

CALFRESH FORMS

INFORMATIONAL



Do you need help because of a disability?

The law protects people with physical and mental disabilities as well as others with serious health problems.

Do you have a disability that makes it hard for you to apply for benefits or meet program requirements? We can give you extra help. You do not need to give us your medical papers/proof of your condition.

Disabilities may include limitations with:

- Walking, sitting or standing
- Reading, learning or understanding
- Speaking, hearing or seeing
- Being around crowds
- Memory loss
- Dealing with emotions

We can help you with:

- Reading our documents and forms
- Filling out our forms
- Getting documents we need
- Changes to program rules and work requirements
- Making appointments
- Other reasonable modifications

To request a modification, ask any DPSS employee or call the ADA Hotline at:

844-586-5550



Not every disability is visible

CALFRESH ABLE-BODIED ADULT WITHOUT DEPENDENTS (ABAWD) TIME LIMIT EXEMPTION SCREENING FORM

Federal CalFresh rules say that you must work, volunteer, or participate in certain employment and training activities. If you do not, you may be limited to three months of CalFresh benefits in a 36-month period. Some people may be excused from these rules.

PLEASE COMPLETE THIS FORM AND SELECT **ALL** BOXES THAT APPLY TO YOUR SITUATION

Please give this completed form and any proof to your county at _____.
(Address)

If you have questions or need help, call your county at _____.
(Phone Number)

SECTION ONE: HOUSEHOLD INFORMATION

Name: _____

Address _____

Phone Number: _____ Case Number: _____

SECTION TWO: EXEMPTIONS

This section will help us determine if you are excused from these rules. If you are excused, you can get CalFresh for as long as you are eligible. Check all that apply to you and provide proof if you have it.

- I have a physical or mental health issue that stops me from working at least 20 hours per week or a total of 80 hours or more per month. Please provide more detail:

I have a personal issue that stops me from working at least 20 hours per week or a total of 80 hours or more per month because:

- I am experiencing homelessness and I am unable to meet my basic needs (adequate shelter, heating and cooling, electricity, running water, food, and clothing).

- I am in a drug or alcohol abuse treatment program, or I am struggling with a drug or alcohol problem.

Program name: _____

Give us proof if you have it. This can be any document that shows your participation in the program.

- I am a victim of domestic violence.

- Other. Please explain: _____

- I live in a CalFresh household with a child under age 18 (this can be your own child, sibling, or any other child in your CalFresh household).

- I am caring for a dependent child under age 6 (the child does not need to live with you).

- I am caring for a person with a disability (the person does not need to live with you).
- I am pregnant (any stage of pregnancy). Your due date (if known): _____
- I go to school at least half-time (additional student rules may apply).
- I am getting or have applied for unemployment benefits.
- I am getting or have applied for disability benefits from any source (disability benefits include, but are not limited to: pensions, worker's compensation, disability insurance, Social Security, Supplemental Security Income, and veterans).
- Type of disability benefits you get or have applied for: _____
- None of the above

SECTION THREE: MEETING THE WORK REQUIREMENT

To meet the work requirement you must work, volunteer, or participate in certain employment and training activities for at least 20 hours per week or a total of 80 hours per month. In this section, please tell us if you are already doing an activity that meets the work requirement.

- I am working at least 20 hours per week or a total of 80 hours or more per month including self-employment and in-kind work (work in trade for something else such as providing maintenance work for reduced housing costs).

Give us one of these types of proof:

- Last 30 days of pay stubs
- A signed and dated letter on your employer's letterhead with the expected weekly hours
- Proof of your self-employment (receipts, bank statements etc.)
- Proof of in-kind work

- I am in a workfare or employment and training program.

Program name: _____

Total number of hours that you attend each week: _____

- I am doing community service or volunteer work.

Organization name: _____

Total number of hours that you attend each week: _____

Give us one of these types of proof:

- A community service or volunteer form
- A signed and dated letter from the organization with the expected weekly hours

- Doing a combination of any of the above for at least 20 hours per week or a total of 80 hours per month.

- None of the above

Based on the information you provide, the county will tell you if you are excused or meeting the work requirement. If you have questions about this ABAWD form or need help completing it, contact your County right away at _____.
(Phone Number)

EBT FRAUD TRAFFICKING



ELECTRONIC BENEFITS TRANSFER (EBT) TRAFFICKING

is when CalFresh benefits are bought, sold or traded for cash.
This is **FRAUD**, it is a **CRIME** and is **AGAINST THE LAW**.

IF YOU RECEIVE CALFRESH BENEFITS:



- **ONLY** use your benefits for food
- Keep your EBT card and PIN number secure
- **DO NOT** share your EBT card or PIN number with anyone outside your family
- Report a lost or stolen card immediately to the EBT Customer Service Center (1-877-328-9677 or the TTY at 1-800-735-2929) or to your Worker

PARTICIPATING RETAILERS MUST:



- Be 100% truthful on retailer application
- **NEVER** exchange CalFresh benefits for cash
- **NEVER** sell ineligible foods
- Train employees on EBT rules

VIOLATIONS CAN RESULT IN:

- ✓ **Temporary or permanent disqualification from the CalFresh Program.**
- ✓ **Repayment of CalFresh benefits obtained illegally.**
- ✓ **Criminal prosecution including fine and imprisonment.**

Report Fraud To Los Angeles County Welfare Fraud Prevention and Investigations (WFP&I):
Central Fraud Reporting Line: (800) 349-9970 We Tip Hotline: (800) 782-7463
or The USDA Office Of Inspector General: Call: (800) 424-9121
Write: United States Department of Agriculture Office of Inspector General
PO Box 23399 Washington, DC 20026-3399
E-Mail: usda_hotline@oig.usda.gov

DEMOGRAPHIC QUESTIONNAIRE FOR CALWORKS, REFUGEE CASH ASSISTANCE (RCA), ENTRANCE CASH ASSISTANCE (ECA), TRAFFICKING AND CRIME VICTIMS ASSISTANCE PROGRAM (TCVAP) AND CALFRESH PROGRAMS

Legal Name:

Case Number:

(Optional) Preferred Name and Pronoun(s):

The following personal information is optional and confidential. It is asked to make sure that benefits are given without regard to sexual orientation or gender identity. Your answers will not affect your eligibility or benefit amount. The law says the county must ask your sexual orientation and gender identity, but you are not required to answer. Your name and case number are only used to be sure the county asked you the questions. The county will only use this information for civil rights statistical purposes. You can ask the county for another form to change your responses at any time.

Check this box if you do not want to give the county information about your sexual orientation or gender identity. You can also select “decline to state” on each of the questions below.

1. OPTIONAL: What is your gender identity? Please check one that best describes your gender identity:

- Female** (assigned female at birth and identify as female)
- Male** (assigned male at birth and identify as male)
- Transgender female** (assigned male at birth and identify as female)
- Transgender male** (assigned female at birth and identify as male)
- Non-binary** (neither, both or a combination of male or female)
- Another gender identity**
- Decline to state**

2. OPTIONAL: What sex was listed on your original birth certificate? Please check one:

- Female** **Male** **Decline to state**

3. OPTIONAL: What is your sexual orientation? Please check one that best describes your sexual orientation:

- Straight or heterosexual** (attracted to people with the opposite gender)
- Gay or lesbian** (attracted to people with the same gender)
- Bisexual** (attracted to people with both the same and different genders)
- Queer** (do not identify with straight/heterosexual, gay/lesbian or bisexual)
- Another sexual orientation**
- Unknown**
- Decline to state**

FOR CASH PROGRAMS
You may qualify for an exemption from EBT or for a stagger day change



EXEMPTIONS FROM USING EBT FOR CASH

You may qualify to receive a check in the mail on the first of the month if:

- You are age 65+;
- You are disabled;
- You have limited access; or
- Other qualifying hardship reasons.



STAGGER DAY CHANGE REASONS

You can receive your cash benefits on the 1st if:

- You live In Public Housing (not Section 8 Housing);
- You have an eviction threat or landlord hardship (for example, late fees);
- You have monthly bills (for example, bus pass, child care, car insurance, etc.) that are due before your stagger day; or
- You have other hardship reasons.

If you meet any of the above conditions, be sure to let your Eligibility Worker know as soon as possible.

COUNTY OF LOS ANGELES/DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS)
ELECTRONIC BENEFIT TRANSFER (EBT)
PRIVACY POLICY

WHAT INFORMATION DOES DPSS GET?

Each time you use your EBT card, DPSS only gets the following information about you:

The date and time your card was used, if the card was used for cash or CalFresh, where you used your card, and the amount of cash or CalFresh used.

The store does not tell DPSS what you bought. The EBT system does not receive information about what was purchased and is not linked to store customer club/reward cards.

WHAT DOES DPSS, CALIFORNIA DEPARTMENT OF SOCIAL SERVICES, THE UNITED STATES DEPARTMENT OF AGRICULTURE, AND THE DISTRICT ATTORNEY DO WITH THE INFORMATION?

The Government uses this information to:

Pay the store/bank for the money, food, or other items received from them, identify and resolve problems reported by you or the store/bank/check cashier, look at specific store or participant patterns of EBT card usage for possible store or participant fraud, prepare reports used for accounting and managing of the EBT System, and determine if there are enough places for you to get your benefits in your neighborhood.

With two exceptions, DPSS will not use this information to determine if you are eligible for aid or the amount of aid you will receive.

The two exceptions are:

1. If you receive General Relief and you do not use your EBT card for two months, your case will be terminated.
2. If you do not use your EBT account for 180 days or more, you may not be able to get your benefits easily.

Information about you **will not** be given to retailers or advertisers.

Information about you **will not** be given to the Bureau of Citizenship and Immigration Services (BCIS).

IF YOU HAVE QUESTIONS ABOUT THIS PRIVACY POLICY
CALL 1-866-613-3777

FOR MORE INFORMATION ABOUT EBT, VISIT OUR WEB SITE AT:
DPSS.lacounty.gov

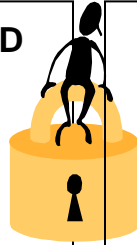


EBT TIPS
(ELECTRONIC BENEFIT TRANSFER)



PROTECTING YOUR EBT CARD

- Keep your card in a safe place.
- Do **not** let anyone use your card without your permission.
- Do **not** write your PIN on your EBT card.
- Do **not** keep a written record of your PIN in the same place as your EBT card.
- Do **not** reply to a text, call or email requesting your EBT card number or PIN



KEEP YOUR EBT ACCOUNT INFORMATION PRIVATE.

Lost or stolen cards MUST be reported immediately to the Customer Service Center. If your benefits are stolen before you report your card missing, your benefits will not be replaced.

**Please call Customer Service for FREE, 24 hours a day/ 7 days a week:
1-877-328-9677**

TTY: 1-800-735-2929
(Telecommunications relay service for hearing/speech impaired)

- If your card is lost or stolen, call Customer Service right away. They will put a lock on your card and tell you how to get a new card.
- It may take up to 3 business days to get a new card.

ATM - Automated Teller Machine
EBT - Electronic Benefit Transfer
PIN - Personal Identification Number
POS - Point of Sale

WALK-UP ATMs

- If you see or sense suspicious persons or circumstances,
 - Do **not** use the ATM; or
 - If you are in the middle of a transaction, cancel it, leave the area, and come back later, or use an ATM at another location.
- When using a walk-up ATM, do not leave your keys or valuables behind in the car and **NEVER** leave your car engine running.
- Have your EBT card ready - avoid having to go through your wallet or purse to find your card.
- When waiting in line, stand well behind the person in front of you. If someone is too close to you, ask him or her to step back.
- Make sure no one can see you enter your PIN at the ATM; block the view of other people by standing directly in front of the PIN keypad.
- Do not count or show your money at the ATM. Put your cash, card and receipt away quickly and count it later.
- To protect your EBT account, take your receipts or transaction records with you.



ATM SAFETY TIPS

If you notice anything or anyone acting suspicious, use an ATM at another location or return later.

Lock your car and have your card ready.
Block the keypad while entering your PIN.

Do not count or show your money at the ATM. Put your cash, card and receipt away quickly and count it later.

Remember:

If your benefits are stolen before you report your card missing, your benefits will not be replaced.

USING THE ATM AT NIGHT



- **Be aware of your surroundings.**
- Park in a well-lit area.
- If the lights around the ATM are not working, do not use it. If bushes or trees block your view, go to an ATM at another location. Notify the ATM owner of unsafe conditions.
- Take someone with you, if possible.

If you use the ATM after dark, use an ATM or a POS machine inside an open business, like a grocery store.

DRIVE-UP ATMs



- Always lock your car doors.
- Be sure your passenger windows are rolled up and doors are locked.
- Keep your car running while making your transaction.



Report all ATM crimes to the local police or Sheriff's Department.

You Can Get Your Cash Benefits at NO Cost

SAVE MONEY - KNOW THE FACTS!

By knowing the **Facts** about your EBT card, you can get **ALL** your cash benefits each month without paying surcharges!

THERE ARE NO FEES TO USE YOUR EBT CARD AT A STORE POS MACHINE.

- **CASH-ONLY WITHDRAWALS.** Many supermarkets will let you make a free cash withdrawal with your EBT card. Often you don't even need to make a purchase.
- **PURCHASES.** Make purchases directly with your EBT card at participating stores without using cash.
- **PURCHASES WITH CASH-BACK.** Get cash back when you make a purchase with your EBT card, instead of using ATMs.
- **BUY A MONEY ORDER WITH YOUR EBT CARD TO PAY YOUR BILLS.** Many stores sell money orders. Money orders are safe and inexpensive, but there is a small fee to buy a money order.

HOW TO AVOID PAYING ATM SURCHARGES?

- Access the EBT Client Website address, WWW.ebt.ca.gov, to find surcharge-free ATM locations.
- Using the new DPSS Mobile App (for Android™ and Apple®) to search for local ATMs that accept EBT

SIGN UP FOR DIRECT DEPOSIT.

You can have your cash benefits deposited directly into your bank or credit union account. Ask your worker for more information.

HOW TO FIND THE DAY OF THE MONTH YOUR BENEFITS WILL BE AVAILABLE



SUN	MON	TUES	WED	THURS	FRI	SAT
				1	2	3
4	5	6	7	8	9	10

When Your Benefits Will be Available

The day of the month your CalFresh and/or cash benefits will be available is based on the last digit of your case number.

CalFresh and General Relief Benefits

If the last digit of your case number is:

Your benefits will be available on the:

- | | |
|---|-------------------------------|
| 1 | 1 st of the month |
| 2 | 2 nd of the month |
| 3 | 3 rd of the month |
| 4 | 4 th of the month |
| 5 | 5 th of the month |
| 6 | 6 th of the month |
| 7 | 7 th of the month |
| 8 | 8 th of the month |
| 9 | 9 th of the month |
| 0 | 10 th of the month |

CalWORKs Benefits

If the last digit of your case number is:

Your cash benefits will be available on the:

- | | |
|------------|------------------------------|
| 1, 2, 3 | 1 st of the month |
| 4, 5, 6, 7 | 2 nd of the month |
| 8, 9, 0 | 3 rd of the month |

Refugee Cash Assistance(RCA) and Cash Assistance Program for Immigrants (CAPI)

Your cash benefits are available on the 1st of the month.

REMEMBER, TO GET YOUR BENEFITS AT AN ATM, YOU MUST SELECT

CHECKING ACCOUNT



LOOK FOR THE QUEST® LOGO

NOTICE OF LANGUAGE SERVICES

Your eligibility for public benefits could be affected by information contained in this letter. Your response may be required by a certain date. If you need additional help with this information, you can call your county worker. You have the right to ask for help in your own language. There is no cost for this help.

(English)

Su elegibilidad para recibir beneficios públicos podría ser afectada por la información contenida en esta carta. Su respuesta podría ser requerida antes de cierta fecha. Si necesita ayuda adicional con esta información, llame a su trabajador del condado. Tiene el derecho a pedir ayuda en su propio idioma. No hay ningún costo para esta ayuda.

(Spanish)

قد تتأثر أهليتك للحصول على المزايا العامة بالمعلومات الواردة في هذه الرسالة. قد يكون ردك مطلوباً بحلول تاريخ معين. إذا احتجت إلى مساعدة إضافية لفهم هذه المعلومات، فيمكنك الاتصال بمسؤول الملف في مقاطعتك. لديك الحق في طلب المساعدة بلغتك. لا توجد تكلفة مقابل هذه المساعدة.

(Arabic)

Այս նամակում պարունակվող տեղեկությունները կարող են ազդել սեփական նպաստներ ստանալու Ձեր իրավասություն վրա: Ձեր պատասխանը կարող է պահանջվել մինչև որոշակի ամսաթիվը: Եթե Ձեզ այս տեղեկությունների հետ կապված լրացուցիչ օգնություն է հարկավոր, կարող եք դիմել Ձեր վարչաշրջանի աշխատակցին: Դուք իրավունք ունեք Ձեր մայրենի լեզվով օգնություն ստանալու: Այդ ծառայությունն անվճար է:

(Armenian)

សិទ្ធិទទួលបានអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាចត្រូវប៉ះពាល់ដោយសារព័ត៌មានដែលមាននៅក្នុង លិខិតនេះ។ ការឆ្លើយតបរបស់អ្នកចាំបាច់ត្រូវឱ្យបានតាមកាលកំណត់។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែម ទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូរសព្ទទៅកាន់បុគ្គលិកធ្វើការនៅក្នុងខោនធីរបស់អ្នក។ អ្នកមានសិទ្ធិស្នើសុំ ជំនួយភាសាកំណើតរបស់អ្នក។ ការផ្តល់ជំនួយនេះពុំមានគិតថ្លៃនោះទេ។

(Cambodian)

您的公共福利资格可能会受到本信中所含信息的影响。您可能需要在特定日期内作出回应。如果您需要 有关此信息的其他帮助，您可以致电所在区县的工作人员。您有权使用母语请求帮助，并無費获取该类 帮助。

(Chinese)

صلاحیت شما برای برخوردارى از مزایای عمومی ممکن است با اطلاعات مندرج در این نامه تحت تأثیر قرار بگیرد. ممکن است تا تاریخ معینی ملزم به دادن پاسخ باشید. اگر به کمک بیشتری نیاز دارید، می توانید با مددکار کانتی تان تماس بگیرید. شما حق دارید درخواست کنید که کمک به زبان خودتان ارائه شود. ارائه این کمک هزینه ای برای شما در بر ندارد.

(Farsi)

इस पत्र में दीये हुये जानकारी के कारण आपकी सार्वजनिक लाभों की योग्यता प्रभावित हो सकती है। एक निश्चित तिथि तक आपके उत्तर की आवश्यकता हो सकती है। यदि आपको इस जानकारी के सन्दर्भ में अतिरिक्त सहायता चाहिए तो अपने काउंटी कार्यकर्ता से संपर्क करें। आपको अपनी भाषा में सहायता की माँग करने का अधिकार है। इस सहायता के लिए कोई शुल्क नहीं लगता।

(Hindi)

Koj txoj kev pab los ntawm pej xeeb cov kev pab cuam yuav cuam tshuam txog qhov muaj cai tau txais kev pab. Tej zaum koj yuav tsum teb rov qab mus raw li hnuv hais tseg. Yog koj tsis nkag siab cov ntaub ntawv no hu rau tus neeg pab lis hauv lwm hauv koj lub zos. Koj muaj txoj cai thov kev pab ua yog hais koj hom lus. Yuav tsis tau them nqi dab tsi rau qhov kev pab no.

(Hmong)

あなたの公的給付金の受領資格は、本文書に含まれる情報によって影響を及ぼされる可能性があります。回答を期限までに要請される可能性があります。本情報に関してさらに援助が必要な場合は、郡の職員にお電話にてお問い合わせください。言語支援サービスがご利用できます。このサービスは無料です。

(Japanese)

공공 혜택에 관한 귀하의 자격이 이 편지에 포함된 내용에 의해 영향을 받을 수 있습니다. 귀하께서는 정해진 날짜까지 이에 응답할 필요가 있을 수도 있습니다. 본 내용과 관련하여 도움이 필요하시면 카운티 담당 직원에게 연락하십시오. 귀하의 사용 언어로 도움을 요청하실 수 있는 권리가 있습니다. 도움 비용은 무료입니다.

(Korean)

ຜົນປະໂຫຍດການຊ່ວຍເຫຼືອຂອງທ່ານ ອາດໄດ້ຮັບຜົນກະທົບຈາກຂໍ້ມູນໃນຈົດໝາຍສະບັບນີ້. ທ່ານອາດຈຳຕ້ອງຕອບກັບຄືນພາຍໃນວັນທີທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໂທຕິດຕໍ່ພະນັກງານປະຈຳຄາວເຖິງຂອງທ່ານໄດ້. ທ່ານມີສິດທີ່ຈະຂໍຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ. ໂດຍບໍ່ເສຍຄ່າໃນການຂໍຄວາມຊ່ວຍເຫຼືອນີ້.

(Lao)

Meih duqv zipv naaiv zeiv waa-fienx bun taux meih se wueic laaix benx zuqc ninh yaac haih maaih jau-louc mingh ging-dongx taux meih nyei ze'buonc pui-zipv tengxx fu'loqc nyaanh aengx caux oix zuqc heuc meih dau waac daaux nqaang bun nzuonx hingh gan hnoi-nyieqc ziangh hoc.. Se gorngv meih maiv bieqc hnyouv taux naaiv deix waa-fienx jau-louc nor korh waac mingh buangh taux meih nyei kaau div gong-gorn zangc zoux gong mienh. Meih corc maaih do-leiz ze'buonc tov heuc tengx faan benx meih nyei mienh fingz waac bun muangx maiv zuqc cuotv haaix diuc jaa-zinh.

(Mien)

ਜਨਤਕ ਲਾਭ ਲਈ ਤੁਹਾਡੀ ਯੋਗਤਾ ਪ੍ਰਭਾਵਿਤ ਹੋ ਸਕਦੀ ਹੈ, ਇਸ ਪੱਤਰ ਵਿਚ ਸ਼ਾਮਲ ਜਾਣਕਾਰੀ ਦੇ ਮੁਤਾਬਿਕ। ਇੱਕ ਖਾਸ ਤਾਰੀਖ ਤੱਕ ਤੁਹਾਡੇ ਜਵਾਬ ਦੀ ਜ਼ਰੂਰਤ ਹੋ ਸਕਦੀ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦੇ ਨਾਲ ਹੋਰ ਵਾਧੂ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੇ ਇਲਾਕੇ ਦੇ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲੈਣ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਇਹ ਮਦਦ ਮੁਫਤ ਹੈ।

(Punjabi)

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

Информация, содержащаяся в этом письме, может повлиять на Ваше право получать государственные пособия. Возможно, Вам необходимо будет предоставить ответ до определенной даты. Если Вам нужна дополнительная помощь в связи с этой информацией, обратитесь к сотруднику администрации округа. У Вас есть право обратиться за помощью на Вашем родном языке. Эта помощь оказывается бесплатно.

(Russian)

การมีคุณสมบัติที่จะได้รับเลือกผลประโยชน์ของภาครัฐของคุณมีผลกระทบจากข้อมูลในจดหมายฉบับนี้ การตอบรับของคุณจะต้องทำภายในเวลาที่กำหนด หากคุณต้องการความช่วยเหลือจากข้อมูลนี้ คุณสามารถติดต่อกับพนักงานในท้องที่ คุณมีสิทธิ์ที่จะขอความช่วยเหลือโดยใช้ภาษาของคุณ ไม่มีค่าใช้จ่ายในการขอความช่วยเหลือ)

(Thai)

Ang iyong pagiging karapat-dapat para sa mga pampublikong benepisyo ay maaaring makaapekto sa impormasyong nilalaman ng liham na ito. Ang iyong tugon ay maaaring kailanganin sa pagsapit ng partikular na petsa. Kung kailangan mo ng karagdagang tulong sa impormasyong ito, maaari mong tawagan ang iyong manggagawa sa county. May karapatan kang humingi ng tulong sa sarili mong wika. Walang gagastusin para sa tulong na ito.

(Tagalog)

Інформація, яку надано цим листом, може вплинути на Ваші умови отримання допомоги по соціальному забезпеченню. Вона також може вимагати від вас відповіді не пізніше певної дати. Якщо Ви потребуєте додаткової допомоги відносно наданої інформації, зателефонуйте працівнику місцевої служби. Ви маєте право на отримання безкоштовних послуг перекладача.

(Ukrainian)

Tính đủ điều kiện nhận các phúc lợi công cộng của quý vị có thể bị ảnh hưởng bởi thông tin có trong thư này. Chúng tôi có thể yêu cầu quý vị hồi đáp trước một ngày cụ thể. Nếu quý vị cần thêm trợ giúp với thông tin này, quý vị có thể gọi đến nhân viên tại quận hạt của quý vị. Quý vị có quyền yêu cầu trợ giúp bằng ngôn ngữ của quý vị. Quý vị không mất chi phí khi nhận sự trợ giúp này.

(Vietnamese)

당신은 공공 임대 주택 또는 섹션 8 주택에서 살거나 살 계획입니까?

공공 임대 주택은 자격이 되는 저소득층 가족, 고령자, 및 장애가 있는 사람들을 위해 제공되는 주택입니다. 섹션 8은 저소득층 가족들이 저렴한 개인 소유의 임대 주택을 얻을 수 있는 기회를 제공합니다. 만일 당신이 공공 임대 주택이나 섹션 8 주택에 살거나 살 계획이라면, 사회 복지국 (DPSS)에서는, 요청시, 이들 주택 프로그램에 대한 자격을 결정하는데 필요한 정보를 로스앤젤레스 시 주택국 및 로스앤젤레스 카운티 주택국에 제공하게 될 것입니다. 당신의 케이스에 대해 공유하게 될 정보는 다음과 같지만 이에만 국한되지 않을 수도 있습니다: 1) 당신의 월 보조 금액, 2) 당신 가정에 살고 있는 사람, 및 3) 주택에 대한 당신의 자격을 결정하는데 필요한 기타 모든 정보.

주택국에서는 이 정보를 그밖의 누구와도 공유하지 않을 것이며 당신은 주택국에 제공한 정보를 검토할 수 있는 권한이 있습니다. KOREAN

ЖИВЕТЕ ЛИ ВЫ ИЛИ ПЛАНИРУЕТЕ ЖИТЬ В КВАРТИРЕ, ВЫДЕЛЕННОЙ ГОСУДАРСТВОМ ИЛИ ОПЛАЧИВАЕМОЙ ПРОГРАММОЙ СУБСИДИЙ НА ЖИЛЬЕ «8-ая ПРОГРАММА»?

Государственное жилье - это жилье, предоставляемое для семей с низкими доходами, пожилых лиц и инвалидов. Программа субсидий на жилье «8-я программа» предоставляет возможность для семей с низкими доходами арендовать жилье в частном секторе по доступным ценам. Если вы живете или планируете жить в квартире, выделенной государством или оплачиваемой программой субсидий на жилье «8-я программа», Управление социального обеспечения, в случае необходимости, предоставит городскому и областному Жилищному Управлению Лос-Анджелеса информацию, необходимую для определения вашего права на участие в этих программах. Информация по вашему делу, которая может быть предоставлена, касается, но не ограничивается следующими сведениями: 1) Размер вашего ежемесячного пособия, 2) Состав вашей семьи, и 3) Любая другая информация, необходимая для определения вашего права на это жилье.

Жилищное Управление не будет предоставлять эту информацию третьим лицам, а вы имеете право на просмотр информации, предоставленной в Жилищное Управление. RUSSIAN

¿VIVE USTED O PIENSA VIVIR EN UNA VIVIENDA PÚBLICA O EN UNA VIVIENDA DE LA SECCIÓN 8?

Vivienda Pública es la vivienda proporcionada para las familias elegibles de bajos ingresos, personas de la tercera edad, y con discapacidad/incapacidad. La Sección 8 proporciona oportunidades para las familias de bajos ingresos a obtener viviendas de propiedad privada económicas para alquilar. Si usted vive o piensa vivir en una vivienda pública o en una vivienda de la Sección 8, el Departamento de Servicios Sociales Públicos, cuando se le pida, proporcionará a la Administración de la Vivienda de la ciudad de Los Angeles y a la Administración de la Vivienda del Condado de los Angeles, información necesaria para determinar la elegibilidad para estos programas de vivienda. La información que se comparte en su caso puede ser, entre otros: 1) Su cantidad de subsidio mensual, 2) Quién está viviendo en su hogar, y 3) Cualquier otra información necesaria para determinar su elegibilidad para la vivienda.

La Administración de Vivienda no compartirá esta información con nadie más, y usted tiene el derecho de revisar la información proporcionada a la Administración de la Vivienda. SPANISH

IKAW BA AY NAKATIRA O BALAK MANIRAHAN SA PABAHAY NA PAMPUBLIKO O SA SECTION 8?

Ang Pampublikong Pabahay ay isang pabahay na ibinibigay sa mga pamilyang may maliit na kita, mga nakatatanda, at mga taong may kapansanan. Ang Section 8 ay nagbibigay ng mga pagkakataon para sa mga pamilya upang makakuha ng abot-kayang paupahang bahay na pagmamay-ari na pribado. Kung ikaw ay nakatira o balak manirahan sa pampublikong pabahay o Section 8, ang Kagawaran ng Pampublikong Serbisyong Panlipunan, kapag nagtanong, ay magbibigay sa Awtoridad ng Pabahay ng Lungsod ng Los Angeles at Awtoridad ng Pabahay ng County ng Los Angeles ng impormasyong kailangan upang matukoy ang pagiging karapat-dapat para sa mga programa ng mga pabahay na ito. Ang impormasyong ibabahagi mula sa iyong kaso ay maaari, ngunit hindi limitado sa : 1) Halaga ng iyong buwanang tinatanggap, 2) Kung sino-sino ang naninirahan sa iyong sambayanan, at 3) Anumang iba pang impormasyon na kailangan upang matukoy ang iyong pagiging karapat-dapat para sa pabahay.

Hindi ibabahagi ng mga Awtoridad ng Pabahay ang impormasyong ito kaninuman, at ikaw ay may karapatan na repasuhin ang impormasyon na ibinigay sa mga Awtoridad ng Pabahay. TAGALOG

QUÝ VỊ HIỆN CÓ ĐANG CƯ NGỰ HAY DỰ TÍNH SẼ CƯ NGỰ THEO CÁC CHƯƠNG TRÌNH GIA CƯ CÔNG CỘNG HOẶC GIA CƯ PHẦN 8 (SECTION 8) KHÔNG?

Chương trình Gia Cư Công Cộng (Public Housing) là loại gia cư được cung cấp cho những gia đình có thu nhập thấp, những người cao niên, và những người tàn tật, mất năng lực. Chương trình Gia Cư Phần 8 (Section 8 Housing) tạo cơ hội cho những gia đình có thu nhập thấp thuê được nhà ở riêng tư, do mình làm chủ, với giá cả phải chăng. Nếu quý vị hiện đang cư ngụ hoặc dự tính sẽ cư ngụ theo chương trình gia cư công cộng hoặc gia cư Phần 8, thì Sở Dịch Vụ Xã Hội Công Cộng (Department of Public Social Services), khi được yêu cầu, sẽ cung cấp cho Giới Thẩm Quyền Gia Cư Thành Phố Los Angeles (Housing Authority of the City of Los Angeles) và Giới Thẩm Quyền Gia Cư Quận-Hạt Los Angeles (Housing Authority of the County of Los Angeles) những thông tin cần thiết để xác định tình trạng hội đủ điều kiện nhận hưởng các chương trình gia cư này. Những thông tin được chia sẻ, lấy từ hồ sơ của quý vị, có thể là, nhưng không giới hạn ở: 1) Số lượng tiền trợ cấp hằng tháng của quý vị, 2) Những người đang sinh sống trong hộ gia đình quý vị, và 3) Bất cứ thông tin nào khác cần thiết để xác định tình trạng hội đủ điều kiện nhận hưởng chương trình gia cư.

Các Giới Thẩm Quyền Gia Cư sẽ không chia sẻ những thông tin này với bất cứ người nào khác, và quý vị có quyền duyệt xét các thông tin được đem cung cấp cho các Giới Thẩm Quyền Gia Cư. VIETNAMESE

**WOULD YOU LIKE TO REGISTER TO VOTE?
(VOTER PREFERENCE FORM)**

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

(Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. (Please fill out the attached voter registration form.)
- No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

Applicant Name

Date

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like to help in filing out the voter register form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 – 11th Street, Sacramento, CA 95814. For more information on elections and voting, please visit the Secretary of State’s website at www.sos.ca.gov.

DISCRIMINATION COMPLAINT

If you think you have been discriminated against you may file a complaint. Where you file your complaint depends on what type of complaint you have.

For all programs your county agency

administers: Ask your county office for the name, address and phone number of their Civil Rights Coordinator. The county agency, not the state agency, will independently investigate your complaint.

For Covered California:

Civil Rights Coordinator Covered California
PO Box 989725
West Sacramento, CA 95789
(916) 228-8764

CivilRights@covered.ca.gov

For Medi-Cal & Medi-Cal Dental Program:

You may contact the county's Civil Rights Coordinator, the state Department of Health Care Services or the federal Health and Human Services.

Department of Health Care Services
Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370 or 711 (Calif. Relay Service)
CivilRights@dhcs.ca.gov

For all other state programs covered by this pamphlet:

Civil Rights Unit
California Department of Social Services
PO Box 944243, MS 9-7-41
Sacramento, CA 94244-2430
(866) 741-6241 (toll free)
(916) 651-0602 (fax)
crb@dss.ca.gov

To file a CalFresh complaint with the federal agency:

United States Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250-9410
(866) 632-9992 (toll free) or (202) 260-1026
(800) 877-8339 (hearing impaired)
program.intake@usda.gov

To file a complaint with a federal agency:

Only for discrimination based on Race, Color, National Origin, Disability, Age, or Sex:

Centralized Case Management Operations
United States Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

File a complaint online at:

[US Health & Human Services Civil Rights Complaint Portal](#)

(800) 368-1019 (toll-free)
(800) 537-7697 (hearing/speech impaired)

Time Limits for A Discrimination Complaint

You must file a discrimination complaint within 180 days of the date you were discriminated against.

If the discrimination also affected the level of your benefits and services, ask for a hearing.

Judges cannot make decisions about discrimination complaints at a hearing.

A discrimination investigation cannot change your benefit or service levels. Only a state hearing can do that. Agencies are not allowed to retaliate against you if you request a hearing or file a discrimination complaint.

PROGRAMS COVERED BY THIS PAMPHLET

- Adoption Assistance Program (AAP)
- Alcohol and Drug Program
- CA Food Assistance Program (CFAP)
- CalWORKs
- Cash Assistance Program for Immigrants (CAPI)
- CalFresh (Food Stamps)
- Children's Health Insurance Program (CHIP)
- Covered California Eligibility
- Foster Care/Child Welfare Services
- Housing Programs through County Social Service Departments
- In-Home Supportive Services
- Kinship Guardianship Assistance (KinGAP)
- Medi-Cal – Medi-Cal Dental Program
- Refugee Cash Assistance
- Resource Family Approvals (RFA)
- Approved Relative Caregiver Funding Option Program (ARC)
- Service Animal Allowance



State of California

Health & Human Services Agency
Department of Social Services

This pamphlet is available from your local County Welfare office and on the [CDSS website](#) in the following languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hmong
- Japanese
- Korean
- Lao
- Mien
- Portuguese
- Punjabi
- Russian
- Spanish
- Tagalog
- Ukranian
- Vietnamese

Also available for free in large print, Braille, and audio formats.

This publication explains your rights to equal benefits and services, how to ask for language assistance or a reasonable accommodation for a disability, and how to file a discrimination complaint.

YOUR RIGHTS

UNDER CALIFORNIA PUBLIC BENEFITS PROGRAMS



..... for people applying for or receiving public aid in California



Tell us if you need help because of a disability.



Ask for a free interpreter

Public benefit agencies comply with federal and state law, and may not discriminate, exclude, or provide you aid, benefits or other services that is different from what is provided to others

YOUR RIGHTS

All people and organizations providing public assistance must respect your rights. They can help you understand and apply for benefits and services.

You have the right to an interpreter free of charge.

- يحق لك الحصول على مترجم فوري مجاناً
- Դուք անվճար թարգմանչի իրավունք ունեք:
- ມູ້ຄົນສາມາດຮ້ອງສູນມູ້ຄົນໄດ້ຢູ່ບໍ່ຄ່າສາເລັຍສັຄ ຄັ້ງ
- 您有權免費獲得口譯員
- شما حق دسترسی به یک مترجم (ترجمان) رایگان را دارید
- Koj muaj txoj cai kom tus neeg txhais lus tsis raug them nqi
- あなたには無料の通訳をもらう権利があります
- 귀하는 통역사를 무료로 이용할 권리가 있습니다
- ທ່ານມີສິດໄດ້ຮັບບາງຮ່າງຂໍ້ສອບຖາມ ໂດຍບໍ່ຄ່າ
- mula sa nakasulat na ingles hanggang sa nakasulat
- Você tem direito a um intérprete, gratuitamente
- ਤੁਹਾਡੇ ਕੋਲ ਦੁਬਾਰਾ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਮੁਫਤ
- Вы имеете право на бесплатные услуги переводчика
- Tiene derecho a servicios gratuitos de un intérprete
- May karapatan ka sa isang tagasalin, nang walang bayad
- Ви маёте право на перекладача безкоштовно
- Quý vị có quyền có được một thông dịch viên miễn phí.

Ask the agency responsible for your benefits or services for language assistance.

YOU HAVE THE RIGHT TO:

1. Understand what is happening with your application or benefits.
2. Get written and oral explanations about your application or benefits. You have a right to a free interpreter for this information. Ask the agency responsible for your benefits/ services for language assistance.
3. If the state agency has the written explanation in non-English languages, you have a right to get this information in those languages.

4. Get a receipt for hand-delivered documents.
5. See your case record
6. See laws and regulations about your program.
7. Ask a judge to review any agency action or inaction about your eligibility, benefits, or services.
8. Not face discrimination in applying for or receiving program benefits or services.
9. File a complaint about discrimination.
10. Get a “reasonable accommodation” if you have a disability. This is specific help for you to access or participate in the program.
11. Have your information kept confidential.
12. Be treated with courtesy and respect.

IF YOU ARE HAVING PROBLEMS WITH YOUR BENEFITS OR SERVICES:

Keep records of all your information, documents, and contacts with the agency.

Get a receipt when you turn anything in.

Bring someone with you to meetings.

Complain. There are 4 ways to do this:

1. ***Informal:*** Ask to speak to a supervisor to talk about problems with a worker or to review the rules and the proposed action on your benefits or services.
2. ***State Hearing:*** Ask for a state hearing if you disagree with an agency’s action or inaction on your benefits or services. You must ask for a hearing within 90 days of the date of agency’s notice about your benefits or services. If you ask for a hearing after 90 days, a judge will decide if you have a good reason for asking late, like illness or a disability.
3. ***Discrimination complaint:*** See the Discrimination Complaint section. You may have different rights to file a complaint with state or federal agencies.
4. ***Grievance:*** You can file a complaint with the agency if it has a grievance procedure. **This does not protect your benefits in the way that asking for a state hearing does.**

STATE HEARINGS

You can also ask for a state hearing if the agency is not giving you benefits or services you think you should get. See [PUB 412](#) for State Hearing information.

Note: If your problem is with General Assistance or General Relief, you must ask the county for a county hearing.

If your problem is with Social Security benefits, you must contact the Social Security Administration for a hearing.

ASKING FOR A STATE HEARING

You can ask for a state hearing online, by phone, by fax, by email, or by mail.

Online: [ACMS.dss.ca.gov](#) - you can create an account to get all your appeal information online, or submit an online request without an account

Phone: 1-800-743-8525
Email: SHDCSU@dss.ca.gov
Fax number: 833-281-0905
Mail: State Hearings Division
PO Box 944243, MS 21-37
Sacramento, CA 94244-2430

EXPEDITED HEARINGS

If you have an urgent problem, you can ask for an “expedited” hearing to have the hearing held sooner. For Medi-Cal, this is when regular hearing scheduling could seriously jeopardize the enrollee’s life or physical or mental health. State Hearings will decide and let you know if your case can be expedited.

PROHIBITED DISCRIMINATION

State law prohibits agencies from denying benefits or services or providing you aid that is different from aid provided to others based on:

Race, Color, Ancestry, National Origin (including language), Ethnic Group Identification, Age, Physical or Mental Disability, Medical Condition, Religion, Sex, Gender, Gender Identity or Expression, Sexual Orientation, Marital Status, Domestic Partnership, Political Affiliation, Citizenship, Immigration Status, and Genetic Information.

Federal laws also prohibit discrimination on several, although not all, of the bases listed above. Federal Law also prohibits:

Delaying or denying the placement of a child for adoption or into foster care based on the race, color, or national origin of the adoptive or foster parents, or the child;

Denying any individual the opportunity to become a foster or adoptive parent based on the race, color, or national origin of the individual or child involved.

EXAMPLES OF DISCRIMINATION

The agency does not give you a free interpreter.

A worker tells a certain ethnic group about more programs and services than people of other ethnicities.

The agency will not provide you large print or Braille versions of written information that you need because of a disability.

A worker treats you differently after learning of your religion or sexual orientation.

You cannot get to appointments because the building does not have an elevator and you have a disability limiting your use of stairs.

You cannot get your wheelchair into examination and interview rooms or restrooms.

A worker refuses to use your correct name and pronouns.

REASONABLE ACCOMMODATIONS: SPECIAL HELP FOR PEOPLE WITH DISABILITIES

Persons with physical or mental disabilities have the right to request reasonable accommodations from government agencies to help them access and participate in programs and services. If you have a disability and need extra help, you should inform the agency responsible for your application or benefits/services. The agency must work with you to determine what help you need. If the agency is denying your request, it must give you written notice stating the reason for the denial. The notice must list your appeal rights.

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone number: _____
Customer ID: _____

SAR 7 ELIGIBILITY STATUS REPORT

NEED HELP? CALL YOUR WORKER

REPORT MONTH: _____ YEAR: _____

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER _____ 1st AND RETURN IT BY _____ 5th
For CalWORKs your family size is _____. Your IRT is \$ _____ For CalFresh, your household size is _____. Your IRT is \$ _____

Check the box if you would like to STOP getting any of the following: STOP my CalWORKs STOP my CalFresh STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported?
 Yes No (If yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date of Birth (mm/dd/yy)	Relationship To You	Regularly Purchase And Prepare Food Together?
<input type="checkbox"/> In <input type="checkbox"/> out / /		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> In <input type="checkbox"/> out / /		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> In <input type="checkbox"/> out / /		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Have there been any changes to your address since you last reported? Yes No (if yes, complete the section below)
New address: _____ Date Moved: _____
Number, Street, City, Zip Code
Mailing Address (if different than above) _____

3. If you have moved since you last reported, please fill out the section below:

Your rent or mortgage per month now? \$ _____	If paid separately, your property taxes and home insurance per month now? \$ _____
Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones: <input type="checkbox"/> Phone <input type="checkbox"/> Trash <input type="checkbox"/> Water <input type="checkbox"/> Electric/Gas <input type="checkbox"/> Other heating or cooling costs	

4. CalWORKs only, is anyone in your home:
A. Running from an outstanding warrant?
B. Found by a court to be in violation of probation or parole?
 YES NO (if yes, complete the section below)

Name of person	A or B from above	In what state was the warrant issued, or did violation happen?	Date of warrant or violation

5. Medical Costs: If anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please complete the section below and attach proof:

Who had the change?	Amount of increase: \$ _____
---------------------	------------------------------

6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported?
 YES NO If yes, complete the section below and attach proof.

What was the amount paid in the Report Month? \$ _____ Who paid support? _____

7. Dependent care: If anyone who gets CalFresh and either works, is looking for work, or is going to school, had an increase in out-of-pocket dependent care costs since they last reported, please complete the section below and attach proof:

What was the amount paid out-of-pocket in the Report Month? \$ _____

Who paid? _____ List dependent(s): _____

INCOME
INCOME
INCOME

INCOME
INCOME
INCOME

INCOME
INCOME
INCOME

WELFARE FRAUD HOTLINE
(800) 349-9970

Newborn

8. Did anyone: Get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, back benefits from social security), or other property items since last reported?

YES NO (if yes, complete the section below and attach proof. If you need more space, attach a separate piece of paper)

Who?	Type of Property?	When?	Amount Value?	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Gave Away	<input type="checkbox"/> Spent
				<input type="checkbox"/> Traded	<input type="checkbox"/> Won	<input type="checkbox"/> Got as a gift	<input type="checkbox"/> Other

9. Did anyone get income from employment in the Report Month? YES NO (if yes, complete the section below and attach proof). The Report Month is listed at the top of the first page. List each job for each person who works. If you need more space, attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pays, tips, etc. **If you lost your job, attach proof.**

	Job #1	Job #2	Job #3
Name of person who got the income:	Self-employed, click here <input type="checkbox"/>	Self-employed, click here <input type="checkbox"/>	Self-employed, click here <input type="checkbox"/>
Source of income/Employer name:			
How often paid?	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly
Gross amount of income they got in the report month:	\$	\$	\$
	DATE(S) RECEIVED:	DATE(S) RECEIVED:	DATE(S) RECEIVED:
Hours worked per month:			

10. Will there be any changes to your income from employment in the next six months (including income listed in #9)? YES NO (If yes, explain here and attach proof). Examples: stopping or starting a job; increase or decrease of income; changes in hours: quitting a job or going on strike; change in how often you are paid.

11. Did anyone get money from any other source in the Report Month? YES NO (If yes, complete the section below and attach proof). The Report Month is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loan/Gifts, Earned/Unearned Housing, Utilities, Food, etc. If you no longer get money from a source you previously reported, attach proof.

Name	Source of income	One time payment or monthly	How much
			\$
			\$
			\$

12. Will there be any changes to money received from any other source in the next six months (including income listed in #11)? YES NO (If yes, explain here and attach proof). Examples of changes: An increase or decrease in income or benefits, or if you will start or stop getting income or benefits.

13. CalWORKs only: Have any of the following happened to anyone in your home since you last reported? YES NO (if yes, check below and attach proof):

- Family Change (Married, divorced, separated, entered into California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended DP or RDP, became pregnant, or is no longer pregnant?)
- Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- Disability (Became disabled or recovered from a disability or major illness?)
- Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- Custody (Any change in the amount of time you care for/have custody of your children?)
- In-Home Support Services (Started or stopped getting services?)
- School Attendance
 - For Age 18 or older student -started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- Someone paid for all my housing, food, clothing or utility costs. (please explain) _____
- Other _____

Please read carefully, sign and date.

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000. I may have to pay back benefits if I was not eligible to them. The first time I break the rules on purpose I will not be able to get CalFresh for one year; the second time two years; and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

CERTIFICATION – FRAUD WARNING

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the instructions and Penalties for the SAR 7 Eligibility Status Report for Cash Aid and CalFresh.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW: **For Cash Aid:** You and aided spouse, registered domestic partner, or the other parent (of cash-aided children) if living in the home. **For CalFresh:** The head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK	DATE SIGNED	HOME PHONE CONTACT/CELL PHONE	CONTACT/CELL PHONE
→		() -	() -
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH-AIDED CHILDREN	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED
→		→	

INSTRUCTIONS AND PENALTIES

SAR 7 ELIGIBILITY/STATUS REPORT

For CalWORKs and CalFresh

Need Help? Call Your Worker

- If you do not send in a complete report including but not limited to, answering all questions on the SAR 7 and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Facts you report may result in your benefits going up, down, or being stopped.
- Send in your completed report by the 5th of the month after the report month. It is late after the 11th.

Examples

Income	<ul style="list-style-type: none"> • Wages • Vacation pay • In-Home Supportive Services (IHSS) • Child/spousal support • Insurance or legal settlements • Rental income and rental assistance • Any government benefits • State Disability Indemnity 	<ul style="list-style-type: none"> • Self-Employment • Tips • Interest or dividends • Strike benefits • Tax refunds • Unemployment • Social Security • Supplemental Security Income/State Supplementary Payment (SSI/SSP) 	<ul style="list-style-type: none"> • Salary • Income In-Kind, such as earned housing, free housing/utilities/clothing/food • Gambling/Lottery winnings • Cash, gifts, loans, scholarships • Other private or government disability or retirement • Workers Compensation • Veterans or railroad retirement
Property	<ul style="list-style-type: none"> • Motor vehicles • EBT cash aid balance • Home 	<ul style="list-style-type: none"> • Checking • Savings bonds • Land 	<ul style="list-style-type: none"> • Savings • Life insurance policies • Trusts
Housing Costs	<ul style="list-style-type: none"> • Rent • Utilities 	<ul style="list-style-type: none"> • Mortgage • Homeowners insurance 	<ul style="list-style-type: none"> • Property taxes • Garbage/trash collection fees
Expenses	<ul style="list-style-type: none"> • Medical expenses • Health insurance premiums • Child/dependent care 	<ul style="list-style-type: none"> • College tuition & supplies • Mandatory school fees • Child/spousal support 	<ul style="list-style-type: none"> • Transportation • Room & Board • Housing costs

Gross income means the amount you get before deductions are taken out (Examples of deductions are: Taxes, Social Security or other retirement contributions, health care plan premiums, garnishments, etc.).

Penalties:

PENALTIES FOR CalWORKs FRAUD: If on purpose you do not follow CalWORKs rules, your CalWORKs can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

Your CalWORKs can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second offense, or forever for the third.
- For submitting one or more application to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; and forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

PENALTIES FOR CALFRESH FRAUD: If on purpose you do not follow CalFresh rules, your CalFresh benefits can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years. If you are found guilty in any court of law or administrative hearing because:

- You traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped forever for the first violation.
- You traded or sold CalFresh benefits for controlled substances, your CalFresh benefits can be stopped for 24 months for the first violation and forever for the second.
- You traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever.
- You gave the county false identity or residence information, so you can get CalFresh benefits in more than one case at the same time, your CalFresh benefits can be stopped for 10 years.

HOW TO FILL OUT YOUR SAR 7 ELIGIBILITY STATUS REPORT**For Cash Aid and CalFresh (formerly known as Food Stamp) Benefits**

Save this form to help you fill out your SAR 7 (Eligibility Status Report). If you need help filling out your report, **call the County**.

- If you do not send in a complete report, your benefits may be delayed, changed, or stopped, or cause an overpayment that you will have to pay back. You must answer all the questions, and attach proof when we ask for it. Questions 4 and 13 are CalWORKs only, households only receiving CalFresh are not required to answer these questions.
- **Attach a separate sheet of paper if needed.**
- **Facts you report may cause your benefits to go up, down, or be stopped.**

**INSTRUCTIONS****How Often You Must Complete the SAR 7**

Once a year; (6 months after your application/annual renewal). The County will tell you when your SAR 7 is due.

Reporting For People Who Are Living In Your Home if your family gets cash aid, report facts for:

- All **children**-natural, adopted, and stepchildren.
- All **parents**-natural, adoptive, and stepparent.
- Other **aided relatives** in the child's case.
- **Yourself** and your **spouse or registered domestic partner**.
- Anyone who is **temporarily absent** from the home.

If your family gets CalFresh (with or without cash aid) you must also report facts for:

- All children.
- All related adults.
- All other people in the household who regularly buy and prepare food with you.

Asking To Stop Benefits

- On the SAR 7, fill out the section to stop benefits **only** if you want to stop any of your benefits. Check the benefits you want stopped, and sign and date the SAR 7. *If you only want to stop some of your benefits and keep others, you must fill out the rest of the SAR 7.*
- You can also stop your benefits by contacting the County.
- If you ask to have your cash aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or you may have to pay a share of cost for it.

HOW TO FILL OUT EACH QUESTION**Household information (Question 1)**

List any changes in who lives with you, changes to your address (including changes in apartment number, and changes in housing costs since you last reported). This includes: newborns; people who are temporarily absent from the home; or anyone who died, entered or left a hospital or institution (including jail or prison), etc.

Address Change/Housing Costs (Questions 2 and 3)

Give us the facts about any changes in your address or phone number since you last reported. If you are getting CalFresh, you may be asked to give proof of new housing costs like rent and utilities. If your costs have increased because of the move, be sure to list the new amounts. This may increase your CalFresh benefits.

Fleeing and Parole/Probation Violations (CalWORKs only) (Question 4)

This question applies to anyone already living with you who had any of these happen since you last reported. It is ALSO for anyone who moved into your household who is running from the law or in violation of parole/probation. We need the person's name, the place, and the date the warrant was issued or the violation occurred.

If you reported the information to the County before, you do not need to report the same information.

Expenses (CalFresh Information) (Questions 5, 6 and 7)

These questions may change your CalFresh benefits. This information may lower the income we count and increase your benefits. For people age 60 and older or who are disabled, report any changes to your out of pocket medical costs. For any CalFresh household, report changes to your costs for child or adult dependent care needed for work or training. If you pay child support, report any changes in the amount paid. **Attach proof to see if you can get more benefits.**

Property (Question 8)

List anyone who got, bought, sold, traded, spent or gave away any property. Property includes: land, home, cars, bank accounts, money payments (lottery or casino winnings, retroactive social security, tax refunds, etc). Include gifts and loans. List whose property, the type of property, when it changed, and the value of the property ("amount" on the form). Check the box for what happened. **Attach proof.**

If you have already reported and provided proof of new property, you do not have to report it again unless there has been a change.

Employment Income (Question 9)

List **all** income from employment (work) – earnings, tips, training allowances, benefits, or other earnings anyone got in the report month. List the amount before taxes or deductions (the gross amount). **Attach proof.**

- **Employment income** includes but is not limited to paychecks, cash income, vacation pay, bonuses, money from self-employment, temporary job or training income, rental income, IHSS, etc.
- If **self-employed**, you can get a 40% deduction for expenses without proof. If your expenses are higher and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof if using actual expenses.
- **Proof of job loss** includes but is not limited to a letter from the employer, UIB award letter, or if no other verification is available, a signed written statement.

Changes in Employment Income (Question 10)

We need to know if income will continue or if there will be changes. If your income will stay the same, we will use the amount you report as your income for the next 6 months. If you know there will be changes in income, tell us why, how much and when. If you aren't sure, you can also report the change when it happens. For example, if you were offered a job and know your hourly wage and schedule, you must report this even if you haven't started working or been paid yet. Also, if you are working on-call or have a schedule that changes a lot, write this information on your SAR 7 form.

Proof of employment income includes but is not limited to: check stubs, copies of checks or statements from the employer etc., or tax statements for self-employed.

Other Income (Question 11)

List **all** other income from any other source. **Attach proof.**

- **Disability or Retirement income** includes SSI, Social Security, Veteran's disability benefits, worker's compensation or any other disability/retirement payments.
- **Unemployment benefits**
- **Other:** lottery winnings; insurance or legal settlements; gifts or loans; rental assistance; free housing/utilities/clothing/food (or if someone paid all of these costs for you); or anything else.
- **Proof of no longer receiving other monies** includes but is not limited to a letter from the benefit provider or if no other verification is available, a signed written statement.

List (1) who got the income, (2) where they got the money from, and (3) the amount they got.

Changes in Other Income (Question 12)

Tell us if you think the income will continue or if you know it will change. If you know it will change, tell us when it will change and how much.

SEE OTHER SIDE FOR MORE INFORMATION

Proof of other types of income includes but is not limited to: check stubs, copies of the checks, award letters from the agency you got the money from, etc.

Any Other Changes (CalWORKs only) (Question 13)

List other things that could change your eligibility or the amount of your benefits. Examples of changes you should report are listed on the SAR 7.

WHO MUST SIGN THE SAR 7

- For **Cash Aid:** You and your aided spouse, registered domestic partner, or the other parent (of cash-aided children), if they live in your home.
- For **CalFresh:** The head of household, authorized representative, or responsible household member.
- **And for Both:** Any other person who helps fill out the report, an interpreter, or the witness to your mark.

WHAT WE MEAN WHEN WE SAY

RUNNING FROM THE LAW: A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts that law enforcement was looking for them.

CASH AID: CalWORKs (California Work Opportunity and Responsibility to Kids), Refugee Cash Assistance (RCA), Trafficking and Crime Victim Assistance Program (TCVAP), and Entrant Cash Assistance (ECA).

CHILD SUPPORT PAYMENT: The payment you must make to a person for your child or stepchild. Include payments made by a stepparent living in your home.

COMPLETE SAR 7: A SAR 7 is “complete” only when:

- All of the YES/NO questions are answered, *and*
- All of the information is filled in, *and*
- All of the proof is attached when the form asks for it, *and*
- All of the required signatures are on the form, *and*
- The form is signed and dated after the last day of the report month.

GROSS AMOUNT: The amount of your paycheck or other check (unemployment benefit, retirement, etc.), before deductions are taken out for taxes, social security, etc.

IN VIOLATION OF PROBATION OR PAROLE: A court has found you to be in violation of the terms of your probation or parole. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

REPORT MONTH: The month shown at the top of the SAR 7. Report all income you got and any changes that happened in this month.

SUBMIT MONTH: The month you sign and date the report and turn it in. The submit month is shown at the top of the SAR 7, under the report month.

CERTIFICATION SECTION

- You must sign the SAR 7 “under penalty of perjury.” This means that you swear (promise) that the facts you give us are true, correct, and complete.
- Perjury is a crime – it means you swore (promised) to tell the truth and then you were dishonest.

REMEMBER:

- The report is due by the 5th of the submit month. Try to get it in on time to avoid problems with your benefits.
- If your report is late (after the 11th of the submit month), not complete or not turned in, your benefits may be late, changed, or stopped.

- If the County gets your report too late in the month to decrease your benefits based on what you reported, you may be charged with an overpayment and have to pay it back.
- If your report is not complete when you turn it in, you will be asked to complete the questions you did not answer and/or turn in the proof that the report asked for. Your benefits may be late.
- If you sign and date your report before the first day of the submit month, you will be asked to sign and date it again.
- If you are not sure how to report, what to report or what proof you need to send in, **ask the County**.
- If your cash aid stops, you may still be eligible for CalFresh benefits even if you are now employed.
- If your cash aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.

WELFARE FRAUD:

- Welfare fraud is when you fail to report information, or report the wrong information, on purpose in order to try to get more benefits.
- Fraud is a crime.

PENALTIES FOR CASH AID WELFARE FRAUD: If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, you may lose your share of the cash aid. How long you will lose it depends on what the crime was and whether you had committed fraud before. You may also have to pay a fine up to \$10,000 and/or be sent to jail or prison for up to 3 years.

Your cash aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first time, 12 months for the second time, or **forever** for the third.
- For turning in more than one application to get aid for the same family members in a different case in the same time period: 2 years for the first conviction, 4 years for the second, and **forever** for the third.
- For conviction of felony welfare fraud penalties are: 2 years for extra benefits under \$2,000; 5 years for amounts of \$2,000 through \$4,999; and **forever** for amounts of \$5,000 or more.
- **Forever:** for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; intentionally (on purpose) giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court or an administrative hearing.

PENALTIES FOR CalFresh FRAUD:

If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, your CalFresh can be stopped for 12 months for the first violation, 24 months for the second, and **forever** for the third. You may be fined up to \$250,000 and/or sent to jail or prison for 20 years.

Your CalFresh can be stopped if you are found guilty in any court of law or administrative hearing because:

- You traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped **forever** for the first violation.
- You traded or sold CalFresh benefits for controlled substances. Your CalFresh benefits can be stopped for 24 months for the first violation and **forever** for the second.
- You traded or sold CalFresh benefits that were worth \$500 or more. Your CalFresh benefits can be stopped **forever**.
- You gave the county false identity or residence information, to try to get CalFresh benefits in more than one case at the same time. Your CalFresh benefits can be stopped for 10 years.

SEE OTHER SIDE FOR MORE INFORMATION

ADDITIONAL INFORMATION ABOUT ELECTRONIC BENEFIT TRANSFER (EBT)

- If you move to a different County or out of State and you apply for benefits in that County or State, you will receive a new EBT card. If you have food stamp benefits left on your old EBT card, you will still be able to use them in your new location. Please remember to use all remaining benefits on your old card as soon as possible.
- If an EBT system error occurs and the wrong amount has been taken from your account, contact the toll-free Customer Service number (1-877-328-9677). Your claim will be investigated and, if you are entitled to a refund of food stamp or cash benefits, your account will be credited for the amount. If your claim is denied, you have the right to request a state hearing at your local welfare office.
- If you do not use your benefits for 180 days, you will not be able to use your benefits until you contact your County worker. If an additional 185 days has passed and you still have not used your benefits, your benefits will be removed from your account every month. Food stamp benefits will not be reinstated. Your cash benefits can be reinstated if you call your County worker.

Build a Better Future for your Family

Get the benefits of family planning services, which can help you:

- Improve your ability to become self-sufficient by preventing an unplanned pregnancy.
- Plan the number and spacing of your children so you are able to meet the economic and emotional needs of your family.
- Communicate with your partner about reproductive health issues.
- Talk to your kids about safe sex and pregnancy prevention.



Do it for yourself.
Do it for the ones you love.



County Stamp Box

California Family Planning Information
and Referral Service

1-800-942-1054

All persons in the photographs are models and
used for illustrative purposes only.



State of California
Health and Human Services Agency
Department of Social Services

PUB 275 (04/07)



Family Planning...
Making the Commitment
for a Healthy Future



Family Planning — For Your Family's Future

Your local family planning provider can help you:

- Find the birth control method that fits your lifestyle. There is a wide range of choices — from the pill to the ring to the shot and more.
- Get birth control supplies to help prevent an unplanned pregnancy.
- Learn about emergency contraception and whether it will be the right choice for you if you ever need it.
- Get tested and treated for sexually transmitted diseases.
- Learn how to prevent getting and spreading sexually transmitted diseases, including HIV/AIDS.
- Get screened for reproductive cancers.
- Learn how to do self-exams to check for breast cancer.
- Answer questions about all your reproductive health concerns.



These services are:

- Confidential, which means it is private between you and your doctor.
- Available for men and women, including teens.
- Inexpensive — CalWORKs clients can receive them for no- and low-cost.

Get family planning services in your community:

- From your doctor, county department of health or your health care plan.
- Look in the telephone yellow pages under "Family Planning Information."
- Call the California Family Planning Information and Referral Service for the name, address and phone number of a family planning services provider in your area at:

1-800-942-1054



Make the commitment today.



CIVIL RIGHTS INFORMATION NOTICE

YOUR CIVIL RIGHTS

WHAT ARE CIVIL RIGHTS?

Civil Rights are laws that protect individuals from being discriminated against. The Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other federal and State regulations say that discrimination is against the law in programs receiving federal and state financial aid.

WHO DO THEY PROTECT?

If you are applying for or receiving cash assistance, Medi-Cal, Food Stamps, or Social Services in Los Angeles County, you are protected under the law against discrimination regarding these benefits and you have specific rights:

You have the right to receive the same services, consideration, and equal treatment given to all other applicants or participants regardless of race, color, religion, sex, national origin (this covers speaking a different language other than English), political affiliation, disability, marital status, ethnic group identification, sexual orientation or any other factor. You have the right:

- to receive free interpreter services if you need help to apply for or to keep receiving benefits from us; and
- to be given a bilingual worker for your case who speaks your language if you speak one of the following languages: Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog and Vietnamese; and
- to receive free interpreter services for your case even if you speak a language other than those listed above; and
- to call the office and have an English Notice that you received, translated and explained to you.

HOW TO FILE A CIVIL RIGHTS COMPLAINT

If you believe you have been discriminated against because of race, color, religion, sex, national origin, political affiliation, disability, age, marital status, ethnic group identification, sexual orientation or any other factor, you may take one or all of the following actions:

You may ask to speak with the local office Civil Rights Liaison. He or she can help you resolve your complaint and/or explain your rights. This includes assisting you with obtaining a PA 607, "Complaint of Discriminatory Treatment," and helping you complete the form. You may also contact the Los Angeles County Department of Public Social Services (DPSS) Civil Rights Section or the State directly at the addresses and telephone numbers listed in the next column.

You may request an investigation from the DPSS Civil Rights Section either verbally or in writing by contacting the Civil Rights Unit. You may use the PA 607 to document your complaint. The PA 607 is available to any person or organizational representative in the community requesting it. You may complete the form or ask the Civil Rights Liaison to complete it for you. The Civil Rights Unit will contact you within 20 days of receipt of your complaint for more information. The Civil Rights Unit will investigate the complaint and inform you of their findings in writing. If you disagree with the County's findings, you may appeal to the California Department of Social Services, or if it involves the Food Stamp Program, to the U.S. Department of Agriculture.

Your complaint must be filed within 180 days from the date that you believe you were discriminated against.

You may file your complaint with one or all of the following applicable County, State and federal agencies: the California Department of Social Services, the U.S. Department of Agriculture or the U.S. Department of Health and Human Services.

County Office

Department of Public Social Services
Civil Rights Section
12860 Crossroads Parkway South
City of Industry, California 91746
Telephone No. : (562) 908-8501

State Office

California Department of Social Services
Civil Rights Bureau
744 "P" Street, M-S. 8-16-70
Sacramento, California 95814
Telephone No. : (866) 741-6241

Federal Office

U.S. Department of Health and Human Services
Office for Civil Rights
907th Street, Suite 4-100
San Francisco, California 94102
Telephone No. : (800) 368-1019

Food Stamp Program

U. S. Department of Agriculture
Food and Nutrition Services
Office of Civil Rights - Western Region
907th Street, Suite 10-100
San Francisco, California 94108
Telephone No. : (888) 271-5983

INSTRUCTIONS FOR STATE HEARING ON REVERSE

(REVERSE SIDE)

STATE HEARING

If you need to seek further help regarding the County's action on your application for assistance or your public assistance benefits, you may take the following action:

File a State Hearing within 90 days of the County's action. The 90-day period applies even though you have filed a Civil Rights complaint. Aid Paid Pending may be received if you file your request for a hearing before the effective date of the action.

To ask for a hearing:

By telephone, please call (800) 952-5253. This number is often busy.

By mail, fill out the back of any Notice of Action (letter) from the welfare office or write a letter (keep a copy), and send your request to Appeals and State Hearings, P.O. Box 18890, Los Angeles, CA 90018

Additional Civil Rights and State Hearing information is available in the reception areas of District/Regional offices. You may ask for the State pamphlet, Your Rights Under California Welfare Programs (PUB 13), which is available in all reception areas.

Instructions

- To be given and explained to applicants/participants at time of application and recertification/redetermination or mailed to applicants/participants if a face-to-face contact is not required.
- Filing/Retention – Not Applicable

LEGAL SERVICES AGENCIES:

ANTELOPE VALLEY AND PALMDALE

Neighborhood Legal Services.....(800) 433-6251
Antelope Valley DV Council.....(661) 945-6736

SANTA CLARITA VALLEY

Neighborhood Legal Services.....(800) 433-6251

SAN FERNANDO VALLEY

Institute for Multicultural &.....(213) 381-1250
Counseling Educational (818) 240-4311
Neighborhood Legal Services.....(800) 433-6251
YWCA Glendale.....(818) 242-4155

SAN GABRIEL VALLEY/EAST L A

Legal Aid Foundation of L.A.....(800) 399-4529
Los Angeles Center Law/Justice.....(323) 980-3500
Neighborhood Legal Services.....(800) 433-6251

SOUTH EAST LOS ANGELES

Legal Aid Society Orange, DBA
Community Legal Services.....(800) 834-5001
Harriet Buhai Center.....(213) 388-7505
Jenesse Center.....(800) 479-7328
Legal Aid Foundation of L.A.....(800) 399-4529
Los Angeles Center Law & Justice.(323) 980-3500

CENTRAL AND WEST LOS ANGELES

1736 Family Crisis Center.....(323) 737-3900
Asian American Advancing Justice
Of Los Angeles.....(213) 977-7500
Harriet Buhai Center.....(213) 388-7505
Institute for Multicultural &.....(866) 604-6237
Counseling Educational
Legal Aid Foundation of L.A.....(800) 399-4529
Prototypes Centers Innovation.....(323) 290-0466

SOUTH CENTRAL LOS ANGELES

1736 Family Crisis Center.....(323) 737-3900
Harriet Buhai Center.....(213) 388-7505
Legal Aid Society Orange, DBA
Community Legal Services.....(800) 834-5001

**WHAT IF I NEED HELP
RIGHT AWAY?**

“Call 911”

If you are in immediate danger

OR

If you need an emergency shelter, call:

**Los Angeles County
Domestic Violence
24-Hour Hotline**

1 (800) 978-3600

OR

**Call DPSS Customer Service
Toll Free Number**

to be directed to your nearest office

1 (866) 613-3777

1 (877) 633-0294

1 (310) 258-7400

1 (626) 569-1399

1 (818) 701-8200

This brochure is available in Armenian, Cambodian,
Chinese, Korean, Russian, Spanish, Tagalog, and
Vietnamese.

PA 1914 (Rev. 09/01/16)



County of Los Angeles
Department of Public Social Services



DOMESTIC VIOLENCE

REFERRAL

INFORMATION

BREAK THE CYCLE OF ABUSE

THERE IS LOTS OF HELP AVAILABLE

TO HELP YOU END THE ABUSE

<http://www.dpss.lacounty.gov>

WHAT IS DOMESTIC ABUSE?

“Domestic abuse” is any action or threat against you by a spouse/ex-spouse, intimate partner.

- Physical Abuse
- Sexual Abuse
- Threats of Violence
- Emotional or Mental Abuse
- Economic Abuse
- Stalking
- Abuse due to Immigration Status

WHAT KIND OF HELP IS AVAILABLE?

- Emergency Housing
- Safety Planning
- Restraining Orders
- Emergency Transportation
- Case Management
- Individual/Group Counseling
- Independent Living Skills
- Parenting Classes
- Legal Assistance
- Immigration Assistance
- Advocacy
- Other Services As Needed

WHERE CAN I GET HELP?

If you want to talk to someone directly, call any of these domestic violence agencies:

ANTELOPE VALLEY AND PALMDALE

- Antelope Valley DV Council(661) 945-6736
- Tarzana Treatment Center(818) 654-3815

SANTA CLARITA VALLEY

- Domestic Abuse Center of the Santa Clarita Valley.....(661) 259-8175
- San Fernando Valley Community.....(818) 838-1352
- Mental Health Center Inc.

SAN FERNANDO VALLEY

- Haven Hills.....(818) 887-6589
- Institute for Multicultural &.....(213) 381-1250
- Counseling Educational Services (818) 240-4311
- Jewish Family Service of LA(818) 505-0900
- Neighborhood Legal Services of LA.(800) 433-6251
- San Fernando Valley Community.....(818) 838-1352
- Mental Health Center Inc.

- Tarzana Treatment Center(818) 654-3815
- YWCA of Glendale.....(888) 999-7511

CENTRAL AND WEST LOS ANGELES

- Amanecer Community Counseling....(213) 481-1792
- Services
- Institute for Multicultural(213) 381-1250
- Counseling & Educational Services
- Korean Family Services, Inc.....(213) 389-6755
- Para Los Ninos.....(213) 250-4800
- Prototypes.....(323) 464-6281

SAN GABRIEL VALLEY/EAST LA

- California Hispanic Commission..(323) 722-4529
- On Alcohol & Drug Abuse
- East L. A. Women’s Center.....(800) 585-6231
- Foothill Family Services(866) 304-4337
- House of Ruth(909) 988-5559
- Para Los Ninos(213) 250-4800
- Peace Over Violence.....(626) 793-3385
- YWCA of San Gabriel Valley..... (626) 967-0658

SOUTH EAST LOS ANGELES

- Cambodian Association.....(562) 988-1863
- Helpline Youth Counseling.....(562) 273-0722
- Human Services Association.....(562) 806-5400
- Interval House..... (562) 594-4555
- Legal Aid Foundation of LA..... (800) 399-4529
- Rainbow Services.....(310) 547-9343
- South Asian Helpline & Referral..(888) 724-2722
- Su Casa Ending DV.....(562) 402-4888
- Women’s Shelter of Long Beach..(562) 437-4663

SOUTH CENTRAL LOS ANGELES

- 1736 Family Crisis Center.....(323) 737-3900
- Center for Pacific Asian Family... (800) 339-3940
- Jenesse Center.....(800) 479-7328
- Legal Aid Foundation of LA.....(800) 399-4529
- Project Peacemakers, Inc.(323) 291-2525
- Prototypes.....(323) 290-0466

SOUTH BAY

- 1736 Family Crisis Center.....(323) 737-3900
- Interval House..... (562) 594-4555
- Niswa Association, Inc.....(310) 748-9086
- Office of Samoan Affairs.....(310) 538-0555