

# NOTICE OF ACTION -- DENIAL OF HOME ASSESSMENT/APPROVAL

Notice Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case No.: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

ADDRESSEE

\_\_\_\_\_

Questions? Ask your Worker.  
**STATE HEARING: If you think this action is wrong, you can ask for a hearing. The last page tells you how.**

## THE COUNTY HAS DENIED YOUR REQUEST FOR HOME ASSESSMENT. HERE'S WHY:

- You were determined not to be a relative of the minor or nonminor dependent as defined in Welfare and Institutions Code section 319(f).
- You were determined not to be a nonrelative extended family member (NREFM) to the minor or nonminor dependent as defined in Welfare and Institutions Code section 362.7.

## THE COUNTY HAS ASSESSED YOU/YOUR HOME AND HAS DENIED APPROVAL. HERE'S WHY:

- Your criminal background and/or child abuse history could not be cleared/exempted. See the Additional Details section.
- The criminal background and/or child abuse history of someone living in your home could not be cleared/exempted. See the Additional Details section.
- Your home did not meet health and safety requirements for the reason(s) described in the Additional Details section.
- You did not meet the qualifications to be a caregiver as described in the Additional Details section.
- You did not complete the required orientation and training. See the Additional Details section.
- Other (explain):

## THERE ARE UNMET STANDARDS SET FORTH IN TITLE 22, DIVISION 6, CHAPTER 9.5, ARTICLE 3. YOU DID NOT MEET THE STANDARDS CHECKED BELOW. SEE THE ADDITIONAL DETAILS SECTION.

### Standard

- Applicant Qualifications pursuant to section 89318
- Criminal Record Clearance Requirement pursuant to section 89319
- Emergency Procedures pursuant to section 89323
- Reporting Requirements pursuant to section 89361
- Nonminor Dependent - Reporting Requirements pursuant to section 893161
- Children's Records pursuant to section 89370
- Nonminor Dependents' Records pursuant to section 893170
- Personal Rights pursuant to section 89372
- Nonminor Dependent - Personal Rights pursuant to section 893172
- Expectations, Alternatives, and Consequences pursuant to section 893172.1

**Standard**

- Telephones pursuant to section 89373
- Nonminor Dependent - Telephones pursuant to section 893173
- Transportation pursuant to section 89374
- Nonminor Dependent - Transportation pursuant to section 893174
- Food Service pursuant to section 89376
- Nonminor Dependent - Food Service pursuant to section 893176
- Reasonable and Prudent Parent Standard pursuant to section 89377
- Responsibility for Providing Care and Supervision pursuant to section 89378
- Nonminor Dependent - Responsibility for Providing Care and Supervision pursuant to section 893178
- Activities pursuant to section 89379
- Nonminor Dependent - Activities pursuant to section 893179
- Buildings and Grounds pursuant to section 89387
- Nonminor Dependent - Building and Grounds pursuant to section 893187
- Storage Space pursuant to section 89387.2
- Cooperation and Compliance pursuant to section 89388

**ADDITIONAL DETAILS REGARDING DENIAL:**

<b>YOUR HEARING RIGHTS</b>	<b>PLACEMENT DECISIONS</b>
<b>You have the right to ask for a hearing if you disagree with the county action on pages 1 and 2. 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.</b>	<b>If you appeal and win the hearing, the county is not required to place a child with you. You do not have a right to request a state hearing regarding a placement decision.</b>

**TO ASK FOR A HEARING:**

- **Fill out this page.** Make a copy of all pages for your records. If you ask, your worker will get you a copy of these pages. **Send, fax or take this page to:**

**State Hearings Division  
744 P Street, M.S. 9-17-81  
Sacramento, CA 95814  
FAX: 916-651-5210**

**OR**

- **Call toll free: 1-800-952-5253 or 1-800-743-8525** for hearing or speech impaired who use TDD, **call 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, including a representative or attorney.**

**HEARING REQUEST**

I want a hearing due to an action by the county child welfare agency or probation department about my denied relative or nonrelative extended family member (NREFM) assessment/home approval.

I am requesting a hearing because (optional)

- Check here if you need more space and add page(s) as needed.**
- Check here if you need an interpreter at no cost. (A friend or relative cannot interpret at the hearing.)  
My language or dialect is:
- Check here if need an accommodation at your hearing, because of a disability. List needed accommodation:
- Check here if you would like a telephone hearing.

NAME OF PERSON WHO WAS DENIED

BIRTH DATE	PHONE NUMBER
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STREET ADDRESS

CITY	STATE	ZIP CODE
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SIGNATURE	DATE
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NAME OF PERSON COMPLETING THIS FORM	PHONE NUMBER
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**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
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STREET ADDRESS

CITY	STATE	ZIP CODE
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**Hearing File:** If you ask for a hearing, the State Hearings 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 county child welfare agency or probation department and the U.S. Department of Health and Human Services.