NOTICE OF YOUR WELFARE-TO-WORK (WTW) 24-MONTH TIME CLOCK ENDING SOON

DATE	
COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	WORKER PHONE NO. ( )

Questions? Ask your worker.

THIS NOTICE GIVES YOU INFORMATION ABOUT YOUR WTW 24-MONTH TIME CLOCK.

As of _____ (DATE), the County has determined that you, _____ (NAME OF PARTICIPANT), have a total of _____ (NUMBER OF MONTHS) **months remaining** of your WTW 24-Month Time Clock. Once you have used all 24 months of your WTW 24-Month Time Clock, you will have to meet different requirements to continue receiving aid and services unless you are exempt from WTW or qualify for an extension to the WTW 24-Month Time Clock.

Beginning with your 25th month, you must meet CalWORKs federal standards. Under these requirements, you will have to participate for the same total number of hours per week, and you will need to meet a core hourly requirement. The chart below shows the hourly participation requirements to meet CalWORKs federal standards, including the total number of weekly participation hours and the number of weekly hours in core activities.

Number of Adults in the Family (Assistance Unit)	Total # of Participation Hours Required Per Week	Required # of Hours in Core Activities Per Week
Single-adult with a child under 6 years old	20	20
Single-adult with no children under 6 years old	30	20
Two-parent families	35	30

The core activities that you may participate in include education, employment, work experience, job search, and community service. Some activities have a limit on how long they can count as a core activity, including job search and job readiness related activities. Vocational education and training may only be counted as a core activity if you have not already used your 12-month lifetime limit.

After using all of your WTW 24-Month Time Clock, if you do not meet the required hours of participation with an allowable core activity, your cash aid will be lowered by removing your portion of the grant.

CONTACT YOUR WORKER RIGHT AWAY IF YOU:

- Need more information about the CalWORKs federal standards participation requirements that you must meet once you have used all of your WTW 24-Month Time Clock months.
- Want to change your WTW plan now to meet CalWORKs federal standards. This will save the remaining months on your WTW 24-Month Time Clock.
- Need more information about the months that you used.
- Think you should not have months counted toward the WTW 24-Month Time Clock.
- Think you should be exempt from participation in WTW and have not requested the exemption, or need more information about exemptions from participation in WTW. You can also send your worker the enclosed exemption request form that you have signed and dated.
- Need more information about how to ask for an extension to your WTW 24-Month Time Clock.

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.

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