

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 3, 1992

ALL COUNTY INFORMATION NOTICE NO. I-31-92

TO: ALL COUNTY WELFARE DIRECTORS

<u>REASON FOR THIS TRANSMITTAL</u>	
<input checked="" 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 type="checkbox"/>	Initiated by SDSS

SUBJECT: SAWS 2A (5/92) CA 2/DFA 285-A2/MC 210, IMPORTANT INFORMATION FOR APPLICANTS AND RECIPIENTS FOR CASH AID, FOOD STAMPS AND MEDICAL ASSISTANCE

REFERENCE: ALL COUNTY LETTER 91-59, DATED JULY 2, 1991  
ALL COUNTY LETTER 91-63, DATED JULY 5, 1991

The purpose of this letter is to transmit the English and the Spanish translation of the revised SAWS 2A (5/92), Important Information for Applicants and Recipients for Cash Aid, Food Stamps and Medical Assistance. The revised form is required to be in use by October 1, 1992. Stock of the SAWS 2A (7/91) may not be used once the (5/92) version is implemented.

The revised SAWS 2A form includes changes in the following areas:

- ot Expansion of the Reporting Responsibilities section.t
- ot Inclusion of SB 623 informing requirements (Chapter 1586, Statutes of 1990) specifically pertaining to MPP Sections 40-126.36, 40-125.93 and 40.126.35. The form Temp 1801 (6/91), Important Information for Cash Aid Applicants, is no longer needed with this revision of the SAWS 2A.t
- ot Inclusion of the AFDC Intentional Program Violation (IPV) informing requirements of SB 724, Chapter 97, Statutes of 1991.t
- ot Revision of language pertinent to the Medi-Cal Program under the title on the form labeled: Health Care Coverage/Insurance; Medi-Cal Only -Spending Down Excess Property; Medi-Cal Only - Resources and Property.t

State produced stock of the SAWS 2A (5/92) is not expected to be available in the Department of Social Services Warehouse until September 1, 1992. Counties that reproduce stock locally and need camera-ready copies may request them from the

Forms Management Bureau at (916) 657-1907. The translations in Cambodian, Chinese, Lao and Vietnamese will be issued under separate cover by the Language Services Bureau when available.

If there are any questions regarding the revised SAWS 2A (5/92), please contact Joan Claussen of the AFDC Policy Implementation Bureau at (916) 657-3350.

A handwritten signature in black ink, appearing to read "MICHAEL C. GENEST". The signature is fluid and cursive, with a large, sweeping final stroke.

MICHAEL C. GENEST  
Deputy Director  
Welfare Program Division

Attachments

## IMPORTANT INFORMATION FOR APPLICANTS AND RECIPIENTS FOR CASH AID, FOOD STAMPS AND MEDICAL ASSISTANCE

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 your facts to see if you are eligible for Cash Aid, Food Stamps, and/or Medical Assistance and to figure how much you will get if you are eligible.

### Cash Aid includes

- AFDC (Aid to Families with Dependent Children)
- RA (Refugee Assistance)

### Medical Assistance includes

- Full Medi-Cal benefits or any County medical coverage
- Restricted Medical Assistance - emergency and pregnancy related care only

## YOUR RIGHTS

- To be treated fairly without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap, or age. You may file a complaint if you feel you have been discriminated against by speaking with your County's civil rights representative or by writing to the
 

State Civil Rights Bureau  
744 P Street, MS 15-70  
Sacramento, CA 95814

You may also file by calling collect (916) 654-2107 or for the hearing impaired TDD 1-800-952-8349.
- 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 45 days for Cash Aid and Medical Assistance (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for Food Stamps.
- 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 Cash Aid or Food Stamps right away. If we think you might be eligible, you will get an interview within one day for Cash Aid and within three days for Food Stamps.
- To get Medical Assistance as soon as possible if you have a medical emergency or are pregnant.
- To ask for help to complete your application or any other Cash Aid, Food Stamp, or Medical Assistance form.
- To ask for forms and notices to be translated if you don't read English.
- To continue getting Cash Aid or Medi-Cal benefits without a break if you move from one County to another if you stay eligible.
- To be told the rules for retroactive Medical Assistance eligibility.
- 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.
- To choose prepaid health plan (PHP) coverage (if available) or Medi-Cal when eligible for Medical Assistance.
- To ask to have your Food Stamp or Medi-Cal I.D. card, Food Stamp authorization document or issuance card, or Food Stamp coupons replaced if lost in the mail, damaged, stolen or destroyed. The County will tell you if you are eligible.
- To ask for extra money if your income drops or stops (Cash Aid Program Only).
- 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 Program Only).
- 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 use of utilities because of a disability, etc. (Cash Aid Program only).
- 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 you are getting Cash Aid AND there is an outstanding felony arrest warrant.
- To file a complaint or to ask for a State hearing within 90 days of any action if you think the action is wrong. You can write to your County Welfare Department or call toll free 1-800-952-5253 or for the hearing 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

### ALL PROGRAMS

#### Systematic Alien Verification for Entitlements (SAVE)

To sign under penalty of perjury that each member applying for Cash Aid, Food Stamps or full Medical Assistance 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 for Cash Aid, Food Stamps, and full Medical Assistance.

#### Social Security Number

To give us the Social Security Number (SSN) for each applicant for Cash Aid, Food Stamps and/or full Medical Assistance. Anyone who refuses to give either a SSN or proof of application for a SSN will be disqualified from getting aid or benefits, **except applicants for restricted Medical Assistance.** (Providing a SSN is required for all applicants, except applicants for restricted Medical Assistance, by Section 1137 of the Social Security Act: Section 402(a)(25) for Cash Aid and 7. U.S. Code Section 2025E for Food Stamps; and Title 22 California Code of Regulations, Section 50187 for Medical Assistance.)

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 Medical Assistance Programs may result in repayment of benefits and/or criminal or civil action.

#### Verification(s)

To give proof or more facts when we ask. If you can't get proof, to give the name of some other person or agency we may contact to get it. We will help you get proof when you can't get it. **Applicants for restricted Medi-Cal benefits are not required to give a SSN, place of birth, or citizenship or immigration status.**

#### Cooperation

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

### CASH AID AND MEDI-CAL

To apply for any benefits or income anyone is eligible to get, such as: Unemployment or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

#### Cash Aid Only Cooperation Rules

#### Child/Spousal and Medical Support

To give the District Attorney (DA) the right to collect all child support money due you when you get AFDC. To cooperate with the County and the DA to:

- identify and locate any absent parent in your case;
- determine the paternity of any child in your case when needed;
- obtain medical support money from any absent parent and, if you get AFDC, obtain child support money;
- give the County DA any medical support money you get on or after this date and if you get Cash Aid, any child/spousal support money you get on or after this date;
- tell the County about medical coverage or money for medical services paid by the absent parent on or after this date.

### MEDI-CAL

#### Medi-Cal Card

- To sign and date your Medi-Cal card when you get it and to use it only to get necessary health care services.
- To take the Medi-Cal card to your medical provider when you or a family member is sick or has an appointment.
- To take the Medi-Cal card 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, and retain any health insurance available to you and your family at no cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal, 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.

# IMPORTANT NOTICE

## CASH AID LUMP SUM NOTICE

If you receive lump sum income in the future, you may lose your federal cash aid. Read this notice so that you will know about the lump sum rule.

Lump sum income is money you may get just one time or only once in a while. Lump sums can be past due Social Security, Workers' Compensation or personal injury court awards, lottery winnings, inheritances and the like. There are now very few exceptions.

If you get lump sum income while you are on aid, you will have to live on that money instead of your cash aid. The more you get, the longer you will have to live on it. You will not be able to get federal cash aid even if you have used up the lump sum money before your cash aid can start again.

Here is how the lump sum rule works. We will divide the amount of your lump sum income by the maximum need amount for your family. So if, for example, you get aid for yourself and two children, and if you get a lump sum of \$6,000, you won't be able to get federal cash aid for 10 months (\$6,000 divided by \$600).

If you receive lump sum income during a month when you are not on cash aid, then the lump sum rule may not apply. In that case, you could reapply for federal cash aid once you had less than \$1,000.

To avoid problems, don't spend a lump sum until you talk to your worker.

If you have any questions, contact your worker for more information. You may also contact your Legal Aid Office.

# 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, your worker will tell you if you must report monthly or quarterly.

## HOW YOU MUST REPORT

### 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 the month.

### Food Stamp Monthly Reporting

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

**Note:** If you get Cash Aid and Food Stamps, you will need to turn in only one complete Monthly Eligibility Report by the 5th of the month.

### 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
- on your Monthly Eligibility Report if you get AFDC.

### Medi-Cal Only Monthly Reporting

You must report all changes within 10 days AND turn in a complete Monthly Status Report by the 5th of the month.

### Medi-Cal Only Quarterly Reporting

You must report all changes within 10 days AND turn in a complete Medi-Cal Status Report by the due date on the report.

## WHAT YOU MUST REPORT

### Cash Aid, Food Stamp Monthly Reporting and

### Medi-Cal Monthly/Quarterly Reporting

- Anyone gets money (including lump sums) from work, relatives, Social Security, Veterans benefits, tax refunds, or any other source.
- Anyone's job or training program changes.
- Anyone's income or source of income changes, starts or stops.
- Anyone age 16 or older 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 (including children) comes into the home, leaves the home or plans to visit somewhere else for a short period of time.
- 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 Medical Assistance in the new County.
- Any changes in rent or utility costs or when you get free rent/utilities.
- 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 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.
- Anyone gets married, separated, divorced or dies.
- Anyone gets, sells, gives away or transfers real property, such as a home, buildings or land; or personal property, such as money, a bank account, a motor vehicle, a boat, a trust fund, etc.
- Anyone's physical or mental illness begins or ends.
- Anyone's citizenship/immigration status or documentation changes.

## YOUR REPORTING RESPONSIBILITIES (CONTINUED)

### Cash Aid, Food Stamp Monthly Reporting and Medi-Cal Monthly/Quarterly Reporting

- Anyone becomes pregnant, gives birth, or ends a pregnancy for which anyone is getting Cash Aid or Medical Assistance.
- Anyone goes to or gets out of jail/prison.
- Anyone's health care coverage/insurance changes or health insurance becomes available as a result of employment (Cash Aid and Medical Assistance only).

### Medi-Cal only Monthly/Quarterly Reporting

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

### Food Stamp Monthly Reporting

- You may report a household member who reaches age 60.
- For a household that has a member that is disabled or age 60 or older, you may choose to report all allowable medical costs each month OR only changes of \$25 or more in allowable medical expenses.

### Food Stamp Nonmonthly Reporting You Must Report If:

- Your total monthly income starts, stops, or changes by more than \$25.
- Anyone's source of income changes.
- Anyone moves into or out of your home.
- Anyone joins or leaves your household.
- You move, your new address, and rent and utility costs.
- Anyone buys, gets, sells or gives away a licensed motor vehicle.
- 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).
- Monthly medical expenses change by \$25 for a household that has a member that is disabled or age 60 or older.

### You May Report If

- A household member is age 60 or older.
- Anyone in the household starts or stops a physical or mental illness.
- Anyone's citizenship/immigration status or documentation changes.
- You have changes in your dependent care costs.

## OTHER IMPORTANT INFORMATION

### TRANSITIONAL CHILD CARE

The Transitional Child Care (TCC) Program may help you pay your child care costs up to 12 months after you are ineligible for AFDC.

If you go off AFDC due to more earnings, loss of the income disregards from your earned income, or more hours of work, you may be able to get TCC. Also, you have to get AFDC three out of the last six months before you become ineligible for AFDC. You must work and pay child care costs for a child under 13 years; or have an incapacitated child or child under court supervision who needs care.

If your AFDC is stopped for one of the above reasons and you want TCC, ask your worker.

### TRANSITIONAL MEDI-CAL (TMC)

The Department of Health Services may continue your Medi-Cal up to 12 months after you are ineligible for AFDC.

If your AFDC is stopped due to earnings, loss of \$30 and 1/3 income disregards or more hours of work, you will get a Medi-Cal card. Also, you have to get AFDC in three of the last six months before you become ineligible for AFDC. In the first six months of your TMC period, you must complete a report so we can decide if you can get TMC for the next six month period.

If your AFDC is stopped for one of the above reasons and you have any questions, ask your worker.

### CASH AID ONLY - PROOF OF FACTS

If you ask for Cash Aid within one month of the date it stopped, the County Welfare Department (CWD) must not ask for any proof you already gave UNLESS:

- it is not in the case file, and
- it is needed to figure your current aid.
- If you ask for Cash Aid within one year of the date it stopped, the CWD must look at your prior case file for proof needed to figure your Cash Aid when:
  - you can't get the proof, or
  - there is a cost to you to get the proof, or
  - your Cash Aid would be delayed because it would take too long for you to get the proof.

**Note:** If you ask for Cash Aid within one year of the date it stopped AND, if the CWD doesn't have your prior case file, then the CWD will not be able to find proof you already gave.

- If you have new changes since you last got Cash Aid, the CWD will need new proof.

## OTHER IMPORTANT INFORMATION (CONTINUED)

### 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 are used to figure the Cash Aid and/or Food Stamp benefits you would get in March. This method is called retrospective budgeting.

### CASH AID AND FOOD STAMP WORK AND TRAINING RULES

You may need to take part in work, training or educational activities. Your worker will look at your facts to see if the rules apply to you. Your worker will tell you what you need to do before and after your application is approved.

If the Cash Aid and Food Stamp rules apply to you, you will be registered for a work and/or training activity. Some Cash Aid clients will be told how to register with the Employment Development Department (EDD).

If you are registered for a work and/or training activity, you must:

- Keep appointments made by your worker.
- Answer questions about your job experience and ability to work.
- Go to training or education when we tell you to.
- Do job search when we tell you to.
- Check on possible jobs when we tell you about them.
- Take a suitable job if it is offered to you.

### PENALTIES

If you don't follow the work and training rules, and don't have a good reason, we may:

- Deny your application(s).
- Stop your Medical Assistance.
- Change the amount of benefits you get.
- Disqualify Food Stamp clients from getting Food Stamps for two months.

If someone joins your Food Stamp household who has been disqualified because they didn't follow the work and training rules, your Food Stamp household may be disqualified for up to two months.

### FOOD STAMP VOLUNTARY QUIT

If you apply for or get Food Stamps and quit your job without a good reason, your household may be disqualified for three months. If someone else who quits a job without a good reason joins your household, your household may be disqualified for up to three months.

### MEDI-CAL ONLY SPENDING DOWN EXCESS PROPERTY

If you get or apply for Medi-Cal 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. 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.

### MEDI-CAL ONLY RESOURCES AND PROPERTY

- All Medi-Cal benefits received after age 65 must be repaid by the estate of a Medi-Cal beneficiary after his/her death if there is no surviving spouse, minor children or totally disabled children, unless it would be a hardship to any other heirs. (See Sections 215 and 9202 of the Probate Code and Section 14009.5 of the Welfare and Institutions Code.)
- 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. (See Section 14006 of the Welfare and Institutions Code.)

### AFDC ONLY AID UNDER THE FEDERAL AFDC-U PROGRAM

If you are applying for Federal AFDC-U (unemployed parent), the County will pick a principal earner (PE). The PE is the parent who has the most earnings in the past 24 months. To be eligible for federal AFDC-U, the PE must have a connection with the labor force or have been able to get UIB in the past 12 months. During your eligibility interview, tell us about all work history for any parent living in the home. Tell us about all work, even part-time, farm labor, odd jobs, any work in other countries, etc. Tell us about any month in which anyone was in GAIN, WIN, WIN-Demo, or CWEP programs.

### 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 State 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 and one other time during each 12 month period. 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.



**PENALTY WARNING  
ALL PROGRAMS**

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 charged with committing a felony if more than \$400 is wrongly paid out for Cash Aid, Food Stamps, or Medical Assistance because you didn't report all of your facts or changes in income, property or family status.

**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, Authorizations 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.

**DISQUALIFICATION PENALTIES - CASH AID AND FOOD STAMPS**

If you fail to report or you give wrong facts or you don't follow program rules for Cash Aid and Food Stamps, it may result in a finding of Intentional Program Violation (IPV). An IPV can disqualify you from one or both programs.

Disqualification means you can't get Cash Aid or Food Stamps for a period of time. The disqualification penalties are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.

These penalties start after a state hearing or court of law finds that an IPV has been committed. Anyone accused of committing an IPV may agree to be disqualified by signing either a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Anyone signing one of these documents accepts responsibility to repay any Cash Aid overpayment and/or Food Stamp overissuance.

In addition to disqualification for IPV, other penalties can result in fines and/or imprisonment.

**CERTIFICATION**

I certify that I have received "Important Information for Applicants and Recipients for Cash Aid, Food Stamps, and/or Medical Assistance", SAWS 2A, CA 2/DFA 285-A2/MC 210. I understand my rights and responsibilities; I agree to comply with my responsibilities. I also understand the penalties for giving wrong or incomplete facts, failing to report facts or situations which may affect my eligibility or benefits for Cash Aid or Food Stamps, and/or my Medi-Cal share of cost.

If I am applying for Medi-Cal Only, the contents of the  MC005  MC007  MC009 have been explained to me and I have been given copies of the form(s). \_\_\_\_\_  NOT APPLICABLE  
(INITIAL)

Signature (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative, or Medical Assistance Applicant/Recipient)	Date
Signature (Other Parent Living in the Home)	Date
Witness, if You Signed With An "X"	Date

I certify that the applicant/recipient has been given a copy of the of "Important Information for Applicants and Recipients for Cash Aid, Food Stamps, and/or Medical Assistance", SAWS 2A, CA 2/DFA 285-A2/MC 210. The applicant/recipient appears to understand his or her rights and responsibilities, and the penalties for giving wrong or incomplete facts, or for failing to report facts or situations which may affect eligibility or benefits for Cash Aid or Food Stamps, and/or his/her Medi-Cal share of cost.

I have explained to the applicant for Medi-Cal Only, the contents of the  MC005  MC007  MC009 and have given copies of the form(s) to him/her. \_\_\_\_\_  NOT APPLICABLE  
(INITIAL)

I have given the applicant(s) a copy of the Cash Aid Lump Sum Notice. \_\_\_\_\_  NOT APPLICABLE  
(INITIAL)

I have given the applicant(s) a copy of the GAIN Informing Notice. \_\_\_\_\_  NOT APPLICABLE  
(INITIAL)

Eligibility Worker's Signature	Eligibility Worker's Number	Date
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