STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

June 26, 1987

ALL COUNTY LETTER NO. 87-87

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PROVIDING NOTICE OF COST-OF-LIVING INCREASE IN AFDC, RCA, ECA, RDP, AND RESULTING DECREASE IN FOOD STAMPS

This letter transmits two mass change Recipient Information Notices which contain language that counties must use to notify AFDC, RCA, ECA, RDP Assistance and Food Stamp recipients of a change in benefit amounts due to a cost-of-living (COLA) increase. Also attached is an AFDC Standards of Assistance table based on a 2.6 percent COLA. These new figures are to be used effective July 1, 1987.

AFDC, RCA, ECA, and RDP Assistance Recipient Notice

The cash aid notice must be used to inform recipients of the change in aid payment levels. The language has been approved under the terms of the Turner v. McMahon Implementation Plan (ACL 86-57) and is mandated for county use. Counties are required to use the language as is except for the following:

- The county name must be inserted at the top of the notice.
- The second paragraph must be used only when a county cannot transmit the notice to recipients prior to July 1, 1987. The month or months of past COLA payments must be named.
- In the third paragraph, the name of the month the county first uses the 1987 COLA to figure the aid payment amounts must be inserted.
- In the third paragraph, counties must print either "has" or "has not."
- The mailing address for the county hearings section must be inserted.

The sample cash aid informing notice has been prepared in columnar format. Counties must retype this notice selecting the appropriate options as indicated above.

Counties preparing this notice by manual means must use the columnar format. Counties preparing this notice by automated equipment must use columnar format only if their automated system has been programmed to meet the Turner long term standards (ACL 86-57).

Translated versions of the notice are attached.

PA Food Stamp Recipient Notice

The stuffer language for PA Food Stamp recipients is required by Manual of Policies and Procedures (MPP) Section 63-504.391 to inform them of the effect of the COLA increase on their benefit level. Counties which choose to use the mass change notice may do so. Those counties which prefer to issue an individual notice may do so.

As specified in MPP 63-504.392, the CWD shall reflect the change in the July 1987 food stamp allotment if the COLA is reflected in the July grant and if this letter is received by the CWD on or before June 1, 1987. If the change is not made until the August 1, 1987 allotment because the COLA is not reflected until the August grant, the portion of the grant received in August but intended for the July COLA is a retroactive lump sum payment for food stamp purposes and is counted as a resource in the month received in accordance with MPP 63-502.2(h).

Because the CWD will receive this letter after June 1, 1987, the change to the food stamp allotment may be delayed until the August 1987 allotment. However, in this case, the additional amount of the grant which was received in July to reflect the COLA, and which was not prospectively budgeted for July's allotment, must be retrospectively budgeted for September's allotment (see MPP 63-503.232(c)(4) and FSQUAD 206).

CWDs must retype the attached stuffer notice using county-specific information as shown:

1) Upper right corner - (Effective _____)

   Enter the month in which the COLA is reflected in the food stamp allotment, i.e., August, for the CWDs which reflect the COLA in the August allotment.

2) Third paragraph - (has/has not)

Choose either has or has not according to the method selected to notify households of other changes.

3) Fourth paragraph -

Enter the county-specific address for receipt of written state hearing requests.

No other modifications are permitted.

Only the English informing message is attached. Translated versions will follow.

If you have any program questions, please contact Judy Moore (AFDC) or Michiyo Laing (FS) of the AFDC and Food Stamp Policy Implementation Bureau at 916/322-5330. Questions concerning messages and notice translation, including the need for translations in other languages, should be directed to the Language Services Unit at 916/323-9562.

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

Estimates Branch
June 1987

A F D C P A Y M E N T S T A N D A R D S

Effective July 1, 1987

ASSISTANCE UNIT SIZE	MAXIMUM AID PAYMENT	MBSAC	185% OF MBSAC	IN-KIND INCOME				80 % of MAP
				HOUSING	UTILITIES	FOOD	CLOTHING	
1	311	311	575	139	31	78	25	249
2	511	511	945	188	34	166	45	409
3	633	633	1171	205	36	212	69	506
4	753	753	1393	216	37	261	92	602
5	859	859	1589	216	37	316	115	687
6	965	965	1785	216	37	366	136	772
7	1059	1059	1959	216	37	408	162	847
8	1155	1155	2137	216	37	447	181	924
9	1247	1252	2316	216	37	490	207	998
10	1340	1359	2514	216	37	531	227	1072
More than 10	1340	+12 for each additional person						

Reference 44-315.411 44-207.112 44-207.113 44-115.811 44-402.1

County of

Department of Social Services

COST-OF-LIVING AID PAYMENT INCREASE

Your cash aid for (month), 1987 includes and will continue to include a 2.6 percent cost-of-living increase.

(This increase also applies to (months). Those who got aid then will get an increase for that time as well. We will be mailing those checks out very soon.)

If there are other changes which affect your (month) aid payment, you have received a separate notice which (has/has not) included the new maximum aid payment.

Of course, the amount of your increase depends on your special case. Remember the size of your family determines the most you can get. See table on this page.

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

If you think we made a mistake in computing your increase, you may ask for a hearing. You must do so within ninety days of the mailing date of this notice. To get a hearing, write:

or call our toll free number: 1-800-952-5253. If you are deaf and use TDD, call 1-800-952-8349.

MAXIMUM AID PAYMENT (MAP)

Family Size	Old MAP	New MAP	Increase
1	$ 303	$ 311	$ 8
2	498	511	13
3	617	633	16
4	734	753	19
5	837	859	22
6	941	965	24
7	1,032	1,059	27
8	1,126	1,155	29
9	1,215	1,247	32
10 or more	1,306	1,340	34

CONDADO DE DEPARTAMENTO DE SERVICIOS SOCIALES

AUMENTO DE COSTO DE LA VIDA EN EL PAGO DE ASISTENCIA

Su asistencia monetaria para de 1987, incluye y continuará incluyendo el 2.6 por ciento por aumento del costo de la vida.

(Este aumento también corresponde a Esas personas que recibían asistencia en aquel tiempo recibirán un aumento para ese tiempo también. Enviaremos esos cheques dentro de poco.)

Si hay otros cambios que afecten su pago de asistencia para ha recibido notificación por separado que [ ] ha/[ ] no ha incluido el nuevo pago máximo de asistencia.

Por supuesto, la cantidad de su aumento depende de su caso especial. Recuerde que el tamaño de su familia determina el máximo que puede recibir. Vea la tabla abajo:

PAGO MÁXIMO DE ASISTENCIA (MAP)

Tamaño de la Familia	MAP Antiguo	MAP Nuevo	Aumento	Tamaño de la Familia	MAP Antiguo	MAP Nuevo	Aumento
1	$303	$311	8	6	$941	$965	24
2	498	511	13	7	1,032	1,059	27
3	617	633	16	8	1,126	1,155	29
4	734	753	19	9	1,215	1,247	32
5	837	859	22	10 o más	1,306	1,340	34

Si tiene cualesquier preguntas o quiere más información respecto a esta acción, por favor comuníquese con su trabajador(a). Si cree que hicimos un error al calcular su aumento, puede solicitar una audiencia. Debe hacerlo dentro de los 90 días de la fecha en que se le envió este aviso. Para pedir una audiencia, escriba a:

o llame al número gratuito: 1-800-952-5253. Si es sordo(a), llame al TDD 1-800-952-8349.

Ty Xã Hội quận Nha Xã Hội

TĂNG TRỢ CẤP VÌ PHỤ CẤP ĐẮT ĐỎ

Trợ cấp tiền mặt của ông/bà trong tháng năm 1987, bao gồm và sẽ tiếp tục bao gồm 2.6 phần trăm phụ cấp đắt đỏ.

(Phụ cấp này cũng áp dụng cho tháng . Người nhận trợ cấp trong thời gian đó cũng sẽ được phụ cấp cho thời gian đã nói. Chúng tôi sẽ gởi ngân phiếu phụ cấp đến ông/bà nay mai.)

Nếu có những thay đổi khác ảnh hưởng đến trợ cấp tháng của ông/bà, ông/bà đã nhận một thông báo riêng biệt và thông báo này ( ) đã/( ) đã không bao gồm trợ cấp tối đa mới.

Đương nhiên, khoản phụ cấp của ông/bà được tăng tùy theo trường hợp đặc biệt của ông/bà. Nhớ rằng số người trong gia đình sẽ ấn định số trợ cấp tối đa ông/bà có thể nhận. Xin xem bản chiết tính dưới đây:

TRỢ CẤP TỐI ĐA (MAP)

Số Người Trong Gia Đình	MAP Cũ	MAP Mới	Phụ Cấp	Số Người Trong Gia Đình	MAP Cũ	MAP Mới	Phụ Cấp
1	$303	$311	8	6	$ 941	$ 965	24
2	498	511	13	7	1,032	1,059	27
3	617	633	16	8	1,126	1,155	29
4	734	753	19	9	1,215	1,247	32
5	837	859	22	10 hoặc nhiều hơn	1,306	1,340	34

Nếu ông/bà có thắc mắc hoặc cần thêm chi tiết về biện pháp này, xin liên lạc với Thẩm Định Viên của mình. Ông/Bà có thể yêu cầu một buổi điều giải nếu nghĩ rằng chúng tôi đã chiết tính sai phụ cấp của ông/bà. Ông/Bà phải yêu cầu trong vòng 90 ngày kể từ ngày ghi trên dấu bưu điện của thông báo này. Để có buổi điều giải, xin gởi thư đến:

hoặc gọi điện thoại miễn phí số: 1-800-952-5253. Nếu ông/bà điếc, xin gọi số TDD 1-800-952-8349.

ເຂດເມືອງ ການບໍລິການສົງເຄາະ LAO

ຈ່ວຍເພີ່ມຄ່າໃຊ້ຈ່າຍໃນການຄອງຊີບ

ເງິນສົດຂອງທ່ານສຳລັບເດືອນ 1987, ໄດ້ເພີ່ມຂຶ້ນເລະບໍ່ຈຳນວນ 2.6 ເປີເซັນ ເພື່ອເປັນການເພີ່ມເຕີມໃນການຄອງຊີບ.

(ການເພີ່ມເຕີມນີ້ໄດ້ເພີ່ມໃນຈຳນວນ ເດືອນ. ພວກທ່ານຜູ້ທີ່ໄດ້ຮັບເງິນຈ່ວຍ-ເຫຼືອ ທ່ານກໍຈະໄດ້ຮັບເງິນເພີ່ມເຕີມ ໃນເວລາພວມນັດພົບກັນນັ້ນ. ພວກເຮົາຈະໄດ້ສົ່ງ ໃບເຊັກນັ້ນອອກໂດຍທັນທີ.)

ຖ້າຫາກມີການປຽນແປງອື່ນໃດກ່ຽວກັບເງິນຈ່ວຍເຫຼືອຂອງທ່ານໃນເດືອນ ທ່ານ ຈະໄດ້ຮັບໃບແຈ້ງ ຫຼືຂໍ້ຄວາມ ຕ່າງຫາກທີ່ () ມີ /() ບໍ່ມີ ພວມນັ້ນຄ່າຈ່ວຍໃຫ້ໃຫ້ທ່ານ-ສູງສຸດຂອງເງິນຈ່ວຍເຫຼືອ.

ຕາມທັນນະຄາແລ້ວ, ຈຳນວນຄ່າເພີ່ມເຕີມຂອງທ່ານຈະອີງຕາມກົດລະບຽບ ທີ່ເລີ່ມ. ໃຫ້ເຂົ້າ ໃຈວ່າຄອບຄົວຂອງທ່ານມີຫລາຍມູນຄ່າຂະນາດໃດ ທ່ານກໍຈະໄດ້ຮັບຫລາຍເທົ່ານັ້ນ. ເບິ່ງ ຕາຕະລາງຂ້າງລຸ່ມ:

ການຈ່ຍເງິນຈ່ວຍເຫຼືອສູງສຸດ MAP

ຈຳນວນຄົນ ໃນຄອບຄົວ	MAP ເກົ່າ	MAP ໃຫມ່	ເພີ່ມເຕີມ	ຈຳນວນຄົນ ໃນຄອບຄົວ	MAP ເກົ່າ	MAP ໃຫມ່	ເພີ່ມເຕີມ
1	$303	$311	8	6	$941	$965	24
2	498	511	13	7	1,032	1,059	27
3	617	633	16	8	1,126	1,155	29
4	734	753	19	9	1,215	1,247	32
5	837	859	22	10	1,306	1,340	34
				ຫຼືຫລາຍກວ່ານີ້			

ຖ້າຫາກທ່ານມີຄຳຖາມ ຫຼືຕ້ອງການລາຍລະອຽດເພີ່ມກ່ຽວກັບລາຍການນີ້, ກະລຸນາຕິດຕໍ່ໄປຍັງ ພະນັກ-ງານສົງເຄາະຂອງທ່ານ. ຖ້າຫາກວ່າທ່ານຄິດວ່າ ພວກເຮົາຄຳນວນຜິດພາດໃນການເພີ່ມ ເຕີມການຈ່ວຍເຫຼືອ, ທ່ານສາມາດຂໍຄວາມເປັນທັນໄດ້. ທ່ານຕ້ອງໄດ້ປະຕິບັດພາຍໃນ ລ0 ວັນ ນັບຈາກວັນທີ່ໄດ້ສົ່ງໃບລາຍງານສະບັບນີ້ເປັນຕົ້ນໄປ. ຖ້າຫາກທ່ານຕ້ອງການຂໍຄວາມເປັນທັ ກະລຸນາຂຽນເຖິງ:

ຫົວໂທ ທີ່ຮ ມ້າເບີ: ๑-๒๐๐-๑๖๔-๕๔๕ ຖ້າທ່ານຫາຫນ້ວກໂທ TDD ๑-๒๐๐-๑๖๔-๒๓๔๑

郡名　　社會服務處

生活費補助款增額事宜

自 1987 年_____月起，你的現金補助將包含百分之 2.6 的生活費增加額，以後也會有同樣的增加額。

（這項增加額也適用於_____月份。在那些月份中得到補助者，也會得到增加額。本辦事處會儘快寄出那些月份的增額支票。）

假如有影響你_____月份補助款的變更事項，你應該已經收到一份包括/尚未包括新近最高補助款的通知。

當然，你所得到的增加額，視你自己的特殊個案而定。請記住，你家庭人口的多寡，決定你能得到多少補助。請參考下列對照表：

最高補助款（簡稱 MAP）

家中人口	舊的最高補助款	新的最高補助款	增加	家中人口	舊的最高補助款	新的最高補助款	增加
1	$303	$311	8	6	$941	$965	24
2	498	511	13	7	1,032	1,059	27
3	617	633	16	8	1,126	1,155	29
4	734	753	19	9	1,215	1,247	32
5	837	859	22	10 或以上	1,306	1,340	34

假如你對這項決定有問題或是需要更多的資料，請與你的工作員連絡。假如你認為我們算錯你的增加額，你可以請求聽証。你必須在此份通知寄發日期九十(90)天之內申請。要求聽証時，請寫信到：

或是撥對方付費號碼：1-800-952-5253。假如你耳聾，請撥聾者專用電話：1-800-952-8349。

ការតម្លើងប្រាក់ជំនួយតាមតម្លៃរស់នៅ

ប្រាក់ជំនួយលោកអ្នកសំរាប់ខែ 1987 មានតិចបន្ថែម និងតិចបន្ថែមតាមឆ្នាំ ចំនួន 2.6 ភាគរយដែលជាការតម្លើងតាមតម្លៃរស់នៅ ។

(ការតម្លើងនេះសំរាប់ខែ ដែរ ។ អ្នកណាដែលបានទទួលជំនួយនៅពេលនោះ នឹងទទួលប្រាក់បន្ថែមសំរាប់ពេលនោះដែរ ។ ក្រសួងនឹងផ្ញើសែក (CHECKS) បន្ថែមនោះជូនភ្លាមៗ ក្នុងពេលដ៏ឆាប់ ។

បើមានការផ្លាស់ប្តូរផ្សេងៗទៀតដែលធ្វើអោយប្រាក់ជំនួយលោកអ្នកខែ ប្រែប្រួល លោកអ្នកបានទទួលសេចក្តីជូនដំណឹងដោយឡែកដែល (មាន / គ្មាន) តិតបន្ថែមតាមកំរិតជំនួយថ្មី ។

ដូចការធ្វើតាមច្បាប់ដែលចំនួនប្រាក់តម្លើងយោងទៅតាមការកាត់ថ្លៃ ។ ចូរចាំថាប្រាក់ដែលលោកអ្នកអាចទទួលយោងទៅតាមចំនួនមនុស្សក្នុងគ្រួសារ ។ ចូរមើលតារាងខាងក្រោម ៖

កំរិតជំនួយថ្មី
MAXIMUM AID PAYMENT (MAP)

ចំនួនមនុស្ស ក្នុងគ្រួសារ	កំរិត ជំនួយចាស់	កំរិត ជំនួយថ្មី	តើនឡើង	ចំនួនមនុស្ស ក្នុងគ្រួសារ	កំរិត ជំនួយចាស់	កំរិត ជំនួយថ្មី	តើនឡើង
1	$303	$311	8	6	$ 941	$ 965	24
2	498	511	13	7	1,032	1,059	27
3	617	633	16	8	1,126	1,155	29
4	734	753	19	9	1,215	1,247	32
5	837	859	22	10 ឬលើស	1,306	1,340	34

បើលោកអ្នកមានសំនួរផ្សេងៗ ឬចង់ជូនព័ត៌មានបន្ថែមទៅលេខក្តីសំណងនេះ សូមចាត់ទុកនឹងវិធីណាលោកអ្នក ។ បើលោកអ្នកយល់ថាក្រសួងគិតប្រាក់តិចឬច្រើនអោយ ក្រុមគ្រួ លោកអ្នកអាចស្នើតវ៉ាសេចក្តីបំភ្លឺបាន ។ លោកអ្នកត្រូវស្នើតវ៉ាក្នុងរយៈ ៩០ថ្ងៃ ចាប់ពីថ្ងៃចុះហត្ថលេខាលើសេចក្តីសំណងនេះ ។ ដើម្បីស្នើតវ៉ា សូមសរសេរទៅ ៖

ឬទូរស័ព្ទដោយឥតគិតថ្លៃ ÷ 1-800-952-5253
TDD 1-800-952-8349 (សំរាប់ថ្លង់)

CAMBODIAN

Effective _____

NOTICE TO ALL FOOD STAMP RECIPIENTS
RECEIVING CASH ASSISTANCE
(July 1, 1987 Cost-of-Living Aid Payment Increase)

If you receive AFDC, Refugee Cash Assistance, Entrant Cash Assistance, or Refugee Demonstration Project Assistance, you received a cost-of-living increase in your grant. This increase in your grant may have reduced your food stamp benefits. This action is required by Manual of Policies and Procedures (MPP) Section 63-504.392.

If you have had no other changes in your food stamp case, your food stamp benefits will be reduced by no more than the amount listed below:

Household Size	Maximum Reduction	Household Size	Maximum Reduction
1	$ 3	6	$11
2	6	7	12
3	7	8	13
4	9	9	14
5	10	10	15

If you have had other changes in your food stamp case, you have received a separate notice which (has/has not) included this reduction.

You have the right to request a state hearing and decision before the State Department of Social Services regarding the county's action on your food stamps. Your request may be written or verbal, but it must state that you want a hearing and why you are dissatisfied. Your request for a state hearing must be made <u>within 90 days of the mailing date of this notice</u>.

You will keep your old benefits while you wait for a hearing

- unless you tell us you don't want them
- if you ask for a hearing before the action takes place AND
- if you think we made a mistake in figuring your food stamps.

If the hearing decision says we are right, you will owe us for any extra food stamps you got. If you wish to make a request for a state hearing, write to:

You may also request a hearing by calling the following numbers (you may have to dial "1" first):

Toll Free Number: (800) 952-5253 For the Deaf Only: TDD (800) 952-8349

If you have any questions, call your worker.