

CalWORKs Self-Service
11000 MAGNOLIA AVE
RIVERSIDE, CA 92505-3047

COUNTY OF RIVERSIDE

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

Notice Date: October 12, 2018
Case Name: [REDACTED]
Case Number: [REDACTED]
TDD - For the Hearing Impaired: [REDACTED]
Worker Name: [REDACTED]
Worker Number: [REDACTED]
Worker Telephone: [REDACTED]
Office Hours: Mon - Thurs 7:30am to 5:30pm, Fri 8

NOTICE OF ACTION

As of October 12, 2018, the County has denied your application for Immediate Need dated October 04, 2018.

Here's why:

On the date of the last time limit notice, December 01, 2016, the County determined that you [REDACTED] have used a total of 49 months of your lifetime 48-month time limit of CalWORKs cash aid.

Beginning July 1, 2011, State Law changed the CalWORKs time limit from 60 months to 48 months.

As of October 2018, you [REDACTED] used your total 48 months of CalWORKs cash aid so you can no longer get cash aid.

Here's why:

Since the last Time Limit notice, the number of months you used has changed.

The additional months used: 0 months.

The total number used is now 49 months.

If you were exempt, the month(s) did not count toward the CalWORKs 48-month time limit.

No child support was collected for children in your AU.

You [REDACTED] may have months that are exempt because of child support collection in the future. The county will let you know of these months if your family is still on CalWORKs.

Rules: These rules apply. You may review them at your local welfare office. EASs 40-129 534(g), 22-001 (a) (1), 22-001 (b) (1).

C-IV NOA

Page 1 of 3



Questions? Ask your worker.

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

Determine why C-IV 4/18/19
Organizes the denial
notices this way -
all "other" info, first,
then the denial reason
last.
Can this be changed
so the denial reason
is first?
If not, why?

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.)

NA BACK 9 (REPLACES NA BACK 8 AND EP 5)(REVISED 4/2013) - REQUIRED FORM - NO SUBSTITUTE PERMITTED

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:
Administrative Hearings Unit
Department of Public Social Services
7894 Mission Grove Pkwy S, Ste 100
RIVERSIDE, CA 92509
- 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.

Inland Counties Legal Services, Inc.
1040 Iowa Avenue
Ste 109
RIVERSIDE, CA 92507
(951) 388-2585 / Fax: (951) 308-2580
Toll Free: (888) 245-4257

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 Riverside 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 NAMED BELOW TO REPRESENT ME AT THIS HEARING (PRINT NAME AND PHONE NUMBER)

RESIDENCE: _____ PHONE NUMBER: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

WITNESSED PERSON (PRINT NAME AND PHONE NUMBER) _____ 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: _____



COUNTY OF RIVERSIDE

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

Notice Date
Case Name
Case Number

Your new cash aid amount is figured on this Notice of Action

The following 23 month(s) did not count towards your CalWORKs 48-month time limit

July 2008 through October 2008
August 2009 through February 2011

You can't get an Immediate Need when you are already getting regular cash aid

La Sierra Self Sufficiency
11000 MAGNOLIA AVE
RIVERSIDE, CA 92505-3047

COUNTY OF RIVERSIDE

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

Notice Date: October 12, 2018
Case Name: [REDACTED]
Case Number: [REDACTED]
TDD - For the Hearing Impaired: [REDACTED]
Worker Name: [REDACTED]
Worker Number: [REDACTED]
Worker Telephone: [REDACTED]
Office Hours: Mon-Thurs: 7:30am to 5:30pm Fri: 8

NOTICE OF ACTION



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

As of October 12, 2018, the County has approved your CalFresh.

You have been approved for Modified Categorical Eligibility.

Your first day of CalFresh is October 04, 2018.

Your monthly CalFresh amount is \$410.00. The certification period is October 04, 2018 to September 30, 2019.

The following individuals are eligible for CalFresh:

Type Of Aid
CalFresh
CalFresh
CalFresh

You have a balance on an overissuance. We will keep \$46.00 to repay what you owe. We will adjust your monthly aid payment until your overissuance is paid back.

This benefit includes an overissuance adjustment of \$46.00.

Call your worker if you have questions about getting your card.

\$410.00 can be used now with Electronic Benefit Transfer - EBT.

Your CalFresh will be available through Electronic Benefit Transfer (EBT) the 7th of each month.

The benefit amount for your first month of aid is only for a part of the month. It is for the time from your first day of CalFresh, shown above, through the end of the month. If nothing changes, next month's benefit amount will be for a full month.

Part 1 - Gross Income Eligibility effective: October 01, 2018

Earned Income	\$0.00
Unearned Income	+\$495.00
Total Gross Nonexempt Income	=\$495.00

Part 2 - Gross Income Eligibility effective: October 01, 2018

Adjusted Gross Earned Income	\$0.00
Gross Unearned Income	\$495.00
Total Deductions	-\$164.00
Preliminary Adjusted Income	=\$331.00

Excess Shelter Costs	\$599.50
Maximum Allowance for Shelter	\$552.00
Allowable Shelter Deduction	\$552.00
Net Monthly Income	=\$0.00

Net Income Test

Household Size	3
Maximum Net Income	\$0.00
Net Income Eligible	Yes

Benefits

Full Month Allotment	\$505.00
Prorated Allotment	\$456.12
Final Allotment	\$456.00
Allotment Adjustments	-\$46.00

Authorized Allotment Amount \$410.00

Rules: These rules apply. You may review them at your local welfare office. MPPs 63-801, 16-215, 16-105, 83-505.2, 22-001 (a)(1), 63-301.1, 63-501, 63-502, 63-503, 63-504.1, 63-504.22, ACLs 12-25, 12-25E, 13-17, 13-08, 14-77, ACINs 1-58-13, 1-58-13E, C-IV, NOA



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Office Hours Mon -Thurs 7:30am to 5:30pm, Fri 8

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

As of October 12, 2018 the County has approved your CalWORKs
Your first day of Cash Aid is October 04, 2018.
Your Medi-Cal begins as of the month you applied for aid
Your monthly Cash Aid amount is \$441.00

The following individuals are eligible for CalWORKs

	Type Of Aid
[Redacted]	Cash Aid/Medi-Cal
[Redacted]	Cash Aid/Medi-Cal

The following individual's have been denied for CalWORKs

	Type of Aid
[Redacted]	Cash Aid/Medi-Cal

Here's why

On the date of the last time limit notice, December 01, 2016, the County determined that you, [Redacted] have used a total of 49 months of your lifetime 48-month time limit of CalWORKs cash aid.

Beginning July 1, 2011, State Law changed the CalWORKs time limit from 60 months to 48 months

As of October 2018 you, [Redacted] used your total 48 months of CalWORKs cash aid so you can no longer get cash aid

Here's why

Since the last Time Limit notice, the number of months you used has changed

The additional months used: 0 months

Rules: These rules apply. You may review them at your local welfare office. MPPs 44-352.41, 16-215, 40-107.147, 42-302, 42-302.21, 42-712, 22-001(a)(1), ACLs 12-49, 11-33

C-IV NOA

Monthly Cash Aid Amount	
Section A. Countable Income, Month Of October	
1 Total Self-Employment Income	\$0.00
2 Self-Employment Expenses	
a. 40% Standard	\$0.00
b. Actual	-\$0.00
3 Net Earnings from Self-Employment	-\$0.00
4 Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members)	\$0.00
5 \$225 DBI Disregard (if #4 is greater than \$225)	\$0.00
6 Nonexempt Unearned Disability-Based Income	-\$0.00
7 Unused DBI Disregard	-\$0.00
8 Net Earnings from Self-Employment (from above)	-\$0.00
9 Total Other Earned Income	+\$0.00
10 Unused Amount of \$225 (from #7)	-\$0.00
11 Subtotal	-\$0.00
12 Earned Income Disregard 50%	+\$0.00
13 Subtotal	\$0.00
14 Nonexempt Unearned Disability-Based Income (from #6)	-\$0.00
15 Subtotal	+\$0.00
16 Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members)	+\$0.00
17 Other Nonexempt Income Disregard	-\$0.00
Net Countable Income	-\$0.00
Section B. Your Cash Aid, Month Of October	
1 Maximum Aid (Assistance Unit + Non-Assistance Unit Members)	2 Persons(s) \$648.00
2 Special Needs (Assistance Unit + Non-Assistance Unit Members)	
3 Net Countable Income from Section A (above)	+\$0.00
4 Subtotal	-\$0.00
5 Maximum Aid (Assistance Unit Only) (Excluding Penalized Persons)	2 Person(s) \$548.00
6 Special Needs (Assistance Unit only)	
7 Maximum Aid Subtotal	+\$0.00
8. Full Month Aid Subtotal	-\$548.00
(Lowest Amount on Line 4 or 7)	-\$548.00
9 Line 8 Prorated for Part of Month	+\$441.00
10 Adjustments: 25% Child Support Penalty(ies)	-\$0.00
Other Penalties	\$0.00
Overpayment	\$14.00
School Bonus (\$100 or \$500)	-\$0.00
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	\$441.00



YOUR HEARING RIGHTS

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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.

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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.)

NA BACK 9 (REPLACES NA BACK 8 AND EP 5)(REVISED 4/2013) - REQUIRED FORM - NO SUBSTITUTE PERMITTED

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: Administrative Hearings Unit, Department of Public Social Services, 7894 Mission Grove Pkwy S, Ste 100, RIVERSIDE, CA 92508.
- 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.

Inland Counties Legal Services, Inc.
1040 Iowa Avenue
Ste 109
RIVERSIDE, CA 92507
(951) 368-2556 / Fax: (951) 369-2550
Toll Free: (888) 245-4257

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 Riverside 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 RECORDS YOU WANT TO SEE: _____

STATE: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

NAME OF PERSON WHOSE RECORDS YOU WANT TO SEE: _____ 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: _____



COUNTY OF RIVERSIDE

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

Notice Date
Case Name
Case Number

The total number used is now 49 months

If you were exempt, the month(s) did not count toward the CalWORKs 48-month time limit.

No child support was collected for children in your AU.

You may have months that are exempt because of child support collection in the future. The county will let you know of these months if your family is still on CalWORKs.

Your new cash aid amount is figured on this Notice of Action.

The following 23 month(s) did not count towards your CalWORKs 48-month time limit:

July 2008 through October 2008
August 2009 through February 2011

This benefit includes an overpayment adjustment of \$54.00.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of the first page of this notice tells how. If you stay on aid, the County can collect an overpayment by lowering your monthly grant. If you go off aid before the overpayment is paid back, the County may take what you owe out of your state income tax refund or take other legal action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

Call your worker if you have questions about getting your card.

Your CalWORKs will be available through Electronic Benefit Transfer (EBT) the 2nd of each month.

The benefit amount for your first month of aid is only for a part of the month. It is for the time from your first day of CalWORKs, shown above, through the end of the month. If nothing changes, next month's benefit amount will be for a full month.

You will receive your Benefits Identification Card (BIC) soon. **Do not throw this card away.** Take this BIC to your doctor or other Medi-Cal provider when you request medical



COUNTY OF RIVERSIDE

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

Notice Date
Case Name
Case Number

03/18/2021

services

