



CDSS

WILL LIGHTBOURNE  
DIRECTOR

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

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EDMUND G. BROWN JR.  
GOVERNOR

REASON FOR THIS TRANSMITTAL

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

September 4, 2014

ALL COUNTY LETTER NO. 14-61

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL CALWORKS PROGRAM SPECIALISTS  
 ALL WELFARE-TO-WORK COORDINATORS  
 ALL COUNTY CONSORTIUM REPRESENTATIVES  
 ALL COUNTY REFUGEE COORDINATORS  
 ALL CALFRESH COORDINATORS  
 ALL CHILD CARE COORDINATORS  
 ALL TRIBAL TANF ADMINISTRATORS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO  
 KIDS (CalWORKs): FAMILY STABILIZATION (FS) PROGRAM  
 GUIDANCE, NOTICES, AND REQUEST FORM

REFERENCES: [ASSEMBLY BILL \(AB\) 74 \(CHAPTER 21, STATUTES OF 2013\);](#)  
[WELFARE AND INSTITUTIONS \(W&I\) CODE SECTION 11325.24;](#)  
[ALL COUNTY LETTER \(ACL\) NO.14-12, DATED FEBRUARY 4,](#)  
[2014; SENATE BILL \(SB\) 855 \(CHAPTER 29, STATUTES OF](#)  
[2014\); COUNTY FISCAL LETTER \(CFL\) NO. 14/15-05, DATED](#)  
[JULY 25, 2014](#)

The purpose of this ACL is to provide County Welfare Departments (CWDs) with additional guidance for the FS program as a result of the passage of SB 855, a new request form, and notices.

The passage of SB 855, which modified W&I Code Section 11325.24(e), allows CWDs to offer housing and other needed services for any month in which a family is participating in the Family Stabilization (FS) program. This means that a CWD may provide FS program participants with services, including housing assistance, for so long as they meet the CWD's criteria for the FS program as set forth in the CWD's FS plan. CWD's FS plans can be found on the California Department of Social Services website at the following link: <http://www.cdss.ca.gov/cdssweb/PG94.htm>.

Additionally, SB 855 establishes that the FS program is a voluntary component of the Welfare-to-Work (WTW) program intended to provide needed services and constructive interventions for parents, and to assist in barrier removal for families facing difficult circumstances. Pursuant to W&I Code Section 11325.24(g), recipients refusing or unable to follow their FS plan without good cause are to be returned to the traditional WTW program. Form FSP 3 (6/14) has been created for CWDs to use when informing clients of a change in participation status.

The CWDs should begin using the attached form and notices described below as soon as administratively possible. They include the:

- **FSP 1 (8/14): FAMILY STABILIZATION PROGRAM EVALUATION REQUEST – Required Form – Substitutes Permitted**

This form has been created for clients to request FS services. A WTW client may request a review to determine eligibility for FS services at any time while he or she has time remaining on his or her WTW 24-Month Time Clock.

*Required Form - Substitute Permitted:* Forms in this category are required forms for which modifications or substitutions with prior Department approval are permitted (see Operations Manual Section 23-400.22, Approval Procedure). The CWDs may modify these forms to add or obtain information that does not (1) conflict with program policy/regulations, or (2) change the legal content of the form. Ordinarily, rewording the content of a form in this category will not be approved. However, such suggestions for language improvement will be considered by the Department in future revisions.

- **FSP 2 (8/14): FAMILY STABILIZATION PROGRAM DENIAL NOTICE – Required Form – No Substitutes Permitted**

This form was created for CWDs to notify clients of the denial for FS services. If a CWD determines that a client is ineligible for FS services, the CWD must issue a denial notice that includes an explanation of their denial and the client's hearing rights.

- **FSP 3 (8/14): FAMILY STABILIZATION CHANGE IN STATUS NOTICE – Required Form – No Substitutes Permitted**

This form has been created to notify clients who have been unable or refused to follow their FS plan that they are being transitioned into the WTW program. The CWDs are required to provide adequate notification to clients when there is a change in the status of their program.

*Required Form - No Substitute Permitted:* Forms in this category are required forms that the CWD may not modify or restructure. However, overprinting or reformatting under the conditions outlined in Operations Manual Section 23.400.211, Overprinting Required Forms and Section 23-400.212, Electronic Data Processing (EDP) Modifications, is permitted.

## **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 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 CWD'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.

If you have questions about the FS Program, please contact your Employment Bureau county consultant at (916) 654-2137.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare-to-Work Division

Attachments



## FAMILY STABILIZATION PROGRAM DENIAL NOTICE

COUNTY	
CASE NAME	
CASE NO.	
CASE WORKER (CONTACT PERSON)	
WORKER NUMBER	WORKER PHONE NUMBER

Questions? Ask your worker.

On \_\_\_\_\_, \_\_\_\_\_ requested help through the Family Stabilization Program.  
(DATE) (NAME)

Based on the facts in your case, the county made the following decision:

Your request for Family Stabilization services is **DENIED**. At this time your situation does not meet the criteria for Family Stabilization. Your case worker may be able to provide assistance with your current situation through other services. Please contact your case worker at the number above to discuss your situation. There are reasons you may not have to participate in Welfare-to-Work activities (exemptions), or reasons that you may be excused from participating for a short time (good cause). For example, these reasons may include taking care of a sick household member. If you are not already exempt but think you should be, please contact your case worker right away.

Reason for Denial:

- There isn't anyone required to participate in Welfare-to-Work.
- The person required to participate in Welfare-to-Work activities has no time left on their Welfare-to-Work 24-month Time Clock.
- The county does not have Family Stabilization services available that fit your need.
- Your crisis does not meet your county's Family Stabilization program plan based on the information you gave us.
- Other \_\_\_\_\_

**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.**

**Rules:** The following rules apply and you may review them at your welfare office: Assembly Bill (AB) 74 (Chapter 21, Statutes of 2013); Welfare & Institutions (W&I) Code Section 11325.24

## 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

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# Family Stabilization Program Notice of Change in Program Status

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

(ADDRESSEE)

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\_\_\_\_\_, as of \_\_\_\_\_,  
 we are taking you out of Family Stabilization and returning you to the Welfare-to-Work Program.

### We will not change your cash aid grant amount.

We are taking you out of Family Stabilization because you did not have a good reason for not doing what you agreed to in your Family Stabilization plan. You agreed to:

\_\_\_\_\_

### WE NEED TO TALK TO YOU

An appointment has been made for you on \_\_\_\_\_, at \_\_\_\_\_ o'clock, at \_\_\_\_\_ to sign a Welfare-to-Work Plan. If you need transportation or child care to go to this meeting, call your Welfare-to-Work case worker at the telephone number listed below.

### Welfare-to-Work Case Worker's name:

### Telephone Number:

If you cannot go to this meeting, you must call your case worker to set a new time. Unless you have a good reason, you can change this meeting only once. You can also call your case worker to talk about the problem instead of going to the meeting. You must call your case worker to set a new time to meet, or talk about your problem by telephone, by \_\_\_\_\_.

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.**

### HOW TO GET YOURSELF BACK IN FAMILY STABILIZATION

You are being removed from Family Stabilization because you did not do or were not able to do what we asked you to do and you are being moved into the Welfare-to-Work Program. If you believe you are able to follow your Family Stabilization Plan, you can contact the county and tell them you want to be back in Family Stabilization: Then you must follow your Family Stabilization plan.

TO CONTACT THE COUNTY ABOUT GETTING BACK IN FAMILY STABILIZATION, CALL \_\_\_\_\_.

**DO YOU NEED FREE LEGAL HELP?** You can get free help with this problem from:

Local Legal Aid Office: ( )

\_\_\_\_\_

State Welfare Rights Organization: ( )

\_\_\_\_\_

**Rules:** The following rules apply and you may review them at your local office: Assembly Bill (AB) 74 (Chapter 21, Statutes of 2013); Welfare & Institutions (W&I) Code Section 11325.24

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- 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:

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 Other (list) \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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