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:

NOTICE OF ACTION
CALFRESH TERMINATION

Questions? Ask your worker.

Effective <EffectiveDiscontinuanceDate>, your CalFresh benefits will be terminated, because:

The following individual(s) are ineligible because:

<PersonList>

Here's why:

That (those) person(s) is (are) receiving CalFresh in another County or household.
A person cannot be certified for CalFresh in more than one County or household in any month.

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 <CurrentIRTLimit>.

These rules apply; you may review them at your welfare office: MPP §§63-300, 63-401, 63-402, 63-503

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.