

## DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



November 29, 1974

ALL-COUNTY LETTER NO. 74-233

TO: All County Welfare Directors

SUBJECT: 1974 Cost-of-Living Increase, APSB

REFERENCE:

David Swoap's letter of September 1, 1974, formally declared the cost-of-living increase in the APSB program effective December 1, 1974. This letter is to provide the necessary instructions to carry out the implementation of this increase.

Operations Manual Section 22-021 requires that notification of the right to a fair hearing due to change in a public assistance grant must be sent to recipients on DBP Form ABCD 239. Form ABCD 239.25 is specifically designed for use in advising recipients of the cost-of-living increase to be included in the December 1, 1974 grant. This form should be reproduced locally as needed, and mailed to recipients with their December 1 warrants. The recipient's name and case number must be filled in even though this is a blanket notification to meet the legal requirements for adequate notice.

The ABCD 278 L-M procedures established for authorization of this cost-of-living increase are to be followed pursuant to Fiscal Manual Section 25-310. However, processing of these authorizations may be accomplished by either individual ABCD 278 M card entries, or by utilizing a total listing of those continuing grant cases affected in your county.

Questions on the foregoing should be directed to the Adult Program Management Branch at (916) 445-0813, or (916) 322-2676.

Sincerely,

*J. O. Flatt for*  
DENNIS O. FLATT  
Deputy Director

Attachment

cc: CWDA

**OBSOLETE**Superseded by ACL #77-15Issued 3-17-77

**NOTICE OF INTENDED ACTION AND  
RIGHT TO REQUEST A FAIR HEARING**

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State No.:  
District:  
Date:

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Your Public Assistance Grant under the APSB Program has been increased \$17.00 effective December 1, 1974, because of the annual cost-of-living increases authorized under the Welfare and Institutions Code.

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This action is required by the following laws and/or regulations:

Sections 13100, 13101, Welfare and Institutions Code, State of California.

If you have any questions please contact me.

Eligibility Worker

Telephone

DO NOT CUT OR TEAR -- SEND THIS ENTIRE PAGE

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1. You have the right to a conference with representatives of the county welfare department to talk about this intended action. At the conference, you may speak for yourself or be represented by a lawyer, a friend or other spokesman. If you want a conference, contact your county social worker within 10 days of the date of this notice.
2. Whether you request a conference or not, you also have the right to request a Fair Hearing and decision by the Director of the Department of Benefit Payments (see form below). Your request must be written and it must state that you want a hearing and why you are dissatisfied. Your request for a hearing must be made within 90 days of the date of this notice.
3. Your county worker will help you ask for a Fair Hearing.
4. At a Fair Hearing you have the right to be represented by an attorney or any other person (a friend, relative, or other spokesman) of your choice. If you need an interpreter we will provide one for you. You may obtain free legal advice and the services of a lawyer by contacting the nearest legal services office.

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5. State regulations governing Fair Hearings are available at this office of the county welfare department.

If you wish to request a Fair Hearing, please send this page to:

Office of the Chief Referee State Department of Benefit Payments 744 P Street Sacramento, California 95814
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I, \_\_\_\_\_ Phone \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

hereby request a fair hearing before the State Department of Benefit Payments from the action taken by \_\_\_\_\_

County regarding the receipt of public assistance.

The reasons for my request for a fair hearing are as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

On: \_\_\_\_\_  
Date

If you request a hearing, you should use the above form and send the entire page. This will assist in the processing of your case. If someone other than yourself completes and signs this request for a Fair Hearing, you must complete a written statement authorizing that person as your representative.