

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 323-3401



October 31, 1984

ALL-COUNTY LETTER NO. 84-111

TO: All County Welfare Directors

SUBJECT: LENTZ v. McMAHON NOTICE AND CLAIM FORM

The purpose of this letter is to notify counties that certain state hearing decisions adopted by the Director of the Department of Social Services (SDSS) between February 10, 1983 and November 18, 1983 in which equitable estoppel was raised as a defense shall be reconsidered by the Director. This action is the result of a Stipulation and Order which the Director submitted to the Lentz Court and which the Court approved on September 4, 1984.

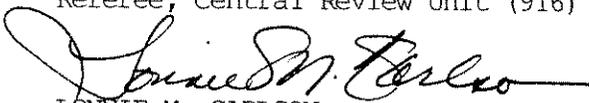
This Order requires the Director to reconsider, upon request, hearing decisions adopted by the Director between February 10, 1983 and November 18, 1983 in which equitable estoppel was raised but not decided. A copy of the Stipulation and Order, Notice and Claim Form, are attached.

The Order requires that a Notice explaining the claimant's right to this reconsideration and the procedure to obtain reconsideration be posted in each County Welfare office by December 1, 1984. As December 1, 1984 is a Saturday, counties shall post the Notice and Claim Form on Friday, November 30, 1984. The Notice must remain posted through March 1, 1985.

A copy of the Notice appears as the last page of the Order. Counties are obligated under the Order to post this Notice in a conspicuous location in the reception area of each County Welfare office. The county shall also post a copy of the Claim Form adjacent to each Notice. The county shall issue a Claim Form and a copy of the Notice to anyone requesting them.

As the Order requires that the Notice be posted by December 1, 1984, there is inadequate lead time to permit the State to print sufficient supplies of the Notices and the Claim Forms needed. Therefore, SDSS will provide each county with an initial supply of Notices and Claim Forms. The State will also provide each county with a reproducible copy of the Claim Form and Notice. It is anticipated that each county will be able to reproduce the Notice and Claim Form from the masters in sufficient quantity to meet the remaining needs of those requesting reconsideration. Please note that the claiming period will extend for a 90-day period from December 1, 1984 through March 1, 1985.

Questions concerning the above should be directed to the Office of the Chief Referee, Central Review Unit (916) 323-3401.


LONNIE M. CARLSON
Chief Referee

Attachments

1 JOHN K. VAN DE KAMP, Attorney General
of the State of California
2 CHARLTON G. HOLLAND
Deputy Attorney General
3 JANET G. SHERWOOD
Deputy Attorney General
4 6000 State Building
San Francisco, California 94102
5 Telephone: (415) 557-2881

ENDORSED
FILED
San Francisco County Superior Court
SEP - 4 1983
DONALD W. DICKINSON, Clerk
BY: S. Douglas
Deputy Clerk

6 Attorneys for Defendants
7

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 CITY AND COUNTY OF SAN FRANCISCO

10
11 CYNTHIA LENTZ, et al.,) NO. 813146
12)
12 Petitioners and Plaintiffs,) STIPULATION AND ORDER FOR
13) RECONSIDERATION FAIR
13 v.) HEARING DECISIONS
14)
14 LINDA McMAHON, et. al.,)
15)
15 Respondents and Defendants.)
16)

17 Plaintiffs contend that retroactive relief to all
18 applicants for or recipients of public assistance administered
19 by defendant McMahon is appropriate, defendants contend that such
20 relief is inappropriate. However, in light of the Supreme
21 Court's Order of May 17, 1984, and in order to avoid the
22 necessity and expense of further litigation, defendant McMahon
23 has voluntarily agreed to reconsider, upon request, fair hearing
24 decisions adopted between February 10, 1983 and November 18, 1983
25 in which equitable estoppel was raised but not decided because
26 of the challenged policy.

Therefore, the parties, through their respective attorneys agree that:

1. Defendant McMahon will review all fair hearing decisions adopted between February 10, 1983 and November 18, 1983 in which the Proposed Decision differs from the Decision of the Director and will reconsider those decisions in which equitable estoppel was raised but not decided.

2. Defendant McMahon will cause the Notice attached hereto as Exhibit A, advising public assistance recipients of their right to request reconsideration of fair hearing decisions, to be posted in county welfare departments on the first of the month following the 30th day after the completion of the review process specified in paragraph 6. The Notice shall remain posted throughout the period in which requests for reconsideration can be accepted. The Department will ensure that each county promptly posts the Notice.

3. Defendant McMahon will reconsider, upon request received within 90 days after the posting of the Notice, any fair hearing decision which meets the conditions set forth in the Notice and which has not already been reconsidered under the provisions of paragraph 1 above.

4. Defendant McMahon will apply the doctrine of equitable estoppel and adopt a decision, where appropriate, in all fair hearing decisions reconsidered under paragraphs 1 and 3 above.

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1 5. The review of fair hearing decisions and
2 reconsideration of claims under paragraph 1 above will be
3 completed within 120 days of the filing of this Order. However,
4 where defendant McMahon determines that a further hearing is
5 necessary under paragraph 1, a decision will be adopted within
6 60 days of the date of the hearing. Requests for reconsideration
7 filed under paragraph 3 will be processed within the same time
8 limits as fair hearing requests filed pursuant to Welfare and
9 Institutions Code section 10950.

10 6. Plaintiffs acknowledge and understand that defendant
11 is required by the Court Order in Turner v. Woods, N.D. Cal. No.
12 C-81-4457, to submit the Notice to attorneys for plaintiffs in
13 the Turner case for their review. Plaintiffs agree that they
14 will be bound by any changes in the Notice agreed to by defendants
15 and plaintiffs attorneys in Turner as a result of that review and
16 that they may not rescind this Agreement if they do not approve
17 of or agree to any such changes.

18 7. Plaintiffs and their attorneys agree not to seek
19 attorneys fees for time spent requesting reconsideration of
20 individual cases under this Order.

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1 8. Plaintiffs acknowledge that this agreement
2 constitutes full settlement of their claim for retroactive
3 relief and that they may not use this settlement or the fact of
4 this settlement in any way in the pending appeal or the remand
5 thereof.

6 DATED: 8/24/84

7 LEGAL AID SOCIETY OF ALAMEDA COUNTY
8 LEGAL SERVICES OF NORTHERN
9 CALIFORNIA

10 By: Alan Lieberman
11 ALAN LIEBERMAN

12 Attorneys for Plaintiffs

13
14 DATED: 3/27/84

15 JOHN K. VAN DE KAMP, Attorney General
16 of the State of California
17 CHARLTON G. HOLLAND
18 JANET G. SHERWOOD
19 Deputy Attorneys General

20 Janet G. Sherwood
21 JANET G. SHERWOOD
22 Deputy Attorney General

23 Attorneys for Defendants

24 ORDER

25 The Court having read the foregoing stipulation and
26 good cause appearing therefor,

27 IT IS SO ORDERED.

DATED: SEP - 4 1984

STUART R. POLLAK

JUDGE OF THE SUPERIOR COURT

DID YOU LOSE A FAIR HEARING IN 1983?**READ THIS NOTICE**

If you had a Fair Hearing and you lost, you may have the right to have that Fair Hearing decision reconsidered **IF** you can answer "yes" to these three questions:

(If you have your Fair Hearing decision you should look at it to help you answer these questions.)

1. Was your Fair Hearing decided by the Department of Social Services between February 10, 1983 and November 18, 1983? YES or NO

(The date the Fair Hearing was decided will usually be either near the top of the front page or on the last page next to the signature of the Director.)

2. Did you argue in your Fair Hearing that a mistake was made because the county gave you the wrong information or the county should have given you information and did not? YES or NO

(The words "estoppel" or "equitable estoppel" or "estopped" may show up somewhere in the Proposed Decision or the Decision of the Director which was sent to you.)

3. Did you lose any part of the Fair Hearing? YES or NO

If you think the answer is "yes" to **all 3** questions, you can have your decision reconsidered. To do this, ask your worker or the receptionist for a Lentz claim form. Fill out the form and send it to the address shown on the claim form. It is:

Lentz Claims
Office of the Chief Referee
744 P Street
Sacramento, CA 95814

Your claim form must be received in Sacramento no later than March 1, 1985 to have your decision reconsidered.

If you have any questions about this notice or whether you can have your Fair Hearing decision reconsidered, you can do any of these things:

- ask your worker
- call Public Inquiry and Response
Toll Free Number (800) 952-5253
For Deaf Only TDD (800) 952-8349
- call your local Legal Services Office

If you want a copy of this notice, ask the receptionist.

¿PERDIÓ USTED UNA AUDIENCIA CON EL ESTADO EN 1983?**LEA ESTE AVISO**

Si usted tuvo una audiencia con el estado y perdió, es posible que usted tenga derecho a que se vuelva a considerar su decisión de esa audiencia con el estado **SI** puede contestar "sí" a estas tres preguntas:

(Si tiene su decisión de la audiencia con el estado, vea la versión en inglés para que le ayude a contestar estas preguntas.)

1. ¿Decidió su audiencia con el estado el Departamento de Servicios Sociales entre el 10 de febrero de 1983 y el 18 de noviembre de 1983?

SÍ o NO

(La fecha en que la audiencia con el estado fue decidida normalmente aparece en la parte superior de la primera página o en la última página cerca de la firma del director.)

2. ¿Alegó usted en su audiencia con el estado que se cometió un error porque el condado le dió información equivocada o el condado debió darle información y no lo hizo?

SÍ o NO

(Es posible que las palabras "estoppel", "equitable estoppel" o "estopped" aparezcan en alguna parte de la Decisión Propuesta o en la Decisión del Director que se le envió.)

3. ¿Perdió usted alguna parte de la audiencia con el estado?

SÍ o NO

Si usted cree que la respuesta a las tres preguntas es "sí", pueden volver a considerar su decisión. Para hacerlo, pida a su trabajador(a) o recepcionista una forma de reclamo Lentz. Llene la forma y envíela a la dirección que aparece en la forma de reclamo, la cual es:

Lentz Claims
Office of the Chief Referee
744 P Street
Sacramento, CA 95814

Para que se pueda volver a considerar su decisión, su forma de reclamo debe ser recibida en Sacramento a más tardar el 1 de marzo de 1985.

Si tiene preguntas con respecto a esta notificación o si es posible que se vuelva a considerar la decisión de su audiencia con el estado, puede hacer cualquiera de las siguientes cosas:

- pregunte a su trabajador(a)
- llame a la Oficina de Preguntas y Respuestas al Público
número gratuito (800) 952-5253
únicamente para los sordos (800) 952-8349
- llame a su oficina local de servicios legales

Si quiere una copia de este aviso, pídala a la recepcionista.

LENTZ v. McMAHON CLAIM FORM

To receive a reconsideration of your Fair Hearing decision by the State Department of Social Services, complete this form by providing the information requested below and mail it to:

Lentz Claims
Office of the Chief Referee
744 P Street, M.S. 6-100
Sacramento, CA 95814

PLEASE PRINT

Name(s) _____

Case Name (if different) _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

What county was involved in the decision: _____

Briefly describe your claim (optional): _____

IMPORTANT REMINDER

Your claim form must be received in Sacramento no later than **March 1, 1985** to have your decision reconsidered.

FORMA DE RECLAMO LENTZ vs. McMAHON

Para que se vuelva a considerar la decisión de su audiencia con el estado que hizo el Departamento de Servicios Sociales, complete esta forma proporcionando la información que se pide enseguida y envíela a:

Lentz Claims
Office of the Chief Referee
744 P Street, M.S. 6-100
Sacramento, CA 95814

POR FAVOR USE LETRA DE IMPRENTA

Nombre(s) _____

Nombre del caso (si es diferente) _____

Dirección _____

Ciudad _____ Estado _____ Zona postal _____

Número de teléfono _____

Cuál condado estuvo involucrado en la decisión: _____

Brevemente describa su reclamo (opcional): _____

RECORDATORIO IMPORTANTE

Para que se pueda volver a considerar su decisión, su forma de reclamo debe ser recibida en Sacramento a más tardar el 1 de marzo de 1985.