

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. 94-110

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY GAIN COORDINATORS

SUBJECT: YSLAS V. ANDERSON LAWSUIT

REFERENCES: ALL-COUNTY LETTER (ACL) NO. 90-70, 91-05, AND 93-63

On December 21, 1990, the Yslas v. Anderson lawsuit was filed with the Sacramento County Superior Court. The lawsuit challenged the California Department of Social Services' (CDSS) policy of allowing county welfare departments (CWDs) to deny, reduce or stop payments for Greater Avenues for Independence (GAIN) program supportive services because participants received an educational loan or grant. On March 30, 1994, the Sacramento County Superior Court signed the Settlement and Consent Decree. Under the terms of the settlement, plaintiffs and CDSS agreed that All-County Letter (ACL) Nos. 90-70 and 91-05 accurately state the correct policy for CWDs to follow concerning the treatment of financial aid: CWDs shall obtain the prior, voluntary agreement of the GAIN participant before using student financial aid to deny, reduce or stop GAIN supportive services payments. In addition, the settlement specifies that GAIN participants whose supportive services payments were denied, reduced or stopped, due to the receipt of financial aid between October 18, 1987 and September 1, 1993, are entitled to retroactive benefits.

The purpose of this ACL is to assist in implementation of the retroactive portion of the Yslas v. Anderson lawsuit. The retroactive period specified in the Yslas Settlement is from October 19, 1987 through August 31, 1993. 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, CWDs are to follow the enclosed draft of the proposed emergency regulations. CWDs will receive an adopted copy of the Yslas emergency regulations, approved by the State Office of Administrative Law, as soon as it is available.

The Yslas Settlement identifies three categories of current or former GAIN participants as Yslas eligible claimants:

- Category 1 Participants whose supportive services payments were reduced or denied during the retroactive period because of an educational loan;
- Category 2 Participants who signed a promissory note to repay the county for supportive services payments received during the retroactive period pending receipt of an educational grant or loan;
- Category 3 Participants whose supportive services payments were reduced or denied during the retroactive period because of an educational grant he or she received to attend an educational or vocational training program, unless he or she agrees the funds were actually available for those supportive services.

#### Included CWDs

The Yslas settlement requires all CWDs to fully implement the lawsuit. No CWDs are excluded from implementation of Yslas.

#### Forms and Notices

This letter provides CWDs with specific instructions and materials necessary to implement the Yslas settlement. Enclosed are the following materials:

- o A draft of the proposed emergency regulations to be used to prepare for implementation.
- o A reproducible copy of the TEMP GAIN 84 (11/94), Informing Notice in English with bullets in Spanish, Vietnamese, Laotian, Chinese and Cambodian languages. A camera-ready copy of the TEMP GAIN 84 was sent to each CWD via an All-County GAIN Coordinators Letter dated November 8, 1994.
- o A reproducible copy of the TEMP GAIN 85 (1/95), Claim Form in English.
- o Copies of Notice of Action (NOA) messages with instructions in English.
- o Reproducible copies of NOA forms in English.

- o Reproducible copies of the GAIN 105 (11/94) Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment and GAIN 106 (11/94) Agreement to Balance Child Care/AFDC Overpayment with GAIN Supportive Services Corrective Underpayment forms in English.
- o A reproducible copy of the GEN 1172 (5/93), Court Case: Yslas v. Anderson-Report A, that CWDs shall use to report claim processing statistical data.
- o A revised reproducible copy of the GEN 1172 (5/93), Court Case: Yslas v. Anderson-Report B, that CWDs shall use to report their use of the TEMP GAIN 56A.

Camera-ready copies in English of the forms listed above may be obtained from the Forms Management Unit at (916) 657-1984.

Copies of the TEMP GAIN 85 (1/95) Claim Form, GAIN 105 (11/94) Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment, GAIN 106 (11/94) Agreement to Balance Child Care/AFDC Overpayment with GAIN Supportive Services Corrective Underpayment, and NOA forms translated into Spanish and the four standard Asian languages will be sent to county forms coordinators by the Languages 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

CWDs shall notify Category 1 and 3 eligible claimants by January 5, 1995, using one of the following methods:

- a. CWDs shall mail a TEMP GAIN 84 (Informing Notice) to all current AFDC recipients, by means of a CA 7 stuffer or similar mailing; or
- b. CWDs shall mail a TEMP GAIN 84 (Informing Notice) to all individuals who were GAIN participants between October 18, 1987 and September 1, 1993.

CWDs that mail informing notices to all individuals who were GAIN participants during the retroactive period shall maintain a record of all individuals to whom notices were mailed for three years after the final claim for Federal reimbursement is submitted by CDSS.

On the TEMP GAIN 84 (Informing Notice), CWDs shall specify the county office and phone number that potential claimants are to contact or call to obtain a TEMP GAIN 85 (Claim Form). In addition, CWDs may develop county-specific forms or stuffers using the exact language on the TEMP GAIN 84 (Informing Notice).

CDSS will furnish the TEMP GAIN 88 (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 outlets from January 15, 1995 through April 14, 1995. In addition, before January 5, 1995, CWDs shall provide posters to public and private colleges which are known to the CWDs to have enrolled current or former GAIN participants. CDSS will distribute posters to any legal aid and welfare rights organizations selected by plaintiffs' counsel and provide a public service announcement broadcast to inform the public of the opportunity to claim corrective underpayments.

#### Claims Processing

CWDs shall include, on the TEMP GAIN 85 (Claim Form), the address where potential Category 1 and 3 eligible claimants may file their claims with the county. CWDs shall provide a receipt to claimants who submit their claims in person, per Welfare and Institutions Code Section 11023.5.

The Yslas 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 timeframe for processing such claims shall begin on January 15, 1995.

If a CWD receiving a claim form determines it is not the responsible CWD, it shall issue NOA M50-024D (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 M50-024D within 30 days after receipt of the claim.

The responsible CWD shall complete processing the TEMP GAIN 85 (Claim Form) and pay or deny each claim within 60 days following receipt of a complete claim, as specified in Section 50-024.51. If the claimant does not qualify as an eligible claimant, the CWD shall issue NOA M50-024D (Deny Claim). If the claimant qualifies as an eligible claimant, the CWD shall issue NOA M50-024A (Approve Claim) and issue the corrective underpayment check.

If the responsible CWD needs additional information or clarification to complete processing a claim, the CWD shall issue NOA M50-024B (Request Claim Information) within 30 days after the date of 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 M50-024As, M50-024Bs, M50-024Cs and M50-024Ds. CWDs that are unable to preprint the GAIN 50 on the back of the NOAs shall attach the GAIN 50 to the NOAs.

#### Case Review - Category 2 Eligible Claimants

CWDs shall identify all Category 2 eligible claimants and complete the case review as specified in Section 50-024.6 of the Yslas regulations. CWDs shall NOT require Category 2 eligible claimants to file claim forms. This case review process does not apply to Category 1 and 3 eligible claimants, who will be mailed informing notices and file claim forms as previously noted.

If the information in the case file of a Category 2 eligible claimant is sufficient to complete the review, the CWD shall calculate the corrective underpayment as the amount paid for supportive services by the participant to the CWD under the promissory note. The CWD shall cancel any balance due on the promissory note and issue NOA M50-024A (Approve Claim) with the corrective underpayment check, before April 15, 1995.

If the information in the case file is insufficient to complete the case review, the CWD shall issue NOA M50-024C (Request Case Information) before February 14, 1994 to request the needed information. The CWD shall complete the case file review and issue the corrective underpayment within 60 days after receiving the needed information from the participant.

#### Computation of Interest

CWDs shall compute and pay interest to eligible claimants who are not on aid at the time payment is authorized. "Aid" is defined in Manual of Policies and Procedures (MPP) Section 50 024.2(a) of the draft emergency regulations as "any financial assistance provided to or on behalf of a needy person." CWDs shall follow the procedures for computing the interest specified in Section 50-024.74 of the draft emergency regulations.

Balancing Corrective Underpayments and Overpayments

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

CWDs shall balance an outstanding child care overpayment with a corrective underpayment for child care, and shall balance transportation or ancillary overpayments with corrective underpayments for transportation or ancillary expenses, in accordance with Section 42-751.4.

CWDs shall attempt to obtain the written agreement of the eligible claimant to balance corrective underpayments and overpayments in the following instances:

- (1) A transportation or ancillary corrective underpayment with a child care overpayment.
- (2) A child care corrective underpayment with a transportation or ancillary services overpayment.
- (3) A corrective underpayment with an AFDC cash aid overpayment.

In order to obtain the written agreement of the eligible claimant, CWDs shall attach the GAIN 105 (11/94), Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment, or the GAIN 106 (11/94), Agreement to Balance Child Care/AFDC Overpayment with GAIN Supportive Services Underpayment, to the NOA 50-024A, as appropriate. CWDs shall only balance these corrective underpayments and overpayments, if the eligible claimant returns the GAIN 105 or GAIN 106 to the CWD before the deadline specified on the NOA M50-024A and agrees to the balancing. If the eligible claimant does not agree to the balancing or fails to return the GAIN 105 or GAIN 106 by the specified deadline, the CWD shall send the corrective underpayment, in full, to the eligible claimant.

Reproducible copies of the GAIN 105 and GAIN 106 are enclosed, and CWDs may use them as appropriate for any subsequent balancing of overpayments and corrective underpayments.

Statistical Reporting

CWDs shall submit claims processing statistical data on the GEN 1172 Yslas-Report A to the Information Services Bureau no later than June 15, 1995. CWDs shall report data on the disposition of all claims submitted during the claim period, from January 15, 1995 through April 14, 1995.

CWDs shall submit data on their use of the TEMP GAIN 56A on the GEN 1172 Yslas-Report B to the Information Services Bureau on a quarterly basis, according to the schedule contained in the draft emergency regulations. The GEN 1172 Yslas-Report B was transmitted to CWDs via an All-County GAIN Coordinators Letter dated June 15, 1994. A revised copy of the GEN 1172 Yslas-Report B is attached to this ACL and should be used by the CWDs instead of the earlier version. In the revised version, the reporting period has been left blank, and CWDs shall indicate the applicable report quarter by circling the corresponding report number on the form.

Fiscal Claiming

Detailed claiming instructions for the retroactive portion of the Yslas 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.

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



MICHAEL C. GENEST  
Deputy Director  
Welfare Programs Division

Enclosures

c: CWDA

YSLAS V. ANDERSON

DRAFT EMERGENCY REGULATIONS

HANDBOOK BEGINS HERE

.1 Background

On December 21, 1990, the Yslas v. Anderson Lawsuit was filed with the Sacramento County Superior Court. This lawsuit challenged the California Department of Social Services' (CDSS) policy of allowing county welfare departments (CWDs) to deny, reduce or stop payments for Greater Avenues for Independence (GAIN) Program supportive services because participants received an educational loan or grant. On March 30, 1994, the Sacramento County Superior Court signed the Settlement and Consent Decree. Under the terms of the Yslas v. Anderson Settlement and Consent Decree, plaintiffs and CDSS agreed that the following is the correct policy for CWDs to follow concerning the treatment of financial aid: CWDs shall obtain the prior, voluntary agreement of the GAIN participant before using student financial aid to deny, reduce or stop GAIN supportive services payments. In addition, the Yslas v. Anderson Settlement and Consent Decree specifies that GAIN participants whose supportive services payments were denied, reduced or stopped, due to the receipt of financial aid from October 19, 1987 through August 31, 1993, are entitled to retroactive benefits.

HANDBOOK ENDS HERE

.2 Definitions

For the purpose of these regulations:

- a. (Reserved)
- b. (Reserved)
- c. (1) "Category 1 eligible claimant" means any current or former GAIN participant whose supportive services payments were reduced or denied during the retroactive period because of an educational loan.
- (2) "Category 2 eligible claimant" means any current or former GAIN participant who signed a promissory note to repay the county for supportive services payments received during the retroactive period pending receipt of an educational grant or educational loan.
- (3) "Category 3 eligible claimant" means any current or former GAIN participant whose supportive services payments were reduced or denied during the retroactive period because of an educational grant he or she received to attend an educational or vocational training program, unless he or she agrees the funds were actually available for those supportive services.

# DRAFT

- (4) "Claim period" means the period from January 15, 1995 through April 14, 1995 during which a potentially eligible claimant may file a claim under the Yslas v. Anderson Settlement.
- (5) "Corrective underpayment" means the retroactive payment of supportive services inappropriately withheld from an eligible claimant because of receipt or pending receipt of an educational loan or grant.
- (6) "CWD" means County Welfare Department.
- d. (Reserved)
- 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 (5/93) Court Case: Yslas v. Anderson - Report A" means the form used by CWDs to report statistical data regarding the claims filed and paid under this lawsuit.
- (2) "GEN 1172 (5/93) Court Case: Yslas v. Anderson - Report B" means the form used by CWDs to report data regarding their use of the TEMP GAIN 56A (Student Financial Aid, GAIN Supportive Services) form, as required by the Yslas v. Anderson Settlement and Consent Decree.
- h. - m. (Reserved)
- n. (1) "NOA" means a notice of action that is considered to be adequate within the meaning of Section 22-021.
- o. - q. (Reserved)
- r. (1) "Responsible CWD" means the county welfare department GAIN office that took an action on which an eligible claimant's claim is based.
- (2) "Retroactive period" means the period from October 19, 1987 through August 31, 1993.
- s. (Reserved)
- t. (1) "TEMP GAIN 84 (9/94), Informing Notice" means the document mailed by the CWD to inform potential claimants of possible corrective underpayments resulting from the Yslas v. Anderson Settlement and Consent Decree.

# DRAFT

- (2) "TEMP GAIN 85 (11/94), Claim Form" means the document used by claimants to file a claim based on the Yslas v. Anderson Settlement and Consent Decree.
- (3) "TEMP GAIN 88 (11/94), Informing Poster" means the document that is posted to notify potential claimants of possible corrective underpayments resulting from the Yslas v. Anderson Settlement and Consent Decree.

u. - z.      (Reserved)

## .3 Informing Eligible Claimants

### HANDBOOK BEGINS HERE

#### .31 CDSS responsibilities. CDSS shall:

- .311 Print the TEMP GAIN 88 (Informing Poster) in English with bullets in the five standard languages.
- .312 Provide CWDs with:
  - (a) A reproducible copy of the TEMP GAIN 84 (Informing Notice) in English with bullets in the five standard languages.
  - (b) Reproducible copies of the TEMP GAIN 85 (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 88 (Informing Poster) with bullets in the five standard languages.
- .313 Mail copies of the TEMP GAIN 88 (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 400.
- .314 Provide a public service announcement, to be broadcast at no charge to CDSS, informing the public of the opportunity to claim corrective underpayments.

### HANDBOOK ENDS HERE

#### .32 Included CWDs.

- .321 All CWDs shall fully implement the provisions of Section 50-024.
  - (a) No CWDs are excluded from implementation of the Settlement and Consent Decree.

# DRAFT

.33 CWD responsibilities. CWDs shall:

.331 Reproduce an adequate supply of the TEMP GAIN 84 (Informing Notice) in English with bullets in the five standard languages.

(a) On the TEMP GAIN 84 (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 85 (Claim Form).

.332 Notify potentially eligible claimants by January 5, 1995 using one of the following methods:

(a) CWDs shall mail a TEMP GAIN 84 (Informing Notice) to all current AFDC recipients, by means of a CA 7 stuffer or similar mailing, or

(b) CWDs shall mail a TEMP GAIN 84 (Informing Notice) to all individuals who were GAIN participants from October 19, 1987 through August 31, 1993.

(1) CWDs shall maintain a record of all former GAIN participants to whom notices were mailed.

.333 Place TEMP GAIN 88 (Informing Poster) in conspicuous locations in all CWD offices, GAIN offices and Food Stamp issuance offices on the first day of the claim period.

(a) The TEMP GAIN 88 (Informing Poster) shall be displayed from January 15, 1995 until the close of business April 14, 1995.

(b) On the TEMP GAIN 88 (Informing Poster), CWDs shall specify the county office address and phone number that potential claimants are to contact to obtain a TEMP GAIN 85 (Claim Form).

.334 Provide TEMP GAIN 88 (Informing Poster) to all public and private colleges, which are known to CWDs to have enrolled current or former GAIN participants, by January 5, 1995.

(a) On the TEMP GAIN 88 (Informing Poster), CWDs shall specify the county office address and phone number that potential claimants are to contact to obtain a TEMP GAIN 85 (Claim Form).

HANDBOOK BEGINS HERE

(b) CDSS and/or CWDs cannot require public or private educational institutions to display the TEMP GAIN 88 (Informing Poster).

HANDBOOK ENDS HERE

- .335 Reproduce an adequate supply of the TEMP GAIN 85 (Claim Form) in English and the five standard languages.
- .336 Mail a TEMP GAIN 85 (Claim Form) within five working days following a request by anyone who calls the phone number specified on the TEMP GAIN 84 (Informing Notice) and TEMP GAIN 88 (Informing Poster).
- .337 Give a TEMP GAIN 85 (Claim Form), immediately upon request during normal business hours, to anyone who goes to the office specified on the TEMP GAIN 84 (Informing Notice) and the TEMP GAIN 88 (Informing Poster) and requests a claim form.
  - (a) CWDs shall maintain an adequate supply of the TEMP GAIN 85 (Claim Form) on hand for distribution to potential claimants.
- .338 Specify on the TEMP GAIN 85 (Claim Form) the address where claimants are to return the completed claim form.

#### .4 Application for Corrective Underpayment

- .41 Potential Category 1 and Category 3 eligible claimants shall:
  - .411 Complete and sign, under the penalty of perjury, a TEMP GAIN 85 (Claim Form).
  - .412 Submit the TEMP GAIN 85 (Claim Form) on or before the end of the claim period to the responsible CWD.
    - (a) If mailed, 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 85 (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 CWD responsibilities. CWDs shall:
  - .421 Stamp the TEMP GAIN 85 (Claim Form) with the date it was 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 85 (Claim Form).
  - .422 Notwithstanding the date specified in .421 above, process all claim forms postmarked on or before April 14, 1995.

# DRAFT

- .423 If the TEMP GAIN 85 (Claim Form) is postmarked after April 14, 1995, issue NOA M50-024D (Deny Claim) within 30 days following the date of receipt of the claim.
- (a) The CWD shall retain envelopes postmarked after April 14, 1995 to verify the date the claim was submitted.
- .424 Retain all records which contain documents relevant to the Yslas v. Anderson 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 the Yslas v. Anderson Lawsuit.
- .425 Determine the responsible CWD.
- (a) If the CWD receiving the TEMP GAIN 85 (Claim Form) determines that it is the responsible CWD, the CWD shall process the TEMP GAIN 85 (Claim Form) in accordance with Section 50-024.5.
- (1) "Responsible CWD" is defined in Section 50-024.2r.(1).
- (b) If the CWD receiving the TEMP GAIN 85 (Claim Form) determines that it is not the responsible CWD, the receiving CWD shall issue NOA M50-024D (Deny Claim) and forward the TEMP GAIN 85 (Claim Form) to the responsible CWD within 30 days from receipt of the claim.
- (1) The receiving CWD shall inform the claimant on NOA M50-024D (Deny Claim) that the TEMP GAIN 85 (Claim Form) has been forwarded to the responsible CWD for processing.
- (2) The responsible CWD shall process the claim in accordance with Section 50-024.5.
- (A) Notwithstanding Section 50-024.423, responsible CWDs shall process all claims that are forwarded from a receiving CWD, even if the claims are received from the receiving CWD after the end of the claim period.
- (3) If the responsible CWD cannot be determined, the receiving CWD shall issue NOA M50-024D (Deny Claim) within 30 days following receipt of the claim.

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

.5 Processing Claim Forms

.51 For Category 1 and 3 eligible claimants, the responsible CWD shall review each TEMP GAIN 85 (Claim Form) for completeness. The TEMP GAIN 85 (Claim Form) shall be considered complete when the following information is provided by the claimant:

.511 Answers to the qualifying eligible claimant questions on the TEMP GAIN 85 (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 County or counties of residence during retroactive period.

.516 Claimant's current mailing address.

.517 Claimant's signature.

.518 The following information shall be provided by the claimant on the TEMP GAIN 85 (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.

(d) The name of the school or educational program.

.52 If the claim is complete, as specified in Section 50-024.51, and the claimant meets the definition of a Category 1 or 3 eligible claimant, as specified in Section 50-024.2(c), the CWD shall complete processing the claim within 60 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 50-024.7 and issue a check with NOA M50-024A (Approve Claim) within the 60-day time frame specified above.

(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 The corrective underpayment shall be equal to the amount of supportive services payments that were reduced or denied because the claimant received an educational grant or loan, plus interest, as determined in accordance with Section 50-024.74.
- .523 In the absence of evidence to the contrary, CWDs 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.
- .524 The CWD shall verify documentation whenever authenticity is in doubt.
- .53 If the claimant is NOT an eligible claimant, the CWD shall issue NOA M50-024D (Deny Claim) within 60 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 M50-024B (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 60 days after receiving the additional information.
- .543 If the claimant meets the definition of a Category 1 or 3 eligible claimant, the CWD shall calculate the corrective underpayment, in accordance with Section 50-024.7, and issue a check with NOA M50-024A (Approve Claim) within the 60-day time frame specified in .542 above.
- .544 The CWD shall issue NOA M50-024D (Deny Claim) if the additional information does not establish the claimant as a Category 1 or 3 eligible claimant.
- .545 The CWD shall issue NOA M50-024D (Deny Claim) if the claimant does not respond within the time specified in .541 above.
- .6 Case Review - Category 2 Eligible Claimants
- .61 CWDs shall identify all Category 2 eligible claimants, as defined in Section 50-024.2(c)(2).
- .611 CWDs shall not require potential Category 2 eligible claimants to submit a claim form.
- .62 If the information in the case file is sufficient and the participant meets the definition of a Category 2 eligible claimant, the CWD shall complete the case review, calculate the corrective underpayment and issue the corrective underpayment check with NOA M50-024A (Approve Claim) before April 14, 1995.

# DRAFT

- .621 The corrective underpayment shall be equal to the amount paid by the Category 2 eligible claimant to the CWD under the promissory note for supportive services received during the retroactive period.
- .622 The CWD shall indicate on the NOA when the corrective underpayment check will be issued if the CWD is unable to issue the corrective underpayment check with the NOA.
- .623 In the absence of evidence to the contrary, CWDs shall accept self-certification from the eligible claimant, signed under the penalty of perjury, to satisfy documentary requirements in the event such documentation is not available.
- .624 CWDs shall include interest, as specified in Section 50-024.7, in the calculation of corrective underpayments for eligible claimants not on aid at the time payment is authorized.
- .63 CWDs shall cancel the balance due on all promissory notes issued because a GAIN participant received an educational loan or grant.
- .64 If the information in the case file is not sufficient to complete the review and calculate the corrective underpayment, the CWD shall issue NOA M50-024C (Request Case Information) before February 14, 1995 to request the needed information.
- .641 The CWD shall indicate on the NOA that participants shall have 30 days from the date of the NOA or until the end of the claim period, whichever is longer, to submit the needed information.
- .642 The CWD shall complete the case file review and issue any corrective underpayment with NOA M50-024A (Approve Claim) within 60 days following receipt of the needed information from the participant.
- .643 If the participant does not submit the needed information before the deadline specified on the NOA, the CWD shall discontinue its review of the case file and shall not make any corrective underpayments to the participant.
- (a) The CWD shall note in the case file the reason why the review was discontinued.

## .7 Computation of Corrective Underpayments

- .71 There is no minimum amount an eligible claimant may receive as a corrective underpayment.
- .72 The claimant shall not be entitled to corrective underpayments for any portion of his/her supportive services payments that were previously repaid under another lawsuit.

- .73 CWDs shall balance a corrective underpayment against an outstanding overpayment as follows:
- .731 CWDs shall balance corrective underpayments for child care services with outstanding child care overpayments as specified in Section 42-751.4.
- .732 CWDs shall balance corrective underpayments for transportation or ancillary services with outstanding transportation or ancillary services overpayments as specified in Section 42-751.4.
- .733 CWDs shall attempt to obtain the written agreement of the eligible claimant to balance a corrective underpayment and outstanding overpayment in the following instances:
- (a) A transportation or ancillary services corrective underpayment with a child care overpayment.
  - (b) A child care corrective underpayment with a transportation or ancillary services overpayment.
  - (c) A child care, transportation, or ancillary services corrective underpayment with an AFDC cash aid overpayment.
- .74 CWDs shall pay interest to those eligible claimants who are not on aid at the time payment is authorized. To pay interest, CWDs shall:
- .741 Begin interest in the month subsequent to the last month of the supportive services payment reduction or denial or the last month when payment for a promissory note was received.
- .742 Determine the month in which payment is authorized.
- .743 To determine the appropriate interest amount and corrective underpayment:
- (a) determine the Initial Interest Month (the month following the last month of the supportive services reduction or denial or the last month when payment for a promissory note was received),
  - (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 Yslas v. Anderson Corrective Underpayments" (see handbook Section 50-024.745) where the Initial Interest Month and Payment Authorization Month dates meet,
  - (d) multiply the amount of supportive services reduced or denied by the interest percentage factor, and

- (e) add the amount of supportive services reduced or denied to the interest to be paid to determine the corrective underpayment.

HANDBOOK BEGINS HERE

.744 EXAMPLE: A CWD determines that an eligible claimant who is no longer on aid had her child care reduced \$300.00 from January 1, 1988 through April 30, 1988 because she received an educational loan.

To Calculate the Corrective Underpayment:

<u>(a)</u>	<u>Initial Interest Month - May 1988</u>	
<u>(b)</u>	<u>Payment Authorization Month - January 1995</u>	
	<u>Amount of Supportive Services</u>	<u>\$300.00</u>
	<u>Reduced or Denied</u>	
<u>(c)</u>	<u>Interest Percentage Factor</u>	<u>X .4975</u>
<u>(d)</u>	<u>Interest To Be Paid</u>	<u>+\$149.25</u>
<u>(e)</u>	<u>Corrective Underpayment</u>	<u>\$449.25</u>

.745 Interest Chart for Yslas v. Anderson 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>
<u>Oct-87</u>	<u>.5383</u>	<u>.5467</u>	<u>.5550</u>	<u>.5633</u>	<u>.5717</u>	<u>.5800</u>
<u>Nov-87</u>	<u>.5325</u>	<u>.5409</u>	<u>.5492</u>	<u>.5575</u>	<u>.5659</u>	<u>.5742</u>
<u>Dec-87</u>	<u>.5266</u>	<u>.5350</u>	<u>.5433</u>	<u>.5516</u>	<u>.5600</u>	<u>.5683</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>
<u>Jan-88</u>	<u>.5208</u>	<u>.5292</u>	<u>.5375</u>	<u>.5458</u>	<u>.5542</u>	<u>.5625</u>
<u>Feb-88</u>	<u>.5150</u>	<u>.5234</u>	<u>.5317</u>	<u>.5400</u>	<u>.5484</u>	<u>.5567</u>
<u>Mar-88</u>	<u>.5091</u>	<u>.5175</u>	<u>.5258</u>	<u>.5341</u>	<u>.5425</u>	<u>.5508</u>
<u>Apr-88</u>	<u>.5033</u>	<u>.5117</u>	<u>.5200</u>	<u>.5283</u>	<u>.5367</u>	<u>.5450</u>
<u>May-88</u>	<u>.4975</u>	<u>.5059</u>	<u>.5142</u>	<u>.5225</u>	<u>.5309</u>	<u>.5392</u>
<u>Jun-88</u>	<u>.4916</u>	<u>.5000</u>	<u>.5083</u>	<u>.5166</u>	<u>.5250</u>	<u>.5333</u>
<u>Jul-88</u>	<u>.4858</u>	<u>.4942</u>	<u>.5025</u>	<u>.5108</u>	<u>.5192</u>	<u>.5275</u>
<u>Aug-88</u>	<u>.4800</u>	<u>.4884</u>	<u>.4967</u>	<u>.5050</u>	<u>.5134</u>	<u>.5217</u>

# 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>
<u>Sep-88</u>	.4741	.4825	.4908	.4991	.5075	.5158
<u>Oct-88</u>	.4683	.4767	.4850	.4933	.5017	.5100
<u>Nov-88</u>	.4625	.4709	.4792	.4875	.4959	.5042
<u>Dec-88</u>	.4566	.4650	.4733	.4816	.4900	.4983

	<u>Jan-95</u>	<u>Feb-95</u>	<u>Mar-95</u>	<u>Apr-95</u>	<u>May-95</u>	<u>Jun-95</u>
<u>Jan-89</u>	.4508	.4592	.4675	.4758	.4842	.4925
<u>Feb-89</u>	.4450	.4534	.4617	.4700	.4784	.4867
<u>Mar-89</u>	.4391	.4475	.4558	.4641	.4725	.4808
<u>Apr-89</u>	.4333	.4417	.4500	.4583	.4667	.4750
<u>May-89</u>	.4275	.4359	.4442	.4525	.4609	.4692
<u>Jun-89</u>	.4216	.4300	.4383	.4466	.4550	.4633
<u>Jul-89</u>	.4158	.4242	.4325	.4408	.4492	.4575
<u>Aug-89</u>	.4100	.4184	.4267	.4350	.4434	.4517
<u>Sep-89</u>	.4041	.4125	.4208	.4291	.4375	.4458
<u>Oct-89</u>	.3983	.4067	.4150	.4233	.4317	.4400
<u>Nov-89</u>	.3925	.4009	.4092	.4175	.4259	.4342
<u>Dec-89</u>	.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>
<u>Jan-90</u>	.3808	.3892	.3975	.4058	.4142	.4225
<u>Feb-90</u>	.3750	.3834	.3917	.4000	.4084	.4167
<u>Mar-90</u>	.3691	.3775	.3858	.3941	.4025	.4108
<u>Apr-90</u>	.3633	.3717	.3800	.3883	.3967	.4050
<u>May-90</u>	.3575	.3659	.3742	.3825	.3909	.3992
<u>Jun-90</u>	.3516	.3600	.3683	.3766	.3850	.3933
<u>Jul-90</u>	.3458	.3542	.3625	.3708	.3792	.3875

# 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>
Aug-90	.3400	.3484	.3567	.3650	.3734	.3817
Sep-90	.3341	.3425	.3508	.3591	.3675	.3758
Oct-90	.3283	.3367	.3450	.3533	.3617	.3700
Nov-90	.3225	.3309	.3392	.3475	.3559	.3642
Dec-90	.3166	.3250	.3333	.3416	.3500	.3583

	<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-91	.3108	.3192	.3275	.3358	.3442	.3525
Feb-91	.3050	.3134	.3217	.3300	.3384	.3467
Mar-91	.2991	.3075	.3158	.3241	.3325	.3408
Apr-91	.2933	.3017	.3100	.3183	.3267	.3350
May-91	.2875	.2959	.3042	.3125	.3209	.3292
Jun-91	.2816	.2900	.2983	.3066	.3150	.3233
Jul-91	.2758	.2842	.2925	.3008	.3092	.3175
Aug-91	.2700	.2784	.2867	.2950	.3034	.3117
Sep-91	.2641	.2725	.2808	.2891	.2975	.3058
Oct-91	.2583	.2667	.2750	.2833	.2917	.3000
Nov-91	.2525	.2609	.2692	.2775	.2859	.2942
Dec-91	.2466	.2550	.2633	.2716	.2800	.2883

	<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-92	.2408	.2492	.2575	.2658	.2742	.2825
Feb-92	.2350	.2434	.2517	.2600	.2684	.2767
Mar-92	.2291	.2375	.2458	.2541	.2625	.2708
Apr-92	.2233	.2317	.2400	.2483	.2567	.2650
May-92	.2175	.2259	.2342	.2425	.2509	.2592
Jun-92	.2116	.2200	.2283	.2366	.2450	.2533

	<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-92	.2058	.2142	.2225	.2308	.2392	.2475
Aug-92	.2000	.2084	.2167	.2250	.2334	.2417
Sep-92	.1941	.2025	.2108	.2191	.2275	.2358
Oct-92	.1883	.1967	.2050	.2133	.2217	.2300
Nov-92	.1825	.1909	.1992	.2075	.2159	.2242
Dec-92	.1766	.1850	.1933	.2016	.2100	.2183

	<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-93	.1708	.1792	.1875	.1958	.2042	.2125
Feb-93	.1650	.1734	.1817	.1900	.1984	.2067
Mar-93	.1591	.1675	.1758	.1841	.1925	.2008
Apr-93	.1533	.1617	.1700	.1783	.1867	.1950
May-93	.1475	.1559	.1642	.1725	.1809	.1892
Jun-93	.1416	.1500	.1583	.1666	.1750	.1833
Jul-93	.1358	.1442	.1525	.1608	.1692	.1775
Aug-93	.1300	.1384	.1467	.1550	.1634	.1717

HANDBOOK ENDS HERE

.75 For the purpose of determining continuing eligibility and the amount of assistance for the AFDC Program, CWDs shall not consider a corrective underpayment as income nor as a resource in the month paid nor in the following month.

.76 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.

.8 Statistical Reports

.81 CWDs shall submit the GEN 1172 (5/93) Court Case: Yslas v. Anderson-Report A no later than March 31, 1995 to the CDSS Statistical Services Bureau.

.82 CWDs shall report data on the disposition of all claims received during the claim period, from January 15, 1995 through April 14, 1995.

.83 The report specified in Section 50-024.82 above shall include:

.831 The total number of:

- (a) TEMP GAIN 85s (Claim Forms) mailed by CWD.
- (b) TEMP GAIN 85s (Claim Forms) handed out by CWD.
- (c) TEMP GAIN 85s (Claim Forms) 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 TEMP GAIN 85s (Claim Forms) received after the claim period.
  - (2) Not an eligible claimant.
  - (3) Claim sent to wrong CWD and receiving CWD was not able to determine the responsible CWD to which the TEMP GAIN 85 (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 50-024.51, 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 NOA.
  - (6) Other.

.832 Total dollar amount of corrective underpayments paid (including interest).

.833 Total dollar amount of overpayments offset with corrective underpayments.

.84 The CWDs shall report to the CDSS Statistical Services Bureau the number of GAIN participants who agree to use their student financial aid to pay for their supportive services, participants who do not agree to use their financial aid to pay for their supportive services, and participants who rescinded their previous agreement to use their financial aid to pay for their supportive services.

.841 CWDs shall submit the above data on the GEN 1172 (5/93) Yslas v. Anderson-Report B, on a quarterly basis from July 1, 1994 through June 30, 1996.

# DRAFT

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

Reference: Yslas v. Anderson, Sacramento County Superior Court, Case No. 365717, dated March 30, 1994; Yslas v. Anderson, Modification of Consent Decree, dated July 13, 1994; Yslas v. Anderson, Stipulation and Order, dated October 13, 1994; and Yslas v. Anderson, Order Approving Modification of Consent Decree, dated September 26, 1994.

YSLAS 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. M50-024A (1/95) Approve Claim
2. M50-024B (1/95) Request Claim Information
3. M50-024C (1/95) Request Case Information
4. M50-024D (1/95) Deny Claim

State of California  
Department of Social Services

Manual Msg. No.: 50-024A  
Action: Approve  
Reason: Yslas 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 : 50-024

MESSAGE:

Under the Yslas v. Anderson lawsuit:

- [ ] As of \_\_\_\_\_, we approved your claim for back payment for GAIN child care, transportation, or ancillary (books, equipment, uniforms, tools) services. Your back payment is \$\_\_\_\_\_.
- [ ] As of \_\_\_\_\_, we cancelled the note you signed promising to pay back the money GAIN gave you for child care, transportation, or ancillary (books, equipment, uniforms, tools) services until you got your student loan or grant. We are paying you back \$\_\_\_\_\_. This is the money you paid us on your note.
- [ ] As of \_\_\_\_\_, we cancelled the note you signed promising to pay back the money GAIN gave you for child care, transportation, or ancillary (books, equipment, uniforms, tools) services until you got your student loan or grant.

Here's why:

- [ ] GAIN should not have lowered or denied you GAIN child care, transportation or ancillary (books, equipment, uniforms, tools) payments because you got a student loan or grant.
- [ ] GAIN should not have made you sign a note to pay back the money GAIN gave you for the child care, transportation, or ancillary (books, equipment, uniforms, tools) payments you needed until you got your student loan or grant.

Your back payment for child care, transportation, or ancillary (books, equipment, uniforms, tools) services is figured on this notice.

- [ ] A check will be mailed to you by \_\_\_\_\_.
- [ ] A check is enclosed.
- [ ] You will not get a check because you did not make any payments on your note.
- [ ] GAIN told you on \_\_\_\_\_ that you must pay back the extra money you got for child care expenses. You still owe GAIN \$\_\_\_\_\_. Your Yslas back payment for child care expenses 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 back the extra money you got for  transportation  ancillary (books, equipment, uniforms, tools) expenses. You still owe GAIN \$\_\_\_\_\_. Your Yslas 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 back the extra money you got for child care expenses. You still owe GAIN \$\_\_\_\_\_. You may choose to repay what you owe with your Yslas back payment for  transportation  ancillary (books, equipment, uniforms, tools) expenses. 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 106) to tell us if you want to repay what you owe with your back payment.

GAIN told you on \_\_\_\_\_ that you must pay the extra money you got for  transportation  ancillary (books, equipment, uniforms, tools) expenses. You still owe GAIN \$\_\_\_\_\_. You may choose to repay what you owe with your Yslas back payment for child care expenses. 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.

AFDC told you on \_\_\_\_\_ that you must pay the extra money you got for cash aid. You still owe AFDC \$\_\_\_\_\_. You may choose to repay what you owe with your Yslas 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 106) 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 50-024, Yslas v. Anderson

M50-024A (1/95) Approve Claim

COMPUTATION PAGE (To be completed by the County)

BACK PAYMENT FOR GAIN SUPPORTIVE SERVICES

PROMISSORY NOTE:

Amount we gave you	\$	_____
Amount you paid us	-	_____
Remaining balance (amount cancelled)	= \$	_____

---

Amount you paid us	\$	_____
Interest Percentage Factor	X	_____
Interest to be Paid	= \$	_____

---

Amount you paid us	\$	_____
Interest to be Paid	+	_____
Back Payment	= \$	_____

---

SUPPORTIVE SERVICES PAYMENTS REDUCED OR DENIED:

Amount of supportive services payments we reduced or denied for:

Transportation	\$	_____
Ancillary (books, equipment, uniforms, tools)	+	_____
Child Care	+	_____
Subtotal Payments Reduced or Denied	= \$	_____

---

Subtotal Payments Reduced or Denied	\$	_____
Interest Percentage Factor	X	_____
Interest to be Paid	= \$	_____

---

Subtotal Payment Reduced or Denied	\$	_____
Interest to be Paid	+	_____
Back Payment	= \$	_____

---

OVERPAYMENT ADJUSTMENT

Back Payment	\$	_____
Child Care Overpayment Adjustment	-	_____
Transportation Overpayment Adjustment	-	_____
Ancillary Overpayment Adjustment	-	_____
Cash Aid Overpayment Adjustment	-	_____
Remaining Back Payment	= \$	_____

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

## INSTRUCTIONS for M50-024A Approve Claim

Use this message to approve claims for corrective underpayments from Category 1 and 3 eligible claimants and to approve cancellation of promissory notes and corrective underpayments for Category 2 eligible claimants.

Check the appropriate box and enter the determination date for the action taken on the case. If approving a claim, indicate the amount of back payment for supportive services. If cancelling a promissory note for which the participant has made repayments to GAIN, indicate the amount that is being paid back to the participant.

Under "Here's why:", indicate the reason why the claimant is eligible for retroactive benefits.

If no overpayment has been identified, indicate whether the back payment check is enclosed or the date by which it will be mailed.

If an overpayment has been identified, balance the overpayment with the Yslas corrective underpayment as follows:

- A. Determine whether the corrective underpayment is for child care, transportation, and/or ancillary services.
- B. Determine whether the overpayment is for child care, transportation, ancillary expenses or cash aid (AFDC).
- C. Check the appropriate box that applies to the type of corrective underpayment and overpayment that have been identified.
- D. The agreement of the claimant is not required to balance overpayments with Yslas corrective underpayments in the following situations:
  1. Child care overpayment with child care corrective underpayment
  2. Transportation and/or ancillary overpayment with transportation and/or ancillary corrective underpayment

For the above situations, complete the overpayment adjustment section on the computation page to determine the Remaining Back Payment. Attach a copy of the overpayment notice and place the amount in the appropriate blank to indicate the amount of the back payment check.

- E. The agreement of the claimant is required to balance overpayments with Yslas corrective underpayments in the following situations:
  1. Child care overpayment with transportation and/or ancillary corrective underpayment.

2. Transportation and/or ancillary overpayment with child care corrective underpayment.
  3. Cash aid (AFDC) overpayment with child care, transportation, and/or ancillary corrective underpayment.
- F. For the situations in "E" above, the CWD shall attempt to obtain the agreement of the claimant to balance the overpayment and Yslas corrective underpayment as follows:
1. Complete the overpayment adjustment section on the computation page to determine the Remaining Back Payment. Place the amount in the appropriate box to inform the claimant of the remaining back payment if he/she chooses to balance.
  2. Complete Part A of the GAIN 105 (11/94), Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment, or GAIN 106 (11/94), Agreement to Balance Child Care/AFDC Overpayment with GAIN Supportive Services Underpayment, as appropriate. The CWD shall allow the claimant 15 days to return the completed GAIN 105 or GAIN 106 back to the CWD by indicating the deadline on the NOA M50-024A.
  3. Attach the GAIN 105 or GAIN 106 and the overpayment notice to the NOA M50-024A.
  4. If the claimant does not return the GAIN 105 or GAIN 106 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 overpayment.

#### COMPUTATION PAGE

Check the appropriate box to indicate whether the back payment is for a promissory note or supportive services payments that were reduced or denied.

If the claimant is not on AFDC at the time payment is authorized, multiply by the interest rate from Section 50-024.74. If the claimant is on AFDC, no interest rate is applied.

Compute the back payment.

Under OVERPAYMENT ADJUSTMENT, subtract any overpayments that are required to be balanced against the corrective underpayment and put the remaining back payment in the blank. If the claimant has a choice whether to balance overpayments and corrective underpayments, indicate the amount of back payment that will be available depending on whether or not the claimant chooses to balance

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

State of California  
Department of Social Services

Manual Msg. No.: 50-024B  
Action: Request  
Reason: Yslas v. Anderson  
Title: Request Claim  
Information

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite : 50-024

Form No. : NA  
Effective Date : 1/15/95  
Revisions Date :

MESSAGE:

[ ] We need more facts on your claim under the Yslas 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 GAIN 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 50-024, Yslas v. Anderson.

M50-024B (1/95) Request Claim Information

INSTRUCTIONS for M50-024B Claim Information

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

If there is information missing from the claim form, circle the part on the form with the missing information and attach it to the NOA. 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), 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.: 50-024C  
Action: Request  
Reason: Yslas v. Anderson  
Title: Request Case  
Information

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite : 50-024

Form No. : NA  
Effective Date : 1/15/95  
Revisions Date :

MESSAGE:

GAIN may owe you money. GAIN is looking at your case because of the Yslas v. Anderson lawsuit.

Here's why:

Under the Yslas v. Anderson lawsuit, we have agreed to cancel any note(s) you may have signed from October 19, 1987 through August 31, 1993 promising to pay back money for child care, transportation, or ancillary services (books, equipment, uniforms, tools) that GAIN paid for you until you got your student loan or grant.

Before we can cancel your note and pay you back the money you have paid on it, we need more facts or documents from you:

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

If you do not have these facts or documents, call GAIN for help.

Mail or bring this notice and the facts or documents we need to the address listed below by \_\_\_\_\_. If we do not have them by this date, we will not be able to finish looking at your case.

\_\_\_\_\_  
Office

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

\_\_\_\_\_  
Phone Number

Rules: These rules apply; you may review them at your GAIN office:  
MPP 50-024, Yslas v. Anderson.

M50-024C (1/95) Request Case Information

INSTRUCTIONS for M50-024C Case Information

Send this message to obtain additional information from individuals who signed promissory notes when there is inadequate information in the case file to determine eligibility and calculate the corrective underpayment. CWDs shall send this message before February 14, 1995 for all cases where additional information is needed.

List the additional facts or documents that are needed.

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), 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.: 50-024D  
Action: Deny  
Reason: Yslas 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 : 50-024

MESSAGE:

On \_\_\_\_\_, your claim under the Yslas 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 October 19, 1987 through August 31, 1993:

- You were not in GAIN in this county.
- You were not enrolled in an approved education or training program in this County.
- We did not lower or deny your child care, transportation or ancillary (books, equipment, uniforms, tools) payments.
- We did not lower or deny your child care, transportation or ancillary (books, equipment, uniforms, tools) payments because you got a student loan or grant, but because \_\_\_\_\_.
- Your claim was received after April 14, 1995.
- You did not give us the facts or documents we asked for on \_\_\_\_\_. See attached notice.
- Other:

Rules: These rules apply; you may review them at your GAIN Office:  
MPP 50-024, Yslas v. Anderson

M50-024D (1/95) Deny Claim

INSTRUCTIONS for M50-024D Deny Claim

Use this message to deny a claim.

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 any remaining appropriate boxes. If 'other' is checked, specify the reason for the action.

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

YSLAS V. ANDERSON

CLAIM FORM AND NOA FORMS

**YSLAS V. ANDERSON**  
**CLAIM FORM**

Fill out this form the best you can.

If you mail this form to us it must be postmarked 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 October 19, 1987 through August 31, 1993:

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. Were you in the GAIN Program? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did GAIN lower or deny your GAIN child care, transportation or ancillary (books, equipment, uniforms, tools) payments because you got a student loan? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did GAIN lower or deny your GAIN child care, transportation or ancillary (books, equipment, uniforms, tools) payments because you got a student grant, and the money from your student grant was not available to pay for your child care, transportation or ancillary services? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer YES to QUESTION #1 and EITHER of the other questions, GAIN may owe you money. 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 October 19, 1987 through August 31, 1993: \_\_\_\_\_  
(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 GAIN PAYMENTS FOR CHILD CARE, TRANSPORTATION, OR ANCILLARY (BOOKS, EQUIPMENT, UNIFORMS, TOOLS) WERE LOWERED, STOPPED, OR DENIED:

TYPE OF STUDENT LOAN OR GRANT:

NAME OF SCHOOL OR JOB TRAINING PROGRAM:

DATE(S) YOU ATTENDED YOUR SCHOOL OR JOB TRAINING PROGRAM:

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

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
-----------	------



# 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 Yslas v. Anderson Lawsuit:

- As of \_\_\_\_\_, we approved your claim for back payment for GAIN child care, transportation, or ancillary (books, equipment, uniforms, tools) services. Your back payment is \$ \_\_\_\_\_.
- As of \_\_\_\_\_, we cancelled the note you signed promising to pay back the money GAIN gave you for child care, transportation, or ancillary (books, equipment, uniforms, tools) services until you got your student loan or grant. We are paying you back \$ \_\_\_\_\_. This is the money you paid us on your note.
- As of \_\_\_\_\_, we cancelled the note you signed promising to pay back the money GAIN gave you for child care, transportation, or ancillary (books, equipment, uniforms, tools) services until you got your student loan or grant.

Here's why:

- GAIN should not have lowered or denied your GAIN child care, transportation or ancillary (books, equipment, uniforms, tools) payments because you got a student loan or grant.
- GAIN should not have made you sign a note to pay back the money GAIN gave you for the child care, transportation, or ancillary (books, equipment, uniforms, tools) payments you needed until you got your student loan or grant.

Your back payment for child care, transportation, or ancillary (books, equipment, uniforms, tools) services is figured on this notice.

- A check will be mailed to you by \_\_\_\_\_.
- A check is enclosed.
- You will not get a check because you did not make any payments on your note.
- GAIN told you on \_\_\_\_\_ that you must pay back the extra money you got for child care expenses. You still owe GAIN \$ \_\_\_\_\_. Your Yslas back payment for child care expenses is being used to repay what you still owe. Your remaining back payment is figured on the second page of this notice.

# NOTICE OF ACTION

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

(Continued)

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_

GAIN told you on \_\_\_\_\_ that you must pay back the extra money you got for  transportation  ancillary (books, equipment, uniforms, tools) expenses. You still owe GAIN \$\_\_\_\_\_. Your Yslas 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 back the extra money you got for child care expenses. You still owe GAIN \$\_\_\_\_\_. You may choose to repay what you owe with your Yslas back payment for  transportation  ancillary (books, equipment, uniforms, tools) expenses. 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 106) to tell us if you want to repay what you owe with your back payment.

GAIN told you on \_\_\_\_\_ that you must pay the extra money you got for  transportation  ancillary (books, equipment, uniforms, tools) expenses. You still owe GAIN \$\_\_\_\_\_. You may choose to repay what you owe with your Yslas back payment for child care expenses. 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.

AFDC told you on \_\_\_\_\_ that you must pay back the extra money you got for cash aid. You still owe AFDC \$\_\_\_\_\_. You may choose to repay what you owe with your Yslas 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 106) 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 50-024, Yslas V. Anderson.

## TO BE COMPLETED BY COUNTY BACK PAYMENT FOR GAIN SUPPORTIVE SERVICES

### PROMISSORY NOTE:

Amount we gave you ..... \$ \_\_\_\_\_  
Amount you paid us ..... - \_\_\_\_\_  
Remaining balance (amount cancelled)..... = \_\_\_\_\_

Amount you paid us ..... \$ \_\_\_\_\_  
Interest Percentage Factor ..... x \_\_\_\_\_  
Interest to be Paid..... = \$ \_\_\_\_\_

Amount you paid us ..... \$ \_\_\_\_\_  
Interest to be Paid..... + \_\_\_\_\_  
Back Payment..... = \$ \_\_\_\_\_

### SUPPORTIVE SERVICES PAYMENTS

#### REDUCED OR DENIED:

Amount of supportive services payments we reduced or denied for:

Transportation ..... \$ \_\_\_\_\_  
Ancillary (books, equipment, uniforms, tools) ..... + \_\_\_\_\_  
Child Care ..... + \_\_\_\_\_  
Subtotal Payments Reduced or Denied..... = \$ \_\_\_\_\_

Amount you paid us ..... \$ \_\_\_\_\_  
Interest Percentage Factor ..... x \_\_\_\_\_  
Interest to be Paid..... = \$ \_\_\_\_\_

Subtotal Payments Reduced or Denied..... \$ \_\_\_\_\_  
Interest to be Paid..... + \_\_\_\_\_  
Back Payment..... = \$ \_\_\_\_\_

### OVERPAYMENT ADJUSTMENT:

Back Payment ..... \$ \_\_\_\_\_  
Child Care Overpayment Adjustment ..... - \_\_\_\_\_  
Transportation Overpayment Adjustment .. - \_\_\_\_\_  
Ancillary Overpayment Adjustment..... - \_\_\_\_\_  
Cash Aid Overpayment Adjustment..... - \_\_\_\_\_  
Remaining Back Payment..... = \$ \_\_\_\_\_

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

### 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

We need more facts on your claim under the Yslas 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 GAIN 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 50-024, Yslas 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).

### 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

GAIN may owe you money. GAIN is looking at your case because of the Yslas v. Anderson lawsuit.

Here's why:

Under the Yslas v. Anderson lawsuit, we have agreed to cancel any note(s) you may have signed from October 19, 1987 through August 31, 1993 promising to pay back money for child care, transportation, or ancillary services (books, equipment, uniforms, tools) that GAIN paid for you until you got your student loan or grant.

Before we can cancel your note and pay you back the money you have paid on it, we need more facts or documents from you:

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

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

Mail or bring this notice and the facts or documents we need to the address listed below by \_\_\_\_\_. If we do not have them by this date, we will not be able to finish looking at your case.

\_\_\_\_\_  
Office

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

\_\_\_\_\_  
Phone

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-024, Yslas 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).

### 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Yslas 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 October 19, 1987 through August 31, 1993:

- You were not in GAIN in this County.
- You were not enrolled in an approved education or training program in this County.
- We did not lower or deny your child care, transportation, or ancillary (books, equipment, uniforms, tools) payments.
- We did not lower or deny your child care, transportation or ancillary (books, equipment, uniforms, tools) payments because you got a student loan or grant, but because \_\_\_\_\_.
- 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 50-024, Yslas 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).

### 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

YSLAS V. ANDERSON

NOTICES AND OTHER FORMS

1. TEMP GAIN 84 (9/94), Informing Notice
2. GEN 1172 (5/93), Court Case: Yslas v. Anderson-Report A
3. GEN 1172 (5/93), Court Case: Yslas v. Anderson-Report B
4. GAIN 105 (11/94), Agreement to Balance GAIN Supportive Services Overpayment with Child Care/AFDC Corrective Underpayment
5. GAIN 106 (11/94), Agreement to Balance Child Care/AFDC Overpayment with GAIN Supportive Services Corrective Underpayment







**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 \_\_\_\_\_

**CONVENIO PARA CONTRABALANCEAR UN PAGO EXCESIVO DE SERVICIOS DE APOYO DE GAIN, CON UN PAGO INSUFICIENTE DE CUIDADO DE NIÑOS/AFDC**

CONDADO DE: \_\_\_\_\_

ADDRESSEE

NUMERO DE CASO:
TRABAJADOR(A):
FECHA:

**A. EL CONTRABALANCEO DE UN PAGO EXCESIVO CON LA CANTIDAD QUE SE LE DEBE:**

1. A causa de \_\_\_\_\_ se le debe la cantidad de \$ \_\_\_\_\_ por concepto de  cuidado de niños  AFDC.
2. El \_\_\_\_\_ le dijimos que usted tiene que reembolsar el dinero que le dimos de más en su  transporte  gastos relacionados. Usted todavía nos debe \$ \_\_\_\_\_.
3. Se puede utilizar la cantidad que se le debe por concepto de  cuidado de niños  AFDC, para pagar el pago excesivo de GAIN. Complete la Parte B de esta forma y devuélvanosla a más tardar el \_\_\_\_\_ para informarnos si quiere pagar lo que debe con la cantidad que se le debe.

Si no reembolsa el pago excesivo, el condado puede demandarlo(a) para recuperar la cantidad que se le debe. Si el condado lo/la demanda, quizás usted tenga que pagar gastos de cobranza, honorarios de abogado, gastos judiciales (de corte) e intereses.

Envíe por correo esta forma a:

**B. ESTA SECCION LA COMPLETA EL PARTICIPANTE:**

- ESTOY DE ACUERDO en que se utilice la cantidad que se me debe por concepto de cuidado de niños/AFDC para pagar lo que debo a GAIN por concepto de  transporte  gastos relacionados o  cuidado de niños.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

Después que recibamos esta forma, le enviaremos cualquier cantidad que quede de lo que se le debe, o le enviaremos un aviso informándole el saldo de lo que usted nos debe.

- NO ESTOY DE ACUERDO en que se utilice la cantidad que se me debe por concepto de cuidado de niños/AFDC para reembolsar lo que le debo a GAIN por concepto de  transporte  gastos relacionados o  cuidado de niños.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

Después de que recibamos esta forma, le enviaremos la cantidad que se le debe.

**C. ESTA SECCION LA COMPLETA EL CONDADO.**

The above signed agreement has been accepted by \_\_\_\_\_ on

\_\_\_\_\_ for \_\_\_\_\_ County.

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

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

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

ADDRESSEE

CASE NUMBER:
WORKER:
DATE:

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

1. You have a back payment in GAIN of \$ \_\_\_\_\_ because of \_\_\_\_\_.
2. We told you on \_\_\_\_\_ that you must repay the extra money we gave you in  child care  cash aid. You still owe us \$ \_\_\_\_\_.
3. Your back payment in GAIN can be used to pay your overpayment in  child care  AFDC. Complete Part B of this form and return 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.

Mail this form to:

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

I AGREE to use the money from my GAIN back payment to repay what I owe  child care  cash aid.

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

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

I DO NOT AGREE to use the money from my GAIN back payment to repay what I owe  child care  cash aid.

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 \_\_\_\_\_

**CONVENIO PARA CONTRABALANCEAR UN PAGO EXCESIVO DE CUIDADO DE NIÑOS/AFDC, CON UN PAGO INSUFICIENTE DE SERVICIOS DE APOYO DE GAIN**

CONDADO DE: \_\_\_\_\_

ADDRESSEE

NUMERO DE CASO: \_\_\_\_\_

TRABAJADOR(A): \_\_\_\_\_

FECHA: \_\_\_\_\_

**A. EL CONTRABALANCEO DE UN PAGO EXCESIVO CON LA CANTIDAD QUE LE DEBE GAIN:**

1. A causa de \_\_\_\_\_, GAIN le debe la cantidad de \$ \_\_\_\_\_.
2. El \_\_\_\_\_ le dijimos que usted tiene que reembolsar el dinero que le dimos de más en su  cuidado de niños  asistencia monetaria. Usted todavía nos debe \$ \_\_\_\_\_.
3. Se puede utilizar la cantidad que le debe GAIN para pagar el pago excesivo de  cuidado de niños  AFDC. Complete la Parte B de esta forma y devuélvanosla a más tardar el \_\_\_\_\_ para informarnos si quiere pagar lo que debe con la cantidad que le debe GAIN.

Si no reembolsa el pago excesivo, el condado puede demandarlo(a) para recuperar la cantidad que se le debe. Si el condado lo/la demanda, quizás usted tenga que pagar gastos de cobranza, honorarios de abogado, gastos judiciales (de corte) e intereses.

Envíe por correo esta forma a:

**B. ESTA SECCION LA COMPLETA EL PARTICIPANTE:**

- ESTOY DE ACUERDO en que se utilice la cantidad que me debe GAIN para pagar lo que debo de  cuidado de niños  asistencia monetaria.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_.

Después que recibamos esta forma, le enviaremos cualquier cantidad que quede del pago insuficiente, o le enviaremos un aviso informándole el saldo de lo que nos debe.

- NO ESTOY DE ACUERDO en que se utilice la cantidad que me debe GAIN para reembolsar lo que debo de  cuidado de niños  asistencia monetaria.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_.

Después de que recibamos esta forma, le enviaremos la cantidad que le debe GAIN.

**C. ESTA SECCION LA COMPLETA EL CONDADO.**

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

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