

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

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Date: \_\_\_\_\_

### THIS FORM GIVES YOU INFORMATION ABOUT YOUR WTW 24-MONTH TIME CLOCK.

As of \_\_\_\_\_, you have \_\_\_\_\_ months left on your WTW 24-Month Time Clock. During your WTW 24-Month Time Clock, you may participate in many different activities in WTW to help you move toward self-sufficiency.

#### Months will not count when:

- you are in the process of developing a WTW plan.
- you are meeting the required number of participation hours in certain activities that meet federal work rules.
- you are in Cal-Learn.
- you are exempt from participating in WTW.
- the county finds that you have a good reason for not participating in WTW. This could include the county not having the supportive services you need to do your assignment.
- you have been sanctioned in WTW.
- You have been granted a domestic abuse waiver to the WTW 24-Month Time Clock.

After you have used all months of your WTW 24-Month Time Clock, the types of activities you must do in WTW will change. You will have fewer allowable activities, and you will need to meet core hourly requirements unless you qualify for an extension to the WTW 24-Month Time Clock. The core activities may include employment, work experience, and community service. Vocational education and training may also be allowed for up to one year as a core activity if you have not already used your 12-Month lifetime limit where vocational education can count as a core activity. The chart below shows you the difference in core activity requirements during and after the WTW 24-Month Time Clock.

Number of Adults in the Family (Assistance Unit)	Weekly Hours of Participation	Required # of Core Hours During 24-Month Clock	Required # of Core Hours After the 24-Month Clock
Single-adult with a child under 6 years old	20	0	20
Single-adult with no children under 6 years old	30	0	20
Two-parent families	35	0	30

If you do not meet these hours with an allowable core activity after using all of your WTW 24-Month Time Clock, you may be removed from the Assistance Unit and your cash aid may be lowered. In addition to this informing notice received at application and redetermination, the county will give you a Notice of Action (NOA) between your 18th and 21st months on the WTW 24-Month Time Clock and when you have used all 24 months of your WTW 24-Month Time Clock.

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

- want to change your WTW plan because of the participation requirements;
- think you should not have months counted toward the WTW 24-Month Time Clock;
- need more information about the WTW 24-Month Time Clock requirements or how to ask for an extension to your clock.

**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 (Food Stamps), 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 (Food Stamps) 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 (Food Stamps) 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 (Food Stamps)  
 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 (Food Stamps)  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