

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

*August 3, 1999*

ALL-COUNTY LETTER NO. 99-49

TO: ALL COUNTY WELFARE DIRECTORS
 ALL WELFARE-TO-WORK COORDINATORS
 ALL CALWORKS PROGRAM MANAGERS
 ALL COUNTY CHILD CARE COORDINATORS

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: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) WELFARE-TO-WORK (WTW) SELF-INITIATED PROGRAM (SIP) REMEDY NOTICES OF ACTION

REFERENCE: ALL COUNTY LETTER (ACL) NOS. 99-38, 99-32 AND 98-41
 ASSEMBLY BILL 1542 (Chapter 270, Statutes of 1997)

BACKGROUND

The purpose of this letter is to transmit temporary Notices of Action (NOAs) for county use to inform participants of the result(s) of the county's review of their SIP. This letter is the final of three letters and is a follow-up to ACL Nos. 99-38 and 99-32. ACL No. 99-32 addressed major areas of concern related to SIP regulations found in Manual of Policy and Procedures (MPP) Section 42-700 and provided questions and answers to clarify issues related to the application of SIP policies and procedures. ACL No. 99-38 provided instructions to counties on how to correct any inappropriate SIP denials, sanctions, and/or denials or reductions of supportive services that may have resulted from a misapplication of the regulations.

SIP REVIEW REQUEST NOTICES OF ACTION (NOA)

The SIP Review Request Approval NOA – TEMP 2175, the SIP Review Request Denial NOA - TEMP 2172 and the SIP Review Request Cash Aid Approval NOA – TEMP 2174 and TEMP 2174A are enclosed for county use. The NOAs inform recipients of remedies approved or denied as a result of the individual case review of their situation by county welfare department (CWD) staff. More than one remedial action may be appropriate to correct a problem. After reviewing and evaluating the information on the SIP Review Request Form, the CWD must determine whether the individual is, or is not, entitled to remedial benefits or actions as a result of their review. Beginning the date that all verification and information has been received by the county, the county has 30 days to process the claim and mail notification(s) of its decision(s) to affected participants. Counties are required to use the appropriate NOA(s) to approve or deny requests for

benefits or remedies.

TRANSLATIONS

For camera-ready copies of English and Spanish notices, call the Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain the notices from the Department's web page at <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting FMU.

Your Forms Coordinator now receives all translations as soon as they become available, if your county is on the Language Translation Services (LTS) mailing list. All translated notices in Russian, Cambodian, Chinese and Vietnamese will follow shortly. Call LTS at (916) 654-1282 if your county does not receive the Russian and Asian translations. For languages which the State is not translating, if your county has a group that comprises five percent or more of the county population, the county must assure that a written translation (if a written language exists) of these notices is provided. Counties are reminded to follow the provisions of Division 21 for providing effective bilingual services.

CHILD CARE

In addition to completing the appropriate sections of the TEMP 2175 and the TEMP 2172, counties must provide specific information indicating how total costs for retroactive child care expenses were calculated. Counties must provide the time period and the total amount of child care costs on the SIP Review Request Approval NOA (TEMP 2175). Counties must also provide child care payment calculations for each month and each child as an attachment to the TEMP 2175 in SIP cases where retroactive child care payments are made. The calculations that are attached to the TEMP 2175 must indicate how the total child care payment amount was calculated. When the SIP Review Request Denial NOA (TEMP 2172) is used, counties are required to provide the total amount of child care costs not being reimbursed, the time period those costs cover, and the reason for denying those costs.

To ensure that recipients are given the opportunity to understand the actions taken, counties must provide a contact number on both the TEMP 2175 and the TEMP 2172 for recipient questions. Each county will determine what number will best serve this purpose. If counties have contracts for all three stages of child care, it might be appropriate to list the number of the child care case manager at the appropriate alternative payment program. In other counties, it may be more appropriate to list the number of the CalWORKs case manager. In all cases, the point of contact must be an individual who is prepared to answer specific questions concerning the child care information provided for an individual recipient.

TRANSPORTATION AND ANCILLARY SERVICES

In addition to completing the appropriate sections of the TEMP 2175 and the TEMP 2172, counties must provide specific calculation information indicating how total amounts due for retroactive transportation and ancillary expenses were reached. To document transportation costs, counties must use the TEMP NA 820a and TEMP NA 821a notices. To document ancillary costs, counties must use the TEMP NA 823a notice.

Although the enclosed notices are required and substitutes are not permitted, counties may reformat the notices to meet individual county requirements.

If you have any questions about the instructions in this letter or the treatment of SIPs, including the use of the SIP Review Request Approval NOA – TEMP 2175 or the SIP Review Request Denial NOA – TEMP 2172, please contact Mr. Ray Christensen, Employment Bureau, at (916) 654-1426. If you have any questions regarding CalWORKs cash grant eligibility or the SIP Review Request Cash Aid Approval NOA – TEMP 2174, please contact your CalWORKs Eligibility Bureau analyst, at (916) 654-1325. For questions related to transportation and ancillary services NOAs, including underpayments and overpayments, please contact Mr. David Nelson, Work Support Services Program, at (916) 654-6091. For questions related to child care underpayments and overpayments, please contact your county child care consultant, Child Care Programs Bureau, at (916) 657-2144.

Sincerely,

***Original Document Signed By
Bruce Wagstaff on 8/3/99***

BRUCE WAGSTAFF
Deputy Director
Welfare-to-Work Division

Enclosures

c: CWDA
CSAC

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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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.

You asked that the following problems(s) with your SIP be fixed:

- _____
- _____
- _____

Based on our review of your self-initiated-program request and the information that you provided, **your request has been denied. Here's why:**

- Your SIP Review Request Form was received after August 20, 1999.
- You did not give us the additional information/documentation we asked for on _____.
- You applied to the wrong county. You must apply to _____ County.
- You were not sanctioned because of your SIP.
- You were not enrolled in your SIP on the date of your appraisal on _____.
- You were not enrolled in your SIP on the date you were scheduled for appraisal and you failed to go to your appraisal appointment and you did not have a good reason.
- You already have a bachelor's degree and your program is not a teaching credential program.

- Your school says that you did not make satisfactory progress.
- The program is not on the county's list of programs leading to a job and you did not show that your school program would lead to a job that would take you off cash aid.
- You were in a private, post-secondary school that was not approved by the appropriate State regulatory agency.
- You were enrolled in an educational program that did not meet SIP approval rules. You were approved to continue until the beginning of the next semester or quarter. At that time, you did not move to a program that met SIP approval rules and that was approved by the county.
- Your request for back child care costs from _____ through _____ has been denied because _____

If you have any questions about this, call _____ at _____.

- Other _____

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. Keep your plastic Benefits Identification Card(s).

Rules: These rules apply; you may review them at your welfare office: MPP 42-711.54.

YOUR HEARING RIGHTS

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

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your Welfare to Work status or your activity:

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

If you disagree with the County's decision about your Cal-Learn status or your activity:

- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- Cal-Learn will pay only Cal-Learn supportive services for an approved Cal-Learn activity.

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

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

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

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

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

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

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. 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

(Check appropriate program box)

- Cal-Learn Welfare to Work

(Check appropriate action box)

- Status Activity Supportive Services

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

- I want a copy of this page sent to me.

My Name: _____

(Print)

Address: _____

My Case Number: _____

My signature: _____

Phone: _____ Date: _____

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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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 incorrectly applied the Self-Initiated Program (SIP) rules. To correct the problem we have removed your sanction for the period of _____ through _____.

- You chose not to receive back cash aid for these months. For that reason, the months will not count against your 60-month time limit.
- You chose to receive back cash aid for the months you were sanctioned. Because you chose to get cash aid payments, these months will count against your 60-month time limit.

Your back cash aid is figured on the next page.

- A check will be sent soon.
- A check is enclosed.

If you get Food Stamps we will count your back cash aid as a resource.

- You may get another notice from Food Stamps.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 42-700

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 CalWORKs Child Care 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: _____

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(Continued)

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

Underpayment Amount Owed
(For Underpayments Occurring on or after 1-1-98)

Underpayment Month and Year:

(A) Net Countable Income					
Total Business Income	\$	_____	_____	_____	_____
Business Expenses		_____	_____	_____	_____
A. 40% Standard OR	-	_____	_____	_____	_____
B. Actual	-	_____	_____	_____	_____
Net Earnings from Self Employment	=	_____	_____	_____	_____
Total Disability-Based Unearned Income (Assistance Unit (AU) + Non Assistance Unit (Non-AU) Members)	\$	_____	_____	_____	_____
\$225 Disregard	-	_____	_____	_____	_____
Nonexempt Unearned Disability-Based Income OR	=	_____	_____	_____	_____
Unused Amount of \$225 Disregard	=	_____	_____	_____	_____
Total Earned Income	\$	_____	_____	_____	_____
Net Earnings from Self-Employment (from above)	+	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____
Unused Amount of \$225 Disregard	-	_____	_____	_____	_____
Earned Income Disregard 50%	-	_____	_____	_____	_____
Nonexempt Unearned Disability-Based Income (from above)	+	_____	_____	_____	_____
Other Nonexempt Income (AU + Non-AU Members)	+	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____
(B) Correct Cash Aid Payment					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	()	()	()	()	()
Special Needs (AU + Non-AU Members)	+	_____	_____	_____	_____
Net Countable Income	-	_____	_____	_____	_____
Subtotal A	=	_____	_____	_____	_____
Maximum Aid Payment (MAP) (AU Only)	\$	_____	_____	_____	_____
Special Needs (AU only)	+	_____	_____	_____	_____
Subtotal B	=	_____	_____	_____	_____
Correct Cash Aid Amount (Lesser of Subtotal A or B)	\$	_____	_____	_____	_____
(C) Child Support Penalty Adjustment					
25% Child Support Penalty	-	_____	_____	_____	_____
Subtotal C	=	_____	_____	_____	_____
(D) Adjustments					
a. Additional 25% Child Support Penalty	-	_____	_____	_____	_____
b. Overpayment	-	_____	_____	_____	_____
c. Cal-Learn Penalty	-	_____	_____	_____	_____
d. Cal-Learn Bonus	+	_____	_____	_____	_____
Adjusted Cash Aid: Subtotal D	=	_____	_____	_____	_____
(E) Underpayment					
Correct Cash Aid Amount	\$	_____	_____	_____	_____
Cash Aid Paid To You	-	_____	_____	_____	_____
Subtotal E	=	_____	_____	_____	_____
Amount of Underpayment for Each Month	=	_____	_____	_____	_____

TOTAL UNDERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-340.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA 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.

You asked that the following problems(s) with your SIP be fixed:

- _____
- _____
- _____

- Your welfare-to-work plan will be corrected to include _____.
- Your back child care costs from _____ through _____ have been approved for a total of \$ _____. See the attachment for how we computed your back child care costs. If you have any questions about this, call _____ at _____.
- Other _____

Based on our review of your self-initiated-program request and the information that you provided, **the county has approved the following action(s) to fix problems with your SIP.**

- Your current SIP or SIP extension has been approved for _____ months beginning _____.
- You may start an approvable SIP. To be approved, you must start school the next time you can enroll and no later than the Spring 2000 school term. You may enroll later only if you give the county a good reason why you could not start by Spring 2000. You must continue to participate in the activities in your existing welfare-to-work plan until you actually begin the activities in your corrected welfare-to-work plan. The SIP will count as part of your welfare-to-work activities for _____ months.
- Your hours for _____ will be counted as part of your welfare-to-work activity.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 42-711.54.

YOUR HEARING RIGHTS

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

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your Welfare to Work status or your activity:

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

If you disagree with the County's decision about your Cal-Learn status or your activity:

- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- Cal-Learn will pay only Cal-Learn supportive services for an approved Cal-Learn activity.

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

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

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

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

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

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

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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

(Check appropriate program box)

- Cal-Learn Welfare to Work

(Check appropriate action box)

- Status Activity Supportive Services

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

- I want a copy of this page sent to me.

My Name: _____

(Print)

Address: _____

My Case Number: _____

My signature: _____

Phone: _____ Date: _____

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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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.

For the period of _____ until _____, the County has approved your transportation for Welfare to Work activity.

- The most we can pay is \$ _____ for a total of _____ miles per _____.
- The County has approved \$ _____ per _____ based on public transportation rates.
- The County has approved bus passes or tickets for a total of _____ per _____.

The County will only pay for transportation while you are attending your approved Welfare to Work activity:

_____ .
Your transportation payment limit is figured on this notice.

Mileage for driving can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

- Your transportation payments will be Advanced to you
- Paid back to you Paid to your transportation provider
 - Other:

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

You can call your Welfare to Work worker if you have questions.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.112

<input type="checkbox"/> public transportation	<input type="checkbox"/> your car's mileage
_____ rate	_____ rate
X _____ per _____	x _____ per _____
= \$ _____	x _____ miles
	= \$ _____

- parking \$ _____ month school term other
- total back payments due/month from _____ through _____

\$ 0 / month	\$ ____ / ____
\$ ____ / ____	\$ ____ / ____
\$ ____ / ____	\$ ____ / ____
\$ ____ / ____	\$ ____ / ____
\$ ____ / ____	\$ ____ / ____
\$ ____ / ____	\$ ____ / ____
\$ ____ / ____	\$ ____ / ____
\$ ____ / ____	\$ ____ / ____
\$ ____ / ____	\$ ____ / ____
\$ ____ / ____	\$ ____ / ____
\$ ____ / ____	\$ ____ / ____

- total amount for all periods \$ _____
- see attached page for calculation details

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HOW TO ASK FOR A STATE HEARING

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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

(Check appropriate program box)

- Cal-Learn Welfare to Work

(Check appropriate action box)

- Status Activity Supportive Services

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

- I want a copy of this page sent to me.

My Name: _____

(Print)

Address: _____

My Case Number: _____

My signature: _____

Phone: _____ Date: _____

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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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.

For the period _____ through _____ your Welfare to Work transportation payment you asked for is:

- denied
- less than you asked for

Here's why:

- You are already getting as much as the County can pay because:
 - the maximum mileage rate is: \$ _____ per _____.
 - public transportation is available.
 - Welfare to Work transportation is available.
- You were not in an approved Welfare to Work activity.
- You needed to travel less than one mile each way to get to your approved Welfare to Work activity
- The transportation you asked for is not needed to attend your approved Welfare to Work activity:
_____.
- Other:

You can call your Welfare to Work worker if you have questions.

You will receive another notice to show you how the county figured this amount.

Mileage for driving can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.112

YOUR HEARING RIGHTS

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

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your Welfare to Work status or your activity:

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

If you disagree with the County's decision about your Cal-Learn status or your activity:

- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- Cal-Learn will pay only Cal-Learn supportive services for an approved Cal-Learn activity.

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

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

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

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

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

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

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(ADDRESSEE)

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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 _____, the County has approved your request for payment of the following items needed for your approved Welfare to Work activity:

Item	Cost
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	\$ _____

Your payments will be: Advanced to you Paid back to you
 Paid to the store Paid to the school Other:

The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

Here's why:

- The cost was not necessary because: _____

- You did not need _____ for your Welfare to Work activity because: _____

- Other:

As of _____, the County has denied your request for payment of the following items needed for your approved Welfare to Work activity or to get a job:

_____	_____
_____	_____
_____	_____

Here's why:

- You were not in an approved Welfare to Work activity.
- The cost was not necessary because: _____

- You did not need these items for your Welfare to Work activity because: _____

- Other:

You can call your Welfare to Work worker if you have questions.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.113 and .114

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