

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



December 20, 1994

Reason for this Transmittal

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

ALL COUNTY LETTER NO. 94 -109

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL COUNTY AFDC COORDINATORS  
 ALL COUNTY GAIN COORDINATORS

SUBJECT: CCWRO V. ANDERSON LAWSUIT

REFERENCE: ALL COUNTY LETTER (ACL) 89-95

On February 6, 1990, the Coalition of California Welfare Rights Organizations (CCWRO) v. Anderson lawsuit was filed with the Sacramento County Superior Court, challenging the California Department of Social Services' (CDSS) notice procedures for noncompliant Greater Avenues for Independence (GAIN) participants. Prior to October 1, 1990, GAIN regulations required counties to send a GAIN Appointment Notice to a noncompliant participant for cause determination. If the participant failed to respond to the notice, the case would go through the conciliation process without further notice to the participant prior to the imposition of sanctions.

On September 12, 1991, the Superior Court granted CDSS summary judgment, finding that the applicable GAIN regulations provided participants with adequate notice and a reasonable opportunity to appear. On January 4, 1993, the Court of Appeal ruled in favor of CCWRO and reversed the decision of the Superior Court. The case was remanded to Superior Court for further proceedings.

On March 8, 1994, the Superior Court, as directed by the Court of Appeals, entered its Judgment on the case. The CCWRO Judgment states that the procedure of imposing a conciliation plan and subsequent sanction without further notice to a participant who failed to respond to a GAIN Appointment Notice was not promulgated as a rule in accordance with the Administrative Procedures Act, Government Code Sections 11346-11347.5.

In addition to the counties that did not send additional notices to participants prior to imposing a conciliation plan and subsequent sanction, the Court also included in the Judgment those counties that sent an additional notice prior to conciliation. The Court ruled that the additional notice procedures used by these counties was invalid because it was not promulgated as a regulation in accordance with the Administrative Procedures Act.

The retroactive period specified in the Judgment is from July 1, 1985 through September 30, 1990, and the retroactive period begins in each county on the first date that the county's GAIN program was implemented. The claim period will be from January 15, 1995 through April 14, 1995. In order to plan and prepare for the January 15, 1995 implementation date, County Welfare Departments (CWDs) are to follow the enclosed draft of the proposed emergency regulations. CWDs will receive an adopted copy of the CCWRO emergency regulations approved by the State Office of Administrative Law as soon as it is available.

The Judgment identifies CCWRO class members as all mandatory GAIN participants who were mailed a GAIN Appointment Notice during the retroactive period, who failed to respond to the appointment notice, or an additional notice from the county, and whose Aid to Families with Dependent Children (AFDC) benefits were reduced solely as a result of their failure to participate in the GAIN program for the reasons specified in the appointment notice.

#### Included and Excluded CWDs

The following CWDs reported that they imposed no sanctions to GAIN participants prior to October 1, 1990, and the Court excluded them from the notification and claim processing provisions of the CCWRO Judgment: San Francisco, Santa Cruz, Sierra, and Tuolumne. However, if these excluded CWDs receive claim forms, they shall issue the M50-025D (Deny Claim) and forward the claim to the responsible CWD, if known. The excluded CWDs shall submit the GEN 1172 (5/93) Court Case: CCWRO v. Anderson to report the number of claims they denied and/or forwarded to responsible CWDs.

The remaining 54 CWDs are identified as "included" CWDs. The court included CWDs that sent an additional notice following the GAIN appointment notice prior to imposing a conciliation plan and subsequent sanction. All included CWDs must fully implement the provisions of the CCWRO Judgment.

Forms and Notices

This letter provides CWDs with specific instructions and materials necessary for implementation of the CCWRO Judgment. Enclosed are the following materials:

- o A draft of the proposed emergency regulations to be used to prepare for implementation.
- o A copy of the TEMP GAIN 86 (11/94), Informing Notice in English with bullets in Spanish, Vietnamese, Laotian, Chinese and Cambodian languages. A camera-ready copy of the TEMP GAIN 86 was sent to each CWD via an All-County GAIN Coordinators Letter dated November 8, 1994.
- o A reproducible copy of the TEMP GAIN 87 (1/95), Claim Form in English.
- o Copies of Notices of Action (NOA) messages with instructions in English.
- o Reproducible copies of NOA forms in English.
- o A reproducible copy of the GAIN 105 (11/94) Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment form in English.
- o A reproducible copy of the GEN 1172 (5/93) Court Case: CCWRO v. Anderson, that CWDs shall use to report statistical data regarding claim processing and payments.

Camera-ready copies in English of the forms listed above may be obtained from Brenda Kline of the Forms and Publications Unit at (916) 657-2003.

Copies of the TEMP GAIN 87 (1/95) Claim Form, GAIN 105 (11/94) Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment, and NOA forms translated into Spanish and the four standard Asian languages will be sent to county forms coordinators by the Language Services Bureau under separate cover by January 1, 1995. CWDs may request additional copies of the translated forms by contacting Shirley Lu of the Language Services Bureau at (916) 654-1282.

Notification

"Included" CWDs shall notify potential class members using one of the following methods:

A. Computerized Case File Search

CWDs with computer systems capability to identify GAIN participants who were sanctioned during the retroactive period shall conduct a computerized search and mail a TEMP GAIN 86 (Informing Notice) to each potential class member by January 5, 1994. Note that according to the CCWRO Judgment, it is mandatory that CWDs with computer systems capability utilize this method.

B. Manual Case File Search

CWDs that do not have the capability to conduct a computerized search, as specified in "A" above, may choose to perform a manual case file search to identify GAIN participants who were sanctioned during the retroactive period. CWDs that choose to perform a manual case file search shall mail a TEMP GAIN 86 (Informing Notice) to each potential class member by January 5, 1995.

C. Notification of Current AFDC Recipients

CWDs that do not have the capability to conduct a computerized search, as specified in "A" above, and do not choose to perform a manual case file search, as specified in "B" above, shall send a TEMP GAIN 86 (Informing Notice) to all current AFDC recipients, via a CA 7 stuffer, by January 5, 1995.

CWDs that conduct computerized or manual case file searches shall maintain a record of all potential class members to whom informing notices were mailed for three years after the final claim for Federal reimbursement is submitted by CDSS.

On the TEMP GAIN 86 (Informing Notice), CWDs shall specify the county office and phone number that potential class members are to contact or call to obtain a TEMP GAIN 87 (Claim Form). In addition, CWDs may use the exact language on the TEMP GAIN 86 (Informing Notice) to develop county-specific forms or stuffers.

CDSS will furnish the TEMP GAIN 89 (Informing Poster), in English with bullets in Spanish, Laotian, Vietnamese, Chinese, and Cambodian to CWDs under separate cover. The posters are to be displayed in welfare offices, GAIN offices and Food Stamp issuance offices from January 15, 1995 through April 14, 1995. CDSS will distribute posters to any legal and welfare rights organizations selected by plaintiffs' counsel.

Claims Processing

CWDs shall include, on the TEMP GAIN 87 (Claim Form), the address where individuals may file their claims with the county. Claims may be filed in person or by mail. CWDs shall provide a

receipt to claimants who submit their claims in person, per Welfare and Institutions Code Section 11023.5.

The CCWRO claim period shall be from January 15, 1995 through April 14, 1995. CWDs shall accept for processing any claims filed before the beginning of the claim period, and the processing of such early claims shall begin on January 15, 1995.

"Responsible CWD" is defined in the CCWRO regulations as the CWD that took an action upon which a class member's claim is based. If the CWD receiving a claim form determines it is not the responsible CWD, it shall issue NOA M50-025D (Deny Claim) and forward the claim form to the responsible CWD within 30 days from the date of receipt of the claim. If the receiving CWD cannot determine the responsible CWD, it shall issue NOA M50-025D (Deny Claim) within 30 days after receipt of the claim.

The responsible CWD shall complete processing the TEMP GAIN 87 (Claim Form) within 90 days following the date of receipt of a complete claim, as specified in Section 50-025.51 of the CCWRO regulations. If the claimant does not qualify as a class member, the CWD shall issue NOA M50-025D (Deny Claim). If the claimant qualifies as a class member, the CWD shall issue NOA M50-025A (Approve Claim) and shall issue the corrective underpayment check within 45 days following the date that the payment is authorized.

If the responsible CWD needs additional information or clarification to complete processing a claim, the CWD shall issue NOA M50-025B (Request Claim Information) within 30 days following receipt of the claim form. CWDs shall allow the claimant 30 days to submit the needed information and specify the deadline for submission on the NOA.

CWDs shall preprint the GAIN 50 (6/92), Your GAIN Hearing Rights, on the back of NOA M50-025As, M50-025Bs and M50-025Ds. CWDs that are unable to preprint the GAIN 50 on the back of these NOAs shall attach the GAIN 50 to the NOAs.

#### Determining the Sanction Period When Calculating Corrective Underpayments

For the purpose of calculating CCWRO corrective underpayments, CWDs shall determine the length of the sanction period for which a class member is entitled to corrective underpayment as follows:

- A. For sanctions applied before July 1, 1989, CWDs shall consider the end of the sanction period for which a class member shall be entitled to corrective underpayment to be:

1. For a first financial sanction, the end of the three month sanction period.
2. For a second or subsequent financial sanction, the end of the six month sanction period.

CWDs shall not consider money management as a sanction for the purpose of determining the length of the CCWRO sanction period. CWDs shall only include financial sanctions in making those determinations.

- B. For sanctions applied on or after July 1, 1989, CWDs shall consider the end of the sanction period for which a class member shall be entitled to corrective underpayment to be:
1. For a sanction resulting from a first instance of noncompliance, the date the sanction was cured or the end of the month when the sanction began, whichever comes first.
  2. For a sanction resulting from a second instance of noncompliance, the end of the three month sanction period.
  3. For a sanction resulting from a third or subsequent instance of noncompliance, the end of the six month sanction period.

CWDs may refer to page four of ACL 89-95 for additional information on the policy for determining the appropriate sanction in instances of noncompliance without good cause that occurred prior to July 1, 1989 and the resultant sanction was applied after July 1, 1989.

#### Computation of Interest

CWDs shall compute and pay interest to class members who are not on AFDC at the time the payment is authorized. CWDs shall follow the procedures for computing the interest specified in Section 50-025.65 of the draft emergency regulations.

#### Balancing Corrective Underpayments and Overpayments

Before issuing a corrective underpayment, CWDs must review each case to determine whether a class member has an outstanding overpayment.

CWDs shall balance an outstanding AFDC (cash aid) overpayment with the CCWRO corrective underpayment, in accordance with MPP Section 44-340.42.

CWDs shall attempt to obtain the written agreement of the class member to balance an outstanding GAIN supportive services overpayment with the CCWRO corrective underpayment. In these cases, CWDs shall attach the GAIN 105 (11/94) Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment to the NOA M50-025A (Approve Claim). CWDs shall only balance the GAIN supportive services overpayment with the corrective underpayment if the class member returns the GAIN 105 to the CWD before the deadline specified on the NOA M50-025A and agrees to the balancing. If the class member does not agree to the balancing or fails to return the GAIN 105 by the specified deadline, the CWD shall send the corrective underpayment, in full, to the class member.

#### Statistical Reporting

CWDs shall submit the GEN 1172 (5/93) Court Case: CCWRO v. Anderson to the Information Services Bureau no later than July 30, 1995. CWDs shall report data on the disposition of all claims submitted during the reporting period, from January 15, 1995 through April 14, 1995.

#### Fiscal Assistance Claiming Instructions

Retroactive payments issued in compliance with the CCWRO v. Anderson court case shall be issued and claimed in accordance with Manual of Policy and Procedures (MPP) Handbook Sections 25-740.5 and 25-758. These payments must be reported on a separate payroll listing which must include the case number, case name, grant month, the amount of the principal paid, and the amount of interest paid to former recipients of aid. In addition, CCWRO payments are to be claimed as prior month supplementals on line 4 of the CA 800, Summary Report of Assistance Expenditures. The interest portion of the payments are to be further identified on line 7A of the CA 800 which reflects state and county only funding.

#### Fiscal Claiming

In addition to the fiscal assistance claiming instructions listed above, detailed administrative claiming instructions for implementation of the CCWRO lawsuit will follow shortly in a separate County Fiscal Letter. If you have any questions about fiscal claiming for this lawsuit, please call the Fiscal Policy Bureau, Administrative Policy Unit at (916) 657-3440.

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If you have any questions or need any assistance regarding CCWRO implementation or the enclosed materials, please contact Bill Passavant at (916) 654-1423.



MICHAEL C. GENEST  
Deputy Director  
Welfare Programs Division

Enclosures

c: CWDA

CCWRO V. ANDERSON

DRAFT EMERGENCY REGULATIONS

HANDBOOK BEGINS HERE

.1 Background.

On February 6, 1990, the Coalition of California Welfare Rights Organizations (CCWRO) v. Anderson lawsuit was filed with the Sacramento County Superior Court, challenging the California Department of Social Services' (CDSS) notice procedures for noncompliant Greater Avenues for Independence (GAIN) participants. Prior to October 1, 1990, GAIN regulations required counties to send a GAIN Appointment Notice to a noncompliant participant for cause determination. If the participant failed to respond to the notice, the case would go through the conciliation process without further notice to the participant prior to the imposition of sanctions.

On September 12, 1991, the Superior Court granted CDSS summary judgment, finding that the applicable GAIN regulations provided participants with adequate notice and a reasonable opportunity to appear. On January 4, 1993, the Court of Appeal ruled in favor of an appeal by CCWRO and reversed the decision of the Superior Court. The case was remanded to Superior Court for further proceedings.

On March 8, 1994, the Superior Court entered Judgment on the case as directed by the Court of Appeal. The CCWRO Judgment ruled that the procedure of imposing a conciliation plan and subsequent sanction without further notice to a participant who failed to respond to a GAIN Appointment Notice was not promulgated as a rule in accordance with the Administrative Procedures Act, Government Code Sections 11346-11347.5.

In addition to the counties that did not send additional notices to participants prior to imposing a conciliation plan and subsequent sanction, the Court also included in the Judgment those counties that sent an additional notice prior to conciliation. The Court ruled that the additional notice procedure used by these counties was invalid because it was not promulgated as a regulation in accordance with the Administrative Procedures Act.

The Judgment specifies that all mandatory GAIN participants who were mailed a GAIN Appointment Notice during the retroactive period, who failed to respond to the appointment notice, or an additional notice from the county, and whose Aid to Families with Dependent Children (AFDC) benefits were reduced solely as a result of their failure to participate in the GAIN Program for the reasons specified in the Appointment Notice are class members eligible for corrective underpayment.

HANDBOOK ENDS HERE

## .2 Definitions.

For the purpose of these regulations:

a.-b. Reserved.

- c. (1) "Claim period" means the period from January 15, 1995 through April 14, 1995 during which a potential class member may file a claim under CCWRO v. Anderson.
- (2) "Class member" means all mandatory GAIN participants who were mailed a GAIN Appointment Notice from July 1, 1985 through September 30, 1990, who failed to respond to the Appointment Notice, or an additional notice from the county, and who were sanctioned solely as a result of their failure to participate in the GAIN Program for the reasons specified in the appointment notice.
- (3) "Corrective underpayment" means the retroactive payment of cash aid inappropriately withheld from a class member.
- (4) "CWD" means county welfare department.

d.-e. Reserved.

- f. (1) "Five standard languages" means Spanish, Vietnamese, Laotian, Chinese and Cambodian.
- (2) "Four standard Asian languages" means Vietnamese, Laotian, Chinese and Cambodian.
- g. (1) "GEN 1172 (11/94) Court Case: CCWRO v. Anderson" (Court Case Statistical Report) means the form used by CWDs to report statistical data regarding the claims filed and paid under this lawsuit.

h.-m. Reserved.

- n. (1) "NOA" means a notice of action that is considered to be adequate within the meaning of Manual of Policies and Procedures (MPP) Section 22-021.

o.-q. Reserved.

- r. (1) "Responsible CWD" means the county welfare department GAIN office that took an action on which a class member's claim is based.
- (2) "Retroactive period" means the period from July 1, 1985 through September 30, 1990.

s. Reserved.

- t. (1) "TEMP GAIN 86 (11/94), Informing Notice" means the document mailed by the CWD to inform potential claimants of possible corrective underpayments resulting from the CCWRO Court Order.
- (2) "TEMP GAIN 87 (1/95), Claim Form" means the document used by claimants to file a claim based on the CCWRO Court Order.
- (3) "TEMP GAIN 89 (11/94), Informing Poster" means the document that is posted to notify potential claimants of possible corrective underpayments resulting from the CCWRO Court Order.

u.-z. Reserved.

### .3 Informing Class Members.

#### HANDBOOK BEGINS HERE

#### .31 CDSS Responsibilities. CDSS shall:

- .311 Print the TEMP GAIN 89 (Informing Poster) in English with bullets in the five standard languages.
- .312 Provide CWDs with:
- (a) A reproducible copy of the TEMP GAIN 86 (Informing Notice) in English with bullets in the five standard languages.
  - (b) Reproducible copies of the TEMP GAIN 87 (Claim Form) in English and the five standard languages.
  - (c) Copies of NOA messages in English and reproducible copies of NOA forms in English and the five standard languages.
  - (d) Reproducible copies of the TEMP GAIN 89 (Informing Poster) with bullets in the five standard languages.
- .313 Mail copies of the TEMP GAIN 89 (Informing Poster) to legal aid and welfare rights organizations of plaintiffs' choice at least 10 days before the beginning of the claim period.
- (a) Plaintiffs' counsel shall provide CDSS with the mailing labels not to exceed 300.

#### HANDBOOK ENDS HERE

#### .32 Included CWDs.

- .321 The following CWDs are identified as included CWDs. These CWDs shall fully implement the provisions of the Judgment:

(a) Alpine, Alameda, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Ventura, Yolo, and Yuba.

.322 The following CWDs are not required to fully implement the notification and claim processing provisions of the Judgment.

(a) San Francisco, Santa Cruz, Sierra, and Tuolumne.

(b) If these excluded CWDs receive a TEMP GAIN 87 (Claim Form), they shall issue the M50-025D (Deny Claim) and forward the claim to the responsible CWD, if known.

.33 CWD Responsibilities. Included CWDs shall:

.331 Reproduce an adequate supply of the TEMP GAIN 86 (Informing Notice) in English with bullets in the five standard languages.

(a) On the TEMP GAIN 86 (Informing Notice), CWDs shall specify the county office address and phone number that potential claimants are to contact or call to obtain a TEMP GAIN 87 (Claim Form).

.332 Notify potential class members using one of the following methods:

(a) CWDs with the computer systems capability to identify GAIN participants who are potential class members shall conduct a computerized search and mail a TEMP GAIN 86 (Informing Notice) to each potential class member by January 5, 1995.

(1) CWDs shall maintain a record of all potential class members to whom notices were mailed.

(b) CWDs that do not have the capability to conduct a computerized search may choose to perform a manual case file search to identify GAIN participants who are potential class members and mail a TEMP GAIN 86 (Informing Notice) to each potential class member by January 5, 1995.

(1) CWDs shall maintain a record of all potential class members to whom notices were mailed.

(c) CWDs that do not have the capability to conduct a computerized search and who choose not to conduct a manual search shall send a TEMP GAIN 86 (Informing Notice) to all current AFDC recipients, via a CA 7 stuffer, by January 5, 1995.

- .333 Place TEMP GAIN 89 (Informing Poster) in conspicuous locations in all welfare offices, GAIN offices and Food Stamp issuance offices the first day of the claim period.
- (a) The TEMP GAIN 89 (Informing Poster) shall be displayed from January 15, 1995 until close of business April 14, 1995.
- (b) On the TEMP GAIN 89 (Informing Poster), CWDs shall specify the county office address and telephone number that potential claimants are to contact or call to obtain a TEMP GAIN 87 (Claim Form).
- .334 Reproduce an adequate supply of the TEMP GAIN 87 (Claim Form) in English and the five standard languages.
- .335 Mail a TEMP GAIN 87 (Claim Form) within five working days following a request by anyone who calls the phone number specified on the TEMP GAIN 86 (Informing Notice) and TEMP GAIN 89 (Informing Poster).
- .336 Give a TEMP GAIN 87 (Claim Form), immediately upon request during normal business hours, to anyone who goes to the office specified on the TEMP GAIN 86 (Informing Notice) and TEMP GAIN 89 (Informing Poster) and requests a claim form.
- (a) CWDs shall maintain an adequate supply of the TEMP GAIN 87 (Claim Form) on hand for distribution to potential claimants.
- .337 CWDs shall specify on the TEMP GAIN 87 (Claim Form) the address where claimants are to return the completed claim form.

#### .4 Application for Corrective Underpayment.

##### .41 Claimants' Responsibilities. Claimants shall:

- .411 Complete and sign under the penalty of perjury a TEMP GAIN 87 (Claim Form).
- .412 Submit the TEMP GAIN 87 (Claim Form) on or before the end of the claim period to the responsible CWD.
- (a) If mailed, the postmark must be no later than April 14, 1995.
- (b) During the claim period, claimants shall be permitted to resubmit a claim that was previously denied due to being incomplete.
- .413 Submit a completed TEMP GAIN 87 (Claim Form) to each responsible CWD, if there was more than one responsible CWD.
- .414 Provide necessary additional information, documentation or clarification upon request from a CWD.

.42 CWDs' Responsibilities. CWDs shall:

.421 Stamp the TEMP GAIN 87 (Claim Form) with the date received by the CWD.

(a) If the date of receipt cannot be determined by a date stamp, the date of receipt shall be the date the claimant signed the TEMP GAIN 87 (Claim Form).

.422 Notwithstanding the date specified in Section 50-025.421, process all claim forms postmarked on or before April 14, 1995.

(a) If the TEMP GAIN 87 (Claim Form) is postmarked after April 14, 1995, issue NOA M50-025D (Deny Claim) within 30 days following receipt of the claim.

(b) The CWD shall retain envelopes postmarked after April 14, 1995.

.423 Retain all records which contain documents relevant to the CCWRO lawsuit for three years from the date CDSS submits the last expenditure report for federal reimbursement.

(a) Documents included are those used to determine eligibility for the class (including denials) and those used to determine the amount of corrective underpayments; including case records, payment records, assistance claims, reimbursement claims, claim verification and any other documents related to this lawsuit.

.424 Determine the Responsible CWD.

(a) If the CWD receiving the TEMP GAIN 87 (Claim Form) determines that it is the responsible CWD, the CWD shall process the claim form in accordance with Section 50-025.5.

(1) "Responsible CWD" is defined in Section 50-025.2r.(1).

(b) If the CWD receiving the TEMP GAIN 87 (Claim Form) determines that it is not the responsible CWD, the receiving CWD shall issue NOA M50-025D (Deny Claim) and forward the TEMP GAIN 87 (Claim Form) to the responsible CWD within 30 days from the date the claim was received.

(1) The receiving CWD shall inform the claimant on NOA M50-025D (Deny Claim) that the TEMP GAIN 87 (Claim Form) has been forwarded to the responsible CWD for processing.

(2) The responsible CWD shall process the claim form in accordance with Section 50-025.5.

(A) Notwithstanding Section 50-025.422, responsible CWDs shall process all claims that are forwarded from a receiving CWD, regardless of whether the responsible CWD receives the claim from the receiving CWD by the end of the claim period.

(3) If the responsible CWD cannot be determined, the receiving CWD shall issue NOA M50-025D (Deny Claim) within 30 days following receipt of the claim.

(A) The CWD shall indicate on the NOA that the claimant must file his/her claim with the responsible CWD.

## .5 Processing Claim Forms.

.51 The responsible CWD shall review each TEMP GAIN 87 (Claim Form) for completeness. The TEMP GAIN 87 (Claim Form) shall be considered complete when the following information is given:

.511 Answers to the qualifying class member questions on the TEMP GAIN 87 (Claim Form).

.512 Claimant's case name(s) used during retroactive period.

.513 Claimant's date of birth.

.514 Claimant's social security number.

.515 Claimant's current mailing address.

.516 County or counties of residence during retroactive period.

.517 Claimant's signature.

.518 The following information shall be provided by the claimant on the TEMP GAIN 87 (Claim Form) to the extent possible:

(a) The AFDC or GAIN case number.

(b) Phone number.

(c) Date(s) for which the claim is being filed.

.52 If the claim is complete, as specified in Section 50-025.51, and the claimant meets the definition of class member specified in Section 50-025.2(c)(2), the responsible CWD shall complete processing the claim within 90 days after receipt of the claim.

- .521 If the information on the claim form and in the case file is sufficient, the CWD shall calculate the corrective underpayment, in accordance with Section 50-025.6, and issue a check with NOA M50-025A (Approve Claim) within 45 days after the date payment is authorized.
- (a) CWDs shall indicate on the NOA when the check will be issued if unable to issue the check for the corrective underpayment with the NOA.
- .522 In the absence of evidence to the contrary, the CWD shall accept self-certification from the claimant, signed under the penalty of perjury, to satisfy documentary requirements in the event such documentation is not available.
- .523 The CWD shall verify documentation whenever authenticity is in doubt.
- .53 If the claimant is NOT a class member, the CWD shall issue NOA M50-025D (Deny Claim) within 90 days after the claim was received.
- .531 The CWD shall preprint the GAIN 50 (6/92) to the back of the NOA or attach a copy of the GAIN 50 to the NOA.
- .54 If additional information is needed, the CWD shall issue NOA M50-025B (Request Claim Information) within 30 days after receipt of the claim.
- .541 The CWD shall indicate on the NOA that claimants have 30 days from the date of the NOA to respond to the request for additional information.
- .542 The CWD shall complete processing a claim within 90 days after receiving the additional information.
- .543 If the claimant meets the definition of a class member specified in Section 50-025.2c.(2), the CWD shall issue the corrective underpayment in accordance with the procedures specified in Section 50-025.521.
- .544 The CWD shall issue NOA M50-025D (Deny Claim) if the information does not establish the claimant as a class member.
- .545 The CWD shall issue NOA M50-025D (Deny Claim) if the claimant does not respond within the time specified in Section 50-025.541
- .55 For the purpose of determining continued eligibility and the amount of assistance for the AFDC Program, CWDs shall not consider a corrective underpayment as income or as a resource in the month paid or in the following month.
- .56 For the Food Stamp Program, a retroactive corrective underpayment shall be excluded as income for all Food Stamp households and excluded as a resource for categorically eligible Food Stamp households as long as they remain eligible for AFDC.

## .6 Computation of Corrective Underpayments.

.61 There is no minimum amount a class member may receive as a corrective underpayment.

.62 The claimant shall not be entitled to corrective underpayment for any portion of the sanction amount which was previously repaid under another lawsuit.

.63 CWDs shall determine the length of the sanction period for which a class member, as defined in Section 50-025.2(c)(2), shall be entitled to recover withheld cash aid.

.631 For sanctions applied before July 1, 1989, CWDs shall consider the end of the sanction period for which a class member shall be entitled to recover cash aid to be:

(a) For a first financial sanction, the end of the three-month sanction period.

(b) For a second or subsequent financial sanction, the end of the six-month sanction period.

.632 For sanctions applied on or after July 1, 1989, CWDs shall consider the end of the sanction period, for which a class member shall be entitled to recover cash aid, to be:

(a) For a sanction resulting from a first instance of noncompliance without good cause, the date the sanction was cured, as specified in Section 42-786.22, or the end of the month following application of the sanction, whichever comes first.

(b) For a sanction resulting from a second instance of noncompliance without good cause, the end of the three-month sanction period specified in Section 42-786.23.

(c) For a sanction resulting from a third or subsequent instance of noncompliance without good cause, the end of the six-month sanction period specified in Section 42-786.24.

.64 CWDs shall balance the corrective underpayment against an outstanding overpayment as follows:

.641 The corrective underpayment shall be balanced with an AFDC overpayment as specified in Section 44-340.42.

.642 The CWDs shall attempt to obtain a written agreement of the class member to balance a GAIN supportive services overpayment with the corrective underpayment.

(a) If the class member does not agree to balance the corrective underpayment with his/her GAIN supportive services overpayment, the CWD shall issue the corrective underpayment to the class member in full.

.65 CWDs shall pay interest to those class members who are no longer on AFDC at the time of payment. To pay interest, CWDs shall:

.651 Begin interest in the month subsequent to the end of the sanction period, as determined in Section 50-025.63.

.652 Determine the month in which the payment is authorized.

.653 To determine the appropriate interest amount and corrective underpayment:

(a) Determine the Initial Interest Month (the month following the end of the sanction period);

(b) Determine the Payment Authorization Month (the month the corrective underpayment will be authorized);

(c) Determine the interest percentage factor on the "Interest Chart for CCWRO Corrective Underpayment" where the dates from (a) and (b) meet;

(d) Multiply the amount of cash aid withheld during the sanction period by the interest percentage factor; and

(e) Add the cash aid withheld to the interest to be paid to determine the corrective underpayment.

#### HANDBOOK BEGINS HERE

.654 EXAMPLE: A CWD determines that a class member who is no longer on aid was sanctioned from September 1, 1987 to November 30, 1987 at \$200.00 per month. Total cash aid withheld was \$600.00.

#### To Calculate the Corrective Underpayment:

(a) Initial Interest Month - December 1987

(b) Payment Month- January 1995

<u>Total Cash Aid Withheld</u>	<u>\$600.00</u>
<u>(c) Interest Percentage Factor</u>	<u>X .5266</u>
<u>(d) Interest To Be Paid</u>	<u>+\$315.96</u>
<u>(e) Corrective Underpayment</u>	<u>\$915.96</u>

.655 Interest Chart for CCWRO Corrective Underpayments

<u>Initial Interest Month</u>	<u>Payment Authorization Month</u>					
	<u>Jan-95</u>	<u>Feb-95</u>	<u>Mar-95</u>	<u>Apr-95</u>	<u>May-95</u>	<u>Jun-95</u>
Jul-85	.6958	.7042	.7125	.7208	.7292	.7375
Aug-85	.6900	.6984	.7067	.7150	.7234	.7317
Sep-85	.6841	.6925	.7008	.7091	.7175	.7258
Oct-85	.6783	.6867	.6950	.7033	.7117	.7200
Nov-85	.6725	.6809	.6892	.6975	.7059	.7142
Dec-85	.6666	.6750	.6833	.6916	.7000	.7083
	<u>Jan-95</u>	<u>Feb-95</u>	<u>Mar-95</u>	<u>Apr-95</u>	<u>May-95</u>	<u>Jun-95</u>
Jan-86	.6608	.6692	.6775	.6858	.6942	.7025
Feb-86	.6550	.6634	.6717	.6800	.6884	.6967
Mar-86	.6491	.6575	.6658	.6741	.6825	.6908
Apr-86	.6433	.6517	.6600	.6683	.6767	.6850
May-86	.6375	.6459	.6542	.6625	.6709	.6792
Jun-86	.6316	.6400	.6483	.6566	.6650	.6733
Jul-86	.6258	.6342	.6425	.6508	.6592	.6675
Aug-86	.6200	.6284	.6367	.6450	.6534	.6617
Sep-86	.6141	.6225	.6308	.6391	.6475	.6558
Oct-86	.6083	.6167	.6250	.6333	.6417	.6500
Nov-86	.6025	.6109	.6192	.6275	.6359	.6442
Dec-86	.5966	.6050	.6133	.6216	.6300	.6383

# DRAFT

	<u>Jan-95</u>	<u>Feb-95</u>	<u>Mar-95</u>	<u>Apr-95</u>	<u>May-95</u>	<u>Jun-95</u>
Jan-87	.5908	.5992	.6075	.6158	.6242	.6325
Feb-87	.5850	.5934	.6017	.6100	.6184	.6267
Mar-87	.5791	.5875	.5958	.6041	.6125	.6208
Apr-87	.5733	.5817	.5900	.5983	.6067	.6150
May-87	.5675	.5759	.5842	.5925	.6009	.6092
Jun-87	.5616	.5700	.5783	.5866	.5950	.6033
Jul-87	.5558	.5642	.5725	.5808	.5892	.5975
Aug-87	.5500	.5584	.5667	.5750	.5834	.5917
Sep-87	.5441	.5525	.5608	.5691	.5775	.5858
Oct-87	.5383	.5467	.5550	.5633	.5717	.5800
Nov-87	.5325	.5409	.5492	.5575	.5659	.5742
Dec-87	.5266	.5350	.5433	.5516	.5600	.5683

	<u>Jan-95</u>	<u>Feb-95</u>	<u>Mar-95</u>	<u>Apr-95</u>	<u>May-95</u>	<u>Jun-95</u>
Jan-88	.5208	.5292	.5375	.5458	.5542	.5625
Feb-88	.5150	.5234	.5317	.5400	.5484	.5567
Mar-88	.5091	.5175	.5258	.5341	.5425	.5508
Apr-88	.5033	.5117	.5200	.5283	.5367	.5450
May-88	.4975	.5059	.5142	.5225	.5309	.5392
Jun-88	.4916	.5000	.5083	.5166	.5250	.5333
Jul-88	.4858	.4942	.5025	.5108	.5192	.5275
Aug-88	.4800	.4884	.4967	.5050	.5134	.5217
Sep-88	.4741	.4825	.4908	.4991	.5075	.5158
Oct-88	.4683	.4767	.4850	.4933	.5017	.5100
Nov-88	.4625	.4709	.4792	.4875	.4959	.5042
Dec-88	.4566	.4650	.4733	.4816	.4900	.4983

# DRAFT

	<u>Jan-95</u>	<u>Feb-95</u>	<u>Mar-95</u>	<u>Apr-95</u>	<u>May-95</u>	<u>Jun-95</u>
Jan-89	.4508	.4592	.4675	.4758	.4842	.4925
Feb-89	.4450	.4534	.4617	.4700	.4784	.4867
Mar-89	.4391	.4475	.4558	.4641	.4725	.4808
Apr-89	.4333	.4417	.4500	.4583	.4667	.4750
May-89	.4275	.4359	.4442	.4525	.4609	.4692
Jun-89	.4216	.4300	.4383	.4466	.4550	.4633
Jul-89	.4158	.4242	.4325	.4408	.4492	.4575
Aug-89	.4100	.4184	.4267	.4350	.4434	.4517
Sep-89	.4041	.4125	.4208	.4291	.4375	.4458
Oct-89	.3983	.4067	.4150	.4233	.4317	.4400
Nov-89	.3925	.4009	.4092	.4175	.4259	.4342
Dec-89	.3866	.3950	.4033	.4116	.4200	.4283

	<u>Jan-95</u>	<u>Feb-95</u>	<u>Mar-95</u>	<u>Apr-95</u>	<u>May-95</u>	<u>Jun-95</u>
Jan-90	.3808	.3892	.3975	.4058	.4142	.4225
Feb-90	.3750	.3834	.3917	.4000	.4084	.4167
Mar-90	.3691	.3775	.3858	.3941	.4025	.4108
Apr-90	.3633	.3717	.3800	.3883	.3967	.4050
May-90	.3575	.3659	.3742	.3825	.3909	.3992
Jun-90	.3516	.3600	.3683	.3766	.3850	.3933
Jul-90	.3458	.3542	.3625	.3708	.3792	.3875
Aug-90	.3400	.3484	.3567	.3650	.3734	.3817
Sep-90	.3341	.3425	.3508	.3591	.3675	.3758

HANDBOOK ENDS HERE

.66 Class members shall not be entitled to more corrective underpayment than the amount of cash aid withheld during the sanction period, as specified in this section, plus interest, as determined in Section 50-025.65.

.7 Statistical Reports.

.71 CWDs shall submit the GEN 1172 (5/93) Court Case: CCWRO v. Anderson no later than July 14, 1995 to the CDSS Statistical Services Bureau.

.72 CWDs shall report on the disposition of all claims received during the claim period, from January 14, 1995 through April 14, 1995.

.73 The report shall include:

.731 The total number of:

(a) TEMP GAIN 87s (Claim Form) mailed by CWD.

(b) TEMP GAIN 87s (Claim Form) handed out by CWD.

(c) TEMP GAIN 87s (Claim Form) received by CWD.

(d) Claims approved.

(e) Claims denied. CWDs shall include the number of claims denied for each of the following reasons:

(1) Untimely. Includes claim forms received after claim period.

(2) Not a class member.

(3) Claim sent to wrong CWD and receiving CWD was not able to determine the responsible CWD to which the TEMP GAIN 87 (Claim Form) should be forwarded.

(4) Claim sent to wrong CWD and receiving CWD forwarded to responsible CWD.

(5) Incomplete. Includes claims that are not complete, as specified in Section 50-025.51, and there is no forwarding address to obtain the additional information needed; and incomplete claims for which additional information was requested but not received before the deadline specified on the notice.

(6) Other.

.732 Total amount of corrective underpayments paid (including interest).

.733 Total amount of overpayments offset with corrective underpayments.

# DRAFT

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: CCWRO v. Anderson, Sacramento County Superior Court, Case No. 512491.

CCWRO V. ANDERSON

NOTICE OF ACTION (NOA) MESSAGES

These NOA messages are to be used specifically for this lawsuit. They are to be used to inform eligible claimants of the action(s) being taken by the county after reviewing a case file or processing a claim.

1. M50-025A (1/95) Approve Claim
2. M50-025B (1/95) Request Claim Information
3. M50-025D (1/95) Deny Claim

State of California  
Department of Social Services

Manual Msg. No.: 50-025A  
Action: Approve  
Reason: CCWRO v. Anderson  
Title: Approve Claim  
Form No. : NA  
Effective Date : 1/15/95  
Revisions Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite : 50-025

MESSAGE:

Under the CCWRO v. Anderson lawsuit:

As of \_\_\_\_\_, we approved your claim for back payment for cash aid of \$ \_\_\_\_\_.

Here's why:

- The county lowered your cash aid, without sending you a notice for a conciliation appointment, after you missed your appointment to discuss a problem with your GAIN participation.
- The county lowered your cash aid, after sending you a wrong notice for a conciliation appointment, after you missed your appointment to discuss a problem with your GAIN participation.

Your back payment for cash aid is figured on this notice.

- A check will be mailed to you by \_\_\_\_\_.
- A check is enclosed.
- AFDC told you on \_\_\_\_\_ that you must pay the extra money you got for cash aid. You still owe AFDC \$ \_\_\_\_\_. Your CCWRO back payment is being used to repay what you still owe. Your remaining back payment is figured on this notice.
- GAIN told you on \_\_\_\_\_ that you must pay the extra money you got for  child care  transportation  ancillary (books, equipment, uniforms, tools) expenses. You still owe GAIN \$ \_\_\_\_\_. You may choose to repay what you owe with your CCWRO back payment. If you choose to do so, your remaining back payment will be \$ \_\_\_\_\_. If you do not choose to do so, your entire back payment will be \$ \_\_\_\_\_.

Please complete Part B on the enclosed form (GAIN 105) to tell us if you want to repay what you owe with your back payment.

Other:

Rules: These rules apply; you may review them at your GAIN Office:  
MPP 50-025, CCWRO v. Anderson

M50-025A (1/95) Approve Claim

COMPUTATION PAGE (To be completed by the County)

MONTHLY BACK PAYMENT FOR CASH AID

SECTION A: Your Countable Income In \_\_\_\_\_  
Month/Year

Total Earned Income	\$ _____
Work Expense Disregard	- _____
\$30 and 1/3 Disregard	- _____
Child/Dependent Care Disregard	- _____
Other Countable Income (list sources)	_____
_____	+ _____
_____	+ _____
_____	+ _____
Court Ordered Support You Paid	- _____
<b>Net Countable Income</b>	<b>= \$ _____</b>

SECTION B: Your Cash Aid In \_\_\_\_\_  
Month/Year

Basic Needs For _____ Persons	\$ _____
Special Needs	+ _____
Net Countable Income (from Section A)	- _____
<b>Basic Need Subtotal</b>	<b>= \$ _____</b>
Cash Aid You Should Have Gotten	\$ _____
Cash Aid You Got	- _____
<b>Cash Aid Withheld This Month</b>	<b>= \$ _____</b>

SECTION C: Your Total Back Payment

Subtotal Cash Aid Withheld - All Months	\$ _____
Interest Percentage Factor	X _____
Interest to be Paid	= \$ _____
Subtotal Cash Aid Withheld - All Months	\$ _____
Interest to be Paid	+ _____
<b>Total Back Payment</b>	<b>= \$ _____</b>

SECTION D: Overpayment Adjustment

Total Back Payment	\$ _____
Overpayment Adjustment	- _____
<b>Remaining Back Payment</b>	<b>= \$ _____</b>

(Note: If you have a choice whether you want to repay the extra money that you still owe GAIN with your CCWRO back payment, this section shows you what your remaining back payment will be if you choose to do so.

INSTRUCTIONS for M50-025A - Approve Claim

This message is to approve corrective underpayments for cash aid for class members.

Enter the determination date and the amount of the corrective underpayment. Under "Here's why:", check the appropriate box to indicate the reason why the claimant is eligible for retroactive benefits.

Indicate whether back payment check is enclosed or the date by which it will be mailed. If an overpayment has been identified, mark the appropriate box based on whether your county sent an additional conciliation notice during the retroactive period.

If there is no outstanding overpayment, check the appropriate box depending on whether the corrective underpayment check will be sent with this NOA.

Balancing an overpayment with the corrective underpayment:

1. If there is an outstanding AFDC overpayment, check the box beginning "AFDC told you..." and balance the CCWRO corrective underpayment against the AFDC overpayment in accordance with MPP Section 44-340.42. Complete Section D on the Computation Page to determine the Remaining Back Payment.
  - a. If there is also an outstanding GAIN overpayment, balance the CCWRO corrective underpayment against the AFDC overpayment first.
2. After completing step 1 above, balance any remaining CCWRO corrective underpayment amount against any outstanding GAIN overpayment as follows:
  - a. Check the box beginning "GAIN told you..." and complete Section D of the Computation Page to determine the Remaining Back Payment. Place the amount in the appropriate blank to inform the class member of the remaining back payment if he/she chooses to balance.
  - b. Complete Part A of the the GAIN 105 (11/94) Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment and attach it to the NOA M50-025A to attempt to obtain the claimant's agreement for balancing the GAIN overpayment with the CCWRO corrective underpayment.
  - c. Allow the claimant 15 days to return the completed GAIN 105 back to the CWD by indicating the deadline on the NOA M50-025A.
  - d. If the claimant does not return the GAIN 105 to the CWD by the date specified on the NOA or if the claimant does not choose to balance, the CWD shall issue the corrective underpayment without balancing it against the GAIN overpayment.

INSTRUCTIONS for M50-025A - Approve Claim (continued)

COMPUTATION PAGE

In Section A, calculate the countable income for the first month of the sanction period. Repeat this calculation for each additional month.

In Section B, calculate the cash aid withheld for the first month of the sanction period. Repeat this calculation for each additional month.

In Section C, add all the monthly amounts of cash aid withheld to obtain the Subtotal Cash Aid Withheld - All Months. If the class member is not on AFDC at the time payment is authorized, multiply by the interest rate from Section 50-025.65. If the class member is on AFDC at the time payment is authorized, no interest rate is applied.

In Section D, subtract any overpayments that may be balanced against the corrective underpayment and put the remaining back payment in the appropriate blank.

Attach a copy of the GAIN 50 (6/92) Your GAIN Hearing Rights to the NOA, or preprint the GAIN 50 on the back of the NOA.

State of California  
Department of Social Services

Manual Msg. No.: 50-025B  
Action: Request Claim  
Information  
Reason: CCWRO v. Anderson  
Title: Claim Information  
Form No. : NA  
Effective Date : 1/15/95  
Revisions Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite : 50-025

MESSAGE:

We need more facts on your claim under the CCWRO v. Anderson lawsuit.

Here's why:

- The attached claim form is not complete. Fill in the circled part(s) on the form the best you can and return this form to the address below.
- Before we can finish figuring your claim, we need more facts or document(s) from you:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_

If you do not have these facts or document(s), call your GAIN worker for help.

Mail or bring this notice, along with the facts or documents we need, to the address listed below by \_\_\_\_\_. If we do not have them by this date, your claim will be denied.

\_\_\_\_\_  
Office

\_\_\_\_\_  
Address/City/Zip

\_\_\_\_\_  
Phone

Rules: These rules apply; you may review them at your GAIN office:  
MPP 50-025, CCWRO v. Anderson.

M50-025B (1/95) CLAIM INFORMATION

INSTRUCTIONS for M50-025B - Claim Information

Send this message to obtain additional information from claimants within 30 days following receipt of the claim.

If there is information missing on the claim form, circle the part on the form with the missing information and attach it to the M50-025B. Keep a copy of the incomplete claim form for the CWD's records.

List any additional documentation needed to process the claim.

Write the date by which the claimant shall return the requested additional information. Claimants shall have 30 days from the date of the NOA to respond.

Provide the office, address, and phone number where the claimant can mail the additional information or make inquiries.

Attach a copy of the GAIN 50 (6/92) or preprint it on back of the NOA.

State of California  
Department of Social Services

Manual Msg. No.: 50-025D  
Action: Deny  
Reason: CCWRO v. Anderson  
Title: Deny Claim  
Form No.: NA  
Effective Date : 1/15/95  
Revisions Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite : 50-025

MESSAGE:

On \_\_\_\_\_, your claim under the CCWRO v. Anderson lawsuit was denied.

Here's why:

This is the wrong County. We sent your claim to \_\_\_\_\_ County. You will get another notice from them.

This is the wrong County. You must send your claim to the right County by April 14, 1995.

From July 1, 1985 through September 30, 1990:

You were not in GAIN in this County.

You did not miss your appointment to discuss a problem with your participation in GAIN.

We did not lower your cash aid.

We did not lower your cash aid because of your GAIN participation problem, but because of \_\_\_\_\_.

Your claim was received after April 14, 1995.

You did not give us the additional facts/documents we asked for on \_\_\_\_\_. See attached notice.

Other:

Rules: These rules apply; you may review them at your GAIN Office:  
MPP 50-025, CCWRO v. Anderson

M50-025D (1/95) Deny Claim

INSTRUCTIONS for M50-025D Deny Claim

Use this message to deny a claim for the CCWRO lawsuit.

Enter the date the claim was denied.

If the claim should have been submitted to another county, and the other county can be identified, enter the name of the other county on the NOA and send the claim to the other county for processing.

If the claim should have been submitted to another county, and the other county cannot be identified, check the box to notify the claimant that he/she must send the claim form to the correct county.

Check the box for the applicable reason for denying the claim. If "other" is checked, specify the reason for the action.

Attach a copy of the GAIN 50 (6/92) or preprint it on back of the NOA.

CCWRO V. ANDERSON

CLAIM FORM AND NOA FORMS

**COALITION OF CALIFORNIA WELFARE RIGHTS ORGANIZATIONS  
CCWRO V. ANDERSON  
CLAIM FORM**

Fill out this form the best you can.

If you mail this form to us, it must be post marked by April 14, 1995. You may also bring this form to us by April 14, 1995. If your claim is late, it will be denied.

- At any time from July 1, 1985 through September 30, 1990:
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <u>YES</u>               | <u>NO</u>                |
| 1. Were you in the GAIN Program? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did GAIN send you a notice for an appointment to discuss a problem with your participation in GAIN? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you miss your appointment with GAIN to discuss your participation problem? .....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was your cash aid lowered or stopped because of your GAIN problem? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer **YES** to **ALL** four of these questions, Welfare may owe you money. Please complete the rest of this CLAIM FORM. Mail or bring it to the following address so we can review your case:

YOUR NAME:	NAME USED WHILE IN GAIN:	DATE OF BIRTH / /
------------	--------------------------	----------------------

County of residence from July 1, 1985 through September 30, 1990: \_\_\_\_\_  
(If more than one county, submit a separate claim to each county.)

You must give us your social security number. We cannot process your claim without it. We will use your number to get facts from other public agencies. SOCIAL SECURITY ACT, SECTION 402(a)(25).

Social Security No.                    -                    -

**FILL OUT AS MANY SPACES AS YOU CAN:**

AFDC OR GAIN CASE NUMBER(S):	YOUR TELEPHONE # (     )
------------------------------	-----------------------------

CURRENT ADDRESS:	STREET	CITY	STATE	ZIP
------------------	--------	------	-------	-----

DATE(S) YOUR CASH AID WAS LOWERED: \_\_\_\_\_

FILL IN THE FOLLOWING INFORMATION ONLY IF CASH AID WAS STOPPED FOR EVERYONE IN YOUR FAMILY.

1. List anyone who lived with you anytime in the months you are asking for back cash aid. Include those who moved in or out.

NAME	RELATIONSHIP TO YOU	DATES	
		FROM	TO

2. List all properties (money in the bank, real estate, or personal property, etc.) you had in the months you are asking for back cash aid.

TYPE OF PROPERTY	HOW MUCH	DATES	
		FROM	TO
	\$		
	\$		
	\$		
	\$		
	\$		

3. List any money or benefits you got from any job, training program, or other source in the months you are asking for back cash aid. (Include Earnings, Training Allowances, Income-in-Kind such as Earned Housing; Social Security, Railroad Retirement, Unemployment/Disability Benefits, Veteran's Benefits; Interest from Stocks, Bonds, Savings Accounts; Worker's Compensation, SSI/SSP, Child/Spousal Support, Child Support Disregard; Loans, Grants, Scholarships; Tax Refund, Cash, Lottery Winnings, Gifts, Rental Income; Free Housing, Utilities, Food, Clothing; or Cash from an Insurance Policy, Insurance or Legal Settlement, etc.)

SOURCE	HOW MUCH	DATES	
		FROM	TO
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

I declare under penalty of perjury under the laws of the United States of America and the State of California that to the best of my knowledge the facts in this statement are true, correct, and complete.

SIGNATURE	DATE
-----------	------

You may call GAIN at \_\_\_\_\_ about this claim.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_

(ADDRESSEE)



Questions? Ask your Worker.

Under the CCWRO v. Anderson Lawsuit:

As of \_\_\_\_\_, we approved your claim for back payment for cash aid of \$ \_\_\_\_\_.

Here's why:

- The county lowered your cash aid, without sending you a notice for a conciliation appointment, after you missed your appointment to discuss a problem with your GAIN participation.
- The county lowered your cash aid, after sending you a wrong notice for a conciliation appointment, after you missed your appointment to discuss a problem with your GAIN participation.

Your back payment for cash aid is figured on this notice.

- A check will be mailed to you by \_\_\_\_\_.
- A check is enclosed.
- AFDC told you on \_\_\_\_\_ that you must pay the extra money you got for cash aid. You still owe AFDC \$ \_\_\_\_\_. Your CCWRO back payment is being used to repay what you still owe. Your remaining back payment is figured on this notice.
- GAIN told you on \_\_\_\_\_ that you must pay the extra money you got for  child care  transportation  ancillary (books, equipment, uniforms, tools) expenses. You still owe GAIN \$ \_\_\_\_\_. You may choose to repay what you owe with your CCWRO back payment. If you choose to do so, your remaining back payment will be \$ \_\_\_\_\_. If you do not choose to do so, your entire back payment will be \$ \_\_\_\_\_. Please complete Part B on the enclosed form (GAIN 105) to tell us if you want to repay what you owe with your back payment.

Other:

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-025, CCWRO v. Anderson.

## MONTHLY BACK PAYMENT FOR CASH AID

**SECTION A: Your Countable Income In** \_\_\_\_\_ Month/Year

Total Earned income .....	\$	_____
Work Expense Disregard .....	-	_____
\$30 and 1/3 Disregard.....	-	_____
Child/Dependent Care Disregard .....	-	_____
Other Countable Income (list sources)		_____
_____	+	_____
_____	+	_____
_____	+	_____
Court Ordered Support You Paid	-	_____
<b>Net Countable Income</b>	= \$	_____

**SECTION B: Your Cash Aid In** \_\_\_\_\_ Month/Year

Basic Needs For _____ Persons	\$	_____
Special Needs .....	+	_____
Net Countable Income (from Sect. A)	-	_____
<b>Basic Need Subtotal</b> .....	= \$	_____
Cash Aid You Should Have Gotten ...	\$	_____
Cash Aid You Got.....	- \$	_____
<b>Cash Aid withheld this month</b> .....	= \$	_____

**SECTION C: Your Total Back Payment**

Subtotal Cash Aid Withheld - All Months	\$	_____
Interest Percentage Factor.....	x	_____
Interest to be Paid .....	= \$	_____
Subtotal Cash Aid Withheld - All Months	\$	_____
Interest to be Paid .....	+	_____
<b>TOTAL BACK PAYMENT</b> .....	= \$	_____

**SECTION D: Overpayment Adjustment**

Total Back Payment .....	\$	_____
Overpayment Adjustment.....	-	_____
Remaining Back Payment.....	= \$	_____

(Note: If you have a choice whether you want to repay the extra money you still owe GAIN with your CCWRO back payment, this section shows you what your remaining back payment will be if you choose to do so.)

### YOUR GAIN HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in GAIN, your GAIN activity, or your GAIN supportive services.
- Asking for a GAIN hearing will not affect your AFDC cash aid.
- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

### WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your GAIN status or your GAIN activity:

- You do not have to participate in GAIN.
- You cannot come into the GAIN program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You can keep going or start going to an activity different from the one we referred you to if the activity is open to non-GAIN participants, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to GAIN participants only.

To get any GAIN supportive services payments, you must go to the GAIN activity the County has asked you to go to.

If you disagree with the County's decision about your supportive services payments, and you attend your approved GAIN activity, the County will pay supportive services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your GAIN activity.

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

**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

GAIN Status  GAIN Activity  GAIN Supportive Services

Other (list) \_\_\_\_\_

Here's why:

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

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

My name: \_\_\_\_\_ (Print)

Address: \_\_\_\_\_

My signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)



Questions? Ask your Worker.

We need more facts on your claim under the CCWRO v. Anderson lawsuit.

Here's why:

- The attached claim form is not complete. Fill in the circled part(s) on the form the best you can and return this form to the address below.
- Before we can finish figuring your claim, we need more facts or document(s) from you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If you do not have these facts or document(s), call your GAIN worker for help.

Mail or bring this notice along with the facts or documents we need to the address listed below by \_\_\_\_\_. If we do not have them by this date, your claim will be denied.

\_\_\_\_\_  
Office

\_\_\_\_\_  
Address/City/Zip

\_\_\_\_\_  
Phone

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-025, CCWRO v. Anderson.

### YOUR GAIN HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in GAIN, your GAIN activity, or your GAIN supportive services.
- Asking for a GAIN hearing will not affect your AFDC cash aid.
- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

### WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your GAIN status or your GAIN activity:

- You do not have to participate in GAIN.
- You cannot come into the GAIN program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You can keep going or start going to an activity different from the one we referred you to if the activity is open to non-GAIN participants, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to GAIN participants only.

To get any GAIN supportive services payments, you must go to the GAIN activity the County has asked you to go to.

If you disagree with the County's decision about your supportive services payments, and you attend your approved GAIN activity, the County will pay supportive services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your GAIN activity.

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

**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).

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### HEARING REQUEST

I want a hearing because of an action by the Welfare Department

of \_\_\_\_\_ County about my

GAIN Status     GAIN Activity     GAIN Supportive Services

Other (list) \_\_\_\_\_

Here's why:

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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: \_\_\_\_\_ (Print)

Address: \_\_\_\_\_

My signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

┌ \_\_\_\_\_ ┐  
└ \_\_\_\_\_ ┘

Questions? Ask your Worker.

On \_\_\_\_\_, your claim under the CCWRO v. Anderson lawsuit was denied.

Here's why:

- This is the wrong County. We sent your claim to \_\_\_\_\_ County. You will get another notice from them.
- This is the wrong County. You must send your claim to the right County by April 14, 1995.

From July 1, 1985 through September 30, 1990:

- You were not in GAIN in this County.
- You did not miss your appointment to discuss a problem with your participation in GAIN.
- We did not lower your cash aid.
- We did not lower your cash aid because of your GAIN participation problem, but because of \_\_\_\_\_.
- Your claim was received after April 14, 1995.
- You did not give us the additional facts/documents we asked for on \_\_\_\_\_. See attached notice.
- Other:

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-025, CCWRO v. Anderson.

### YOUR GAIN HEARING RIGHTS

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### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

- GAIN Status     GAIN Activity     GAIN Supportive Services
- Other (list) \_\_\_\_\_

Here's why:

\_\_\_\_\_

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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: \_\_\_\_\_ (Print)

Address: \_\_\_\_\_

My signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

CCWRO V. ANDERSON

NOTICES AND OTHER FORMS

1. TEMP GAIN 86 (11/94) Informing Notice
2. GAIN 105 (11/94), Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment
3. GEN 1172 (5/93) Court Case: CCWRO v. Anderson

COALITION OF CALIFORNIA WELFARE RIGHTS ORGANIZATIONS (CCWRO) V. ANDERSON

WELFARE MAY OWE YOU MONEY!

GAIN must send you a notice for an appointment to discuss a problem with your participation in GAIN. If you miss that appointment, GAIN must send you a notice for a conciliation appointment before your cash aid can be lowered because of your participation problem.

At any time from July 1, 1985 through September 30, 1990: YES NO

- 1. Were you in the GAIN Program?
2. Did GAIN send you a notice for an appointment to discuss a problem with your participation in GAIN?
3. Did you miss your appointment with GAIN to discuss your participation problem?
4. Was your cash aid lowered or stopped because of your GAIN participation problem?

If you answered YES to ALL four of these questions, Welfare may owe you money. Call and have a claim form mailed to you, or go to and pick up a claim form.

If your cash aid was lowered or stopped by more than one county, you need to send a claim form to each county.

YOU MUST FILE A CLAIM BY APRIL 14, 1995. IF IT IS LATE, YOUR CLAIM WILL BE DENIED.

Es posible que el departamento de bienestar le deba dinero, si del 1º de julio de 1985 al 30 de septiembre de 1990, usted no acudió a una cita con GAIN para discutir un problema sobre su participación, y se redujo su asistencia a causa de su problema con la participación. Para más información, llame al

Tiene que presentar el reclamo a más tardar el 14 de abril de 1995. Si llega tarde, se negará su reclamo.

ចាប់ពីថ្ងៃទី 1 ខែកក្កដាឆ្នាំ 1985 រហូតទៅដល់ថ្ងៃទី 30 ខែកញ្ញាឆ្នាំ 1990 បើសិនជាលោកអ្នកមិនបានទៅចូលរួមជាមួយការណាត់ជួបនៃកម្មវិធី GAIN ដើម្បីពិភាក្សា បញ្ហានៃការចូលរួមរបស់លោកអ្នក ហើយប្រាក់ជំនួយរបស់លោកអ្នកត្រូវបានបន្ថយដោយសារតែបញ្ហានៃការចូលរួមរបស់លោកអ្នក ក្រសួងសុខុមាលភាព(វិលវ្យែរ) អាចជំពាក់ប្រាក់លោកអ្នក ។ សូមទូរស័ព្ទទៅលេខ ដើម្បីទទួលព័ត៌មានបន្ថែម ។

លោកអ្នកត្រូវដាក់ពាក្យតាមទម្រង់ដោយមិនឱ្យយូរជាងថ្ងៃទី 14 ខែមេសា ឆ្នាំ 1995 ។ បើសិនជាយើងឃើញ ពាក្យតាមទម្រង់របស់លោកអ្នកនឹងត្រូវបានបដិសេធ ។

ตั้งแต่วันที่ 1 เดือนกรกฎาคม 1985 ถึงวันที่ 30 เดือนกันยายน 1990, ถ้าว่าท่านไม่ได้ไปตามนัดหมายที่ GAIN ได้นัดให้ เพื่อสนทนากับงาน เข้าร่วมของ ท่าน, และเงินช่วยเหลือของท่านถูกตัดลดลง ย่อมเป็นเพราะการร่วมของ ท่านนั้น, ของงานสิ่งเฉพาะทางที่ติดขัดงาน. จึงขอทราบชื่อของท่าน เพื่อติดต่อขอความช่วยเหลือ.

ທ່ານຕ້ອງປະກອບສໍາຮອງທວງເອົາເງິນນີ້ ປໍ່ໃຫ້ກ່າຍວັນທີ 14 ເດືອນເມສາ 1995. ຖ້າວ່າສໍາຮອງນີ້ຖືກສົ່ງມາຊ້າ, ການທວງຂອງທ່ານຈະຖືກປະຕິດເສດ.

自1985年7月1日至1990年9月30日, 假如你不出席 GAIN 的约见来讨论你的参加问题, 并且你的现金补助因你的参加问题而有所削减的话, 福利所可能欠你钱. 请打电话 以取得更多的情况.

你必须要在 1995年4月14日以前提出请求. 假如你迟提出的话, 你的请求会被拒绝接受.

Trong khoảng từ ngày 1 tháng 7 năm 1985 đến ngày 30 tháng 9 năm 1990, nếu quý vị đã không đến dự buổi hẹn gặp của Chương Trình GAIN để thảo luận về một vấn đề trở ngại trong việc tham gia của quý vị, và trợ cấp tiền mặt của quý vị đã bị giảm xuống bởi vì vấn đề tham gia của quý vị, Ty Xã Hội có thể còn thiếu quý vị tiền. Xin gọi cho để biết thêm các sự kiện.

Quý vị cần phải nộp một đơn xin trước ngày 14 tháng 4 năm 1995. Nếu nộp trễ sau ngày này, đơn của quý vị sẽ bị bác không xét.

**AGREEMENT TO BALANCE GAIN SUPPORTIVE SERVICES  
OVERPAYMENT WITH CHILD CARE/AFDC CORRECTIVE UNDERPAYMENT**

COUNTY OF: \_\_\_\_\_

ADDRESSEE

CASE NUMBER:
WORKER:
DATE:

**A. BALANCING OVERPAYMENT WITH BACK PAYMENT:**

1. You have a back payment in  child care  AFDC of \$\_\_\_\_\_ because of \_\_\_\_\_.
2. We told you on \_\_\_\_\_ that you must pay the extra money we gave you for  transportation  ancillary expenses. You still owe us \$\_\_\_\_\_.
3. Your back payment in  child care  AFDC can be used to pay your overpayment in GAIN. Complete Part B of this form and get it to us by \_\_\_\_\_ to tell us whether you want to repay what you owe with your back payment.

If you do not repay the overpayment, the County can sue you to recover the amount you owe. If the County sues you, you may have to pay collection costs, attorney fees, court costs and interest.

Mall this form to:

**B. TO BE COMPLETED BY THE ADDRESSEE.**

I AGREE to use the money from my child care/AFDC back payment to repay what I owe GAIN in  transportation  ancillary or  child care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

After we receive this form, we will send you any remaining amount of the back payment or we will send you a notice telling you the remaining balance that you owe us.

I DO NOT AGREE to use the money from my child care/AFDC back payment to repay what I owe GAIN in  transportation  ancillary or  child care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

After we receive this form, we will send you the back payment.

**C. TO BE COMPLETED BY THE COUNTY**

The above signed agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_ County.

Signature \_\_\_\_\_ Date \_\_\_\_\_

