of the amount owed. You now owe \$ _____.

- You do not have to use any SSI benefits you get to repay this overissuance.
- Collection will be from all adults in the household when the overissuance occurred.

YOU MUST EITHER:

Pay for the extra food stamps in full, or complete, sign and return the enclosed Repayment Agreement (DFA 377.7E) form and pay as agreed.

Rules: These rules apply: MPP 63-801.43, 63-801.22, 63-801.7, 63-801.4.

You may review them at your welfare office.

Warning: If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on food stamps the county can lower your food stamps to collect the overissuance unless it was the county's fault. If you go off food stamps before the overissuance is paid back, the county may take what you owe out of your state/federal income tax refund as allowed by law.

PROGRAM ACTIONS:

- Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not sign and return the agreement within 30 days after the date of this notice, we cannot reduce the amount of food stamps you get.
- If you do not repay, the county may use other ways of collecting the amount owed, such as through the courts, other collection agency methods and by a federal government collection action.
- If this Administrative Error is later found to be an Intentional Program Violation, penalties will apply even if you agree to repay what you owe.
- If the claim becomes delinquent or the household is sued, you may be subject to additional processing charges or court costs.
- If you do not repay the amount owed, the county may take your state/federal income tax refund and/or ask the court to attach your wages or any property you own.

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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.
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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

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NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY OF _____

FOOD STAMP REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY

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.

The County Welfare Department made a mistake.

Too many food stamps were issued to:

- ☐ the household.
☐ the household, whom you sponsored.

Here's why:

The household received \$_____ in food stamps.

The household should have received \$_____ in food stamps.
\$_____ (extra food stamps) is what you received minus what you should have received.

You must repay the extra food stamps.

\$_____ in extra food stamps were issued for the period _____.
This amount was reduced by \$_____ because we received repayment of part of the amount owed. You now owe \$_____.

- You do not have to use any SSI benefits you get to repay this overissuance.
- Collection will be from all adults in the household when the overissuance occurred.

YOU MUST EITHER:

Pay for the extra food stamps in full, or complete, sign and return the enclosed Repayment Agreement (DFA 377.7E1) form and pay as agreed.

Rules: These rules apply: MPP 63-801.43, 63-801.22, 63-801.7, 63-801.4.

You may review them at your welfare office.

Warning: If you think this overissuance is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stay on food stamps, the County can collect the overissuance by lowering your monthly food stamps. If you go off of food stamps before the overissuance is paid back, the county may take what you owe out of your state/federal income tax refund.

PROGRAM ACTIONS:

- Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not sign and return the agreement within 30 days after the date of this notice the amount of food stamps you get will be reduced by _____ % beginning _____.
- If you do not repay, the county may use other ways of collecting the amount owed, such as through the courts, other collection agency methods and by a federal government collection action.
- If this Administrative Error is later found to be an Intentional Program Violation, penalties will apply even if you agree to repay what you owe.
- If the claim becomes delinquent or the household is sued, you may be subject to additional processing charges or court costs.
- If you do not repay the amount owed, the county may take your state/federal income tax refund and/or ask the court to attach your wages or any property you own.

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- Your Child Care Services may stay the same while you wait for a hearing.
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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.

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.

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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

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.

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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

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NAME

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COUNTY OF _____

FOOD STAMP REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY

Notice Date : _____
Case : _____
Name : _____
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Worker : _____
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Telephone : _____
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You must repay the extra food stamps.

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This amount was reduced by \$ _____ because we received repayment of part of the amount owed. You now owe \$ _____.

- You do not have to use any SSI benefits you get to repay this overissuance.
- Because the county made a mistake, we will collect the above amount by reducing your monthly allotment by 5% or \$10.00 whichever is greater, for up to a total of 36 months. At the end of that period, any balance remaining on the overissuance will be forgiven and will not be collected.
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Rules: These rules apply: MPP 63-801.22, 63-801.43, 63-801.7, Lomeli v. Saenz. You may review them at your welfare office.

Warning: If you think this overissuance is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stay on food stamps, the County can collect the overissuance by lowering your monthly food stamps. If you go off of food stamps before the overissuance is paid back, the county may take what you owe out of your state/federal income tax refund.

PROGRAM ACTIONS:

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Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

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Welfare to Work:

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- **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

COUNTY OF _____

FOOD STAMP REPAYMENT NOTICE FOR AN INTENTIONAL PROGRAM VIOLATION (IPV) OR STATUS CHANGE FROM INADVERTENT HOUSEHOLD ERROR (IHE) TO AN IPV

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

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: You can ask for a hearing on this action, **unless** you already had a hearing on the **cause** of this overissuance. If you think the new amount of food stamps you owe is incorrect, 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.

Your household made a mistake.

Too many food stamps were issued to:

- ☐ the household.
☐ the household, whom you sponsored.

Here's why:

- ☐ **You have already been told about this overissuance of food stamps and the County may have been giving you less food stamps each month because of it. It has been decided in court or by state administrative hearing that this is an Intentional Program Violation (IPV) or you have signed a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver and this is now an IPV. This notice has information about the amount you now owe, which may be more than the amount you were told about before. The County has been collecting the overissuance at 10% or \$10 (whichever is more) of your monthly allotment. The county can now collect up to 20% or \$20 (whichever is more) of your monthly allotment, so the amount of food stamps that you get may change.**

The household received \$ _____ in food stamps.

The household should have received \$ _____ in food stamps. \$ _____ (extra food stamps) is what you received minus what you should have received.

You must repay the extra food stamps.

\$ _____ in extra food stamps were issued for the period _____.

- ☐ This amount was reduced by \$ _____ because we owed the household benefits from past months or we received repayment of part of the amount owed.
- ☐ This amount was increased by \$ _____ because your overissuance has been refigured since it became an IPV.

You now owe \$ _____.

Rules: These rules apply: MPP 63-801.43, 63-801.23.

You may review them at your welfare office.

- You do not have to use any SSI benefits you get to repay this overissuance.
- Collection will be from all adults in the household when the overissuance occurred.

YOU MUST EITHER:

Pay for the extra food stamps in full, or complete, sign and return the enclosed Repayment Agreement (DFA 377.7G) form and pay as agreed.

PROGRAM ACTIONS:

- Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not sign and return the agreement within 30 days after the date of this notice the amount of food stamps you get will be reduced by _____ % beginning _____.
- If you do not repay, the county may use other ways of collecting the amount owed, such as through the courts, other collection agency methods and by a federal government collection action.
- If this Intentional Program Violation was an Inadvertent Household Error, penalties will apply even if you agree to repay what you owe.
- If the claim becomes delinquent or the household is sued, you may be subject to additional processing charges or court costs.
- If you do not repay the amount owed, the county may take your state/federal income tax refund and/or ask the court to attach your wages or any property you own.

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

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NAME OF PERSON COMPLETING THIS FORM

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☐ **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

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FOOD STAMP REPAYMENT AGREEMENT FOR INADVERTENT HOUSEHOLD ERRORS ONLY

NAME

CASE NUMBER

WORKER

CASE NAME

ADDRESS

TERMS AND CONDITIONS

You or a member of your household made a mistake.

You must repay extra food stamp benefits by using one or more methods listed here:

- Lump Sum Payment** - You may repay in full the amount owed at one time with cash and/or coupons.
- Benefit Reduction** - If you are getting food stamps now, you may repay by having your household's benefits reduced for all or part of the amount owed. Repayment by this method will be 10% of your monthly benefit or \$10 each month, whichever is more.
- Installments** - You may repay the amount owed in monthly payments with cash and/or coupons.
- Ordered Repayment**

- ☐ The court or Administrative Law Judge ordered that you repay as indicated below. These repayment terms cannot be changed by you or by the county.

If we have not already talked to you about the terms of this Agreement, or if you have any questions, call the welfare collector at _____.

After you complete and sign this Agreement, return all copies to the county in the envelope provided. Do not send cash or coupons through the mail with this Agreement. When approved by the county, a signed copy of this Agreement will be sent to you.

AGREEMENT

I, _____, understand this Agreement is between me and _____ County because extra food stamps in the amount of \$ _____ were issued. I agree to repay this amount by the method(s) checked below:

- ☐ Lump Sum Payment
- ☐ I will repay by a lump sum cash payment of \$ _____ due on _____.
- ☐ I will repay by a lump sum coupon payment of \$ _____ due on _____.
- ☐ Benefit Reduction
- ☐ I will repay by having my household's benefits reduced by \$ _____ each month, beginning _____.
- ☐ Installments
- ☐ I will repay by monthly cash payments of \$ _____ due on the _____ day of each month beginning _____.
- ☐ I will repay by monthly coupon payments of \$ _____ due on the _____ day of each month beginning _____.

I also understand and agree that:

- My repayment schedule is based on my current ability to pay as figured by the county. Any changes in my ability to pay may change my monthly payments.
- If anything changes, I may ask the county to refigure the terms checked above.
- If I do not pay as agreed and I do not get a new payment schedule, the county may ask that the total amount owed be paid now.
- If I do not pay as agreed and the county sues me to collect the amount owed, I may also be required to pay collection costs, attorney fees, and court costs.
- If I do not pay, the county may take my state/federal income tax refund and/or ask the court to attach my wages or any property I own.
- I will be subject to involuntary collection action(s) if payment is not received by the due date and the claim becomes delinquent.
- If this inadvertent household error is later found to be an intentional program violation, penalties will apply even if I pay back what I owe.

Signature

Date

County

To be completed by the county:

The above signed Agreement has been accepted by _____ on _____ Date
for _____ County. Payments should be made at:

(Signature of Authorized County Official)

FOOD STAMP REPAYMENT AGREEMENT FOR ADMINISTRATIVE ERRORS ONLY

NAME

CASE NUMBER

WORKER

CASE NAME

ADDRESS

TERMS AND CONDITIONS – The County Welfare Department made a mistake in the amount of your food stamps. You must repay extra food stamp benefits by using one or more methods listed here:

1. **Lump Sum Payment** - You may repay in full the amount owed at one time with cash and/or coupons.
2. **Benefit Reduction** - If you are getting food stamps now, you may repay by having your household's benefits reduced for all or part of the amount owed. You may wish to talk to us about the amount to be reduced.
3. **Installments** - You may repay the amount owed in monthly payments with cash or coupons.

4. Ordered Repayment

- ☐ The court or Administrative Law Judge ordered that you repay as indicated below. These repayment terms cannot be changed by you or by the county.

If we have not already talked to you about the terms of this Agreement, or if you have any questions, call the welfare collector at _____.

After you complete and sign this Agreement, return all copies to the county in the envelope provided. Do not send cash or coupons through the mail with this Agreement form. When approved by the county, a signed copy of this Agreement will be sent to you.

AGREEMENT

I, _____, understand this Agreement is between me and _____ County because extra food stamps in the amount of \$ _____ were overissued due to the county's error. I agree to repay this amount by the method(s) checked below:

☐ Lump Sum Payment

☐ I will repay by a lump sum cash payment of \$ _____ due on _____.

☐ I will repay by a lump sum coupon payment of \$ _____ due on _____.

☐ Benefit Reduction

☐ I will repay by having my household's benefits reduced by \$ _____ each month, beginning _____.

☐ Installments

☐ I will repay by monthly cash payments of \$ _____ due on the _____ day of each month beginning _____.

☐ I will repay by monthly coupon payments of \$ _____ due on the _____ day of each month beginning _____.

I also understand and agree that:

1. My repayment schedule is based on my current ability to pay as figured by the county. Any changes in my ability to pay may change my monthly payments.
2. If anything changes, I may ask the county to refigure the repayment terms checked above.
3. If I do not pay as agreed and I do not get a new payment schedule, the county may ask that the total amount owed be paid now.
4. If I do not pay as agreed and the county sues me to collect the amount owed, I may also be required to pay collection costs, attorney fees, and court costs.
5. If I do not pay, the county may take my state/federal income tax refund and/or ask the court to attach my wages or any property I own.
6. I will be subject to involuntary collection action(s) if payment is not received by the due date and the claim becomes delinquent.

SIGNATURE

DATE

COUNTY

To be completed by the county:

The above signed Agreement has been accepted by _____ on _____
for _____ County. Payments should be made at:

(Signature of Authorized County Official)

FOOD STAMP REPAYMENT AGREEMENT FOR AN INTENTIONAL PROGRAM VIOLATION (IPV) ONLY

NAME

CASE NUMBER

WORKER

CASE NAME

ADDRESS

TERMS AND CONDITIONS

You or a member of your household broke a Food Stamp rule on purpose.

You must repay extra food stamp benefits by using one or more methods listed here:

- Lump Sum Payment** - You may repay in full the amount owed at one time with cash and/or coupons.
- Benefit Reduction** - If you are getting food stamps now, you may repay by having your household's benefits reduced for all or part of the amount owed. Repayment by this method will be 20% of your monthly benefit or \$20 each month, whichever is more.
- Installments** - You may repay the amount owed in monthly payments with cash and/or coupons.
- Ordered Repayment**
 - ☐ The court or Administrative Law Judge ordered that you repay as indicated below. These repayment terms cannot be changed by you or by the county.

If we have not already talked to you about the terms of this Agreement, or if you have any questions, call the welfare collector at _____.

After you complete and sign this Agreement, return all copies to the county in the envelope provided. Do not send cash or coupons through the mail with this Agreement. When approved by the county, a signed copy of this Agreement will be sent to you.

AGREEMENT

I, _____, understand this Agreement is between me and _____ County because extra food stamps in the amount of \$ _____ were issued. I agree to repay this amount by the method(s) checked below:

- ☐ Lump Sum Payment
 - ☐ I will repay by a lump sum cash payment of \$ _____ due on _____.
 - ☐ I will repay by a lump sum coupon payment of \$ _____ due on _____.
- ☐ Benefit Reduction
 - ☐ I will repay by having my household's benefits reduced by \$ _____ each month, beginning _____.
- ☐ Installments
 - ☐ I will repay by monthly cash payments of \$ _____ due on the _____ day of each month beginning _____.
 - ☐ I will repay by monthly coupon payments of \$ _____ due on the _____ day of each month beginning _____.

I also understand and agree that:

- My repayment schedule is based on my current ability to pay as figured by the county. Any changes in my ability to pay may change my monthly payments.
- If anything changes, I may ask the county to refigure the terms checked above.
- If I do not pay as agreed and I do not get a new payment schedule, the county may ask that the total amount owed be paid now.
- If I do not pay as agreed and the county sues me to collect the amount owed, I may also be required to pay collection costs, attorney fees, and court costs.
- If I do not pay, the county may take my state/federal income tax refund and/or ask the court to attach my wages or any property I own.
- I will be subject to involuntary collection action(s) if payment is not received by the due date and the claim becomes delinquent.
- Even if I agree to pay back what I owe, IPV penalties will apply.

Signature

Date

County

To be completed by the county:

The above signed Agreement has been accepted by _____ on _____ Date
for _____ County. Payments should be made at:

(Signature of Authorized County Official)