

**NOTICE OF FORM CHANGE NO. 03-133**

DATE

09/08/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE **DFA 377.7D3 (6/03) English and Spanish  
Food Stamp Repayment Notice For Administrative Errors Only**

|                                                                           |                                                                                         |                                                 |                                                                                            |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------|
| ORDER UNIT<br><b>SET</b>                                                  | <input type="checkbox"/> Free <input checked="" type="checkbox"/> Sold                  | ESTIMATED PRICE<br><b>\$.46 ENG / \$1.20 SP</b> | INITIAL SUPPLY SENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised  | DATE OF FORM<br><b>6/03</b>                                                             | REPLACES<br><b>6/01</b>                         | <input type="checkbox"/> Obsolete                                                          |
| REQUIRED FORM-<br><input checked="" type="checkbox"/> No Change Permitted | REQUIRED FORM-<br><input type="checkbox"/> Substitute Permitted With Prior DSS Approval | <input type="checkbox"/> Recommended Form       |                                                                                            |

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  
**Department of Social Services Warehouse  
P.O. Box 980788  
West Sacramento, CA 95798-0788**

Other:

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

USE NEW FORM

When supply available in DSS Warehouse  Use new form effective when feasible

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Form printed: 8 1/2 x 11, 2-part carbon interleaved, NA BACK 9.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

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

# FOOD STAMP REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY

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 Welfare Department made a mistake.

Too many Food Stamp Benefits were issued to:

- the household.
- the household, whom you sponsored.

Here's why:

The household received \$ \_\_\_\_\_ in food stamp benefits. The household should have received \$ \_\_\_\_\_ in food stamp benefits. \$ \_\_\_\_\_ (extra food stamp benefits) is what you received minus what you should have received.

You must repay the extra food stamp benefits. \$ \_\_\_\_\_ in extra food stamps were issued for the period \_\_\_\_\_ . This amount was reduced by \$ \_\_\_\_\_ because we received repayment of part of the amount owed. You now owe \$ \_\_\_\_\_ .

- You do not have to use any SSI benefits you get to repay this overissuance.
- Because the county made a mistake, we will collect the above amount by reducing your monthly allotment by 5% or \$10.00 whichever is greater, for up to a total of 36 months. At the end of that period, any balance remaining on the overissuance will be forgiven and will not be collected.
- Collection will be from all adults in the household when the overissuance occurred.

### YOU MUST EITHER:

Pay for the extra food stamp benefits in full, or complete, sign and return the enclosed Repayment Agreement (DFA 377.7E1) form and pay as agreed.

**Rules:** These rules apply: MPP 63-801.22, 63-801.43, 63-801.7, Lomeli v. Saenz. You may review them at your welfare office.

**Warning:** If you think this overissuance is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stay on food stamps, the County can collect the overissuance by lowering your monthly food stamps. If you go off of food stamps before the overissuance is paid back, the county may take what you owe out of your state/federal income tax refund.

### PROGRAM ACTIONS:

- Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not sign and return the agreement within 30 days after the date of this notice the amount of food stamp benefits you get will be reduced by \_\_\_\_\_ % beginning \_\_\_\_\_ .
- If you do not repay, the county may use other ways of collecting the amount owed, such as through the courts, other collection agency methods and by a federal government collection action.
- If this Administrative Error is later found to be an Intentional Program Violation, penalties will apply even if you agree to repay what you owe.
- If the claim becomes delinquent or the household is sued, you may be subject to additional processing charges or court costs.
- If you do not repay the amount owed, the county may take your state/federal income tax refund and/or ask the court to attach your wages or any property you own.

## 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

# NOTIFICACION DE REEMBOLSO DE ESTAMPILLAS PARA COMIDA, SOLAMENTE POR ERRORES DE OFICINA

Fecha de la notificación : \_\_\_\_\_  
Nombre del caso : \_\_\_\_\_  
Número : \_\_\_\_\_  
Nombre del trabajador : \_\_\_\_\_  
Número : \_\_\_\_\_  
Teléfono : \_\_\_\_\_  
Dirección : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

┌ \_\_\_\_\_ ┐  
└ \_\_\_\_\_ ┘  
  
┌ \_\_\_\_\_ ┐  
└ \_\_\_\_\_ ┘

¿Tiene preguntas? Comuníquese con su trabajador.

**Audiencia con el estado:** Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En la siguiente página se le explica cómo solicitarla. Sus beneficios no cambiarán si usted solicita una audiencia antes que esta acción entre en vigor.

El departamento de bienestar público del condado cometió un error. Se emitieron en exceso beneficios de estampillas para comida al:

- grupo para fines de estampillas para comida.
- grupo para fines de estampillas para comida que usted patrocinó.

La razón es la siguiente:

El grupo para fines de estampillas para comida (grupo) recibió \$ \_\_\_\_\_ en beneficios de estampillas para comida.

El grupo debió haber recibido \$ \_\_\_\_\_ en beneficios de estampillas para comida. La cantidad de \$ \_\_\_\_\_ (en beneficios extra de estampillas para comida) es lo que recibió menos lo que debió haber recibido.

Usted tiene que reembolsar los beneficios de estampillas para comida que recibió extra. La cantidad de \$ \_\_\_\_\_ en estampillas para comida extras se emitieron para el período de \_\_\_\_\_. Esta cantidad se redujo por \$ \_\_\_\_\_ porque recibimos un reembolso parcial de la cantidad que se debía. Usted ahora debe \$ \_\_\_\_\_.

- No tiene que usar ninguno de los beneficios que reciba del Programa de Ingresos Suplementales de Seguridad (SSI) para reembolsar esta emisión excesiva.
- Debido a que el condado cometió un error, cobraremos la cantidad indicada arriba reduciendo el 5% de su cantidad mensual o \$10.00, la cantidad que sea mayor, por un período total de 36 meses. Al final de ese período, cualquier saldo que quede de la emisión excesiva se perdonará y no será cobrado.
- El cobro será para todos los adultos en el grupo para fines de estampillas para comida cuando ocurrió la emisión excesiva.

## USTED TIENE QUE:

Pagar completamente la cantidad extra de beneficios de estampillas para comida o llenar, firmar y devolver el "Convenio para el reembolso de estampillas para comida solamente por errores de oficina" (DFA 377.7E1) que se adjunta y pagar según lo acordado.

**Reglas:** Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP 63-801.22, 63-801.43, 63-801.7, Lomeli v. Saenz.

**Aviso:** Si usted cree que la información sobre esta emisión excesiva está equivocada, ésta es su última oportunidad para solicitar una audiencia. En la siguiente página se le explica cómo solicitarla. Si continúa recibiendo estampillas para comida, el condado puede reducir su cantidad mensual de estampillas para comida para cobrar la emisión excesiva. Si deja de recibir estampillas para comida antes de que se reembolse la emisión excesiva, es posible que el condado tome la cantidad que usted debe de su devolución estatal/federal de impuestos sobre los ingresos.

## ACCIONES DEL PROGRAMA:

- Su convenio de reembolso se basará en su capacidad actual para pagar, según la calcule el condado. Cualquier cambio en su capacidad para pagar pudiera cambiar sus pagos mensuales.
- Si usted no firma y devuelve el convenio antes de que pasen 30 días a partir de la fecha de esta notificación, la cantidad de los beneficios de estampillas para comida que usted recibe se reducirá en un \_\_\_\_\_% empezando \_\_\_\_\_.
- Si usted no paga, es posible que el condado use otros medios para cobrar la cantidad que usted debe, como por medio de la corte, métodos usados por otras agencias de cobros, y por medio de una acción de cobro por parte del gobierno federal.
- Si después se descubre que este error de oficina es una violación intencional del programa, se aplicarán sanciones aunque usted esté dispuesto a reembolsar lo que debe.
- Si hay falta de cumplimiento de pago o si se levanta una demanda en contra del grupo para fines de estampillas para comida, usted puede estar sujeto a cargos adicionales de procedimiento o gastos de la corte.
- Si usted no paga la cantidad que debe, el condado puede interceptar su devolución estatal/federal de impuestos sobre los ingresos y/o hacer una petición a la corte para embargar su sueldo o cualquier otra clase de propiedad que le pertenezca a usted.

