



CDSS

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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

September 10, 2008

ALL COUNTY INFORMATION NOTICE NO. I-64-08

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL FOOD STAMP COORDINATORS
ALL CONSORTIA PROJECT MANAGERS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: TRANSMITTAL OF REVISED ELECTRONIC BENEFIT TRANSFER (EBT) FORMS AND NOTICE OF ACTION (NOA) MESSAGES DUE TO RECENT FARM BILL CHANGES

REFERENCE: ALL COUNTY LETTER NO. 08-37

This All County Information Notice (ACIN) transmits revised forms and Notice of Action (NOA) messages to be used in the California Work Opportunity and Responsibility to Kids (CalWORKs) and Food Stamp Programs (FSP) for Electronic Benefit Transfer (EBT) payments. These changes are needed to conform to federally-mandated requirements in the 2008 Farm Bill.

Implementation

Counties should begin using the revised forms and NOA messages on October 1, 2008.

CalWORKs and Food Stamps

The 2008 Farm Bill changes the timeframe when a Food Stamp EBT account will become dormant from 90 days to 180 days. The Farm Bill also codifies when EBT benefits will be expunged from an EBT account, i.e., 365 days. The latter change effectively nullifies the state's waiver for benefits to expunge benefits at 270 days. The changes have been applied to both the Food Stamp and CalWORKs programs to align timeframes in both programs. The following forms and NOA messages were revised to reflect the new time frames for dormant accounts and expunged benefits.

Forms and NOA Messages

TEMP 2214 form (Additional Information About EBT) is a mandatory supplement to the EBT training materials provided to clients.

Food Stamp Only

TEMP NA 1232 (Food Stamp EBT Notice) is a multi-purpose form used to notify clients when their EBT food stamp account:

- will be deactivated if the account has not been accessed after 135 days;
- has been deactivated when the account has not been accessed for 180 days;
or
- has been reactivated upon client contact with the county.

NA 1240 (Food Stamp Overissuance and Dormant EBT Account) is to be used when applying food stamp benefits from a household's dormant EBT food stamp account to an outstanding overissuance claim.

CalWORKs Only

M16-120A (EBT Dormant Account) is used to inform the client that his/her EBT CalWORKs benefit account has not been accessed for over 135 days and he/she needs to access their cash EBT account before the date indicated or the account will become dormant. This message has been revised to change the period of inactivity from 45 days to 135 days before the NOA is sent.

M16-120B (EBT Dormant Account/Suspend) is used to inform the client that access to their CalWORKs benefits EBT account has been stopped because of account inactivity for 180 days.

Camera-Ready Copies and Translations

Enclosed are copies of the English CalWORKs or Food Stamp form or message. Please allow six to eight weeks for the forms and messages to be translated and mailed to your Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of the translated forms and notices as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready translated forms or messages, fax your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov.

For a camera-ready copy and/or an additional copy of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has internet access, you may obtain various forms from the CDSS website at www.cdss.ca.gov. If the name, mailing address or e-mail address of your CalWORKs or Food Stamp Forms

Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to fmu@dss.ca.gov.

Your Forms Coordinator is to distribute translated forms and messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

Stock

State produced stock of forms 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.

Contact

If you have any questions or need further information regarding this letter, please contact Leo Black, EBT Unit Manager, at (916) 654-1529. If you have any questions or need additional information regarding CalWORKs, please call your CalWORKs county consultant.

Sincerely,

Original Document Signed By:

DEBORAH ROSE, Chief
Program Integrity Branch

Attachments

c: CWDA

ADDITIONAL INFORMATION ABOUT ELECTRONIC BENEFIT TRANSFER (EBT)

- If you move to a different County or out of State and you apply for benefits in that County or State, you will receive a new EBT card. If you have food stamp benefits left on your old EBT card, you will still be able to use them in your new location. Please remember to use all remaining benefits on your old card as soon as possible.
- If an EBT system error occurs and the wrong amount has been taken from your account, contact the toll-free Customer Service number (1-877-328-9677). Your claim will be investigated and, if you are entitled to a refund of food stamp or cash benefits, your account will be credited for the amount. If your claim is denied, you have the right to request a state hearing at your local welfare office.
- If you do not use your benefits for 180 days, you will not be able to use your benefits until you contact your County worker. If an additional 185 days has passed and you still have not used your benefits, your benefits will be removed from your account every month. Food stamp benefits will not be reinstated. Your cash benefits can be reinstated if you call your County worker.

FOOD STAMP NOTICE OF ACTION EBT ACCOUNT

COUNTY OF _____

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

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

ADDRESSEE

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Questions? Ask your Worker.

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

ACCOUNT DEACTIVATED

OUR RECORDS SHOW THAT YOU HAVE NOT USED YOUR FOOD STAMP ELECTRONIC BENEFIT ACCOUNT FOR OVER 135 DAYS.

If you do not use your food stamp benefit card by _____, the county will stop access to your electronic food stamp benefits. You can stop this action by using your food stamp benefit card.

OUR RECORDS SHOW THAT YOU HAVE NOT USED YOUR FOOD STAMP ELECTRONIC BENEFIT ACCOUNT FOR OVER 180 DAYS.

On _____, the county stopped access to your food stamp benefits. Call your County Worker to activate your electronic food stamp benefit account again.

IF YOU HAVE ANY FOOD STAMP ELECTRONIC BENEFIT THAT HAS NOT BEEN USED FOR 365 DAYS, THAT UNUSED BENEFIT WILL BE REMOVED FROM YOUR EBT ACCOUNT AND CANNOT BE RESTORED.

ACCOUNT REACTIVATED

On _____, the county started access to your food stamp electronic benefit account.

If you have lost your card call 1 - 877 - 328-9677. If you need help using your EBT card, call your county worker.

This Notice:

- Does not change your eligibility to benefits;
- Does not change your responsibility to report changes that affect your eligibility; and
- Does not change your cash aid or Medi-Cal benefits. If these benefits change, you will get a separate notice.

Rules: These rules apply: You may review them at your welfare office. MPP 16-120.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

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

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

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

To let us lower or stop your benefits before the hearing, check below:

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

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

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

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

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

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

Cal-Learn:

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

OTHER INFORMATION

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

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

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

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

TO ASK FOR A HEARING:

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

OR

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

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

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

HEARING REQUEST

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

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

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

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

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

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

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

Food Stamp Overissuance and Dormant EBT Account

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

ACCOUNT OVERISSUANCE

Our records show you have an outstanding overissuance of food stamp benefits in the amount of \$ _____ .

Our records also show that you have not used your food stamp electronic benefit transfer (EBT) account for over 180 days.

BECAUSE YOU HAVE NOT USED YOUR EBT ACCOUNT FOR 180 DAYS, FOOD STAMP BENEFITS FROM YOUR EBT ACCOUNT WILL BE USED TO REPAY YOUR FOOD STAMP OVERISSUANCE UNLESS YOU CONTACT US WITHIN 10 DAYS AFTER THE DATE THIS NOTICE WAS MAILED TO YOU.

YOU MUST:

Contact the county within 10 days after the date this notice was mailed to you if you do not want your food stamp benefits to be applied to your overissuance. Your food stamp benefits will be used to repay your overissuance if the county does not hear from you.

Rules: These rules apply; you may review them at your welfare office: MPP 16-120.12 and 16-750.12.

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.

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- 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.

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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

State of California
Department of Social Services

Noa Msg Doc No.: M16.120A Page 1 of 1
Action : Inform
Issue: EBT Account Aging
Title: EBT Dormant Account

Auto ID No.:
Source :
Issued by :
Reg Cite : 16.120

Use Form No. : NA 290
Original Date : 07/01/02
Revision Date : 10/01/08

MESSAGE:

Our records tell us that you have not used your cash aid Electronic Benefit Transfer - EBT card for over 135 days.

If you do not use your cash aid EBT card by _____, the County will stop access to your EBT cash aid.

You can stop this action by using your cash aid EBT card.

If you have lost your card, call the toll free number (1-877-328-9677). If you need help using your EBT card, call your County Worker.

This notice:

- does not change your eligibility to get cash aid;
- does not change your responsibility to report changes that affect your eligibility;
- does not change the unused cash aid benefit in your EBT account;
- does not change your Food Stamp or Medi-Cal benefits. If these benefits change, you will get a separate notice.

State of California
Department of Social Services

Noa Msg Doc No.: M16.120B Page 1 of 1
Action : Suspend
Issue: EBT Account Aging
Title: EBT Dormant Account: Suspend

Auto ID No.:
Source :
Issued by :
Reg Cite : 16.120

Use Form No. : NA 290
Original Date : 07/01/02
Revision Date : 10/01/08

MESSAGE:

On _____, the County
stopped access to your cash aid
Electronic Benefit Transfer - EBT.

HERE'S WHY:

You have not used your cash aid EBT
card for 180 days.

Call your County Worker to access
your cash aid EBT.

If you have lost your card, call the
toll free number (1-877-328-9677).
If you need help using EBT, call
your County Worker.

This notice:

- does not change your eligibility
to get cash aid;
- does not change your
responsibility to report changes
that affect your eligibility;
- does not change the unused cash
aid benefit in your EBT account;
- does not change your Food Stamp
or Medi-Cal benefits. If these
benefits change, you will get a
separate notice.