

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



December 5, 1995

ALL-COUNTY LETTER NO. 95-74

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS
ALL COUNTY TCC COORDINATORS
ALL CHIEF FRAUD INVESTIGATORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: IMPLEMENTATION OF ASSEMBLY BILL (AB) 836 AND AB 1371 AND AMENDMENT TO CALIFORNIA WORK PAYS DEMONSTRATION (CWDP) PROJECT

REFERENCE: ALL COUNTY GAIN COORDINATORS LETTER DATED AUGUST 16, 1995; AB 836 (CHAPTER 148, STATUTES OF 1994); AB 1371 (CHAPTER 306, STATUTES OF 1995); ALL COUNTY LETTER NO. 92-40 DATED APRIL 15, 1992.

Enclosed are emergency regulations, revised forms, notices of action (NOAs) and NOA messages which are necessary to implement provisions of Assembly Bill (AB) 836 (Chapter 148, Statutes of 1994) and AB 1371 (Chapter 306, Statutes of 1995). These regulations were effective October 1, 1995.

These provisions modify the one-time-through rules and the services allowed for certain participants in the Greater Avenues for Independence (GAIN) Program; increase penalties for the most serious types of intentional program violations (IPVs) in the Aid to Families with Dependent Children (AFDC) Program; and expand eligibility for the Transitional Child Care (TCC) and Transitional Medi-Cal Programs.

AB 1371 also includes major GAIN program reforms, as outlined in ACIN I-44-95, dated September 27, 1995. This ACL does not address those provisions of AB 1371. Complete implementation instructions, forms, and emergency regulations for those changes will be issued in a separate implementation ACL.

BACKGROUND

Several provisions of AB 836 required approval of federal waivers prior to implementation. During negotiations of the Terms and Conditions with the Department of Health and Human Services (DHHS), it was determined that the evaluation of these components would best be accomplished through evaluation components similar to those already contained in the California Work Pays Demonstration Project (CWDP). In addition, the passage of AB 1371 (Chapter 306, Statutes of 1995) modified the GAIN provisions contained in the original waiver request. On September 11, 1995, DHHS approved the amendment to CWDP and granted the waivers necessary to implement the GAIN, IPV, TCC, and TMC provisions as

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required by AB 836 and AB 1371. The enclosed regulations and instructions enact provisions of AB 836, AB 1371, and the Amendment to the Waiver Terms and Conditions of CWPDP from DHHS.

GAIN PREP AND ONE-TIME-THROUGH:

Previously, GAIN participants who had completed post-assessment training and education and had not obtained employment were not eligible for additional training or education services until all other GAIN participants needing such services were served. These participants were only eligible for annual job services.

Current law now redefines a one-time-through participant as one who has completed the activities in the post-assessment employment plan, has not obtained employment, and has no extenuating circumstances that would prevent employment. These one-time-through participants are now allowed to receive Pre-employment Preparation (PREP) or other work experience and job search services. The hours of participation continue to be determined by the appropriate formula, except that one-time-through participants who have been on aid for at least 22 of the last 24 months are required to participate in PREP or another work experience assignment for a minimum of 100 hours per month.

FRAUD PREVENTION:

Previously, individuals disqualified from AFDC for submitting multiple applications for aid or false documents for non-existent or ineligible children were ineligible to receive AFDC for six months upon the first offense, 12 months for the second offense, and permanently upon the third offense.

Under current law, individuals found by a court or administrative hearing to have committed fraud by submitting more than one application for aid or submitting false documents for nonexistent or ineligible children will be ineligible to receive AFDC for two years on a first offense, four years on a second offense, and forever on a third offense.

TRANSITIONAL CHILD CARE (TCC) AND TRANSITIONAL MEDICAL (TMC) PROGRAMS:

Previously, families were ineligible for TCC or TMC if they lost AFDC eligibility due to marriage or the reuniting of spouses, either because their assets and/or income increased or they no longer met the deprivation requirements. Current law expands eligibility for TCC and TMC to include these families.

DEMONSTRATION PROJECT PROVISIONS:

In accordance with the waiver of federal law, the impact of these various provisions will be evaluated along with other provisions of the CWPDP and will not apply to control cases.

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ATTACHMENTS:

Attachment I includes the revised regulations to implement the GAIN, TCC and Fraud provisions of AB 836 and AB 1371. These regulations were effective October 1, 1995.

Attachment II includes a summary of the GAIN one-time-through and PREP regulations.

Attachments III, IV, and V include the revised forms, Notices of Action (NOAs), and NOA messages and instructions for the GAIN, TCC and Fraud Programs respectively. The Fraud forms have been revised to include notification of the increased penalties. However, there is no change in the process for completing the Fraud forms, as outlined in ACL 92-40.

Counties can obtain camera-ready copies of the English and/or Spanish versions of these forms and NOAs by calling or writing:

CDSS Forms Management Unit
744 P Street, MS 7-182
Sacramento, CA 95814
(916) 657-1907/ATSS 437-1907

Counties can obtain camera-ready copies of the Cambodian, Chinese, Lao or Vietnamese translation of these forms by calling or writing:

CDSS Language Services Bureau
744 P Street, MS 9-024
Sacramento, CA 95814
(916) 654-1282/ATSS 464-1282

If you have any questions regarding the Fraud or IPV provisions, you may contact Barbara Triplett at (916) 445-2561; for the TCC provisions, Jan DeSilva at (916) 654-1768. For questions related to the GAIN provisions, please contact your Employment Program Operations analyst at (916) 654-3403.



BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Enclosures

c: CWDA

Attachment I

REGULATIONS FOR GREATER AVENUES FOR INDEPENDENCE (GAIN), TRANSITIONAL
CHILD CARE (TCC) AND FRAUD PROGRAMS - AB 836 AND 1371 (ORD #0295-05)

- .1 Except as provided in Section 20-353.2, individuals found to have committed an IPV either through an administrative disqualification hearing or by a court of appropriate jurisdiction shall be ineligible to receive AFDC benefits as follows:
 - .11 Six months for the first violation.
 - .12 Twelve months for the second violation.
 - .13 Permanently for the third violation.
- .2 Individuals found to have committed an IPV either through an administrative disqualification hearing or by a court of appropriate jurisdiction, based upon submitting more than one application for the same period of time and for the purpose of receiving more than one grant of aid,

or

for submitting documents for nonexistent children, or submitting false documents for the purpose of showing ineligible children to be eligible for aid, shall be ineligible to receive AFDC benefits as follows:
 - .21 Two years for the first violation.
 - .22 Four years for the second violation.
 - .23 Permanently for the third violation.
- .3 Counties shall not apply Section 20-353.2 to those applicants and recipients who are designated as members of the California Work Pays Demonstration Project control group.
 - .31 The designation and treatment of the control group shall be accomplished pursuant to the Terms and Conditions for the California Work Pays Demonstration Project (CWPDP) approved by the United States Department of Health and Human Services on March 9, 1994.
 - .32 The penalties under Section 20-353.1 shall apply to any type of IPV committed by a member of the control group.
- .4 (Continued)
- .5 One or more IPV's which occurred prior to the implementation of these penalties shall be considered as only one previous disqualification when determining the penalty to impose. The CWD shall disqualify only the individual(s) found to have committed the IPV.

- .6 (Continued)
- .7 (Continued)
- .8 (Continued)
- .9 (Continued)

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

Reference: Section 11486, Welfare and Institutions Code; 42 U.S.C. 616(b); 7 CFR 273.16(b), (e)(8), (f)(2), (g)(2), and (i)(4)(A); and 45 CFR 235.112 and .113; Federal Terms and Conditions for the California Work Pays Demonstration Project (CWPDP) approved by the United States Department of Health and Human Services on March 9, 1994 and Amendments to the Federal Terms and Conditions for the California Work Pays Demonstration Project approved by the United States Department of Health and Human Services on September 11, 1995.

.1 Federal Demonstration Projects (Continued)

.14 For the purposes of the California Work Pays Demonstration Project (CWDP), the control county shall not apply the following new provisions to those applicants and recipients who are designated as members of the Project's control group:

.141 (Continued)

.142 Section 42-772.63 - Exception to participation limits for a parent or other relative who is personally providing care to a child under six years of age, when that parent/relative meets the criteria described in Section 42-774.214.

(a) See Section 42-711.152 for applicable rules.

.143 Sections 42-774.214 and .215 - Participation of 100 hours or more per month in a PREP or other work experience assignment, when a participant meets the criteria in Section 42-774.214.

(a) See Section 42-711.153 for applicable rules.

.15 For purposes of the federal CWDP, the control county shall apply the following provisions to those applicants and recipients who are designated as members of the Project's control group:

.151 (Continued)

.152 Section 42-772.6 - Except as provided in Sections 42-772.61, .62, and .71 participation shall not be required for more than 20 hours per week for any parent or other relative who is personally providing care to a child under age 6.

.153 Section 42-730.323 - The number of hours a person participates in a PREP assignment shall be determined by the appropriate formula provided in Sections 42-730.323(a) or (b).

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Section 11310, Welfare and Institutions Code; and the Amendment to the Federal Terms and Conditions for the California Work Pays Demonstration Project approved by the United States Department of Health and Human Services on September 11, 1995.

Amend Section 42-730.325(a) to read:

42-730 GAIN JOB, TRAINING, AND EDUCATION SERVICES (Continued) 42-730

.2 (Continued)

.27 Subject to the GAIN Program participant flow process as described in Sections 42-771 through 774, participation in job search activity shall be limited as follows:

.271 (Continued)

.272 (Continued)

.273 (Continued)

.274 Counties shall not require any individual to participate in job search activity in excess of the limits specified in Sections 42-730.271 and .272 except as part of a CWD approved education, training or employment activity as follows:

(a) (Continued)

(b) During job search services after successful completion of an assigned activity; or

(c) (Continued)

.3 (Continued)

.31 (Continued)

.32 Preemployment Preparation (PREP)

.321 PREP shall be a nonsalaried work experience assignment with a public or private nonprofit agency serving a useful public purpose. The assignment shall provide the participant with basic job skills or enhance existing job skills in a position related to his/her experience, training or education, or provide a needed community service.

(a) Except for participants subject to the provisions of Section 42-774.213, a PREP assignment shall not exceed 12 months.

.322 The number of hours a person participates in a PREP assignment shall be determined by the appropriate formula provided in Section 42-730.322(a) or (b).

(a) (Continued)

(1) The formula described in Section 42-730.322(a) shall only be used for determining PREP hours during the first through the ninth month of a PREP assignment.

(b) (Continued)

- (1) The formula described in Section 42-730.322(b) shall only be used beginning in the tenth month and any future months of a PREP assignment.
- (2) When the rate of pay for the same or similar occupation at the same site as provided in Section 42-730.322(b) is less than the average hourly wage for job openings placed with EDD, the EDD average hourly wage shall be used.

.323 (Continued)

.324 The county shall review the assignment after six months and make revisions as necessary to ensure that it continues to be consistent with the participant's contract and is effective in preparing the participant to attain his or her employment goal.

(a) The review shall include at a minimum:

- (1) A visit to the participant's worksite, and
- (2) A discussion with the participant's supervisor and the participant about his/her assignment and/or job search progress.

(b) For participants subject to the provisions of Section 42-774.215, the review shall be every six months and shall also include an evaluation of whether extenuating circumstances, as specified in Section 42-774.212, have developed.

- (1) Necessary revisions to ensure consistency with the participant's contract and effectiveness in preparing the participant to attain his/her goal shall be consistent with the provisions of Section 42-774.213.

.325 If the recipient was overpaid (Section 44-350.13) and as a result of the overpayment, worked more hours in a PREP assignment than would have been required if the overpayment did not occur, the CWD shall provide that:

(a) The number of hours the recipient is required to work in future months based on the method used in Section 42-730.322(a) or (b) will be reduced by the number of hours which correspond to the amount of the overpayment recouped through a grant adjustment, voluntary case recovery, or voluntary grant offset. This number of hours is determined by dividing the amount of the recoupment by the hourly wage used in Section 42-730.322(a) or (b).

(b) (Continued)

.326 The participant assigned to PREP shall continue to seek employment.
(Continued)

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11322.6(f), 11322.8(b)(1), (2) and (5), 11323, 11324.2(a)(2), 11324.4(b), 11324.6, 11326(c) and (d)(2), and 11330.7, Welfare and Institutions Code; 45 CFR 250.60(c) and (d); 45 CFR 250.62(b)(2); 45 CFR 250.63(c) and (k); and 45 CFR 251.3(a).

- .6 Except as provided in Sections 42-772.61, 42-772.62, 42-772.63, and 42-772.71, for any parent or other relative who is personally providing care to a child under age 6, participation shall not be required for more than 20 hours per week.
- .61 (Continued)
- .62 (Continued)
- .63 The participation limit specified in Section 42-772.6 shall not apply to any parent or other relative who is personally providing care to a child three to six years of age, when that parent/relative meets the criteria described in Section 42-774.214. (Continued)

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11310(d) and (e), 11320.3(b)(6)(B), 11325.2(c)(5), (6) and (7), 11326.2(b), (c)(5)(D) and (E), 11326(d)(1) and (d)(2), 11330, 11330.1, 11330.2, 11330.4, 11330.5, 11330.6, 11330.8, 11330.10, 11330.11, 11331.5 11332.7(b) and 11334, Welfare and Institutions Code; 45 CFR 250.1; 45 CFR 250.30(b)(9)(ii), 250.32(a)(1) and (3)(ii); 45 CFR 250.35(a), 250.48 and .48(b); 45 CFR 255.2(a) and (c); 42 USC 402(a)(19)(C)(iii)(II); Amendment to the Federal Terms and Conditions for the California Work Pays Demonstration Project (CWPPD) as approved by the United States Department of Health and Human Services on September 11, 1995.

Amend Sections 42-774.21 and .215(c)(1) to read:

42-774 PARTICIPANT CONTRACT AMENDMENTS

42-774

Whenever a participant is assigned to a different program component, the contract shall be amended to reflect the assignment and supportive services (Section 42-750) necessary for participation. The CWD and the participant shall sign the amended contract and be bound by its terms.

.1 (Continued)

.12 (Continued)

.121 (Continued)

(c) (Continued)

.2 (Continued)

.21 The county shall conduct a reappraisal of any participant who does not obtain unsubsidized employment upon completion of all activities included in a post-assessment employment plan developed in accordance with Section 42-773 and job search services required by Section 42-730.2.

.211 The reappraisal shall evaluate whether there are extenuating circumstances, as specified in Sections 42-774.211.a) through (e), that prevent the participant from obtaining employment within the local labor market area with the education and training previously received. The CWD may request verification of the extenuating circumstance.

(a) The occupation for which training or education services were received is no longer in demand in the local labor market.

(b) The participant has experienced a change in his/her physical or mental condition or in his/her family circumstances which precludes employment in the occupation for which training or education services were received.

(c) The participant has moved to a county in which the occupation for which training or education services were received is not in demand in the local labor market.

(d) The participant is unable to obtain needed licenses or approvals.

(e) At the discretion of the CWD, and as documented in the case file, any substantial and compelling reason other than those specified in this section.

.212 Upon a determination that extenuating circumstances exist, as specified in Sections 42-774.211(a) through (e), the participant shall be assigned to receive additional training and/or education services, as the county determines to be appropriate and necessary.

(a) The employment plan shall be revised to reflect the appropriate and necessary changes.

.213 Upon determination that no extenuating circumstances exist, and until this determination is reversed, the participant shall only receive the following services:

(a) PREP or other work experience assignment

(1) The participant shall continue to seek employment during the PREP or work experience assignment in accordance with Section 42-730.326.

(2) A county that is operating under a cost reduction plan in accordance with Section 42-720.62 may limit participation in PREP and/or work experience to one year.

(b) Job search services as described in Section 42-730.2 for a period not to exceed eight weeks per year.

HANDBOOK BEGINS HERE

(1) Consistent with the employment plan, the participant is assigned to a vocational training assignment. Upon completion of the assignment, the participant does not obtain employment; there are no extenuating circumstances. The only services this participant is entitled to receive are PREP or other work experience and job search services.

(2) (Continued)

HANDBOOK ENDS HERE

.214 A PREP or work experience assignment as described in Section 42-774.213 shall meet the requirements of Section 42-774.215 if the participant meets all of the following criteria:

(a) The participant does not meet exemption or deferral criteria as specified in Sections 42-761.4 and 42-788, respectively.

(b) The participant is unemployed or employed for less than 15 hours per week.

(c) The participant has received AFDC payments for 22 of the last 24 months.

.215 The PREP or work experience assignment of a participant who is subject to the provisions of Section 42-774.214 shall require at least 100 hours per month participation in a PREP or work experience assignment that is appropriate to the participant's skills and abilities.

(a) The hours of participation in a PREP or other work experience assignment shall exceed 100 hours per month if required by the provisions of Section 42-730.322.

(b) A work experience assignment may be appropriate community service that includes, but is not limited to, volunteer hours in a school, hospital, public library, or park and recreation district.

(c) The PREP or work experience assignment shall be reviewed in accordance with Section 42-730.324 and shall include an evaluation of whether extenuating circumstances, as specified in Sections 42-774.211(a) through (e), have developed.

HANDBOOK BEGINS HERE

(1) Example: Consistent with the employment plan, a participant is assigned to ABE, followed by OJT. The participant has completed all activities in her employment plan but is unable to find employment. The determination is made that there are no extenuating circumstances. Further, this participant is neither exempt nor deferred and has received aid for 22 of the last 24 months. The computation of the hours based on the formula in Section 42-730 ~~does not~~ is less than 100 hours. She must participate in a PREP assignment for 100 hours per month.

HANDBOOK ENDS HERE

.3 (Continued)

.4 (Continued)

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11322.4(g), 11322.6(f)(2), 11324.8(a), 11325.4(a) and (c), and 11326, Welfare and Institutions Code and 45 CFR 250.60(d); Amendment to the Federal Terms and Conditions for the California Work Pays Demonstration Project approved by the United States Department of Health and Human Services on September 11, 1995.

- .1 A family shall meet the following conditions to be eligible for TCC:
- .11 (Continued)
 - .12 The family shall be ineligible for federal AFDC as a result of:
(Continued)
 - .124 Failure to submit the monthly income report, if the family is able to prove they also met one of the conditions as specified in this subsection; or

HANDBOOK BEGINS HERE

- (a) (Continued)

HANDBOOK ENDS HERE

- .125 Marriage or because separated spouses reunite and the family:
 - (a) No longer meets the deprivation requirement specified in Section 41-401.14; or
 - (b) Has increased assets specified in Sections 42-207.1, .2 and/or 42-213.2(z); or
 - (c) Has increased income over the 185% gross income test specified in Section 44-207.2.
- .126 Counties shall not apply Section 47-120.125 to those applicants and recipients who are designated as members of the California Work Pays Demonstration Project control group.
 - (a) The designation and treatment of the control group shall be accomplished pursuant to the Terms and Conditions for the California Work Pays Demonstration Project (CWDP) approved by the United States Department of Health and Human Services on March 9, 1994.
(Continued)

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 250, 10613, 11209, 11501(a), 11501.5, and 11511(a), Welfare and Institutions Code; 45 CFR 206.10; 45 CFR 232.12; 45 CFR 233.90; 45 CFR 255.4(f)(2); and 45 CFR 256.2 and .4; and Amendment to the Terms and Conditions for the California Work Pays Demonstration Project approved by the United States Department of Health and Human Services on September 11, 1995.

Attachment II

GREATER AVENUES FOR INDEPENDENCE

Summary of Changes in Regulations pursuant to Assembly Bill (AB) 836 and AB 1371, Welfare & Institutions Code Sections 11322.8(b) and 11326.

- o Distinctions between short-term and long-term Pre-employment Preparation (PREP) and basic and advanced PREP have been removed.
- o One-time-through participants are redefined as GAIN participants who have completed all activities in their post-assessment employment plan and have no extenuating circumstances that prevented employment.
- o The only services one-time-through participants, as defined above, are allowed to receive are PREP or other work experience and job search services.
- o Counties are required to conduct a reappraisal of GAIN participants skills who have completed their employment plan and have not obtained a job to determine whether there are extenuating circumstances that prevented them from obtaining employment within the local labor market and with the training and education received.
- o Participants who have completed the activities in their post-assessment plan and have extenuating circumstance for not obtaining employment are allowed to receive additional training and education services.
- o The hours of participation in a PREP or work experience assignment shall continue to be determined by the PREP participation formula. However, when the one-time-through participant is not exempt or deferred, is unemployed or employed fewer than 15 hours per month, and has received AFDC at least 22 of the last 24 months, the hours of participation in PREP or work experience cannot be less than 100 hours per month.
- o Parents/relatives of a child three to six years of age who are one-time-through participants are also required to meet the 100 hours per month minimum participation in PREP or other work experience if they meet the criteria described above.
- o Counties who are operating under a cost reduction plan may limit PREP or other work experience assignments for one-time-through participants to one year.
- o The extenuating circumstances must be evaluated every six months at the same time the PREP or other work experience assignment is reviewed.

GREATER AVENUES FOR INDEPENDENCE (GAIN) PROGRAM

Revised Forms, Notices of Action (NOAs), and NOA Messages

NEW	TITLE	REPLACES
GAIN 8 (10/95)	GAIN Contract Activity Agreement - Pre-employment Preparation (PREP) or Other Work Experience. (Will be replaced when AB 1371 is implemented in its entirety).	TEMP GAIN 8 (10/90) - Contract Activity Agreement - Pre-employment Preparation (PREP) and GAIN 8B (1/94) - AFDC-U
GAIN 246 (10/95)	PREP Worksheet	GAIN - Supplement B - (7-89)
NA 830 (10/95)	Additional GAIN Services Due to Extenuating Circumstances	M42-774A (3/94) - Reinstate in GAIN - Extenuating Circumstances
NA 831 (10/95)	Completion of Activities in the Post-assessment Employment Plan - One-Time-Through	M42-774 (3/94) - Removal from GAIN - One-Time-Through

GAIN CONTRACT ACTIVITY AGREEMENT

Preemployment Preparation (PREP) or Other Work Experience

PARTICIPANT NAME: _____

CASE NAME: _____

CASE NUMBER: _____

IDENTIFICATION NUMBER _____

GAIN WORKER NAME: _____

The County agrees to provide me with a PREP or other work experience assignment.

I agree to participate in these activities.

I understand that my PREP or other work experience will last

up to _____ months, unless I find a job

(or)

until I find a job.

My PREP or other work experience assignment location and schedule are:

The County agrees to send information on my PREP or other work experience assignment location and schedule by

(DATE)

I agree to go to _____ on/by _____ to get information on my PREP location and schedule.

(LOCATION)

(DATE)

The number of hours I must work each month will be the same unless the County tells me there is a change. The County will provide me with a copy of the way my hours are figured out.

I understand that I don't have to work more than 32 hours a week because I am also required to continue to look for a job. I understand that I can ask for job services to help me look for a job. The County has described job services to me. If the County agrees to give me job services, I understand that I will need to sign a job services agreement too.

I agree to take a job if one is offered to me unless I have a good reason not to. The County has told me what these reasons could be. One of these reasons has to do with the amount of income I would get. I understand that I do not have to take a job if I would end up with less income than what I am getting now. To figure this out, first I should subtract the following items from my monthly earnings and other income: required deductions like social security, and child care and transportation costs. Then, if I will still get cash aid, I should add my cash aid to what's left over from my monthly earnings and other income. I should compare this amount to my current cash aid and other income. The County agrees to help me figure this out.

I understand that I have up to 30 days to ask for a change in my activity once it starts. I understand that I can only change my activity once. If the County agrees to the change, I know I will need to sign a new activity agreement.

I agree to go to PREP or other work experience and complete my assignment. I understand that if I am required to participate in GAIN and I stop participating in this assignment without a good reason, my cash aid can be lowered.

I understand that my GAIN worker will review my assignment at least every six months.

The County agrees to pay for child care, transportation, and work and training related expenses if I need them to participate in GAIN and GAIN rules allow for them.

I have reviewed my need for child care, transportation, work and training related expenses, and personal counseling with my GAIN worker. I understand that I do not have to participate until specific arrangements for the supportive services I need have been made. I understand that the details of these arrangements will be given to me in writing.

I understand that I must tell my GAIN worker right away of changes in my need for GAIN supportive services or if I no longer need them. If I do not report the changes in advance, the County may not be able to pay for them.

I understand that if the County pays for child care, transportation or work related expenses that are more than what I need to participate in GAIN, I will have to pay GAIN back.

I understand that I have three working days to think about the terms of this activity agreement after I sign it. I understand that if I want to change the terms of this agreement, I must tell my GAIN worker by _____ . If I don't tell my GAIN worker by then, this agreement

(DATE)

is considered final. If the County agrees to the change, and I need to sign a new activity agreement, I understand that the new agreement is considered final.

Comments:

PARTICIPANT'S SIGNATURE: _____

DATE: _____

GAIN WORKER'S SIGNATURE: _____

PHONE: _____

DATE: _____

PREP WORKSHEET

PARTICIPANT NAME:

A preemployment preparation (PREP) assignment gives you the work experience that will help you prepare for your next program activity or to increase your job skills.

The number of hours you are required to work each month depends on the amount of your cash aid and the child support paid to the county on your behalf and, if you have completed the activities in your post-assessment employment plan, the number of months you have received aid during the last 24 months.

You are not required to work more than 32 hours per week in your PREP assignment.

You will be required to continue to look for a job.

You can ask for job services to help you look for a job. Ask your GAIN worker about this.

During the first through the ninth month the hours you will work per month and per week were figured as follows:

AFDC Cash Aid for _____ <small>(CURRENT MONTH)</small>	\$	
- Child Support Paid to the County for _____ <small>(SECOND PRIOR MONTH)</small>	-\$	
TOTAL	\$	
\$ _____ <small>(TOTAL)</small>	÷	_____ = _____ <small>(AVERAGE HOURLY WAGE AT EDD) (NUMBER OF HOURS PER MONTH)</small>
<input type="checkbox"/> You have received aid at least 22 months of the last 24 months; therefore, the number of hours you will be required to participate cannot be less than 100 hours per month.		
_____ ÷ 4.3 = _____ <small>(NUMBER OF HOURS PER MONTH) (NUMBER OF HOURS PER WEEK)</small>		
_____ ÷ _____ = _____ <small>(NUMBER OF HOURS PER WEEK) (NUMBER OF WEEKS IN THE FIRST MONTH IF LESS THAN A FULL MONTH) (NUMBER OF HOURS FOR FIRST MONTH IF LESS THAN A FULL MONTH)</small>		

During the tenth month and any future months the hours you will work per month and per week were figured as follows:

AFDC Cash Aid for _____ <small>(CURRENT MONTH)</small>	\$	
- Child Support Paid to the County for _____ <small>(SECOND PRIOR MONTH)</small>	-\$	
TOTAL	\$	
\$ _____ <small>(TOTAL)</small>	÷	_____ = _____ <small>(THE HIGHER OF THE RATE OF PAY FOR PERSONS IN THE SAME JOB AT THE SAME SITE OR THE AVERAGE HOURLY WAGE AT EDD) (NUMBER OF HOURS PER MONTH)</small>
<input type="checkbox"/> You have received aid at least 22 months of the last 24 months; therefore, the number of hours you will be required to participate cannot be less than 100 hours per month.		
_____ ÷ 4.3 = _____ <small>(NUMBER OF HOURS PER MONTH) (NUMBER OF HOURS PER WEEK)</small>		

You will work the same number of hours each week unless the GAIN office tells you there is a change.

GAIN WORKER'S 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.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ you can only get the following services: PREP or other work experience, and Job Search.

HERE'S WHY:

The only GAIN services allowed to participants who have not found a job after completing the activities in their post-assessment employment plan are PREP or other work experience and Job Search.

The county may give participants more training and/or education services, if there are good reasons that kept them from getting a job. Some of these reasons could be: there are no jobs for the training or education they received; there is a change in their physical or mental condition; they moved to another county and jobs that they trained for are not available; they are not able to get the necessary licenses or approvals.

You have completed the activities in your post-assessment employment plan and have not found a job. There were no good reasons that kept you from getting a job.

The county will let you know the hours of your assignments in PREP or work experience and Job Search services, and how long the assignments will last. If you are still unemployed when your assignment is reviewed after six months, the county will check again to see if there are good reasons that kept you from getting a job.

Rules: These rules apply. You may review them at your welfare office: Welfare and Institutions Code 11326 and MPP 42-744.2.

State of California
Department of Social Services

Manual MSG. No.: NA 831
Action : Change
Reason: Completion of
Activities in the Post-
assessment Employment Plan -
No Extenuating Circumstances.
Title: One-Time-Through
Form No. : NA 200
Effective Date : 10/01/95
Revisions Date : 10/01/95

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite : 42-774.2

MESSAGE: As of _____ you can only get the following services: PREP or other work experience, and Job Search.

HERE'S WHY:

The only GAIN services allowed to participants who have not found a job after completing the activities in their Post-assessment employment plan are PREP or other work experience and Job Search.

The county may give participants more training and/or education services, if there are good reasons that kept them from getting a job. Some of these reasons could be: there are no jobs for the training or education they received; there is a change in their physical or mental condition; they moved to another county and jobs that they trained for are not available; they are not able to get the necessary licenses or approvals.

You have completed the activities in your post-assessment employment plan and have not found a job. There were no good reasons that kept you from getting a job.

The county will let you know the hours of your assignments in PREP or other work experience and GAIN Job Search services, and how long the assignments will last. If you are still unemployed when your assignment is reviewed after six months, the county will check again to see if there are good reasons that kept you from getting a job.

These rules apply. You may review them at your county welfare office. Welfare and Institutions Code 11326 and MPP 42-774.2.

INSTRUCTIONS: Use to restrict GAIN services to PREP or other work experience and Job Search for GAIN participants who have completed the activities in their Post-assessment employment plan, have not obtained employment, and have no extenuating circumstances.

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.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ you may get more training and/or education services.

HERE'S WHY:

The only services GAIN allows you to get if you have not found a job after completing the activities in your post-assessment employment plan, are PREP or other work experience and Job Search. However, there are reasons which allow a participant who has completed the activities in her/his employment plan and who has not found a job to receive additional training and/or education services.

The county has determined that you can get more training and/or education services because:

- There were no jobs for the training or education you got.
- There is a change in your physical or mental condition.
- You moved to another county and no jobs that you trained for were available.
- You were not able to get the necessary licenses or approvals.
- Other:

Rules: These rules apply. You may review them at your welfare office: Welfare and Institutions Code 11326 and MPP 42-774.2.

State of California
Department of Social Services

Manual Msg. No.: NA 830
Action : Change
Reason: Additional GAIN
Services due to Extenuating
Circumstances
Title: Additional GAIN Services
due to Extenuating Circumstances
Form No.: : NA 200
Effective Date : 10/01/95
Revisions Date : 10/01/95

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite : 42-774.2

MESSAGE: As of _____ you may get more training and/or education activities.

HERE'S WHY:

The only services GAIN allows you to get if you have not found a job after completing the activities in your post-assessment employment plan, are PREP or other work experience and Job Search. However, there are reasons which allow a participant who has completed the activities in her/his employment plan and who has not found a job to receive additional training and/or education services.

The county has determined that you can get more training and/or education services because:

- There were no jobs for the training or education you got.
- There is a change in you physical or mental condition.
- You moved to another county and no jobs that you trained for were available.
- You were not able to get the necessary licenses or approvals.
- Other.

These rules apply. You may review them at your county welfare office. Welfare and Institutions Code 11326 and MPP 42-774.2.

INSTRUCTIONS: Use to permit the provision of additional education an/or training services to GAIN participants who have completed the activities in their post-assessment employment plan, have not obtained employment, and have extenuating circumstances.

TRANSITIONAL CHILD CARE PROGRAM

Revised Forms, Notices of Action (NOAs), and NOA Messages

NEW	TITLE
TCC 1 (Long Form)	Application for Transitional Child Care (TCC) Benefits
TCC 1A (Short Form)	Application for Transitional Child Care (TCC) Benefits
TCC 11 - TCC Stuffer	You May Get Money to Help Pay Part of Your Child Care
TCC 13 - TCC Information Sheet	Do You Need Help Paying for Your Child Care?
M47-120 - Denial NOA	Ineligible for TCC

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS – COVERSHEET**WHAT IS TCC?**

- TCC may help you pay most of your child care costs after you go off Aid to Families with Dependent Children (AFDC).
- You may get TCC for up to 12 months in a row beginning with the first month you become ineligible for AFDC.
- You must pay part of your child care costs which is called the Family Fee. It is based on the gross earnings of the TCC family members and the number of members in the family.
- **IMPORTANT:** The TCC family must pay for the Family Fee and any child care costs above the TCC limit. The TCC limit is based on the age of the child, the type of care, and whether care is provided full-time or part-time.
- You must have received AFDC three out of the last six months before you were ineligible for AFDC; and, AFDC must have stopped due to:
 - More earnings or hours of work; or
 - Marriage or getting back together with your husband or wife and 1) one parent is no longer absent; or 2) have more earnings or property, or both.
- You must work and pay child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care.
- You can get TCC for a child in your home who gets Supplemental Security Income (SSI) or Foster Care.
- Your Family Fee will be refigured once after you get 6 months of TCC, unless you ask your worker to figure it again at another time.
- TCC cannot be paid if the provider is under 18 years old or is the parent, legal guardian, conservator or a member of the TCC family.

YOUR RIGHTS:

- To ask for TCC verbally; but a written request must be completed before payment can be made.
- To be told about your Rights and Responsibilities.
- To apply for TCC any month during the 12-months after you are ineligible for AFDC. You may apply by mail, but the County may ask you to come in.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be at least 18 years of age and licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care is also before and after-school programs operated by public and private schools. License exempt providers must apply for Trustline.
- To have your Family Fee refigured if your situation changes. Ask your TCC worker.

YOUR RIGHTS (CONTINUED)

- To have your TCC benefit transferred to another California county if you move and are still eligible. You must tell your worker that you have moved.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing within 10 calendar days of your Notice of Action or within 10 calendar days after the TCC payment was made, TCC benefits shall be paid pending the hearing up to the date of settlement, but no longer than the remaining TCC eligibility period.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. You may file a complaint if you feel you have been discriminated against.

YOUR RESPONSIBILITIES**You Must:**

- Pay your Family Fee to your child care provider every month.
- Pay your child care provider for the care reported on your Request in TCC Payment.
- Choose a clean, healthy and safe environment for your child care.
- Give us a completed Request for TCC Payment every month you want a payment.
- Give us your last completed Request for TCC Payment by the last day of the month following the month your TCC stops.
- Give us a completed TCC Status Report when needed.
- Give us the facts that we need and show proof of them as needed.
- Tell us when there is a change in your child care provider or hours of employment and when you are getting other help paying your child care costs.
- If your child care provider is license exempt, you must assist him/her in applying for Trustline registration unless (s)he is an aunt, uncle or grandparent of a child(ren) in his/her care or a school or recreational facility
- Pay back any TCC paid to you in error even if the payment was made directly to the child care provider.

TCC MAY STOP IF:

- You don't cooperate with the District Attorney to help get child support.
- You stop your job without a good reason.
- You don't pay your Family Fee to your child care provider.
- You no longer have an eligible child in the home.

PENALTY WARNING

- Failure to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS

INSTRUCTIONS: *If you want TCC, read the coversheet to this application before you fill out the questions below. Please use ink. Attach another sheet of paper if you need more space. You will need to show proof of earnings and hours worked.*

Return the completed form to the County Welfare Department (CWD). The CWD will tell you whether you can get TCC and what your family fee will be.

If you need help or have questions, ask the TCC Worker.

COUNTY USE ONLY

DATE RECEIVED:
 WRITTEN REQUEST:
 VERBAL REQUEST:
 Case Number
 AFDC Disc. Code:
 Approved Denied
 Start Date:
 End Date:
 Reason for Denial:
 TCC Worker:
 Supervisor:

APPLICANT'S NAME (FIRST, MIDDLE, LAST)		BIRTHDATE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP CODE
BIRTHPLACE (CITY/STATE)		RELATIONSHIP TO CHILD(REN)		
CITIZENSHIP/IMMIGRATION STATUS				
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)				
1. Did you or your family receive aid anywhere within the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", specify under what name, where, when and type(s) of aid you got.				

- AFDC Received 3 out of last 6 months
- Former GAIN OJT Participant

2. List the children who are living with you, that you pay child care for and list their child care provider(s). (Include children who receive Foster Care or SSI benefits.)

A. CHILD'S NAME	BIRTH DATE	SOCIAL SECURITY NUMBER	
BIRTHPLACE (CITY/STATE)	RELATIONSHIP TO APPLICANT		
CITIZENSHIP/IMMIGRATION STATUS			
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)			
Is this child disabled or under court supervision? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain and attach proof:			

- Child Under Age 13
- Foster Child
- SSI
- Was in AFDC/AU Over 13
- Disabled
- Court Supervision
- Trustline registration required

PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER	STREET
PROVIDER'S PHONE ()	CITY	STATE	ZIP CODE
TYPE OF PROVIDER			
<input type="checkbox"/> LICENSED FAMILY DAY CARE <input type="checkbox"/> EXEMPT - IN CHILD'S HOME <input type="checkbox"/> EXEMPT - CENTER OPERATED BY SCHOOL EMPLOYEES <input type="checkbox"/> LICENSED DAY CARE CENTER <input type="checkbox"/> EXEMPT - OUTSIDE CHILD'S HOME			
HOURS OF CARE			
<input type="checkbox"/> MORE THAN 147 HOURS PER MONTH (Full-time) <input type="checkbox"/> 147 HOURS OR LESS PER MONTH (Part-time)			
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?		DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?	
\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month		<input type="checkbox"/> YES (If "YES", attach proof) <input type="checkbox"/> NO	

B. CHILD'S NAME	BIRTH DATE	SOCIAL SECURITY NUMBER	
BIRTHPLACE (CITY/STATE)	RELATIONSHIP TO APPLICANT		
CITIZENSHIP/IMMIGRATION STATUS			
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)			
Is this child disabled or under court supervision? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain and attach proof:			

- Child Under Age 13
- Foster Child
- SSI
- Was in AFDC/AU Over 13
- Disabled
- Court Supervision
- Trustline registration required

PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER	STREET
PROVIDER'S PHONE ()	CITY	STATE	ZIP CODE
TYPE OF PROVIDER			
<input type="checkbox"/> LICENSED FAMILY DAY CARE <input type="checkbox"/> EXEMPT - IN CHILD'S HOME <input type="checkbox"/> EXEMPT - CENTER OPERATED BY SCHOOL EMPLOYEES <input type="checkbox"/> LICENSED DAY CARE CENTER <input type="checkbox"/> EXEMPT - OUTSIDE CHILD'S HOME			
HOURS OF CARE			
<input type="checkbox"/> MORE THAN 147 HOURS PER MONTH (Full-time) <input type="checkbox"/> 147 HOURS OR LESS PER MONTH (Part-time)			
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?		DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?	
\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month		<input type="checkbox"/> YES (If "YES", attach proof) <input type="checkbox"/> NO	

3. List all other persons living in your home (include other children not listed above, parents, stepparents, grandparents, etc.)

COUNTY USE ONLY

NAME (FIRST, MIDDLE, LAST)	BIRTHDATE	SOCIAL SECURITY NUMBER
BIRTHPLACE (CITY/STATE)		RELATIONSHIP TO CHILD(REN)
CITIZENSHIP/IMMIGRATION STATUS <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)		
MARITAL STATUS (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		
NAME (FIRST, MIDDLE, LAST)	BIRTHDATE	SOCIAL SECURITY NUMBER
BIRTHPLACE (CITY/STATE)		RELATIONSHIP TO CHILD(REN)
CITIZENSHIP/IMMIGRATION STATUS <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)		
MARITAL STATUS (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		
NAME (FIRST, MIDDLE, LAST)	BIRTHDATE	SOCIAL SECURITY NUMBER
BIRTHPLACE (CITY/STATE)		RELATIONSHIP TO CHILD(REN)
CITIZENSHIP/IMMIGRATION STATUS <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)		
MARITAL STATUS (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		

Was in AFDC/AU

Was in AFDC/AU

Was in AFDC/AU

4. Did anyone move into or out of your home since AFDC benefits stopped? (Include newborns or anyone who died.) YES NO

Total number of TCC family members:

NAME	RELATIONSHIP TO YOU	WHAT HAPPENED	DATE
------	---------------------	---------------	------

5. Complete the information below for anyone who works or expects to work.
 • Include all earnings and tips. Attach paystubs or other proof of earnings.
 • If self-employed, list business expenses on a separate sheet of paper and attach proof.

NAME	EMPLOYER'S NAME
DATE(S) JOB STARTED OR STOPPED	EMPLOYER'S ADDRESS NUMBER STREET
WORK SCHEDULE	CITY STATE ZIP CODE
	DAYS WORKED PER MONTH HOURS WORKED PER MONTH
HOW OFTEN ARE YOU PAID? <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	AMOUNT BEFORE DEDUCTIONS \$ TIPS OR COMMISSIONS? <input type="checkbox"/> YES \$ AMOUNT <input type="checkbox"/> NO

NAME	EMPLOYER'S NAME
DATE(S) JOB STARTED OR STOPPED	EMPLOYER'S ADDRESS NUMBER STREET
WORK SCHEDULE	CITY STATE ZIP CODE
	DAYS WORKED PER MONTH HOURS WORKED PER MONTH
HOW OFTEN ARE YOU PAID? <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	AMOUNT BEFORE DEDUCTIONS \$ TIPS OR COMMISSIONS? <input type="checkbox"/> YES \$ AMOUNT <input type="checkbox"/> NO

Income Verified
 Total Gross Earned Income: \$
 Average Monthly Income: \$

CERTIFICATION

- I understand that the statements I have made on this form are subject to investigation and verification.
- I understand that TCC must be needed to permit a member of the AFDC family to accept or retain employment and that there must not be an adult in the TCC family available to care for the child(ren).
- I understand that I must tell my TCC worker within 10 days of any change in my income, work hours, or family.
- I understand that I must repay any TCC benefits I am not entitled to get, even when the benefits are paid directly to the provider.
- I have read (or it was read to me) and received a copy of the TCC Coversheet and I understand my Rights and Responsibilities.
- I understand that failing to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that if I choose a license exempt child care provider he/she must apply for Trustline registration unless he/she is an aunt, uncle, grandparent, school or recreation department.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true and correct.

SIGNATURE OF APPLICANT	DATE SIGNED	PHONE NUMBER WHERE YOU MAY BE REACHED IN CASE YOUR WORKER NEEDS TO CONTACT YOU
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON	DATE SIGNED	

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS – COVERSHEET

WHAT IS TCC?

- TCC may help you pay most of your child care costs after you go off Aid to Families with Dependent Children (AFDC).
- You may get TCC for up to 12 months in a row beginning with the first month you become ineligible for AFDC.
- You must pay part of your child care costs which is called the Family Fee. It is based on the gross earnings of the TCC family members and the number of members in the family.
- **IMPORTANT:** The TCC family must pay for the Family Fee and any child care costs above the TCC limit. The TCC limit is based on the age of the child, the type of care, and whether care is provided full-time or part-time.
- You must have received AFDC three out of the last six months before you were ineligible for AFDC; and, AFDC must have stopped due to:
 - More earnings or hours of work; or
 - Marriage or getting back together with your husband or wife and 1) one parent is no longer absent; or 2) have more earnings or property, or both.
- You must work and pay child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care.
- You can get TCC for child in your home who gets Supplemental Security Income (SSI) or Foster care.
- Your Family Fee will be refigured once after you get 6 months of TCC, unless you ask your worker to figure it again at another time.
- TCC cannot be paid when the provider is under 18 years old or is the parent, legal guardian, conservator or a member of the TCC family.

YOUR RIGHTS:

- To ask for TCC verbally; but a written request must be completed before payment can be made.
- To be told about your Rights and Responsibilities.
- To apply for TCC any month during the 12-months after you are ineligible for AFDC. You may apply by mail, but the County may ask you to come in.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be at least 18 years of age and licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care is also before and after-school programs operated by public and private schools. License exempt providers must apply for Trustline.
- To have your Family Fee refigured if your situation changes. Ask your TCC worker.

YOUR RIGHTS

- To have your TCC benefit transferred to another California county if you move and are still eligible. You must tell your worker that you have moved.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing within 10 calendar days of your Notice of Action or within 10 calendar days after the TCC payment was made, TCC benefits shall be paid pending the hearing up to the date of settlement, but no longer than the remaining TCC eligibility period.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. You may file a complaint if you feel you have been discriminated against.

YOUR RESPONSIBILITIES

You Must:

- Pay your Family Fee to your child care provider every month.
- Pay your child care provider for the care reported on your Request for TCC Payment.
- Choose a clean, healthy and safe environment for your child care.
- Give us a completed Request for TCC Payment every month you want a payment.
- Give us your last completed Request for TCC Payment by the last day of the month following the month your TCC stops.
- Give us a completed TCC Status Report when needed.
- Give us the facts that we need and show proof of them as needed.
- Tell us when there is a change in your child care provider or hours of employment and when you are getting other help paying your child care costs.
- If your child care provider is license exempt, you must assist him/her in applying for Trustline registration unless (s)he is an aunt, uncle or grandparent of a child(ren) in his/her care or is a school or recreational facility.
- Pay back any TCC paid to you in error even if the payment was made directly to the child care provider.

TCC MAY STOP IF:

- You don't cooperate with the District Attorney to help get child support.
- You stop your job without a good reason.
- You don't pay your Family Fee to your child care provider.
- You no longer have an eligible child in the home.

PENALTY WARNING

- Failure to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS

COUNTY USE ONLY

INSTRUCTIONS: If you want TCC, read the coversheet to this application before you fill out the questions below. Please use ink. Attach another sheet of paper if you need more space. You will need to show proof of any earnings, and hours worked.

Return the completed form to the County Welfare Department (CWD). The CWD will tell you whether you can get TCC and what your Family Fee will be.

If you need help or have questions, ask the TCC worker.

Date Received:
Written Request:
Verbal Request:

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	BIRTHDATE	SOCIAL SECURITY NUMBER	CASE NAME:
HOME ADDRESS NUMBER STREET CITY STATE ZIP CODE	CASE NUMBER:		
HOME PHONE ()	WORK PHONE ()		

1. List the children who are living with you, that you pay child care for, and list their child care provider.

AFDC received 3 out of last 6 months. Former GAIN OUT Participant

A. CHILD'S NAME

PROVIDER'S NAME	PROVIDER'S ADDRESS NUMBER STREET
PROVIDER'S PHONE ()	CITY STATE ZIP CODE
TYPE OF PROVIDER <input type="checkbox"/> LICENSED FAMILY DAY CARE <input type="checkbox"/> EXEMPT - IN CHILD'S HOME <input type="checkbox"/> EXEMPT - CENTER OPERATED BY SCHOOL <input type="checkbox"/> LICENSED DAY CARE CENTER <input type="checkbox"/> EXEMPT - OUTSIDE CHILD'S HOME EMPLOYEES	
HOURS OF CARE <input type="checkbox"/> MORE THAN 147 HOURS PER MONTH (FULL TIME) <input type="checkbox"/> 147 HOURS OR LESS PER MONTH (PART TIME)	
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW? \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month	DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE? <input type="checkbox"/> YES (if "YES", attach proof) <input type="checkbox"/> NO

A.

Child Under Age 13 Over Age 13
 Foster Child Disabled
 SSI Court
 Was in AFDC AU Supervision
 Trustline Registration Required

B. CHILD'S NAME

PROVIDER'S NAME	PROVIDER'S ADDRESS NUMBER STREET
PROVIDER'S PHONE ()	CITY STATE ZIP CODE
TYPE OF PROVIDER <input type="checkbox"/> LICENSED FAMILY DAY CARE <input type="checkbox"/> EXEMPT - IN CHILD'S HOME <input type="checkbox"/> EXEMPT - CENTER OPERATED BY SCHOOL <input type="checkbox"/> LICENSED DAY CARE CENTER <input type="checkbox"/> EXEMPT - OUTSIDE CHILD'S HOME EMPLOYEES	
HOURS OF CARE <input type="checkbox"/> MORE THAN 147 HOURS PER MONTH (FULL TIME) <input type="checkbox"/> 147 HOURS OR LESS PER MONTH (PART TIME)	
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW? \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month	DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE? <input type="checkbox"/> YES (if "YES", attach proof) <input type="checkbox"/> NO

B.

Child Under Age 13 Over Age 13
 Foster Child Disabled
 SSI Court
 Was in AFDC AU Supervision
 Trustline Registration Required

C. CHILD'S NAME

PROVIDER'S NAME	PROVIDER'S ADDRESS NUMBER STREET
PROVIDER'S PHONE ()	CITY STATE ZIP CODE
TYPE OF PROVIDER <input type="checkbox"/> LICENSED FAMILY DAY CARE <input type="checkbox"/> EXEMPT - IN CHILD'S HOME <input type="checkbox"/> EXEMPT - CENTER OPERATED BY SCHOOL <input type="checkbox"/> LICENSED DAY CARE CENTER <input type="checkbox"/> EXEMPT - OUTSIDE CHILD'S HOME EMPLOYEES	
HOURS OF CARE <input type="checkbox"/> MORE THAN 147 HOURS PER MONTH (FULL TIME) <input type="checkbox"/> 147 HOURS OR LESS PER MONTH (PART TIME)	
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW? \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month	DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE? <input type="checkbox"/> YES (if "YES", attach proof) <input type="checkbox"/> NO

C.

Child Under Age 13 Over Age 13
 Foster Child Disabled
 SSI Court
 Was in AFDC AU Supervision
 Trustline Registration Required

Ages Verified
 Citizenship/Allen Status Verified
 Relationships Verified

2. Did anyone move into or out of your home after AFDC benefits stopped? YES NO

(Include anyone who entered or left the home, a newborn, or anyone who died). If "YES", complete below:

Total Number of TCC Family Members:

NAME	RELATIONSHIP TO YOU	WHAT HAPPENED	DATE

3. Complete the information below for an individual who works or expects to work.

- Include all earnings and tips. Attach paystubs or other proof of earnings.
- If self-employed, list business expenses on a separate sheet of paper and attach proof.

NAME		EMPLOYER'S NAME	
DATE(S) JOB STARTED OR STOPPED		EMPLOYER'S ADDRESS	NUMBER STREET
WORK SCHEDULE		CITY	STATE ZIP CODE
		DAYS WORKED PER MONTH	HOURS WORKED PER MONTH
HOW OFTEN ARE YOU PAID? <input type="checkbox"/> WEEKLY, <input type="checkbox"/> BI-WEEKLY, <input type="checkbox"/> MONTHLY	AMOUNT BEFORE DEDUCTIONS \$	TIPS OR COMMISSIONS? <input type="checkbox"/> YES \$ AMOUNT <input type="checkbox"/> NO	
NAME		EMPLOYER'S NAME	
DATE(S) JOB STARTED OR STOPPED		EMPLOYER'S ADDRESS	NUMBER STREET
WORK SCHEDULE		CITY	STATE ZIP CODE
		DAYS WORKED PER MONTH	HOURS WORKED PER MONTH
HOW OFTEN ARE YOU PAID? <input type="checkbox"/> WEEKLY, <input type="checkbox"/> BI-WEEKLY, <input type="checkbox"/> MONTHLY	AMOUNT BEFORE DEDUCTIONS \$	TIPS OR COMMISSIONS? <input type="checkbox"/> YES \$ AMOUNT <input type="checkbox"/> NO	

Total Gross Earned Income \$
 Verified
 Average Monthly Income: \$

CERTIFICATION

- I understand that the statements I have made on this form are subject to investigation and verification.
- I understand that TCC must be needed to permit a member of the AFDC family to accept or retain employment and that there must not be an adult in the TCC family available to care for the child(ren).
- I understand that if I choose a license exempt child care provider, he/she must apply for Trustline registration unless he/she is an aunt, uncle or grandparent of a child(ren) in his/her care or is a school or recreational facility.
- I understand that I must tell my TCC worker within 10 days of any change in my income, work hours, or family.
- I understand that I must repay any TCC benefits I am not entitled to get, even when the benefits are paid directly to the provider.
- I have read (or it was read to me) and received a copy of the TCC Coversheet and I understand my Rights and Responsibilities.
- I understand that failing to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true and correct.

SIGNATURE OF APPLICANT 	DATE SIGNED	PHONE NUMBER WHERE YOU MAY BE REACHED IN CASE YOUR WORKER NEEDS TO CONTACT YOU
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON 	DATE SIGNED	

COUNTY USE ONLY

CASE NAME	CASE NO.
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	TCC BEGINS
TCC ENDS	
REASON FOR DENIAL	
TCC WORKER	DATE
SUPERVISOR	DATE
COMMENTS:	

YOU MAY GET MONEY TO HELP PAY PART OF YOUR CHILD CARE

Are you going off Federal AFDC, still working and paying for child care?

The Transitional Child Care (TCC) Program may help you pay part of your child care for 12 months in a row after your Federal AFDC was stopped if:

You got Federal AFDC in three out of the last six months and you went off aid due to more earnings, more hours of work, or marriage or getting back with your husband or wife and 1) one parent is no longer absent, or 2) have more earnings or property, or both.

AND

You are working and pay child care costs.

- You must pay for part of your child care.
- You must request a TCC payment each month and show proof of child care costs.
- You must apply in writing for TCC during the 12 month TCC period. Contact your County Welfare Department or call toll free 1-800-998-9114.

DO YOU NEED HELP PAYING FOR YOUR CHILD CARE?

1. You can get money to help pay for child care.

There is a program to help working parents pay for child care. It is called TCC (Transitional Child Care) and helps eligible parents pay for child care.

If you can't get AFDC any more because you got a job, are earning more money at your job, or got married or back with your husband or wife and 1) one parent is no longer absent; or 2) earning more money or have more property, you can apply for TCC to help pay for child care for up to one year.

2. You can get help to find good quality child care for your children.

There are community services called Resource and Referral agencies (R & R's) in every county in California. These organizations offer free services to help parents locate and understand the different child care programs in each neighborhood. Staff at the "R & R's" are there to answer questions about child care.

3. You can choose the care you want from different child care programs.

Some of the choices are:

- **Licensed Family Day Care Homes** care for children in homes and apartments that have been inspected by the State.
- **Licensed Center Care** is provided at locations which have been inspected by the State. "Centers" can care for large numbers of children.
- **Exempt Child Care** may include care provided by family members or neighbors, 18 years of age or older. It can be care provided in the child's home or by a person for the children of only one other family.

If you choose a license exempt child care provider, (s)he must apply for Trustline registration unless (s)he is an aunt, uncle or grandparent of a child(ren) in his/her care or a school or recreational facility.

- **Subsidized Child Care** programs are funded by the California Department of Education. These programs offer child care to low income families on a sliding fee scale.

You can also get TCC to help pay for before and after school programs.

4. You can call to get information about TCC and to find out how to apply.

Remember to say you are calling about TCC and call the Welfare Office in your county.

You can also call toll free 1-800-998-9114 to find the TCC office in the county where you live.

SEE BACK OF THIS FORM FOR MORE INFORMATION.

QUESTIONS AND ANSWERS ABOUT TCC

Who can get TCC money to help pay for child care?

Working parents who:

- can't get AFDC any more because they are earning more money or they got married or back with their husband or wife and 1) one parent is no longer absent; or 2) are earning more money or have more property or both; and
- have a child who is under 13 years of age or meets special conditions.

Who cannot get TCC?

Parents who:

- still get AFDC.
- have children over the age of 13 (unless they meet special conditions.)
- leave their children with people who are ineligible providers.

How can I get TCC? When should I ask for it?

Call your County Welfare Office and ask for TCC. You will need to fill out an application and you will be told if you have been approved. It's a good idea to apply for TCC as soon as you go off AFDC. But you can apply any time within 12 months after you are off AFDC. TCC can pay for up to 12 months of child care.

Is there a lot of paper work involved?

No. Once you are approved, all you will need to do is send a request for your payment each month. You may be asked to answer other questions from time to time. The questions will not be difficult.

If I am approved for TCC, will child care be free?

No. TCC helps working parents pay for child care. Each family pays a small "family fee" to the child care provider each month and any costs over the TCC limit.

How do I get reimbursed?

You will need to request payment on a special form and show proof that you paid for child care each month.

Can I apply for payment in advance? How long will it take to get the money?

If the child care provider asks for payment in advance, you can request TCC payments in advance. If the County approves the request, the payment will be sent within 7 days.

I was on AFDC about 6 months ago. I didn't know about TCC and my child has been in child care for about 5 months (when I got my job). I have been paying for the care all this time. Can I ask to be reimbursed for the last 5 months?

Yes. Explain this when you call about TCC.

What if I find a child care center I like but it costs more than TCC can pay?

There is a limit to the amount that TCC can pay. If you want to use child care that costs more than what TCC pays, you will have to pay for the extra costs. (Remember: You will need to pay a small portion of the child care costs for any provider, center or babysitter. This portion is called the "family fee.")

Do child care centers and family day care homes have to accept my child if I have TCC?

All centers and family day care homes have their own admission requirements. You will need to discuss this with the center or the provider.

Do I have to tell the child care center or family day care provider that I'm getting TCC?

Yes. The provider will need to fill out a form each month.

What should I ask when I visit a child care center or family day care home?

When you begin to look for child care, it is important that you select a day care home or a center that is clean, safe and understands young children. Be sure your babysitter is safe and responsible. It's a good idea to call the resource and referral agency in your neighborhood and ask them "how to choose child care." They know about child care and have good ideas and suggestions.

Can I apply for TCC to cover child care costs for my foster child or my child that gets Supplemental Security Income (SSI)?

Yes.

Are there other programs for people who were on AFDC but now work?

Yes. There is a program called Transitional Medi-Cal. It helps you get medical care, after you are off AFDC.

What will happen in 12 months, when my TCC ends?

At the end of the 12 months you will need to pay for your child care. You may be able to get into a subsidized child care program which you can afford. The resource and referral agency in your neighborhood can help. You may also be able to get into the At Risk Child Care Program (ARCCP). Call toll free 1-800-998-9114 for more information about ARCCP.

If I have more questions, who should I call?

Call your County Welfare Office or call toll free 1-800-998-9114.

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.

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

The County has denied your request for Transitional Child Care (TCC) dated _____.

Here's why:

To get TCC:

- You had to be on Federal AFDC in three of the last six months. You weren't on aid for three months.
- You must stop getting AFDC due to more earnings, more work hours, or you got married or back with your husband or wife and 1) one parent is no longer absent, or 2) have more income or property, or both. You don't meet any of these reasons.
- You must give us all the facts that we need to see if you could get TCC. You didn't give us:
- You cannot have another adult in your home who can provide child care.
- You must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You don't have any TCC eligible children in the home.
- You had twelve months to apply after you stopped getting AFDC. You did not apply within those twelve months.
- You did not help meet the Child Support rules. You should have:
- Other:

You may be able to get help to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1 - 800 - 998 - 9114 for more information about the At Risk Child Care Program.

Rules: These rules apply. You may review them at your welfare office: MPP 47-105.5, 47-120.1, 47-125.1, 47-170.2

State of California
Department of Social Services

Manual Msg. No.: M47-120
Action : Denial
Reason: TCC Ineligible
Title: Ineligible For TCC
Form No. : NA290
Effective Date : 04/01/90
Revision Date : 10/01/95

Auto ID No. :
Flow Chart No.:
Source : TCC
Regulation Cite: See Below

MESSAGE: The County has denied your application for the
Transitional Child Care (TCC) Program dated _____.

Here's why:

To get TCC:

- [] You had to be on AFDC in three of the last six months. You were not on aid for three months. (Reg Cite MPP 47-120.1)
- [] You must stop getting AFDC due to more earnings or more work hours, or you got married or back with your husband or wife and 1) one parent is no longer absent; or 2) have more income or property, or both. You do not meet any of these reasons. (Reg. Cite MPP 47-120.1)
- [] You must give us all the facts that we need to see if you could get TCC. You did not give us: _____
(Reg. Cite MPP 47-105.5)
- [] You cannot have another adult in your home who can provide child care. (Reg. Cite MPP 47-120.1)
- [] You must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You do not have any TCC eligible children in the home. (Reg. Cite MPP 47-120.1)
- [] You had twelve months to apply for TCC after you stopped getting AFDC. You did not apply within those 12 months. (Reg. Cite MPP 47-125.1)
- [] You did not help meet the Child Support rules. (Reg. Cite MPP 47-170.2) You should have: _____
- [] Other:

You may be able to get help to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and

- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1-800-998-9114 for more information about the At Risk Child Care Program.

INSTRUCTIONS: Use to deny a TCC application.

Fill in the date of the application which is being denied.

Indicate the appropriate reason(s) for denial. For the missing facts box, indicate what information the client did not provide. For the Child Support box, indicate what action was necessary. For the "Other" box, indicate the reason for the action.

INTENTIONAL PROGRAM VIOLATIONS - FRAUD PROGRAM

Revised Forms, Notices of Action (NOAs), and NOA Messages

NEW	TITLE	REPLACES
Temp 1999 (10/95)	Attention: AFDC Applicants and Recipients - Disqualification Penalties	Temp 1999 Bi (1/92) - Same Title
ABCD 239 7A (10/95)	Notice of Administrative Disqualification	ABCD 239 7A (1/92) - Same Title
ABCD 478A (10/95)	Disqualification Consent Agreement	ABCD 478A (1/92) - Same Title
M20-353C (10/95)	IPV Penalty Change	
M20-353D (10/95)	IPV Penalty Partial Approval	
M20-353E (10/95)	IPV Penalty Denial	

INSTRUCTIONS FOR UPDATING THE AFDC NOA HANDBOOK:

Insert the new NOA messages M20-353C, M20-353D and M20-353E in Section VII of the Handbook.

ATTENTION:**AFDC APPLICANTS AND RECIPIENTS
DISQUALIFICATION PENALTIES**

Current law says that if you apply for/or get AFDC but don't report important facts you know or can get, or you report facts that you know are not true, you may get a penalty. Not reporting these facts is called an Intentional Program Violation (IPV).

If a court or special hearing says that anyone did an IPV, AFDC will stop for that person. For a first IPV, AFDC stops for 6 months; for a second, AFDC stops for 12 months; and for a third, AFDC stops forever.

A new law says that if you file two or more applications for cash aid at the same time or give the county wrong facts for an ineligible child, or wrong facts for a child that did not exist, for a first IPV, AFDC stops for 2 years; for a second, AFDC stops for 4 years; and for a third, AFDC stops forever.

Also, if a person doesn't report facts or gives false facts, there can be more penalties from other laws.

NOTICE OF ADMINISTRATIVE DISQUALIFICATION

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

(ADDRESSEE)

[] []
[] []

Questions? Ask your Worker.

State Hearing: You cannot appeal the disqualification action in a state hearing.

DISQUALIFICATION ACTION

The following action disqualified you from the AFDC Program:

- A state hearing decision found you committed an intentional program violation (IPV).
- A court decision found you committed an IPV.
- You signed a Disqualification Consent Agreement on _____.
- You signed an Administrative Disqualification Hearing Waiver on _____.
- You were disqualified from the AFDC Program in _____ (LOCATION).

A copy of the above action was sent or given to you. If a state hearing decision found that you committed an IPV, the state or federal government may still prosecute you in court.

DISQUALIFICATION PENALTIES

- 6 months (for the first violation)
- 12 months (for the second violation)
- 2 years (for the first violation for filing multiple applications/giving wrong facts for ineligible or nonexistent children)
- 4 years (for the second violation for filing multiple applicants/giving wrong facts for ineligible or nonexistent children)
- Permanent disqualification (for the third violation)

According to the violation checked above, this means that:

- You cannot get aid as of _____ for _____ months/years.
- You cannot get aid for _____ months. Since you are not eligible now, this penalty will start when you reapply and are otherwise eligible.
- You have been permanently disqualified from the AFDC Program, as of _____.

COMMENTS:

Rules: These rules apply. You may review them at your welfare office: 20-353.1 and 20-353.2.

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: _____

DISQUALIFICATION CONSENT AGREEMENT

Date:
Case Name:
Case Number:

IMPORTANT NOTICE

This form may apply to you only if you are a member of one of the two classes set forth below:

- (1) You have been accused of an Intentional Program Violation and have met the terms of a court order;
or
- (2) You have been accused of an Intentional Program Violation but have not been prosecuted because

_____ County has reason to believe that you _____,
committed an Intentional Program Violation. This means that you **intentionally** gave the County wrong
information or you **intentionally** did not tell the truth when you were asked certain questions. By
"intentionally" we mean that you did it on purpose. This resulted in an overpayment of
\$ _____ in AFDC benefits.

Information Notice

If you sign the Disqualification Consent Agreement:

- Your income and resources will continue to be counted when figuring the Assistance Unit's eligibility.
- The Disqualification Consent Agreement must be signed by you (the accused person).
- You will be disqualified from the AFDC Program for a period of time even if you do not admit to the facts presented by the County. (See Disqualification Penalties).
- You will be disqualified from the AFDC Program for a period of time even if a court does not find you guilty of fraud.
- If you do not agree with this Disqualification Consent Agreement after signing and a disqualification penalty has been imposed, you cannot ask the State or County for a hearing. You can file an appeal in an appropriate court of law.

DISQUALIFICATION PENALTIES WARNING:

Within 45 days from the date you sign this agreement, you will not be eligible to get AFDC for:

- 6 months (for the first violation)
- 12 months (for the second violation)
- 2 years (for the first violation for filing multiple applications/giving wrong facts for ineligible or nonexistent children)
- 4 years (for the second violation for filing multiple applicants/giving wrong facts for ineligible or nonexistent children)
- Permanent disqualification (for the third violation)

According to the violation checked above, this means that:

- o If you sign this Disqualification Consent Agreement, your disqualification penalty will be _____.
- o If you are not eligible for AFDC right now, your disqualification period will begin after you reapply and are otherwise eligible.

If you need legal help in deciding whether to sign or not sign the Disqualification Consent Agreement and you cannot afford a lawyer, you may be able to get free legal aid by contacting the nearest office listed here:

If you have any questions or need more information about the Disqualification Consent Agreement, please contact _____ at () _____.

DISQUALIFICATION CONSENT AGREEMENT:

I have reviewed the information given to me regarding the Disqualification Consent Agreement.
I understand what shall happen to me if I sign this consent agreement.

I HEREBY VOLUNTARILY CONSENT TO BE DISQUALIFIED FROM THE AFDC PROGRAM FOR A PERIOD OF

_____.

Please check one of the boxes below:

- I do not admit that the facts as presented are correct. However, I have chosen to sign this Disqualification Consent Agreement and understand that a disqualification penalty shall result.
- I admit to the facts as presented and understand that a disqualification penalty shall be imposed if I sign this Disqualification Consent Agreement.

Signature of Accused Person

Date

Auto ID No. :
Source :
Issued by :
Reg Cite : 20-353.2; 40-173.1; 44-315;
44-317

Use Form No. : NA 200
Original Date : 10-04-95, new
Revision Date :

MESSAGE:

As of _____, the County is changing
your cash aid from \$_____ to \$_____.

Here's why:

Cash aid will stop for _____, who
did not follow a Welfare rule on purpose
(Intentional Program Violation). This
person:

- filed two or more applications for cash
aid at the same time.
- gave us the wrong facts for an
ineligible child.
- gave us facts for a child that did not
exist.

This person can't get cash aid:

- for the next 2 years.
- for the next 4 years.
- anymore.

Your new cash aid amount is figured on this
notice.

INSTRUCTIONS: Use to change the monthly grant because of an IPV sanction which
disqualifies an AU member from participating in the AFDC Program.

Fill in the effective date of the action and specify the old and new cash aid
amounts. Specify who committed the IPV and check the box for the appropriate
violation. Check the next box for the period of time the person is disqualified
from the AFDC Program.

State of California
Department of Social Services

Noa Msg Doc No.: M20-353D Page 1 of 1
Action : Approval
Issue: Sanction, IPV
Title: IPV Penalty
Applied to AU

Auto ID No. :
Source :
Issued by :
Reg Cite : 20-353.2; 40-173.1; 44-315;
44-317

Use Form No. : NA 200
Original Date : 10-04-95, new
Revision Date :

MESSAGE:

As of _____, the County has approved cash aid for some members of your family.

Your first day of cash aid is _____.
Your first month's cash aid amount is \$_____.

Aid has been denied for _____.

Here's why:

This person did not follow a Welfare rule on purpose (Intentional Program Violation).
This person:

- filed two or more applications for cash aid at the same time.
- gave us the wrong facts for an ineligible child.
- gave us facts for a child that did not exist.

This person can't get cash aid:

- for the next 2 years.
- for the next 4 years.
- anymore.

This amount is based on your full monthly cash aid amount figured on this notice.

INSTRUCTIONS: Use to partially approve an AU for cash aid. Use to deny aid to an AU member because of an IPV sanction which disqualifies this person from participating in the AFDC Program.

Fill in the effective date of the action. Specify who committed the IPV and check the box for the appropriate violation. Check the next appropriate box for the period of time the person is disqualified from the AFDC Program.

Fill in the starting date and the amount of the first month's cash aid.

Complete the new budget computation in the right hand column.

State of California
Department of Social Services

Noa Msg Doc No.: M20-353E Page 1 of 1
Action : Denial
Issue: Sanction, IPV
Title: IPV Penalty
Applied to AU

Auto ID No.:
Source :
Issued by :
Reg Cite : 20-353.2; 40-173.1

Use Form No. : NA 290
Original Date : 10-04-95, new
Revision Date :

MESSAGE:

The County has denied your application for cash aid dated _____.

Here's why:

You did not follow a Welfare rule on purpose (Intentional Program Violation). You:

- filed two or more applications for cash aid at the same time.
- gave us the wrong facts for an ineligible child.
- gave us facts for a child that did not exist.

You can't get cash aid:

- for the next 2 years.
- for the next 4 years.
- anymore.

INSTRUCTIONS: Use to deny cash aid to an applicant because of an IPV sanction which disqualifies this person from participating in the AFDC Program.

Fill in the date of application for cash aid. Check the box for the appropriate violation. Check the next appropriate box for the period of time the person is disqualified from the AFDC Program.