STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

August 15, 1986

ALL COUNTY LETTER NO. 86-80

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP VOLUNTARY QUIT REGULATION CHANGES (MANUAL SECTION 63-408.13)

On March 28, 1986, the U. S. Department of Agriculture published a retroactive correction to a previously published Voluntary Quit provision. The incorrectly published provision was implemented in California on September 1, 1985. The Department of Social Services (DSS) filed emergency regulations (ORD #0586-23) which became effective July 1, 1986, and which changed the beginning date of the voluntary quit sanction from the date of the Food Stamp application to the date of the job quit. These regulations also require that benefits lost as a result of the September 1, 1985 provision be restored to both current recipients and previous applicants, according to the provisions in M.S. 63-802, except that the twelve-month limitation for restoring benefits does not apply. As outlined below DSS will provide public notice of the restoration.

The following additional guidelines are provided to clarify the specific requirements for restoring benefits lost due to the September 1, 1985 voluntary quit provision.

Identifying Households Entitled to Restorations

- Federal regulations require that any currently participating household's entitlement to lost benefits be identified. This is to be done by the household's next recertification following July 1, 1986, or when a household is terminated prior to recertification.

- For nonparticipating households, the CWD is not required to search casefiles or to otherwise identify households which are potentially eligible for restored benefits. However, if a former applicant household requests a restoration or advises the CWD that it was previously sanctioned due to a job quit, the CWD shall determine the household's eligibility for restored benefits.

- If a former applicant household reapplies after public notice of the restoration has been given, the CWD is not required to search old casefiles to identify if these households are eligible for restorations. For these cases the CWD must act to restore benefits only if the household requests a restoration, advises the CWD of a previous job quit sanction, or the CWD discovers a household's entitlement during the application process.

Public Notice of the Restoration

To notify former Food Stamp applicant households of their potential entitlement to restored benefits, DSS has provided posters and flyers to all CWDS, and will issue press releases advising individuals to contact their local CWD if they believe they are entitled to restored benefits.

- The CWD shall display the posters in each county welfare office and in local food stamp outlets until August 31, 1987.

- A supply of the flyers shall be available at the public counters of each county welfare office.

- The CWD may wish to provide flyers to local legal aid groups.

- DSS has also requested the United States Postal Service to cooperate in the display of the posters in those post offices that are Food Stamp outlets and has arranged for display of the posters in local offices of the Employment Development Department and the Social Security Administration.

Requesting Restoration

- When a nonparticipating household claims entitlement to lost benefits, the CWD may use the top portion of the DFA 285-A1, Application for Food Stamps Part 1, to document the request. A separate form should be used for each county in which the household was denied benefits and from which the household is requesting restored benefits.

- If a request is received for a month in which the CWD neither paid nor denied benefits to the household and it appears that the benefits were lost in another county, the CWD shall forward the request to the appropriate CWD, if known. If the appropriate CWD is not known, the household shall be advised that the request must be processed by the CWD where the benefits were lost. It is ultimately the responsibility of a nonparticipating household to request restoration of lost benefits from the appropriate CWD.

Restoration Period

- Restorations are required only for the period of time that the household was sanctioned under the September 1, 1985 provision that it would not have been sanctioned under the July 1, 1986 provision.

- If a household failed to reapply immediately following the end of its sanction period, benefits shall not be restored for that period of nonparticipation.

- To determine when the sanction period begins under the July 1, 1986 provision, the day of the job quit shall be considered the first day of the sanction period.

Establishing Eligibility

- When the CWD determines that a household was sanctioned from the date of application, the CWD must determine the household's resource and income eligibility and compute benefits for the month(s) affected by the loss.

- The CWD shall determine eligibility by requesting the household to provide whatever information the CWD needs to determine eligibility and compute benefits.

- If a complete application was not taken at the time of the denial, the CWD shall update the incomplete application or request a new application reflecting the circumstances for the original month of application.

- For each month during the restoration period after the original month of application, the CWD shall request any required CA 7s or change reports, as appropriate.

- The household must submit complete CA 7s and all required verification. In the event that documentation is no longer available for the restoration period, an affidavit may be accepted as the required verification for the application, CA 7 or change report.

- Any questionable or inconsistent information identified in this process shall be handled in accordance with existing regulations 63-300.53 and 63-504.342 as appropriate for the situation.

- For each month that the household cannot provide the necessary information, it shall be considered ineligible and shall not be entitled to a restoration of lost benefits for that month.

- For any period that the CWD is unable to establish the household's eligibility, benefits shall not be restored.

- Food Stamp regulations do not require the CWD to deny the households's request for restored benefits in writing. However, if the CWD wishes to do so, the denial section of the DFA 377.1 Notice of Action or the comments section of the DFA 377.4 Notice of Change could be used for this purpose (see attached examples). Use of a written notice would facilitate the household's ability to request a state hearing if it disagrees with the denial as provided in M.S. 63-802.41.

Computing the Restoration

- For the first month that the household is eligible for a restoration, benefits shall be computed from the first day following the end of the sanction period as if it were the date of application.
    - For example, if the sanction period ended May 20, but would have ended April 10 under the new provision, benefits will be prorated from April 11 for the first month of restoration.
- If benefits were lost for only a portion of the month (sanction ended January 20; would have ended January 10 under the new provision), an allotment equal to the number of days benefits were lost will be issued.
- M. S. 63-503.131 concerning prorated allotments shall apply to initial month restorations.
- If the household is entitled to restored benefits for a subsequent month(s), benefits shall be computed as follows:
    - For a household which reapplied and was certified immediately following the end of the sanction period, the difference between a full allotment for that month and the amount already received for that month.
        - For example, if the household reapplied May 21, its restoration for May will be the difference between a full allotment for May and the prorated benefits already received for May 21 through May 31.
    - For a household which did not reapply during the month that the sanction period ended, or who reapplied but was determined ineligible, a prorated allotment equal to the number of days benefits are being restored for that month.
        - For example, if the sanction period ended May 20, benefits will be prorated from May 1 to May 20 for May's restoration.

- For a household which applied and was certified during the month that the sanction period ended, but not immediately following the period, an allotment equal to the number of days benefits are being restored for the month.

    - For example, if the sanction period ended May 20 and the household reapplied May 26, benefits will be prorated from May 1 to May 20 for May's restoration.

- M.S. 63-503.325 concerning minimum issuances shall apply to subsequent month restorations.

- The CWD may use the attached reciprocal table for prorating restored benefits to determine the amount of benefits to be restored.

- When the amount of benefits to be restored has been determined, the amount shall be offset, prior to issuance, by any unpaid, suspended, or terminated claim against the household. Even though benefits lost were for initial months, they are restorations rather than retroactive payments and must be offset by any outstanding claims.

Other

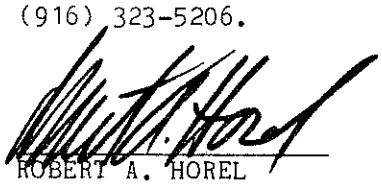
- Additional provisions concerning notice, issuance and accounting requirements when restoring benefits are contained in M.S. 63-802 and shall apply to these restorations.

- The CWD is not required to document current cases to show that they were reviewed for potential entitlement to restored benefits.

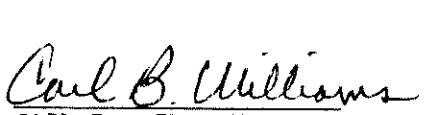
- For currently participating households, the use of beginning months to compute restored benefits shall not affect the budgeting of the household's benefits following the period of restoration.

- The CWD should report the activities associated with these restorations on the DFA 296 Caseload Movement Status Report in the same manner that all other restorations are reported. Should you require additional information concerning reporting requirements, please contact Levy St. Mary, Statistical Services, (916) 322-5462.

If you have any questions regarding the restoration procedures in this letter, please call the Food Stamp Policy Implementation Unit at (916) 322-5330. If you have any other questions about the voluntary quit provision or the public notice, please call Sharon Fleming of the Employment Services Bureau at (916) 323-5206.



ROBERT A. HOREL
Deputy Director
Welfare Program
Division



CARL B. WILLIAMS
Deputy Director
Employment and Community
Services Division

Attachment

cc: CWDA

Attachment

RECIPROCAL TABLE FOR PRORATING RESTORED BENEFITS
(Factor for Number of Days Benefits Were Lost)

Number of Days	28-Day Month	30-Day Month	31-Day Month	Number of Days
31			1.0000	31
30		1.0000	.9677	30
29		.9667	.9355	29
28	1.0000	.9334	.9032	28
27	.9643	.9	.8710	27
26	.9286	.8667	.8387	26
25	.8929	.8334	.8065	25
24	.8571	.8	.7742	24
23	.8214	.7667	.7419	23
22	.7857	.7334	.7097	22
21	.75	.7	.6774	21
20	.7143	.6667	.6452	20
19	.6786	.6334	.6129	19
18	.6429	.6	.5806	18
17	.6071	.5667	.5484	17
16	.5714	.5334	.5161	16
15	.5357	.5	.4839	15
14	.5	.4667	.4516	14
13	.4643	.4334	.4194	13
12	.4286	.4	.3871	12
11	.3929	.3667	.3548	11
10	.3571	.3334	.3226	10
9	.3214	.3	.2903	9
8	.2857	.2667	.2581	8
7	.25	.2334	.2258	7
6	.2143	.2	.1935	6
5	.1786	.1667	.1613	5
4	.1429	.1334	.1290	4
3	.1071	.1	.0968	3
2	.0714	.0667	.0645	2
1	.0357	.0334	.0323	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.

State of California
Health and Welfare Agency

Department of Social Services

Example

FOOD STAMP NOTICE OF ACTION

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

Case Name :
Case Number :
District :
Worker :
Phone :
Date of Notice :

☐ APPROVAL. Your application for food stamps has been approved.

Your food stamp certification covers the period from _____ through _____ .
Your benefits have been computed for your certification period based on the information you provided. Unless there are changes, you will receive the following benefits for each month:

$_____ for _____ through _____ ; $ _____ for _____ through _____ ;
$_____ for _____ through _____ ; $ _____ for _____ through _____ ;
$_____ for _____ through _____ ; $ _____ for _____ through _____ .

☐ Your first allotment includes more than one month's benefits because of the date your application was approved.
☐ Your first-month benefits were prorated from the date you filed your application.
☐ Your benefits for _____ have been suspended because:

Even though you will not receive any benefits for this period, you must complete and submit your monthly report (CA 7) so we can determine the correct amount of your benefits for the next month. If you do not submit a complete CA 7 as required, your food stamp participation will be terminated.

☐ Because you needed food stamp benefits right away, we did not require you to give us the following information:

If you do not give us this information by _____ , you will not receive any benefits for _____ and your participation in the Food Stamp Program will be terminated without further notice. If the information requested results in a change in your eligibility or benefits, the change will be made without an additional advance notice.

IF YOU ALSO APPLIED FOR CASH AID, and it has not yet been approved, your food stamp benefits may be reduced or terminated without further notice if your cash aid is approved.

☐ PENDING. Your application for food stamps is still being processed.
☐ You have done everything you need to do. We will continue processing your application and you will hear from us soon.
☐ You must do the following before we can finish processing your application:

If you do not do this by _____ , your application will be denied and you will have to reapply if you want to receive food stamp benefits.

☒ DENIAL. Your request for restored benefits has been denied because:

☐ If you do the following by _____ , your application will be reopened:

If you do not take the required action by the above date, you will have to reapply if you want to receive food stamp benefits.

☐ Based on the reason your application was denied, your household is also disqualified from participating in the Food Stamp Program until _____. You may reapply for benefits at the end of this disqualification period.

The above action(s) is required by the following Food Stamp Manual Section(s): 63-802.52 (and all other applicable sections)

You have the right to request a state hearing if you believe this action is wrong. See the back of this notice for a hearing request.

State of California
Health and Welfare Agency

Department of Social Services

Example

FOOD STAMP NOTICE OF CHANGE

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

Case Name :
Case Number :
District :
Worker :
Phone :
Date of Notice :

☐ CHANGE IN BENEFITS. Effective _____, your food stamp benefits are changed from $ _____ to $ _____ each month because:

☐ SUSPENSION. Effective _____, your food stamp benefits are suspended because:

You will not receive any food stamp benefits for _____. During this period of suspension, you must continue to complete and submit your monthly report (CA 7) so we can determine if you will be eligible for benefits the month after the month of suspension. If you do not submit a complete CA 7 during the month of suspension, your food stamp participation will be terminated.

☐ TERMINATION. Effective _____, your food stamp benefits are terminated because:

☐ Based on the reason your benefits are terminated, your household is also disqualified from participating in the Food Stamp Program until _____. You may reapply for benefits at the end of this disqualification period.

☐ PROPOSED CHANGE IN BENEFITS. Effective _____, your food stamp benefits may be reduced or terminated because information needed to determine your continued eligibility or the correct amount of your benefits was not received with your monthly report (CA 7). We must receive the following information by no later than the first day of next month:

If verification of an expense is requested and you do not provide it, the expense will not be allowed when computing next month's benefits. Also, if you do not provide other requested information, your benefits may be reduced or terminated.

Comments:
Your request for restored food stamp benefits has been denied because:

The above action(s) is required by the following Food Stamp Manual Section(s): 63-802.52 (and all other applicable sections)

You have the right to request a state hearing if you believe this action is wrong. See the back for a hearing request.

DFA 377.4 (12/83) *Required Form - No Substitutes Permitted*

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.

87964-880 11/83 1,000 M TRIP – OSP