

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 13, 1989

ALL COUNTY LETTER NO. 89-63

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PROVIDING NOTICE OF COST-OF-LIVING INCREASE IN AFDC,  
RCA, ECA, RDP, AND RESULTING DECREASE IN FOOD STAMPS

All County Information Notice I-40-89 (June 15, 1989) transmitted information about a proposed 4.61% AFDC cost-of-living (COLA) increase for fiscal year 89/90. The 4.61% COLA has been approved effective July 1, 1989. The AFDC Payment Standards table was attached to ACIN I-40-89. This letter transmits additional information concerning the COLA.

The following describes how to treat the AFDC COLA supplemental payments received by Food Stamp households:

For monthly reporting households subject to retrospective budgeting; if the CWD sends a COLA supplemental payment in the month of July for the month of July, but did not have time to prospectively budget the supplemental payment, the CWD must retrospectively budget the July supplement in September (M.S. 63-503.232(c)(4)).

However, if the July supplement is not sent until August, it is considered a nonrecurring lump-sum payment for Food Stamp Program purposes, and counted as a resource in the month of August (M.S. 63-502.2(i)). This provision applies to retrospectively budgeted households as well as prospectively budgeted households.

RETROACTIVE COLA CHANGE FORM

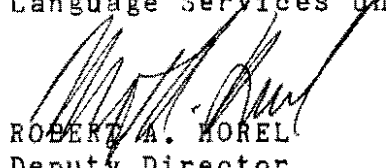
The budget was not signed in time to include the COLA in the July warrants; therefore, Counties should use the TEMP NA 1A, the retroactive COLA change form which was sent to you last year in ACL 88-58 (June 9, 1988). It must be used when the County is informing the recipient of a retroactive change in aid payment levels, e.g. when the change was effective on July 1, 1989, but the County does not inform the recipient until after July 1, 1989. An informational copy is attached showing the old and new MAP amounts and the resultant decrease for Food Stamps. As instructed in ACIN I-40-89, camera-ready English and Spanish versions may be obtained

by contacting the State Department of Social Services (SDSS) Forms Management Unit at (916) 322-8738 or ATSS 492-8738. For versions translated in Cambodian, Lao, Vietnamese, and Chinese, the Language Services Bureau should be contacted at (916) 323-9562 or ATSS 473-9562. The forms may be reproduced as they are or reduced in size.

Counties are required to use the form as is and to do the following:

- Insert the County name at the top of the notice.
- Identify the month when the change was effective on the first line in paragraph one.
- Identify the percentage change on line two in paragraph one.
- Identify the month when the payment includes the COLA on line one of paragraph two.
- Identify the month of the change in the Food Stamp Change section of the notice.
- Insert the mailing address for the County Hearings section in the Hearing Rights section.
- Insert the figures as shown on the attachment.

If you have any program questions, please contact Judy Moore (AFDC) or Michiyo Laing (Food Stamps) at (916) 322-5330 or ATSS 492-5330. Questions concerning translated notices should be directed to the Language Services Unit at (916) 323-9562 or ATSS 473-9562.



ROBERT A. MOREL  
Deputy Director

Attachments

cc: CWDA

**RETROACTIVE CASH AID CHANGE**

As of \_\_\_\_\_, the Maximum Aid Payment (MAP) was increased by \_\_\_\_\_ percent. For the most your cash aid change could be, see the MAP table on this page.

Your cash aid for \_\_\_\_\_ includes the MAP change. You will get a check for any back aid that we owe you.

**Cash Aid MAP Table**

Persons on Aid	Old MAP	New MAP	Change
1	\$ 326	\$ 341	\$ 15
2	535	560	25
3	663	694	31
4	788	824	36
5	899	940	41
6	1010	1057	47
7	1109	1160	51
8	1209	1265	56
9	1306	1366	60
10 or more	1403	1468	65

**FOOD STAMP CHANGE**

As of \_\_\_\_\_, the MAP for those on cash aid was increased. This change in your cash aid may lower your food stamps.

See the food stamp table on this page. Due to this change, the most you could lose is based on your household size.

**Food Stamp Table**

Household Size	The Most You Could Lose
1	\$ 7
2	12
3	14
4	16
5	19
6	21
7	23
8	26
9	27
10	29

**YOUR HEARING RIGHTS****To Ask For A Hearing**

If you think we were wrong in figuring your change, you can ask for a State Hearing within 90 days. The 90 days started the day after we mailed this notice. The best way to ask for a State Hearing is to write to:

or call:

toll free

1-800-952-5253

OR

deaf and use TDD

1-800-952-8349

**To Keep Your Same Food Stamp Benefits Until The Hearing**

You must ask for a hearing within 10 days of this notice, unless you tell us you want the lower amount.

If the hearing decision says we are right, you will owe us for any extra benefits you got.

→ If there are any other changes in your case, you will get another notice.

→ If you have questions or need more facts, ask your worker.

→ These rules apply; you may see them at your welfare office: Manual of Policies and Procedures 44-315.41 and 63-504.392.