

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 22, 2000

ALL-COUNTY LETTER NO. 00-15

TO: ALL-COUNTY WELFARE DIRECTORS
ALL FOOD STAMP COORDINATORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: NOTICES OF ACTION FOR THE CALIFORNIA FOOD ASSISTANCE
(CFAP) PROGRAM WORK REQUIREMENT

REFERENCE: ACL 99-78

Assembly Bill (AB) 1111, Chapter 147, Statutes of 1999 revised the work requirement for CFAP recipients who do not receive cash under the California Work Opportunity and Responsibility to Kids (CalWORKs) Program. Non-CalWORKs CFAP recipients must now satisfy the Able-Bodied Adult Without Dependents (ABAWD) work requirement. (See Manual of Policy and Procedures (MPP) Section 63-410.) Non-CalWORKs CFAP recipients also are subject to the Food Stamp Program's sanction and voluntary quit requirements. (See MPP Section 63-407.5 and 63-408.) This letter transmits the new Notices of Action (NOAs) that the County Welfare Departments (CWDs) will need as they administer this new CFAP work requirement.

Attached for the CWDs' use are the following Food Stamp Notices of Discontinuance:

- **NA 994 -- Failure To Meet The Non-Assistance CFAP Work Requirement (violation prior to the three-consecutive-month grace period):** This notice is issued to those CFAP recipients who do not receive a cash grant and who fail to meet the ABAWD work requirement for the first time. Also, it is sent to those non-assistance CFAP recipients who again fail to meet the work requirement but are not entitled to the three-month grace period, as set forth in MPP Section 63-410.52.
- **NA 995 -- Food Stamp Notice of Denial/Disqualification For the California Food Assistance Program:** This notice is used to impose CFAP sanctions, in accordance with MPP Section 63-407.5. It is issued when a CFAP recipient receives a Welfare-to-Work, General Assistance/General Relief, or other employment and training sanction and does not qualify for one of the food stamp work registration exemptions at MPP Section 63-407.21. Also, it is used when an applicant or a recipient voluntarily quits employment, reduces hours worked to less than 30 hours per week, or fails to meet the general work requirements at MPP Sections 63-407.42, .43, and .44.

Page Two

• **NA 996 – Failure To Meet Non-Assistance CFAP Work Requirement (violation after receipt of the three-consecutive-month grace period):** This notice is sent to those who receive food stamps for the three-month grace period at MPP Section 63-410.52 and who do not begin meeting the ABAWD work requirement. This notice is sent for all subsequent instances in which the work requirement is not met after the three-month grace period is granted.

Multilingual copies of the notices are attached and they can be found on the Internet at www.dss.cahwnet.gov/getinfo.

If you have any questions or require further program information, please contact Robert Nevins, of the CalWORKs Employment Bureau, at (916) 654-1408.

Sincerely,

*Original Document Signed By
Bruce Wagstaff on 2/22/00*

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

c: CWDA
CSAC

FOOD STAMP NOTICE OF DISCONTINUANCE

COUNTY OF _____

Failure To Meet Non-Assistance CFAP Work Requirement (violation prior to three consecutive month grace period)

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.

As of _____, food stamps received under the California Food Assistance Program (CFAP) will be discontinued for _____. The County is taking this action because _____ has not followed the Non-Assistance CFAP work rule for:

First failed month/year _____

Second failed month/year _____ and

Has not provided proof that the Non-Assistance work rule has been met for the third failed month/year _____

Did not meet the Non-Assistance work rule for the third failed month/year _____.

This is the first time in the 36-month period that started _____ that this person had their food stamps discontinued for not following the Non-Assistance CFAP work rule. A person who is not excused from the Non-Assistance work rule cannot receive food stamps for more than three months without meeting this work rule. The Non-Assistance work rule says that each month a person must work an average of 20 hours or more per week, participate in a workfare assignment, or participate in a work assignment for 20 or more hours per week.

To get food stamps again, _____ must be eligible. To be eligible, that person must:

- Be excused from the Non-Assistance work rule: or
- Show proof that they either followed the Non-Assistance work rule or were excused for any or all of the months listed above by the date their food stamps stop; or
- Work 80 or more hours in a 30-day period, participate in a workfare assignment for the required number of hours in a 30-day period, or participate in a work assignment 80 or more hours in a 30-day period.

Even if you do not become excused or follow the Non-Assistance work rule, you may become eligible again when the 36 month period ends on _____. You may reapply at that time.

If your household had other changes you will get another notice.

If the failure to meet the non-assistance work rule also caused a food stamp penalty, that person may not be able to get food stamps for at least 1, 3 or 6 months. That person will get another notice telling them how long their food stamps will be stopped.

COMMENTS

RULES: These rules apply. You may review them at your welfare office.

MPP 63-407.5 63-410 W&IC 18930.5 All County Letter 99-78 Other _____

FOOD STAMP NOTICE OF DENIAL/DISQUALIFICATION FOR THE CALIFORNIA FOOD ASSISTANCE PROGRAM

COUNTY OF _____

NOTICE DATE : _____
CASE NAME : _____
NUMBER WORKER NAME : _____
NUMBER : _____
TELEPHONE : _____
ADDRESS : _____

(ADDRESSEE)

Questions? Ask Your Worker

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

The County is taking the following action because _____ did not follow the Food Stamp work rules for the California Food Assistance Program (CFAP).

As of _____,

- _____ is denied receipt of food stamps.
- _____ is disqualified from the Food Stamp Program.
- The amount of your household's food stamps will be changed from _____ to _____.
- Other _____

To get food stamps again, _____ must be eligible. To be eligible, that person must:

- Be exempt from the CFAP work rules, or
- Take action to end the disqualification or denial.
- You can take action at any time to end this disqualification
- You can only take action after _____ to end this disqualification.
You can end this disqualification at any time if you become exempt from the work rules.

If your household had other changes you will get another notice.

WHY FOOD STAMPS ARE BEING STOPPED OR DENIED

HOW TO GET FOOD STAMPS

- | | |
|---|---|
| <input type="checkbox"/> Didn't keep an appointment/
Didn't give us information we asked for. | Call us/
Give us the information. |
| <input type="checkbox"/> Didn't go to a job. | Go to a job if it is still available or go to another job when sent. |
| <input type="checkbox"/> Turned down a job. | Take the job if it is still there or find another job. The other job must either be at least 30 hours per week, or pay as much per week as: <ul style="list-style-type: none"> • The job you turned down, or • The Federal minimum wage times 30. |
| <input type="checkbox"/> Changed the number of hours worked to less than 30 hours per week. | Increase the hours worked to at least 30 hours per week. |
| <input type="checkbox"/> Quit a job. | Get the job back if it is still open, or find another job with at least the same pay or hours as the one quit. |
| <input type="checkbox"/> Didn't meet welfare-to-work rules for the California Work Opportunity and Responsibility to Kids (CalWORKs) Program. | Start meeting those rules. |
| <input type="checkbox"/> Didn't go on a job search, work assignment, to school, or to training that we sent you to. | Start doing the assignment we give you.
Call or see us. We will tell you what to do. |
| <input type="checkbox"/> Other. | |

The person listed above may also need to meet the Non-Assistance CFAP work rule. If that person is ineligible for food stamps because they have not met that rule for enough months to keep getting food stamps, another notice will be sent telling them what they need to do to get food stamps again.

RULES: These rules apply. You may review them at your welfare office.

MPP 63-407 63-408 63-410 W&IC 18932(a) All County Letter 99-78 Other _____

FOOD STAMP NOTICE OF DISCONTINUANCE

Failure To Meet Non-Assistance CFAP Work Rule (violation after receipt of three consecutive month grace period)

COUNTY OF _____

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.

As of _____, food stamps received under the California Food Assistance Program (CFAP) will be discontinued for _____. The County is taking this action because _____ has not followed the Non-Assistance CFAP work rule for:

_____ month/year.

_____ has not provided proof that the rule has been met for _____ month/year.

A person who fails to meet the Non-Assistance CFAP work rule more than once during a 36-month period can sometimes get food stamps for three months in a row without meeting the work rule. When the three months end, a person can only get food stamps if they become excused or meet the Non-Assistance work rule. This three month period can only be used once and it is not longer available for _____.

The Non-Assistance CFAP work rule says that each month a person must work an average of 20 hours of more per week, participate in a workfare assignment, or participate in a work assignment for 20 or more hours per week.

To get food stamps again, _____ must:

- Be excused from the Non-Assistance work rule;
- Show proof that they either followed the Non-Assistance work rule or were excused for the month shown above by the date of the discontinuance; or
- Work an average of 20 hours per week, participate in a workfare assignment, or participate in a work assignment an average of 20 hours per week.

Even if you do not become excused or follow the Non-Assistance work rule, you may become eligible for food stamps again when the 36-month period ends in _____. You may reapply at that time.

If your household had other changes you will get another notice.

If the failure to meet the Non-Assistance CFAP work rule also causes a food stamp penalty, that person may not be able to get food stamps for at least 1, 3 or 6 months. That person will get another notice telling them how long their food stamps will be stopped.

COMMENTS

RULES: These rules apply. You may review them at your welfare office.

MPP 63-407 63-410 W&IC 18930.5 All County Letter 99-78 Other _____

YOUR HEARING RIGHTS

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

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

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

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

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

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

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

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

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

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

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

Cal-Learn:

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

OTHER INFORMATION

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

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

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

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

TO ASK FOR A HEARING:

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

OR

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

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

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

HEARING REQUEST

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

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE PHONE NUMBER

STREET ADDRESS

CITY STATE ZIP CODE

SIGNATURE DATE

NAME OF PERSON COMPLETING THIS FORM PHONE NUMBER

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

NAME PHONE NUMBER

STREET ADDRESS

CITY STATE ZIP CODE