

# WELFARE-TO-WORK (WTW) 24-MONTH TIME CLOCK EXTENSION DETERMINATION

CASE NAME \_\_\_\_\_

CASE NO. \_\_\_\_\_

COUNTY \_\_\_\_\_

OTHER ID NO. \_\_\_\_\_

WORKER NAME \_\_\_\_\_

**Questions? Ask your worker.**

On \_ (DATE) (NAME) asked for an extension of the WTW 24-Month Time Clock.

Based on the information you have provided, the county made the following decision:

This extension is APPROVED. Reason for extension:

This means that you can continue to be in the activities in your current welfare-to-work plan for more time.

Your extension will end on (DATE)

Your condition may be reviewed again to see if you should continue to get an extension. If your extension ends, you will need to change the activities in your welfare-to-work plan to meet CalWORKs federal standards.

If your extension should continue, you may need to provide information to the county to show that it should continue before the ending date above, or you will need to meet CalWORKs federal standards.

You can change the activities in your welfare-to-work plan to meet CalWORKs federal standards at any time by contacting your worker and signing a new welfare-to-work plan.

This extension is DENIED. Reason for denial:

You must meet CalWORKs federal standards once you have used all 24 months of your WTW 24-Month Time Clock. You will get a notice from the county about changing the activities in your welfare-to-work plan to meet CalWORKs federal standards.

**CONTACT YOUR WORKER RIGHT AWAY IF YOU:**

- Need more information about CalWORKs federal standards that you must meet once you have used all of your WTW 24-Month Time Clock months.
- Think you should not be in Welfare-to-Work and have not asked for an exemption, or need more information about exemptions from participation in Welfare-to-Work.

**CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.**

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:   Cash Aid       CalFresh  
  Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but 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 Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:  
Cash Aid                      CalFresh                      Medi-Cal  
Other (list) \_\_\_\_\_

Here's Why: \_\_\_\_\_

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is:

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED		
BIRTH DATE	PHONE NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE
SIGNATURE	DATE	
NAME OF PERSON COMPLETING THIS FORM	PHONE NUMBER	

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME	PHONE NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE