

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5387



June 21, 1984

ALL-COUNTY LETTER NO. 84-62

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: WILLIAMS v. WOODS: NOTICES OF ACTION

REFERENCE: MPP SECTION 50-012

Attached are the Notices of Action which are to be used for informing Williams v. Woods claimants of the disposition of their claims. We have attempted to develop notices for the majority of case situations; however, the notice messages provided may not be all inclusive. For those less common situations, you may need to develop additional messages to meet individual case circumstances. The Department has developed two blank notices that you may use when you need to develop additional messages, the "Williams v. Woods Cash Aid - General Notice" (1) and "Williams v. Woods Cash Aid - Continuation Page" (2). The Continuation Page is to be used only as an attachment to a General Notice, and is not to be used alone.

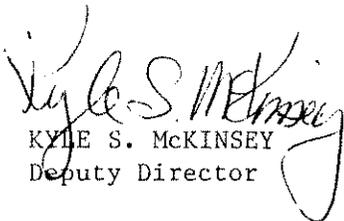
This letter transmits only the English version of the notices. The Spanish translation will be forthcoming.

You must copy the attached notices with the enclosed NA Back 3 on the reverse side. When you copy the Continuation Pages, leave the reverse side blank. Intake counties should make necessary alterations to the NA Back 3 to reflect the correct address for filing hearing requests. In the event that it is necessary to send more than one notice to a claimant, all approval and denial notices, with the exception of the Notice for Incorrect County, must be sent to the claimant at the same time.

This letter contains: 1) reproducible copies of a blank General Notice, the NA Back 3, and a blank Continuation Page, for use in the event additional notices need to be developed (Attachment I); 2) reproducible copies and the instructions for completion of the notices to be used to deny a claim (Attachment II); 3) a reproducible copy and the instructions for completion of the notice to be used to forward a claim to the proper county or return it to the claimant (Attachment III); 4) a reproducible copy and the instructions for completion of the notice to be used to send the Supplemental Claim Form to a claimant (Attachment IV); 5) a reproducible copy and the instructions for completion of the notice to be used to request missing or incomplete information/verification (Attachment V);

6) a reproducible copy and the instructions for completion of the notice to deny the inclusion of a person in the assistance unit (Attachment VI); 7) a reproducible copy and the instructions for completion of the approval notice (Attachment VII); and 8) reproducible copies and the instructions for completion of the continuation pages which provide the detail regarding how the amount of benefit was calculated (Attachment VIII).

If there are any questions, please contact Mara Jukich at (916) 322-5387.


KYLE S. McKINSEY
Deputy Director

Attachments

cc: CWDA

Attachment I

- 1) "WILLIAMS v. WOODS Cash Aid - General Notice" (1)
- 2) The current NA Back 3 to be used with the General Notice
- 3) "WILLIAMS v. WOODS Cash Aid - General Continuation" (2)

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

• •

• •

Description of the Action, Amount, Reason(s), Comments.

Regulations. These rules apply in your case: Policy Manual Sections:
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 1

Your Right to Appeal This Action

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county or adoption worker can help you request a hearing. If you decide to request a hearing you must do so WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.

FOOD STAMPS AND CASH AID†: If this action stops or reduces your food stamps or cash aid and you ask for a hearing before the effective date of the action, your benefits may continue unchanged under certain circumstances until the hearing or until you receive your hearing decision. Food Stamps will not continue past the end of your current certification period.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

**Office of the Chief Referee
State Department of Social Services
744 P Street, Mail Station 6-100
Sacramento, CA 95814**

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253*

For the Deaf Only TDD (800) 952-8349*

*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Request for a State Hearing

Name		Phone number	
Address		City	State
			Zip Code

I am requesting a state hearing because of an action by the welfare department of _____ county related to my family's: Cash Aid Food Stamps Medi-Cal Adoption Assistance Program Payments

Reasons for my request:

I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language	Dialect
----------	---------

†If you request a state hearing and your benefits continue unchanged, the county can recover as an overpayment the cash aid and value of food stamps the hearing decision finds you were not eligible for. If you remain eligible to receive cash aid after the hearing, and you have no other income or resources, your grant will be reduced by 10% each month until the full amount of such overpayment is collected. If you do have other income or available property, the amount your grant will be reduced each month will be greater.

Check here if you want your benefits reduced or discontinued now, as described in this Notice of Action.

Cash Aid Food Stamps

If you checked the box(es) and the hearing decision is in your favor, any lost benefits will be made up.

Signature

Date

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may

do so by contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority W&IC 10950.

Notice of Action - Continued

Page ____ of ____

Case Name :
Case Number :
Date of Notice :

Regulations. These rules apply to the information on this page: Policy Manual Sections:
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.

WILLIAMS v. WOODS Cash Aid - General Continuation -2

Attachment II

- 1) Denial Notices (3-21)
- 2) Instructions on Completing the Notices

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

• •

• •

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams** v. **Woods** court case. We have denied your claim for the period from _____ / _____ through _____ / _____ because you withdrew your claim.
(Month/Year) (Month/Year)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 3

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

-
-
-
-

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Williams v. Woods court case. We have denied your claim for the period from ____ / ____ through ____ / ____ . We denied your claim because you submitted it after ____ / ____ / ____ , the final date to submit such claims.
(Month/Year) (Month/Year) (Date)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.313, .325 and .326
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 4

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

-
-
-
-

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams** v. **Woods** court case. We have denied your claim for the period from ____ / ____ through ____ / ____ . We denied your claim because you didn't submit your Supplemental Claim for Back Benefits by ____ / ____ / ____ , the final date to submit such form.
(Month/Year) (Month/Year) (Date)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.314 and .323
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. **WOODS** Cash Aid - General Notice (No Aid Pending) - 5

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

-
-
-
-

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Williams v. Woods court case. We have denied your claim for the period from _____ / _____ through _____ / _____. We denied your claim because you wouldn't help us get the facts or proof we needed to process your claim.
(Month/Year) (Month/Year)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.315
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 6

Notice of Action

Page 1 of _____

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

-
-
-
-

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Williams v. Woods court case. We have denied your claim for the period from _____ / _____ through _____ / _____. We denied your claim because it doesn't fall within the period from _____ / _____ through _____ / _____. We denied your claim because it doesn't fall within the period from November 12, 1978 through May 31, 1984, the period covered by the Williams v. Woods court order. It must do so for you to receive payment.

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.41
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 7

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

-
-
-
-

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams** v. **Woods** court case. We have denied your claim for the period from ____/____ through ____/____. We denied your claim because your claim form doesn't support your statement that you had applied for or received AFDC cash assistance.
(Month/Year) (Month/Year)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.411
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 8

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

• •
• •

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Williams v. Woods court case. We have denied your claim for the period from ____ / ____ through ____ / ____ . We denied your claim because our records show that you were not a minor parent (under the age of 18), which you must have been to receive payments under the Williams v. Woods court order.
(Month/Year) (Month/Year)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.411
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 9

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

-
-
-
-

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Williams v. Woods court case. We have denied your claim for the period from ____ / ____ through ____ / ____ . We denied your claim because our records show that your children did not live with you during this period.
(Month/Year) (Month/Year)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.411
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 10

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

-
-
-
-

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams** v. **Woods** court case. We have denied your claim for the period from ____ / ____ through ____ / ____ . We denied your claim because our records show that you didn't live with your parent(s) during this period.
(Month/Year) (Month/Year)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.412
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. **WOODS** Cash Aid - General Notice (No Aid Pending) - 11

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

-
-
-
-

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Williams v. Woods court case. We have denied your claim for the period from ____ / ____ through ____ / _____. We denied your claim because our records show that your parent(s) were not the payee for your OASDI benefits during this period.

(Month/Year) (Month/Year)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.413
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 12

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

• •

• •

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams v. Woods** court case. We have denied your claim for the period from ____ / ____ through ____ / ____ . We denied your claim because we reduced, stopped, or denied your AFDC cash assistance for reasons other than the amount of income considered available to you.

(Month/Year) (Month/Year)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.414
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 13

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

• •

• •

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams v. Woods** court case. We have denied your claim for the period from ____ / ____ through ____ / ____ . We denied your claim because your claim form doesn't support your statement that your child(ren) were deprived of parental care or support during this period. To be deprived of parental care or support at least one of the following conditions must have been true.

- the other parent of your child(ren) was not living with you, or
- the other parent of your child(ren) was dead, or
- either you or the other parent living with you had a physical or mental condition that limited your or the other parent's ability to work and care for your child(ren), or
- either you or the other parent living with you worked an average of less than 100 hours per month.

Since none of these conditions was true, you may not claim back benefits.

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.421
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 14

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

• •
• •

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams v. Woods** court case. We have denied your claim for the period from ____ / ____ through ____ / ____ . We denied your claim because your family's total income was over the
(Month/Year) (Month/Year)

150% maximum income limit for this period of time. Our records show that your family had \$ _____ in income for this period. This is higher than the amount of the maximum allowable income which was figured below:

The maximum amount of income which is allowable for a family of _____ person(s) from ____ / ____
(Number) (Month/Year)

through ____ / ____ is \$ _____ per month. For the period shown above, we multiplied this amount
(Month/Year)

times _____ months to come up with a maximum of \$ _____ .
(Number)

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.423 and .45
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 15

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

-
-
-
-

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams v. Woods** court case. We have denied your claim for the period from _____ / _____ through _____ / _____. We denied your claim because you had countable resources over the (Month/Year) (Month/Year)

\$ _____ limit. In such a case, you may not claim back benefits. Our records show your countable resources as:

ITEM	VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.424
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 16

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

• •

• •

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Williams v. Woods court case. On ____ / ____ / ____ , we asked for proof or a good reason why the proof is not available to support your statements on your claim. We have denied your claim _____ for the period from ____ / ____ through ____ / ____ because you didn't submit the following proof or the reason you can't supply the proof by the deadline we gave you.

PROOF REQUESTED

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.43 and .47
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. **WOODS** Cash Aid - General Notice (No Aid Pending) - 17

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

• •
• •

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Williams v. Woods court case. On ____ / ____ / ____ , we asked for more information. We have denied your claim _____ for the period from ____ / ____ through ____ / ____ because you didn't submit the following information by the deadline we gave you.
(Date) (Month/Year) (Month/Year)

INFORMATION REQUESTED

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.47
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 18

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under **WILLIAMS** v. **WOODS** court case. We have denied your claim. As you can see in the chart below, the amount of OASDI originally used by the welfare department (see A) was not more than the amount available to you as you indicated on your claim form (see B).

	From	____ / ____ (Month/Year)						
	Through	____ / ____ (Month/Year)						
A: OASDI originally used by us:	\$	_____	\$	_____	\$	_____	\$	_____
B: OASDI available to you:	\$	_____	\$	_____	\$	_____	\$	_____

Regulations. These rules apply to the information on this page: Policy Manual Section 50-012.415
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under **WILLIAMS** v. **WOODS** court case. We have denied your claim for the period from ____ / ____ through ____ / ____ . As you can see in the chart below, your parents' income (see A) was below the minimum assistance standard (MBSAC) (see B), so that they were income eligible for AFDC. Because your parents were needy, you are not covered by the **Williams** case.

A. Your parents' countable income for this period:
(See page(s) _____ for how we figured the countable income.)

B: MBSAC for _____ person(s) for this period:
[MBSAC amount for one month x the number of months]:

From ____ / ____ (Month/Year)	From ____ / ____ (Month/Year)	From ____ / ____ (Month/Year)
Through ____ / ____ (Month/Year)	Through ____ / ____ (Month/Year)	Through ____ / ____ (Month/Year)
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
[\$ ____ x ____]	[\$ ____ x ____]	[\$ ____ x ____]

Regulations. These rules apply to the information on this page: Policy Manual Sections 50-012.412 and .46 You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **WILLIAMS** v. **WOODS** court case. We have denied your claim for the period from ____/____/____ through ____/____/____. As you can see in the chart below, after deductions, your countable income (see A) was more than the minimum assistance standard (MBSAC) (see B). In such a case, you may not get back benefits.

A. Your countable income for this period: (See page(s) _____ for how we figured the countable income.):

B: MBSAC for _____ person(s) for this period:

[MBSAC amount for one month x the number of months]:

From ____/____/____ (Month/Year)	From ____/____/____ (Month/Year)	From ____/____/____ (Month/Year)
Through ____/____/____ (Month/Year)	Through ____/____/____ (Month/Year)	Through ____/____/____ (Month/Year)
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
[\$ ____ x ____]	[\$ ____ x ____]	[\$ ____ x ____]

Regulations. These rules apply to the information on this page: Policy Manual Sections 50-012.423 and .45 You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

Completing the Denial Notices (3-21).

- (1) Fill in the dates for the period of the claim being denied.
- (2) Provide in the appropriate spaces on the notice the specified information; i.e., dates, amounts, page nos., etc.
- (3) Attach to the notice all additional pages appropriate to provide the substantiation for the reason for denial. These additional pages may include, but are not limited to: computation sheets or other documents supporting the reason. Clearly number all pages.
- (4) In the event that more than one reason for denial exists for the same period, combine the appropriate messages on the blank General Notice (1).
- (5) Separate notices should be used for each period of the claim denied if the reasons are different for each period.
- (6) In the event that only one reason for denial exists for different periods of the claim, specify all periods denied and the appropriate reason on a single notice.
- (7) When the claim is being denied for failure to provide requested information/verification, insert the following on notices 17 and 18:
 - (a) In the blank after "We have denied your claim", insert "in whole" or "in part" as appropriate.
 - (b) List the requested information/verification that was not provided.
 - (c) When the claim is being denied in part, also insert on the notice the statement contained in (8) below.
- (8) When the denial is for only a portion of the period claimed, the notice must contain the following statement:

"The balance of your claim has been processed. The other notices enclosed inform you about the rest of your claim."

Attachment III

- 1) Notice for Incorrect County (22)
- 2) Instructions on Completing the Notice

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams v. Woods** court case. We can't process your claim for the period from / through / because it must be reviewed by the county that aided you at that time.
(Month/Year) (Month/Year)

_____ County aided you. We've sent your claim there for processing.

We denied your claim because we don't know which county aided you. If you do know, then send the attached claim to the right county by August 31, 1984 or within fifteen (15) days of the date of this notice whichever gives you more time. Attach a copy of this notice to your claim.

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.311, .312, 322 and .325(b)
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 22

Completing the Incorrect County Notice (22).

- (1) Fill in the dates for the period of the claim for which the claim is being forwarded to the correct county or being denied. These dates may encompass the entire period claimed or a portion thereof.
- (2) Check the appropriate box.
 - a) When forwarding the claim to another county, provide the name of the other county.
 - b) When denying the claim because the appropriate county is not known, the claim form must be returned to the claimant with the notice.
- (3) When only a portion of the period claimed is being forwarded or denied, the notice must also contain the following statement:

"We are processing the rest of your claim. You will receive other notices from us informing you about the rest of your claim."

Attachment IV

- 1) Notice to Transmit Supplemental Claim Form (23)
- 2) Instructions on Completing the Notice

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

• •

• •

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams** v. **Woods** court case. Please help us help you.

We can't process your claim for the period from ____ / ____ through ____ / ____ because we can't find your
(Month/Year) (Month/Year)

old case file or the file doesn't have all of the information we need. For the period above, send us the facts we seek.

Attached to this notice is a Supplemental Claim For Back Benefits. For us to process your claim properly, complete Question(s) _____ of this form, sign the last page, and return this form within thirty days (____ / ____ / ____).
(Date)

If we don't receive the completed Supplemental Claim for Back Benefits by this deadline, your claim will be denied.

If you have any questions or need help in completing the Supplemental Claim For Back Benefits, please call your worker indicated above.

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.314, .323 and .471
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

WILLIAMS v. WOODS Cash Aid - General Notice (No Aid Pending) - 23

Completing the Notice Transmitting the Supplemental Claim Form (23).

- (1) Fill in the dates for the period of the claim for which the information contained on the Supplemental Claim Form (TEMP 1612) is necessary. These dates may encompass the entire period claimed or a portion thereof.
- (2) Fill in the space provided the question numbers of the Supplemental Claim Form which require completion by the claimant (consistent with the instructions to the claimant at the top of the first page of the form).
 - a) If selected questions need completion, show the appropriate number(s).
Example: "Question(s) 1, 2 & 8 of this form"
 - b) If all questions need completion, indicate "1 through 8".
- (3) Fill in the date by which the form must be returned.

Attachment V

- 1) Request for Missing or Incomplete Information/Verification (24)
- 2) Instructions for Completing the Notice

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Williams v. Woods** court case. Please help us help you. For the period(s) noted below, send us the information/proof we seek. For us to process your claim properly, you must do so by _____ / _____ / _____
(Date)

If we do not receive the information/proof by this deadline, that portion of your claim for which we need the information/proof will be denied.

If you have any questions or need help in getting the information/proof we seek, please call your worker indicated above.

FOR THE PERIOD

INFORMATION/PROOF NEEDED

From _____ / _____ through _____ / _____
(Month/Year) (Month/Year)

From _____ / _____ through _____ / _____
(Month/Year) (Month/Year)

From _____ / _____ through _____ / _____
(Month/Year) (Month/Year)

From _____ / _____ through _____ / _____
(Month/Year) (Month/Year)

You will be sent a new notice explaining any action we take because of your response to this request.

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.324, .43 and .47
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

Completing the Request for Missing or Incomplete Information/Verification (24).

- (1) Fill in the date by which the response is due.
- (2) Fill in the dates for the period of the claim that the information/verification is needed.
- (3) Specify exactly what information/verification is requested and why. Indicate whether verification or merely a statement is needed.
 - a) If more space is necessary in order to state what is needed and why, use the "WILLIAMS v. WOODS Cash Aid - General Continuation" page (notice 2) to complete the request.
- (4) When the request is being sent because the claim form was incomplete when submitted or when additional information/verification is needed, attach a copy of the appropriate claim form with the item(s) needing completion/verification circled in order to help the claimant understand what is being requested.
- (5) When the request is being sent to obtain missing or incomplete verification and the claimant did not provide reasons why the verification is unavailable on the claim form, the notice must contain the following statement:

"If you can't give us the proof we requested, give us the reason(s) why it isn't available in Question 8 of the Supplemental Claim For Back Benefits which we have attached. Use and attach additional sheets if necessary to explain the reasons."

A copy of the Supplemental Claim Form (TEMP 1612) must be attached with the items needing verification and question 8 circled.
- (6) When the request is being sent to obtain missing or incomplete verification and the reason why it was not available provided on the claim form(s) is not acceptable, the notice must contain the following statement:

"The reason you gave us explaining why the proof we seek is not available is not acceptable. We must have the proof before you can get back benefits."

 - a) If it is not clear whether the reason provided is acceptable, contact the claimant to obtain clarification of the reason.
- (7) Use this notice to obtain a missing signature.
 - a) If the missing signature is the claimant's parent on the Notice/Claim Form and no reason was given as to why it is not available, the explanation should read as follows:

"The signature of your parent is missing from the claim form. We must have your parent sign this form before you can get back benefits. Please have your parent sign the copy of the claim form attached. If your parent can't sign, give us the reason(s) why."

- b) If the senior parent's signature is missing and the reason provided is not acceptable, the explanation should read as follows:

"The reason you gave us, explaining why your parent did not sign the claim form is not acceptable. We must have your parent sign the attached copy of the claim form before you can get back benefits."

- c) If the missing signature is the second parent's on the Supplemental Claim Form, needed for inclusion into the claimant's assistance unit, the explanation should read as follows:

"The signature of _____ is missing from the
(name)
Supplemental Claim For Back Benefits. We must have him/her sign this form before you can receive back benefits which include him/her. Please have him/her sign the copy of the form attached."

Attachment VI

- 1) Denial of Inclusion of a Person In the Assistance Unit (25)
- 2) Instructions for Completing the Notice

Completing the Denial of Inclusion of a Person In the Assistance Unit Notice (25).

(1) Fill in the name of the person being denied inclusion in the assistance unit.

(2) Provide the reason for the denial.

a) The reasons a person would not be entitled to be included in the assistance unit are limited to his/her failure to sign the Supplemental Claim Form (TEMP 1612) or his/her failure to meet the requirements of MPP Section 44-205 during the claim period.

b) If the reason for denial is the failure to sign the Supplemental Claim Form, the explanation should read:

"He or she didn't sign the Supplemental Claim For Back Benefits,
and you didn't get us the signature by the deadline of
_____."
(date)

(3) Fill in the dates for the period of the claim that the denial is appropriate. These dates may encompass the entire period claimed or a portion thereof.

(4) Fill in number reflecting the approved assistance unit size.

Attachment VII

- 1) Approval Notice (26)
- 2) Instructions for Completing the Notice

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Williams v. Woods court case. We have approved your claim as noted below. The attached page(s) show(s) you how we figured the amount owed you.

WE OWE YOU	FOR THE PERIOD
\$ _____	From _____ / _____ through _____ / _____ (Month/Year) (Month/Year)
\$ _____	From _____ / _____ through _____ / _____ (Month/Year) (Month/Year)
\$ _____	From _____ / _____ through _____ / _____ (Month/Year) (Month/Year)
\$ _____	From _____ / _____ through _____ / _____ (Month/Year) (Month/Year)
\$ _____	From _____ / _____ through _____ / _____ (Month/Year) (Month/Year)
\$ _____	From _____ / _____ through _____ / _____ (Month/Year) (Month/Year)
\$ _____	From _____ / _____ through _____ / _____ (Month/Year) (Month/Year)
\$ _____	Total

The amount on the check we sent you differs from the total which we just reported. That is because you have an overpayment still owing. We have used your Williams back benefits to repay all or part of that overpayment. The table below shows you how we did this.

YOUR WILLIAMS BACK BENEFITS DON'T PAY WHAT YOU OWE:

Overpayment you owe us: \$ _____

Less Williams back benefits we owe you: - \$ _____

Overpayment you still owe us: = \$ _____

YOUR WILLIAMS BACK BENEFITS EXCEED WHAT YOU OWE:

Williams back benefits we you you: \$ _____

Less overpayment you owe us: - \$ _____

Williams back benefits we still owe you: = \$ _____

Regulations. These rules apply in your case: Policy Manual Sections: 50-012.5 and .62
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

Completing the Approval Notice (26).

- (1) This notice cannot stand alone. It must have at a minimum one of the "WILLIAMS v. WOODS Cash Aid - General Continuation" pages (notices 27-30) attached in order to show the computation of the amount of money the claimant is to receive. It may be necessary to use more than one continuation page to reflect the computation for the eligible period being claimed. Clearly number all pages.
- (2) Fill in the amount of money the claimant is eligible to receive. The amount shown on this notice for the specified period must correspond to the amount calculated on the Computation Page - On Aid During Period Claimed (27) and/or the Computation Page - Off Aid During Period Claimed (28).
- (3) Fill in the dates for the approved period claimed that the amount covers. These dates may encompass the entire eligible period claimed or a portion thereof.
- (4) If the amounts are listed by portions of the approved period claimed, add up the portions to obtain the total amount approved. Place this figure in the line "\$_____ Total".
- (5) If the amount listed in the first space is for the entire approved period claimed, that amount must also be placed in the line "\$_____ Total".
- (6) If the Williams retroactive benefit is being used to offset an outstanding overpayment:
 - a) Check the appropriate boxes.
 - b) Complete the appropriate computation. The amount of the "Williams back benefits we owe you" must be identical to the amount shown in "\$_____ Total".

(Note: When an overpayment is being adjusted, the notice must include a copy of the Demand Notice or any other Notice of Action showing the amount of the outstanding overpayment as an attachment.)

Attachment VIII

- 1) Computation Page - On Aid During Period Claimed (27)
- 2) Computation Page - Off Aid During Period Claimed (28)
- 3) Computation Page - Net Nonexempt Income Prior to
December 1, 1981 (29)
- 4) Computation Page - Net Nonexempt Income On or After
December 1, 1981 (30)
- 5) Instructions for Completing the Computation Pages

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

We have approved your claim for the dates and amounts shown below:

	From _____ / _____ (Month/Year)	From _____ / _____ (Month/Year)	From _____ / _____ (Month/Year)
	Through _____ / _____ (Month/Year)	Through _____ / _____ (Month/Year)	Through _____ / _____ (Month/Year)
We checked these facts:			
Amount of OASDI used in your original aid payment:	\$ _____	\$ _____	\$ _____
Less the amount of OASDI which you claimed you actually got in cash:	- \$ _____	- \$ _____	- \$ _____
Difference:	= \$ _____	= \$ _____	= \$ _____
Times number of months in the period:	x _____	x _____	x _____
To get what we owe you:	= \$ _____	= \$ _____	= \$ _____

Regulations. These rules apply to the information on this page: Policy Manual Sections: 50-012.52
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.

Completing the Computation Page - On Aid During Period Claimed (27).

- (1) Use as many pages as necessary to cover the entire eligible period claimed. Clearly number all pages.
- (2) Fill in the dates covered.
- (3) Complete the computation for that period using data from Computation Worksheet A (TEMP 1612A).
 - a) If annualized amounts are used, write "This doesn't apply to you." in the space "Times number of months in the period" and repeat the amount from "Difference" on "To get what we owe you".
- (4) This total would then be shown on the Approval Notice (26) for the corresponding period.

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

We have figured the amount we owe you for the period(s) shown as follows:

	From <u> </u> / <u> </u> (Month/Year)	From <u> </u> / <u> </u> (Month/Year)	From <u> </u> / <u> </u> (Month/Year)
	Through <u> </u> / <u> </u> (Month/Year)	Through <u> </u> / <u> </u> (Month/Year)	Through <u> </u> / <u> </u> (Month/Year)
We figured the Maximum Aid for your family for this period:	= \$ _____	= \$ _____	= \$ _____
We subtracted the in-kind benefits from your Parent(s):	- \$ _____	- \$ _____	- \$ _____
(Housing, Utilities, Food and Clothing)			
We subtracted the amount of OASDI which you claimed you actually got in cash:	- \$ _____	- \$ _____	- \$ _____
We subtracted your family's other net nonexempt income for this period (from page(s) ____):	- \$ _____	- \$ _____	- \$ _____
SUBTOTAL:	= \$ _____	= \$ _____	= \$ _____
Times number of months in the period:	x _____	x _____	x _____
To get what we owe you:	= \$ _____	= \$ _____	= \$ _____

PLEASE NOTE: You claimed the following deductions. For the reason listed below, we didn't allow them:

Period	Deduction Disallowed	Amount	Reason
From <u> </u> / <u> </u> through <u> </u> / <u> </u> (Month/Year) (Month/Year)	_____	\$ _____	_____
From <u> </u> / <u> </u> through <u> </u> / <u> </u> (Month/Year) (Month/Year)	_____	\$ _____	_____
From <u> </u> / <u> </u> through <u> </u> / <u> </u> (Month/Year) (Month/Year)	_____	\$ _____	_____
From <u> </u> / <u> </u> through <u> </u> / <u> </u> (Month/Year) (Month/Year)	_____	\$ _____	_____

Regulations. These rules apply to the information on this page: Policy Manual Section 50-012.53
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.

Completing the Computation Page - Off Aid During Period Claimed (28).

- (1) Fill in the dates for the approved period claimed that the computation covers. These dates may encompass the entire eligible period or a portion thereof.
- (2) Use as many pages as necessary to cover the entire approved period claimed. Clearly number all pages.
- (3) Complete the computation for each period using data from Computation Worksheet B (TEMP 1612B).
 - a) Complete the computation of the MAP for the number of persons included in the assistance unit for the period specified.
 - b) If the assistance unit had no net nonexempt income other than in-kind benefits and OASDI, enter "NONE" on the line showing family's other net nonexempt income.
 - c) If the assistance unit had net nonexempt income other than in-kind benefits and OASDI, enter the amount calculated from the Net Nonexempt Income Computation Page(s) (notices 29 and 30). The Net Nonexempt Income Computation Page(s) must be attached. Clearly number all pages.
 - d) If annualized amounts are used, write "This doesn't apply to you." in the space "Times number of months in the period" and repeat the amount from "Subtotal" on "To get what we owe you".
- (4) The amount of the retroactive benefit calculated must be shown on the Approval Notice (26). For clarity, it is recommended that, when the computation was made by periods of time rather than the entire approved period claimed, the Approval Notice reflect the individual computations.
- (5) If any deductions have been disallowed, fill in the dates for which the deduction was claimed, the deduction being disallowed, the amount of the deduction being disallowed and the reason for the disallowance. NOTE: The amount of the deduction being disallowed may be the entire amount or a portion thereof.
- (6) If the claimant has no income or all deductions claimed are being allowed, the statement, "This doesn't apply to you.", must be placed prominently in this portion of the computation page.

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

We have figured the net nonexempt (countable) income for the period(s) before 12/1/81 as shown.

	From <u> </u> / <u> </u> (Month/Year)	From <u> </u> / <u> </u> (Month/Year)	From <u> </u> / <u> </u> (Month/Year)
	Through <u> </u> / <u> </u> (Month/Year)	Through <u> </u> / <u> </u> (Month/Year)	Through <u> </u> / <u> </u> (Month/Year)
We took the earned income:	\$ _____	\$ _____	\$ _____
Number of months for which earnings covered:	[]	[]	[]
Subtracted the \$30 Disregard (Number of months x \$30):	- \$ _____	- \$ _____	- \$ _____
SUBTOTAL:	= \$ _____	= \$ _____	= \$ _____
Subtracted one-third of subtotal:	- \$ _____	- \$ _____	- \$ _____
Subtracted mandatory deductions:	- \$ _____	- \$ _____	- \$ _____
(Income Tax, Social Security, Unemployment Insurance, Disability Insurance, and Retirement)			
Subtracted work-related expenses:	- \$ _____	- \$ _____	- \$ _____
Subtracted child care expenses:	- \$ _____	- \$ _____	- \$ _____
Added other countable income:	+ \$ _____	+ \$ _____	+ \$ _____
Subtracted court-ordered child support paid:	- \$ _____	- \$ _____	- \$ _____
To get the net nonexempt income:	= \$ _____	= \$ _____	= \$ _____

Regulations. These rules apply to the information on this page: Policy Manual Section: 50-012.53
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

We have figured the net nonexempt (countable) income for the period(s) on or after 12/1/81 as shown.

Name of Person With Income

	From _____ / _____ (Month/Year)	From _____ / _____ (Month/Year)	From _____ / _____ (Month/Year)
	Through _____ / _____ (Month/Year)	Through _____ / _____ (Month/Year)	Through _____ / _____ (Month/Year)
We took the earned income for the period:	\$ _____	\$ _____	\$ _____
Subtracted mandatory deductions:	- \$ _____	- \$ _____	- \$ _____
(Income Tax, Social Security, Unemployment Insurance, and Disability Insurance.)			
Subtracted the Work Expense Disregard:	- \$ _____	- \$ _____	- \$ _____
Subtracted the Dependent Care Disregard:	- \$ _____	- \$ _____	- \$ _____
[Number of months \$30 and 1/3 Disregard can be allowed]:	[]	[]	[]
Subtracted the \$30 Disregard for _____ months:	- \$ _____	- \$ _____	- \$ _____
(No.)			
SUBTOTAL:	= \$ _____	= \$ _____	= \$ _____
Subtracted one-third of the part of the subtotal allowable:	- \$ _____	- \$ _____	- \$ _____
Added other countable income:	+ \$ _____	+ \$ _____	+ \$ _____
Subtracted court-ordered child support paid:	- \$ _____	- \$ _____	- \$ _____
To get the net nonexempt income of the person listed:	= \$ _____	= \$ _____	= \$ _____

Regulations. These rules apply to the information on this page: Policy Manual Section 50-012.53
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.

Completing the Net Nonexempt Income Computation Pages (29 and 30).

- (1) These pages are to be used to substantiate a reason for denial or the computation of the amount of retroactive benefit.
- (2) Use as many pages as necessary to cover the entire period claimed in which the computation of net nonexempt income is needed. Clearly number all pages.
- (3) Use the data from the Income Computation Worksheet(s) (TEMP 1612C and D) to complete these pages.
- (4) Fill in the dates for the period claimed that the computation of net non-exempt income covers. These dates may encompass the entire period claimed or a portion thereof.
- (5) For Computation Page - Net Nonexempt Income On or After December 1, 1981 (30), use separate pages for each person with income. If multiple pages are used, total the net nonexempt income from all pages for the same period before entering the total for the corresponding period on Computation Page 28.
- (6) Use these pages to show computation of the senior parents' neediness.