

NOTICE OF FORM CHANGE NO. 05-052

DATE

04-04-2005

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 **TEMP 2214 (1/05) English and Spanish
Additional Information About Electronic Benefit Transfer (EBT)**

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 1/05	REPLACES 10/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <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		<input type="checkbox"/> 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 1/05

USE FORM IN ACCORDANCE WITH

- All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11. one sided.

Check on the internet to see if forms are available at 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. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

ADDITIONAL INFORMATION ABOUT ELECTRONIC BENEFIT TRANSFER (EBT)

- If you move to a different County or out of State and you apply for benefits in that County or State, you will receive a new EBT card. If you have food stamp benefits left on your old EBT card, you will still be able to use them in your new location. Please remember to use all remaining benefits on your old card as soon as possible.
- If an EBT system error occurs and the wrong amount has been taken from your account, contact the toll-free Customer Service number (1-877-328-9677). Your claim will be investigated and, if you are entitled to a refund of food stamp or cash benefits, your account will be credited for the amount. If your claim is denied, you have the right to request a state hearing at your local welfare office.
- If you do not use your benefits for 90 days, you will not be able to use your benefits until you contact your County worker. If an additional 180 days has passed and you still have not used your benefits, your benefits will be removed from your account every month. Food stamp benefits will not be reinstated. Your cash benefits can be reinstated if you call your County worker.

INFORMACION ADICIONAL ACERCA DE LA TRANSFERENCIA ELECTRONICA DE BENEFICIOS (EBT)

- Si se cambia a otro condado o fuera del estado y usted solicita beneficios en ese condado o estado, recibirá una nueva tarjeta de EBT (siglas en inglés para transferencia electrónica de beneficios). Si le quedan beneficios de estampillas para comida en su tarjeta anterior de EBT, usted todavía puede usarlos en su nueva localidad. Por favor, recuerde usar lo más pronto posible todos los beneficios que le quedan en su tarjeta anterior.
- Si ocurre un error en el sistema de EBT y una cantidad incorrecta se ha deducido de su cuenta, comuníquese al número gratuito de Servicio al Cliente (1-877-328-9677). Se investigará su reclamo y si tiene derecho a un reembolso de beneficios de estampillas para comida o de asistencia monetaria, la cantidad se depositará en su cuenta. Si se niega su reclamo, usted tiene derecho a solicitar una audiencia con el estado en la oficina local de asistencia pública.
- Si no usa sus beneficios durante un período de 90 días, no podrá usar sus beneficios hasta que se comunique con el trabajador del condado encargado de su caso. Si transcurren 180 días adicionales y todavía no ha usado sus beneficios, dichos beneficios se descontarán de su cuenta cada mes. Los beneficios de estampillas para comida no se pueden reemplazar. Sus beneficios de asistencia monetaria pueden ser reemplazados si llama al trabajador del condado encargado de su caso.