COUNTY OF

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

NOTICE DATE:
CASE NAME:
CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:

CALFRESH NOTICE OF CHANGE FOR SEMI-ANNUAL REPORTING HOUSEHOLD

Questions? Ask your worker.

As of _____, the County is changing your CalFresh benefits from _____ to _____.

Here's Why:

To get CalFresh, persons who live together and meet one of the following criteria must be on the same CalFresh case.

_____ meets one of the rules and cannot receive CalFresh separately from others in the home

- Individuals who purchase and/or prepare meals together.
- A child under 18 years of age, living with and under the parental control of a household member.
- A boarder.
- Parents living with their natural, adopted or stepchildren, or children living with their natural, adopted, or stepparents unless the children are 22 years of age or older and purchase food and prepare meals for home consumption separately from their parents or are participating in the other parent's CalFresh household.
- An individual living with the household who is a spouse of a member of the household.
- Children of narcotic addicts or alcoholics who live at a treatment center.

Rules: These rules apply; you may review them at your welfare office: MPPs 22-001(a)(1), 22-001(t)(1), 22-072.1, 82-808.3, 63-402.141 -143, 63-402.146,63-402.15, 63-402.151, 63-402.16, 63-402.17, 63-402.21.

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.

- A parent who equally shares (50/50) joint physical custody of children and the County Welfare Department has determined that the children are eligible to participate in that parent's household.
- A person or a person with children who are temporary residents of a shelter for battered persons and/or children.
- A person who is 60 years of age or older who is unable to purchase and prepare meals because of a permanent disability under the Social Security Act or because of a non-disease-related, severe, permanent disability.

EBT: Keep your plastic Golden State Advantage card if you use Electronic Benefits Transfer (EBT), even if your aid is terminated. Please do not throw it away.

Medi-Cal: This Notice of Action does not change or stop Medi-Cal benefits. If there is any change in your Medi-Cal benefits, you will receive another Notice of Action. Keep your plastic Benefits Identification Card(s).

REQUIRED INCOME REPORTING
You must report whenever your household income goes above your Income Reporting Threshold (IRT). Your IRT is _____.

YOUR HEARING RIGHTS

YOUR HEARING RIGHTS (See also PUB 412 at 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 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:
  - **In-person:** Appeals and State Hearings Section
    3833 S. Vermont Ave.
    4th Floor
    Los Angeles, CA 90037
    (800) 952-8349 / Fax: (833) 281-0905
    Toll Free: (800) 743-8525
  - **Mail to:** CDSS State Hearings Division, PO Box 944243, MS 21-37 Sacramento CA 94244-2430
  - **Email to:** SHDCSU@DSS.ca.gov

HEARING REQUEST

1. My hearing issue involves _____ (benefit program) and LOS ANGELES _____ 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:

Legal Aid Foundation of Los Angeles (LAFLA) (800) 399-4529 Neighborhood Legal Services of Los Angeles County (NLSLA) (800) 433-6251	Welfare Rights Office 4513 E. Compton Blvd. Compton, CA 90221 (310) 603-3341