

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

August 10, 1983

ALL-COUNTY LETTER NO. 83- 81

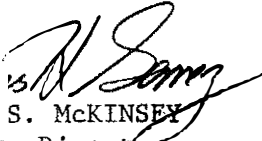
TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP MASS CHANGE NOTICE

Attached is stuffer language as required by MPP 63-509.342 to inform food stamp recipients of the possible effect of the recent AFDC, RCA and ECA cost-of-living increases on their food stamp allotments.

As you realize, MPP 63-502.2(h) requires that any lump sum payments made to food stamp recipients to compensate for past months' cost-of-living adjustments (COLAs) are treated as a resource, not income, when computing food stamp benefits. Only those COLAs which can be reasonably anticipated for a given month shall be reflected in that month's food stamp allotment provided that the CWD has at least 30 days advance knowledge of the COLA amount per MPP 63-504.342(a). If the CWD does not have 30 days advance notice it may, but is not required to, make the adjustment to food stamps in the same month as the COLA; but the adjustment must be made by the month following the COLA.

Should you have any questions please contact your Food Stamp Program Operations Consultant at (916) 322-5475.



LE S. MCKINSEY
Deputy Director

cc: CWDA

Attachment

NOTICE TO ALL FOOD STAMP RECIPIENTS
RECEIVING CASH ASSISTANCE

Since you received a cost-of-living increase in your cash grant for AFDC, Refugee Cash Assistance, and/or Emergency Cash Assistance, your food stamp allotment may have been reduced.

For most households your benefits will be decreased by an amount no greater than the amounts in Column A. If your household spends, or last month spent, more than one-half of its income on shelter, the benefits for your household will be decreased by an amount no greater than the amounts in Column B.

| <u>HOUSEHOLD SIZE</u> | <u>A</u> | <u>B</u> |
|-----------------------|----------|----------|
| 1 | \$ 3 | \$ 5 |
| 2 | \$ 5 | \$ 8 |
| 3 | \$ 6 | \$ 9 |
| 4 | \$ 8 | \$ 11 |
| 5 | \$ 9 | \$ 13 |
| 6 | \$ 10 | \$ 15 |
| 7 | \$ 11 | \$ 16 |
| 8 | \$ 12 | \$ 17 |
| 9 | \$ 12 | \$ 18 |
| 10 | \$ 13 | \$ 20 |

You have the right to request a state hearing before the State Department of Social Services regarding the county's action on your food stamps. Your request may be written or verbal, but it must state that you want a hearing and should state why you are dissatisfied. Your request for a hearing must be made within ninety (90) days of the date of this notice. The best way to ask for a hearing is to write and explain why you want a hearing and that your request is about food stamps. Write to:

State Department of Social Services
State Hearing Support Unit
744 P Street - M.S. 6-100
Sacramento, CA 95814

You may also request a hearing by calling 1-800-952-5253.

If your food stamps are being reduced or stopped and you ask for a hearing within ten (10) days of the mailing date of this notice, your food stamps may continue at your past level until the hearing or until the end of your current period of eligibility, whichever comes first.

Should you have any questions regarding your particular circumstances, please contact your Eligibility Worker.