DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 324-0097

April 11, 1985

ALL COUNTY LETTER NO. 85-41

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF AFDC RETROACTIVE COURT ORDER, COLLINS V. WOOD

REFERENCE: EAS 44-350.11: ALL COUNTY LETTER NO. 84-93, DATED AUGUST 28, 1984

On February 11, 1985, the Humboldt County Superior Court issued a final judgment and writ of mandate in the case of Collins v. Woods (No. 70709). A copy of the Peremptory Writ of Mandate and Permanent Injunction is attached (Attachment A).

This lawsuit applies to all AFDC recipients who had a nonwillful overpayment occur prior to April 2, 1982, and who had it recouped after August 31, 1982. You are hereby instructed to comply with this Writ. Counties are to issue a copy of the attached notice/claim form (Attachment C) to all current recipients, post the attached Collins posters in welfare office waiting rooms (Attachment D), determine if those recipients returning the notice/claim form are class members, provide a refund to eligible class members, provide the appropriate notice of action (Attachment E) to all persons submitting a notice/claim form, and submit the attached statistical report (Attachment F) to the State Department of Social Services (SDSS).

Specific detailed implementing instructions for complying with the Collins order are attached (Attachment B). Counties must also return the attached county certification to provide verification to the Department that you are applying the Collins order (Attachment G).

If you have any questions, please contact Kathy Layne, AFDC Program Development Bureau at (916) 324-0097.

ROBERT A. HOREL
Deputy Director

Attachments

ATTACHMENTS

Attachment A - Judgment and Order

Attachment B - Implementing Instructions

Attachment C - Notice/Claim Form

Attachment D - Poster

Attachment E - Notices of Action

Attachment F - Statistical Report

Attachment G - County Certification

ATTACHMENT A

Collins v. Woods Judgment and Order

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF HUMBOLDT

KATHLEEN COLLINS, Plaintiff,	)	NO. 70709
v.	)	PEREMPTORY WRIT OF MANDATE AND PERMANENT INJUNCTION
MARION J. WOODS, etc., et al., Defendants.	)	

Judgment having been entered in this action, ordering that a peremptory writ of mandate and permanent injunction be issued from this Court,

DEFENDANTS-RESPONDENTS ARE HEREBY COMMANDED, immediately upon receipt of this writ, to:

1. Rescind and set aside the fair hearing decision entitled: "In the Matter of the Hearing of Claimant KATHLEEN COLLINS, State Hearing No. 82067117 HUM," and to issue a new fair hearing decision determining that the overpayment at issue in Hearing No. 82067117 HUM may not be recovered by defendants-respondents pursuant to Welfare and Institutions Code section 11004, as amended by

Assembly Bill 2, Chapter 3 of Statutes 1982, or regulations promulgated by the Department of Social Services pursuant thereto;

2. Refund to plaintiff COLLINS the full amount of any AFDC payments withheld after April 1, 1982, for purposes of recovering the overpayment at issue in State Hearing No. 82067117 HUM.

IT IS FURTHER ORDERED that:

3. Defendants-Respondents, their successors in office, agents, assigns, employees, and all other persons acting by, through or under them, or subject to their control and supervision, are permanently enjoined from applying the provisions of Welfare and Institutions Code section 11004, as amended by Assembly Bill 2, Chapter 3 of Statutes 1982, or regulations promulgated by the State Department of Social Services pursuant thereto, to non-willful or administrative error AFDC overpayments which occurred prior to April 2, 1982. Overpayment regulations currently in effect shall be revised as necessary to make them consistent with this order.

4. Monies recouped as overpayments must be repaid to AFDC recipients who claim them pursuant to the following plan:

a. The counties shall send a Notice/Application to all current AFDC recipients on aid at the time of the implementation of this court order.

The State Department of Social Services shall send Notice/Application forms to all persons who received AFDC at any time on or after August 1, 1984.

(1) The County may include the Notice/Application with the CA 7 mailing or the warrant mailing or make a separate mailing.

(2) The Notice shall advise the AFDC recipients that if they had one or more nonwillful overpayments anytime prior to April 2, 1982, which was/were recouped or after September 1, 1982, they may be entitled to reimbursement.

(3) The application form shall request the following information:

(a) Name;

(b) Name during time for which benefits are claimed (if different);

(c) Address;

(d) Welfare case number (if known);

(e) Social Security Number (optional);

(f) Name of any other county(ies) in which applicant is claiming back benefits;

(g) Month(s) in which grant was reduced as a result of recoupment of a pre-April 2, 1982 overpayment (if known).

The applicant must sign the application attesting, under penalty of perjury, that the statements made

therein are true to the best of his or her knowledge.

(4) In order to receive a refund, the applicant must return the completed application to the county from which the applicant currently receives AFDC (or last received AFDC) within 120 days after the date of mailing of notices.

b. Notices shall also be posted in County Welfare Offices and application forms shall be available there.

c. Within 45 days of receipt of a timely application, the county shall locate the case and determine whether the applicant is a Collins class member and, if so, the amount of refund, if any, to which the applicant is entitled.

(1) In order to be a Collins class member, an applicant must have received a nonwillful overpayment prior to April 2, 1982, which was recouped on or after September 1, 1982.

(2) Refunds will be reduced to offset any collectable outstanding overpayments other than Collins overpayments.

d. Within the 45-day period referred to in paragraph c above, the counties shall issue a Notice of Action to each applicant which:

(1) informs the recipient of the

action the county intends to take,

(2) gives an explanation of reasons for intended action,

(3) where appropriate, sets forth the necessary calculations,

(4) cites the regulation or statute supporting the action, and

(5) explains the recipient's right to appeal.

e. Refunds received by claimants shall not be considered income or property for AFDC in the month of receipt nor in the following month.

f. An All County Welfare Directors Letter shall be sent by the Department of Social Services advising the counties of the terms of this order and instructing them in the use of the Notice/Application form and the Notices of Action.

g. The time-table for issuance of the All County Welfare Directors Letter and the Notice/Application forms shall be negotiated between the parties hereto.

h. The form of the All County Welfare Directors Letter, the Notice/Application and the Notices of Action shall be established by agreement between the parties.

i. This court shall retain jurisdiction over this matter and in the event that the

parties are unable to agree regarding the time-table or the forms described in paragraphs (g) and (h) above, the court will resolve the matter(s) upon motion by plaintiff.

DEFENDANTS-RESPONDENTS ARE FURTHER COMMANDED to make and file a return to this writ on or before December 1, 1985, setting forth what they have done to comply with paragraphs 1, 2 and 4 above. The foregoing writ shall issue immediately.

DATED: FEB 11 1985

JOHN E. BUFFINGTON
JUDGE OF THE SUPERIOR COURT

Approved as to form.

REDWOOD LEGAL ASSISTANCE
Attorneys for Plaintiff-Petitioner

DATED: January 30, 1985

By
STEPHEN R. NIELSON

JOHN K. VAN DE KAMP, Attorney General
of the State of California
Attorney for Defendants-Respondents

DATED: January 30, 1985

By Catherine M. Van Aken
CATHERINE M. VAN AKEN
Deputy Attorney General

ATTACHMENT B

Collins v. Woods Implementing Instructions

Collins v. Woods Implementing Instructions

BACKGROUND

On July 20, 1984, the First District Court of Appeals partially overturned the ruling of the Humboldt County Superior Court which was in the Department's favor.

The decision concerns the regulations which implemented the Omnibus Budget Reconciliation Act of 1981 (OBRA) rules for collection of nonwillful overpayments. EAS 44-350.11 did two things regarding nonwillful overpayments for which the adjustment period had not expired prior to April 2, 1982. It extended the six-month statute of limitations indefinitely and it directed that all collections would use the new rules to determine the recoupable amount rather than the prior rules.

The Court of Appeals found that extending the time for collection of unexpired overpayment cases was permissible. However, the Court further held that changing the recoupment rules to the new rules was not permissible. In other words, recouping the money at the 90 or 95 percent of grant level for those cases in which the nonwillful overpayment occurred prior to April 2, 1982 was not permissible.

On August 28, 1984, an ACL (84-93) was issued requiring counties to suspend all collection efforts on nonwillful overpayments made prior to April 2, 1982. In addition, counties were to flag or otherwise identify affected cases.

On February 11, 1985, a final order was issued.

PROSPECTIVE IMPLEMENTATION

Counties are to permanently stop all collection efforts on nonwillful overpayments made prior to April 2, 1982.

RETROACTIVE IMPLEMENTATION

Retroactive implementation of the order requires counties to issue the attached notice/claim form (Attachment C) to all current AFDC recipients.

In addition, the State Department of Social Services will be sending the notice/claim form to all those persons who were on AFDC between August 1984 and June 1985 who are no longer on aid.

Notice/Claim Form

Counties are required to inform current recipients, via a notice (Attachment C), of their potential eligibility for a refund of recoverable nonwillful overpayments that occurred prior to April 2, 1982 and were recouped after August 31, 1982.

Attachment C includes both the English and Spanish camera-ready copy of the notice. Each county shall make enough copies of the notice to assure that every current AFDC Assistance Unit as of July 1, 1985 will receive one. The notice

must be printed front and back on a single sheet of paper with the English version on the front and the Spanish version on the back. The camera-ready copy is designed for use as an 8 1/2" x 11" sheet of paper. However, counties may reduce this notice to fit on a single sheet of paper no smaller than 7 1/4" x 10" to accommodate mailing with the Monthly Eligibility Report (CA 7).

The Collins notice/claim form shall be mailed to all current AFDC Assistance Units no later than July 1, 1985. The county may include the notice with the CA 7 mailing for the report month of June, include the notice with the warrant mailing, or mail the notice separately. Counties which wish to may implement earlier by mailing with the June mid-month warrant to current recipients as of that date.

Posters

A copy of the attached camera-ready copy of the Collins v. Woods poster (Attachment D) is to be placed in a highly visible place in the waiting room of each of your welfare offices. The posters are to be placed in the welfare department offices no later than July 1, 1985 and are to remain posted until November 30, 1985.

Flagged Cases Per ACL 84-93

For all those cases flagged as a result of ACL 84-93 in which a nonwillful overpayment occurred prior to April 2, 1982 counties shall determine if the flagged case is a Collins class member. If a determination is made that the case is a Collins class member, then a refund is to be made of the total overpayment recouped after August 31, 1982.

Determine Class Membership

To be a Collins class member the claimant must have both:

(a) Been an AFDC recipient who had a nonwillful overpayment occur prior to April 2, 1982, regardless of the date of discovery, and

(b) Had the above nonwillful overpayment recouped by the County Welfare Department (CWD) after August 31, 1982.

APPLICATION FOR REFUND AND CLAIM PROCESSING

The following applies to all cases where the claimant as a result of posters, notices or other publicity, contacts the CWD.

In order to be eligible to receive a refund of all overpayments recouped after August 31, 1982, the claimant shall be required to do the following:

1. Complete and submit to the CWD a claim form no later than November 30, 1985. The date submitted shall be determined as follows:

    a. If the claim is mailed to the CWD, the postmark date of the envelope; or

b. If the claim is delivered in person to the CWD, the date stamped on the claim; or

c. If the date cannot be determined by (a) or (b) above, the date the claim was signed.

2. The claimant must sign the claim form attesting, under penalty of perjury, that the statements made therein are true to the best of his or her knowledge.

In order to process the claimant's claim for a Collins refund back to September 1, 1982, the CWD shall be required to do the following:

1. Provide and/or mail the claim form to the claimant upon request.

2. Stamp each returned claim with the date the claim was received by the CWD and the name of the county of receipt.

3. When a CWD receives a claim form which the claimant indicates was recovered in another county, the CWD shall stamp on the claim form the date it was received and forward the claim to the county for the determination of the refund. In addition, the first CWD shall inform the claimant in writing that his/her claim has been forwarded to the welfare department in the county where the overpayment was recouped. (NOTE: The date of submittal of the claim form by the claimant shall be the date it was submitted to the first CWD.)

4. When a CWD receives a claim form on which the claimant indicates he/she had a nonwillful overpayment recouped by two counties, the CWD shall stamp on the claim form the date it was received and forward a copy of the claim form to the additional county for processing of their part of the refund. The CWD shall inform the claimant in writing that a second claim form was forwarded to another county. The date of submittal of the claim form shall be the date it was submitted to the first CWD.

5. When a claim form is received, determine class membership by case review. The review should not be limited to the months indicated on the claim. Issue a refund to eligible claimants or deny the claim, as appropriate, within 45 days of receipt of the claim form.

6. Issue a Notice of Action within this same 45-day period to the claimant indicating:

   a) Disposition of the claim,

   b) Computation of the refund, and

   c) The claimant's right to request a state hearing.

Inability to complete the determination of eligibility within the 45-day period shall not be the basis for denying the claim. The specified time limit may be exceeded in situations where completing of the determination of eligibility is delayed because of circumstances beyond the control of the CWD. In these instances, the case record must show the cause of the delay.

7. Attached are reproducible copies of the Notices of Action (Attachment E) and instructions for completion of the notice to be used for informing Collins v. Woods claimants of the disposition of their claim. We have attempted to develop notices for the majority of case situations; however, the notice messages provided will not be all-inclusive. For those less common situations, you may need to develop additional messages to meet individual case circumstances. A blank notice, the "Collins v. Woods - General Notice," and a "Collins v. Woods - General Notice Continuation Page" have been developed for use for additional messages. Under the Turner Consent Decree, counties are required to use the approved notices unless they do not fit a certain circumstance.

   You must copy the attached notices with the enclosed NA back 5 on the reverse side. When you copy the General Notice Continuation Page, leave the reverse side blank. 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 of Incorrect County, must be sent to the claimant at the same time.

   The reproducible copies attached to this letter are only the English version of the notices. The Spanish translations will be forthcoming.

   Attachment E contains the following notices:

   a. Collins v. Woods - General Notice
   b. The current NA back 5
   c. Collins v. Woods - General Notice Continuation Page
   d. Instructions for use of General Notice
   e. Collins v. Woods - Denial Notices
   f. Instructions for Completing Denial Notice
   g. Collins v. Woods - Incorrect County
   h. Instructions for Completing Incorrect County
   i. Collins v. Woods - Approval Notice
   j. Instructions for Completing Approval Notice
   k. Collins v. Woods - Partial Approval
   l. Instructions for Completing Partial Approval
   m. Collins v. Woods - Approval with Adjustment
   n. Instructions for Completing Approval with Adjustment

8. Deny a refund to those claimants who submit a claim form after November 30, 1985.

9. Submit to the SDSS the attached statistical report (Attachment F) on or before January 1, 1986.

The report includes the following:

a) The total number of Collins v. Woods claims;

b) The total number of claims granted;

c) The total number of claims denied; and

d) The total amount paid (including refunds offset by outstanding overpayments);

e) Number of claims pended.

Please mail the report to:

Department of Social Services
Statistical Services Branch
744 "P" Street, M.S. 12-81
Sacramento, CA 95814
(916) 322-2230

10. Submit to SDSS, on or before August 1, 1985, an explanation of what steps the CWD has taken to implement the Collins court case along with any written material the CWD disseminated to implement the case and the attached county certification form (Attachment G). For example, the CWD shall send to the department copies of any instructions and worksheets the CWD issued to their staff (including the date they were issued) which interpret or implement these instructions. Please mail these documents to:

Department of Social Services
AFDC Program Development Bureau
744 "P" Street, M.S. 16-25
Sacramento, CA 95814

Attention: Kathy Layne

ATTACHMENT C

Collins v. Woods Notice/Claim Form

We may owe you money . . .

Under the **Collins** v. **Woods** Court Case

To find out if we owe you money, answer these questions:

	Yes	No
● Did you have a nonwillful overpayment occur before April 1982? (Nonwillful overpayments are where you got too much money by mistake.)	☐	☐
● Was your AFDC grant reduced anytime after August 1982 because of a nonwillful overpayment?	☐	☐

If your answer to each question is yes, complete this form. You may get a refund. The refund will not reduce your current AFDC check.

You must give a completed form to each county which reduced your grant after August 1982 to collect an overpayment. Any county welfare office will give you extra forms.

You must send this form to the county welfare department by November 30, 1985.

Need Help? If you have questions, contact the nearest legal aid or county welfare office.

AND PLEASE:

Do **NOT** send in this form if you answered **no** to either of the shaded questions above. In that case, you can't get a refund. (When we get forms from people who **don't** qualify and shouldn't have sent in the form, it slows us down. And then the people who **do** qualify don't get their money as fast as they should.)

County Use Only

PLEASE PRINT IN INK

Your Name:

Your Phone Number:

Your Address: (Street and Number)

City:

State and Zip:

Your Social Security Number: *

Your Date of Birth:

Months Your Grant Was Reduced?

Check the box for those months that your grant was less because we collected money back from you for an overpayment. If you aren't sure, do the best you can.

YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1982												
1983												
1984												

Your Name Then:

Your Last Address During the Months Checked Above (Street & Number):

City:

State: Zip:

The County that gave you your AFDC grant during the months checked above:

Do you get an AFDC grant now?

Yes ☐ No ☐

Complete the following if you know it:

Your case number is: Your case number (in the above county) was:

List the name of any other county where you are claiming benefits.

Please Sign Here

To the best of my knowledge, these statements are true. Under penalty of perjury, I so swear.

Your signature:

Date signed:

* Disclosure of your Social Security number is voluntary. We will use it only to identify your case from other people with names like yours.

Es posible que le debamos dinero . . .

bajo el caso llevado a corte de **Collins** vs. **Woods**

Para saber si le debemos dinero, conteste estas preguntas:

	Sí	No
● ¿Ocurrió un pago excesivo que no fue intencional antes de abril de 1982? (o sea que recibió demasiado dinero debido a un error.)	☐	☐
● ¿Se redujo su pago mensual de AFDC en cualquier fecha después de agosto de 1982 debido a un pago excesivo no intencional?	☐	☐

Si contestó que sí a cada pregunta, complete esta forma. Puede ser que reciba un reembolso. El reembolso no reducirá su cheque actual de AFDC.

Debe presentar una forma completada a cada condado que le haya reducido su pago mensual después de agosto de 1982 porque querían recobrar un pago excesivo. Cualquier oficina de bienestar del condado le puede dar formas extras.

Debe enviar esta forma al departamento de bienestar del condado a más tardar el 30 de noviembre de 1985.

¿Necesita ayuda? Si tiene preguntas, comuníquese con la oficina de asistencia legal o de bienestar del condado más cercana.

Y POR FAVOR:

NO envíe esta forma si contestó **no** a cualquiera de las preguntas arriba. En tal caso, usted no puede recibir un reembolso. (Cuando nos llegan reclamos de personas que **no** califican, nos hace tardar en la tramitación de los de las personas que sí califican y ellas no reciben su dinero tan pronto como deben recibirlo.)

Sólo para uso del condado

POR FAVOR ESCRIBA CON TINTA Y LETRA DE MOLDE

Su nombre:

Su número de teléfono:

Su dirección: (calle y número)

Ciudad:

Estado y zona postal:

Su número de seguro social: *

Su fecha de nacimiento:

Meses en que se redujo su pago mensual

Marque la casilla correspondiente para esos meses en los cuales su pago mensual fue menos porque nos cobramos dinero de usted para cubrir un pago excesivo. Si no está seguro, conteste lo mejor que pueda.

AÑO	ENE	FEB	MAR	ABR	MAYO	JUN	JUL	AGO	SEP	OCT	NOV	DIC
1982												
1983												
1984												

Su nombre en aquel tiempo:

Su última dirección durante los meses que marcó arriba (calle y número):

Ciudad:

Estado: Zona postal:

El condado que le dió su pago mensual de AFDC durante los meses que marcó arriba:

¿Recibe un pago mensual de AFDC ahora?

Sí ☐ No ☐

Conteste las siguientes preguntas, si sabe:

El número de su caso es: El número de su caso (en el condado marcado arriba) era:

Escriba el nombre de cualquier otro condado en el cual esté reclamando beneficios.

Por favor firme aquí

A mi mejor saber y entender, estas declaraciones son verdaderas. Así lo juro bajo pena de perjurio.

Su firma:

Fecha en que firmó:

* La revelación de su número de seguro social es voluntaria. Lo usaremos sólo para identificar su caso del de otras personas con nombres idénticos al suyo

ATTACHMENT D

Collins v. Woods Poster

Es posible que el departamento de bienestar le deba un reembolso . . .

Bajo el caso Collins vs. Woods

¿Puede recibirlo?

- ¿Recibió beneficios de AFDC en exceso antes del 2 de abril de 1982?
- ¿Sucedió esto por un error?
- ¿Le reducimos su ayuda después de agosto de 1982 a causa de este error?

Cómo lo puede recibir -

Si contestó "sí" a las tres preguntas anteriores, es posible que reciba un reembolso.

Usted debe:

- Obtener una forma de reclamo en su departamento de bienestar del condado.
- Llenar la forma.
- Presentarla al condado que le redujo su ayuda.
- Presentar la forma antes del o el 30 de noviembre de 1985.

Welfare may owe you a refund . . .

Under the Collins v. Woods Court Case

Do You Get It?

- Did AFDC pay you too much money before April 2, 1982?
- Did this happen by mistake?
- After August 1982 did we reduce your aid because of that mistake?

How You Get It -

If you answered "yes" to all three questions above, you may get a refund.

You must:

- Get a claim form from your county welfare office.
- Fill out the form.
- Turn it in to the county which reduced your aid.
- Turn in the form by November 30, 1985.

ATTACHMENT E

Collins v. Woods Notices of Action

a. Collins v. Woods - General Notice
b. NA Back 5 to be used with the General Notice
c. Collins v. Woods - General Notice Continuation Page
d. Instructions for use of General Notice
e. Collins v. Woods - Denial Notice
f. Instructions for Completing Denial Notice
g. Collins v. Woods - Incorrect County
h. Instructions for Completing Incorrect County
i. Collins v. Woods - Approval Notice
j. Instructions for Completing Approval Notice
k. Collins v. Woods - Partial Approval
l. Instructions for Completing Partial Approval
m. Collins v. Woods - Approval with Adjustment
n. Instructions for Completing Approval with Adjustment

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.

Authority. Collins v. Woods Stipulated Judgment and Order; ACL 84-93 and 85-41. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

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:

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

Case Name :
Case Number :
Date of Notice :

Authority. Collins v. Woods Stipulated Judgment and Order; ACL 84-93 and 85-41. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Instructions for Use of General Notice

For the majority of case situations the other notices in Attachment E have been prepared for use by the county welfare department. However, for those less common situations in which the CWD may need to develop additional messages to meet individual case circumstances the Department has developed two blank notices to be used. These are the **Collins** v. **Woods** General Notice and the **Collins** v. **Woods** General Notice Continuation Page. The Continuation Page is to be used only as an attachment to a General Notice and is not to be used alone.

State of California
Health and Welfare Agency

Department of Social Services

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.

Under the **Collins** v. **Woods** court case, you have claimed a refund for _____ through _____.

We've denied your claim.

Here's why:

- ☐ You withdrew it. You can reapply on or before September 1, 1985.
- ☐ The case applies only to those whose aid was lowered after August 1982 because of a nonwillful overpayment. Yours was not.
- ☐ The case applies to only those who had an overpayment before April 2, 1982. Yours was not during that time.
- ☐ The case applies to only those who had a nonwillful overpayment. Yours was a willful overpayment so the case does not apply to you.
- ☐ You submitted your claim late. The deadline for applying for a refund was November 30, 1985.

Authority. **Collins** v. **Woods** Stipulated Judgment and Order; ACL 84-93 and 85-41.
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

COLLINS v. **WOODS** — Denials

Instructions for Completing the **Collins** v. **Woods** — Denials

(1) Fill in the month and year for the claim month(s) being denied.

(2) Check the appropriate box indicating the reason for denial.

(3) In the event the reason for denial is not covered by the circumstances on the **Collins** v. **Woods** — Denial Form, complete the appropriate message on the **Collins** v. **Woods** General Notice.

State of California
Health and Welfare Agency

Department of Social Services

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.

Under the **Collins** v. **Woods** court rulings, you've asked for a refund. This county cannot process your claim because this county didn't collect the money from you. It must go to the county which collected the money from you.

☐ We've sent your claim to the county which did collect that money. That county is:

☐ We don't know which county collected the money you seek. If you know, send your claim to that county. Please do it within 15 days of getting this notice. And attach a copy of this notice to your claim.

Authority. **Collins** v. **Woods** Stipulated Judgment and Order; ACL 84-93 and 85-41.
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

COLLINS v. **WOODS** — Incorrect County

Completing the Incorrect County Notice

(1) 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, return the claim form to the claimant with the notice.

State of California
Health and Welfare Agency

Department of Social Services

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.

Under the **Collins** v. **Woods** court ruling, we've approved your request for a refund.

Below, we show month by month what we withheld from you. You'll get that amount now.

Amount Owed	For Month/Year
$_____	_____/_____
$_____	_____/_____
$_____	_____/_____
$_____	_____/_____
$_____	_____/_____
$_____	_____/_____
$_____	_____/_____
$_____	_____/_____
$_____	_____/_____
$_____	_____/_____
$_____ Total	

Authority. **Collins** v. **Woods** Stipulated Judgment and Order; ACL 84-93 and 85-41. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

COLLINS v. **WOODS** — Approval

Completing the Approval Notice of Action

(1) Fill in the nonwillful overpayment amount recouped each month in the "We Owe You" column.

(2) Fill in the month and year for the months the overpayment adjustment was deducted in the "For Month/Year" column.

(3) Add up the monthly amounts recouped to obtain the total amount of refund approved. Place this figure in the line marked "$ _____ Total".

If part or all of the refund is offset against currently outstanding willful overpayments, use the Approval with Adjustments Notice of Action.

State of California
Health and Welfare Agency

Department of Social Services

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.

Under the **Collins** v. **Woods** court ruling, you've asked for a refund. We are not processing your claim for the months of: _____ .

However, we cannot ourselves process the rest of your claim. That's because we didn't collect the money you claim for the months of: _____

☐ We've sent that part of your claim to the county which did collect that money. That county will handle your refund for those months. That county is:

☐ We don't know who collected the money for those months. If you know, send your claim to that county. Please send the claim within 15 days of getting this notice. Attach a copy of this notice to your claim.

Authority. **Collins** v. **Woods** Stipulated Judgment and Order; ACL 85-41.
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

COLLINS v. **WOODS** — Partial Approval

Completing the Partial Approval

(1) The partial approval notice cannot stand alone. The Partial Approval Notice should be used along with the Collins v. Woods Approval Notice.

(2) Fill in the months that the county is not processing the claim for.

(3) Check the appropriate box indicating the name of the county who should process the claim or that the name of the other county is unknown.

State of California
Health and Welfare Agency

Department of Social Services

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.

Under the **Collins** v. **Woods** court ruling, we've approved your request for a refund.

Below, we show month by month what we collected from you.

Amount Owed	For Month/Year
$ _____	_____/_____
$ _____	_____/_____
$ _____	_____/_____
$ _____	_____/_____
$ _____	_____/_____
$ _____	_____/_____
$ _____	_____/_____
$ _____	_____/_____
$ _____	_____/_____
$ _____	_____/_____
$ _____ Total	

But please note this:

You owe us money because we've overpaid you in the past for other reasons. (See attached notice). We've checkmarked what you should read next.

☐ READ THIS:

We're sending a smaller amount than that quoted on the left under "Total". We first subtract the debt, then write our check for the rest. Table A shows how we figured the amount.

Table A

Collins refund amount we owe you	$_____
Less what you owe us	-$_____
What we will pay you	=$_____

☐ READ THIS

We're not sending you a check because you owe us more money than we owe you. Table B shows why you will not get a check from us.

TABLE B

What you owed us	$_____
Less **Collins** refund we owe you	-$_____
What you still owe us.	$_____

Authority. **Collins** v. **Woods** Stipulated Judgment and Order; ACL 84-93 and 85-41. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

COLLINS v. **WOODS** — Approval with Adjustments

Completing the Approval with Adjustment Notice of Action.

1. Fill in the **Collins** nonwillful overpayment amount recouped each month in the "We Owe You" column.

2. Fill in the month and year for the months of grant adjustment in the "For Month/Year" column.

3. Add up the monthly amounts recouped to obtain a refund amount. Place this figure on the line marked "$ _____ Total".

4. If the **Collins** retroactive benefits is being used to offset an outstanding overpayment

   a) check the appropriate box, and

   b) complete the appropriate computation.

(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 F

Collins v. Woods Statistical Report

STATISTICAL REPORT

COLLINS v. WOODS

SEND ONE COPY TO: Department of Social Services
Statistical Services Branch
744 P Street, M.S. 12-81
Sacramento, California 95814
(916) 322-2230

NAME OF COUNTY SUBMITTING REPORT	THIS REPORT IS DUE ON OR BEFORE:
	January 1, 1986

THIS REPORT IS

☐ ORIGINAL SUBMISSION ☐ SUBSEQUENT REPORT NO. _____ ☐ REVISION NO. _____

REPORTING PERIOD

FROM: July 1, 1985 TO: November 30, 1985

1. Number of claims received	
2. Number of claims granted	
3. Number of claims denied	
4. Total amount of benefits paid (including retro payments offset by outstanding collectable overpayments)	$
5. Number of Claims pending	

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE

ATTACHMENT G

Collins v. Woods County Certification

State of California
Health and Welfare Agency

Department of Social Services

COLLINS V. WOODS

The County of _____, State of California, has issued instructions to eligibility workers to apply Collins v. Woods retroactively to September 1, 1982 to all cases flagged per ACL 84-93 and to all claims submitted in accordance with ACL 85- 41 as well as prospectively.

_____ _____
Your Name/Title (Print) Date

_____
Signature

Return completed form to:

Department of Social Services
AFDC Policy Development Bureau
744 P Street, M.S. 16-25
Sacramento, CA 95814

Attention: Kathy Layne