



CDSS

WILL LIGHTBOURNE  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

October 26, 2011

ALL COUNTY LETTER NO. 11-70

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CalWORKs PROGRAM SPECIALISTS  
ALL CALFRESH PROGRAM SPECIALISTS  
ALL CONSORTIUM PROJECT MANAGERS

SUBJECT: TRANSITIONAL CALFRESH RECERTIFICATION PROCESS

REFERENCE: FEDERAL REGISTER VOLUME 75, NUMBER 19, DATED, JANUARY 29, 2010; TITLE 7 CODE OF FEDERAL REGULATIONS (CFR) 7 CFR § 273.14; 7 CFR § 273.27(c); 7 CFR 273.28; 7 CFR 273.29; 7 CFR 273.31(b); 7 CFR 273.32, MANUAL OF POLICIES AND PROCEDURES (MPP): 63-102 (c)(QR)(11); 63-102(q); 63-103.2(d)(30); 63-300; 63-301; 63-504.132(d), 63-504.132(e); 63-504.2; 63-504.6; 63-504.61(c); QR 63-504.61(i)(1)(a); QR 63-504.61(i)(1)b; 63-504.267(f); 63-505, 63-506; 63-300; 63-301; ALL COUNTY LETTERS (ACL): 03-66, 08-22, 08-22E, 11-22

REASON FOR THIS TRANSMITTAL

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

Currently, Transitional CalFresh households who want to receive regular CalFresh benefits must submit an application, either during or after the five-month transitional period. The final federal transitional benefit regulations required a change from a household-initiated to a more county-initiated process. The purpose of this All County Letter (ACL) is to notify County Welfare Departments (CWDs) of the new process for recertifying Transitional CalFresh households in accordance with Title 7 Code of Federal Regulations (CFR) § 273.26 through 273.32.

The California Department of Social Services (CDSS) has worked collaboratively with a stakeholder workgroup consisting of advocates, consortia, and counties, to develop instructions for a process that will streamline the transition from Transitional CalFresh to regular CalFresh for recipients and improve CalFresh access and participation. The federal rules do not impact the current procedure for Transitional CalFresh households who apply for California Work Opportunity and Responsibility to Kids (CalWORKs).

### **Effective Date**

All CWDs must implement the new Transitional CalFresh Recertification process no later than February 29, 2012, which is the last day of the five-month benefit period for transitional cases that began on October 1, 2011. These households, if otherwise eligible, will have a new certification period beginning March 1, 2012.

### **Recertification of Transitional CalFresh Households**

In accordance with federal regulations, a household may request to recertify for CalFresh benefits at any time during the five-month Transitional CalFresh period by submitting an application (e.g., the DFA 285 A1, A2, and A3, or the SAWs 1 and 2A, or by applying online/electronically). When CWDs send the Notice of Expiration (NEC) the month prior to the last month of the benefit period, households must complete the recertification process, which includes: (1) filing an application no later than the 15<sup>th</sup> day of the last month of the benefit period and complete an interview, and (2) submit any proof of income, expenses, or other information no later than 10 days of the date of the interview to receive uninterrupted benefits. CWDs shall schedule interviews so that households have at least 10 days to provide the required verification before the certification period expires.

The following sections detail the amended procedure for recertification at different times during the Transitional CalFresh benefit period.

- **Recertification in the Final Month of the Transitional CalFresh Benefit Period**

All current recertification policies and procedures as outlined in MPP § 63-504.6 apply to the transitional household at the end of the benefit period. The NEC informs the household of the discontinuance for failure to comply with the recertification process. Interviews should be scheduled such that households have at least 10 days after the interview in which to provide verification before the benefit period expires. A Notice of Missed Interview (NOMI) is sent to the household if they miss their scheduled interview (ACL 08-20).

- **Recertification During the First Four Months of the Transitional CalFresh Benefit Period**

In addition to following the current procedure for recertification in the final month of the benefit period, federal regulations for recertification during the first four months of the Transitional CalFresh benefit period have the following procedural differences:

- If the CWD does not: 1) determine the eligibility for a household in a timely manner (i.e., within 30 days of the application) for a household that has met the required application procedures, or 2) does not provide an opportunity to

participate within 30 days of the application, then the CWD shall continue processing the application while continuing the household's transitional benefits. If it is determined after the application is processed, that the household is entitled to CalFresh benefits higher than its transitional benefits for the first month of the new certification period, the CWD must issue a supplemental benefit payment.

- However, in accordance with current practice, if the application process cannot be completed due to the CWD not taking a required action, the CWD shall continue to process the application and provide a full month's allotment for the first month of the new certification period [MPP § 63-504.61(e)(1)].
- Consistent with current policy, if the application process cannot be completed because the household failed to take a required action, the CWD may deny the application at that time or at the end of the 30 days. If the household is determined to be ineligible for the program, the CWD shall deny the household's application for recertification. The difference during the first four months of the transitional period is that the CWD shall continue the household's transitional benefits to the end of the transitional benefit period, at which time the CWD shall initiate the process for recertifying the household.
- If the household is determined eligible for CalFresh, but is entitled to a benefit lower than its transitional benefit, the CWD shall encourage the household to withdraw its application for recertification and continue to receive transitional benefits. If the household chooses not to withdraw its application, the CWD has the option to deny the application and allow the transitional period to run its course, or complete the recertification process and issue the household the lower benefit amount beginning with the first month of the new certification period.
- If the household is determined eligible for the program, the new certification period will begin with the first day of the month following the month in which the household submitted the application for recertification. The CWD must issue the household full benefits for that month, which is a procedural change. For example, if the household applied for recertification on the 25<sup>th</sup> day of the third month of the five-month transitional period, and the household is determined eligible for CalFresh, the CWD shall begin the household's new certification period on the first day of what would have been the fourth month of the transitional period.

### **Forms and Notices**

The attached forms have been revised to reflect the Food Stamp Program name change to CalFresh and streamlined language for use with all CalFresh recertification.

- FS 29 Appointment Letter
- DFA 1239 CalFresh Notice of Approval/Denial/Termination Transitional Benefits (Previously TEMP NA 1239)
- DFA 386 Notice of Missed Interview
- DFA 387 Request for Information
- QR 377.2 Notice of Expiration of Certification

### **Camera Ready Copies and Translations**

For a camera-ready copy in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain these forms from the CDSS webpage at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm). When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are 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](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm). For questions on translated materials, 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.

### **Household Reporting**

CWDs should follow normal procedures for determining which households shall be subject to change or quarterly reporting.

### **Quality Control (QC)**

There is no QC Hold Harmless period.

### **Data Reporting**

- CalFresh Program Monthly Caseload Movement Statistical Report (DFA 296)

Transitional CalFresh households recertifying are to be reported in "Part C -- Recertifications" on the State DFA 296 CalFresh Program Monthly Caseload Movement Statistical Report. The instructions for completing the report will include directions for the Transitional CalFresh households. A separate letter will be issued that will transmit the changes to the DFA 296.

- Aid Code

Households who complete the recertification process should be reported using the appropriate aid codes for nonassistance and public assistance households. The benefit type issued at the beginning of the month would be maintained through the entire month; therefore, while the recertification is processed during the month, the aid code change will not be effective until the beginning of the following month. As a reminder, Transitional CalFresh households that are not recertifying for CalFresh must have their cases closed at the end of the transitional period.

### **Contacts**

Attached are questions and answers about the Transitional CalFresh Recertification process. If you have any questions or need additional information regarding Transitional CalFresh, contact Sharon Campbell at [sharon.campbell@dss.ca.gov](mailto:sharon.campbell@dss.ca.gov) or (916) 654-0737. If you have general recertification questions, contact Rosie Avena at [rosie.avena@dss.ca.gov](mailto:rosie.avena@dss.ca.gov) or (916) 654-1514.

Sincerely,

### ***Original Document Signed By:***

CHARR LEE METSKER  
Deputy Director  
Welfare to Work Division

Attachments

c: CSAC

## **QUESTIONS AND ANSWERS**

### **1. QUESTION:**

When a household reapplies for recertification during the first four months of the Transitional CalFresh period, is there expedited service eligibility?

### **ANSWER:**

No.

### **2. QUESTION:**

If a household applies too late to process a timely recertification of Transitional CalFresh, is the household eligible for expedited service?

### **ANSWER:**

Yes, if the household meets the criteria at MPP § 63-301.531(b) and did not apply in sufficient time for the CWD to process the recertification without a break in aid, there would be eligibility for expedited service. If they are entitled to expedited service, then they must be issued benefits by the third calendar day in the month after the expiration of the recertification month or by the household's normal issuance cycle date in the new certification period, whichever is later MPP § 63-301.531(b). If a household submits a timely application, the household is also entitled to receive uninterrupted benefits and expedited service if the application is filed at least three days prior to the next normal issuance date in the new certification period [MPP § 63-504.61(i)(1)(A)].

### **3. QUESTION:**

If a Transitional CalFresh household is discontinued after the maximum five months of transitional benefits, and has not applied for recertification by submitting an application is the household eligible for expedited service?

### **ANSWER:**

Yes, this is a new application and the expedited service regulation at MPP § 63-301.5 applies.

### **4. QUESTION:**

Can we accept a verbal request from the household and discontinue Transitional CalFresh?

### **ANSWER:**

Yes. Per MPP § 63-504.267(f), if a household voluntarily requests to discontinue Transitional CalFresh in writing, or makes a verbal request in the presence of an eligibility worker, then the household's participation can be terminated. If the household does not

provide a written request, the CWD shall send the household a letter confirming the request for discontinuance, and document this in the case narrative according to MPP § 63-300.5(j). Written confirmation does not entail the same rights as a notice of action except that the household may request a state hearing. If Transitional CalFresh benefits are ending for any reason other than the expiration of the five-month benefit period, the CWD shall provide the household a timely notice of action prior to the termination of transitional benefits.

**5. QUESTION:**

What information is used to establish the household's eligibility for the new certification period?

**ANSWER:**

The CWD will use the information contained in the application and the circumstances on the date of the interview (MPP§ 63-300 and MPP § 63-301).

**6. QUESTION:**

When a Transitional CalFresh household recertifies during the Transitional CalFresh certification period is a QR 7 needed?

**ANSWER:**

No, the household is not a QR household. It is a Transitional CalFresh household; therefore, a QR 7 is inappropriate. Similarly, the NAFS Household Recertification Form (FS 27) used with the QR 7 (ACL 08-23) is not included in the Transitional CalFresh recertification process.

# CALFRESH RECERTIFICATION APPOINTMENT LETTER

•	•	Date	:
		Case Number	:
		Worker Name	:
		Worker Number	:
		Worker Telephone	:
•	•	Address	:

You were notified that your CalFresh certification period ends on \_\_\_\_\_ and that you would get an appointment to keep getting CalFresh benefits. MM/DD/CCYY

You have a face-to-face CalFresh recertification interview appointment on: \_\_\_\_\_ MM/DD/CCYY

APPOINTMENT DATE:	APPOINTMENT TIME:
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COUNTY OFFICE NAME

COUNTY OFFICE ADDRESS	CITY:	STATE	ZIP CODE
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You have a telephone CalFresh recertification interview appointment. **If you prefer to be interviewed in person, please call your worker at the number above for an appointment.** The county will call you for your telephone appointment on: \_\_\_\_\_ MM/DD/CCYY

APPOINTMENT DATE:	APPOINTMENT TIME:
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YOUR PHONE NUMBER:

We will call you at the number above. If the number is not correct, you must call us and provide a number where you can be reached for your interview. It is very important that we are able to reach you. You may also want to provide an alternative phone number where you can be reached. County phone numbers may be blocked. If your phone does not accept blocked numbers, you may miss the phone call for your telephone interview, and your benefits may be delayed. You will have to reschedule your interview. Call your worker at the number above or go to the above office to reschedule your interview.

### **IMPORTANT REMINDERS**

- Failure to complete this interview may result in a delay or may end your CalFresh benefits.
- If you do not keep the scheduled appointment, it is your responsibility to reschedule it.
- To change your appointment, please contact your worker.
- Required verification must be turned in within 10 days of your worker asking for it. Please tell your worker if you need help getting this information. Your worker can help you get it.
- If you file Quarterly Reports, you must turn in a completed Quarterly Report (QR 7) by no later than the 11th of the month in which it is due to avoid a possible delay in benefits.

### **COMMENTS:**



## 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

# CALFRESH NOTICE OF APPROVAL/DENIAL/TERMINATION TRANSITIONAL BENEFITS

COUNTY OF \_\_\_\_\_

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

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Case Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Worker 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.

**Approval**

As of \_\_\_\_\_, your CalFresh benefits are  
MM/DD/CCYY  
\$ \_\_\_\_\_ each month.

Because your CalWORKs case has been closed, you will get Transitional CalFresh benefits. You will get Transitional CalFresh benefits starting \_\_\_\_\_ and ending \_\_\_\_\_.  
MM/CCYY MM/CCYY

This replaces your previous certification period.

Your Transitional CalFresh benefits will end after 5 months unless your household recertifies.

**Reporting:**

You are encouraged to report if you change your address. Households that get Transitional CalFresh benefits do not have to turn in a reporting form.

**Recertification:**

You will get a notice when it is time to recertify at the end of the 5-month Transitional CalFresh period.

- You may ask to recertify for regular CalFresh at any time during the Transitional CalFresh period. If you ask to recertify during the first four months of the Transitional CalFresh period and the regular CalFresh benefits are lower than the current Transitional CalFresh amount, you may withdraw your request for recertification.
- If you apply and are approved for CalWORKs and regular CalFresh, you will have a new certification period. Eligibility for Transitional CalFresh will end when the CalWORKs and regular CalFresh benefits are approved, even if your 5 months have not ended.

**Denial/Withdrawal**

As of \_\_\_\_\_, the CalFresh recertification you asked for  
MM/DD/CCYY  
during the first 4 months of Transitional CalFresh benefits was not approved. Your current Transitional CalFresh benefit will continue until the end of the Transitional CalFresh benefit period.

**Here's Why:**

- You have withdrawn your request for recertification for regular CalFresh benefits.
- You did not give us the information we asked for within 10 days of the date requested.
- You did not complete your scheduled interview.
- Other (see below):

**Termination**

As of \_\_\_\_\_, your current Transitional CalFresh  
MM/DD/CCYY  
certification period will end.

**Here's Why:**

- Your application for CalWORKs has been approved.
- Your application for CalFresh has been approved.
- Other (see below):

**Rules:** These rules apply: MPP § 63-504.6, MPP § 63-504.13.  
You may review them at your welfare office.

## YOUR HEARING RIGHTS

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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:

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- To get those supportive services, you must go to the activity the county told you to attend.
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### Cal-Learn:

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

## OTHER INFORMATION

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

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

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

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

## TO ASK FOR A HEARING:

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- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
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OR

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Cash Aid  CalFresh (Food Stamps)  Medi-Cal

Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ZIP CODE

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DATE

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PHONE NUMBER

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NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# CALFRESH NOTICE OF MISSED INTERVIEW.

COUNTY OF

•

•

•

•

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

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

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You were scheduled for an interview on \_\_\_\_\_, but you did not keep this appointment. If you still want CalFresh benefits, please contact your worker to schedule another interview.

MM/DD/CCYY

You must complete your interview with us by \_\_\_\_\_ .

MM/DD/CCYY

You must be interviewed in order for us to determine your eligibility for CalFresh benefits. If you do not complete an interview, you will not be able to get CalFresh benefits.

If you have any questions or want more information, please contact your worker.

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**RULES:** These rules apply: MPP Section(s) 63-300.4, 63-504.6. You may review them at your welfare office.

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**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

# CALFRESH REQUEST FOR INFORMATION

COUNTY OF

•

•

•

•

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

Questions? Ask your worker.

In order to determine your eligibility for CalFresh benefits, we need the following information from you by

\_\_\_\_\_  
MM/DD/CCYY

Please tell your worker if you need help getting this information. Your worker can help you get it.

Please:

- Call us to give us this information
- Mail this information to us

If you do not give us this information by \_\_\_\_\_, you may get a notice of action to stop your CalFresh benefits.  
MM/DD/CCYY

**RULES:** These rules apply: MPP 63-300.5. 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.

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**Here's Why:** \_\_\_\_\_

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STATE

ZIP CODE

SIGNATURE

DATE

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PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

## CALFRESH NOTICE OF EXPIRATION OF CERTIFICATION

COUNTY OF \_\_\_\_\_

• •

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

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

1. Your CalFresh Certification period will end on \_\_\_\_\_.

MM/DD/CCYY

2. If you want to keep getting your benefits without a break; you must file an application no later than the 15th day of the last month of the certification period. An interview must be completed, and **any** proof of income, expenses, or other information turned in no later than the end of the certification period.
3. If you have a one-month or two-month certification period, contact your worker for when your application needs to be turned in.
4. You will get a separate letter with an interview appointment date and time. Call your worker right away if you do not get the appointment letter within 10 days of this notice. Your appointment letter will tell you if you have a phone interview or if you have to come into the office for your interview.

### IMPORTANT RULES

- To avoid a possible delay in benefits, if you file Quarterly Reports, you must turn in a completed Quarterly Report (QR 7) by no later than the 11th of the month in which it is due.
- If you do not turn in an application by the 15th day of the last month of the certification period, complete an interview, **and** turn in any proof of income, expenses, or other information within 10 days of the date of the interview, you may have to wait up to 30 days before final action is taken on your application. In addition, you may get only partial benefits for the first month of your new certification period. You have the right to request Expedited Service (ES) if there is a break in aid.
- If you have a good reason for not recertifying on time, you should tell the county welfare department. If you have a good reason for the delay, you may get back lost benefits.
- You have the right to get an application from the county welfare department at any time and to have the county accept your application. The application must be signed and contain at least a readable name, address, and signature or a witness to the mark.
- You or your authorized representative have the right to file a CalFresh application by turning in the form to the county welfare department either in person, by mail, fax, e-mail, through an electronic transmission, or through an on-line electronic application at: <http://www.benefitscal.org/BenefitsPortal/landing.html>. The length of time to deliver benefits is calculated from the date the application is filed with the county welfare department. An application signed through the use of electronic signature techniques or an application containing a handwritten signature and then transmitted by fax or other electronic transmission is acceptable.
- You will be given 10 days to turn in any requested information. Please tell your worker if you need help getting this information.

**RULES:** These rules apply: CalFresh MPP Section(s): 63-300.3, 63-504.25, 63-504.251, 63-504.5, 63-504.6, 63-504.61; Federal Regulation Title 7 CFR § 273.12. You may review them at your welfare office.



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