



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.  
GOVERNOR

March 6, 2013

ALL COUNTY INFORMATION NOTICE. I-11-13

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CONSORTIA PROJECT MANAGERS  
ALL COUNTY ELECTRONIC BENEFIT TRANSFER (EBT)  
PROJECT MANAGERS  
ALL CALFRESH PROGRAM COORDINATORS

SUBJECT: RELEASE OF THE NEW LOW INCOME HOME ENERGY ASSISTANCE INFORMING NOTICE (CF 1) AND REVISION OF THE NOTICE OF APPROVAL FOR CALFRESH BENEFITS (FORMERLY DFA 377.1, NOW CF 377.1) FORM

REFERENCE: WELFARE AND INSTITUTIONS CODE SECTIONS 18901.2 AND 18914; ASSEMBLY BILL 6 (CHAPTER 501, STATUTES OF 2011) AND ASSEMBLY BILL 1359 (CHAPTER 468, STATUTES OF 2012); ALL COUNTY LETTER (ACL) 12-61 AND ACL 12-74

The purpose of this letter is to inform counties of the release of the new Low Income Home Energy Assistance Program (LIHEAP) informing notice (CF 1) and the revisions to the Notice of Approval for CalFresh Benefits (formerly the DFA 377.1, now the CF 377.1).

**Low Income Home Energy Assistance Informing Notice – CF 1**

The CF 1 provides CalFresh recipient households with information regarding the nominal LIHEAP benefit provided on their Electronic Benefit Transaction (EBT) account. This notice is a general mass notice. Prior to duplication, County Welfare Departments (CWDs) must ensure that the CF 1 contains the county-specific address that clients should use to send written state hearing requests.

In accordance with Manual of Policies and Procedures (MPP) Section 63-504.39, CWDs must inform all households of new CalFresh benefits and deductions. CWDs may opt to use the mass change notice or may notify households via the news media or

may post this information in certification offices, issuance locations or other sites frequented by certified households. However, households must be informed of the changes.

### **Notice of Approval of CalFresh Benefits – CF 377.1**

The CF 377.1 replaces the DFA 377.1 and has been revised due to policy guidance issued in ACL 12-61 and ACL 12-74. The following changes have been made to the notice:

- Name change from Food Stamps to CalFresh.
- Bolded and changed font size of the State Hearing section.
- Deleted the rows where the county entered the household's benefit amount for their initial month and their remaining months in their certification period and made it one sentence to include the necessary information.
- Deleted the second check box and language, in the middle section of the form that referred the term "suspended," which no longer applies in CalFresh.
- Changed the language in the last two sentences, in the middle section of the form, to current language that applies to Quarterly Reporting.
- Changed the language to the last check box to clearly inform the household when postponed verification(s) is due to the county in reference to expedited service.
- Added information regarding the LIHEAP benefit for all CalFresh recipients.

### **Camera-Ready Copies and Translations**

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain these forms from the CDSS webpage at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm).

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and

qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

This ACIN and other CDSS Letters and Notices are available on the internet at:

<http://www.dss.cahwnet.gov/lettersnotices/default.htm>

If you have any questions regarding this letter, please contact your CalFresh county consultant or call the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

***Original Document Signed By:***

LINDA PATTERSON, Chief  
CalFresh Branch

Attachments

## NOTICE TO ALL CALFRESH RECIPIENTS IMPORTANT – PLEASE READ

Effective January 1, 2013, State law provides for the following:

- An annual (once a year) Low Income Home Energy Assistance (LIHEAP) benefit for CalFresh recipients.
- This is an annual payment of \$0.10 (10 cents) put into your cash Electronic Benefit Transaction (EBT) account. If you do not currently have a cash EBT account, one has been set up for you.
- CalFresh recipients can use the LIHEAP benefit (10 cents) towards food purchases.
- CalFresh recipients also receiving cash aid can use the LIHEAP benefit (10 cents) towards food or cash purchases.
- This payment allows us to use the highest utility deduction (Standard Utility Allowance – SUA) for food benefits.
- The SUA has been increased to \$331.00 effective October 1, 2012.
- If you want to know more, call your worker.
- The LIHEAP program offers residential home energy assistance to eligible low-income households with elderly or disabled individuals or families with small children. For more information, please visit [www.csd.ca.gov](http://www.csd.ca.gov).

If you think we made a mistake in figuring your CalFresh benefits due to the new amounts for the LIHEAP benefit and SUA you may ask for a state hearing ***within 90 days of when you got this letter*** by writing to:

or you may call toll free: 1-800-952-5253. If you are deaf and use TDD, call 1-800-952-8349. When you ask for a state hearing, you must tell us why you think we made a mistake. You can speak for yourself at the hearing or you can have a friend, attorney, or other person speak for you, but you must get these people to help you. You may ask for free legal aid at a legal aid office in your area.

# NOTICE OF APPROVAL FOR CALFRESH BENEFITS

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)

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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.**

**YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED.**

Your initial amount of benefits is: \$ \_\_\_\_\_ for \_\_\_\_\_. Your benefit amount for the rest of your certification period will be \$ \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_.

**IF YOU ALSO APPLIED FOR CASH AID**, and it has not yet been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.

- Your CalFresh eligibility starts the same day as your cash aid.
- Your first month's benefits include more than one month's benefits because of the date your application was approved.
- Your first month's benefits were prorated from the date you filed your application.

**BECAUSE YOU RECEIVED CALFRESH BENEFITS RIGHT AWAY**, we did not require you to give us the following verification:

You must give us this verification before \_\_\_\_\_ or your CalFresh eligibility will stop. You will not get another notice. If the verification you send changes your eligibility or benefits, we will make the change. You **will not** get an advance notice before we take this action.

Your CalFresh benefits may increase due to the Low Income Home Energy Assistance Program (LIHEAP) payment we put into your cash EBT account. If you do not have a cash EBT account, one has been set up for you. The county has awarded you a \$0.10 LIHEAP payment. This is a one-time per year payment. It may help you get more CalFresh benefits. You may use this \$0.10 when you use your EBT card. If you want to know more, call your worker.

**Rules:** These rules apply:  
You may review them 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 before an action on Cash Aid, Medi-Cal, CalFresh (Food Stamps), 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 (Food Stamps) 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 (Food Stamps) 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 (Food Stamps)  
 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 (Food Stamps)  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