

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 Cal-Learn Case Manager.

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

This notice is being sent to you because you are a Cal-Learn participant or have a Cal-Learn teen parent in your assistance unit that can get a cash bonus or penalty based on report card grades.

The county has figured that for the report card period of _____ through _____ your CalWORKs grant will not change.

Here's why:

- _____ received grades of D average.
- Other: _____

You can call your Cal-Learn case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-766.632.

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: _____