



CDSS

WILL LIGHTBOURNE  
DIRECTOR

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

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EDMUND G. BROWN JR.  
GOVERNOR

October 29, 2012

ALL COUNTY LETTER NO. 12-59

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CalWORKs PROGRAM SPECIALISTS  
ALL CALFRESH COORDINATORS  
ALL COUNTY REFUGEE COORDINATORS  
ALL CONSORTIA MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS  
(CalWORKs) AND CALFRESH PROGRAMS: NEW AND REVISED FORMS AND  
NOTICES OF ACTION (NOAs) FOR THE SEMI-ANNUAL REPORTING (SAR)  
SYSTEM

REFERENCE: ASSEMBLY BILL (AB) 6 (CHAPTER 501, STATUTES OF 2011), AND  
ALL COUNTY LETTER (ACL) NO. 12-25

ACL No. 12-25, dated May 17, 2012, issued new policy instructions to the County Welfare Departments (CWDs) for the implementation of SAR in CalWORKs and CalFresh. The purpose of this ACL is to transmit the first set of new and revised forms and NOAs to be used in conjunction with the new SAR policies. The CWDs should begin using the new and revised forms and NOAs upon implementation of SAR in each county. Changes to required forms, other than adding the county name, logo and contact information must be approved by California Department of Social Services (CDSS) prior to making the change unless instructed otherwise.

**CALFRESH WAIVERS**

The CalFresh Policy Bureau has submitted a waiver request that, if approved, would make changes of address a mandatory mid-period report for CalFresh SAR households. If the Food and Nutrition Services denies the requested waiver, the attached SAR 2 (Reporting Changes for Cash Aid and CalFresh) will be revised to reflect that change and revised instructions will be issued to CWDs.

Additional revised forms and NOAs will follow in a subsequent ACL.

REASON FOR THIS TRANSMITTAL

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

## **CAMERA READY COPIES AND TRANSLATIONS**

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

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

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

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

This ACL and other CDSS Letters and Notices are available on the internet at: <http://www.dss.cahwnet.gov/lettersnotices/default.htm>

If you have any questions regarding this ACL, please contact your CalWORKs County Consultant at (916) 654-1322. For questions related to CalFresh Policy, please contact the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare to Work Division

Attachments

**CalWORKs AND CALFRESH FORMS AND NOTICES OF ACTION (NOAs) FOR  
SEMI-ANNUAL REPORTING (SAR)**

<b>Form #</b>	<b>Form Title, Description, Explanation of Changes, and Directions for Use</b>
<b>TEMP SAR 1 (10/12)</b>	<p><b><u>New Reporting Requirements For Cash Aid and CalFresh (Required Form-Substitutes Permitted)</u></b></p> <p>The Temp SAR 1 is the mass informing notice that has been developed to provide recipients with information regarding the main changes in their reporting requirements. This notice only highlights the main changes from quarterly to semi-annual reporting, and does not explain all the reporting requirements or rules. Counties shall provide this (or a similar) notice to recipients with their last two QR 7s and their first SAR 7. This informing notice should also be given to new applicants who apply during the time period in which the county is implementing SAR. The TEMP SAR 1 may be modified to personalize it to a specific county or case. However, counties must receive permission from CDSS prior to changing the informing language provided in the TEMP SAR 1.</p>
<b>SAR 2 (10/12)</b>	<p><b><u>Reporting Changes for Cash Aid and CalFresh (Recommended Form)</u></b></p> <p>The SAR 2 will replace the QR 2 upon implementation of SAR. This form was updated to explain the new Income Reporting Threshold (IRT) reporting requirements under semi-annual reporting. This form is used to inform recipients of their assistance unit's current IRT and other mid-period reporting requirements. The CWDs must inform recipients of their IRT no less than once every six months and must also inform the recipient whenever the recipient's IRT changes.</p>
<b>SAR 7 (10/12)</b>	<p><b><u>Semi-Annual Eligibility/Status Report (Required Form-Substitutes Permitted)</u></b></p> <p>This form will replace the QR 7 upon implementation of SAR. This form has been completely revised to reflect the changes from quarterly to semi-annual reporting. Recipients will need to fill out a SAR 7 once per year, six months after their annual redetermination/recertification. Recipients will use the SAR 7 to report income, household changes, and other information that will be used to prospectively budget the benefit amount for the semi-annual period.</p> <p><b>NOTE:</b> Many revisions were made to the SAR 7, including removing the language informing recipients of their IRT amount. The SAR 7 form is required, substitutes permitted. Any changes must have prior approval from CDSS. CWDs that choose to include IRT informing information on their versions of the SAR 7 may do so using the following language: "You must report within ten days if your income goes above your Income Reporting Threshold (IRT). As of (date), your IRT was (\$___)."</p>

**SAR 7A (10/12)****How to fill out your SAR 7 (Required Form-Substitutes Permitted)**

This form will replace the QR 7A upon implementation of SAR. This form instructs recipients on how to fill out the SAR 7 and includes reminders about what to report, who must sign the form and the penalties for fraud. The CWDs must send the SAR 7A to recipients at the same time their SAR 7 is sent to them, or any other time it is requested. The SAR 7A may be modified to personalize it to a specific county or case. However, counties must receive permission from CDSS prior to making any other changes.

**NA 960X SAR (10/12)****Notice of Action (NOA) – Stop Aid – Report Not Received**

This NOA will replace the NA 960X QR upon implementation of SAR. The use of this NOA has not changed. This NOA has been updated to reflect the changes from quarterly to semi-annual reporting and changes the Food Stamp program name to CalFresh. The NA BACK 9 (4/11) is still required to accompany this NOA. The CWDs are reminded that when using translated versions of the NOA, the NA BACK 9 must be in the same language.

**NA 960Y SAR (10/12)****Notice of Action (NOA) – Stop Aid – Report Incomplete**

This NOA will replace the NA 960Y QR upon implementation of SAR. The use of this NOA has not changed. This NOA has been updated to reflect the changes from quarterly to semi-annual reporting and changes the Food Stamp program name to CalFresh. The NA Back 9 (4/11) is still required to accompany this NOA. The CWDs are reminded that when using translated versions of the NOA, the NA BACK 9 must be in the same language.

**NA 1239 SAR (10/12)****Notice of Action (NOA) – Continuation Page with Semi-Annual Reporting Budget Computation**

This NOA will replace the NA 1239 upon implementation of SAR. The NA 1239 SAR explains how the county determines the monthly income for the upcoming SAR Payment Period when the recipient is paid every week or every other week. The budget side of the NOA shows the recipient how the net non-exempt income and cash grant is calculated. The NA BACK 9 (4/11) is still required to accompany this NOA. Again, CWDs are reminded that when using translated versions of the NOA, the NA BACK 9 must be in the same language.

## IMPORTANT INFORMATION - PLEASE READ

### New Reporting Requirements for Cash Aid and CalFresh

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The county is changing from Quarterly Reporting to Semi-Annual Reporting. Below are the changes that will be coming soon. We will tell you when these new rules start.

#### **Reporting Form**

Before, you turned in a QR 7 every 3 months. **Soon you will only need to turn in a report once every 6 months.**

**The 6-month report form is called the SAR 7.** The other report will be your annual redetermination/recertification (RD/RC) form.

The SAR 7 is due 6 months after your annual RD/RC. It is always due on the 5th day of the month. If you do not turn in your **complete** SAR 7 by the end of the first working day of the next (7th) month, **your aid will stop.**

**Example:** You completed your annual RD/RC in February. Your SAR 7 will be due 6 months later, on August 5th. You have to get your completed SAR 7 to your worker no later than the first working day in September or your benefits will stop. You will lose aid unless you had a good reason for being late.

Just like with your QR 7, you must answer all the questions on the SAR 7, attach proof, sign and date it, and return it by the date listed on the report.

#### **Changes to the Income Reporting Threshold (IRT) Rules**

The IRT is the amount of total monthly income that you have to report **within 10 days**. By “total monthly income” we mean any money you get. Any time your IRT changes, the county will let you know in writing.

**For Cash Aid:** The amount of income that you have to report within 10 days is changing. The IRT is based on your total income and the number of people in your household. Before, we would stop your benefits if your total income was over the IRT. Under the new rules, when you report income over your IRT, the county may **lower or stop** your benefits.

**Example:** If your IRT is \$900 and you get income of \$800 you do not have to report the change until your next report is due. If you get income of \$901 or more you must report it to your worker within 10 days. Your benefits will go down and your worker will give you a new IRT.

**For CalFresh:** Before, you did not have an IRT. Soon you will have an IRT based on your household size. When you report income over your IRT, the county may stop your benefits.

#### **Other Mandatory and Voluntary Reporting Rules are the same.**

Voluntary reports may increase your benefits.

## REPORTING CHANGES FOR CASH AID AND CALFRESH

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

### Because you get Cash Aid or CalFresh (formerly called Food Stamps), you must report within 10 days when your TOTAL income reaches a certain level.

You must report anytime your household's total monthly income is more than your current Income Reporting Threshold (IRT).

Your family size is	_____
Your current income is \$	_____
<b>Your IRT is</b>	<b>\$_____</b>

### How to report?

If your total income is over the IRT amount listed above, you must report this to the County **within 10 days**. You can report this information to the County by calling the county or reporting it in writing.

By "total monthly income" we mean:

- ⇒ Any money you get (both earned **and unearned**).
- ⇒ The amount *before* any deductions are taken out. (Examples of deductions are: taxes, Social Security or other retirement contributions, garnishments, etc.)

### What will happen?

- ⇒ Your benefits may be lowered or stopped based on income over your IRT.
- ⇒ Your IRT may change when your income changes or when someone moves in or out of your home.
- ⇒ The County will let you know in writing each time your IRT changes.
- ⇒ You also need to report on your SAR 7 all income you get during the Report Month, even if you already reported that money.

### Penalty for not reporting

If you do not report when your income is more than your household's IRT limit you may get more benefits than you should. You **must** repay any extra benefits you get based on income you do not report. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime.

### If you get Cash Aid, you **MUST ALSO** report the things below within 10 days of when they happen:

1. Anytime someone joins, or is in your household, who has a conviction for a drug related felony *that was not reported before*.
2. Anytime someone joins, or is in your household, who is in violation of a condition of probation or parole.
3. Anytime someone joins, or is in your household, who is running from the law.
4. Anytime you have an address change.

### If you get CalFresh, you **MUST ALSO** report the things below within 10 days of when they happen:

1. Anytime you have an address change.
2. If you are an Able Bodied Adult Without Dependents (ABAWD), you must report any time your work or training hours drop to *less* than 20 hours a week or 80 hours a month.

### Voluntarily reporting information

You may also voluntarily report changes to the County anytime. *Reporting some changes may get you more benefits.* For example:

- Your income stops or goes down.
- Someone with income moves out of your home.
- Someone without income moves into your home.
- Someone in the house becomes pregnant.
- Someone on cash aid has a special need, such as: a pregnancy, a special diet prescribed by a doctor, household emergency, etc.
- The birth of a child.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.



# REPORT MONTH

# ELIGIBILITY STATUS REPORT

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER \_\_\_\_\_ 1st AND RETURN IT BY \_\_\_\_\_ 5th  
SUBMIT MONTH SUBMIT MONTH

\_\_\_\_\_ CASE NUMBER HERE

**NEED HELP?** (County Specific instructions w/county url)

Worker Name: \_\_\_\_\_ (DIST. ID HERE)  
Worker Phone: \_\_\_\_\_  
County: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
BAR CODE: \_\_\_\_\_

Check the box if you would like to STOP getting any of the following:  STOP my CalWORKs  STOP my CalFresh  
 STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported?  Yes  No (If Yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Have there been any changes to your address since you last reported?  Yes  No (If Yes, complete the section below)

New Address: \_\_\_\_\_ Date Moved: \_\_\_\_\_  
Mailing Address (if different than above) \_\_\_\_\_

3. If you have moved or have new/changed housing costs since you last reported please fill out the section below:

Your rent or mortgage per month now? \$ _____	If paid separately, your property taxes and home insurance per month now? \$ _____
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Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:  
 Phone  Trash  Water  Electric/Gas  Other heating or cooling costs

4. Is anyone in your home:  
A. A felon whose conviction was drug-related?  
B. Running from the law?  
C. In violation of probation or parole?  
 Yes  No (If Yes, complete the section below)

Name Of Person	A, B, or C From Above	Where Did The Arrest Or Conviction Happen?	Date of Arrest And/Or Conviction

5. Medical Costs: Did anyone who gets CalFresh and is 60 years old or older, or disabled, have a change in medical costs?  
 Yes  No (If Yes, complete the section below)

Who had the change? _____	Amount: \$ _____
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6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported?  Yes  No If Yes, what was the amount paid in the Report Month? \$ \_\_\_\_\_

Who paid support? \_\_\_\_\_  
**If Yes, Attach proof.**

7. Dependent or Child Care: Did anyone who gets CalFresh and either works, is looking for work, or is going to school have a change in dependent care or child care costs since they last reported?

Yes  No If Yes, what was the amount paid in the Report Month? \$ \_\_\_\_\_  
Who paid: \_\_\_\_\_ List child/children: \_\_\_\_\_

8. Did anyone: Get, buy sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, prior social security), or other property items since last reported?

Yes  No (If Yes, complete the section below. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount:	<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
				<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

9. **Did anyone get income from employment in the Report Month?**  Yes  No (If Yes, complete the section below and **attach proof**). The **Report Month** is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc.

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income:	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>
How often paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount they got, list here:	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$
Hours worked per month:			
Will this income continue?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Will there be any changes to your job or income in the next six months? Examples: Stopping, starting, increase or decrease of income, changes in hours, quitting a job or going on strike, change in how often you are paid.  Yes  No (If Yes, explain): Use a separate piece of paper if needed:

10. **Did anyone get money from any other source in the Report Month?**  Yes  No (If Yes, complete the section below and **attach proof**.) The **Report Month** is listed at the top of the first page.  
Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc.

Name	Source of income	One time payment or monthly	How much
			\$
			\$
			\$

Will there be any changes to this income in the next six months?  Yes  No

Explain here:

11. **Have any of the following happened to anyone in your home since you last reported?**  Yes  No

(If yes, check below and attach proof):

- Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- Disability (Became disabled or recovered from a disability or major illness?)
- Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- Custody (Any change in the amount of time you care for/have custody of your children?)
- In-Home Support Services (Started or stopped getting services?)
- School Attendance  
\*For Cash Aid Only- Student age 6-18 stopped or started attending school regularly?  
\*For Age 16 or older student- started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- Someone paid for all of my housing, food, clothing or utility costs. (please explain) \_\_\_\_\_
- Other \_\_\_\_\_

**Please read carefully, sign, and date.**

**By signing this form:**

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000, I may have to pay back benefits if I was not eligible to them, the first time I break the rules on purpose I will not be able to get CalFresh for one year, the second time two years, and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

### CERTIFICATION - FRAUD WARNING

**I UNDERSTAND THAT:** If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the Eligibility/Status Report for Cash Aid and CalFresh.

**YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.**

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

**WHO MUST SIGN BELOW:**

**For Cash Aid:** You and your aided spouse, domestic partner, and the other parent (of cash-aided children) if living in the home.  
**For CalFresh:** The head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK 	DATE SIGNED	HOME PHONE ( )	CONTACT/CELL PHONE ( )
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN) 	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM 	DATE SIGNED

**HOW TO FILL OUT YOUR SAR 7 SEMI-ANNUAL ELIGIBILITY/STATUS REPORT****For Cash Aid and CalFresh (Food Stamp) Benefits**

Save this form to help you fill out your SAR 7 (Semi-Annual Eligibility/Status Report). If you need help filling out your report, **call the County**.

- If you do not send in a complete report, your benefits may be delayed, changed, or stopped, or cause an overpayment that you will have to pay back. You must answer all the questions, and attach proof when we ask for it.
- **Attach a separate sheet of paper if needed.**
- **Facts you report may cause your benefits to go up, down, or be stopped.**

**INSTRUCTIONS****How Often You Must Complete the SAR 7**

Once a year; (6 months after your application/annual renewal). The County will tell you when your SAR 7 is due.

**Reporting For People Who Are Living In Your Home if your family gets cash aid, report facts for:**

- All **children**-natural, adopted, and stepchildren.
- All **parents**-natural, adoptive, and stepparent.
- Other **aided relatives** in the child's case.
- **Yourself** and your **spouse or registered domestic partner**.
- Anyone who is **temporarily absent** from the home.

**If your family gets CalFresh (with or without cash aid) you must also report facts for:**

- All children.
- All related adults.
- All other people in the household who regularly buy and prepare food with you.

**Asking To Stop Benefits**

- On the SAR 7, fill out the section to stop benefits **only** if you want to stop any of your benefits. Check the benefits you want stopped, and sign and date the SAR 7. If you only want to stop some of your *benefits and keep others*, you must fill out the rest of the SAR 7.
- You can also stop your benefits by contacting the County.
- If you ask to have your cash aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or you may have to pay a share of cost for it.

**HOW TO FILL OUT EACH QUESTION****Household information (Question 1)**

List any changes in who lives with you, changes to your address (including changes in apartment numbers) and changes in housing costs since you last reported. This includes: newborns; people who are temporarily absent from your home; anyone who died, entered or left a hospital or institution (including jail or prison), etc.

**Address Change/Housing Costs (Questions 2 and 3)**

Give us the facts about any changes in your address or phone number since you last reported. If you are getting CalFresh, you may be asked to give proof of new housing costs like rent and utilities. If your costs have increased because of the move, be sure to list the new amounts. This may increase your CalFresh benefits.

**Convictions, Fleeing and Parole/Probation Violations (Question 4)**

This question applies to anyone already living with you who had any of these happen since you last reported. It is ALSO for anyone who moved into your household who may have a drug felony conviction, be running from the law or in violation of parole/probation. We need the person's name, the place, and date of the arrest/conviction.

If you reported the information to the County before, you do not need to report the same information.

**Expenses (CalFresh Information) (Questions 5, 6 and 7)**

These questions may change your CalFresh benefits. This information may lower the income we count and increase your benefits. For people age 60 and older or who are disabled, report any changes to your out of pocket medical costs. For any CalFresh household, report changes to your costs for child or adult dependent care needed for work or training. If you pay child support, report any changes in the amount paid. **Attach proof to see if you can get more benefits.**

**Property (Question 8)**

List anyone who got, bought, sold, traded, spent or gave away any property. Property includes: land, home, cars, bank accounts, money payments (lottery or casino winnings, retroactive social security, tax refunds), etc. Include gifts and loans. List whose property, the type of property, when it changed and the value of the property ("amount" on the form). Check the box for what happened. **Attach proof.**

If you have already reported and provided proof of new property, you do not have to report it again unless there has been a change.

**Employment Income (Question 9)**

List **all** income from employment (work) – earnings, tips, training allowances, benefits, or other earnings anyone got in the report month. List the amount before taxes or deductions (the gross amount). **Attach proof.**

- **Employment income** includes but is not limited to paychecks, cash income, vacation pay, bonuses, money from self-employment, temporary job or training income, rental income, IHSS, etc.
- If **self-employed**, you can get a 40% deduction for expenses without proof. If your expenses are higher and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof if using actual expenses.

We need to know if you think the income will continue or if you know it will change. If your income will stay the same we will use the amount you report as your income for the next 6 months. If you know your income will change, tell us why, how much and when it will change. If you aren't sure, you can also report the change when it happens. For example, if you were offered a job and know your hourly wage and schedule, you must report this even if you haven't started working or been paid yet. Also, if you are working on-call or have a schedule that changes a lot, write this information on your SAR 7 form.

Proof of income includes but is not limited to: check stubs, copies of checks or statements from the employer, etc. or tax statements for self-employed.

**Other Income (Question 10)**

List **all** other income from any other source. **Attach proof.**

- **Disability or Retirement income** includes SSI, Social Security, Veteran's disability benefits, worker's compensation or any other disability/retirement payments.
- **Unemployment benefits**
- **Other:** lottery winnings; insurance or legal settlements; gifts or loans; rental assistance; free housing/utilities/ clothing/food (or if someone paid all of these cost for you); or anything else.

List (1) who got the income, (2) where they got the money from, and (3) the amount they got. Tell us if you think the income will continue or if you know it will change. If you know it will change, tell us when it will change and how much.

Proof of other types of income include but is not limited to: check stubs, copies of the checks, award letters from the agency you got the money from, etc.

**Any other changes (Question 11)**

List other things that could change your eligibility or the amount of your benefits. Examples of changes you should report are listed on the SAR 7.

**SEE OTHER SIDE FOR MORE INFORMATION**

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## WHO MUST SIGN THE SAR 7

- For **Cash Aid**: You and your aided spouse, registered domestic partner, and the other parent of the aided child(ren), if they live in your home.
- For **CalFresh**: The head of household, authorized representative, or responsible household member.
- **And for Both**: Any other person who helps fill out the report, an interpreter or the witness to your mark.

## WHAT WE MEAN WHEN WE SAY

### ACTIVELY SEEKING TO ENFORCE A FELONY WARRANT:

There is a felony warrant out for the person, and law enforcement is trying to carry out the arrest. For out of state/county, this means they are trying to return you to or bring you back to another state/county.

**CASH AID**: CalWORKs (California Work Opportunity and Responsibility to Kids), Refugee Cash Assistance (RCA), Trafficking and Crime Victim Assistance Program (TCVAP), and Emergency Cash Assistance (ECA).

**CHILD SUPPORT PAYMENT**: The payment you must make to a person for your child or stepchild. Include payments made by a stepparent living in your home.

**COMPLETE SAR 7**: A SAR 7 is "complete" only when:

- All of the YES/NO questions are answered, *and*
- All of the information is filled in, *and*
- All of the proof is attached when the form asks for it, *and*
- All of the required signatures are on the form, *and*
- The form is signed and dated after the last day of the report month.

**CONTROLLED SUBSTANCE**: Any drug restricted by federal or state law, including but not limited to, narcotics, stimulants, depressants, hallucinogens and marijuana.

### DRUG RELATED FELONY:

A drug-related felony means a conviction for possession, use, manufacturing, or distribution of a controlled substance(s).

### FLEEING:

"Fleeing" means law enforcement is actively seeking the person to enforce a felony warrant.

**GROSS AMOUNT**: The amount of your paycheck or other check (Unemployment benefit, retirement, etc.), before deductions are taken out for taxes, social security, etc.

**IN VIOLATION OF PROBATION OR PAROLE**: A court has found you to be in violation of the terms of your probation or parole. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

**REPORT MONTH**: The month shown at the top of the SAR 7. Report all income you got and any changes that happened in this month.

**SUBMIT MONTH**: The month you sign and date the report and turn it in. The submit month is shown at the top of the SAR 7, under the title "Eligibility Status Report."

## CERTIFICATION SECTION

- You must sign the SAR 7 "under penalty of perjury." This means that you swear (promise) that the facts you give us are true, correct and complete.
- Perjury is a crime – it means you swore (promised) to tell the truth and then you were dishonest.

## REMEMBER:

- The report is due by the 5th of the submit month. Try to get it in on time to avoid problems with your benefits.
- If your report is late (after the 11th of the submit month), not complete or not turned in, your benefits may be late, changed or stopped.
- If the County gets your report too late in the month to decrease your benefits based on what you reported, you may be charged with an overpayment and have to pay it back.
- If your report is not complete when you turn it in, you will be asked to complete the questions you did not answer and/or turn in proof that the report asked for. Your benefits may be late.
- If you sign and date your report before the first day of the submit month, you will be asked to sign and date it again.
- If you are not sure how to report, what to report or what proof you need to send in, **ask the county**.
- If your cash aid stops, you may still be eligible for CalFresh benefits even if you are now employed.
- If your cash aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.

## WELFARE FRAUD:

- Welfare fraud is when you fail to report information, or report the wrong information, on purpose in order to try to get more benefits.
- Fraud is a crime.

**PENALTIES FOR CASH AID WELFARE FRAUD**: If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, you may lose your share of the cash aid. How long you will lose it depends on what the crime was and whether you had committed fraud before. You may also have to pay a fine up to \$10,000 and/or be sent to jail or prison for up to 3 years.

## Your cash aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first time, 12 months for the second time, or **forever** for the third.
- For turning in more than one application to get aid for the same family members in a different case in the same time period: 2 years for the first conviction, 4 years for the second, and **forever** for the third.
- For conviction of felony welfare fraud: 2 years for extra benefits under \$2,000; 5 years for amounts of \$2,000 through \$4,999; and **forever** for amounts of \$5,000 or more.
- **Forever**: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; intentionally (on purpose) giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court or an administrative hearing.

## PENALTIES FOR CalFresh FRAUD:

If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, your CalFresh 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 or prison for 20 years.

## Your CalFresh can be stopped 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 substances, your CalFresh 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 gave the county false identity or residence information, to try to get CalFresh benefits in more than one case at the same time, your CalFresh benefits can be stopped for 10 years.

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SEE OTHER SIDE FOR MORE INFORMATION

# NOTICE OF ACTION

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

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

Notice Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Number/ID: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
24 Hour Information: \_\_\_\_\_  
Address: \_\_\_\_\_

(ADDRESSEE)

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

Questions? Ask your Worker or call the number above.

**STATE HEARING: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

As of \_\_\_\_\_, the County is stopping your:

- Cash Aid
- CalFresh

Here's why:

As of the 11th of this month, the County has not received your semi-annual report (SAR 7) due this month.

To continue to get cash aid and/or CalFresh benefits you must return a complete SAR 7.

A SAR 7 is complete when you have answered all of the questions and have attached required proof.

**The County must get your complete report no later than the first working day of next month.**

The information you give us may change or stop your cash aid and/or CalFresh benefits.

**If you turn in a complete SAR 7 anytime next month that shows you are eligible for cash aid and/or CalFresh, your benefits will start from the date you turn in the form.**

**Medi-Cal:** This notice **DOES NOT** change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will get another notice.  
**Keep using your plastic Benefits Identification Card(s).**

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- You have earnings from a job, a business you started or if you received a pay raise.
- You have started to receive or had an increase in child/spousal support payments.

**Rules:** These rules apply. You may review them at your welfare office - Cash Aid: MPP Sections 40-105.1, 40-181.22; CalFresh: MPP Sections 63-103n(1), 63-508.6. TCVAP, RCA and ECA: MPP Sections 70-105.1, 69-206 and 69-301.

If you need help completing the SAR 7, contact the County and ask for help.  
Toll Free \_\_\_\_\_.

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (Food Stamps), or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh (Food Stamps) will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh (Food Stamps) or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:  Cash Aid  CalFresh (Food Stamps)  
 Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

- Cash Aid  CalFresh (Food Stamps)  Medi-Cal  
 Other (list) \_\_\_\_\_

Here's Why: \_\_\_\_\_

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

- If you need more space, check here and add a page.  
 I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE PHONE NUMBER

STREET ADDRESS

CITY STATE ZIP CODE

SIGNATURE DATE

NAME OF PERSON COMPLETING THIS FORM PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME PHONE NUMBER

STREET ADDRESS

CITY STATE ZIP CODE

# NOTICE OF ACTION

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

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

Notice Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Number/ID: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
24 Hour Information: \_\_\_\_\_  
Address: \_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker or call the number above.

**STATE HEARING: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

As of \_\_\_\_\_, the County is stopping your:

- Cash Aid
- CalFresh

Here's why:

The semi-annual report (SAR 7) that we got from you this reporting period is not complete.

To continue to get cash aid and/or CalFresh benefits you must return a complete SAR 7.

A SAR 7 is complete when you have answered all of the questions and have attached required proof.

**The County must get your complete report no later than the first working day of next month.**

You must send or bring in the following information:

- Complete the circled questions on the enclosed report.
- Complete the following questions on the enclosed report:
- Send or bring in the following proof:

The information you give us may change or stop your cash aid and/or CalFresh benefits.

**If you turn in a complete SAR 7 anytime next month that shows you are eligible for cash aid and/or CalFresh, your benefits will start from the date you turn in the form.**

**Medi-Cal:** This notice **DOES NOT** change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will get another notice.

**Keep using your plastic Benefits Identification Card(s).**

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- You have earnings from a job, a business you started or if you received a pay raise.
- You have started to receive or had an increase in child/spousal support payments.

If you need help completing the SAR 7, contact the County and ask for help.

Toll Free \_\_\_\_\_.

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (Food Stamps), or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh (Food Stamps) will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh (Food Stamps) or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:  Cash Aid  CalFresh (Food Stamps)  
 Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

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**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:

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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

# NOTICE OF ACTION

## Continued

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

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

Notice Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker Number: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Worker Hours: \_\_\_\_\_  
24 Hour Information: \_\_\_\_\_  
Address: \_\_\_\_\_

Questions? Ask your worker or call the number above.

**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.

When you get paid every week or every other week, here is how we figure your monthly income:

First, we add all the income you got in the month and divide by the total number of payments you got. Then, we multiply that amount by the average number of payments in a month.

- If you get paid every week, you may get paid 4 or 5 times in a month. 4.33 is the average number of payments in a month.
- If you get paid every other week, you may get paid 2 or 3 times in a month. 2.167 is the average number of payments in a month.

Here's your information:

_____ Income Reported	\$	_____
	\$	_____
	\$	_____
	\$	_____
	+\$	_____
Total Reported	=\$	_____
# of Payments Reported	÷	_____
Weekly Amount	=\$	_____
Multiplied by	x	_____
Monthly Amount	=\$	_____

### 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 ..... = \_\_\_\_\_
8. Net Earnings from Self-Employment (from above) .. + \_\_\_\_\_
9. Total Other Earned Income ..... + \_\_\_\_\_
10. Unused Amount of \$225 (from #7) ..... - \_\_\_\_\_
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) ..... \$ \_\_\_\_\_
12. Current Cash Aid Amount (If This Amount is more Than #11, Your Cash Aid Will Not Change) ..... = \_\_\_\_\_

## YOUR HEARING RIGHTS

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**While You Wait for a Hearing Decision for:**

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OR

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### 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.)

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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

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NAME PHONE NUMBER

STREET ADDRESS

CITY STATE ZIP CODE