

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



June 9, 1988

ALL COUNTY LETTER NO. 88-58

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PROVIDING NOTICE OF COST-OF-LIVING INCREASE IN AFDC,
RCA, ECA, RDP, AND RESULTING DECREASE IN FOOD STAMPS

This letter transmits two mass change Recipient Information Notices which contain language that counties must use to notify AFDC, RCA, ECA, RDP, and Food Stamp recipients of a change in benefit amounts due to a cost-of-living (COLA) increase.

The COLA percentage increase, and the AFDC Standards of Assistance table incorporating the COLA, are not available at this time, but will be transmitted in a subsequent All County Letter as soon as they are available. Translated versions of the notices will also be sent as soon as they are available.

In previous years, there were separate notices for AFDC and Food Stamps. The notices have now been combined. Attached are camera ready copies. The notices may be reproduced as they are, reduced in size, or retyped.

CASH AID CHANGE

The Cash Aid Change notice must be used to inform recipients of the change in aid payment levels for a current month; e.g., when the change is effective July 1, 1988, and the COLA is included in the July warrant. Counties are required to use the language as is and include the following:

- Insert the county name at the top of the notice.
- You must identify the month of the change on the first line in paragraph one.
- You must identify the percentage change on line two in paragraph one.
- You must identify the month of the change in the Food Stamp Change section of the notice.
- Insert the mailing address for the county hearings section in the Hearing Rights section.

RETROACTIVE CASH AID CHANGE

The Retroactive Cash Aid Change notice must be used when the county is informing the recipient of a retroactive change in aid payment levels; e.g., when the change was effective on July 1, 1988, but the county does not inform the recipient until after the July warrants have been issued. Counties are required to use the language as is and include the following:

- Insert the county name at the top of the notice.
- You must identify the month when the change was effective on the first line in paragraph one.
- You must identify the percentage change on line two in paragraph one.
- You must identify the month when the aid payment includes the COLA on line one of paragraph two.
- You must identify the month of the change in the Food Stamp Change section of the notice.
- Insert the mailing address for the county hearings section in the Hearing Rights section.

If you have any program questions, please contact Judy Moore at (916) 324-2017 or ATSS 454-2017. Questions concerning messages and notice translation should be directed to the Language Services Unit at (916) 323-9562.


ROBERT A. HOREL
Deputy Director

cc: CWDA

Attachments

CASH AID CHANGE

As of _____, the Maximum Aid Payment (MAP) is increased by _____ percent. For the most your cash aid change could be, see the MAP table on this page.

Cash Aid MAP Table

Persons on Aid	Old MAP	New MAP	Change
1	\$	\$	\$
2			
3			
4			
5			
6			
7			
8			
9			
10			
or more			

FOOD STAMP CHANGE

As of _____, the MAP for those on cash aid is increased. This change in your cash aid may lower your food stamps.

See the food stamp table on this page. Due to this change, the most you could lose is based on your household size.

Food Stamp Table

Household Size	The Most You Could Lose
1	\$
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

YOUR HEARING RIGHTS**To Ask For A Hearing**

If you think we were wrong in figuring your change, you can ask for a State Hearing within 90 days. The 90 days started the day after we mailed this notice. The best way to ask for a State Hearing is to write to:

To Keep Your Same Food Stamp Benefits Until The Hearing

You must ask for a hearing within 10 days of this notice, unless you tell us you want the lower amount.

If the hearing decision says we are right, you will owe us for any extra benefits you got.

→ If there are any other changes in your case, you will get another notice.

→ If you have questions or need more facts, ask your worker.

→ These rules apply; you may see them at your welfare office: Manual of Policies and Procedures 44-315.41 and 63-504.392.

or call:

toll free 1-800-952-5253

OR

deaf and use TDD 1-800-952-8349

RETROACTIVE CASH AID CHANGE

As of _____, the Maximum Aid Payment (MAP) was increased by _____ percent. For the most your cash aid change could be, see the MAP table on this page.

Your cash aid for _____ includes the MAP change. You will get a check for any back aid that we owe you.

Cash Aid MAP Table

Persons on Aid	Old MAP	New MAP	Change
1	\$	\$	\$
2			
3			
4			
5			
6			
7			
8			
9			
10			
or more			

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