



CDSS

WILL LIGHTBOURNE  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

October 3, 2011

ALL COUNTY LETTER NO. 11-65

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CALWORKS PROGRAM SPECIALISTS  
ALL COUNTY CHILD CARE COORDINATORS  
ALL COUNTY REFUGEE COORDINATORS  
ALL COUNTY CALFRESH SPECIALISTS  
ALL COUNTY WELFARE-TO-WORK COORDINATORS  
ALL COUNTY CONSORTIUM PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS  
(CalWORKs): NEW AND REVISED NOTICES OF ACTION (NOA) AND  
FORMS REGARDING THE NEW 48-MONTH TIME LIMIT FOR CalWORKs  
ADULTS AND EARNED INCOME DISREGARDS INSTITUTED BY SENATE  
BILL (SB) 72 (CHAPTER 8, STATUTES OF 2011)

REFERENCE: WELFARE & INSTITUTIONS (W&I) CODE SECTIONS 11451.5, 11454,  
11454.2, and 11454.5; ALL COUNTY LETTERS (ACLs) 11-29, 11-33, 11-34,  
11-36, 11-40, 11-43, AND 11-50.

The purpose of this All County Letter (ACL) is to notify County Welfare Departments (CWDs) of changes to CalWORKs forms and NOAs that have been created or modified to reflect recent changes in the program implemented by SB 72 (Chapter 8, Statutes of 2011). This is one of a series of ACLs notifying CWDs of recent changes to CalWORKs program forms and NOAs.

This letter transmits new and revised forms and NOAs that have been developed to reflect the new 48-month time limit for adult recipients and changes to the Earned Income Disregard (EID) that were effective on July 1, 2011. Other changes to these documents include updated references to the recently renamed CalFresh program (formerly known as the Food Stamp Program). CWDs should begin using the attached forms and NOAs as soon as possible.

**Use of the NA 200, NA 1239, and NA 1242**

CWDs are now instructed to only use the NA 200 (9/11) NOA when noticing recipients with stable income or no income, and income averaging is not needed to calculate the average monthly income for the quarter.

**REASON FOR THIS TRANSMITTAL**

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

**NA 200 (9/11) - Notice Of Action – Multipurpose** has been revised to change the phrase(s) “Business Income” in line 1 and “Business Expenses” in line 2 to “Self-Employment Income” and “Self-Employment Expenses,” respectively, to more accurately reflect the intended application of that section of the budget.

**NA 1239 (9/11) - Notice of Action - Continued** has been redesigned to be used only when the client’s income fluctuates, the recipient has varying types of income, and the CWD must average the income to calculate the grant level for the quarter. The NA 1239 has been revised to include language explaining to the recipient that the CWD must average their income to calculate their monthly cash aid amount for the quarter, and includes a calculation to show how the CWD averaged that income.

The CWDs shall use a separate calculation for each type of reported income or payments, e.g. earned income, unearned income, disability-based (when the assistance unit receives other income in combination with disability-based income), or other non-exempt income. The corresponding totals will be used in the budget calculation on the right side of the NA 1239 on lines 1, 4, 9 or 16. When the NA 1239 is used for NOAs other than the “no change” NOA (with NOA message M44-316), line 12 in section B should be unpopulated.

**NA 1242 (4/11) - Notice Of Action - Sanctions Budget** is now obsolete. CWDs are instructed when notifying Welfare to Work clients of sanction actions (See All County Information Notice I-49-08) to use the **NA 200 Notice Of Action - Multipurpose** when income averaging is not needed and the **NA 1239 Continuation Page - Quarterly Reporting Budget** when income averaging is necessary.

**OTHER NEW AND REVISED FORMS AND NOAs:**

**CW 2166 (9/11) - Work Pays Notice - Multilingual** has been revised to reflect the current Maximum Aid Payment levels and the new EID effective July 1, 2011. In addition, the back of the form has been updated to remove reference to the now defunct Advanced Earned Income Tax Credit program and to amend the time-on-aid section to mirror the new CalWORKs 48-month maximum time limit for adults.

**NA 271 (9/11) - Continuation Page - Family Income Computations - Cash Aid** has been revised with the new EID, and the reference to the Cal-Learn program removed as a result of the program being suspended effective July 1, 2011.

**NA 300 (9/11) - Continuation Page - Recipient Financial Eligibility Test** has been revised with the new EID.

**NA 531 (9/11) - Continuation Page – Notice of 48-Month Time Limit** has been revised to remove references to the Child-Only Incremental Grant Reduction repealed by Assembly Bill (AB) 106 (Chapter 32, Statutes of 2011).

**QR 30 (9/11) - CalWORKs Budget Worksheet** has been revised with the new EID and a budget line added for Income In Kind (IIK). The Income Worksheet has been amended with a column added for including self-employment expenses and IIK in the calculation(s).

**SAWS 2A QR (9/11) - Rights, Responsibilities and Other Important Information**-has been revised with the new EID; and the references to the 60-month time limit have been changed to 48 months for CalWORKs. Other changes include adding "Registered Domestic Partner" to the signature lines, revising references to the Food Stamp Program with the new CalFresh name, removing references to the CalFresh resource limits, and revising the section regarding Transitional Medi-Cal (TMC) on page seven to advise recipients that the TMC eligibility period is twelve months.

**TEMP M40-107a (9/11) – Time on Aid (Unticking Months Due to Temporary Exemptions)**–has been revised to remove the reference in the instructions to a third checkbox within the NOA. This checkbox was removed as a result of the repeal of the expansion of the Short Term Changes as a result of AB 106 (Chapter 32, Statutes of 2011).

**TEMP NA BACK 9 (9/11) Your Hearing Rights**-has been revised to temporarily remove the references to the suspended Cal-Learn program. CWDs are to use this version of this notice to inform applicants and recipients of their hearing rights until instructed otherwise.

**WTW 15 (9/11) - Simplified CalFresh Program Unpaid Work Experience (WEX) And Unpaid Community Services Hours Worksheet**-has been revised to reflect the renamed CalFresh program.

**CAMERA READY COPIES AND TRANSLATIONS:**

For a camera-ready copy 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 our web site. 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, clients who have elected to receive Spanish, Russian, Vietnamese, and written Chinese materials should be sent the GEN 1365 interpretation informing notice with a local contact number.

If you have any questions regarding this ACL, please contact your CalWORKs County Consultant at (916) 654-1322.

Sincerely,

***Original Document Signed By:***

CHARR LEE METSKER  
Deputy Director  
Welfare to Work Division

Attachments

# NOTICE OF ACTION

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 how. Your benefits may not be changed if you ask for a hearing before this action takes place.

## Monthly Cash Aid Amount

### Section A. Countable Income, Month of \_\_\_\_\_

1. Self-Employment Income . . . . . \$ \_\_\_\_\_
  2. Self-Employment Expenses:
    - a. 40% Standard . . . . . - \_\_\_\_\_
    - OR
    - b. Actual . . . . . - \_\_\_\_\_
  3. Net Earnings from Self-Employment . . . . . = \_\_\_\_\_
  4. Total Disability-Based Unearned Income (DBI)  
(Assistance Unit + Non-Assistance Unit Members) . . \$ \_\_\_\_\_
  5. \$225 DBI Disregard (if #4 is greater than \$225) . . . . - \_\_\_\_\_
  6. Nonexempt Unearned Disability-Based Income . . . . = \_\_\_\_\_
  - OR
  7. Unused DBI Disregard (up to \$112) . . . . . = \_\_\_\_\_
  8. Net Earnings from Self-Employment (from above) . . + \_\_\_\_\_
  9. Total Other Earned Income . . . . . + \_\_\_\_\_
  10. Unused Amount of \$225 (from #7) or \$112  
(whichever is less) . . . . . - \_\_\_\_\_
  11. Subtotal . . . . . = \_\_\_\_\_
  12. Earned Income Disregard 50%. . . . . - \_\_\_\_\_
  13. Subtotal . . . . . = \_\_\_\_\_
  14. Nonexempt Unearned Disability-Based Income  
(from #6) . . . . . + \_\_\_\_\_
  15. Subtotal . . . . . = \_\_\_\_\_
  16. Other Nonexempt Income (Assistance Unit + Non-  
Assistance Unit Members) . . . . . + \_\_\_\_\_
- Net Countable Income** . . . . . = \_\_\_\_\_

### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Maximum Aid \_\_\_\_\_ Persons  
(Assistance Unit + Non-Assistance Unit Members) . . \$ \_\_\_\_\_
2. Special Needs (Assistance Unit + Non-Assistance  
Unit Members) . . . . . + \_\_\_\_\_
3. Net Countable Income from Section A (above) . . . . - \_\_\_\_\_
4. Subtotal . . . . . = \_\_\_\_\_
5. Maximum Aid \_\_\_\_\_ Persons (Assistance Unit only)  
(Excluding MFG, or Penalized Persons) . . . . . \$ \_\_\_\_\_
6. Special Needs (Assistance Unit only) . . . . . + \_\_\_\_\_
7. Maximum Aid Subtotal . . . . . = \_\_\_\_\_
8. **Full Month Aid Subtotal**  
(Lowest Amount on Line 4 or 7) . . . . . = \_\_\_\_\_
9. Line 8 Prorated for Part of Month . . . . . = \_\_\_\_\_
10. Adjustments: 25% Child Support Penalty(ies) . . . . - \_\_\_\_\_  
Other Penalties . . . . . - \_\_\_\_\_  
Overpayment . . . . . - \_\_\_\_\_  
School Bonus (\$100 or \$500) . . . . . + \_\_\_\_\_
11. **Monthly Cash Aid Amount**  
(Line 8 or 9 Adjusted) . . . . . \$ \_\_\_\_\_

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**CalFresh:** This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

**Rules:** These rules apply; you may review them at your welfare office: MPP 44-100; 44-314; 44-315; SB 72 (Chapter 8, Statutes of 2011).

# NOTICE OF ACTION

## Continued

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 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Because your income changes, we have to average your income. To do that we add all of your reported income and divide by the number of payments you reported. We then change that average to a monthly amount to figure your cash aid for the quarter. Here's how:

_____ Income Reported	\$ _____
	\$ _____
	\$ _____
	+ _____
Total reported	_____
# of payments reported	÷ _____
Average income =	\$ _____
(apply multiplier)	x _____
 Average monthly income =	 \$ _____

### Monthly Cash Aid Amount

#### Section A. Countable Income, Month of \_\_\_\_\_

1. Total Self-Employment Income	.....	\$ _____
2. Self-Employment Expenses:		
a. 40% Standard	.....	- _____
OR		
b. Actual	.....	- _____
3. Net Earnings from Self-Employment	.....	= _____
4. Total Disability-Based Unearned Income (DBI)		
(Assistance Unit + Non-Assistance Unit Members)	..	\$ _____
5. \$225 DBI Disregard (if #4 is greater than \$225)	....	- _____
6. Nonexempt Unearned Disability-Based Income	....	= _____
OR		
7. Unused DBI Disregard (up to \$112)	.....	= _____
8. Net Earnings from Self-Employment (from above)	..	+ _____
9. Total Other Earned Income	.....	+ _____
10. Unused Amount of \$225 (from #7) or \$112		
(whichever is less)	.....	- _____
11. Subtotal	.....	= _____
12. Earned Income Disregard 50%	.....	- _____
13. Subtotal	.....	= _____
14. Nonexempt Unearned Disability-Based Income		
(from #6)	.....	+ _____
15. Subtotal	.....	= _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members)	.....	+ _____
<b>Net Countable Income</b>	.....	= _____

#### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Maximum Aid _____ Persons		
(Assistance Unit + Non-Assistance Unit Members)	..	\$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	.....	+ _____
3. Net Countable Income from Section A (above)	....	- _____
4. Subtotal	.....	= _____
5. Maximum Aid _____ Persons (Assistance Unit only)		
(Excluding MFG, or Penalized Persons)	.....	\$ _____
6. Special Needs (Assistance Unit only)	.....	+ _____
7. Maximum Aid Subtotal	.....	= _____
8. <b>Full Month Aid Subtotal</b>		
(Lowest Amount on Line 4 or 7)	.....	= _____
9. Line 8 Prorated for Part of Month	.....	= _____
10. Adjustments: 25% Child Support Penalty(ies)	.....	- _____
Other Penalties	.....	- _____
Overpayment	.....	- _____
School Bonus (\$100 or \$500)	.....	+ _____
11. <b>Monthly Cash Aid Amount</b>		
(Line 8 or 9 Adjusted)	.....	\$ _____
12. Current Cash Aid Amount (If This Amount is more Than #11, Your Cash Aid Will Not Change)	.....	= _____

# NOTICE OF ACTION

(Continued)

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

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

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_

You reported the following income for the quarter.

Month _____	<input type="text"/>
Month _____	<input type="text"/>
Month _____	<input type="text"/>

## Monthly Cash Aid Amount

### Section A. Countable Income, Month of \_\_\_\_\_

1. Total Business Income ..... \$ \_\_\_\_\_
  2. Business Expenses:
    - a. 40% Standard ..... - \_\_\_\_\_
    - OR
    - b. Actual ..... - \_\_\_\_\_
  3. Net Earnings from Self-Employment ..... = \_\_\_\_\_
  4. Total Disability-Based Unearned Income (DBI)  
(Assistance Unit + Non-Assistance Unit Members) . . \$ \_\_\_\_\_
  5. \$225 DBI Disregard (if #4 is greater than \$225) . . . - \_\_\_\_\_
  6. Nonexempt Unearned Disability-Based Income . . . = \_\_\_\_\_
  - OR
  7. Unused DBI Disregard (up to \$112) . . . . . = \_\_\_\_\_
  8. Net Earnings from Self-Employment (from above) . . + \_\_\_\_\_
  9. Total Other Earned Income . . . . . + \_\_\_\_\_
  10. Unused Amount of \$225 (from #7) or \$112  
(whichever is less) . . . . . - \_\_\_\_\_
  11. Subtotal . . . . . = \_\_\_\_\_
  12. Earned Income Disregard 50%. . . . . - \_\_\_\_\_
  13. Subtotal . . . . . = \_\_\_\_\_
  14. Nonexempt Unearned Disability-Based Income  
(from #6) . . . . . + \_\_\_\_\_
  15. Subtotal . . . . . = \_\_\_\_\_
  16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) . . . . . + \_\_\_\_\_
- Net Countable Income** . . . . . = \_\_\_\_\_

### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Maximum Aid \_\_\_\_\_ Persons  
(Assistance Unit + Non-Assistance Unit Members) . . \$ \_\_\_\_\_
2. Special Needs (Assistance Unit + Non-Assistance Unit Members) . . . . . + \_\_\_\_\_
3. Net Countable Income from Section A (above) . . . . - \_\_\_\_\_
4. Subtotal . . . . . = \_\_\_\_\_
5. Maximum Aid \_\_\_\_\_ Persons (Assistance Unit only)  
(Excluding MFG, or Penalized Persons) . . . . . \$ \_\_\_\_\_
6. Special Needs (Assistance Unit only) . . . . . + \_\_\_\_\_
7. Maximum Aid Subtotal . . . . . = \_\_\_\_\_
8. **Full Month Aid Subtotal**  
(Lowest Amount on Line 4 or 7) . . . . . = \_\_\_\_\_
9. Line 8 Prorated for Part of Month . . . . . = \_\_\_\_\_
10. Adjustments: 25% Child Support Penalty(ies) . . . . - \_\_\_\_\_
  - Other Penalties . . . . . - \_\_\_\_\_
  - Overpayment . . . . . - \_\_\_\_\_
  - Child-Only Grant Cut (5%, 10%, 15%) . . . . . - \_\_\_\_\_
  - School Bonus (\$100 or \$500) . . . . . + \_\_\_\_\_
11. **Monthly Cash Aid Amount**  
(Line 8 or 9 Adjusted) . . . . . \$ \_\_\_\_\_

**WORK REALLY PAYS! HERE'S HOW:**

You can work and still get CalWORKs cash aid as long as you remain eligible. When you add the amount of your earnings to your cash aid, you will have more \$\$\$ for your family. Work also:

- Builds a better life for you and your family.
- Builds your self-esteem.
- Develops your job skills, and helps you get a better job.
- Gives you personal satisfaction.



**HERE IS AN EXAMPLE OF HOW WORK PAYS FOR MARY AND HER TWO CHILDREN (REGION 1):**

**Step 1 We figure Mary's weekly gross earnings:**  
 \$8.00 x 32 hours = \$256 Weekly Earnings

**Step 2 We figure Mary's monthly gross earnings:**  
 \$256 x 4.33 weeks = \$1108.48 Monthly Gross Earnings

**Step 3 We figure Mary's monthly countable earnings:**

Mary's Monthly Gross Earnings	\$ 1108.48
Less \$112 Earned Income Deduction (EID)	- 112.00
	996.48
Less 50% EID	- 498.24
	498.00*

**Step 4 We figure Mary's cash grant:**

Non-exempt Maximum Aid Payment (MAP) for 3 (Region 1)	\$ 638.00
Less Mary's Countable Earnings	- 498.00
Equals Cash Grant	\$ 140.00

**Step 5 We figure Mary's total monthly income:**

Monthly Gross Earnings	\$ 1108.00*
Plus Cash Grant	+ 140.00
Equals Total Gross Income	\$ 1248.00

**FIGURE YOUR EARNINGS AND CASH AID:**

**Step 1 Figure your weekly gross earnings:**  
 Your hourly wage \$ \_\_\_\_\_ x your weekly hours of work \_\_\_\_\_ = your Weekly Gross Earnings \$ \_\_\_\_\_.

**Step 2 Figure your monthly gross earnings:**  
 Your Weekly Gross Earnings \$ \_\_\_\_\_ x 4.33 weeks = your Monthly Gross Earnings \$ \_\_\_\_\_.

**Step 3 Figure your monthly countable earnings:**

Your Monthly Gross Earnings (from Step 2)	\$ <input type="text"/>
Less \$112 deduction	- 112.00
Balance	\$ <input type="text"/>
Less 50% (half) of balance	- <input type="text"/>
Equals Countable Earnings	\$ <input type="text"/>

**Step 4 Figure your cash grant:**

Non-exempt Maximum Aid Payment (MAP) for a family your size	\$ <input type="text"/>
Less your Countable Earnings (from step 3)	- <input type="text"/>
Equals Cash Grant	\$ <input type="text"/>

**Step 5 Figure your total monthly income:**

Monthly Gross Earnings (from step 2)	\$ <input type="text"/>
Plus Cash Grant (from step 4)	+ <input type="text"/>
Equals Total Gross Income	\$ <input type="text"/>

\*Countable income is rounded down to whole dollar amounts.

• For a translation of this notice, ask your worker.

若需本通知的翻譯本，請和你的工作人員聯絡。

(Chinese)

Si no puede leer este documento, pídale ayuda a su trabajador.

(Spanish)

Для перевода этого извещения обратитесь к работнику.

(Russian)

Để có bản dịch của thông báo này, xin liên lạc với nhân viên phụ trách hồ sơ của quý vị.

(Vietnamese)

**TURN PAGE OVER FOR FACTS ABOUT OTHER BENEFITS YOU CAN GET FROM WORKING**

## WORK PAYS IN SO MANY OTHER WAYS, TOO!

### SUPPORTIVE SERVICES

While in CalWORKs, you and the county will agree on certain goals and program activities to help you get a job and support your family without cash aid. To help you take part in these program activities, the county will provide supportive services for transportation, child care, ancillary costs, and counseling services to help with the transition to work.

### CHILD CARE

You may have part or all of your child care paid. You can get paid child care while you look for a job, work, or take part in other approved CalWORKs activities, such as training or county orientation meetings. Your child care will be paid to the eligible child care provider that you choose.

If you are working or taking part in a county approved activity, you can get paid child care for the entire time you are on cash aid. After you go off cash aid, you can continue to get child care for up to 24 months.

After you have received 24 months of child care, you may continue to get child care if funding is available and your family remains eligible. The county or the local Alternative Payment Program agency will help you to find additional services.

### JOB RETENTION SERVICES

Some counties provide job retention services for eligible former recipients as part of the CalWORKs program. Job retention services can be case management or other services that help you keep a job or get a better job. Ask your worker what services may be available in your county. Months you get job retention services do not count against the California 48-month time limit, and do not count against the Federal limit as long as you are employed.

You may get job retention services for up to 12 months IF:

- You received a CalWORKs cash grant AND
- You went off cash aid because you got a job OR
- You went off cash aid and you got a job within 12 months.

### HEALTH COVERAGE IS IMPORTANT FOR YOU AND YOUR FAMILY

**Your health coverage may continue when your CalWORKs cash aid stops.**

- Depending on the reason your cash aid stops, you and your child(ren) may be eligible for continued no-cost or low-cost health coverage under the Medi-Cal or Healthy Families programs.

## EARNED INCOME TAX CREDIT

The federal Earned Income Tax Credit (EITC) is a special tax break for people who work full or part time. This means extra cash in your pocket. Claiming your EITC is easy. Just file your tax return form 1040 or 1040A and Schedule EIC. You can still get an EITC refund even if you do not owe any income tax.

The EITC refund is not counted as income when your CalWORKs cash grant, food stamps, or Medi-Cal benefits are figured.

You can go back three years if you filed your income tax but did not claim your EITC, by submitting an amended income tax return. There is no late penalty if you do not owe income tax in the prior years.

You can get free tax help from Volunteer Income Tax Assistance (VITA) sites. For a VITA site near you, or other tax information, call the IRS at 1-800-829-1040.

### Federal and State 48-Month Time limits

As of July 1, 2011, a parent or caretaker relative can only get CalWORKs cash aid for up to a lifetime total of 48 months. Cash aid received from CalWORKs, Tribal TANF and/or from any other state counts toward the 48-month limit.

- There are exceptions to the 48-month time limit rule. These exceptions allow aid to continue past the time limit, or stop a month of aid from counting toward the time limit. Some of these exceptions are:
  - The limit does not apply to children.
  - A month on cash aid does not count toward the 48-month time limit when the person is:
    - ✓ Age 60 or older.
    - ✓ Exempt from taking part in Welfare-to-Work activities for certain reasons.
    - ✓ Disabled for 30 days or more.
    - ✓ And other reasons your worker can tell you.
- Other states may have different rules for the 48-month time limit.

# NOTICE OF ACTION

(Continued)

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

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

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_

## FAMILY'S INCOME

### Monthly Cash Aid Amount

#### Section A. Countable Income, Month of \_\_\_\_\_

1. Total Self-Employment Income ..... \$ \_\_\_\_\_
  2. Self-Employment Expenses:
    - a. 40% Standard ..... - \_\_\_\_\_
    - OR
    - b. Actual ..... - \_\_\_\_\_
  3. Net Earnings from Self-Employment ..... = \_\_\_\_\_
  4. Total Disability-Based Unearned Income (DBI)  
(Assistance Unit + Non-Assistance Unit Members) . \$ \_\_\_\_\_
  5. \$225 DBI Disregard (if #4 is greater than \$225) .... - \_\_\_\_\_
  6. Nonexempt Unearned Disability-Based Income .... = \_\_\_\_\_
  - OR
  7. Unused DBI Disregard (up to \$112) ..... = \_\_\_\_\_
  8. Net Earnings from Self-Employment (from above) .. + \_\_\_\_\_
  9. Total Other Earned Income ..... + \_\_\_\_\_
  10. Unused Amount of \$225 (from #7) or \$112  
(whichever is less) ..... - \_\_\_\_\_
  11. Subtotal ..... = \_\_\_\_\_
  12. Earned Income Disregard 50%. .... - \_\_\_\_\_
  13. Subtotal ..... = \_\_\_\_\_
  14. Nonexempt Unearned Disability-Based Income  
(from #6) ..... + \_\_\_\_\_
  15. Subtotal ..... = \_\_\_\_\_
  16. Other Nonexempt Income (Assistance Unit + Non-  
Assistance Unit Members) ..... + \_\_\_\_\_
- Net Countable Income** ..... = \_\_\_\_\_

#### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Maximum Aid \_\_\_\_\_ Persons  
(Assistance Unit + Non-Assistance Unit Members) .. \$ \_\_\_\_\_
2. Special Needs (Assistance Unit + Non-Assistance  
Unit Members) ..... + \_\_\_\_\_
3. Net Countable Income from Section A (above) ..... - \_\_\_\_\_
4. Subtotal ..... =
5. Maximum Aid \_\_\_\_\_ Persons (Assistance Unit only)  
(Excluding MFG, or Penalized Persons) ..... \$ \_\_\_\_\_
6. Special Needs (Assistance Unit only) ..... + \_\_\_\_\_
7. Maximum Aid Subtotal ..... =
8. **Full Month Aid Subtotal**  
(Lowest Amount on Line 4 or 7) ..... = \_\_\_\_\_
9. Line 8 Prorated for Part of Month ..... = \_\_\_\_\_
10. Adjustments: 25% Child Support Penalty(ies) ..... - \_\_\_\_\_
  - Other Penalties ..... - \_\_\_\_\_
  - Overpayment ..... - \_\_\_\_\_
  - School Bonus (\$100 or \$500) ..... + \_\_\_\_\_
11. **Monthly Cash Aid Amount**  
(Line 8 or 9 Adjusted) ..... \$ \_\_\_\_\_

**Rules:** These rules apply; you may review them at your welfare office: MPP 44-100; 44-314; 44-315, SB 72 (Chapter 8, Statutes of 2011).

# NOTICE OF ACTION

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

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

(Continued)

## RECIPIENT - FINANCIAL ELIGIBILITY TESTS

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

You are ineligible because your **Total Net Countable Income** (#18) is more than your **Maximum Aid Payment** (#20).

### Monthly Cash Aid Amount

#### Section A. Countable Income, Month of \_\_\_\_\_

1. Self-Employment Income ..... \$ \_\_\_\_\_
2. Self-Employment Expenses:
  - a. 40% Standard ..... - \_\_\_\_\_
  - OR
  - b. Actual ..... - \_\_\_\_\_
3. Net Earnings from Self-Employment ..... = \_\_\_\_\_
4. Total Disability-Based Unearned Income (DBI)  
(Assistance Unit + Non-Assistance Unit Members) . . \$ \_\_\_\_\_
5. \$225 DBI Disregard (if #4 is greater than \$225) . . . . - \_\_\_\_\_
6. Nonexempt Unearned Disability-Based Income . . . . = \_\_\_\_\_
- OR
7. Unused DBI Disregard (up to \$112) ..... = \_\_\_\_\_
8. Net Earnings from Self-Employment (from above) . . + \_\_\_\_\_
9. Total Other Earned Income ..... + \_\_\_\_\_
10. Unused Amount of \$225 (from #7) or \$112  
(whichever is less) ..... - \_\_\_\_\_
11. Subtotal ..... = \_\_\_\_\_
12. Earned Income Disregard 50%. . . . . - \_\_\_\_\_
13. Subtotal ..... = \_\_\_\_\_
14. Nonexempt Unearned Disability-Based Income  
(from #6) ..... + \_\_\_\_\_
15. Subtotal ..... = \_\_\_\_\_
16. Other Nonexempt Income (Assistance Unit +  
Non-Assistance Unit Members) ..... + \_\_\_\_\_
17. Child Support collected by the County, Except for Maximum  
Family Grant child (for financial eligibility only) . . . . + \_\_\_\_\_
18. **Total Net Countable Income** ..... = \_\_\_\_\_
19. **Maximum Aid Payment**  
Maximum Aid for \_\_\_\_\_ Persons (Assistance Unit +  
Non-Assistance Unit Members) ..... \$ \_\_\_\_\_  
Special Needs (Assistance Unit + Non-Assistance Unit  
Members) ..... + \_\_\_\_\_
20. **Maximum Aid Payment** ..... = \_\_\_\_\_

**Rules:** These rules apply; you may review them at your welfare office:  
MPP 44-207.2, SB 72 (Chapter 8, Statutes of 2011).

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

# NOTICE OF ACTION

## 48-MONTH TIME LIMIT (Continued)

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

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

Notice Date : \_\_\_\_\_  
Case : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_

### ADULT REACHED CalWORKS 48-MONTH TIME LIMIT

#### Monthly Cash Aid Amount

##### Section A. Countable Income, Month of \_\_\_\_\_

1. Self-Employment Income . . . . . \$ \_\_\_\_\_
  2. Self-Employment Expenses:
    - a. 40% Standard . . . . . - \_\_\_\_\_
    - OR
    - b. Actual . . . . . - \_\_\_\_\_
  3. Net Earnings from Self-Employment . . . . . = \_\_\_\_\_
  4. Total Disability-Based Unearned Income (DBI)  
(Assistance Unit + Non-Assistance Unit Members) . . \$ \_\_\_\_\_
  5. \$225 DBI Disregard (if #4 is greater than \$225) . . . . - \_\_\_\_\_
  6. Nonexempt Unearned Disability-Based Income . . . . = \_\_\_\_\_
  - OR
  7. Unused DBI Disregard (up to \$112) . . . . . = \_\_\_\_\_
  8. Net Earnings from Self-Employment (from above) . . + \_\_\_\_\_
  9. Total Other Earned Income . . . . . + \_\_\_\_\_
  10. Unused Amount of \$225 (from #7) or \$112  
(whichever is less) . . . . . - \_\_\_\_\_
  11. Subtotal . . . . . = \_\_\_\_\_
  12. Earned Income Disregard 50%. . . . . - \_\_\_\_\_
  13. Subtotal . . . . . = \_\_\_\_\_
  14. Nonexempt Unearned Disability-Based Income  
(from #6) . . . . . + \_\_\_\_\_
  15. Subtotal . . . . . = \_\_\_\_\_
  16. Other Nonexempt Income (Assistance Unit + Non-  
Assistance Unit Members) . . . . . + \_\_\_\_\_
- Net Countable Income** . . . . . = \_\_\_\_\_

##### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Maximum Aid \_\_\_\_\_ Persons  
(Assistance Unit + Non-Assistance Unit Members) . . \$ \_\_\_\_\_
2. Special Needs (Assistance Unit + Non-Assistance  
Unit Members) . . . . . + \_\_\_\_\_
3. Net Countable Income from Section A (above) . . . . - \_\_\_\_\_
4. Subtotal . . . . . = \_\_\_\_\_
5. Maximum Aid \_\_\_\_\_ Persons (Assistance Unit only)  
(Excluding MFG, or Penalized Persons) . . . . . \$ \_\_\_\_\_
6. Special Needs (Assistance Unit only) . . . . . + \_\_\_\_\_
7. Maximum Aid Subtotal . . . . . = \_\_\_\_\_
8. **Full Month Aid Subtotal**  
(Lowest Amount on Line 4 or 7) . . . . . = \_\_\_\_\_
9. Line 8 Prorated for Part of Month . . . . . = \_\_\_\_\_
10. Adjustments: 25% Child Support Penalty(ies) . . . . - \_\_\_\_\_
  - Other Penalties . . . . . - \_\_\_\_\_
  - Overpayment . . . . . - \_\_\_\_\_
  - School Bonus (\$100 or \$500) . . . . . + \_\_\_\_\_
11. **Monthly Cash Aid Amount**  
(Line 8 or 9 Adjusted) . . . . . \$ \_\_\_\_\_

#### EXEMPT MONTHS

The following \_\_\_\_\_ months did not count toward your CalWORKs  
48-month time limit:

Year \_\_\_\_\_ - Jan Feb Mar Apr May June  
July Aug Sept Oct Nov Dec

Year \_\_\_\_\_ - Jan Feb Mar Apr May June  
July Aug Sept Oct Nov Dec



MONTH 1: \_\_\_\_\_

## QR INCOME WORKSHEET

CASE NAME:	CASE NUMBER:
------------	--------------

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY	CONVERSION FACTOR *	AVERAGE	INCOME IN KIND***	TOTALS

\*Deduct either 40% or Actual expenses      \*\*BI-WEEKLY = 2.167, WEEKLY = 4.33      \*\*\*See MPP 44-115

MONTH 2: \_\_\_\_\_

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY	CONVERSION FACTOR *	AVERAGE	INCOME IN KIND***	TOTALS

\*Deduct either 40% or Actual expenses      \*\*BI-WEEKLY = 2.167, WEEKLY = 4.33      \*\*\*See MPP 44-115

MONTH 3: \_\_\_\_\_

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY	CONVERSION FACTOR *	AVERAGE	INCOME IN KIND***	TOTALS

\*Deduct either 40% or Actual expenses      \*\*BI-WEEKLY = 2.167, WEEKLY = 4.33      \*\*\*See MPP 44-115

	MONTH 1	MONTH 2	MONTH 3	QUARTER TOTAL	DIVIDE BY	AVERAGE MONTHLY GROSS INCOME
DBI						DBI =
U						U =
E						E =



## RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

### For the Cash Aid and CalFresh Programs, and/or Medi-Cal/34-County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, CalFresh benefits, and/or Medi-Cal/34-County CMSP and to figure how much you will get if you are eligible. If you need more information or have questions, ask your worker.

Cash Aid includes California Work Opportunity and Responsibility to Kids (CalWORKs) and Refugee Cash Assistance (RCA).

Medi-Cal/34-County CMSP includes Full Medi-Cal/34-County CMSP benefits and Restricted Medi-Cal/34-County CMSP emergency and pregnancy related care only.

### YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you have been discriminated against by first speaking with your county's designated civil rights representative or by writing to the

State Civil Rights Bureau  
744 P Street, MS 8-16-70  
P.O. Box 944243  
Sacramento, CA 94244-2430

or by calling toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.

2. To get help applying for or continuing to receive cash aid, benefits and services if you have a disability. If you need help because of a disability, tell the county.
3. To ask for help to complete your application for any other cash aid, CalFresh, or Medi-Cal/34-County CMSP form.
4. To ask for an interpreter and to have forms and notices translated if you don't speak or read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and Medi-Cal/34-County CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for CalFresh benefits.
7. To discuss your case with the county and to review your case yourself when you request to do so.
8. To be told the rules for getting cash aid right away. If we think you might be eligible, you will get an interview within one day.
9. To be told the rules for getting CalFresh benefits right away. If we think you might be eligible to get them right away, you will get an interview immediately and get CalFresh benefits within three days.
10. To get Medi-Cal/34-County CMSP as soon as possible if you have a medical emergency or are pregnant, if eligible.
11. To continue getting cash aid and Medi-Cal benefits without a break if you move from one county to another if you stay eligible.
12. To be told the rules for retroactive Medi-Cal eligibility.
13. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal.
14. To choose prepaid health plan (PHP), fee-for-service coverage (if available), Health Maintenance Organization (HMO), or Medi-Cal when eligible for Medi-Cal.
15. To ask to have your Medi-Cal Benefits Identification Card (BIC), or EBT card replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible.
16. To ask for extra money if your income drops or stops (cash aid only).
17. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (cash aid only).
18. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc. (cash aid only).
19. To be notified in writing when your application is approved, denied, or when your benefits change or stop.
20. To have your records kept confidential by the county and state, unless you are getting cash aid or CalFresh benefits and there is a felony arrest warrant issued for you, or as otherwise provided by law.
21. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
22. To ask for a State Hearing within 90 days of the county's action for cash aid, CalFresh benefits and Medi-Cal.
23. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in Item 21 above.
24. To appeal all 34-County CMSP eligibility issues, you can **only write** to your county.
25. To be represented at a State Hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.
26. To have reasonable access to a location where you can withdraw your cash benefits with minimal or no costs.
27. To get a brochure that will tell you how to use your EBT card and how to get your cash benefits at minimal or no costs.
28. To get a list of surcharge-free ATMs and stores where you can get cash back at no cost when you make a purchase with your EBT card. You can get a list of these locations from your county worker or at [www.ebt.ca.gov](http://www.ebt.ca.gov).

## YOUR RESPONSIBILITIES

### Citizenship/Immigration Status

To sign under penalty of perjury that each member applying for cash aid and CalFresh benefits is a U.S. citizen, U.S. national or has lawful immigration status. Information you give us on immigration status will be checked with the U.S. Citizenship and Immigration Services (USCIS). Information we get from USCIS may affect your eligibility. (Manual of Policies and Procedures Section 42-433).

If you want Medi-Cal/34-County CMSP, you must provide a declaration of citizenship/immigration status under penalty of perjury. If you say you are a noncitizen with lawful permanent residence (LPR) in the U.S., an amnesty alien with a valid and current I-688 or a noncitizen permanently residing under color of law (PRUCOL), your immigration status will be checked with the USCIS. The information the USCIS receives to verify the immigration status of the applicant can only be used to determine Medi-Cal/34-County CMSP eligibility, and cannot be used for immigration enforcement unless you are committing fraud.

### Fingerprint/Photo Imaging

All eligible adult household members for cash aid and/or CalFresh benefits must be fingerprint/photo imaged. If anyone who is required to cooperate with these rules does not get fingerprint/photo imaged, no benefits will be issued to the entire household. (Manual of Policies and Procedures Section 40-105.3).

The fingerprint/photo images are confidential and can only be used to prevent or prosecute welfare fraud.

### Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for cash aid, CalFresh and Medi-Cal/34-County CMSP may result in repayment of benefits and/or criminal or civil action.

**Cash Aid and CalFresh Benefits:** You must give us the SSN for each applicant or recipient of cash aid and/or CalFresh. If you refuse to give us either a SSN or proof of application for a SSN, you will not be able to get cash aid or CalFresh benefits. For cash aid, you must give proof of application for a SSN within 30 days of application for cash aid and give the SSN to the county when you get it. (Manual of Policies and Procedures Section 40-105.2).

Each applicant for Medi-Cal/34-County CMSP, who says he/she is a U.S. citizen, a U.S. national, LPR in the U.S., an amnesty alien with a valid and current I-688, or PRUCOL, will be disqualified from getting Medi-Cal if he/she refuses to give either a SSN or proof of application for a SSN. Any noncitizen who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or a LPR or PRUCOL, can still get restricted Medi-Cal/34-County CMSP if he/she meets all eligibility rules, including California residency.

### Verification(s)

To give proof to support your eligibility. If you can't get proof, you will need to give the name of some other person or agency we may contact to get the proof. We will help you get proof when you can't get it. (Manual of Policies and Procedures Sections 40-105.1; 40-157.212; 40-157.213)

### Cooperation

To cooperate with county, state and federal staff. For cash aid, a county worker can come to your home at an arranged time to check out your facts, including seeing each family member. You may not get benefits or your benefits may be stopped if you don't cooperate.

## CASH AID AND MEDI-CAL

To apply for any benefits or income anyone is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

### Child/Spousal and Medical Support

To cooperate with the county and the Local Child Support Agency to:

- identify and locate any absent parent in your case;
- tell the county or the Local Child Support Agency anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- obtain medical support money from any absent parent and, if you get cash aid, obtain child support money;
- give the Local Child Support Agency any medical support money and, any child/spousal support money you get;
- tell the county about medical coverage or money for medical services paid by the absent parent.

Your cash aid will be lowered if you don't cooperate. (Manual of Policies and Procedures Sections 40-157.212; 40-157.213).

## MEDI-CAL

### Benefits Identification Card (BIC)

- To sign your BIC when you get it and to use it only to get necessary health care services.
- **To never throw your BIC away** (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- To take the BIC to your medical provider when you or a family member is sick or has an appointment.
- To take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.

### Health Care Coverage/Insurance

- To tell the county and any health care provider of any health care coverage/insurance you or a family member have.
- To retain any health insurance available to you and your family at no or reasonable cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal/34-County CMSP, unless the plan does not offer the medical service needed. You need to use them because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.
- To enroll and stay enrolled in an employment-related group health plan when Medi-Cal approves payment of plan premiums by the State of California.

## YOUR REPORTING RESPONSIBILITIES

You must report certain information to the county. If you're not sure how to report, what to report, or what proof we need, ask your worker. If you get CalFresh benefits, your worker will tell you if you are a quarterly or change reporting household. If you get Medi-Cal/34-County CMSP, the county will tell you when you must report. (Manual of Policies and Procedures Section 40-181).

### HOW YOU MUST REPORT

**For Cash Aid and CalFresh Quarterly Reporting**, you must turn in a Quarterly Eligibility Report (QR 7) by the fifth day of the month following your report months and report all required changes to the county within 10 days.

**For CalFresh Change Reporting**, you must report all changes within 10 days:

- by mail, telephone, or in person at the county CalFresh office; OR
- on a DFA 377.5, CalFresh Household Change Report

**For Medi-Cal**, you must report all changes within 10 days AND turn in a complete Status Report by the 5th of the month when the county sends or gives it to you.

### WHEN YOU MUST REPORT

#### For Cash Aid and CalFresh Quarterly Reporting

Quarterly reporting rules say that you must report things at certain times. You will be assigned a "report month" for each quarter (three month period). This will be the second month of each quarter. For example, if your quarter is January, February and March, February would be your "report month" and your report would be due by the 5th day of March. The report is always due by the 5th day of the month following your "report month" and will be considered late if not received by the 11th day of the month. If your Quarterly Eligibility Report (QR 7) is late you will have to pay back any cash aid or CalFresh that you were not supposed to get. You will have to report gross income, changes in the number of people in your household, property bought or sold by people in your household and other information for that report month as well as any changes in your gross income that you expect to happen in the next quarter. If you do not turn in a completed Quarterly Eligibility Report (QR 7) by the end of the first working day of the month after the month your report is due, your household's benefits will be stopped.

What you must report on the Quarterly Report:

1. **Earned Income:** All gross earned income received by you or anyone in your household in the report month. This includes wages; tips; vacation pay; cash bonuses; money from self employment or from a training program; also any income in kind in exchange for work, such as free rent, clothing or food.

2. **Unearned or Disability Based Income:** All other income received by you or anyone in your household in the report month. This includes Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, state disability indemnity, veterans or railroad retirement, or other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or any other type of money received.
3. You must also report on your Quarterly Report any changes in income that you expect to happen during the next quarter. This includes earned, unearned and disability based income changes.
4. **Property:** Any property including, motor vehicles; bank accounts; savings bonds; insurance policies; a home or land; trust; EBT cash balance, etc. that you or anyone in your household has received since your last Quarterly Report and still has, whether it was bought, obtained through a trade or as a gift. The county will use this information to determine if your household exceeds the property limit. You must also report if you or anyone sold, traded or gave away any property since your last Quarterly Report.
5. **If You Move or Someone Moves Into or Out of Your Home:** Anyone (including newborns) who moved into your home since your last Quarterly Report and is still there. You must also report anyone who moved out of your home or who has died since your last Quarterly Report.
6. **Convicted Drug Felons, Fleeing Felons and Probation/ Parole Violators:** The name of anyone in your household who is either avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole. You must also report any household member who has been convicted of a drug felony for possession, use, manufacturing sale or distribution, of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in these activities. For CalFresh you must report felonies since August 22, 1996 and for cash aid list convictions that happened after January 1, 1998.
7. **Reduced Hours of Work:** If you are an Able-Bodied Adult Without Dependents (ABAWD), you must report when your hours of work drop below 20 hours a week or 80 hours a month. You must also report if you expect your work hours to drop below these limits during the next three months.

#### For Medi-Cal/34-County CMSP, you must report when:

1. Anyone enters or leaves a nursing home or long term care facility.
2. Anyone applies for disability benefits, such as SSI/SSP, Social Security, Veterans, or Railroad Retirement.
3. Anyone gets health care services that result from an accident or injury due to someone else's action or failure to act.

## YOUR REPORTING RESPONSIBILITIES (CONTINUED)

### For Non-Assistance CalFresh Quarterly Reporting

If you only get CalFresh benefits you must report when:

1. Anyone in the household moves to another address, plans to move or gets a new mailing address.
2. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

### For CalWORKs you must report certain changes at other times:

In certain circumstances you will be required to report things (within ten days of the change) even if it is not your "report month" such as:

1. Anytime that your family's combined gross income (both earned and unearned) is more than the Income Reporting Threshold (IRT) for a family of your size. Your county worker will tell you the IRT limit for a family of your size. If your family only gets unearned income or only gets CalFresh benefits, you will only be required to report income on your Quarterly Eligibility Report (QR 7).
2. Anytime that someone in your household is convicted of a drug related felony, becomes a fleeing felon or is in violation of probation or parole.
3. Anytime you move you must report your address change so that the county will know where to send your benefits, Quarterly Report forms and notices.

### Reporting information voluntarily for CalWORKs and CalFresh Quarterly Reporting:

You may also report other information voluntarily even when it is not your "report month." Reporting information voluntarily may cause your household's benefits to go up. If the information reported causes your benefits to go up, the county will take action within ten days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the county will take action to increase benefits the first of the month after you provide verification. Even if you have already reported something to the County, you must also report it on your next Quarterly Report (QR 7).

Some examples of voluntary reporting that may cause your benefits to go up include:

- Your income stops or drops.
- Someone who has little or no income moves into your home (including a newborn).
- Someone who has income moves out of your home.
- You believe that you or someone in your household is eligible for a CalWORKs Special Needs payment, such as pregnancy special needs or a qualifying special diet.

### Additional examples for CalFresh only:

- A household member begins to pay court ordered child support for a child not living in the home.
- A household member is 60 or older.
- Any member who is disabled or 60 years of age or older has changes in or new medical expenses (if verified your CalFresh can be refigured).

### Additional Information for CalFresh Only Households

If you receive CalFresh benefits and you voluntarily report income that has increased, and it is above the gross income level for your household size, your benefits may be discontinued.

Note that if you receive only CalFresh benefits: (1) you do not have to report any increases in income during the quarter; and, (2) when you report changes to the county or in between written quarterly reports, you must also report the change on your next QR 7.

At anytime you can ask the county to discontinue your entire case or any individual person who has left the home or is not required to be in the assistance unit. You can also ask the county to discontinue certain benefits, such as: Medi-Cal or CalFresh. Receiving Medi-Cal/or CalFresh only will not count against your cash aid time limits.

### Other changes for quarterly reporting:

There are other changes that will cause the county to decrease or discontinue your benefits during the quarter in which they happen. Here are some examples:

- An adult in the household reaches the CalWORKs 48-month time limit;
- A household member is sanctioned/penalized;
- A child reaches the age of 18 (and will not graduate from high school before the age of 19);
- Someone in your household begins receiving benefits in another household;
- An eligible child is placed in Foster Care;
- Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

## CALFRESH CHANGE REPORTING

### For CalFresh Change Reporting, you must report when:

1. Your total monthly income starts, stops, or changes by more than \$50.
2. Anyone's source of income changes.
3. Anyone moves into or out of your home.
4. Anyone joins or leaves your household.
5. You move or you get a new address.
6. Your rent and utility costs **only** if you move.
7. Anyone buys, gets, sells, or gives away a licensed motor vehicle.
8. If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.
9. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.
10. Any member of your household is avoiding or running from the law to avoid any felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
11. Any household member convicted of a drug-related felony after August 22, 1996, for manufacturing, sale or distribution of a controlled substance(s), or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities.

### For CalFresh Change Reporting, you may report when:

1. Anyone's physical or mental illness begins or ends.
2. Anyone's citizenship/immigration status changes or anyone gets a letter, form or new card from the USCIS.
3. You have changes in your dependent care costs.
4. Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
5. Any household member starts to pay court ordered child support for a child not living in the home.

## YOUR REPORTING RESPONSIBILITIES (CONTINUED)

### IMPORTANT INFORMATION CASH AID ONLY

#### Unemployed Parent

If you are applying for cash aid as an unemployed parent, the principal earner (PE) must:

- be unemployed and not have worked in the preceding 4 weeks
- apply for and accept any unemployment insurance you are eligible to receive

The PE is the parent who has the most earnings in the past 24 months.

#### Homeless Assistance

You may be eligible for money to help pay for temporary shelter, permanent housing or to prevent eviction. This is a once-in-a-lifetime payment unless you meet an exemption. If you have already received homeless assistance and need it again, your worker will tell you if you are eligible.

#### School Attendance and Immunizations

You must provide proof when requested by the county that:

- all school-age children are attending school, and
- children under the age of 6 have received age appropriate immunizations. (Manual of Policies and Procedures Sections 40-105.4; 40-105.5).

#### Maximum Aid Payment (MAP)

There are two levels of Maximum Aid Payment (MAP). Most families getting cash aid get the lower MAP level. Families may get the higher MAP level if each parent or caretaker in the Assistance Unit (AU):

- is disabled and getting Supplemental Security Income/ State Supplemental Payments (SSI/SSP), or In-Home Supportive Services (IHSS), or State Disability Insurance (SDI), or Temporary Workers Compensation (TWC), or Temporary Disability Indemnity (TDI) benefits
- is caring for an aided child(ren) who is not their child and the caretaker does not get cash aid.

Also eligible for the higher MAP:

- a family who gets Refugee Cash Assistance (RCA) if each adult meets an exception.

If all the adults in the household meet at least one of these exemptions, ask your worker about applying for an exemption.

#### Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of your gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

#### Maximum Family Grant (MFG) Rule

The MFG rule applies to any child born after August 31, 1997. The MFG rule says that your maximum aid payment (MAP) will not go up to include a child born to your family, if your family got cash aid for the 10 months in a row right before the child's birth. There are exemptions to the rule. Your worker will give you a copy of the MFG rules and answer your questions. Then you will sign a copy that says you understand the rules.

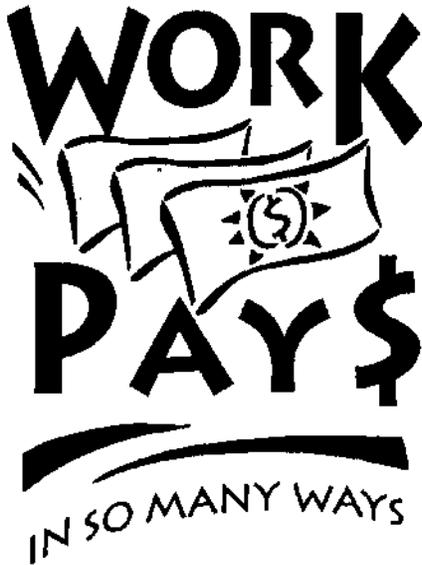
#### Proof of Facts

If you ask for cash aid within one year of the date it stopped, the county must look at your prior case file to see if it already has the proof needed to determine your eligibility when:

- you cannot get the proof, or
- there is a cost to you to get the proof, or
- processing your application would be delayed because it would take too long for you to get the proof.

If you ask for cash aid within one year of the date it stopped AND, if the county doesn't have the proof it needs, then you will have to provide proof.

If you have new changes since you last got cash aid, the county will need new proof.



Here's how **Work Pays**:

- Gives you more \$\$\$\$ to help support your family
- Builds a better life for you and your family
- Develops job skills
- Builds self-esteem
- Gives you personal satisfaction

**You can work and still get cash aid:**

- ✓ In most cases, when you work, your gross earnings (earnings before deductions) are not subtracted dollar for dollar from your cash aid payment. You may be eligible for **work related deductions**. When you add it up, you have more \$\$\$\$ for your family.
- ✓ When you have a **grant-based on the job training (OJT)** assignment, all or part of your cash aid payment is used by your employer to help pay your wages. You do not get work related deductions for grant based OJT wages.
- ✓ Either way, you may be eligible for child care costs that are paid to your provider.

See page 7 for facts about work and training rules, work incentives, including child care programs. Ask your worker for more facts about **Work Pays** and how **grant-based OJT** can work for you.

**Remember, you can work and still get cash aid as long as you stay eligible and meet reporting rules in a timely manner.**

## Work and Training Rules

Your worker will tell you what cash aid and/or CalFresh work rules you need to follow before and after your application is approved. You may be required to be in work, training or education activities to keep getting your cash aid, CalFresh, or both. More than one member of a household can be required to follow cash aid and/or CalFresh work rules. If anyone becomes ineligible for not following work or training rules, other members of their household can still get cash aid or CalFresh, as long as they remain eligible. But, the amount of cash aid or CalFresh they get may change.

## Cash Aid Work Rules

If you get cash aid and CalFresh benefits or just get cash aid, you will need to take part in certain Welfare-to-Work activities to keep getting your cash aid and CalFresh benefits. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules. Welfare-to-Work activities include, but are not limited to, subsidized or unsubsidized work, work experience, community service, adult basic education, vocational training, and job search. Subsidized means that the county or some other funding source pays your employer for part of your wages.

The cash aid work rules also say you must:

- Sign a Welfare-to-Work plan;
- Take a suitable job that is offered to you;
- Not quit a job or reduce your earnings.

## Sanctions for Not Meeting Cash Aid Work Rules

Any time you don't meet cash aid work rules for a good reason, your cash aid will be stopped until you do what you should do. After your cash aid is stopped or reduced, you can only get it back again if you meet the work rules that you had stopped meeting or you become excused. If your cash aid is stopped, your CalFresh benefits may also be stopped or reduced.

## CalFresh Work Rules for Persons Not Receiving Cash Aid

If you only get CalFresh benefits, you may need to take part in certain employment and training activities to keep getting your CalFresh benefits. These activities include job search, workfare, adult basic education, and vocational training. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules.

The CalFresh work rules also say you must:

- Answer questions about your job experience and ability to work;
- Check on a possible job we tell you about and take a suitable job that is offered to you;
- Not quit a job or reduce the number of hours you work to less than 30 hours per week.

## CalFresh Only Penalties

If you don't meet CalFresh work rules and you don't have a good reason, your CalFresh benefits will be denied or stopped for one, three, or six months, depending on the number of times you stop meeting the rules. After your CalFresh benefits are stopped, you can only get them again at the end of the penalty or sooner if you become excused.

## Work Requirement for Able-Bodied Adults Not Receiving Cash Aid

If you only receive CalFresh benefits and you don't have minor children, there is another work rule which you also may need to meet. You do not have to meet this work rule if you are under age 18, over age 49, pregnant, or you are part of a CalFresh household with a minor child. You may be excused for other reasons that your county worker can explain. The work rule says that if you are an able-bodied adult, you must work at least 20 hours a week or 80 hours a month in paid employment, take part in a workfare project for the required number of hours, or take part in an approved training activity for at least 20 hours per week or 80 hours per month. During a period of 36 months, CalFresh benefits will stop if there are three months in which you do not meet the work rule. If you stop meeting the work rule a second time for reasons such as being laid off, you may be able to get CalFresh benefits for three months in a row without having to meet the rule. After that you can only get CalFresh benefits if you meet the work rule or get excused.

## CalWORKs Income Disregards

The total amount of cash aid your family receives is based on your family size and any other income you may have. The law allows for some income to be disregarded when the total amount of cash aid you will receive is calculated.

- If your family gets more than \$225 a month of Disability Income (DI), only the first \$225 is disregarded.
- If your family gets \$225 a month or less of DI, none of it will be counted as income and if you also have Earned Income (EI), any remaining amount of the \$225 disregard, up to \$112, will not be counted as income.
- In addition, 50 percent of any other EI will be disregarded.
- The remainder is your net countable income and is the amount that will be used to figure your cash aid.

## Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

## CalWORKs Child Care Program

Child care benefits are available to recipients who need child care to work or participate in county-approved welfare-to-work activities such as attending education or job training programs.

## California Department of Education (CDE) Child Care

Child care benefits are also available from CDE. Contact your local Resource and Referral Agency for more information.

## Transitional Medi-Cal (TMC)

You may get Medi-Cal for up to 12 months if you go off cash aid because you are working. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. To get more than six months of TMC, your income must be under certain limits and you must meet TMC reporting rules.

## OTHER IMPORTANT INFORMATION

### CASH AID AND CALFRESH QUARTERLY REPORTING HOUSEHOLDS

#### Budgeting Rules

The amount of cash aid and/or CalFresh benefits you can get depends on your income and allowable expenses. You will get a Quarterly Eligibility Report (QR 7) to fill out every three months. On the QR 7, you will need to report what income and expenses you had in the last month and what income and expenses you think you will have in the three months after you turn in your report. The income and expenses you expect to have in the next three months will be used to figure the amount of cash aid and/or CalFresh benefits you can get for those three months. Information that you put on the QR 7 about the past month will be used for the next three months if you don't expect your income or expenses to change.

For example, if you turn in a QR 7 in March, you will report what income you had in February. You will also report any income changes you expect to have in April, May and June. If the income from February will stay the same, your cash aid and/or CalFresh benefits for April, May, and June will be figured using that same income and expenses for each of those months. If your income and expenses will change, your worker will use the new income amounts you think you'll get in April, May, and June to figure your cash aid and/or CalFresh benefit amount for those months. This method is called prospective budgeting.

#### Property Limit

##### CalWORKS:

There is a \$2000 limit on the value of the property (e.g. bank accounts, stocks, etc.) that your family can own and be eligible to receive CalWORKS benefits. If someone in your family is at least 60 years of age the limit is \$3000. Your residence and furniture are not part of the limit. You may own a vehicle worth up to \$4650. If your registered vehicle is worth more than \$4650, any value over that limit will count as part of your property limit unless the vehicle is used by your family for certain special reasons. Ask your worker what those reasons are. Any vehicle you have, that cannot be sold for more than \$1500, will not count towards your property limit. Your worker can explain to you how to figure the value of any vehicle.

##### CalFresh:

If you only get CalFresh benefits and do not get cash aid there is no property limit. For recipients who get both cash aid and CalFresh benefits, the CalWORKS property limits (above) will apply.

### CASH AID ONLY

#### 48-Month Time Limit

As of July 1, 2011 a parent or caretaker relative is not eligible for cash aid when he/she has received cash aid for a total of 48 months. All cash aid received from CalWORKS and/or cash aid received from Tribal TANF or any other state counts toward the 48-month total. Only cash aid received on or after January 1, 1998 counts toward the 48-month total. There are exceptions to this time limit and the limit does not apply to children.

#### Resources/Electronic Benefits Transfer (EBT)

Any balance remaining in the EBT account at the end of the month will be considered an available resource and could make your household ineligible for cash aid if your total countable resources are more than the allowable resource limits.

#### Transfer of Assets Rule

Recipients can sell, exchange or change the form of their property holdings, if they get fair market value for the property (asset). If they do not get fair market value for the asset, the family will get a period of ineligibility. The period of ineligibility is figured by subtracting the amount received from the fair market value of the asset and then dividing that amount by the need standard for the family. The amount is rounded down to the next lower whole number.

#### CALFRESH ONLY Utility Allowances

You will be allowed a Standard Utility Allowance (SUA) deduction if you have heating and cooling costs. If you have utility costs other than heating or cooling, such as water, sewer and garbage, you will be given a Limited Utility Allowance (LUA) deduction. If you only have a telephone cost, you will be given a Telephone Utility Allowance (TUA) deduction. The SUA, LUA and TUA are used to reduce your income, which helps you get more benefits.

#### MEDI-CAL/34-COUNTY CMSP ONLY Spending Down Excess Property

- If you get or apply for Medi-Cal/34-County CMSP Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. For Medi-Cal you may spend your excess property in any manner you want. But you may not be eligible for nursing facility level of care for a period of time if you sell or give away any property for less than its worth, and you apply for or receive Medi-Cal nursing facility level of care within 30 months of the transfer.
- You may not be eligible for 34-County CMSP if you sell or give away any property for less than it is worth.

#### Resources And Property

- All Medi-Cal benefits received after age 55 are subject to recovery from a deceased Medi-Cal recipient's estate. However, recovery may not exceed the value of the estate. Recovery may not occur if the beneficiary is survived by a spouse. The state may not claim the proportionate share of an estate left to a minor child or a totally disabled adult child. In addition if recovery would cause an undue hardship for any other heirs and that hardship can be demonstrated, recovery may be waived in full or in part.
- If you are institutionalized and your home or former home is not exempt, the state may record a lien against your property to repay the cost of medical care covered by Medi-Cal.

### AVAILABLE SERVICES

**Women, Infants and Children (WIC) Supplemental Nutrition Program:** The WIC Program is only for pregnant and breast feeding women, infants and children under age 5, who are at medical-nutritional risk. For more facts about WIC, call your local county health department or the phone number for "WIC" in the telephone book.

**Voter Registration:** If you want to register to vote, ask your worker to send you a registration form. If you need help filling it out, ask your worker. You can mail the form yourself. Your eligibility for aid will not be affected whether or not you register. Your worker will not tell you how to vote.

# PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, CalFresh benefits, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or CalFresh benefits.

## Disqualification Penalties

### Cash Aid and CalFresh

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or CalFresh overissuance.

### Cash Aid Penalties

If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

## CalFresh Only

If your household receives CalFresh benefits, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting CalFresh benefits.
- Don't trade or sell your EBT card.
- Don't alter your EBT card to get CalFresh benefits you are not entitled to get.
- Don't use CalFresh benefits to buy ineligible items such as alcoholic drinks, tobacco, paper, or cleaning products.
- Don't use someone else's EBT card for your household.

## CalFresh Penalties

If you do not follow CalFresh rules, your benefits can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years. If you are found guilty in any court of law or administrative hearing because:

- you traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped forever for the first violation;
- you traded or sold CalFresh benefits for controlled substance, your benefits can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever;
- you filed two or more applications for CalFresh benefits at the same time and gave the county false identity or residence information, your CalFresh benefits can be stopped for 10 years.

## APPLICANT/RECIPIENT CERTIFICATION

- I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, clothing.
- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A QR).

- I also certify that, if I applied for or get cash aid, I got a copy of the following:
    - Welfare to Work Informing Notice (WTW 5)

(APPLICANT/RECIPIENT'S INITIALS) \_\_\_\_\_

- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.

## ELIGIBILITY WORKER'S CERTIFICATION

**I certify that the applicant/recipient appears to understand:**

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or CalFresh, and/or share of cost for Medi-Cal/34-County CMSP

**I also certify that the applicant/recipient was given a copy of:**

- The Rights, Responsibilities, and Other Important Information (SAWS 2A QR)

- For cash aid:
    - Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, CalFresh Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)

Date

Signature (Other Parent Living in the Home, Registered Domestic Partner)

Witness, if You Signed With An "X"

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date

## PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, CalFresh benefits, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or CalFresh benefits.

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If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

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- you traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever;
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- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A QR).

- I also certify that, if I applied for or get cash aid, I got a copy of the following:

Welfare to Work Informing Notice (WTW 5)

\_\_\_\_\_  
(APPLICANT/RECIPIENT'S INITIALS)

- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.

## ELIGIBILITY WORKER'S CERTIFICATION

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- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or CalFresh, and/or share of cost for Medi-Cal/34-County CMSP

**I also certify that the applicant/recipient was given a copy of:**

- The Rights, Responsibilities, and Other Important Information (SAWS 2A QR)

- For cash aid:
  - Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, CalFresh Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)		Date
Signature (Other Parent Living in the Home, Registered Domestic Partner)	Witness, if You Signed With An "X"	Date
Eligibility Worker's Signature	Eligibility Worker's Number	Date

State of California  
Department of Social Services

NOA Msg Doc No.: TEMP M40-107a Page 1 of 2  
Action: Change  
Issue: CalWORKs 48-Month Time Limit  
Title: Time on Aid (unticking months  
due to temporary exemptions)

Auto ID No.:

Use Form No.: NA 530 (04/11),  
Attach NA 270

Source :  
Issued by :

Original Date: 09-01-09  
Revision Date: 09-01-11

Reg Cite: 40-107(a)(4), 42-302,  
42-302.21, 42-712,  
SB 72 (Chapter 8, Statutes of 2011), and  
AB 106 (Chapter 32, Statutes of 2011)

MESSAGE:

As of \_\_\_\_\_, the county has determined that you, \_\_\_\_\_ have used \_\_\_\_\_ months of your lifetime 48-month time limit of CalWORKs cash aid.

Here's why:

Beginning July 01, 2011, State Law changes the CalWORKs time limit from 60 months to 48 months for aided adults. Also, the CalWORKs rules about time limit exemptions have changed. These exemptions can stop your CalWORKs 48-month time limit clock until you do not meet the condition checked below, or until June 30, 2012, whichever comes first.

If you were exempt, the month(s) that do not count for time limit purposes starting July 1, 2011 are listed on the next page.

The new time limit exemption applies to you because:

- You are a parent or other relative who is caring for one child who is 12 to 23 months of age or at least two children who are under six years of age; or
- You have good cause because the county is unable to provide the supportive services you need to participate in Welfare-to-Work activities.

Months that did not count due to this exemption.

= \_\_\_\_\_ months

Year _____	-	Jan	Feb	March	April	May	June
		July	Aug	Sept	Oct	Nov	Dec

You may be eligible to get aid for \_\_\_\_\_ more months.

INSTRUCTIONS: Use to inform an adult recipient of a change to the total number of months that count for purposes of the 48-month time on aid. Check the appropriate box indicating the reason the client has a new time limit exemption.

Complete the following:

- Date of notification.
- Name of the adult recipient.
- Total number of months of aid used, (i.e. counted toward the time limit.)
- Check appropriate box to indicate the time limit exemption applicable.
- Number of months that did not count toward the time limit due to the temporary exemptions under CalWORKs Reform.
- The year and months that did not count for time limit purposes starting July 1, 2011(Use continuation page NA 270).
- Remaining number of months available.

**Use this TEMP message from July 1, 2011 through June 30, 2012.**

## 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.

## 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

# SIMPLIFIED CALFRESH PROGRAM UNPAID WORK EXPERIENCE (WEX) AND UNPAID COMMUNITY SERVICE HOURS WORKSHEET

Complete this form to determine the maximum number of hours a county may assign an individual to unpaid community service and/or unpaid WEX, up to 32- or 35-hours per week. *(Note: A county need not assign an individual all of the hours determined by the formula below).* If the assignment is less than 32- or 35- hours per week, the individual is required to participate in other activities to meet his or her work participation requirement.

GRANT/CALCULATION MONTH (MONTH PRIOR TO THE ACTIVITY PARTICIPATION MONTH)

ACTIVITY PARTICIPATION MONTH

PARTICIPANT'S NAME

CASE NO.

1. Actual Cash Grant Authorized for the Grant/Calculation Month, Including Underpayments and Supplemental Payments On or Before the 10th of the Month. *(After Penalties and Overpayments. Do Not Include Any Amount Used to Subsidize Grant-Based OJT Community Service.)*

\$

2. Actual CalFresh Allotment Authorized for the Grant/Calculation Month, Including Underissuances paid On or Before the 10th of the Month. *(After Overissuance Adjustments.)* To determine prorated amount for **mixed CalFresh households**, use this formula:

$$\frac{\text{Total Household CF Allotment (\$ \underline{\hspace{2cm}})}}{\text{\# of CF Recipients in Household (\underline{\hspace{2cm}})}} = \frac{\text{(CF Amount/ Person)}}{\text{Person}} \times \frac{\text{(\# of CalWORKs Recipients)}}{\text{Recipients}}$$

+ \$

3. Total Benefits Paid for the Grant/Calculation Month. *(Total of line 1 and line 2)*

= \$

4. Monthly Minimum Wage Calculation Amount for the Grant/Calculation Month. *(Divide line 3 by the appropriate minimum wage)*

$$\frac{\$ \underline{\hspace{2cm}}}{\text{(line 3)}} \div \frac{\$ \underline{\hspace{2cm}}}{\text{(Minimum Wage)}}$$

=

5. **Maximum Average Unpaid WEX/Community Service Hours for the Grant/Calculation Month.**

$$\frac{\text{(Divide line 4 by 4.33)} \quad \underline{\hspace{2cm}}}{\text{(Round Down)} \quad \text{(line 4)}} \div 4.33$$

=

COMPLETED BY

AGENCY

DISTRICT NUMBER (IF APPLICABLE)

DATE