

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 11, 2000

ALL-COUNTY LETTER 00-31

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CalWORKS PROGRAM SPECIALISTS
 ALL FOOD STAMP COORDINATORS

SUBJECT: ANDERSON V. SAENZ

REFERENCE: ALL COUNTY LETTER NO. 00-06

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

The purpose of this All County Letter is to issue instructions for the implementation of the retroactive portion of the Anderson v. Saenz lawsuit. This lawsuit challenged the Food and Nutrition Service (FNS) policy of not excluding a vehicle as a resource when it is used to transport a physically disabled Food Stamp/CalWORKs (FS/CW) household (HH) member who receives State Supplemental Income (SSI). FNS determined that a vehicle used to transport an ineligible HH member is to be excluded as a resource, even when the physically disabled HH member's resources are not considered available to the FS/CW HH (e.g. Supplemental Security Income recipient).

Informing Claim Form/Poster

On or about May 22, 2000, the State will mail out the attached informing claim form Temp 2181, to all currently active Supplemental Security Income (SSI) recipients. In the mixed households (FS/CW HH), the SSI recipients would have been eligible for SSI benefits and would be known to MEDs and most likely will still be on SSI. The Temp 2181 is being mailed to SSI recipients since CDSS cannot mail to the FS/CW HH portion of the household because these clients would have been denied Medi-Cal and not known to the MEDs system. No county is required to do any type of manual case search to identify potential class members. Also attached to this letter is the poster TEMP 2182 that is to be prominently displayed during the entire claim period. Counties will make enough copies to be displayed in all county welfare offices and food stamp distribution outlets.

Claims Process

Potential class members are to have 60 days from the first of June 2000 to submit a claim for retroactive benefits. Claimants are to apply for back benefits to the county from which they had originally applied and were denied or were discontinued from Food Stamps and/or CalWORKs. If a county receives a claim which it knows would be eligible in

another county, the receiving county is to forward the claim to the county in which the claim would be eligible. Potential class members will be allowed to request an informing claim form from the county during the claim period. Counties will have 60 days from the date a claim is submitted to grant or deny a claim or to request additional information. If the claim is granted, retroactive food stamps and/or CalWORKs benefits are to be mailed or issued in person within 20 days after the claim is granted. If additional information is needed, the claimants will have 45 days from the date the additional information is requested to provide the additional information. Upon the receipt of complete information the county will have 30 days in which to grant or deny the claim. If the information is not provided by the 45th day, the claim will be denied. A Notice of Action is to be issued for each claim granted or denied.

Calculation of Retroactive Benefits

The retroactive benefit amount is the amount of food stamp and/or CalWORKs benefits for which the HH would have been eligible except for the vehicle used to transport a disabled HH member receiving SSI. For the CalWORKs program, retroactive CalWORKs benefits received are not to be counted as income in the month received or as a resource in the following month for the purpose of determining eligibility or calculating CalWORKs benefits. Interest will not be paid for the back benefits before making payment.

If you have any questions about this court order, please call Mr. Vincent Toolan at (916) 654-1808. If you have any questions on the impact on the CalWORKs Program, please call Ms. Lyn Vice at (916) 654-0924. For the impact on the Food Stamp Program, please call Mr. Ernie Villalobos at (916) 657-1680.

Sincerely,

Original signed by
on May 11, 2000
BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

CWDA
CSAC

NOTICE OF ACTION

COUNTY OF _____

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

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

As of _____, the county has approved your back food stamps of \$ _____.

HERE'S WHY:

A court says that a vehicle used to take disabled persons to places should not be counted when the county figures out how much property you have.

Your back food stamps are figured on this page.

You will get \$ _____ in back food stamps.

You should get \$ _____ in back food stamps, but you owe us \$ _____. You got another notice about what you owe.

We will keep \$ _____ of your back food stamps to repay what you owe.

You will get \$ _____ in back food stamps.

You still owe \$ _____.

The food stamps you will get will be in one payment unless you ask for them to be repaid in more than one payment. If you want to get your back food stamps in more than one payment, ask your worker.

Comments:

Rules: These rules apply; you may review them at your welfare office: [Anderson v. Saenz](#)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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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.

We have denied your claim for back food stamps for the month(s) of _____ dated _____.

HERE'S WHY:

- You did not give us your claim by July 31, 2000.
- You did not return a completed claim form by _____.
- Your cash aid was not stopped, changed, or denied because you had excess property due to a vehicle.
- You did not send the information we requested by _____.
- You must file your request for back food stamps with the county where you applied for or got cash aid between January 1998 and January 2000.
- Other:

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: Anderson v. Saenz

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HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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Worker Name : _____
Number : _____
Telephone: _____
Address : _____

ADDRESSEE

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└ _____ ┘

Questions? Ask your Worker.

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

As of _____, the county has approved your back cash aid of \$_____.

HERE'S WHY:

A court says that a vehicle used to take disabled persons to places should not be counted when the county figures out how much property you have.

Your back cash aid is figured on the next page.

- A check will be sent soon.
- A check is enclosed.

If you get Food Stamps we will count your back cash aid as a resource.

- You may get another notice from Food Stamps.

Rules: These rules apply. You may review them at your welfare office: Anderson v. Saenz

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(ADDRESSEE)

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The county needs more facts on your ANDERSON V. SAENZ claim dated _____.

- Fill in the circled parts of the attached claim form.
- You must send or bring the completed form back to us by _____.
- Other: _____

If we do not have it by this date, your claim will be denied and you will not get back cash aid or food stamps.

Rules: These rules apply; you may review them at your welfare office: Anderson v. Saenz

NOTICE OF ACTION

COUNTY OF _____

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

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Questions? Ask your Worker.

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We have denied your claim for back cash aid for the month(s) of _____ dated _____.

HERE'S WHY:

- You did not give us your claim by July 31, 2000.
- You did not return a completed claim form by _____.
- Your cash aid was not stopped, changed, or denied because you had excess property due to a vehicle.
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- You must file your request for back cash aid with the county where you applied for or got cash aid between January 1998 and January 2000.
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Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office: Anderson v. Saenz

WELFARE MAY OWE SOMEONE IN YOUR HOME CASH OR FOOD STAMPS

Has anyone living with you applied for or received CalWORKs (cash aid) or Food Stamps since December 31, 1997? If that person was denied or cut off benefits for owning a vehicle that was worth too much money, that person may be able to get money or food stamps back from welfare.

This is because the rule for counting the value of a vehicle has changed. Now, any vehicle used to drive a physically disabled household member on Supplemental Security Income (SSI) is not counted for CalWORKs or Food Stamps.

If you answer yes to all three questions, then the person who applied for CalWORKs or Food Stamps should fill out this form and return it to the welfare office.

Return this form in person or by mail to the welfare department in the county where benefits were denied or discontinued. The form must be dropped off or mailed by **July 31, 2000** or it will be denied. Make a copy of this form for your records after you fill it out.

YES **NO**

- Have you lived with anyone who was denied or cut off from CalWORKs or Food Stamps after December 31, 1997?

- Were the benefits denied or cut off because someone in the household owned a vehicle that was worth too much money?

- Was that vehicle used to drive a physically disabled household member getting SSI?

Claimant Information

NAME	CalWORKs OR FOOD STAMP CASE NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	PHONE NUMBER	
ADDRESS		

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This is because the rule for counting the value of a vehicle has changed. Now, any vehicle used to drive a physically disabled household member on Supplemental Security Income (SSI) is not counted for CalWORKs or Food Stamps.

If you answer yes to all three questions below, then the person who applied for CalWORKs or Food Stamps should request a claim form (TEMP 2181) and return it to the welfare office.

Return the form in person or by mail to the welfare department in the county where benefits were denied or discontinued. The form must be dropped off or mailed by **July 31, 2000** or it will be denied.

YES NO

- Have you lived with anyone who was denied or cut off from CalWORKs or Food Stamps after December 31, 1997?
- Were the benefits denied or cut off because someone in the household owned a vehicle that was worth too much money?
- Was that vehicle used to drive a physically disabled household member getting SSI?

- 若需本通知的翻譯本，請和你的工作人員聯絡。 (Chinese)
- សំរាប់សេចក្តីបកប្រែនៃប្រកាសនេះ សូមជួបទាក់ទងទៅអ្នកកាន់សំណុំរឿងរបស់លោកអ្នក ។ (Cambodian)
- Для перевода этого извещения обратитесь к работнику. (Russian)
- Để có bản dịch của thông báo này, xin liên lạc với nhân viên phụ trách hồ sơ của quý vị. (Vietnamese)

POST UNTIL JULY 31, 2000

ES POSIBLE QUE LA ASISTENCIA PUBLICA (*WELFARE*) LE DEBA DINERO O ESTAMPILLAS PARA COMIDA A USTED O A ALGUIEN QUE VIVE EN SU HOGAR

¿Alguna persona que vive con usted solicitó o recibió asistencia monetaria del Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños (CalWORKs) o estampillas para comida desde el 31 de diciembre de 1997? Si a esa persona se le negó o le discontinuaron beneficios debido a que era el dueño de un vehículo que valía demasiado dinero, es posible que esa persona pueda recuperar dinero o estampillas para comida de la asistencia pública.

Esto se debe a que ha cambiado la regla para tomar en consideración el valor de un vehículo. Ahora, cualquier vehículo que se use para transportar a un miembro del hogar que esté incapacitado/discapacitado y que reciba Ingresos Suplementales de Seguridad (*Supplemental Security Income - SSI*) ya no se toma en consideración para recibir beneficios de CalWORKs o del Programa de Estampillas para Comida.

Si contesta “SI” a las tres preguntas a continuación, entonces la persona que solicitó CalWORKs o estampillas para comida debe solicitar un formulario de reclamo (TEMP 2181) y devolverlo a la oficina de bienestar público.

Devuelva este formulario personalmente o envíelo por correo al departamento de bienestar público en el condado donde le negaron o discontinuaron beneficios. Este formulario se tiene que entregar o enviar por correo a más tardar el **31 de julio del 2000** o no será aceptado.

SI NO

- ¿Ha vivido con alguien a quien le negaron o discontinuaron beneficios de CalWORKs o del Programa de Estampillas para Comida después del 31 de diciembre de 1997?
- ¿Se negaron o discontinuaron los beneficios debido a que alguien en el hogar era el dueño de un vehículo que valía demasiado dinero?
- ¿Se usaba el vehículo para transportar a un miembro del hogar incapacitado/discapacitado que recibía SSI?

- 若需本通知的翻譯本，請和你的工作人員聯絡。 (Chinese)
- សំរាប់សេចក្តីបកប្រែនៃប្រកាសនេះ សូមជួបទាក់ទងទៅអ្នកកាន់សំណុំរឿងរបស់លោកអ្នក ។ (Cambodian)
- Для перевода этого извещения обратитесь к работнику. (Russian)
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COLOQUE ESTE CARTEL EN UN LUGAR VISIBLE HASTA EL 31 DE JULIO DEL 2000