

COUNTY OF

Notice of Action - Cash Assistance  
Program for Immigrants (CAPI)

Date:  
Case Name:  
Case Number:  
Worker Name:  
Worker ID:  
Worker Phone Number:

Questions? Ask your worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The pages that follow tell you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The changes that apply to you are checked off below.

☐ **REINSTATEMENT OF SUSPENDED BENEFITS**

Effective \_\_\_\_\_, your suspended CAPI payments have been reinstated. Your monthly CAPI payment is \$\_\_\_\_\_.

☐ **CHANGE IN BENEFITS**

Effective \_\_\_\_\_, your monthly CAPI payments are changed from \$\_\_\_\_\_ to \$\_\_\_\_\_ because:

- ☐ Your income changed or the income of your spouse, parent or sponsor changed.
- ☐ Your marital status changed. (MPP Sections 49-035, 49-050)
- ☐ Your living arrangements changed. (MPP Section 49-050)
- ☐ You were overpaid (see comments). (20 CFR 416.537)
- ☐ Other \_\_\_\_\_

☐ **SUSPENSION OR TERMINATION**

Effective \_\_\_\_\_, your CAPI payments are ☐ **suspended** ☐ **terminated** because:

- ☐ Your CAPI benefits have been suspended for 12 months.
- ☐ Your citizenship/immigration status does not meet CAPI requirements. (MPP Section 49-020)
- ☐ Your income of \$\_\_\_\_\_, which may include income deemed from your sponsor, is more than the allowable limit. (MPP Section 49-035)
- ☐ Your resources, which may include resources deemed from your sponsor, exceeded the allowable limit of \$2,000 for an individual or \$3,000 for a couple. (MPP Section 49-040)
- ☐ You failed to provide proof that you applied for all possible benefits (including SSI) or you failed to take all necessary steps to obtain those benefits. (MPP Sections 49-030, 49-060.1(j))

- ☐ Your SSI benefits have been approved; you may not receive both SSI benefits and payments under CAPI. (MPP Section 49-030)
- ☐ You have failed to cooperate with the county (see note below and comments section). (MPP Section 49-060.1(d))
- ☐ You are a resident of a public institution. (MPP Section 49-010.21)
- ☐ You are not a California resident. (MPP Section 49-010.14)
- ☐ The county has information that the recipient is now deceased. (MPP Section 49-060.33)
- ☐ You are no longer blind or disabled. (MPP Section 49-025)
- ☐ You asked us to stop your CAPI payments. (MPP Section 49-060.35)
- ☐ You are outside the United States for an entire month. (MPP Section 49-010.24)
- ☐ You have violated a condition of probation or parole, or you are a fleeing felon. (MPP Section 49-060.1(i))
- ☐ Other \_\_\_\_\_

**Comments:**

**Rules:** These rules apply; you may review them (MPP Sections 49-001 through 49-070) at your welfare office.

**Note:** If, within 12 months of suspension, you provide the county with evidence that you re-qualify for CAPI, your CAPI benefits will be reinstated. If you don't, your CAPI case will be terminated. If you later decide to reapply for CAPI, you will be required to complete a new application form and start over.

**REPORTING RESPONSIBILITIES**

The amount of your CAPI payment is based on all the information we received. You must tell the county every time there is any change, including changes in income, resources or living arrangements for yourself, or your spouse, parent or child who lives with you, or your sponsor and his or her spouse regardless of where they live.

You must tell us about any change **within 10 days** of the change. Remember, a change may make your CAPI monthly payment bigger or smaller. **You may need to pay back any overpayments you receive.**

## YOUR HEARING RIGHTS

### YOUR HEARING RIGHTS (See also PUB 412 at [www.cdss.ca.gov/inforesources/state-hearings](http://www.cdss.ca.gov/inforesources/state-hearings))

You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at [acms.dss.ca.gov](http://acms.dss.ca.gov) Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account **OR**
- **Call** toll free (800) 743-8525 (or TDD (800) 952-8349) **OR**
- **Fax** fill out this page/fax to (833) 281-0905 **OR**
- Fill out this page, and deliver it by one of the following:
  - o **In-person:** \_\_\_\_\_
  - o **Mail to:** CDSS State Hearings Division,  
PO Box 944243, MS 21-37  
Sacramento CA 94244-2430
  - o **Email to:** [SHDCSU@DSS.ca.gov](mailto:SHDCSU@DSS.ca.gov)

### HEARING REQUEST

1. My hearing issue involves \_\_\_\_\_ (benefit program) and \_\_\_\_\_ County/Agency.
2. I want a hearing because: \_\_\_\_\_
3. Print name of person who needs a hearing: \_\_\_\_\_ Birthdate: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
☐ I want to get hearing notices from the State Hearing Division by email. **Email Address:** \_\_\_\_\_
5. **Name/Signature:** \_\_\_\_\_ **Date Signed** \_\_\_\_\_
6. Interpreter: ☐ I want a **free** interpreter for the \_\_\_\_\_ language or dialect.
7. Disability Accommodation for hearing? ☐ No ☐ Yes (explain): \_\_\_\_\_
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:  
☐ By Telephone ☐ By Video (*you see judge on your phone/computer*) ☐ In person at the county hearing site  
☐ I have no phone or internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to ☐ Denial of CalWORKs or CalFresh emergency benefits  
☐ Medical Emergency ☐ Eviction/homelessness ☐ Other (explain): \_\_\_\_\_
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKs (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.  
☐ Check to have your aid lowered or stopped pending the hearing for: ☐ CalWORKs ☐ Childcare ☐ CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed:**  
 NAME: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing: