

NOTICE DATE: August 11, 2022  
CASE NAME: Michelle Hodge  
CASE NUMBER: A702612  
**WORKER NAME:** DRS Eng Eligibility Services  
**WORKER ID:** 33LS70E20H  
TELEPHONE NUMBER: (877) 410-8827  
**CUSTOMER ID:**

## CALFRESH NOTICE OF APPROVAL

Michelle N Hodge  
38540 CROSS OVER RD  
HEMET, CA 92544-9339

Questions? Ask your worker.

YOUR APPLICATION FOR CALFRESH BENEFITS  
HAS BEEN APPROVED.

Your initial amount of benefits is: \$241.00 for 08/2022.  
Your benefit amount for the rest of your certification  
period will be \$250.00 from 09/01/2022 through  
07/31/2023.

IF YOU ALSO APPLIED FOR CASH AID, and it has not  
yet been approved, your CalFresh benefits may be  
lowered or stopped without another notice if your cash  
aid is approved.

- ☐ Your CalFresh eligibility starts the same day as your  
cash aid.
- ☐ Your first month's benefits include more than one  
month's benefits because of the date your  
application was approved.
- ☒ Your first month's benefits were prorated from the  
date you filled your application.
- ☐ BECAUSE YOU RECEIVED CALFRESH  
BENEFITS RIGHT AWAY, we did not require you to  
give us the following verification:

Your IRT is \$1,396.00.

You must give us this verification before N/A or your  
CalFresh eligibility will stop. You will not get another  
notice. If the verification you send changes your

**Rules:** These rules apply; you may review them at your local welfare  
office: 63-301.32, 63-301.51

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

### CalFresh Budget

Report Month 08/2022

Household Size 1

Total Countable Earned Income	\$0.00
Adjusted Countable Earned Income	\$0.00
Total Countable Unearned Income	\$0.00
Net Countable Income	\$0.00

Standard Deduction	\$177.00
Dependent Care	\$0.00
Homeless Shelter Deduction	\$0.00
Excess Medical Expense for Aged/Disabled	\$0.00
Total Deductions	\$177.00

Preliminary Adjusted Income	\$0.00
Housing Expenses	\$0.00
Utility Expenses	\$0.00
Adjusted Net Income	\$0.00

CalFresh Allotment	\$241.00
Less Overissuance	-\$0.00
Total CalFresh Allotment	=\$241.00



## 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 the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing **before** an action on Cash Aid, Medi-Cal, CalFresh, 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 CalFresh 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, CalFresh 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 ☐ CalFresh ☐ 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:** This 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 you 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 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:

Administrative Hearings Unit  
Department of Public Social Services  
7894 Mission Grove Pkwy S. Ste100  
RIVERSIDE, CA 92508  
Fax: 951-358-3363

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.

Inland Counties Legal Services, Inc.  
1040 Iowa Avenue  
Ste 109  
RIVERSIDE, CA 92507  
(951) 368-2555 / Fax: (951) 368-2550  
Toll Free: (888) 245-4257

**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 RIVERSIDE County about my:

☐ Cash Aid ☐ CalFresh ☐ 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 \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ 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 \_\_\_\_\_



# NOTICE OF ACTION

COUNTY OF RIVERSIDE

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

## Continuation Page

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eligibility or benefits, we will make the change. You will not get an advance notice before we take this action.

Your CalFresh household may be eligible to a State Utility Assistance Subsidy (SUAS) payment. If eligible, the county will award you a \$20.01 SUAS cash payment. This is a one-time per year payment and if eligible it will be put into your cash EBT account. If you do not have a cash EBT account, one will be set up for you on your CalFresh EBT card. You will not have to do anything to get a new card, but you can use it to cover expenses not otherwise covered by CalFresh. This payment allows the county to use the highest utility deduction (Standard Utility Allowance - SUA) for food benefits. You may use this \$20.01 when you use your EBT card. If you want to know more, please contact your local county office.



