

# CALFRESH NOTICE OF EXPIRATION OF CERTIFICATION FOR HOUSEHOLDS IN WHICH ALL ADULTS ARE ELDERLY OR DISABLED

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

1. Your CalFresh Certification period will end on \_\_\_\_\_.
2. An interview is not required. You may call for an interview if you would like one. Please contact the county right away if you would like an interview. Interviews are usually done by phone unless you would prefer an in-person interview. If you need other arrangements due to a disability; please call the county right away.
3. Please fill out the application completely and return to the county by the first day of the last month of the certification period: \_\_\_\_\_
4. If you are reporting changes, **please include proof** with your application. Proof of any changes must be turned in no later than the end of your certification period.
5. Based on information you send, the county may still need to interview you.
6. If you ask for an interview or if one is still required, you will get an appointment letter.
7. If you want to keep getting your benefits without a break, you must file an application no later than the 15th day of the month your certification period ends. If you want an interview or one is requested, the interview must be completed and any proof of income, expenses, or other information turned in no later than the end of the certification period.

## **IMPORTANT RULES**

- If you receive CalWORKs and you fail to complete your CalWORKs redetermination, you will not be eligible for Transitional CalFresh benefits.
- If any of the following things happen, you may have to wait up to 30 days before final action is taken on your recertification application. In addition, you may get only partial benefits for the first month of your new certification period. You have the right to ask for 3-day processing (Expedited Service) if there is a break in aid:
  - You do not turn in an application by the 15th day of the month your certification period ends.
  - You do not complete an interview you asked for or the county told you was required within 10 days before the end of the certification period, or
  - You do not turn in any proof of income, expenses, or other information within 10 days of the date of the interview.
  - You do not turn in proof of any changes reported on the recertification application before the end of your certification period.
- You have the right to get an application from the county welfare department at any time and to have the county accept your application. The application must be signed and contain readable name, address, and signature or a witness to the mark.
- You or your authorized representative have the right to file a CalFresh application by turning in the form to the county welfare department either in person, by mail, by fax or other transmission available in your county (e-mail or an on-line electronic application at: <http://www.benefitscal.org>). The length of time to deliver benefits is calculated from the date the application is filed with the county welfare department. An application signed through the use of electronic signature techniques or an application containing a handwritten signature and then transmitted by fax or other electronic transmission is acceptable. You will be given 10 days to turn in any requested information. Please tell the county if you need help getting this information.

**Rules: These rules apply: CalFresh MPP Sections: 63-300.3, 63-504.25, 63-504.251, 63-504.6, 63-504.61. You may review them at your welfare office.**

## 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