

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5330



January 3, 1980

ALL-COUNTY INFORMATION NOTICE I-1-80

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED BACK SIDE OF NOTICE OF ACTION FORMS: AFDC--ABCD 239
SERIES, AND FOOD STAMPS--DFA 377 SERIES

Attached is a revised back side for the AFDC and Food Stamp Notice of Action forms (Attachment A). The revised back, headed "Your Right to Appeal this Action" will be used for all ABCD 239 forms (AFDC Program) and for all DFA 377 forms (Food Stamp Program). The revised back makes the following improvements in the Notice of Action system:

1. Provides a Joint Notice of AFDC/Food Stamp Reductions and/or Discontinuances.

The back has been revised to comply with the new food stamp regulation (63-504.354) requiring a joint AFDC/FS Notice of Action when both food stamps and AFDC are reduced and/or terminated at the same time.

2. Reduces the Number of Different Back Sides for Notice of Action Forms.

This revision consolidates the several back sides currently in use in the AFDC and Food Stamp Programs. This consolidation will reduce the number of different backs that must be printed and stocked for computer prepared notices and will reduce the form changeover time for computer printers. It will also simplify the production and printing of the Notice of Action forms by the state and by the counties.

3. Simplifies Identification of Free Legal Assistance.

The requirement that the county enter a local source of free legal assistance on the back has been eliminated by providing a toll-free number that the recipient can call to obtain the information. The phone number of the Department of Social Services' Public Inquiry and Response Unit is provided for this purpose. This change will eliminate the need for local overprinting or stamping of AFDC Notice of Action backs by each individual county throughout the state. Space has been retained, however, below the paragraph titled "Authorized Representative" for use by counties that want to continue providing this information due to unique local conditions.

4. Improves Understandability.

Typography, language, space, layout, and the recipient's need for information were all carefully considered in developing the revision. These considerations resulted in many changes including adding a title and subtitles to the form, using bold print and enlarged type for information needing emphasis, and change to a two-column format.

5. Adds a TTY Number.

Public Inquiry and Response is now equipped to take calls assisted by Teletypewriter (TTY) equipment. This service has been added as a result of TTY equipment becoming more readily available to persons with speech and hearing impairments. We have set up a special toll-free number to receive these calls and have included this number on the revised back.

6. Clarifies Recipient Responsibility in Arranging for a Representative.

Clarifies that though the recipient has a right to a representative of his or her choice, it is the recipient that must arrange for the representative, not the state or the county.

7. Adds Information Practices Notice.

State law now requires that notice be given to individuals whenever the State directly collects and files information on them. An appropriate notice has been added at the bottom of the revised back.

This revision was developed in consideration of input received from a wide variety of sources including the County Welfare Directors Association (CWDA) and recipient advocate groups. The final product is the result of a joint effort by this Department, the County Forms Advisory Committee, and the CWDA Food Stamp Forms Committee. It is representative of continued efforts being made to develop significant improvements in forms systems affecting the counties. This revision will enable many counties to realize cost reductions in their use of these forms as well as improve the understandability of appeal information to recipients and applicants.

Implementation Plan

Overview. A gradual transition will be made to the revised backs. Counties may continue to use current inventories of Notices of Action (ABCD 239's and DFA 377's) until supplies of forms with the revised backs become available. It may take as long as a year or more before the State will be able to supply all of these forms with new backs.

Counties should temporarily limit their orders for ABCD 239's and DFA 377's to no more than a six-month supply, because the front sides of these forms are scheduled for revision during 1980. Except for this limitation, normal ordering procedures should be followed for restocking these forms. Orders for these forms will automatically be filled with forms having the new back as supplies become available. Spanish translations will be supplied according to the same plan.

Transition to "90 days". All-County Information Notice I-139-79 provided instructions for complying with impending regulations which change the time period allowed to request a State hearing from one year to 90 days. The revised back shows "90 days".

Single Notice for Joint AFDC and Food Stamp Reductions and/or Discontinuances.

The revised back complies with the new food stamp regulation (63-504.354) requiring a joint AFDC/FS Notice of Action when both food stamps and AFDC are reduced and/or terminated at the same time. The front sides of ABCD 239s that contain adverse actions which may impact the food stamp household are being revised to include the pertinent food stamp information. Meanwhile, counties may make selective use of ABCD 239 forms that have the revised back to meet the requirement for AFDC/FS joint notices of adverse action, provided that the following conditions are met:

1. The ABCD 239 form is used jointly only for actions that will reduce or stop both the AFDC payment and the food stamp benefit.
2. The form must include statements identifying: a) the proposed food stamp adverse action, b) the reason for the food stamp action, and c) the Food Stamp Manual Section which requires the action.

Only the following ABCD 239 forms may be used as described above for joint AFDC/FS Notices of Action: 239A, 239.2, 239.3, 239.6, 239.7, 239.8, 239.14, 239.15, 239.16, and 239.29. Attachment B is provided as guidance in the use of these forms for joint actions. When notice is not given jointly, ABCD 239 forms continue to be required for AFDC actions, and DFA 377 forms continue to be required for food stamp actions.

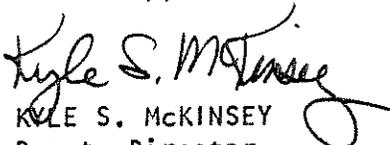
We welcome recommendations and suggestions for future forms improvement. If you have any suggestions or comments, please provide them in writing to the appropriate coordinator:

AFDC Forms Coordinator
AFDC Program Systems Bureau
744 P Street, Mail Station 16-31
Sacramento, CA 95814

Food Stamp Forms Coordinator
Food Stamp Systems Bureau
744 P Street, Mail Station 15-51
Sacramento, CA 95814

If you have any questions related to this letter, you may contact your AFDC or Food Stamp Management Consultant. AFDC: (916) 445-4458 FS: (916) 322-5475.

Sincerely,


KYLE S. MCKINSEY
Deputy Director

Attachments

cc: CWDA

Your Right to Appeal This Action

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county worker can help you request a hearing. If you decide to request a hearing you must do so **WITHIN 90 DAYS OF THE DATE OF THIS NOTICE.**

AFDC: If your AFDC is being reduced or stopped and you ask for a hearing within 10 days of the mailing date of this notice, you can continue to receive AFDC until the hearing.

FOOD STAMPS: If your food stamps are being reduced or stopped and you ask for a hearing within 10 days of the mailing date of this notice, your food stamps may continue until the hearing or until the end of your current period of eligibility, whichever comes first, unless you check the box at the bottom of the page.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

**Office of Chief Referee
State Department of Social Services
744 P Street, Mail Station 19-36
Sacramento, CA 95814**

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253 *

Teletypewriter (TTY) only: (800) 952-5434 *

*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write, or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Request for a State Hearing

Name	Phone number		
Address		City	State
			Zip code

I am requesting a state hearing because of an action by the welfare department of _____ county related to

AFDC Food Stamps

Reasons for my request:

I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language	Dialect
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Food Stamps: If any portion of food stamps provided to you while awaiting the hearing decision is determined to be an overissuance, the county may recover the value of the overissuance. If you want to avoid the possibility of such an overissuance, you may check the box below:

I want my food stamps terminated or reduced to the new amount determined by the county until the hearing decision. If the hearing decision is in my favor, the county will make up the food stamps I lose as a result of checking this box.

Signature	Date
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The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may do so by

contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health, Education, and Welfare, or the U.S. Department of Agriculture. Authority: W&IC 10950.

AFDC FORMS USABLE AS JOINT AFDC/FOOD STAMP ADVERSE ACTION NOTICES

<u>Form No.</u>	<u>Agency Action</u>	<u>Reason for Action</u>	<u>Remarks</u>
ABCD 239 A	Grant Discontinuance (Aid Pending)	Unspecified	Usable if the stated reason for action terminates or reduces the food stamp benefits.
ABCD 239.2	Grant Decrease (Aid Pending)	Increased Earnings	Usable if the change in FS Net Income adversely affects FS eligibility or benefit level.
ABCD 239.3	Grant Discontinuance (Aid Pending)	Excess Income	Usable if the change in FS Net Income adversely affects FS eligibility or benefit level.
ABCD 239.6	Grant Decrease (Aid Pending)	Children Out of Home	Usable if the changes in FS Household size and Net Income adversely affect FS eligibility or benefit level.
ABCD 239.7	Grant Discontinuance (Aid Pending)	Fully Employed Father	Usable if the change in FS Net Income adversely affects the FS eligibility or benefit level.
ABCD 239.8	Grant Discontinuance (Aid Pending)	Eligible child no longer in home.	See ABCD 239.6
ABCD 239.14	Grant Decrease (Aid Pending)	Overpayment Adjustment (willful failure to report).	Usable if cause of the OP results in a FS Net Income that adversely affects FS eligibility or benefit level.
ABCD 239.15	Grant Decrease (Aid Pending)	Overpayment Adjustment (failure to report).	Usable if cause of the OP results in a FS Net Income that adversely affects FS eligibility or benefit level.
ABCD 239.16	Grant Termination (Aid Pending)	Income Exceeds Needs.	Usable if the change in FS Net Income adversely affects FS eligibility or benefit level.
ABCD 239.29	Grant Discontinuance (Aid Pending)	Income Exceeds Needs.	See ABCD 239.16