

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814

**REASON FOR THIS TRANSMITTAL**

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

October 27, 2004

ALL COUNTY LETTER NO. 04-47

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY WELFARE TO WORK COORDINATORS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY  
TO KIDS (CalWORKS) WELFARE-TO-WORK (WTW) TWO-PARENT  
SANCTION PROCEDURES

REFERENCE: ALL COUNTY LETTER (ACL) 03-59  
MANUAL OF POLICIES AND PROCEDURES (MPP) SECTION 42-721  
WELFARE AND INSTITUTIONS (W & I) CODE SECTION 11327.5

The purpose of this ACL is to provide counties with clarification about how the good cause determination, compliance, sanctioning, and curing processes in MPP Section 42-721 apply to a two-parent assistance unit (AU), for which the basis for aid is unemployment, hereafter referred to as a two-parent AU (see Attachment I).

The California Department of Social Services (CDSS) is clarifying the two-parent AU sanctioning process, since that process is more complex than the process for sanctioning one-parent AUs. The complexities related to two-parent sanctions stem from the additional steps that a county must take to properly inform, notify, and schedule the second parent of the AU for participation in the WTW program, when the first parent is not meeting program requirements. Additionally, as indicated in Attachment I, in some two-parent AU cases, the sanctioning process will significantly impact the number of hours in which the adults must participate to cure their respective sanctions and have their aid restored.

Also attached to this letter are the updated WTW 4, Notice to Other Parent, and additional notices of action (NOAs) that must be used in the sanctioning process for two-parent AUs. The revised NOAs are the NA 816, Sanction of Second Parent After Failed Compliance Plan, the NA 817, Sanction of Participant After Failed Compliance Plan, and the NA 845, Removal of the Second Parent's Needs/Compliance Plan.

The WTW 4 has been modified so that the second parent in two-parent AUs is given clearer instructions about what he or she must do to comply with WTW requirements and

avoid a WTW sanction, when the first parent in the family is not participating. The NOAs have been revised so that their wording is consistent with the latest version of the NA 840, Sanction of Mandatory Participant, which was issued with ACL 03-59, in November 2003. CDSS issued ACL 03-59 to provide guidance to counties on sanctioning the adult WTW participant in a one-parent AU. The sanction policies and procedures, as well as the NA 840 and other applicable forms, in that letter were products of the CalWORKs Sanction Workgroup, which was comprised of representatives from CDSS, counties, and welfare rights organizations.

It should be noted that, while several differences exist between the steps for sanctioning one-parent and two-parent cases, the specific procedures and timeframes for good cause determination, compliance, sanctioning, and curing procedures for one-parent AUs, as described in ACL 03-59, also apply to each adult in a two-parent AU. Because of that fact, rather than restate procedures that already have been described in the previous letter, Attachment I makes several references to specific sections of ACL 03-59 when they also apply to the adults in two-parent AU cases.

While not specifically related to the matter of two-parent AU sanctions, we also have included copies of the remaining sanction NOAs, which apply to voluntary participants, with this letter. Attached are the NA 818, Suspension of Volunteer After Failed Compliance Plan, and the NA 841, Suspension of Volunteer/Good Cause/ Compliance Notice, which also have been modified to be consistent with language in the most recent NA 840.

For a camera-ready copy of English and Spanish forms, please contact the Forms Management Unit (FMU) at (916) 657-1907. If your office has internet access, you may obtain these forms from the CDSS webpage at: [http://www.dss.cahwnet.gov/cdssweb/OnlineFor\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/OnlineFor_271.htm). For counties with access to the California Department of Social Services (CDSS) restricted website for forms and NOAs, you can access the NOAs at [www.cdsscounties.ca.gov](http://www.cdsscounties.ca.gov). If your county does not have a login and password, you can obtain them by calling Laura Ammons at (916) 657-3401.

As soon as translations are completed, they are posted at the Language Translation Services website. Copies of the translated forms and publications can be obtained from the CDSS webpage at: [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm). For any questions on translated materials or to request a copy of a translated form or message, please contact Language Translation Services at (916) 445-6778.

Your County Forms Coordinator should distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited-English-proficient populations as required by the Dymally-Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in MPP Division 21, Civil Rights Nondiscrimination, Section 115.

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If you have any questions about this matter, please contact Audrey King, Program Analyst, Employment Bureau, at (916) 651-6567 or [audrey.king@dss.ca.gov](mailto:audrey.king@dss.ca.gov).

Sincerely,

***Original Document Signed  
By***

CHARR LEE METSKER  
Acting Deputy Director  
Welfare to Work Division

Attachments

c: CWDA  
CSAC

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS  
(CalWORKS) WELFARE-TO-WORK (WTW) TWO-PARENT  
SANCTION PROCEDURES

The following are sanction procedures for a two-parent assistance unit (AU), for which the basis for aid is unemployment, hereafter referred to as a two-parent AU.

1. At the time that the first parent is found not to be participating, he or she is sent an NA 840, Sanction of Mandatory Participant. If the first parent does not demonstrate good cause, does not agree to sign a compliance plan, or agrees to sign a compliance plan but fails to complete it without good cause, he or she is sanctioned. In cases when the first parent agrees to a compliance plan, subsequently fails to participate as required by the plan, and will be sanctioned, the county must send him or her an NA 817, Sanction of Participant After Failed Compliance Plan.

Except for some differences in notification requirements which are described below, good cause determination, compliance, sanctioning, and curing procedures and timeframes are the same for an adult in a two-parent AU as for the adult in a one-parent AU. These procedures and timeframes are described in detail in All County Letter 03-59.

2. When the county sends the NA 840 to the first parent, it also must send the WTW 4, Notice To Other Parent, to the second parent. The WTW 4 notifies the second parent that the county will contact him or her if he or she is required to begin participation in the WTW program or to increase hours of participation, if already participating. The WTW 4 also informs the second parent that if the first parent is sanctioned, and the second parent does not meet welfare-to-work (WTW) requirements, he or she can also be sanctioned.
3. Once a sanction is imposed on the first parent, the second parent, unless he or she is exempt or meets good cause criteria, must begin (or increase hours of) participation in the WTW program to avoid his/her own sanction. In accordance with Manual of Policies and Procedures (MPP) Section 42-721.453, the second parent must not be exempted for providing care for an ill or incapacitated member of the household (MPP Section 42-712.46) or a young child (MPP Section 42-712.47), since the first parent is not participating and is available to provide the care.
4. If the second parent refuses to participate, or starts participating but subsequently stops without good cause, he or she is sanctioned. However, when nonparticipation occurs, the county must send an NA 845 to the second parent, instead of the NA 840. The NA 845 provides the same information as the NA 840, which is described on page 2 of ACL

03-59, except that the NA 845 also informs the second parent about how the first parent can restore his or her aid. In cases when the second parent agrees to a compliance plan, subsequently fails to participate as required by the plan, and will be sanctioned, the county must send him or her an NA 816, Sanction of Second Parent After Failed Compliance Plan.

5. In cases when the second parent complies with participation requirements as required, after receiving the WTW 4, the first parent remains sanctioned. Participation by the second parent does not cure the sanction imposed upon the first parent.
6. For either parent to have aid restored, each parent must cure his or her own sanction by doing what he or she refused to perform, as described in the “sanctions” section on page 9, and the “curing” section on page 14 of ACL 03-59.

If each parent was supposed to be participating for 35 hours per week, but failed to do so without good cause and was sanctioned, then each parent must meet the 35-hour requirement to cure his or her sanction, in accordance with MPP Section 42-721.43.

7. If the second parent is complying with WTW program requirements after the first parent is sanctioned, and the first parent cures his or her sanction, then one parent may stop (or reduce hours of) participation without being subject to sanction.

Counties are reminded that, in accordance with MPP Section 42-721.51, participants who believe that any program requirement or assignment is in violation of, or inconsistent with, State law and regulations governing the CalWORKs Welfare-to-Work program, have the right to request a State hearing.

# NOTICE TO OTHER PARENT

COUNTY NAME	
CASE NAME	
CASE NO.	OTHER ID NO.
WELFARE TO WORK WORKER'S NAME	
WELFARE TO WORK WORKER'S PHONE NO.	

(ADDRESSEE)

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Notice Date: \_\_\_\_\_

This is to let you know that there is a problem with \_\_\_\_\_ 's participation in Welfare to Work.

We have sent him/her a notice about his/her Welfare to Work problem and how he/she can correct it. If he/she does not correct the problem, then his/her part of your family's cash aid may be cut.

If we decide that you must begin to participate or increase your participation, we will send you another letter to inform you about a Welfare to Work orientation/appraisal or meeting that you must attend to discuss what you must do to meet Welfare to Work program requirements. If you do not attend the orientation/appraisal or the meeting as scheduled, your part of your family's cash aid may also be cut, unless you have a good reason for not participating.

Some good reasons for not participating in Welfare to Work are not having transportation or child care, or you are exempt (for example, you are 60 years of age or older or you cannot participate because you are disabled).

Even if your cash aid is also cut, your children will still get their cash aid. However, for you to get cash aid back, you must correct your Welfare to Work participation problem. For the other parent to get their cash aid back, the other parent must correct their own Welfare to Work participation problem.

**Please call your Welfare to Work worker if you have any questions about the information in this notice.**

# 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)



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.

\_\_\_\_\_, as of \_\_\_\_\_, we are lowering your cash aid from \$\_\_\_\_\_ to \$\_\_\_\_\_. Cash aid will stop for you, the family's second parent.

We are lowering your cash aid because you did not have a good reason for not doing what you agreed to do in the compliance plan that you signed. You agreed to: \_\_\_\_\_

We will not pay for transportation, or work- or training-related expenses while you are off cash aid. We may pay for child care, if you work or attend school.

### HOW TO GET BACK ON CASH AID

You can get back on cash aid if you are eligible for it by:

- Contacting the county and telling them you want your cash aid back; then doing what the county asks.
- Contacting the county no earlier than 45 days before \_\_\_\_\_, and telling them you want your cash aid back; then doing what the county asks. Even if you do this, your cash aid will not be restored earlier than \_\_\_\_\_.

TO CONTACT THE COUNTY ABOUT GETTING BACK ON CASH AID, CALL \_\_\_\_\_

The family's other parent, \_\_\_\_\_, may also get cash aid again if he/she is eligible for it by:

- Contacting the county and telling them he/she wants cash aid back; then doing what the county asks.
- Contacting the county no earlier than 45 days before \_\_\_\_\_, and telling them he/she wants cash aid back; then doing what the county asks. Even if he/she does this, cash aid will not be restored earlier than \_\_\_\_\_.

**DO YOU NEED FREE LEGAL HELP?** You can get free help with this problem from:

Local Legal Aid Office: ( ) \_\_\_\_\_

State Welfare Rights Organization: ( ) \_\_\_\_\_

**Food Stamps:** If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps for at least 1, 3 or 6 months. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

**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. CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause). Food Stamps MPP § 63-407.521. You may review these rules at your welfare office.

### Your New Monthly Cash Aid Amount Is Figured Below

#### Section A. Countable Income, Month of \_\_\_\_\_

Total Business Income	.....	\$	_____
Business Expenses:			
a. 40% Standard	.....	-	_____
OR			
b. Actual	.....	-	_____
Net Earnings from Self-Employment	.....	=	_____

Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	.....	\$	_____
\$225 Disregard	.....	-	_____
Nonexempt Unearned Disability-Based Income	.....	=	_____
OR			
Unused Amount of \$225 Disregard	.....	=	_____

Total Earned Income	.....	\$	_____
Net Earnings from Self-Employment (from above)	.....	+	_____
Subtotal	.....	=	_____
Unused Amount of \$225 Disregard (from above)	.....	-	_____
Subtotal	.....	=	_____
Earned Income Disregard 50%	.....	-	_____
Subtotal	.....	=	_____
Nonexempt Unearned Disability-Based Income (from above)	.....	+	_____
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members)	.....	+	_____

**Net Countable Income** ..... = \_\_\_\_\_

#### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Maximum Aid \_\_\_\_\_ Persons (Assistance Unit + Non-Assistance Unit Members) .. \$ \_\_\_\_\_
2. Special Needs (Assistance Unit only) ..... + \_\_\_\_\_
3. Net Countable Income from Section A ..... - \_\_\_\_\_
4. Subtotal ..... =
5. Maximum Aid \_\_\_\_\_ Persons (Assistance Unit only) (Excluding Sanctioned Persons) ..... \$ \_\_\_\_\_
6. Special Needs (Assistance Unit only) ..... + \_\_\_\_\_
7. Maximum Aid Subtotal ..... =
8. **Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7) ..... = \_\_\_\_\_
9. Line 8 Prorated for Part of Month ..... = \_\_\_\_\_
10. Adjustments: 25% Child Support Sanction ..... - \_\_\_\_\_  
Overpayment ..... - \_\_\_\_\_  
Other Sanctions ..... - \_\_\_\_\_  
Bonus ..... + \_\_\_\_\_
11. **Monthly Cash Aid Amount** (Line 8 or 9 Adjusted) ..... = \_\_\_\_\_

## 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



# NOTICE OF ACTION

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

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 \_\_\_\_\_,  
we are changing your cash aid from \$\_\_\_\_\_ to \$\_\_\_\_\_.

We are lowering your cash aid because you did not have a good reason for not doing what you agreed to do in the compliance plan that you signed. You agreed to:

We will not pay for transportation, or work- or training-related expenses while you are off cash aid. We may pay for child care, if you work or attend school.

### HOW TO GET BACK ON CASH AID

You can get back on cash aid, if you are eligible for it by:

- Contacting the county and telling them you want your cash aid back; then doing what the county asks.
- Contacting the county no earlier than 45 days before \_\_\_\_\_, and telling them you want your cash aid back; then doing what the county asks. Even if you do this, your cash aid will not be restored earlier than \_\_\_\_\_.

TO CONTACT THE COUNTY ABOUT GETTING BACK ON CASH AID, CALL \_\_\_\_\_.

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**Food Stamps:** If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps for at least 1, 3 or 6 months. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

**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. CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause). Food Stamps MPP § 63-407.521. You may review these rules at your welfare office.

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#### Section A. Countable Income, Month of \_\_\_\_\_

Total Business Income	.....	\$	_____
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a. 40% Standard	.....	-	_____
OR			
b. Actual	.....	-	_____
Net Earnings from Self-Employment	.....	=	_____

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Unused Amount of \$225 Disregard	.....	-	_____
Nonexempt Unearned Disability-Based Income	.....	=	_____
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Unused Amount of \$225 Disregard	.....	=	_____

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Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members)	.....	+	_____
		+	_____

**Net Countable Income** ..... = \_\_\_\_\_

#### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Maximum Aid \_\_\_\_\_ Persons (Assistance Unit + Non-Assistance Unit Members) .. \$ \_\_\_\_\_
2. Special Needs (Assistance Unit only) ..... + \_\_\_\_\_
3. Net Countable Income from Section A ..... - \_\_\_\_\_
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8. **Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7) ..... = \_\_\_\_\_
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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:**

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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.

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**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.)**

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OR

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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

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

\_\_\_\_\_, our records show that you did not:

- Sign the Welfare to Work plan on \_\_\_\_\_.
- Participate in \_\_\_\_\_ on \_\_\_\_\_.
- Make good progress in your \_\_\_\_\_ activity because \_\_\_\_\_.
- Accept a job at \_\_\_\_\_.
- Keep your job at \_\_\_\_\_.
- Keep the same amount of earnings.

## WE NEED TO TALK TO YOU

**To keep your cash aid from being lowered**, we must talk with you about this problem. An appointment has been made for you on \_\_\_\_\_, at \_\_\_\_\_ o'clock, at \_\_\_\_\_.

If you need transportation or child care to go to this meeting, call your Welfare to Work worker at the telephone number listed below.

**Welfare to Work Worker's Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

If you cannot go to this meeting, you must call your worker to set a new time. Unless you have a good reason, you can change this meeting only once. You can also call your worker to talk about the problem instead of going to the meeting. You must call your worker to set a new time to meet, or to talk about your problem on the telephone, by \_\_\_\_\_.

When you talk to your worker, you will be asked if you had a good reason ("good cause") for not doing what we asked you to do. If we verify that you had a good reason, your cash aid will not be lowered because of this problem. Some examples of good reasons are not having child care or not having transportation. For other good reasons, see the "Request For Good Cause Determination" form sent with this notice.

Your cash aid will also not be lowered if you can show us that you should have been exempt at the time you did not do your Welfare to Work activity.

If you do not have a good reason for not doing what we asked you to do, you can agree to a compliance plan to meet Welfare to Work rules. Your cash aid will not be lowered if you agree to a compliance plan and then do what it says. If you agree to a compliance plan and then later do not do what it says, your cash aid will be lowered. If this happens, you will get a separate notice.

**Rules:** These rules apply: CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause). Food Stamps MPP § 63-407.521. You may review these rules at your welfare office.

## HOW TO STOP YOUR CASH AID FROM BEING CUT

As of \_\_\_\_\_, your family's cash aid will be lowered from \$ \_\_\_\_\_ to \$ \_\_\_\_\_, unless you show us you had a good reason for not doing what we asked you to do. If you do not have a good reason, you can agree to a compliance plan to stop your cash aid from being lowered. If you do not agree to a compliance plan, you will not get another notice before your cash aid is lowered.

See the next page for more information about how we figured how much your family will get if your cash aid is lowered.

We will not pay for transportation, or work- or training-related expenses if you are off cash aid. We may pay for child care, if you work or attend school.

## HOW TO GET BACK ON CASH AID

If your cash aid is lowered, you can get back on cash aid if you are eligible for it by:

- Contacting the county and telling them you want your cash aid back; then doing what the county asks.
- Contacting the county no earlier than 45 days before \_\_\_\_\_, and telling them you want your cash aid back; then doing what the county asks. Even if you do this, your cash aid will not be restored earlier than \_\_\_\_\_.

TO CONTACT THE COUNTY ABOUT GETTING BACK ON CASH AID, CALL \_\_\_\_\_.

The family's other parent, \_\_\_\_\_, may also get cash aid again if he/she is eligible for it by:

- Contacting the county and telling them he/she wants cash aid back; then doing what the county asks.
- Contacting the county no earlier than 45 days before \_\_\_\_\_, and telling them he/she wants cash aid back; then doing what the county asks. Even if he/she does this, cash aid will not be restored earlier than \_\_\_\_\_.

**DO YOU NEED FREE LEGAL HELP?** You can get free help with this problem from:

Local Legal Aid Office: ( ) \_\_\_\_\_

State Welfare Rights Organization: ( ) \_\_\_\_\_

**Food Stamps:** If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps for at least 1, 3, or 6 months. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

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

# NOTICE OF ACTION

(Continued)

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

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

If you do not have a good reason for not doing what we asked you to do, or you do not agree to a compliance plan, your cash aid will change as of \_\_\_\_\_, as follows:

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_

## Monthly Cash Aid Amount

### Section A. Countable Income, Month of \_\_\_\_\_

Total Business Income ..... \$ \_\_\_\_\_  
 Business Expenses:  
 a. 40% Standard ..... - \_\_\_\_\_  
 OR  
 b. Actual ..... - \_\_\_\_\_  
 Net Earnings from Self-Employment ..... = \_\_\_\_\_  
 Total Disability-Based Unearned Income of  
 Assistance Unit + Non-Assistance Unit Members . \$ \_\_\_\_\_  
 \$225 Disregard ..... - \_\_\_\_\_  
 Nonexempt Unearned Disability-Based Income ... = \_\_\_\_\_  
 OR  
 Unused Amount of \$225 Disregard ..... = \_\_\_\_\_  
**Total Earned Income** ..... \$ \_\_\_\_\_  
 Net Earnings from Self-Employment (from above) . + \_\_\_\_\_  
 Subtotal ..... = \_\_\_\_\_  
 Unused Amount of \$225 Disregard (from above) .. - \_\_\_\_\_  
 Subtotal ..... = \_\_\_\_\_  
 Earned Income Disregard 50% ..... - \_\_\_\_\_  
 Subtotal ..... = \_\_\_\_\_  
 Nonexempt Unearned Disability-Based Income  
 (from above) ..... + \_\_\_\_\_  
 Other Nonexempt Income (Assistance Unit +  
 Non-Assistance Unit Members) ..... + \_\_\_\_\_  
**Net Countable Income** ..... = \_\_\_\_\_

### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Maximum Aid \_\_\_\_\_ Persons  
 (Assistance Unit + Non-Assistance Unit Members) . \$ \_\_\_\_\_  
 2. Special Needs (Assistance Unit only) ..... + \_\_\_\_\_  
 3. Net Countable Income from Section A ..... - \_\_\_\_\_  
 4. Subtotal ..... = \_\_\_\_\_  
 5. Maximum Aid \_\_\_\_\_ Persons (Assistance Unit only)  
 (Excluding Sanctioned Persons) ..... \$ \_\_\_\_\_  
 6. Special Needs (Assistance Unit only) ..... + \_\_\_\_\_  
 7. Maximum Aid Subtotal ..... = \_\_\_\_\_  
  
 8. **Full Month Aid Subtotal**  
 (Lowest Amount on Line 4 or 7 ..... = \_\_\_\_\_  
 9. Line 8 Prorated for Part of Month ..... = \_\_\_\_\_  
  
 10. Adjustments:  
  
**25% Child Support Sanction** ..... - \_\_\_\_\_  
**Overpayment** ..... - \_\_\_\_\_  
**Other Sanctions** ..... - \_\_\_\_\_  
**Bonus** ..... + \_\_\_\_\_  
  
 11. **Monthly Cash Aid Amount**  
 (Line 8 or 9 Adjusted) ..... = \_\_\_\_\_

## 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

# 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 \_\_\_\_\_, we are taking you out of Welfare to Work.

**We will not change your cash aid grant amount.**

We are taking you out of Welfare to Work because you did not have a good reason for not doing what you agreed to do in the compliance plan that you signed. You agreed to: \_\_\_\_\_  
\_\_\_\_\_

We will not pay transportation, or work- or training-related expenses while you are out of Welfare to Work. We may pay for child care, if you work or attend school.

You may be able to get in Welfare to Work again at a later date. To find out when you may be able to participate again and what you must do, contact your Welfare to Work worker at the telephone number listed below.

Welfare to Work Worker's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Food Stamps:** If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps for at least 1, 3, or 6 months. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

**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: CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause). Food Stamps MPP § 63-407.521. You may review these rules at your welfare office.

**DO YOU NEED FREE LEGAL HELP?** You can get free help with this problem from:

Local Legal Aid Office: (      )

\_\_\_\_\_

State Welfare Rights Organization: (      )

\_\_\_\_\_



## 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.

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**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

# 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 : \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_, our records show that you did not:

- Sign the Welfare to Work plan on \_\_\_\_\_.
- Participate in \_\_\_\_\_ on \_\_\_\_\_.
- Make good progress in your \_\_\_\_\_ activity because \_\_\_\_\_.
- Accept a job at \_\_\_\_\_.
- Keep your job at \_\_\_\_\_.
- Keep the same amount of earnings.

**We will not change your cash aid grant amount.**

### WE NEED TO TALK TO YOU

To stay in Welfare to Work, we must talk with you about this problem. An appointment has been made for you on \_\_\_\_\_, at \_\_\_\_\_ o'clock, at \_\_\_\_\_. If you need transportation or child care to go to this meeting, call your Welfare To Work worker at the telephone number listed below.

Welfare to Work Worker's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If you cannot go to this meeting, you must call your worker to set a new time. Unless you have a good reason, you can change this meeting only once. You can also call your worker to talk about the problem instead of going to the meeting. You must call your worker to set a new time to meet, or to talk about your problem on the telephone, by \_\_\_\_\_.

When you talk to your worker, you will be asked if you had a good reason ("good cause") for not doing what we asked you to do. If we verify that you had a good reason, we will not take you out of Welfare to Work because of this problem. Some examples of good reasons are not having child care or not having transportation. For other good reasons, see the "Request For Good Cause Determination" form sent with this notice.

If you do not have a good reason for not doing what we asked you to do, you can agree to a compliance plan to meet Welfare to Work rules. We will not take you out of Welfare to Work if you agree to a compliance plan and then do what it says. If you agree to a compliance plan and then later do not do what it says, we will take you out of Welfare to Work. If this happens, you will get a separate notice.

### HOW TO STAY IN WELFARE TO WORK

**As of \_\_\_\_\_, you will be taken out of Welfare to Work unless you show us you had a good reason for not doing what we asked you to do. If you do not have a good reason, you can agree to a compliance plan to stay in Welfare to Work. If you do not agree to a compliance plan, you will not get another notice before you are taken out of Welfare to Work.**

We will not pay for transportation, or work- or training-related expenses if you are not in Welfare to Work. We may pay for child care, if you work or attend school.

### HOW TO GET BACK IN TO WELFARE TO WORK

If you are taken out of Welfare to Work, you may be able to get in again at a later date. To find out when you may be able to participate again and what you must do, call the county at \_\_\_\_\_.

**DO YOU NEED FREE LEGAL HELP?** You can get free help with this problem from:

Local Legal Aid Office: ( ) \_\_\_\_\_

State Welfare Rights Organization: ( ) \_\_\_\_\_

**Food Stamps:** If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps for at least 1, 3, or 6 months. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

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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.

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### 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

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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.)

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