COUNTY OF

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

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

NOTICE OF ACTION
REFUGEE CASH ASSISTANCE (RCA) DENIAL

Questions? Ask your worker.

The County has denied your Refugee Cash Assistance (RCA) application dated <EffectiveDenialDate>.

Here's why:

<PersonList>

You did not provide proof of an eligible non-citizen status.

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

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. Keep using your plastic Benefits Identification Card(s).

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

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.

Rules: These rules apply; you may review them at your welfare office: 45 Code of Federal Regulations (CFR) 400.43; Manual of Policies and Procedures (MPP) 69-202.1