

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



July 10, 1989

ALL-COUNTY LETTER NO. 89-62

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FOOD STAMP COORDINATORS

SUBJECT: REVISED FOOD STAMP NOTICE OF ACTION:
DFA 377.10 (7/89), FOOD STAMP NOTICE OF
DISQUALIFICATION

REFERENCE: ALL COUNTY INFORMATION NOTICE
I-155-87 (12-15-87)

The purpose of this letter is to transmit a camera-ready copy of the revised DFA 377.10 (7-89) Food Stamp Notice of Disqualification. This notice is used in the Food Stamp Employment and Training (FSET) Program, and also for the situation in which a recipient voluntarily quits a job. This revision, replacing the TEMP DFA 377.10, was a joint effort by the Greater Avenues for Independence (GAIN) and Employment Services Policy Bureau, the AFDC and Food Stamp Policy Implementation Bureau and the County Welfare Director Association Forms Subcommittee. We would especially like to thank the County staff who helped with the form.

Changes to the Form

We changed the DFA 377.10 in order to include denials under FSET regulations, to accommodate new regulations and to improve clarity, efficiency and convenience.

We added a check box to show a denial of Food Stamps because of the failure of the Principal Work Registrant (PWR) to comply with work rules. Also, the form now permits simultaneous disqualification and denial. This occurs when the PWR is disqualified for failure to comply with work registration requirements imposed before the application is approved.

The section formerly called, "REDETERMINING ELIGIBILITY," is now entitled, "HOW TO GET YOUR FOOD STAMPS AGAIN." This section has been restructured and reworded. Two items have been added for:

1. Entering the date a disqualification ends; and

2. Advising the household to contact the County if a new person moves into the home. This is due to new regulations in Manual of Policies and Procedures 63-407.63 and 63-408.63. These regulations allow for restoring Food Stamp benefits if an otherwise eligible person who qualifies as the principal work registrant moves into the household.

The section formerly called, "REASON FOR DISQUALIFICATION," is now entitled, "WHAT THE DISQUALIFIED PERSON DID." Under this renamed section, the check-box category, "Didn't go on a job search, work assignment or to training," replaces the category, "Failed to comply with Food Stamp Employment and Training Program requirements."

Other changes are the addition of preprinted regulations cites, a "COMMENTS" area, and a statement advising that another notice will be sent if the household had other changes not handled by the DFA 377.10.

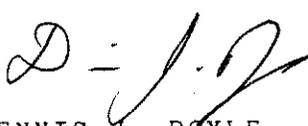
Implementation

A camera-ready copy of the DFA 377.10 (7-89) is attached for local reproduction, because the form will not be immediately available in the Department of Social Services (DSS) Warehouse. Since the TEMP 377.10 is now obsolete, Counties should begin using the new form immediately.

Foreign Language Translations

The five standard language translations of the DFA 377.10 should be available in approximately two months. Only masters will be provided for translations other than Spanish. The Spanish version will be printed and stocked in the DSS Warehouse.

If you have any questions regarding this letter or the notice, please contact your County GAIN and Employment Services Operations Bureau Consultant at (916) 324-6962 or ATSS 454-6962.


DENNIS J. BOYLE
Deputy Director

Attachment

cc: CWDA

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your 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 or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

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

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

Cash Aid Food Stamps Medi-Cal
 Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature _____

Date: _____

FOOD STAMP NOTICE OF DISQUALIFICATION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
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 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.

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

Your household's application for food stamps dated _____ has been denied.

As of _____,

Your household will be disqualified from the Food Stamp Program.

_____ is disqualified from the Food Stamp Program.

Your household's food stamps will be changed from _____ to _____.

Other _____

HOW TO GET YOUR FOOD STAMPS AGAIN

You must reapply and be eligible. Reapply when:

- That person becomes exempt from the Food Stamp work rules, leaves home, or
- That person takes action to end the disqualification, or
- The disqualification ends on _____.

If a new person moves into your home, call or see us. You may be eligible again.

WHAT THE DISQUALIFIED PERSON DID	HOW TO END DISQUALIFICATION
<input type="checkbox"/> Didn't keep an appointment/ <input type="checkbox"/> 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 you are sent to.
<input type="checkbox"/> Turned down a job.	Take the job if it is still there or find another job. The other job must 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"/> 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 you quit.
<input type="checkbox"/> Didn't go on a job search, <input type="checkbox"/> work assignment or to training.	Call or see us. We will tell you what to do.
<input type="checkbox"/> Other.	

COMMENTS

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

MPP 63-407 63-408 Other _____