E R R A T A

TO: COUNTY WELFARE DIRECTORS

SUBJECT: MBSAC

ACL 95-20 dated May 11, 1995 was inadvertently sent without the TEMP NET 2 (attachment III) as referenced in the letter. We are including it now and are sorry for any inconvenience this may have caused.

FOOD STAMP CHANGE

As of July 1, 1995, the Minimum Basic Standard of Adequate Care for AFDC is increased by 0.93 percent. If your cash aid goes up, this change may lower your food stamps.

CAMBIO EN LAS ESTAMPILLAS PARA COMIDA

A partir del 1 de julio de 1995, ha aumentado el Criterio Mínimo Básico de Cuidado Adecuado para AFDC un 0.93 por ciento. Si su asistencia monetaria aumenta, este cambio pudiera reducir sus estampillas para comida.

ការផ្លាស់ប្តូរនៃបណ្ណទិញម្ហូប

ចាប់ពីថ្ងៃទី១ ខែកក្កដា ឆ្នាំ១៩៩៥ ចំនួនកំរិតតិចបំផុតសំរាប់ការចិញ្ចឹាមថែរក្សាឲ្យបានគ្រប់គ្រាន់ (Minimum Basic Standard of Adequate Care) នៃជំនួយ AFDC ត្រូវបានតម្លើងចំនួន០,៩៣ភាគរយ (0.93%) ។ បើសិនជាប្រាក់ជំនួយរបស់លោកអ្នកបានកើនឡើង ការផ្លាស់ប្តូរនេះអាចបន្ថយបណ្ណទិញម្ហូបរបស់លោកអ្នក ។

Cambodian

SỰ THAY ĐỔI VỀ TRỢ CẤP PHIẾU THỰC PHẨM

Kể từ ngày 1 tháng 7 năm 1995, Mức Tiêu Chuẩn Căn Bản Về Lợi Tức Đủ Để Sinh Sống (Minimum Basic Standard of Adequate Care) của Trợ Cấp Cho Các Gia Đình Có Con Em Nhỏ (AFDC) được tăng lên 0.93 phần trăm. Nếu trợ cấp tiền mặt của quý vị tăng lên thì trợ cấp phiếu thực phẩm của quý vị có thể bị giảm xuống.

Vietnamese

ການປ່ຽນແປງຢູ່ໃນໂຄງການບັດຂໍ້ອາຫານ

ເລີ້ມຕັ້ງແຕ່ວັນທີ 1 ເດືອນກໍຣະກະດາ 1995 ນີ້ເປັນຕົ້ນໄປ ລາຍໄດ້ພື້ນຖານຂີດຕ່ຳສຸດສຳລັບການຄອງຂີບ (Minimum Basic Standard of Adequate Care) ຢູ່ໃນໂຄງການເງີນຊ່ວຍເຫລືອ AFDC ໄດ້ເພີ້ມຂຶ້ນໃນຈຳນວນ 0.93 ເປີເຊັນ. ຖ້າຫາກວ່າ ເງີນຊ່ວຍເຫລືອຂອງທ່ານເພີ້ມຂຶ້ນ ການປ່ຽນແປງດັ່ງກ່າວ ອາດເຮັດໃຫ້ບັດຂໍ້ອາຫານຂອງທ່ານຫລຸດລົງ.

Lao

糧食券改變

自1995年7月1日起，貧困子女家庭補助(AFDC)項目下，適當照顧的最低基本標準增加百分之零點九三。假如你的現金補助增多的話，這一改變就會減少你的糧食券。

Chinese

YOUR HEARING RIGHTS

To Ask For a State Hearing

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

To Keep Your Same Benefits While You Wait For a Hearing

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

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

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

☐ Cash Aid ☐ Food Stamps

To Get Help

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

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

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

Other Information

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

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

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. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

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

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care

☐ Other (list)_____

Here's why:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME_____

ADDRESS_____

_____

☐ I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My case number:_____

My signature: _____

Date: _____