

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 15, 2008

ALL COUNTY LETTER NO. 08-04

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHILD CARE COORDINATORS
ALL COUNTY WELFARE TO WORK COORDINATORS
STAGE ONE ALTERNATIVE PAYMENT PROGRAM PROVIDERS

SUBJECT: NEW REGULATIONS FOR TRUSTLINE REGISTRY AND
REQUIREMENTS FOR LICENSE-EXEMPT CHILD CARE
PROVIDERS

REFERENCE: HEALTH AND SAFETY CODE (HSC) SECTION 1596.67 (a)

ALL COUNTY LETTER (ACL) 98-08, DATED
FEBRUARY 18, 1998, CHILD CARE PROVIDERS EXEMPT FROM
HEALTH AND SAFETY CERTIFICATION AND TRUSTLINE
REQUIREMENTS

ACL 98-52, DATED JULY 9, 1998, REGULATIONS FOR
TRUSTLINE REGISTRY AND HEALTH AND SAFETY
REQUIREMENTS FOR LICENSE-EXEMPT CHILD CARE
PROVIDERS

MANUAL OF POLICY AND PROCEDURES (MPP) SECTIONS
47-110, 47-260, 47-301, 47-430, 47-601, 47-602, 47-620 and
47-630

The purpose of this letter is to inform counties of the new Trustline requirements and to provide the necessary forms related to these requirements. Health and Safety Code section 1596.67 (a) currently requires certain providers who receive compensation under Stage One of the California Work Opportunity and Responsibility to Kids (CalWORKs) Child Care program to be Trustline registered in order to receive compensation. On November 28, 2007, the Office of Administrative Law (OAL) approved the regulation changes to require Trustline registration before payments can be made.

These new regulation changes bring current practices in line with statutory requirements, support program improvements, and place the safety of California's children as the Department's highest priority.

Effective February 1, 2008, in order to be reimbursed for child care services using CalWORKs Stage One child care funds, license-exempt child care providers must complete the Trustline registration process before child care payments may be issued. In order to support the opportunities for CalWORKs families to comply with their welfare to work plans and facilitate a continuum of child care services, the new regulations allow for a 120-day retroactive payment period. This means that a provider who becomes Trustline registered may be retroactively paid for his/her services from the time services were both requested and provided through the date he/she is Trustline registered. The total amount of retroactive time that will be paid will not exceed 120 days. To ensure these new requirements do not disrupt recipients' ability to participate in the welfare-to-work program, counties may need to assist participants in finding alternative child care if/when their chosen provider does not clear within the retroactive timeframe.

In addition, current statute authorizes only aunts, uncles, and grandparents by blood, marriage, or court decree, of the child(ren) in care to be exempt from both the Health and Safety Self-Certification requirements and the Trustline registration process. Therefore, great grandparents, great aunts, and great uncles will no longer be exempt from the Trustline registration process and the Health and Safety Self-Certification requirements. However, great grandparents, great aunts, and great uncles that are currently either providing care or in the application process before February 1, 2008, are exempt from the Trustline registration process and the Health and Safety Self-Certification requirements. If the family changes child care providers and/or if the provider serves children of no relation on or after February 1, 2008, the provider must meet both the Trustline registration and the Health and Safety Self-Certification requirements before payments will be made.

In addition to the great grandparents, great aunts, and great uncles, license-exempt providers who submit a completed Trustline application on or before January 31, 2008, fall under the current regulations. Therefore, these providers can be paid while their Trustline application is in process. Again, if the family changes child care providers on or after February 1, 2008, the provider must meet both the Trustline registration and the Health and Safety Self-Certification requirements before payments will be made.

The attached forms have been modified to reflect the new Trustline registration requirements and Health and Safety Self-Certification exemptions. Both the Declaration of Exemption from Trustline Registration and Health and Safety Self-Certification (CCP 1) and the Health and Safety Self-Certification (for license-exempt providers) (CCP 4) delete the reference to great grandparents, great aunts, and great uncles. The CalWORKs Stage One Child Care Request Form and Payment Rules (CCP 7) add the 120 day retroactive payment period language. Finally, the Notice of Actions (NA 832, NA 833, NA 834 and NA 835) include the retroactive timeframe language and

incorporate the new regulations into the rules section.

Camera-ready copies of all child care program forms are available from the California Department of Social Services (CDSS) in Spanish, Chinese, Vietnamese, Cambodian, and Russian. Asian and Russian translations may be ordered from the CDSS Language Services Bureau at (916) 654-1282. Spanish forms can be obtained from the Department's Forms Management Office by calling (916) 657-1907. Many of the translated forms can also be retrieved via the Internet by accessing the CDSS website at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm

In addition to this ACL, an All County Information Notice (ACIN) as well as a educational brochure will be developed to be distributed to all County Welfare Directors, County Child Care Coordinators, and Stage One Alternative Payment Program Providers. The ACIN will address frequently asked questions and answers relating to the Trustline implementation that may help counties with the transition. The brochure will encompass information regarding Trustline that may be distributed to CalWORKs families or their child care providers to help them understand the new requirements for child care payments.

If you have any questions regarding this letter, please call Ms. McCaulie Reich, Policy Analyst, at (916) 657-2144.

Sincerely,

Original Document Signed By:

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

Attachments

c: CWDA

DECLARATION OF EXEMPTION FROM TRUSTLINE REGISTRATION AND HEALTH AND SAFETY SELF-CERTIFICATION

| COUNTY USE ONLY | |
|--------------------|-------|
| CASE NAME | _____ |
| CLIENT CASE NUMBER | _____ |
| WORKER NAME | _____ |
| WORKER NUMBER | _____ |

INSTRUCTIONS:

If you are the aunt, uncle, grandmother/father, of a child(ren) for whom you are providing child care and you are exempt from licensure, please complete this form and indicate in the spaces below the name(s) of the child(ren) and your relationship to the child(ren).

1. Name of Provider _____ Provider's Date of Birth ____/____/____
 Address _____ City _____ State _____ Zip _____
 Phone () _____

The State of California requires providers to prove they are 18 years of age or older. A copy of the provider's drivers license or other proof of age must be attached.

2. LIST THE NAME AND ADDRESS OF THE FAMILY YOU ARE WORKING FOR.

Name of Parent/Guardian _____ Phone () _____
 Address _____ City _____ State _____ Zip _____

3. CHILD CARE WILL BE PROVIDED IN (CHECK ONE): Child's Home Provider's Home

I declare under penalty of perjury under the laws of the United States of America and the State of California that I am by blood, marriage or court decree the _____,
(AUNT, UNCLE, GRANDMOTHER/FATHER)

of _____, _____, _____,
NAME OF CHILD NAME OF CHILD NAME OF CHILD
 _____, _____, _____,
NAME OF CHILD NAME OF CHILD NAME OF CHILD
 _____, _____ for whom I am providing child care.
NAME OF CHILD NAME OF CHILD

I understand that because I am an aunt, uncle, or grandmother/father, I am exempt from the requirement to apply for TrustLine registration and the requirement to complete the Health & Safety Self Certification.

I understand that giving wrong or incomplete information can result in legal prosecution with penalties of fine and imprisonment or both.

| | |
|-----------------------------|------------|
| SIGNATURE OF PROVIDER _____ | DATE _____ |
|-----------------------------|------------|

I declare that I am the parent/guardian of the child(ren) listed on this form, that I have read the declaration of my child care provider and that I agree with the declaration regarding the provider's relationship to my child(ren).

I understand that I must return this form promptly to the County Welfare Department, Alternative Payment Program or other Payment Agency

| | |
|------------------------------------|------------|
| SIGNATURE OF PARENT/GUARDIAN _____ | DATE _____ |
|------------------------------------|------------|

COUNTY OR APP USE ONLY

Return this form by: _____ to:

HEALTH AND SAFETY SELF-CERTIFICATION (For license-exempt providers)

INSTRUCTIONS: As a license-exempt child care provider who is serving a family that gets help to pay for their child care costs, you must complete this form. After you have completed the form, return it promptly to the County Welfare Department, Alternative Payment Program or other payment agency. Providers who are the aunt, uncle, grandmother/father, of the child(ren) in care must complete a Declaration of Exemption (CCP 1).

| COUNTY USE ONLY | |
|--------------------|-------|
| CASE NAME | _____ |
| CLIENT CASE NUMBER | _____ |
| WORKER NAME | _____ |
| WORKER NUMBER | _____ |

PART A GENERAL INFORMATION:

1. Name of Provider _____ Provider's Date of Birth ____/____/____
 Address _____ City _____ State _____ Zip _____
 Phone () _____

The State of California requires providers to prove they are 18 years of age or older. A copy of the provider's drivers license or other proof of age must be attached.

2. LIST THE NAME AND ADDRESS OF THE FAMILY YOU ARE WORKING FOR.

Name of Parent/Guardian _____ Phone () _____
 Address _____ City _____ State _____ Zip _____

3. CHILD CARE WILL BE PROVIDED IN (CHECK ONE): Child's Home Provider's Home

PART B BASIC HEALTH AND SAFETY SELF-CERTIFICATION REQUIREMENTS:

The home in which the care is provided must be a safe and healthful place for children. Basic health and safety standards are listed below. It is the on-going responsibility of the parent and the provider to see that these basic standards are met.

The parent and the provider must put their initials to the left of each statement to certify that the home where child care is provided meets basic health and safety standards.

- | Parent's
Initials | Provider's
Initials | |
|----------------------|------------------------|---|
| 1. _____ | _____ | The home where child care is provided must have working smoke detectors and fire extinguishers that meet standards set by the State Fire Marshal. |
| 2. _____ | _____ | The child care provider shall refrain from using corporal punishment. |
| 3. _____ | _____ | The child care provider must allow unlimited parental access to the children while in their care. |
| 4. _____ | _____ | The child care provider must be free of communicable diseases; be physically and mentally capable of caring for children; and show proof to the parent that he/she was tested in the last 12 months and is free of active tuberculosis. |
| 5. _____ | _____ | The home where child care is provided has yard and play areas that have been checked and are safe for children. Children are protected from dangers such as pools, hot tubs, electrical outlets, stairs, poisonous materials, medications, guns or amunition etc. |

Information about health and safety and other basic child care training is available from the local Child Care Resource And Referral Program and other community agencies such as the American Red Cross, Community Colleges, Fire Departments, etc.

The parent and provider are encouraged to use the Health & Safety Information checklist to ensure that the home where care is to be provided is safe for children.

PART C OTHER INFORMATION

1. **PROVIDE THE ADDRESSES AND TELEPHONE NUMBER OF TWO LOCAL CHARACTER REFERENCES OTHER THAN THE PARENT.** These references should be contacted by the parent of the children to prove good character and ability to provide child care.

Name _____ Name _____
Address _____ Address _____
City/State _____ City/State _____
Phone () _____ Phone () _____

2. **LIST ALL OTHER ADULTS LIVING IN THE HOME WHERE CARE IS PROVIDED AND THE RELATIONSHIP TO THE PROVIDER OR CHILD.**

Name _____ Related to child provider Relationship _____
Name _____ Related to child provider Relationship _____
Name _____ Related to child provider Relationship _____
Name _____ Related to child provider Relationship _____

3. **IN THE SPACE BELOW, THE PROVIDER SHOULD DESCRIBE HIS/HER ABILITY TO PROVIDE CHILD CARE BY LISTING HIS/HER EXPERIENCE AND OTHER QUALIFICATIONS:**

ADDITIONAL IMPORTANT INFORMATION:

- If you, THE PARENT/GUARDIAN, choose child care in your home (in-home care), you are the employer and are responsible for social security tax and state worker's compensation insurance. You may also be responsible for unemployment taxes.
- PARENT/GUARDIAN is not required to withhold federal or state income taxes from the child care provider's earnings. The PROVIDER IS RESPONSIBLE FOR REPORTING INCOME AND PAYMENT OF ANY FEDERAL OR STATE INCOME TAXES.
- FOR MORE INFORMATION ABOUT YOUR RESPONSIBILITIES AS AN EMPLOYER, CONTACT YOUR LOCAL OFFICE OF THE EMPLOYMENT DEVELOPMENT DEPARTMENT OR LOCAL CHILD CARE RESOURCE AND REFERRAL PROGRAM. For general information about child care you may call toll free at (800-KIDS R WE) (800-543-7793).

PART D PROVIDER/PARENT STATEMENTS

1. **PROVIDER'S STATEMENT:** All information provided and contained on this form is true and correct to the best of my knowledge. If care occurs in my home, I certify that my home meets health and safety requirements listed in Part B. I understand that health and safety training information is available from the local Child Care Resource and Referral program and other community agencies. I understand that I am not an employee of the County Welfare Department, Alternative Payment Program or other payment agency.

Signature of Provider _____ Date _____

2. **PARENT'S STATEMENT:** I have interviewed and approved this child care provider. I understand the statements provided on this form. I understand it is my responsibility to make sure that the child care provided to my child(ren) and the place where care is provided is safe. I also understand that the County Welfare Department, Alternative Payment Program or other payment agency did not and will not check the safety of the child care provided by this provider and they did not and will not check to see that the information contained on this form is correct. I take full responsibility for the child care provided by this provider.

Signature of Parent/Guardian _____ Date _____

COUNTY OR APP USE ONLY

Return this form by: _____ to:

CalWORKs STAGE ONE CHILD CARE REQUEST FORM AND PAYMENT RULES

If you are a California Work Opportunity and Responsibility to Kids (CalWORKs) recipient and you are employed or attending a welfare-to-work activity, you may be eligible for paid child care. Child care payments to a licensed child care facility or a license-exempt provider who is also exempt from Trustline registration in Stage One cannot go back more than 30 calendar days from the date you request paid child care from your worker. In order to receive paid child care in Stage One, you must be determined eligible and your provider has to meet certain requirements.

As of February 1, 2008, a licensed-exempt provider who is required to be Trustline registered must be registered before payment can be made. License-exempt child care providers who are Trustline registered shall be entitled to receive retroactive payment for up to 120 calendar days from the date child care services were requested and provided if the provider subsequently becomes Trustline registered.

If you are seeking child care for your 11 or 12 year old, the preferred placement is in an After School Education and Safety Program. Information and site location for these programs is available on the internet at: <http://www.cde.ca.gov/ls/ba/as> and <http://www.cde.ca.gov/ls/ba/cp> or you may telephone the Child Care Resource and Referral Agency listed below.

You must sign and return this form to your worker. You may also use this form to request child care if you need it at this time.

Please check one of the following:

- I need paid child care assistance at this time so that I can go to work or attend my welfare-to-work activity.
- I do not need paid child care at this time. I understand that I must request paid child care from my worker if I need it in the future.
- I certify that an After School Education and Safety Program will meet all or part of my child care needs for my 11 or 12 year old child.

I understand that as a CalWORKs recipient, paid child care is available to me to work and attend my welfare-to-work activity. If I need assistance to find and/or choose a child care provider, I can contact the local Child Care Resource and Referral agency listed below:

Name: _____ Telephone: (_____) _____

Address: _____

I understand that I must inform my worker as soon as I have a need for paid child care. I understand that CalWORKs will help me pay for child care only after I request paid child care. My worker's telephone number is: (_____) _____ .

I understand that after I ask for help paying for child care, I will have to give my worker certain information to see whether or not I am eligible. I understand that I need to request paid child care within 30 calendar days from the first day I received services from my provider. This way, my child care provider can be paid for the services s/he provides to me.

I understand that I have chosen a child care provider that is required to be registered with Trustline in order to receive any payment. This provider is not eligible for payment if they do not obtain Trustline registration.

I understand that my child care provider has to meet certain requirements in order to get paid, and I must pay for any child care services I receive if my child care provider does not meet these requirements.

I have read this notice or have had it read to me, and I understand that if I have any questions or need additional information regarding this notice, I can ask my worker.

| | |
|-------------|----------|
| CASE NAME | CASE NO. |
| SIGNATURE | DATE |
| WORKER NAME | PHONE |

NOTICE OF ACTION CHILD CARE APPROVAL

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)

┌

└

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.

As of _____ until _____, the county has approved your child care.

Your child care payment limit is figured on this notice, and is based on the information you gave us. The most we will pay for each eligible child is:

| Child's Name: | Provider's Name | Payment Limit: |
|---------------|-----------------|----------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, which ever is less.

Child care payment will be paid to your provider.

- Because your approved activity/program is less than 30 days, you will not get another notice telling you when your payments end.
- You have chosen a provider _____ who is not licensed and must apply for Trustline registration and Health and Safety certification. (See forms CCP 4 and CCP 7)

This provider is not eligible for payment until they are registered with Trustline. As of February 1, 2008, license-exempt child care providers who are required to be Trustline registered shall be entitled to receive retroactive payment for up to 120 calendar days from the date child care services were requested and provided if the provider subsequently becomes Trustline registered.

The county will only pay child care for the hours and days you are attending your approved activity/program.

Rules: These rules apply. You may review them at your welfare office: CalWORKs MPP Sections 47-260, 47-430.2, 47-620.32; Education Code Sections: 8350-8353, 8357. Welfare & Institutions Code Sections 11322.9, 11323.6, 11323.8 and 11324.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

If you have selected a new provider that is required to register with Trustline, this provider is not eligible for payment until they are registered with Trustline.

Child(ren): _____

\$ _____ rate

X _____ hours days weeks month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

\$ _____ rate

X _____ hours days weeks month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

\$ _____ rate

X _____ hours days weeks month

= \$ _____ per _____

Provider name: _____

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 ask for a hearing before an action on Cash Aid, Medi-Cal, 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 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, 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 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 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 CHILD CARE CHANGE

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)

┌

└

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.

As of _____ until _____:

- The county has changed the payment amount for child care from \$ _____ per _____ to \$ _____ per _____.
- The county has changed your payment method for
 - Cal-Learn CalWorks child care from _____ to _____.
- Your child care provider has changed. Your Cal-Learn CalWorks child care at _____ has been paid through _____. Payment for _____ starts after that date.

HERE'S WHY:

- Your child care rate changed
- Your child care provider changed.
- Your child's age has changed.
- Your child care hours changed.
- The State of California changed payment limits.
- You asked for this change.
- Other:

Your new child care payment amount is figured on this notice.

The county will only pay child care for the hours and days you are attending your approved activity/program. The county will only pay for child care services to providers that are registered with Trustline or are exempt from Trustline registration.

If you have selected a new provider the is required to register with Trustline, this provider is not eligible for payment until they are registered with Trustline. As of February 1, 2008, license-exempt child care providers who are required to be Trustline registered shall be entitled to receive retroactive payment for up to 120 calendar days from the date child care services were requested and provided if the provider subsequently becomes Trustline registered.

Rules: These rules apply. You may review them at your welfare office: CalWORKs MPP Sections 47-260, 47-430.2, 47-620.32; Welfare and Institutions Code Sections 11322.9, 11323.6, 11323.4, 11323.8. Education Code Sections 8350-8353, 8357

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

Child(ren): _____
\$ _____ rate
X _____ hours days weeks month
= \$ _____ per _____
Provider name: _____

Child(ren): _____
\$ _____ rate
X _____ hours days weeks month
= \$ _____ per _____
Provider name: _____

Child(ren): _____
\$ _____ rate
X _____ hours days weeks month
= \$ _____ per _____
Provider name: _____

Child care for children not listed here stays the same.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

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 ask for a hearing before an action on Cash Aid, Medi-Cal, 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 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, 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 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 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 CHILD CARE DENIAL

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)

┌

└

┌

└

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.

As of _____:

- Your child care payment to _____ for _____ will not be paid.
Month Provider
- Your request to raise your child care payment limit is denied.
- Payment for your child care for your child, _____, is denied.

HERE'S WHY:

- You are not in an approved activity/program.
- You are already getting the most the county can pay based on your area's child care costs.
- The child care you asked for is not needed to attend your approved activity/program.
- You did not cooperate with CalWORKs program.
- Your child _____ is _____ or more years old, which is over the age we can pay for and is not disabled or under court supervision.
- You have not given us proof that show your aided child, _____, has a physical or mental condition that needs special care.
- The child care provider is your child's parent, legal guardian, or a member of your CalWORKs/Cal-Learn assistance unit.
- Your license-exempt child care provider had his/her application for Trustline denied, or closed, or their current registration has been revoked.
- You did not complete/qualify for the Health and Safety certification.
- Other:

You can also call your worker/case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: CalWORKs MPP Sections 47-260, 47-430.2, 47-620.32; Education Code Sections 8350-8353, 8357. Welfare & Institutions Code Sections 11322.9, 11323.6, 11323.4 and 11323.8

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 ask for a hearing before an action on Cash Aid, Medi-Cal, 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 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, 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 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 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 CHILD CARE DISCONTINUANCE

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)

┌

└

┌

└

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.

As of _____:

Your child care payment(s) will stop.

HERE'S WHY:

- You are no longer attending an approved activity/program.
- You moved out of this county.
- You do not have to go to the approved county activity/program right now.
- You did not cooperate with the CalWORKs program
- You went off cash aid.
- You asked that your child care payments be stopped.
- Your child _____ is _____ or more years old, which is over the age we can pay for and is not disabled or under court supervision.
- Your child(ren) no longer need(s) child care.
- Your child care provider is your child's parent, legal guardian, or a member of your CalWORKs assistance unit.
- Your license-exempt child care provider _____ had his/her application for Trustline, denied, or closed, or their current registration has been revoked.
Name
- Your income has exceeded the 75% percentile of the State median income.
- You have used the 24 months of child care you get when you leave cash aid. The date you left cash aid was _____.
Date
- Other

You can also call your worker/case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: CalWORKs MPP Sections 47-260, 47-430.2, 47-620.32; Education Code Sections 8350-8353, 8357. Welfare & Institutions Code Section 11322.9, 11323.6, 11323.4, and 11323.8

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 ask for a hearing before an action on Cash Aid, Medi-Cal, 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 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, 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 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 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