STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 322-5330

January 3, 1984

ALL-COUNTY LETTER NO. 84-01

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: KING V. McMAHON

REFERENCE:

This is to inform you that the State will begin to implement the Alameda County Superior Court's order in the King v. McMahon lawsuit.

By way of background, this lawsuit was brought to enforce compliance with a prior order which required the State to comply with the federal AFDC 90-day rule for rendering state hearing decisions.

Since the Court of Appeal upheld the Superior Court's order, effective August 1, 1983, each claimant whose favorable state hearing is issued beyond the federally mandated 90-day period or legally extended timeframe, is entitled to a $100 payment for every month or portion thereof, the decision is late. The State will issue a payment (as determined by the court order) to claimants who are issued a late decision after the date of this letter. Retroactive payments will be paid to claimants who were issued a late decision between December 1, 1981 and the date of this letter.

The court further ordered that the receipt of these monies "shall not be considered income or resources or affect the amount of any benefits otherwise received or to be received." Therefore, under the scope of this order, be advised that these payments are to be excluded as income and as a resource from the AFDC and Food Stamp programs.

The Department will also provide those persons entitled to such payments with notification of the award and the fact that it will be excluded as income and resources in the AFDC and Food Stamp programs, but that these sums nevertheless must be reported on the CA 7. Failure to report these monies on the CA 7 will not result in an incomplete report or otherwise adversely affect the recipient's benefits. The payment will be mailed subsequent to the notification. The language of the notification is attached for your information.

The Department will provide a listing of the payments, and those persons entitled to the payments, to each county involved to insure that the payments are not counted as property or resources.

If you have any questions about these payments, please contact AFDC Policy Implementation Bureau at (916) 322-5330.

Kyle S. McKinsey

KYLE S. McKINSEY
Deputy Director

Attachment (English and Spanish)

cc: CWDA

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

Notificación Propuesta a los Reclamantes - King vs. McMahon

NOTIFICACION IMPORTANTE

Con ésta se le notifica que bajo los términos de la orden de la corte respecto a King vs. McMahon, usted va a recibir un pago monetario adicional (aproximadamente un mes después de que reciba esta notificación) debido a que no se expidió a tiempo la decisión de su audiencia. El que usted reciba este dinero no va a cambiar su elegibilidad para ni la cantidad de sus beneficios de AFDC o Estampillas para Comida.

Recuerde que de todas maneras debe reportar que recibió ese dinero en su forma mensual de reporte de ingresos (CA 7). Al reportar dicho pago, debe escribir en la CA 7 que es un pago por "King" (vea el ejemplo). Si no escribe en la CA 7 que el pago es por "King", pueden reducirse sus beneficios de AFDC y de Estampillas para Comida.

Si tiene alguna pregunta en este respecto, por favor comuníquese con la Oficina de Preguntas y Respuestas al Público (PIAR) al número de teléfono 800-952-5253.

EJEMPLO

(2) AYUDA MONETARIA Y ESTAMPILLAS PARA COMIDA. **¿Alguien recibió ingresos, dinero, o beneficios durante el mes,** tales como: ganancias, pagos por entrenamiento, crédito de impuestos por ingresos ganados, beneficios de huelga, seguro social, jubilación del ferrocarril, seguro de desempleo/incapacidad, compensación por lesiones de trabajo, SSI/SSP (cheques dorados), sostenimiento a hijos/esposa(o), préstamos, subvenciones, reembolsos de impuestos, contribuciones, regalos, hospedaje/servicios públicos o municipales gratuitos, etc.? ☐ SÍ ☐ NO

SI ES ASÍ, complete la sección de abajo. Incluya talones de cheques u otras pruebas de las ganancias cada mes. Incluya pruebas de cualquier otro ingreso solamente cuando comience o cuando cambie. Si alguien tiene negocio propio, incluya los gastos del negocio en una hoja de papel por separado e incluya pruebas de los ingresos y gastos cada mes.

¿Quién recibió ingresos, dinero o beneficios?	Fuente (si son salarios, anote el nombre del patrón)	Si son salarios: Número de días trabajados en el mes	Número de horas trabajadas en el mes	Escriba las cantidades en dólares y las fechas efectivas en que se pagaron. Si son salarios, incluya la cantidad bruta antes de las deducciones. 1er. día de pago	2° día de pago	3er. día de pago	4° día de pago	5° día de pago
Nombre ROBERTO Y CARMEN	PAGO KING			Cantidad $ 100	Cantidad $	Cantidad $	Cantidad $	Cantidad $
				Fecha 1/5/84	Fecha	Fecha	Fecha	Fecha
Nombre				Cantidad $	Cantidad $	Cantidad $	Cantidad $	Cantidad $
				Fecha	Fecha	Fecha	Fecha	Fecha
Nombre				Cantidad $	Cantidad $	Cantidad $	Cantidad $	Cantidad $
				Fecha	Fecha	Fecha	Fecha	Fecha

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DEPARTMENT OF SOCIAL SERVICES

Proposed Notice to Claimants - King v. McMahon

IMPORTANT NOTICE

This is to notify you that under the terms of the King v. McMahon court order, you will receive an additional cash payment (approximately one month from receipt of this notice) because your state hearing decision was not issued on time. The receipt of this money will not change your eligibility for or the amount of your AFDC or Food Stamp benefits.

Remember, you still must report the receipt of this money on your monthly (CA 7) income report form. When you report this payment, you should write on the CA 7 that it is a "King" payment (see example). If you do not write on the CA 7 that the payment is a "King" payment, your AFDC and Food Stamp benefits may be reduced.

If you have any questions about this, please contact Public Inquiry and Response at 800-952-5253.

EXAMPLE

(2) CASH AID AND FOOD STAMPS. **Did anyone receive income, money, or benefits in the month,** such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment/disability insurance, worker's compensation, SSI/SSP (gold checks), child/spousal support,* loans, grants, tax refund, contributions, gifts, free housing/utilities, etc.? [X] YES [ ] NO

If **YES**, complete section below. Attach paystubs or other proof of earnings each month. Attach proof for any other income only when it starts and when it changes. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses each month.

Who Received Income, Money or Benefits?	Source (If Earnings, List Name of Employer)	If Earnings: Number of Days Worked in Month	If Earnings: Number of Hours Worked in Month	Enter dollar amounts and actual dates paid. If earnings, enter gross amount before deductions: 1st Pay Day	2nd Pay Day	3rd Pay Day	4th Pay Day	5th Pay Day
1. Name JOHN & MARY	KING PAYMENT			Amount $ 100	Amount $	Amount $	Amount $	Amount $
				Date 1/5/84	Date	Date	Date	Date
2. Name				Amount $	Amount $	Amount $	Amount $	Amount $
				Date	Date	Date	Date	Date
3. Name				Amount $	Amount $	Amount $	Amount $	Amount $
				Date	Date	Date	Date	Date