

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES

MANUAL LETTER

DPSS NOTICE OF ACTION
HANDBOOK

NUMBER	ADVANCE	DATE
	106	02/05/07

NOTICES OF ACTION

- NA 290-46 HP Emergency Assistance to Prevent Eviction (EAPE) / Moving Assistance (MA) - Approval/Denial (Welfare-to-Work)
- NA 290-47 HP Emergency Assistance to Prevent Eviction (EAPE) / Moving Assistance (MA) - Approval/Denial (Non-Welfare-to-Work)
- NA 290-48 HRP Housing Relocation Program Notice - Approval/Denial
- NA 290-49 HP 4-Month Rental Subsidy Assistance (RA) / Temporary Homeless Assistance Program (THAP)+14 - Approval
- NA 290-50 HP 4-Month Rental Subsidy Assistance (RA) / Temporary Homeless Assistance Program (THAP)+14 - Denial

This Manual Letter releases the above Notices of Action (NOAs) in English. All other threshold languages will be released at a later date.

Materials Management Section (MMS) will distribute an initial supply of these NOAs. Additional supplies are to be ordered from MMS via the PA 16 procedures. Existing supplies of the NOAs are to be recycled per procedures contained in DPSS Operations Handbook Section 23-600.

This Manual Letter may be of interest to:

District Administrators
Chief Clerks
Eligibility Supervisors

Eligibility Workers
Stockroom Clerks

Questions regarding this release may be directed by administrative staff to Jose Salgado at (562) 908-6323.



PHIL ANSELL, DIRECTOR
BUREAU OF PROGRAM AND POLICY

PA:CL
FW:js

Attachments

CLEARANCE/APPROVAL
 BAS BPP BSO BWS BCTS

LISTS I, II, III, & IV

VII.

CURRENT NOAs (Cont.)

PREPRINTED NOAs (Cont.)

NA 290-46 HP

Emergency Assistance to Prevent Eviction (EAPE) /
Moving Assistance (MA) - Approval/Denial (Welfare-
to-Work)

This NOA is available in English. This NOA is not LEADER generated and must be prepared manually. The worker must prepare this NOA when other languages are necessary and include a copy of the PA 15, Important Message About the Enclosed Notice of Action.

PURPOSE:

The NA 290-46 HP notifies the welfare-to-work applicant/participant of the approval or denial of his/her request for EAPE or MA program payment. The notice informs the applicant/participant of approval and the amount of payment he/she will receive or the reason for denial. It also provides information regarding hearing requests.

POLICY REFERENCE:

EAS Section 44-211.5

SPECIAL COMPLETION INSTRUCTIONS:

None

NOTICE OF APPROVAL/DENIAL EMERGENCY ASSISTANCE TO PREVENT EVICTION (EAPE) / MOVING ASSISTANCE (MA) (Welfare-to-Work)

Notice Date:
Case Name:
Number:
Worker Name:
File Number:
Telephone:
Address:

Mail to:

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

Questions? Ask your Worker listed above.

The County has approved your application dated _____ for:

- Emergency Assistance to Prevent Eviction, or
- Moving Assistance

YOU CAN GET MOVING ASSISTANCE (MA) ONLY ONCE-IN-A-LIFETIME UNLESS YOU MEET AN EXCEPTION (If you receive MA payment only for appliances and/or truck rental, you will use up your once in a lifetime MA payment).

- You will be issued \$_____for moving expenses such as truck rental, security deposit (including last month's rent if required to move in), and public utilities deposits/costs.
- You will be issued \$_____for the purchase of a (check one or both)___stove and/or ___refrigerator.
- You will be issued \$_____for the "up to the amount of the adult portion of the reduced grant for two months." (For time-limited participants only.)
- You will be issued \$_____for (check one or both) ___ past due rent and/or ___ public utility costs.

Your___ Emergency Assistance to Prevent Eviction___ Moving Assistance payment will be available to you on or after_____.

Reminder for verification:

Upon receiving the payment for___Emergency Assistance to Prevent Eviction___Moving Assistance, you must provide verification of your expenses to your Housing Resource Eligibility Worker (HREW) within ten (10) days or **NO LATER THAN** _____.

You must provide verification as follows:

- Truck rental receipt
- Security deposit (including last month's rent if required)
- Public utility deposit receipt
- Refrigerator receipt
- Stove receipt
- Other:

If you fail to provide the above-mentioned documentation by the date indicated above, you will be subject to overpayment and collection procedures.

Rules: These rules apply. You may review them at your welfare office: 44-211.5, Housing Program.

The County has denied your application dated _____ for:

- Emergency Assistance to Prevent Eviction, or
- Moving Assistance

Here is why:

- You are not eligible to receive CalWORKs benefits.
- You failed to provide requested documentation to evaluate your application.
- The proposed rent amount of \$_____exceeds 80% of your Total Monthly Household Income (TMHI) (80% of \$_____ equals \$_____). (Only for Moving Assistance)
- You are not in compliance with GAIN/RITE/PTL Services requirements.
- You are not experiencing a financial hardship that could result in homelessness.
- Other: _____

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 your Medi-Cal benefits.

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

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

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 after the county gave or mailed you this notice.

If you ask for a hearing **before** an action on **Cash Aid, Medi-Cal, Food Stamps, 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 Food Stamps 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, Food Stamps 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 Food Stamps 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.)

TO ASK FOR A STATE 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:

Appeals & State Hearing Section
P.O. Box 18890
Los Angeles, CA 90018

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.

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 Los Angeles County about my:

Cash Aid Food Stamps 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 BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTHDATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

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

VII.

CURRENT NOAs (Cont.)

PREPRINTED NOAs (Cont.)

NA 290-47 HP

**Emergency Assistance to Prevent Eviction (EAPE) /
Moving Assistance (MA) - Approval/Denial (Non-
Welfare-to-Work)**

This NOA is available in English. This NOA is not LEADER generated and must be prepared manually. The worker must prepare this NOA when other languages are necessary and include a copy of the PA 15, Important Message About the Enclosed Notice of Action.

PURPOSE:

The NA 290-47 HP notifies the non-welfare-to-work applicant/participant of the approval or denial of his/her request for EAPE or MA program payment. The notice informs the applicant/participant of approval and the amount of payment he/she will receive or the reason for denial. It also provides information regarding hearing requests.

POLICY REFERENCE:

EAS Section 44-211.5

SPECIAL COMPLETION INSTRUCTIONS:

None

NOTICE OF APPROVAL/DENIAL EMERGENCY ASSISTANCE TO PREVENT EVICTION (EAPE) / MOVING ASSISTANCE (MA) (Non-Welfare-to-Work)

Notice Date:
Case Name:
Number:
Worker Name:
File Number:
Telephone:
Address:

Mail to:

If you have any questions about this notice,
you may contact your Eligibility Worker
listed above.

The County has approved your application dated _____ for:

- Emergency Assistance to Prevent Eviction, or
- Moving Assistance

YOU CAN GET MOVING ASSISTANCE (MA) ONLY ONCE-IN-A-LIFETIME UNLESS YOU MEET AN EXCEPTION (If you receive MA payment only for appliances and/or truck rental, you will use up your once in a lifetime MA payment).

- You will be issued \$_____ for moving expenses such as truck rental, security deposit (including last month's rent if required to move in), and public utilities deposits/costs.
- You will be issued \$_____ for the purchase of a (check one or both) ___stove and/or ___refrigerator.
- You will be issued \$_____ for the "up to the amount of the adult portion of the reduced grant for two months." (For time-limited participants only.)
- You will be issued \$_____ for (check one or both) ___ past due rent and/or ___ public utility costs.

Your ___Emergency Assistance to Prevent Eviction ___Moving Assistance payment will be available to you on or after_____.

Reminder for verification:

Upon receiving the payment for ___Emergency Assistance to Prevent Eviction ___Moving Assistance, you must provide verification of your expenses to your Housing Resource Eligibility Worker (HREW) within ten (10) days or **NO LATER THAN** _____.

You must provide verification as follows:

- Truck rental receipt
- Security deposit (including last month's rent if required)
- Public utility deposit receipt
- Refrigerator receipt
- Stove receipt
- Other: _____

If you fail to provide the above-mentioned documentation by the date indicated above, you will be subject to overpayment and collection procedures. CW Policy, Section 44-211.5

The County has denied your application dated _____ for:

- Emergency Assistance to Prevent Eviction, or
- Moving Assistance

Here is why:

- You are not eligible to receive CalWORKs benefits.
- You failed to provide requested documentation to evaluate your application.
- The proposed rent amount of \$_____ exceeds 80% of your Total Monthly Household Income (TMHI) (80% of \$_____ equals \$_____). (For Moving Assistance only.)
- You are not in compliance with GAIN/RITE/PTL Services requirements.
- You are not experiencing a financial hardship that could result in homelessness.
- Other: _____

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.

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

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

If you think this action is wrong, you may ask for a review of your case. The back of this notice tells how.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with the action taken on the front of this notice. You have 10 days to ask for a hearing. The 10 days started the day after the county gave or mailed you this notice.

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).
- Mail this page to:

DPSS Line Operations Development
9320 Telstar Avenue, Suite 156
El Monte, CA 91731
Attn: Housing Program Disputes

OR

- Call 1-626-312-6056 and ask to speak with the Housing Program Disputes Attendant.

To Get Help: You can ask about your hearing rights. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or relative with you.

HEARING REQUEST

I want a hearing due to the action taken by the Eligibility Worker named on the front of this notice about my:

- Emergency Assistance to Prevent Eviction, or
- Moving Assistance

Here Is Why: _____

- If you need more space, check here and add a page.
 - I need the county to provide me with an interpreter at no cost to me (a relative or friend cannot be an interpreter for you).
- My language or dialect is: _____

MY INFORMATION IS AS FOLLOWS:

Participant's Name: _____

Date of Birth: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Signature: _____

Date: _____

Name of person completing
this form: _____

Phone Number: _____

- I want the person named below to go with me to the hearing. I give my permission for this person to see my records. (This person can be a friend or relative but cannot interpret for you.)

Name: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

VII. CURRENT NOAs (Cont.)

PREPRINTED NOAs (Cont.)

NA 290-48 HRP Housing Relocation Program - Approval/Denial

This NOA is available in English. This NOA is not LEADER generated and must be prepared manually. The worker must prepare this NOA when other languages are necessary and include a copy of the PA 15, Important Message About the Enclosed Notice of Action.

PURPOSE:

This NOA is used to notify the applicant/participant of the approval or denial of his/her request for Housing Relocation Program (HRP) payments. The notice informs the applicant/participant of the amount of benefits he/she will receive or the reason for denial and also provides information regarding hearing process.

POLICY REFERENCE:

Administrative Directive No. 4056, dated August 22, 2000

SPECIAL COMPLETION INSTRUCTIONS:

None

NOTICE OF APPROVAL/DENIAL HOUSING RELOCATION PROGRAM

Mail to:

Notice Date:
Case Name:
Number:
Worker Name:
File Number:
Telephone:
Address:

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

Questions? Ask your Worker listed above.

- The County has approved your Housing Relocation Program application dated _____.
- You will be issued \$_____ for moving expenses such as truck rental, security deposit (including last months rent if required to move in), and public utility deposits/costs.
- You will be issued \$_____ for the purchase of a (circle one or both) stove and/or refrigerator.

Your Housing Relocation Program payment will be available to you on or after _____.

Reminder of verification

Upon receiving the above-mentioned payment, you must provide verification of your expenses to your Housing Resource Eligibility Worker (HREW) within ten (10) days of your move or **NO LATER THAN** _____

You must provide verification as follows:

- Truck rental receipt
- Security deposit receipt (including last month's rent if required to move in)
- Public utility deposit receipt
- Refrigerator receipt
- Stove receipt
- Other: _____

- If you fail to provide the above-mentioned verification by the date indicated above, you will be subject to overpayment and collection procedures.

Rules: These rules apply. You may review them at your welfare office: Administrative Directive No. 4056, dated 8-22-2000.

- The County has denied your Housing Relocation Program application dated: _____.

Here is why:

- You are not eligible to receive CalWORKs.
- You failed to provide requested documentation to evaluate your Housing Relocation Program application.
- Your proposed rent amount of \$_____ exceeds the 60% of total available income. (60% of \$_____ equals \$_____).
- You are not in compliance with GAIN/RITE/PTL/Cal-Learn Program Requirements.
- You are not employed or have a documented offer of employment of 20 hours or more per week.
- Other: _____

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.

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

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

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with the action taken on the front of this notice. You have 10 days to ask for a hearing. The 10 days started the day after the county gave or mailed you this notice.

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).
- Mail this page to:

DPSS Line Operations Development
9320 Telstar Avenue, Suite 156
El Monte, CA 91731
Attn: Housing Program Disputes

OR

- Call 1-626-312-6185 and ask to speak with the Housing Program Disputes Attendant.

To Get Help: You can ask about your hearing rights. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or relative with you.

HEARING REQUEST

I want a hearing due to the action taken by the Eligibility Worker named on the front of this notice about my:

Housing Relocation Program Subsidy

Here Is Why: _____

- If you need more space, check here and add a page.
- I need the county to provide me with an interpreter at no cost to me (A relative or friend cannot be an interpreter for you).

My language or dialect is: _____

MY INFORMATION IS AS FOLLOWS:

Participant's Name: _____

Date of Birth: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip _____

Code: _____

Signature: _____

Date: _____

Name of person completing
this form: _____

Phone Number: _____

- I want the person named below to go with me to the hearing. I give my permission for this person to see my records. (This person can be a friend or relative but cannot interpret for you.)

Name: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

VII.

CURRENT NOAs (Cont.)

PREPRINTED NOAs (Cont.)

NA 290-49 HP

Rental Subsidy Assistance (RA) / Temporary Homeless Assistance Program (THAP)+14 - Approval

This NOA is available in English. This NOA is not LEADER generated and must be prepared manually. The worker must prepare this NOA when other languages are necessary and include a copy of the PA 15, Important Message About the Enclosed Notice of Action.

PURPOSE:

This NOA is used to notify the applicant/participant of the approval of his/her request for RA or THAP+14 payments. The notice informs the applicant/participant of the amount of RA benefits he/she will receive for each eligible month or the amount of THAP+14 payments he/she will be issued. It also provides information regarding hearing requests.

POLICY REFERENCE:

EAS Section 44-211.5

SPECIAL COMPLETION INSTRUCTIONS:

None

**NOTICE OF APPROVAL
4-MONTH RENTAL SUBSIDY ASSISTANCE (RA) /
TEMPORARY HOMELESS ASSISTANCE
PROGRAM (THAP)+14**

Date of this Notice:
Applicant Name:
Case Name:
Case Number:
Eligibility Worker (EW):
EW File Number:
EW Telephone Number:

Mail to:

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

Questions? Ask your Worker listed above.

As of _____, the County has approved your request for:

- Rental Subsidy Assistance (RA)
 - You will be issued RA in the amount of \$ _____, for each of the following months, if otherwise eligible to CalWORKs: _____, _____, _____, and _____, 20____.
- Temporary Homeless Assistance Program (THAP)+14
 - You will be issued \$ _____ for the first THAP+14 issuance (seven days worth of THAP+14). You can receive up to \$65 per night for a family of up to four members, and \$15 per night for each additional family member not to exceed \$125 per night. Only CalWORKs-eligible family members are counted. The amount of your THAP+14 benefits is calculated on this notice.
 - You will be issued \$ _____ for the second THAP+14 issuance. You cannot get any more THAP+14 benefits after this payment for the same period of homelessness. If you are ever homeless again, you may be eligible for these payments if you meet an exception.

THAP+14 Payment

Assistance Unit of	# _____
THAP+14 Payment per night	\$ _____
Number of nights	x _____
Total THAP+14 Payment	= \$ _____

You must provide the required verification as follows:

- Rental receipt after each RA payment verifying the rent was paid for the month issued.
- Hotel/Motel receipt for the THAP+14 benefits issued.

If you fail to provide the required verification by the date indicated on this notice, you will not be eligible to receive additional RA payments or your next THAP+14 payment will be in the form of a restricted two-party check.

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.

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

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

Upon receiving the above-mentioned subsidy or payment, you must provide verification of your expenses to your Eligibility Worker within ten (10) days or **NO LATER THAN** _____.

Rules: These rules apply. You may review them at your welfare office: 44-211.5, Housing Program.

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 after the county gave or mailed you this notice.

If you ask for a hearing **before** an action on Cash Aid, Medi-Cal, Food Stamps, 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 Food Stamps 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, Food Stamps 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 Food Stamps 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.)

TO ASK FOR A STATE 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:

Appeals & State Hearing Section
P.O. Box 18890
Los Angeles, CA 90018

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.

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 Los Angeles County about my:

- Cash Aid Food Stamps 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 BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTHDATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

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

VII. CURRENT NOAs (Cont.)

PREPRINTED NOAs (Cont.)

NA 290-50 HP

Rental Subsidy Assistance (RA) / Temporary
Homeless Assistance Program (THAP)+14 - Denial

This NOA is available in English. This NOA is not LEADER generated and must be prepared manually. The worker must prepare this NOA when other languages are necessary and include a copy of the PA 15, Important Message About the Enclosed Notice of Action.

PURPOSE:

This NOA is used to notify the applicant/participant of the reason for denial of his/her request for RA or THAP+14 payments. It also provides information regarding hearing requests.

POLICY REFERENCE:

EAS Section 44-211.5

SPECIAL COMPLETION INSTRUCTIONS:

None

**NOTICE OF DENIAL
4-MONHT RENTAL SUBSIDY ASSISTANCE (RA) /
TEMPORARY HOMELESS ASSISTANCE
PROGRAM (THAP)+14**

Date of this Notice:
Applicant Name:
Case Name:
Case Number:
Eligibility Worker (EW):
EW File Number:
EW Telephone Number:

Mail to:

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

If you have any questions about this notice, you may contact your Eligibility Worker listed above.

As of _____, the County has denied your request for:

- Rental Subsidy Assistance (RA)
- Temporary Homeless Assistance Program (THAP)+14

Here is why:

- You are not CalWORKs eligible.
- You are not employed or participating in Welfare-to-Work activities.
- You exhausted your CalWORKs 60-Month Time Limit and are either not employed or enrolled in Post Time-Limited (PTL) Services.
- You must request RA within 30 days from the date you received your HA Permanent Housing or MA payment (If you did not sign a RA agreement at that time, you may qualify for the RA payment).
- Your rent exceeds 80% of your Total Monthly Household Income (TMHI) (Only for RA)
- You already exhausted your THAP+14 benefits. You received these payments on _____ and _____.
- You are not complying with the Housing Locator (Only for THAP+14).
- You cannot be referred to a Housing Locator at this time (Only for THAP+14).

- You are currently GAIN exempt.
- Other: _____

Rules: These rules apply. You may review them at your welfare office: 44-211.5, Housing Program.

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.

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

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

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 after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, 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 Food Stamps 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, Food Stamps 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 Food Stamps 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.)

TO ASK FOR A STATE 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:

Appeals & State Hearing Section
P.O. Box 18890
Los Angeles, CA 90018

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.

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 Los Angeles County about my:

- Cash Aid Food Stamps 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 BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTHDATE	PHONE NUMBER
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STREET ADDRESS

CITY STATE ZIP CODE

SIGNATURE	DATE
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NAME OF PERSON COMPLETING THIS FORM	PHONE NUMBER
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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
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STREET ADDRESS

CITY STATE ZIP CODE