



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

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



EDMUND G. BROWN JR.
GOVERNOR

September 27, 2011

ALL COUNTY LETTER 11-26E

ERRATA

TO: ALL COUNTY WELFARE DIRECTORS
ALL CONSORTIUM PROJECT MANAGERS
ALL COUNTY CALFRESH COORDINATORS

SUBJECT: HEATHCOCK V. ALLENBY LAWSUIT – STATEWIDE POLICY
REGARDING INITIATING COLLECTION ON OVERISSUANCE (O/I)
CLAIMS REQUIREMENTS IN THE CALFRESH PROGRAM

REFERENCE: UNITED STATES DEPARTMENT OF AGRICULTURE (USDA), FOOD
AND NUTRITION SERVICE (FNS) ADMINISTRATIVE NOTICE (AN)
01-35, ALL COUNTY INFORMATION NOTICE (ACIN) I-16-05, CODE OF
FEDERAL REGULATIONS (CFR) 273.13 (a)(2) and 273.18 (e)(3)(iv),
CALFRESH OVERISSUANCE NOTICES DFA 377.7B, DFA 377.7D, DFA
377.7D1, DFA 377.7D3, DFA 377.7F AND OVERISSUANCE BUDGET
WORKSHEET NA 1263, MANUAL OF POLICIES AND PROCEDURES
(MPP) 63-103.d (20), 63-103.d (21), 63-103.d (22), 63-504.261,
63-801.222, 63-801.431(a) AND 63-801.431(m)

The purpose of this erratum is to transmit the revised CalFresh Overissuance (O/I) Notices of Action (NOAs) and *Overissuance Budget Worksheet* NOA that are to be used to provide adequate notice as specified by the Rosie Heathcock et al v. Allenby lawsuit. The lawsuit requires all County Welfare Departments (CWDs) to provide adequate information on the CalFresh O/I NOAs by attaching the *Overissuance Budget Worksheet* NOA, NA 1263, with each O/I NOA sent to a household. The information on the budget worksheet must include the calculation used to determine the claim amount for each month the household incurred an O/I (MPP 63-504.261 and 63-801.431(m)).

CDSS has revised the *CalFresh O/I Budget Worksheet* (NA 1263) and CalFresh O/I NOAs (DFA 377.7B, DFA 377.7D, DFA 377.7D1, DFA 377.7D3 and DFA 377.7F). Details about those changes are included below.

REASON FOR THIS TRANSMITTAL

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

CalFresh Overissuance Budget Worksheet (NA 1263)

- The letters on the top of the first page where **MM/CCYY** was indicated has been deleted so that CWDs can fill in the month and year of the O/I.
- Part 1, Section A6, was changed from “*Gross Unearned Income*” to “*Unreported Gross Unearned Income*” for households that failed to report gross unearned income.
- Part 1, Section A7 through A9, the subheadings were moved down beginning with “*Gross Unearned Income (A1+A2+A3+A4+A5+A6), Less Child Support Paid (enter remainder in B7), and Total Gross Unearned Income (A7-A8)*” due to the addition of subheading A6.
- Part 1, Section B5, was changed from “*Total Gross Earned Income*” to add a line for “*Unreported Gross Earned Income.*”
- Part 1, Section B6, was changed from “*Total Gross Earned Income*” to add a line for the “*Adjusted Gross Earned Income (including unreported income) (B4+B5).*”
- Part 1, Section B7 and B8, were added to include the subheadings that were moved down from section B5 and B6 “*Less Remainder of Child Support Paid (If not fully used in Section A) and Total gross Earned Income (B6-B7) (If negative amount, enter zero).*”
- Part 2, Section F1, under the heading “*Nonexempt Gross Earned Income*” language has been added in parenthesis to indicate that the gross earned income that is reported is entitled to the 20% deduction and should be entered on this line.
- Part 2, Section F2, under the heading “*Nonexempt Gross Earned Income*” in parenthesis has been amended (80% of F1) to indicate that the adjusted gross earned income which is 80% of nonexempt gross unearned income is to be entered on this line.
- Part 2, Sections F3 through F6, were added to include “*Unreported Gross Earned Income, Total Countable Earned Income (F2+F3), Less remainder of Child Support Paid (B7) (If not fully used in Section A), and Total Gross Earned Income (F4-F5) (If negative amount, enter zero).*”
- Page 2, Part 2, Section K was amended to add a non-applicable (N/A) box for CWDs to check for “*Authorized*” after the term “*Issued.*” The C-IV system does not recognize the term “*issued,*” therefore, the term “*authorized*” was added to the above mentioned sections.

CalFresh Overissuance Notices of Action (NOAs) (DFA 377.7B, DFA 377.7D, DFA 377.7D1, DFA 377.7D3 and DFA 377.7F)

- All the above mentioned DFA 377 NOAs have been revised to show the abbreviation of each specific type of claim in the header (AE, IHE, or IPV).
- The first sentence on the left hand side of all the DFA 377 NOAs has been removed which indicated as to which party made the mistake.
- A check box and language has been added to all the DFA 377 NOAs to allow CWDs to check the box when establishing a claim against the household for failing to report earned income which does not qualify for the 20% deduction.

- On all the DFA 377 NOAs with the exception of the DFA 377.7F, the fourth bullet on the right hand side of the NOAs has been revised to read: *“If this error is later reviewed by the court or hearing and determined to be your fault, penalties will apply even if you agree to repay what you owe.”*
- The fourth sentence on the right hand side of the DFA 377.7D NOA, the term *“benefits”* was added following the term *“CalFresh.”* The second bullet on the left hand side of the NOA has been amended to read: *If you do not sign and return the agreement within 30 days after the date of this notice, the amount of CalFresh benefits you get will be reduced by _____% beginning _____.*

Note: All information included on the state developed forms is required to be included on forms generated by automated systems.

CAMERA-READY COPIES AND TRANSLATIONS

For camera-ready copies of the English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at <http://www.cdss.ca.gov/cdssweb/PG183.htm>. When all translation are completed per MPP Section 21-115.2, including Spanish forms, they are all posted on an on-going basis on our web site. Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm. For questions on for translated forms, please contact Language Services at (916) 651-8876. Until translations are available, clients who have elected to receive Spanish, Russian, Vietnamese, and written Chinese materials should be sent the GEN 1365 interpretation informing notice with a local contact number.

If you have any questions regarding the content of this letter, please contact Rosie Avena of the CalFresh Policy Bureau at (916) 654-1514, or email at rosie.avena@dss.ca.gov.

Sincerely,

Original Document Signed By:

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

Attachments

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

Notice Date _____
Case Name _____
Number _____

Overissuance Month and Year

Part 1 - GROSS INCOME ELIGIBILITY

A. NONEXEMPT GROSS UNEARNED INCOME

1. Cash Aid	\$ _____	\$ _____	\$ _____	\$ _____
2. Social Security, UIB, DIB, Pensions	\$ _____	\$ _____	\$ _____	\$ _____
3. Child/Spousal Support	\$ _____	\$ _____	\$ _____	\$ _____
4. Scholarships, Grants, Loans	\$ _____	\$ _____	\$ _____	\$ _____
5. Other	\$ _____	\$ _____	\$ _____	\$ _____
6. Unreported Gross Unearned Income	\$ _____	\$ _____	\$ _____	\$ _____
7. Gross Unearned Income (A1+A2+A3+A4+A5+A6)	\$ _____	\$ _____	\$ _____	\$ _____
8. Less Child Support Paid (enter remainder in B7)	\$ _____	\$ _____	\$ _____	\$ _____
9. Total Gross Unearned Income (A7 - A8)	\$ _____	\$ _____	\$ _____	\$ _____

B. NONEXEMPT GROSS EARNED INCOME

1. Gross Salary, Wages	\$ _____	\$ _____	\$ _____	\$ _____
2. Self-Employment	\$ _____	\$ _____	\$ _____	\$ _____
3. Training Allowance	\$ _____	\$ _____	\$ _____	\$ _____
4. Gross Earned Income (B1+B2+B3)	\$ _____	\$ _____	\$ _____	\$ _____
5. Unreported Gross Earned Income	\$ _____	\$ _____	\$ _____	\$ _____
6. Adjusted Gross Earned Income (B4+B5) (including unreported income)	\$ _____	\$ _____	\$ _____	\$ _____
7. Less Remainder of Child Support Paid (If not fully used in Section A)	\$ _____	\$ _____	\$ _____	\$ _____
8. Total Gross Earned Income (B6-B7) (If negative amount, enter zero)	\$ _____	\$ _____	\$ _____	\$ _____

C. GROSS INCOME TEST

Not figured for households with an elderly/disabled member. (MPP 63-503.323)

1. Household size	_____	_____	_____	_____
2. Maximum Gross Income Allowed from table	\$ _____	\$ _____	\$ _____	\$ _____
3. Total Countable Gross Monthly Income (A9+B8)	\$ _____	\$ _____	\$ _____	\$ _____
4. Gross Income eligible? (Is C3 less than or equal to C2?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

D. GROSS INCOME OVERISSUANCE (IF C4 IS NO)

1. Amount Previously Issued	\$ _____	\$ _____	\$ _____	\$ _____
2. Correct Benefit	\$ _____	\$ _____	\$ _____	\$ _____
3. Total CalFresh Overissuance (D1-D2)	\$ _____	\$ _____	\$ _____	\$ _____
4. Minus Lost Benefits Not Restored	\$ _____	\$ _____	\$ _____	\$ _____
5. Minus Payment Received	\$ _____	\$ _____	\$ _____	\$ _____
6. Amount of Overissuance to be Collected (D3-D4-D5)	\$ _____	\$ _____	\$ _____	\$ _____
7. Minus Workfare Offset	\$ _____	\$ _____	\$ _____	\$ _____
8. Amount of Overissuance to be Collected (D6-D7)	\$ _____	\$ _____	\$ _____	\$ _____

PART 2 - NET INCOME ELIGIBILITY

(This section computes only if C4 is Yes.)

E. NONEXEMPT GROSS UNEARNED INCOME (A9)

\$ _____	\$ _____	\$ _____	\$ _____
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F. NONEXEMPT GROSS EARNED INCOME

1. Gross Earned Income(Not Including unreported income)(B4)	\$ _____	\$ _____	\$ _____	\$ _____
2. Adjusted Gross Earned Income (80% of F1)	\$ _____	\$ _____	\$ _____	\$ _____
3. Unreported Gross Earned Income	\$ _____	\$ _____	\$ _____	\$ _____
4. Total Countable Earned Income (F2+F3)	\$ _____	\$ _____	\$ _____	\$ _____
5. Less remainder of Child Support Paid (B7) (If not fully used in Section A)	\$ _____	\$ _____	\$ _____	\$ _____
6. Total Gross Earned Income (F4 - F5) (If negative amount, enter zero)	\$ _____	\$ _____	\$ _____	\$ _____

G. TOTAL NONEXEMPT GROSS INCOME (E+F6)

\$ _____	\$ _____	\$ _____	\$ _____
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H. STANDARD/DEPENDENT CARE/HOMELESS SHELTER/DEDUCTION

1. Standard Deduction	\$ _____	\$ _____	\$ _____	\$ _____
2. Excess Medical Expenses (Only compute excess medical expenses for households with elderly/disabled members.)	\$ _____	\$ _____	\$ _____	\$ _____
3. Dependent Care (100% of costs)	\$ _____	\$ _____	\$ _____	\$ _____
4. Homeless Shelter Deduction	\$ _____	\$ _____	\$ _____	\$ _____
5. Total Deductions (H1+H2+H3+H4)	\$ _____	\$ _____	\$ _____	\$ _____
6. Total Adjusted Income (G-H5)	\$ _____	\$ _____	\$ _____	\$ _____

Overissuance Month and Year

I. SHELTER DEDUCTIONS

1. Total Housing Cost	\$ _____	\$ _____	\$ _____	\$ _____
2. Total Utility Allowance	\$ _____	\$ _____	\$ _____	\$ _____
3. Total Shelter Costs (I1+I2)	\$ _____	\$ _____	\$ _____	\$ _____
4. Allowable Shelter Costs (50% of H6)	\$ _____	\$ _____	\$ _____	\$ _____
5. Excess Shelter Costs (I3-I4)	\$ _____	\$ _____	\$ _____	\$ _____
6. Maximum Allowance for Shelter (Enter amount shown on I5 for households with an elderly/disabled member)	\$ _____	\$ _____	\$ _____	\$ _____
7. Allowable Shelter Deduction (Lesser of I5 or I6) (Enter amount shown on I5 for households with an elderly/disabled member.)	\$ _____	\$ _____	\$ _____	\$ _____

J. NET COUNTABLE MONTHLY INCOME (H6-I7)

\$ _____	\$ _____	\$ _____	\$ _____
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K. NET INCOME TEST

1. Household Size	_____	_____	_____	_____
2. Maximum Net Income allowable from table	\$ _____	\$ _____	\$ _____	\$ _____
3. Net Income eligible? (Is J less than or equal to K2?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			

L. NET INCOME OVERISSUANCE

1. Amount Previously Issued/Authorized	\$ _____	\$ _____	\$ _____	\$ _____
2. Correct Benefit	\$ _____	\$ _____	\$ _____	\$ _____
3. Total CalFresh Overissuance (L1-L2)	\$ _____	\$ _____	\$ _____	\$ _____
4. Minus Lost Benefits Not Restored	\$ _____	\$ _____	\$ _____	\$ _____
5. Minus payment Received	\$ _____	\$ _____	\$ _____	\$ _____
6. Amount of Overissuance to be Collected (L3-L4-L5)	\$ _____	\$ _____	\$ _____	\$ _____
7. Minus Workfare Offset	\$ _____	\$ _____	\$ _____	\$ _____
8. Amount of Overissuance to be Collected (L6-L7)	\$ _____	\$ _____	\$ _____	\$ _____

PART 3 - RESOURCE ELIGIBILITY

M. COUNTABLE RESOURCES

1. Total Resources	\$ _____	\$ _____	\$ _____	\$ _____
2. Maximum Resource Level	\$ _____	\$ _____	\$ _____	\$ _____
3. Resource Eligible? (Is M1 less than or equal to M2?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			

N. RESOURCE OVERISSUANCE (IF M3 IS NO)

1. Amount Previously Issued/Authorized	\$ _____	\$ _____	\$ _____	\$ _____
2. Correct Benefit	\$ _____	\$ _____	\$ _____	\$ _____
3. Total CalFresh Overissuance (N1-N2)	\$ _____	\$ _____	\$ _____	\$ _____
4. Minus Lost Benefits Not Restored	\$ _____	\$ _____	\$ _____	\$ _____
5. Minus Payment Received	\$ _____	\$ _____	\$ _____	\$ _____
6. Amount of Overissuance to be Collected (N3-N4-N5)	\$ _____	\$ _____	\$ _____	\$ _____
7. Minus Workfare Offset	\$ _____	\$ _____	\$ _____	\$ _____
8. Amount of Overissuance to be Collected (N6-N7)	\$ _____	\$ _____	\$ _____	\$ _____

PART 4 - NON-FINANCIAL ELIGIBILITY

O. HOUSEHOLD COMPOSITION

1. Previous Household Size	_____	_____	_____	_____
2. Correct Household Size	_____	_____	_____	_____

P. NON-FINANCIAL OVERISSUANCE

1. Amount Previously Issued/Authorized	\$ _____	\$ _____	\$ _____	\$ _____
2. Correct Benefit	\$ _____	\$ _____	\$ _____	\$ _____
3. Total CalFresh Overissuance (P1-P2)	\$ _____	\$ _____	\$ _____	\$ _____
4. Minus Lost Benefits Not Restored	\$ _____	\$ _____	\$ _____	\$ _____
5. Minus Payment Received	\$ _____	\$ _____	\$ _____	\$ _____
6. Amount of Overissuance to be Collected (P3-P4-P5)	\$ _____	\$ _____	\$ _____	\$ _____
7. Minus Workfare Offset	\$ _____	\$ _____	\$ _____	\$ _____
8. Amount of Overissuance to be Collected (P6-P7)	\$ _____	\$ _____	\$ _____	\$ _____

COUNTY OF _____

CALFRESH OVERISSUANCE NOTICE FOR INADVERTENT HOUSEHOLD ERRORS (IHE) 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.

Too many CalFresh benefits were issued to:

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

Here's why:

- The unreported earned income does not qualify for the 20% deduction.

You must repay the extra CalFresh benefits.

_____ in extra CalFresh benefits were issued for the period _____.

The household received \$ _____ in CalFresh benefits.

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

- 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 \$ _____.

See how we figured the extra amount you got on the worksheet that came with this notice.

- 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 CalFresh benefits because the County Welfare Department made a mistake.
- Collection will be from all adults in the household when the overissuance occurred.

YOU MUST EITHER:

Pay for the extra CalFresh benefits 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 CalFresh benefits 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 error is later reviewed by the court or hearing and determined to be your fault, 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 CalFresh, the county can lower your CalFresh benefits to collect the overissuance. If you go off CalFresh before the overissuance is paid back, the county may take what you owe out of your income tax refund.

Rules: These rules apply: MPP 63-801.21, Duarte v. Saenz.

You may review them at your welfare office.

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 have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (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 CalFresh (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, CalFresh (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 CalFresh (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 CalFresh (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 _____

CALFRESH OVERISSUANCE NOTICE FOR ADMINISTRATIVE ERRORS (AE) 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.

Too many CalFresh benefits were issued to:

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

Here's why:

- The unreported earned income does not qualify for the 20% deduction.

You must repay the extra CalFresh benefits.
\$ _____ in extra CalFresh benefits were issued for the period _____.

The household received \$ _____ in CalFresh benefits.

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

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

See how we figured the extra amount you got on the worksheet that came with this notice.

- 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 CalFresh benefits 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 CalFresh the county can lower your CalFresh benefits to collect the overissuance unless it was the county's fault. If you go off CalFresh 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, the amount of CalFresh benefits 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 error is later reviewed by the court or hearing and determined to be your fault, 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 have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (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 CalFresh (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, CalFresh (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 CalFresh (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 CalFresh (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 _____

CALFRESH OVERISSUANCE NOTICE FOR ADMINISTRATIVE ERRORS (AE) 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.

Too many CalFresh benefits were issued to:

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

Here's why:

The unreported earned income does not qualify for the 20% deduction.

You must repay the extra CalFresh benefits.
\$_____ in extra CalFresh benefits were issued for the period _____.

The household received \$_____ in CalFresh benefits.

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

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

See how we figured the extra amount you got on the worksheet that came with this notice.

- 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 CalFresh benefits 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 CalFresh, the County can collect the overissuance by lowering your monthly CalFresh benefits. If you go off of CalFresh 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 CalFresh benefits 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 error is later reviewed by the court or hearing and determined to be your fault, 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 have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (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 CalFresh (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, CalFresh (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 CalFresh (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.

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HEARING REQUEST

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Cash Aid CalFresh (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 _____

CALFRESH OVERISSUANCE NOTICE FOR ADMINISTRATIVE ERRORS (AE) 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.

Too many CalFresh benefits were issued to:

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

Here's why:

- The unreported earned income does not qualify for the 20% deduction.

You must repay the extra CalFresh benefits.

\$ _____ in extra CalFresh benefits were issued for the period _____.

The household received \$ _____ in CalFresh benefits.

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

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

See how we figured the extra amount you got on the worksheet that came with this notice.

- You do not have to use any SSI benefits you get to repay this overissuance.

LOMELI V. SAENZ

- Federal regulations require us to have a rule to forgive any part of your claim if we believe you are unable to repay the claim. We only forgive a part of a claim where the county has made a mistake. 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.
- Collection will be from all adults in the household when the overissuance occurred.

YOU MUST EITHER:

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

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 CalFresh, the County can collect the overissuance by lowering your monthly CalFresh benefits. If you go off of CalFresh 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 CalFresh benefits 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 error is later reviewed by the court or hearing and determined to be your fault, 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.

Rules: These rules apply: MPP 63-801.22, 63-801.43, 63-801.7, Lomeli v. Saenz and Duarte v. Saenz.

You may review them at your welfare office.

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 have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (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 CalFresh (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, CalFresh (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 CalFresh (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 CalFresh (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 _____

CALFRESH OVERISSUANCE 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 CalFresh benefits 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.

Too many CalFresh benefits were issued to:

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

Here's why:

- You have already been told about this overissuance of CalFresh benefits and the County may have been giving you less CalFresh benefits 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 CalFresh benefits that you get may change.**

- The unreported earned income does not qualify for the 20% deduction.

You must repay the extra CalFresh benefits.

\$ _____ in extra CalFresh benefits were issued for the period _____.

The household received \$ _____ in CalFresh benefits.

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

- 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.

See how we figured the extra amount you got on the worksheet that came with this notice.

YOU MUST EITHER:

Pay for the extra CalFresh benefits 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 CalFresh benefits 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.

Warning: If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on CalFresh the county can lower your CalFresh benefits to collect the overissuance. If you go off CalFresh 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 have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (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 CalFresh (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, CalFresh (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 CalFresh (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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HEARING REQUEST

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Cash Aid CalFresh (Food Stamps) Medi-Cal

Other (list) _____

Here's Why: _____

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BIRTH DATE

PHONE NUMBER

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SIGNATURE

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NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

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NAME

PHONE NUMBER

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