

# NOTICE OF ACTION CHILD CARE DENIAL

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

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA 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. Your benefits may not be changed if you ask for a hearing before this action takes place. If you and the county disagree or if you have not heard back from your worker, do not wait to ask for a hearing. You must ask for the hearing before a certain number of days. See the back of this notice for more information and to find out how to ask for a hearing.**

Starting on \_\_\_\_\_ the child care for \_\_\_\_\_  
DATE NAME OF CHILD  
is denied for the following reason:

- Your request for CalWORKs child care services has been denied.
- Your child care reimbursement to \_\_\_\_\_  
for \_\_\_\_\_ is denied and will not be paid.  
MONTH PROVIDER
- Your request to raise your child care reimbursement limit is denied.
- Reimbursement for your child care for \_\_\_\_\_  
is denied. NAME OF CHILD

**HERE'S WHY WE ARE DENYING YOUR REQUEST:**

- You are not in an approved CalWORKs activity/program.
- You are already getting the most the county can reimburse based on your area's child care costs.
- The child's other parent is in the home and available to provide care. This parent is not in an approved WTW activity, and does not have a condition that impairs his/her ability to care for the child.
- You did not cooperate with CalWORKs program. (See notes).
- Your child \_\_\_\_\_ is over 12 years old and  
NAME OF CHILD  
is not disabled or under court supervision.
- You did not provide the proof that we asked you to give us on \_\_\_\_\_  
DATE  
that shows your aided child has a physical or mental condition.
- The child care provider is your child's parent, legal guardian, or a member of your CalWORKs/Cal-Learn assistance unit.
- Your license-exempt child care provider, \_\_\_\_\_  
NAME  
had his/her application for TrustLine denied, closed, or revoked.
- You did not return completed Health and Safety forms.
- You are no longer eligible for post aid child care services because \_\_\_\_\_  
REASON
- You have good cause for not participating in your welfare to work activities and have chosen not to participate as a volunteer. (See notes).
- Other:

**Sanctioned Cases:**

If you are being sanctioned and need child care for activities that are not approved by the county, you may still be eligible for Stage Two child care or another state or federally funded child care and development program. If you are being sanctioned and engaged in activities that are not approved by the county, you may ask the county for help in transferring you to other child care for which you may be eligible. You may also apply on your own to the Resource and Referral agency listed below.

Notes

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs MPP Sections 42-713.2, 47-260, 47-430.2, 47-620.32; Education Code Sections 8350-8353, 8357. Welfare & Institutions Code Sections 11322.9, 11323.6, 11323.4 and 11323.8, or visit [www.cdss.ca.gov](http://www.cdss.ca.gov) or [www.leginfo.ca.gov](http://www.leginfo.ca.gov).

To see if you may qualify for other child care programs, you can contact the local Child Care Resource and Referral agency listed below:  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

## 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 before 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  
 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  CalFresh  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