CALFRESH NOTICE OF EXPIRATION OF CERTIFICATION

COUNTY OF

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Notice Date : Case Name : Case Number : Worker Name : Worker Number : Telephone Number : Address :

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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 you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

1.	Your CalFresh Certification period will end or		
	·	MM/DD/CCVV	

- If you want to keep getting your benefits without a break; you must file an application no later than the 15th day of the
 last month of the certification period. You must also complete an interview with the county, and turn in <u>any</u> proof of
 income, expenses, or other information before the end of your certification period listed above.
- 3. If you have a one-month or two-month certification period, contact your worker for when your application needs to be turned in.
- 4. You will get a separate letter with an interview appointment date and time. Call your worker right away if you do not get the appointment letter within 10 days of this notice. Your appointment letter will tell you if you have a phone interview or if you have to come into the office for your interview.

IMPORTANT RULES

- If you do not turn in an application by the 15th day of the last month of the certification period, complete an interview, and turn in any proof of income, expenses, or other information within 10 days of the date of the interview, you may have to wait up to 30 days before final action is taken on your application. In addition, you may get only partial benefits for the first month of your new certification period. If your benefits stop, you may be able to get Expedited Service (ES).
- If you receive CalWORKs and you fail to complete your CalWORKs redetermination, you will not be eligible for Transitional CalFresh benefits.
- If you have a good reason for not recertifying on time, you should tell the county welfare department. If you have a good reason for the delay, you may get back lost benefits.
- You have the right to get an application from the county welfare department at any time and to have the county accept your application. The application must be signed and contain <u>at least</u> a readable name, address, and signature or a witness to the mark.
- You or your authorized representative have the right to file a CalFresh application by turning in the form to the county welfare department either in person, by mail, fax, e-mail, through an electronic transmission, or through an on-line electronic application at: http://www.benefitscal.org. The length of time to deliver benefits is calculated from the date the application is filed with the county welfare department. An application signed through the use of electronic signature techniques or an application containing a handwritten signature and then transmitted by fax or other electronic transmission is acceptable.
- You will be given 10 days to turn in any requested information. Please tell your worker if you need help getting this
 information.

RULES: These rules apply: CalFresh MPP Section(s): 63-300.3, 63-504.25, 63-504.251, 63-504.5, 63-504.61; Federal Regulation Title 7 CFR § 273.12. You may review them online or at your welfare office.

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 have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing <u>before</u> an action on Cash Aid, Medi-Cal, CalFresh, 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 CalFresh benefits 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, CalFresh 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 CalFresh

Yes, lower or stop: \square Cash Aid $\qquad \square$ CalFresl $\qquad \square$ 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

STREET ADDRESS

CITY

 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

		HEARING F	IEQUEST		
I wa	ant a hearing d	ue to an action by	the Welfare Departure County about		
	Cash Aid	☐ CalFresh	☐ Medi-Cal		
	Other (list)				
Hei	e's Why:				
	If you need r	nore space, chec	k here and add a	page.	
	I need the sta (A relative or	t no cost to me. hearing.)			
	My language	or dialect is:			
NAMI	OF PERSON WHOSE	BENEFITS WERE DENIED,	CHANGED OR STOPPED		
BIRTH DATE			PHONE NUMBE	PHONE NUMBER	
STRE	ET ADDRESS				
CITY			STATE	ZIP CODE	
SIGN	ATURE		DATE		
NAME OF PERSON COMPLETING THIS FORM			PHONE NUMBE	ER	
	I want the	person named b	elow to represe	ent 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 friend or relative but cannot interpret for you.)					
NAMI			PHONE NUMBE	ER .	

STATE

ZIP CODE