

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



August 2, 1990

ALL COUNTY LETTER NO. 90-72

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: JONES V. YEUTTER RESTORATION REQUIREMENTS OF THE PARTIAL SETTLEMENT AGREEMENT

REFERENCE: Jones v. Yeutter Regulations, RDB #0690-25  
ACL No. 90-22, dated February 27, 1990  
County Forms Coordinator letter dated June 25, 1990  
County Forms Coordinator letter dated July 5, 1990

The Jones v. Yeutter regulations have been approved and were effective August 1, 1990. These regulations, implemented to comply with the mandates of the Partial Settlement Agreement in this class action lawsuit, require the restoration of benefits lost by Food Stamp households due to the application of the additional or corrective payment policy. Food Stamp households are allowed to apply for restored benefits as follows:

- o Households that lost Food Stamp benefits between June 16, 1988 and April 1, 1990 because a General Assistance (GA) payment [including State-only Aid To Families with Dependent Children (AFDC)] was budgeted retrospectively or an overissuance was assessed because the GA payment was not budgeted retrospectively; and
- o Households that lost Food Stamp benefits between December 2, 1988 and February 17, 1989 because a Federal AFDC payment was budgeted retrospectively or an overissuance was assessed because the Federal AFDC was not budgeted retrospectively.

The purpose of this letter is to provide County Welfare Departments (CWDs) with specific instructions for implementing the restoration requirements in the Jones regulations. Attached are the following materials:

- o Reproducible copies of the informing notice/claim form [TEMP 1770 (6/90)] in English and Spanish.
- o Reproducible copy of the Notice of Back Benefits [DFA 377.9 (7/90)] in English. The reproducible Spanish version should be available in August.

If you require camera-ready copies of these forms in English or Spanish, you may order them by calling the Forms Management Unit at (916) 322-8738 or ATSS 492-8738.

## **CLAIM PERIOD**

The claim period will run from October 1, 1990 through November 30, 1990. All Food Stamp claimants must file their claims within this time period to be considered for restored benefits. The procedures for processing these claims are as follows:

- o All claims must be filed by November 30, 1990. The postmark date on the envelope or the date stamped on the claim form when delivered in person, whichever is earlier, shall be regarded as the date the claim is filed.
- o Claimants must submit their claim form to the CWD which handled their case during the period of time for which restoration of benefits is being requested. If it is submitted to the wrong CWD, the CWD must forward the claim to the proper office, if known. If the correct CWD cannot be determined, the claim shall be denied.
- o The CWD must provide each claimant with a Notice of Action explaining the approval or denial of the claim and his/her right to a State hearing.
- o The CWD must approve or deny all claims by January 29, 1991 (i.e., within 60 calendar days of the close of the claim period).

## **INFORMING NOTICE/CLAIM FORM (TEMP 1770)**

CWDs shall duplicate and mail the TEMP 1770 to all participating Food Stamp households which are subject to retrospective budgeting. Each CWD should develop its mailing list based on recipient participation information as of September 30, 1990 and must mail the form no later than October 1, 1990.

## **POSTERS (TEMP 1773)**

The court-ordered posters must be displayed on or before October 1, 1990 and must remain posted throughout the claim period, ending November 30, 1990. A supply of preprinted 18" by 22" posters will be sent to you under separate cover on or before September 17, 1990. These posters will be in English and Spanish and will include instructions in Vietnamese, Lao, Chinese, Cambodian, Hmong and Eastern and Western Armenian. Each CWD will be responsible for conspicuously displaying these posters in all CWD offices and Food Stamp issuance outlets open to the public, as required by the Jones Partial Settlement Agreement.

## **POSTER TRANSLATIONS**

At the request of some CWDs, translations of the poster were made in Vietnamese, Cambodian, Lao, Hmong, Chinese and Armenian. CWDs recently received camera-ready copies of all but the Armenian translations with a County Forms Coordinator letter dated June 25, 1990. In a County Forms Coordinator letter dated July 5, 1990, and a Systems message sent July 6, 1990, CWDs were asked not to reproduce or disseminate these forms until the State Department of Social Services (SDSS) was certain of the dates of the claim period.

A County Forms Coordinator letter will be sent by the Language Services Bureau to notify CWDs that these forms may be reproduced now. This letter also will transmit the camera-ready Armenian translations. If you need replacement copies of the other translations previously sent, please contact Shirley Lu in the Language Services Bureau at (916) 323-9562.

#### **APPROVALS**

Once a determination of eligibility for restored benefits is made, the CWD shall issue the Notice of Back Benefits [DFA 377.9 (7/90)] to notify the household that their claim has been approved. The DFA 377.9, previously titled "Notice of Restoration of Lost Food Stamp Benefits and Right to Request A State Hearing", has been revised to simplify language and format. CWDs that locally print this form will need to ensure that the NA BACK 6 is affixed to the DFA 377.9.

Reproducible copies of the Vietnamese, Chinese, Lao and Cambodian translations will be mailed to you by the Language Services Bureau in September. State-produced stock of the English version, with the NA BACK 6 incorporated, is expected to be available in November, with the Spanish version available in December.

#### **DENIALS**

CWDs shall issue the Notice of Denial or Pending Status [DFA 377.1A (1/88)] if the household's claim for restored benefits is denied. This is the denial notice currently being used by CWDs and stock is available.

#### **UNRESOLVED LAWSUIT ISSUES**

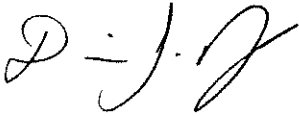
The issues that remain to be decided in Federal court are:

1. The plaintiffs are asking that no additional or corrective public assistance (PA) payments be budgeted retrospectively in months when PA is budgeted prospectively (see All County Letter 90-22). The Federal defendants, however, are asking that all additional or corrective PA payments, including those received in the beginning months, be budgeted retrospectively when they cannot be budgeted prospectively.
2. The plaintiffs are requesting restoration of Food Stamp benefits to otherwise eligible class members retroactive to February 8, 1988. If the court rules in their favor, the restoration time frames will be expanded to include these additional claimants.
3. The plaintiffs are asking the court to enjoin permanently SDSS and the United States Department of Agriculture from retrospectively budgeting additional or corrective refugee assistance payments in months when the regular refugee assistance payments are budgeted prospectively. If the court rules in their favor, restoration of lost benefits to these households may be required.

The Department was unsuccessful in its attempt to delay implementation of these regulations until all aspects of the lawsuit had been resolved. Therefore, depending on the outcome of the court's decision, additional changes may be required. CWDs should be prepared for the possibility that the additional or corrective payment policy may change and/or the restoration period may be extended, requiring further action by the CWDs. CWDs will be notified of the court's final decision.

If you have any questions concerning the DFA 377.9, please call Elizabeth Allred, Food Stamp Forms Coordinator at (916) 323-4954 or ATSS 473-4954. If you have questions concerning the remaining issues addressed in this letter, call Julie Andrews, Food Stamp Policy Bureau, (916) 324-8701 or ATSS 454-8701.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. A. Horel", written in a cursive style.

ROBERT A. HOREL  
Deputy Director

Attachments

# WELFARE MAY OWE YOU MORE FOOD STAMPS

## Jones v. Yeutter

If you got Food Stamp benefits and either AFDC or GA/GR between June 16, 1988 and April 1, 1990, Welfare may owe you more food stamps. A court order says that when we figure your food stamps, we cannot count some of your AFDC or any of your GA/GR money in any month after the month you get it. This means that if your food stamps went down or stopped or if you were asked to repay some of the food stamps you got because some of your AFDC or GA/GR money was counted in a month after the month you got it, Welfare may owe you more food stamps.

If this happened to you, answer the four (4) questions below:

Yes No

1. Between December 2, 1988 and February 17, 1989, did your Food Stamp benefits go down or stop because some of your AFDC money was counted in a month after the month you got it? ☐ Yes ☐ No
2. Between December 2, 1988 and February 17, 1989, were you asked to repay some of your food stamps because you got extra AFDC money? ☐ Yes ☐ No
3. Between June 16, 1988 and April 1, 1990, did your Food Stamp benefits go down or stop because some of your State-only AFDC\* or GA/GR money was counted in a month after the month you got it? ☐ Yes ☐ No
4. Between June 16, 1988 and April 1, 1990, were you asked to repay some of your food stamps because you got extra State-only AFDC\* or GA/GR money? ☐ Yes ☐ No

- \* State-only AFDC includes:
- A Reduced Income Supplemental Payment you got because your income changed.
  - State AFDC money you got for 3 months because you were not working and could not get Federal AFDC money.
  - AFDC money you got because you were on strike.
  - A pregnancy special need allowance.

Fill out the rest of this form if you answered "YES" to any of the above questions.

Mail or bring this completed form to the county welfare office where your Food Stamp benefits went down or stopped or where you were asked to repay some of the food stamps you got.

You must get this claim form to the county welfare office by **NOVEMBER 30, 1990** or your claim will be denied.

NAME: \_\_\_\_\_

CURRENT ADDRESS: (STREET/CITY/ZIP CODE) \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: (YOUR CLAIM CANNOT BE HANDLED WITHOUT IT) \_\_\_\_\_

FOOD STAMP CASE NUMBER: (IF YOU KNOW IT) \_\_\_\_\_

Because I got some AFDC or GA/GR money counted in a month after the month I got it:

- ☐ My food stamps went down.
- ☐ My food stamps stopped.
- ☐ I was asked to repay some of the food stamps I got.

At that time, I lived and got food stamps in the following county (counties):

| COUNTY | FROM (DATE) | TO: (DATE) |
|--------|-------------|------------|
|        |             |            |
|        |             |            |
|        |             |            |

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## ES POSIBLE QUE EL DEPARTAMENTO DE BIENESTAR LE DEBA MAS ESTAMPILLAS PARA COMIDA

### Jones v. Yeutter

Si usted recibió beneficios de estampillas para comida y ya sea AFDC o GA/GR entre el 16 de junio de 1988 y el 1 de abril de 1990, es posible que el departamento de bienestar le deba más estampillas para comida. Una orden de la corte establece que cuando calculemos sus estampillas para comida, no podemos contar parte de su AFDC o su dinero de GA/GR en cualquier mes después del mes en que lo reciba. Esto significa que es posible que el departamento de bienestar le deba más estampillas para comida si se las rebajaron, se las pararon, o le pidieron que reembolsara parte de las estampillas para comida que recibió porque se contó parte de su dinero de AFDC o GA/GR, en un mes después del mes en que lo recibió.

Si esto le sucedió a usted, conteste las cuatro (4) preguntas que siguen:

- |   | Sí                       | No                       |
|---|--------------------------|--------------------------|
| 1. ¿Bajaron o pararon sus beneficios de estampillas para comida entre el 2 de diciembre de 1988 y el 17 de febrero de 1989, porque se contó parte de su dinero de AFDC, en un mes después del mes en que lo recibió?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ¿Le pidieron que reembolsara parte de sus estampillas para comida entre el 2 de diciembre de 1988 y el 17 de febrero de 1989, porque recibió dinero extra de AFDC?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ¿Bajaron o pararon sus beneficios de estampillas para comida entre el 16 de junio de 1988 y el 1 de abril de 1990, porque se contó parte de su dinero de AFDC del Estado-solamente* o GA/GR en un mes después del mes en que lo recibió? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ¿Le pidieron que reembolsara parte de sus estampillas para comida entre el 16 de junio de 1988 y el 1 de abril de 1990, porque recibió dinero extra de AFDC del Estado-solamente* o GA/GR?   | <input type="checkbox"/> | <input type="checkbox"/> |

- \* La AFDC del Estado-solamente, incluye:
- Un Pago Suplemental por Ingresos Reducidos que usted recibió porque sus ingresos cambiaron.
  - Dinero de AFDC del estado que usted recibió durante 3 meses porque usted no estaba trabajando, y no podía recibir dinero de AFDC federal.
  - Dinero de AFDC que recibió porque usted estaba en huelga.
  - Una asignación por necesidad especial a causa de embarazo.

Llene el resto de esta forma si contestó "SI" a cualquiera de las preguntas anteriores.

Mande por correo o traiga esta forma completada a la oficina de bienestar del condado donde le rebajaron o pararon sus beneficios de estampillas para comida, o donde le pidieron que reembolsara parte de las estampillas para comida que recibió.

Tiene que hacer llegar esta forma de reclamo a la oficina de bienestar del condado a más tardar el 30 de NOVIEMBRE de 1990, o de lo contrario se negará su reclamo.

NOMBRE:

DIRECCION ACTUAL: (CALLE/CIUDAD/ZONA POSTAL)

NUMERO DE TELEFONO:

NUMERO DEL SEGURO SOCIAL: (NO PODEMOS TRAMITAR EL RECLAMO SIN EL)

NUMERO DEL CASO DE ESTAMPILLAS PARA COMIDA: (SI LO SABE)

Porque contaron parte del dinero de AFDC o GA/GR en un mes después del mes en que lo recibió:

- ☐ Bajaron mis estampillas para comida.
- ☐ Pararon mis estampillas para comida.
- ☐ Me pidieron que reembolsara parte de las estampillas para comida que recibí.

En ese tiempo, viví y recibí estampillas para comida en el siguiente condado(s):

| CONDADO | DE (FECHA) | A: (FECHA) |
|---------|------------|------------|
|         |            |            |
|         |            |            |
|         |            |            |

FIRMA:

FECHA:

# NOTICE OF BACK FOOD STAMP BENEFITS

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 has approved back food stamps for the month(s) of \_\_\_\_\_

Here's why:

- ☐ 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:  
MPP 63-802

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