

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 27, 1993

ALL-COUNTY LETTER No. 93-83

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: REVISED FOOD STAMP FORMS: DFA 377.7B, "FOOD STAMP REPAYMENT NOTICE FOR INADVERTENT HOUSEHOLD ERRORS ONLY;" DFA 377.7B1, "FOOD STAMP REPAYMENT NOTICE FOR INADVERTENT HOUSEHOLD ERRORS ONLY, FINAL NOTICE;" DFA 377.7C, "FOOD STAMP REPAYMENT AGREEMENT FOR INADVERTENT HOUSEHOLD ERRORS ONLY;" and DFA 377.7D, "FOOD STAMP REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY;" and NEW FORMS: DFA 377.7F, "FOOD STAMP REPAYMENT NOTICE FOR AN INTENTIONAL PROGRAM VIOLATION ONLY;" DFA 377.7F1, "FOOD STAMP REPAYMENT NOTICE FOR AN INTENTIONAL PROGRAM VIOLATION ONLY, FINAL NOTICE;" and the DFA 377.7G, "FOOD STAMP REPAYMENT AGREEMENT FOR AN INTENTIONAL PROGRAM VIOLATION ONLY"

REFERENCE: ALL COUNTY INFORMATION NOTICE I-19-93

This letter transmits copies of four revised and three new Repayment Notice/Agreement forms. The four revised forms are:

- o DFA 377.7B, "Food Stamp Repayment Notice for Inadvertent Household Errors Only;"
- o DFA 377.7B1, "Food Stamp Repayment Notice for Inadvertent Household Errors Only, Final Notice;"
- o DFA 377.7C, "Food Stamp Repayment Agreement for Inadvertent Household Errors Only;" and
- o DFA 377.7D, "Food Stamp Repayment Notice for Administrative Errors Only."

The three new forms are:

- o DFA 377.7F, "Food Stamp Repayment Notice for an Intentional Program Violation Only;"
- o DFA 377.7F1, "Food Stamp Repayment Notice for an Intentional Program Violation Only, Final Notice;" and
- o DFA 377.7G, "Food Stamp Repayment Agreement for an Intentional Program Violation Only."

The penalty statement on the four revised forms has been changed as specified below.

- o On the DFA 377.7B, B1, and C the statement, "If you are convicted of fraud, penalties will apply even if you agree to pay back what you owe," has been revised to say "If this inadvertent household error is later found to be an intentional program violation, penalties will apply even if you agree to pay back what you owe."

- o On the DFA 377.7D, the statement, "If you are convicted of fraud, penalties will apply even if you agree to pay back what you owe," has been deleted. (No changes have been made to the DFA 377.7E, "Food Stamp Repayment Agreement for Administrative Errors Only.")

The three new Repayment Notice/Agreement forms were developed to address specific terms of repayment for intentional program violations. These three new forms are the DFA 377.7F, "Food Stamp Repayment Notice for an Intentional Program Violation Only;" the DFA 377.7F1, "Food Stamp Repayment Notice for an Intentional Program Violation Only, Final Notice;" and the DFA 377.7G, "Food Stamp Repayment Agreement for an Intentional Program Violation Only."

STOCK

The California Department of Social Services (CDSS) warehouse will no longer stock the earlier versions of the DFA 377.7B, B1, C, and D. Counties may continue to use the current stock (4/93) of the DFA 377.7B, B1, C, and D until the revised notices are available.

Note:

The DFA 377.7B, B1, C, D, E, F, F1, and G are required forms. To obtain a camera ready copy of these forms in English or Spanish, telephone or write to:

CDSS Forms Management Unit
744 P Street, MS 7-182
Sacramento, CA 95814
Telephone: (916) 657-1907 or CALNET 437-1907.

TRANSLATIONS

The revised DFA 377.7B, B1, C, D, F, F1, and G will be translated into Laotian, Cambodian, Chinese, and Vietnamese. Camera-ready copies of these translations will be transmitted by the Language Services Bureau under separate cover. If you have any questions regarding these translations, please contact Shirley Lukung of the Language Services Bureau at (916) 654-1277 or CALNET 464-1277.

If you have any questions regarding this letter, please contact Suzanne McNamee of the Food Stamp Program Bureau at (916) 657-3815.



MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachments

c: CWDA

COUNTY OF _____

FOOD STAMP REPAYMENT NOTICE FOR INADVERTENT HOUSEHOLD ERRORS ONLY

Notice Date : _____
 Case Name : _____
 Number : _____
 Worker Name : _____
 Number : _____
 Telephone : _____
 Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You or a member of your household made a mistake.

Too many Food Stamps were issued to:

- You.
- _____, whom you sponsor.

Here's why:

You must repay the extra Food Stamps.

\$_____ in extra Food Stamps were issued for the period _____ . This amount was reduced by \$_____ because we owed the household benefits from past months or we received repayment of part of the amount owed. You now owe \$_____ .

- You do not have to use any Social Security or SSI benefits you get to repay this overissuance.

YOU MUST EITHER:

- Pay in full, or
- Sign the Repayment Agreement and pay as agreed.
 - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7C).
 - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not sign and return the agreement within 30 days after the date of this notice the amount of Food Stamps you get will be reduced to \$_____ beginning _____ .
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- If this inadvertent household error is later found to be an intentional program violation, penalties will apply even if you agree to pay back what you owe.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

Rules: These rules apply. You may review them at your welfare office: MS 63-801.21

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal
 Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature _____

Date: _____

FOOD STAMP REPAYMENT NOTICE FOR INADVERTENT HOUSEHOLD ERRORS ONLY FINAL NOTICE

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You or a member of your household made a mistake. We told you before that you must repay the extra Food Stamps that were issued to:

- You.
- _____, whom you sponsor.

You still owe \$ _____.

YOU DID NOT AGREE TO REPAY:

- You can pay in full, or
- You can repay the extra Food Stamps by the terms you agree to on the enclosed Repayment Agreement (DFA 377.7C).
 - Complete, sign and return the enclosed Repayment Agreement.
 - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- You do not have to use any Social Security or SSI benefits you get to repay this overissuance.
- If this inadvertent household error is later found to be an intentional program violation, penalties will apply even if you agree to pay back what you owe.
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

Rules: These rules apply. You may review them at your welfare office: MS 63-801.21

YOU DID NOT REPAY AS AGREED:

- You must tell us when you cannot pay as agreed. You must explain why you cannot pay. You may ask the county to figure a new repayment plan.
 - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7C).
- If you are getting Food Stamp benefits and you do not return a new Repayment Agreement within 10 days after the date of this notice, your household's benefits will be reduced to \$ _____ beginning _____.
- If you do not pay as agreed and you do not get a new repayment plan, the county may ask that the total amount owed be paid now.
- If this inadvertent household error is later found to be an intentional program violation, penalties will apply even if you agree to pay back what you owe.
- If you do not pay as agreed, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay as agreed, the county may take your state income tax refund and/or ask the court to attach your wages

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture (W. & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal
 Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost
to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature _____

Date: _____

FOOD STAMP REPAYMENT AGREEMENT FOR INADVERTENT HOUSEHOLD ERRORS ONLY

CASE NUMBER

WORKER

NAME

CASE NAME

ADDRESS

TERMS AND CONDITIONS

You or a member of your household made a mistake.

You must repay extra food stamp benefits by using one or more methods listed here:

1. Lump Sum Payment - You may repay all or part of the amount owed at one time with cash and/or coupons.
2. Benefit Reduction - If you are getting food stamps now, you may repay by having your household's benefits reduced for all or part of the amount owed. Repayment by this method will be 10% of your monthly benefit or \$10 each month, whichever is more.
3. Installments - You may repay all or part of the amount owed in monthly payments with cash and/or coupons.

4. Ordered Repayment

- The court or Administrative Law Judge ordered that you repay as indicated below. These repayment terms cannot be changed by you or by the county.

If we have not already talked to you about the terms of this Agreement, or if you have any questions, call the welfare collector at _____.

After you complete and sign this Agreement, return all copies to the county in the envelope provided. Do not send cash or coupons through the mail with this Agreement. When approved by the county, a signed copy of this Agreement will be sent to you.

AGREEMENT

I, _____, understand this Agreement is between me and _____ County because extra food stamps in the amount of \$ _____ were issued. I agree to repay this amount by the method(s) checked below:

- Lump Sum Payment
- I will repay by a lump sum cash payment of \$ _____ due on _____.
- I will repay by a lump sum coupon payment of \$ _____ due on _____.
- Benefit Reduction
- I will repay by having my household's benefits reduced by \$ _____ each month, beginning _____.
- Installments
- I will repay by monthly cash payments of \$ _____ due on the _____ day of each month beginning _____.
- I will repay by monthly coupon payments of \$ _____ due on the _____ day of each month beginning _____.

I also understand and agree that:

1. My repayment schedule is based on my current ability to pay as figured by the county. Any changes in my ability to pay may change my monthly payments.
2. If anything changes I may ask the county to refigure the terms checked above.
3. If I do not pay as agreed and I do not get a new payment schedule, the county may ask that the total amount owed be paid now.
4. If I do not pay as agreed and the county sues me to collect the amount owed, I may also be required to pay collection costs, attorney fees, and court costs.
5. If I do not pay, the county may take my state income tax refund and/or ask the court to attach my wages or any property I own.
6. If this inadvertent household error is later found to be an intentional program violation, penalties will apply even if I pay back what I owe.

Signature

Date

County

To be completed by the county:

The above signed Agreement has been accepted by _____ on _____ Date
for _____ County. Payments should be made at:

(Signature of Authorized County Official)

COUNTY OF _____

FOOD STAMP REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY

Notice Date _____

Case Name _____

Number _____

Worker Name _____

Number _____

Telephone _____

Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County Welfare Department made a mistake.
Too many Food Stamps were issued to you.

Here's why:

You must repay the extra Food Stamps.

\$_____ in extra Food Stamps were issued for the period _____ . This amount was reduced by \$_____ because we owed the household benefits from past months or we received repayment of part of the amount owed. You now owe \$_____ .

- You do not have to use any Social Security or SSI benefits you get to repay this overissuance.

YOU MUST EITHER:

- Pay in full, or
- Sign the Repayment Agreement and pay as agreed.
 - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7E).
 - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not sign and return the agreement within 30 days after the date of this notice, we cannot reduce the amount of Food Stamps you get.

However:

- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

Rules: These rules apply. You may review them at your welfare office: MS 63-801.22

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature _____

Date: _____

COUNTY OF _____

FOOD STAMP REPAYMENT NOTICE FOR AN INTENTIONAL PROGRAM VIOLATION (IPV) ONLY

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You or a member of your household broke a Food Stamp rule on purpose.

Too many Food Stamps were issued to:

- You.
- _____, whom you sponsor.

Here's why:

You must repay the extra Food Stamps.

\$ _____ in extra Food Stamps were issued for the period _____ . This amount was reduced by \$ _____ because we owed the household benefits from past months or we received repayment of part of the amount owed. You now owe \$ _____ .

- You do not have to use any Social Security or SSI benefits you get to repay this overissuance.

YOU MUST EITHER:

- Pay in full, or
- Sign the Repayment Agreement and pay as agreed.
 - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7G).
 - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not sign and return the agreement within 30 days after the date of this notice the amount of Food Stamps you get will be reduced to \$ _____ beginning _____ .
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- Even if you agree to pay back what you owe, IPV penalties will apply.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

Rules: These rules apply. You may review them at your welfare office: MS 63-801.32

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture (W & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature _____

Date: _____

FOOD STAMP REPAYMENT NOTICE FOR AN INTENTIONAL PROGRAM VIOLATION (IPV) ONLY FINAL NOTICE

Notice Date : _____
 Case Name : _____
 Worker Number : _____
 Worker Name : _____
 Number : _____
 Telephone : _____
 Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You or a member of your household broke a Food Stamp rule on purpose.
We told you before that you must repay the extra Food Stamps that were issued to:

- You.
- _____, whom you sponsor.

You still owe \$ _____.

YOU DID NOT AGREE TO REPAY:

- You can pay in full, or
- You can repay the extra Food Stamps by the terms you agree to on the enclosed Repayment Agreement (DFA 377.7G).
 - Complete, sign and return the enclosed Repayment Agreement.
 - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- You do not have to use any Social Security or SSI benefits you get to repay this overissuance.
- Even if you agree to pay back what you owe, IPV penalties will apply.
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

Rules: These rules apply. You may review them at your welfare office: MS 63-801.32

YOU DID NOT REPAY AS AGREED:

- You must tell us when you cannot pay as agreed. You must explain why you cannot pay. You may ask the county to figure a new repayment plan.
 - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7G).
- If you are getting Food Stamp benefits and you do not return a new Repayment Agreement within 10 days after the date of this notice, your household's benefits will be reduced to \$ _____ beginning _____.
- If you do not pay as agreed and you do not get a new repayment plan, the county may ask that the total amount owed be paid now.
- Even if you agree to pay back what you owe, IPV penalties will apply.
- If you do not pay as agreed, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay as agreed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal
 Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost
to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature _____

Date: _____

FOOD STAMP REPAYMENT AGREEMENT FOR AN INTENTIONAL PROGRAM VIOLATION (IPV) ONLY

CASE NUMBER
WORKER
CASE NAME

NAME _____

ADDRESS _____

TERMS AND CONDITIONS

You or a member of your household broke a Food Stamp rule on purpose.
 You must repay extra food stamp benefits by using one or more methods listed here:

1. Lump Sum Payment - You may repay all or part of the amount owed at one time with cash and/or coupons.
2. Benefit Reduction - If you are getting food stamps now, you may repay by having your household's benefits reduced for all or part of the amount owed. Repayment by this method will be 20% of your monthly benefit or \$10 each month, whichever is more.
3. Installments - You may repay all or part of the amount owed in monthly payments with cash and/or coupons.

4. Ordered Repayment

- The court or Administrative Law Judge ordered that you repay as indicated below. These repayment terms cannot be changed by you or by the county.

If we have not already talked to you about the terms of this Agreement, or if you have any questions, call the welfare collector at _____.

After you complete and sign this Agreement, return all copies to the county in the envelope provided. Do not send cash or coupons through the mail with this Agreement. When approved by the county, a signed copy of this Agreement will be sent to you.

AGREEMENT

I, _____, understand this Agreement is between me and _____ County because extra food stamps in the amount of \$ _____ were issued. I agree to repay this amount by the method(s) checked below:

- Lump Sum Payment
- I will repay by a lump sum cash payment of \$ _____ due on _____.
- I will repay by a lump sum coupon payment of \$ _____ due on _____.
- Benefit Reduction
- I will repay by having my household's benefits reduced by \$ _____ each month, beginning _____.
- Installments
- I will repay by monthly cash payments of \$ _____ due on the _____ day of each month beginning _____.
- I will repay by monthly coupon payments of \$ _____ due on the _____ day of each month beginning _____.

I also understand and agree that:

1. My repayment schedule is based on my current ability to pay as figured by the county. Any changes in my ability to pay may change my monthly payments.
2. If anything changes I may ask the county to refigure the terms checked above.
3. If I do not pay as agreed and I do not get a new payment schedule, the county may ask that the total amount owed be paid now.
4. If I do not pay as agreed and the county sues me to collect the amount owed, I may also be required to pay collection costs, attorney fees, and court costs.
5. If I do not pay, the county may take my state income tax refund and/or ask the court to attach my wages or any property I own.
6. Even if I agree to pay back what I owe, IPV penalties will apply.

Signature _____ Date _____ County _____

To be completed by the county:

The above signed Agreement has been accepted by _____ on _____ Date _____
 for _____ County. Payments should be made at:

(Signature of Authorized County Official)