

# REPRESENTING YOURSELF AT A STATE HEARING

A self-help appeals guide for California benefit programs administered by the California Department of Social Services (CDSS), including CalFresh, CalWORKs, Medi-Cal, IHSS, CAPI, and others.

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## **ABOUT THIS HANDBOOK**

This handbook was created by the Legal Aid Foundation of Los Angeles (LAFLA) to provide general information about representing yourself at a California Department of Social Services state administrative hearing.

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The information in this handbook applies only to California programs such as CalWORKs, CalFresh, Cash Assistance Program for Immigrants (CAPI), In-Home Supportive Services (IHSS), Medi-Cal, the Trafficking and Crime Victim Assistance Program (TCVAP), and the Refugee Cash Assistance Program (RCA). Rules and procedures may differ in other states or programs, and some information applies specifically to Los Angeles.

The requirements, regulations, and deadlines in this handbook are subject to change at any time. Always contact the appropriate government agency for the most accurate and updated information.

This handbook doesn't replace legal or technical advice. For advice on a specific problem, contact an attorney or technical expert. For a list of free legal aid organizations, please visit: <https://www.lawhelpca.org/find-legal-help/directory/area>

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# **TABLE OF CONTENTS**

<b>ABOUT THIS HANDBOOK.....</b>	<b>2</b>
<b>INTRODUCTION.....</b>	<b>5</b>
Your Legal Rights.....	5
Warning About Childcare Hearings.....	5
<b>GETTING A NOTICE AND ASKING FOR A HEARING.....</b>	<b>6</b>
Notice of Action.....	6
When to Ask for a Hearing.....	6
Deadline to Ask for a Hearing and Keep Your Benefits.....	7
How to Ask for a Hearing.....	7
Your Right to Free Translation and Interpretation.....	8
Your Right to Disability Accommodations.....	8
Missing the Deadline to Ask for a Hearing.....	9
Postponing Your Hearing.....	9
<b>WHAT TO DO BEFORE A HEARING.....</b>	<b>9</b>
Contact the Appeals Hearing Specialist.....	9
Review Your Case File In Person or Online.....	10
Get the County’s Statement of Position.....	11
Prepare Your Case.....	11
<b>CONDITIONAL WITHDRAWALS: WHETHER OR NOT TO ACCEPT THEM.....</b>	<b>12</b>
What is a Conditional Withdrawal?.....	12
Reasons to Reject a Conditional Withdrawal.....	12
Reasons to Accept a Conditional Withdrawal.....	13
Receiving a Conditional Withdrawal.....	13
Enforcing a Conditional Withdrawal.....	13
<b>HEARING PROCEDURES.....</b>	<b>14</b>
Where the Hearing Will Be.....	14
Phone Hearings.....	14
In-Person Hearings.....	14
Who Will Be There.....	14
Administrative Law Judge.....	14
Appeals Hearing Specialist.....	15
Authorized Representative.....	15

Witnesses .....	15
Interpreter (If Needed) .....	16
Your Support Person.....	16
Fraud Investigator .....	16
Your Job at the Hearing.....	17
Telling Your Side of the Story .....	17
Questioning the County .....	18
Burden of Proof and Judge's Conduct .....	19
<b>WHAT WILL HAPPEN AT YOUR HEARING.....</b>	<b>19</b>
What to Do If the Decision Does Not Come on Time .....	20
If the Decision Is in Your Favor .....	20
If the Decision Is Not In Your Favor .....	21
<b>CONCLUSION .....</b>	<b>21</b>
<b>COMMON TERMS IN WELFARE PROGRAMS AND HEARINGS .....</b>	<b>22</b>
<b>GLOSSARY OF ABBREVIATIONS .....</b>	<b>28</b>
<b>APPENDIX OF SAMPLE NOTICES AND FORMS .....</b>	<b>29</b>
1. Notices of Action.....	30
2. How to Ask for a State Hearing.....	34
3. Authorized Representative Forms .....	35
4. Hearing Documents .....	45
5. Conditional Withdrawals.....	68

## **INTRODUCTION**

This manual is a basic guide to California Department of Social Services (CDSS) state hearings for benefits like CalWORKs, CalFresh, CAPI, IHSS, Medi-Cal, and a few others. It does not cover other benefits such as SSI, Social Security, or General Relief. For a full list of programs covered by this guide, see p. 26, **State Hearings Division**.

We wrote this guide to help you understand your rights and the hearing process when there is a problem with your benefits or you want to **appeal** (challenge) something your County welfare department did or didn't do.

We tried to make this guide easy to understand. When we have to use technical words, we **write them in blue** the first time. These words are defined in the sections [Common Terms in Welfare Programs](#) and [Glossary of Abbreviations](#), starting on p. 22.

Hearings and dealing with government and County representatives can be scary, especially when you don't know the law or your rights. This manual guides you through the process to help you to feel more confident and prepared.

### **Your Legal Rights**

You have the right to get help from Medi-Cal, CalFresh, CAPI, IHSS, CalWORKs, or other benefit programs if you qualify for them. Your County welfare department ("County" from now on) cannot take these benefits away without following certain steps that give you a chance to respond. These steps are called **due process**.

If you disagree with something the County did with your benefits, you have the right to **appeal**, or challenge, their decision. To do this, you must ask for a **hearing**. At the hearing, a judge will listen to you and the County and make a decision that both sides must follow.

You have the right to get information and documents from the County before your hearing so you can prepare to defend yourself.

### **Warning About Childcare Hearings**

If your hearing is about CalWORKs childcare, the rules may be different.

- Depending on the type of CalWORKs childcare you have, you may have only **fourteen (14) days** to file for a hearing.
- Your hearing may not be run by an **Administrative Law Judge (ALJ)**, and it may run differently.
- You can still get **Aid Paid Pending (APP)** if you ask for the hearing on time.

If you need a childcare hearing, read the back of your **Notice of Action (NOA)** carefully and make sure you understand your rights.

# **GETTING A NOTICE AND ASKING FOR A HEARING**

## **Notice of Action**

Before the County can deny, stop, or reduce your benefits, they must send you a **written notice** called the **Notice of Action (NOA)**. If you *do not* receive a written notice—or if the notice does not have enough information—the County cannot make changes to your benefits until you get an **adequate** (proper) notice.

An adequate notice must:

- Explain why your benefits are changing, including the specific facts in your case.
- Name the specific rules or laws that allow the County to change your benefits.
- Tell you the date when your benefits will change, and be mailed at least ten (10) days before then. (Check the postmark date *on the envelope*. If it was mailed late, keep the envelope as proof.)
- Explain how to ask for a hearing to stop the action, and the deadline for doing so. Usually, you have ninety (90) days from the date on the notice (for exceptions, see p. 9, [Missing the Deadline to Ask for a Hearing.](#))
- Say where you can get free legal help.

If the notice is **inadequate** in any way, you can ask the County to **rescind** (cancel) it and start over. If they refuse, ask for a hearing. See p. 7, [How to Ask for a Hearing.](#)

## **When to Ask for a Hearing**

You can ask for a **State Fair Hearing** any time you disagree with something the County does with your benefits and want to **appeal** (challenge) their decision. For example:

**You already get benefits, and you get a Notice of Action that says:**

- Your benefits will be **terminated** (ended).
- Your benefits will be **suspended** (paused).
- Your benefits will be reduced now or in the future.
- You have an **overpayment** (were paid more benefits than you should have been) and will have to pay the County back.

**You applied for benefits, and you get a Notice of Action that says:**

- Your application is denied.
- Your application is approved, but the benefit amount seems too low.

**You do not get a Notice of Action, but:**

- Your benefits were lower than last month.
- You didn't get your benefits this month.
- You reported a change to the size of your family or **household**, but your benefits did not change as you expected them to.

- You are owed a payment for a past month, but did not get it.
- You applied for benefits more than a month ago but never got a decision in writing (especially if you were told verbally that your application was denied.)
- You disagree with your **Welfare-to-Work** assignment.
- You are not getting childcare or other supportive services that you qualify for.
- The County has taken some other action against you that you think is wrong (even if your worker told you about it).

## **Deadline to Ask for a Hearing and Keep Your Benefits**

In most cases, you have **ninety (90) days to ask for a hearing**, starting the day after the date on the Notice of Action. If it was mailed late, you may have more time (see p. 9, [Missing the Deadline to Ask for a Hearing](#)).

**However, if you already get benefits and want to keep getting them while you wait for your hearing, you must ask for a hearing before the County's action takes effect.** This may be as soon as ten (10) days after the notice was sent. For example, if the notice says your benefits will stop on March 1, 2027, you must ask for a hearing before March 1, 2027 to keep getting your benefits in the meantime. This is called **Aid Paid Pending (APP)**.

**CAUTION:** If you get APP and you lose your hearing, you may have to pay the money back.

## **How to Ask for a Hearing**

You can ask for a hearing by phone, mail, or online. The safest and fastest way may be online.

### **By phone:**

- Call CDSS State Hearing Division at **(800) 743-8525**. This is the fastest phone option.
- You can also call your County's welfare department. Find the number on the CDSS website at <https://www.cdss.ca.gov/county-offices>. In Los Angeles, call the [Department of Public Social Services](#) (DPSS) at **(866) 613-3777** (7:30 a.m. – 5:30 p.m., Monday through Friday). If it's busy, keep trying. It's often easier to get through early in the morning.
- Have your case number, address, phone number, and **Notice of Action** ready.
- Tell them all the programs you are having a problem with (for example, CalFresh, CalWORKs, or Medi-Cal).
- If you will need an interpreter at the hearing, ask for one now.
- Make a note of the name of the person you speak to and the date and time you called.

### **By mail:**

- Fill out the form on the back of your **Notice of Action**. See the sample form on p. 34.
- Check the box for each program that is a problem (for example, CalFresh, Medi-Cal, or CalWORKs).
- Don't try to explain all your reasons for wanting a hearing on this form. Keep it simple, such as, "The decision to terminate my benefits was wrong."
- If you need an interpreter, check the box to ask for one. Fill in your language or dialect.

- Do **not** check the box that says “To Have Your Benefits Cut Now” unless you want your benefits to stop immediately.
- Before you mail the form, **make a copy** to keep.
- Send your form by certified mail, with a return receipt, to:

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

**Online:**

- Visit the California Department of Social Services (CDSS)’s **Appeals and Case Management System (ACMS)** at: <https://acms.dss.ca.gov/acms/>.
- You do not need an account to ask for a hearing. In the section called “Need More Information?” near the bottom of the page, click [“Submit Appeal without an Account.”](#)

**NOTE:** All hearings are scheduled to be **over the phone** by default, unless you request an **in-person hearing**. If you want an in-person hearing, you should say so in your request. You can also call the hearing office later to change the type of hearing (called the **hearing modality**).

### **Your Right to Free Translation and Interpretation**

It’s very important to understand everything that happens at your hearing. You have the right to a **free interpreter**, even if you know some English. The interpreter must be fluent in your language and specific dialect. Be sure to state that you need an interpreter when you ask for your hearing.

**TIP:** Bring someone you trust who is fluent in both English and your language to make sure the interpreter translates everything correctly.

### **Your Right to Disability Accommodations**

If you have a **disability**, you have a right to ask the State to make **reasonable accommodations** for you. Ask for what you need to be able to understand and participate in the hearing.

For example, if you want an in-person hearing, but your disability makes it hard for you to leave your home, you can ask to hold the hearing at your home. Everyone participating in the hearing will have to come to your home.

## Missing the Deadline to Ask for a Hearing

If you have **good cause** (a good reason) for missing the deadline, you may still be able to get a hearing. Some good reasons are:

- You did not get a **Notice of Action** about the change to your benefits.
- The notice was mailed less than ten (10) days before the change took effect.
- You were physically or mentally ill, or had a family emergency.
- The notice was “inadequate” (missing necessary information).
- You got the notice but did not understand it. (This is tricky to argue, so talk to a legal aid advocate).

## Postponing Your Hearing

If you cannot make your hearing date, call the State Hearing Division *ahead of time* at **1-800-743-8525** and ask for a **postponement** (rescheduling).

You need a good reason to postpone your hearing: for example, you are sick, have a serious scheduling conflict, or need more time to get legal help. You should also be allowed a postponement if you tried to speak to the **Appeals Hearing Specialist (AHS)** and see your file before the hearing, but you couldn't (see below, [Contact the Appeals Hearing Specialist.](#)) If your hearing is about a CalFresh issue, you can get one postponement for any reason.

After postponing a hearing, you usually get a letter with a new hearing date within a month.

### TIPS:

- If your hearing is postponed, the judge will usually have a longer time to make a decision afterward.
- If your benefits are continued while you were waiting for your hearing date (**Aid Paid Pending**), they will still continue while your hearing is postponed.
- If you have already had a postponement, you will probably have to go to your hearing and ask the judge directly for another one. You will need a very good reason.
- If you miss your hearing without calling first, it is much harder to get it rescheduled. You have ten (10) days to show you had a very good reason.

## WHAT TO DO BEFORE A HEARING

### Contact the Appeals Hearing Specialist

Before your hearing, you will get a letter from the **Appeals Hearing Specialist (AHS)** assigned to your case. The AHS is a county worker and investigates and defends the case for the County. They are also sometimes called the Appeals and State Hearing (ASH) Specialist.

**Contact the AHS as soon as possible** to get information that will help you prepare for your hearing. The AHS can answer questions about your case and help you get documents from the

County. They should also tell you about any facts or laws that are in your favor. Just remember that they work for the County, not for you.

Call the AHS at the phone number in their letter. Ask them about:

- How to see your case file (see below, [Review Your Case File](#))
- How to get the County's **Statement of Position** (see p. 11, [Get the County's Statement of Position](#))
- Any questions about your case, and any facts or laws that are in your favor

If the AHS is not there when you call, ask to leave a message. Let the person on the phone know you are aware you should be called back the same day. If the AHS does not return your call, call again and ask to speak with a **supervisor**. If the supervisor does not call you back, call again and ask to speak with a **deputy**.

## **Review Your Case File In Person or Online**

The AHS can help you get your case file. They may mail or email it to you, or you may need to schedule a time to review it at their office. You can ask for a time when the AHS will be there so you can ask questions while you review. If you cannot reach the AHS, call the DPSS Customer Service Center at **1-866-613-3777** to request your file (if you are in Los Angeles). (See p. 7, [How to Ask for a Hearing](#), for other county offices.)

**Try to review your file as soon as possible so you will have time to get copies of any documents you may need.** Look for documents that could help you prove your case. For example, if the County says your benefits are being terminated because you never turned in your SAR 7 form, but you know you turned it in, check to see if it is in your file. You can ask for copies of any helpful documents. The AHS may charge you a small amount for copying.

Here are some common documents that are likely included in your file:

- EBT Transaction History
- Applications and other forms you have submitted
- Documents and other evidence you have submitted
- Proof of income you have submitted
- Notices of Action
- Call center logs and call notes
- IHSS assessment (home visit) notes from your assigned social worker

**TIP:** If you know the specific documents you need for your case, ask the AHS for them specifically. If the AHS ignores you or refuses to provide them, tell the judge that the County prevented you from preparing for the hearing.

## Get the County's Statement of Position

After investigating your case, the AHS will write a **Statement of Position** about what they found and what they think should happen next: Either the County will agree to change their decision and cancel the hearing (see p. 12, [Conditional Withdrawals](#)), or they will go ahead with the hearing and let a judge decide.

The Statement of Position tells you what the County will talk about at the hearing. You must be given a chance to read it before the hearing so you can prepare a defense. The AHS must have it ready for you to review at the County welfare department at least two (2) business days before your hearing.

The AHS does not automatically mail or email you a copy, but can if you ask them to. **To be safe, call the AHS as soon as you get their letter and ask for it, and tell them how you want to receive it.**

The Statement of Position must include:

- The facts of your case.
- What action the County took.
- What specific laws, regulations, rules, or policies the County thinks apply to your specific case.
- What the County thinks the judge's decision should be and why.

See page 60 for a sample Statement of Position with tips about how to read it.

If the Statement of Position is not ready on time, you can ask to **postpone** (reschedule) your hearing (see p. 9, [Postponing Your Hearing](#)). If you still haven't gotten it by the day of your hearing but don't want to postpone it, arrive at least an hour early so you can read it then.

**NOTE:** Statements of Position are available only in English. If you do not understand English well, call the State Hearing Division and ask them to translate it over the phone. If you asked for an interpreter, they can also translate it just before the hearing.

## Prepare Your Case

Make sure you have your facts clear before you go to your hearing.

- Write notes on exactly what happened, including the dates.
- Figure out exactly why you think you should win your case.
- Get any documents that help prove your case and submit them by mail or online through **ACMS** before the hearing, or bring them to your hearing in person. Make sure to keep copies for yourself. If you need help submitting documents, call the hearing office. If you can't get the documents in before the hearing, ask the judge to **hold the record** open so you can submit them later.
- Ask people you trust and who know about your case to speak at your hearing as witnesses. Make sure you know what they are going to say. Remind them they must tell the truth.

- Check the County’s **Statement of Position** for the laws and rules they say apply to your case. Try to figure out whether it is correct. You can find the laws at the local welfare office and at the AHS’s office. The rules may also be online. See p. 25 under “**Regulations**” and p. 27 under “**Welfare & Institutions Code**” for links to common rules.

**TIP:** You may find it useful to write your own Statement of Position or a summary of what you plan to say at the hearing. Submit it beforehand or give copies to the judge and the AHS at the hearing.

## **CONDITIONAL WITHDRAWALS:** **WHETHER OR NOT TO ACCEPT THEM**

### **What is a Conditional Withdrawal?**

A **Conditional Withdrawal** is an agreement to settle your case without a hearing. The County may offer you one, or you can ask for one. A good Conditional Withdrawal can save time, travel, and stress because you won’t have to go to a hearing.

In a Conditional Withdrawal, the County is agreeing to take some action on your case, such as restoring your benefits, reevaluating your eligibility, giving you more time to turn in a form, or something else.

**NOTE: A Conditional Withdrawal is very different from a Withdrawal that is *not* Conditional!**

A **Withdrawal** means that you agree to cancel your request for a hearing and accept the County’s original decision.

A **Conditional Withdrawal** means that you agree to cancel your request for a hearing *only if* the County agrees to take a particular action in your case.

**Before you accept a Conditional Withdrawal, make sure you understand and agree with what it says.** If you are on the phone, ask the AHS to read it aloud. Know exactly what the County is agreeing to do and when.

### **Reasons to Reject a Conditional Withdrawal**

You have the right to refuse to agree to a Conditional Withdrawal if you want to move forward with the hearing and have the judge make the decision in your case.

Often in a Conditional Withdrawal, the County only offers to **reconsider** or **reevaluate** your case. For example, the County may agree to “reconsider” whether you turned in a SAR 7. This doesn’t mean they agree you are right; **it just means they will review your case again.** There is no guarantee they won’t make the same decision as before.

If you’re sure you’re right and you can prove it, a hearing might be a better choice. The County may also be more likely to do what the judge orders in a hearing than to do what they promised in a Conditional Withdrawal.

## Reasons to Accept a Conditional Withdrawal

There are also reasons why you would want to accept a Conditional Withdrawal. If the County reevaluates your case and makes a decision you still don't like, you will again have the right to appeal by asking for a new hearing. By accepting the Conditional Withdrawal, you can see if the County will do what you want, without losing your chance for a hearing again if they don't.

If you're not sure you will win your hearing, a Conditional Withdrawal gives you a chance to get a good outcome without the risk of losing.

Often in a hearing, the judge will just order the County to reevaluate your case anyway—the same thing they may offer in a Conditional Withdrawal.

### TIPS:

- A Conditional Withdrawal that agrees to **rescind** (cancel) their **Notice of Action** and also reevaluate your case is much stronger than one that only says they will reevaluate. If the County agrees to reevaluate your case, ask them to also rescind the Notice of Action and issue a new one after they reevaluate.
- You can ask to change the Conditional Withdrawal to say what you want it to say.
- Ask for the Conditional Withdrawal to include **specific dates** for the time period the County will reevaluate your case, especially when it comes to backpay you think you are owed, or the start date for a denied benefits application you want reevaluated.

## Receiving a Conditional Withdrawal

You have the right to see your Conditional Withdrawal in writing. Once you have agreed to it by phone, you should get a copy in the mail within seven (7) days. If you don't, call the AHS.

Once you get the agreement, review it carefully. If it says what you expected, sign it and mail it back to the AHS. (Keep a copy for yourself.) If it doesn't, call the AHS and tell them the problem. If you are not satisfied, you can again ask for a hearing.

## Enforcing a Conditional Withdrawal

Once you sign a Conditional Withdrawal, the County must **comply** (do whatever it agreed to do) in thirty (30) days. They must send a notice in writing telling you what they did to comply. If they don't, contact your AHS or call the DPSS Customer Service Center at **1-866-613-3777**. Ask for the phone number for the **Fair Hearing Liaison** at your local DPSS office (if you are in Los Angeles County). Call and explain the issue to the Fair Hearing Liaison.

If you get no response or the issue isn't fixed, you can file for another hearing. This time, you will have to go to the hearing, and a Conditional Withdrawal will not be offered again. In your hearing request, explain that the County didn't comply with the Conditional Withdrawal.

If you get a new **Notice of Action** and do not agree with it, you can ask for a hearing within ninety (90) days. If you were receiving **Aid Paid Pending (APP)**, it should continue at least until the new notice takes effect.

# **HEARING PROCEDURES**

**WARNING:** Childcare hearings are very different from others. These rules do NOT apply.

## **Where the Hearing Will Be**

### **Phone Hearings**

All hearings are held by phone by default, unless you ask for an in-person hearing.

- Be ready at the number you gave the County at least thirty (30) minutes before your hearing.
- If you need the **Statement of Position** translated, call the **State Hearing Division** ahead of time to get it translated over the phone.
- Your hearing may start late, so stay available even if you are not called right away.
- If you don't receive a call within 15 minutes of your scheduled time, you should call the State Hearing Division to let them know.

### **In-Person Hearings**

In Los Angeles, in-person hearings are held at **3833 Vermont Ave, Los Angeles, CA 90037** (near USC, just south of Exposition Boulevard and near the Expo/Vermont stop on the Metro E Line). For more public transit information, call LA Metro at (213) 626-4455 or visit <https://www.metro.net/riding/trip-planner/>.

For other counties, check online at <https://www.cdss.ca.gov/county-offices>.

- **Arrive at least thirty (30) minutes early.** If you have to read the **Statement of Position**, your file, or the regulations, arrive more than an hour early.
- Check in with the clerk and show your hearing notice so they can tell the AHS (and interpreter) you are there.
- Arriving early gives you a chance to discuss the case with the AHS (and interpreter) before the hearing, if you want to.

## **Who Will Be There**

### **Administrative Law Judge**

The **Administrative Law Judge (ALJ)** will run the hearing. They are supposed to listen and ask questions without taking sides. Some judges will ask most of the questions themselves. Others will give you more of a chance to explain your side and to ask the questions. After the hearing, the ALJ will make a decision and send you a written explanation. The ALJ can also help you if there are documents that you have not been able to get.

- If you need records from the County, ask the judge to tell the County to give them to you. If you've already tried getting them before the hearing, explain this to the judge.

- If you need records from another agency, business, or person, ask for a **subpoena**, or an order to provide them. For example, if you need records about your bank account, but the bank won't give them to you, ask for a subpoena.
- If you have a CAPI case and are trying to show that you are disabled, the judge can order medical testing for you to help you prove your case.

**NOTE:** If you or the AHS believe that the judge cannot be fair, you or the County can ask the judge to disqualify himself or herself. **Do not try to disqualify the judge unless you have a very good reason** (see p. 19, [Burden of Proof and Judge's Conduct](#)). The judge will decide whether to step aside and give the case to another judge.

## Appeals Hearing Specialist

The **Appeals Hearing Specialist (AHS)** is the County's representative who investigated the case (see p. 9, [Contact the Appeals Hearing Specialist](#)). They will speak for the County but have never worked on your case until after you asked for a hearing.

At the hearing, the AHS may read the County's **Statement of Position** about what they found in their investigation and what they think should happen in the case. Don't interrupt; listen carefully and take notes for when it is your turn. When the AHS is finished, the judge may let you ask questions to help you *understand* what they said—this is *not* the time yet to argue why you should win. The judge should give you a chance later to present your own case and to question the County.

**TIP:** You should have already been given the chance to review the Statement of Position (see p. 11, [Get the County's Statement of Position](#)); if not, you can **postpone** the hearing (see p. 9, [Postponing Your Hearing](#)).

The AHS may also question you and any witnesses. They will also give the ALJ any documents that support the County's arguments. You can get free copies.

## Authorized Representative

An **Authorized Representative (AR)** is someone you choose to speak for you in the hearing. This could be helpful if you believe someone else can better present your case—for example, because you have a disability. Your AR can be a lawyer, but they can also be a trusted family member or friend. At the hearing, your AR may speak on your behalf, present your case, and ask questions of you and any witnesses.

To choose an AR, you must submit a form to the hearing office (see p. 34-43 in the [Appendix](#)). Note that Medi-Cal and IHSS programs use their own forms.

## Witnesses

Both you and the County can bring witnesses. If you do, let the judge know at the beginning of the hearing. Sometimes your case worker may be there as a witness for the County.

The only job of witnesses is to answer questions. They do not represent you or ask questions themselves. They may have to wait outside when they are not giving **testimony**.

## **Interpreter (If Needed)**

If you cannot understand the hearing well in English, you have the right to a **free interpreter**. When you first ask for your hearing, check the box for an interpreter (see p. 8, [Your Right to Free Translation and Interpretation](#)). If there is no interpreter available at your hearing, you can ask for the hearing to be **postponed**. Your **Aid Paid Pending (APP)** will continue.

The interpreter should be professionally certified. If they are not, the judge must make sure they can do a good job and be fair to both sides. Interpreters usually attend the hearing by telephone. If you cannot hear or understand the interpreter because of a bad phone line, let the judge know.

**TIP:** If you can, bring someone you trust who understands English as well as your language. They can tell you if the interpreter is not doing a good job, so you can tell the judge.

You also have the right to a translation of the **Statement of Position** at least two (2) business days before your hearing. This may be read to you over the phone. If you don't get a translation on time, you can ask to **postpone** the hearing.

If your request for language services is denied, contact your local legal aid office.

## **Your Support Person**

You may want to bring a friend or relative to the hearing for moral support. This person can help you stay calm, take notes, and keep track of what you have covered and what you still need to do.

However, you may not want to make this person your **representative**. A representative may be expected to speak for you or do more for your case. Only a trained advocate, or someone you deeply trust can do a good job presenting your case, should be representatives.

## **Fraud Investigator**

Sometimes a County **Fraud Investigator** is at the hearing, especially if it is about an **overpayment**. Remember:

- Anything you say at the hearing can be used against you later in **criminal court**. (This is true even if no Fraud Investigator is there.)
- You have the right to remain silent if answering a question could mean admitting to a crime.

Fraud Investigators can only testify about issues in the Statement of Position. If they bring up other issues, you can **object** and ask for the **evidence** or **testimony** to be **excluded**. You have the right to remain silent or refuse to answer these questions.

If the judge lets the County ask about new issues, ask to **postpone** the hearing so you can prepare to talk about these issues. If the hearing is **postponed**, the AHS should give you a new **Statement of Position** before the new hearing date.

## **Your Job at the Hearing**

What you say and do at the hearing is important. You have two main jobs:

- Tell your side of the story.
- Ask the AHS or County witnesses questions.

## **Telling Your Side of the Story**

Your most important job is to tell your side of the story and give the judge any evidence or information that supports your case.

## **Your Testimony**

To prepare, practice what you will say (your **testimony**) and make an outline of your most important points to help you remember them and stay on track. Make sure the judge gets all the information needed, but don't confuse them with things that are not important. Make sure you tell the truth.

It is very important for you explain to the judge what you did, saw, heard, or know about the issues in the case. This includes what your welfare worker has said to you about your case. This direct information will be very useful to the judge. For example, if you say, "I dropped off my SAR7 form at the welfare office before the end of the month," this will be considered evidence that you did drop it off.

### **TIPS:**

- You do not have to have any documents that support what you say. Your testimony is considered evidence by itself. However, supporting documents can be helpful as more proof, especially when it backs up your testimony.
- Focus on dates and timelines when preparing your testimony. Judges often need to know when something happened, or in what order. If you can give clear dates, the judge may find your testimony more reliable.

## **Your Witnesses**

You can bring witnesses to the hearing to support your story. This can help because the judge would rather hear about things directly from the person who did, saw, heard, or knew them.

For example, you *can* say, "My brother told me that he took my SAR 7 form to the welfare office before the end of the month." But this indirect evidence is weaker than you or your brother speaking from *your own knowledge*. It would be better if your brother came to the hearing as a witness and told the judge himself that he dropped off the SAR 7 form.

If you bring witnesses, make sure you know what they will be saying.

- Make a list of questions to ask your witnesses.
- Practice going over the questions with them.
- Tell your witnesses to answer only the questions that you or the judge ask.
- Remind them to tell the truth.
- Remind them to focus on the things they actually know, saw, or heard. This is what the Judge will be most interested in hearing from them.

## Other Evidence

Bring copies of any documents that support your side. For example, if you have a copy of the SAR 7 form that you turned in, be ready to give it to the judge at the hearing. It's even better if you've already submitted this evidence before the hearing.

## Questioning the County

Your second job is being ready to ask the County questions, but it is less important than presenting your own evidence—and you may not have to question the County at all.

After your **testimony**, you will have a chance to ask questions of the AHS and County witnesses if you think it will help your case. Ask them about things the County didn't do, or did wrong, to make your case stronger. Don't ask questions about things in the file that support the County's side.

### TIPS:

- When asking questions, focus on asking the County for proof.
- If the County is ignoring evidence that goes against their case, ask them questions about this evidence to highlight it for the judge.
- Don't make personal insults against the County's Representative (AHS). Even if there is an intense disagreement or argument, stay focused on the case.

## Closing Argument/Final Statement

At the end of the hearing, the judge will usually let both sides make a final statement about why they should win the case. If you haven't gotten a chance to argue your side, ask to do so at the end of the hearing.

### TIPS:

- When you sum up your case, point out where the County has said things without giving proof, or where they have failed to explain evidence that goes against their case.
- Keep it short and simple. Highlight what is important and why you should win (or why the County failed to meet their **burden of proof**) but don't repeat everything that was already said.

## **Burden of Proof and Judge's Conduct**

In a State Hearing, the County usually has the **burden of proof**. This means that to win, the County has to prove they are right. But you do not have to prove that they are wrong. **You just have to show that they can't prove they are right.**

This means that:

- The County must name the rules or laws that support what it did.
- If the AHS says something is true but doesn't say why or offer any proof, they have not proven their point.
- If you and the County disagree about specific facts in the case, someone from the County who personally knows about the facts must speak at the hearing. For example, if what your worker says is important, she must be at the hearing to testify.
- The County cannot bring up any information about your case that they did not give you a chance to review before the hearing.
- The County must respond to every argument that you make at your hearing.

The **Administrative Law Judge (ALJ)** must be fair. This means that:

- They cannot help the County make their case.
- They cannot prevent you from making your case—for example, by refusing to let your witnesses testify or blocking you from showing documents.
- Any information or documents given to the ALJ must also be given to you.
- The ALJ's decision must be based only on the evidence presented at your hearing. It should not consider things that happen later (unless the **record is held open** to allow you or the AHS to share more evidence (see p. 11, [Prepare Your Case](#)).

## **WHAT WILL HAPPEN AT YOUR HEARING**

The **Administrative Law Judge (ALJ)** will run the hearing, starting by explaining the process. The hearing will be recorded, and any witnesses, including you, must swear to tell the truth. The judge will usually also admit any documents that have been submitted into the official hearing record, unless there are any objections from you or the County.

The County will speak first. The **Appeals Hearing Specialist** will give the County's version of what happened and question their witnesses. Then, it's your turn. You should:

- Explain your story.
- Point out what the County did wrong.
- Point out errors, inconsistencies, false statements, or missing information in the County's story.
- Question your witnesses and the County's (if helpful).
- Give the judge any documents or other evidence you have.

**TIP:** Focus on the important issues in your case. If you tell the judge your “life story” instead of getting to the point, or you focus too much on “side issues,” the judge may lose patience or sympathy.

The judge may ask you or the AHS questions. Some judges ask a lot of questions; others mostly let you present your case yourself.

If you ask the County's witnesses questions, listen carefully to their answers. If they say anything inconsistent or unclear, ask about it. If they say anything you think is wrong, ask what evidence they have.

**TIP:** You can ask for a break during your hearing—for example, if you need time to think, check in with your witnesses, or calm down. The judge will decide whether to give you the break. If you need a break because of a disability, make sure to let the judge know that.

At the end of the hearing, if you need more time to submit any documents or other evidence, you can ask the judge to **hold the record open**. This gives you up to thirty (30) days to submit additional information. Make sure you know your deadline and where to send or bring the evidence.

If you ask for more time to submit evidence, the judge may also ask you for more time to make their decision. You are not required to agree to this **time waiver**, but it is a good idea to give the judge time to review your new evidence.

Finally, the judge will end the hearing by asking for any last comments, telling you when the decision letter will be mailed to you, and explaining your right to **appeal** the decision.

## **What to Do If the Decision Does Not Come on Time**

You should receive a decision letter no more than ninety (90) days from the date you filed your request for a hearing, unless you asked for a **postponement** or you agreed to a time waiver when the judge holds the record open after the hearing.

If you *win*, but the decision is late, the State must pay you a fine for each day past the deadline. The amount depends on the type of benefit your case is about. These are called *Ball/King Fees*, named after the lawsuits that created them. If your decision is late and the State Hearings Division does not offer you these payments, call them or contact legal aid.

## **If the Decision Is in Your Favor**

If the decision is in your favor, the County has thirty (30) days to **comply** (do what the judge orders them to do). They must send you a notice informing you of the action they took to comply with the hearing decision. If they don't comply, contact the AHS. They will refer you to the liaison at your local DPSS district office, who can tell you when the County will take the actions ordered by the judge.

## **If the Decision Is Not In Your Favor**

If the decision is not in your favor, you may want to ask for a **rehearing**. You can ask for a rehearing if:

- You think the judge did not follow the law.
- The hearing was unfair or biased in some way.
- The judge ignored or unfairly downplayed important evidence.
- You have new evidence that you could not give to the judge earlier for a good reason.

You must ask for a rehearing within thirty (30) days of the date you receive the hearing decision. (It is assumed you received the hearing decision five (5) days after it is mailed, unless you state otherwise). You can ask for a rehearing late, but you must give **good cause** (a good reason).

Your decision letter will have a cover letter titled **Appeal Rights** with instructions on how to ask for a rehearing. Follow these instructions carefully and explain in writing why you want a rehearing. If you want to submit new evidence, explain what it is and why you couldn't give it to the judge at your first hearing. The State has thirty-five (35) business days to decide on your rehearing request.

If you don't ask for a rehearing, or your request is denied, you can appeal the judge's decision by filing a lawsuit—called a **Writ**—in Superior Court. File your Writ within one year of the date on the decision.

Filing a Writ is complicated, and we suggest asking a lawyer for help. Your local legal aid office may take these cases, or at least provide referrals. Before meeting with a lawyer, call the phone number on the decision letter to get a copy of the hearing recording, Statement of Position, and the hearing decision. The lawyer will need to review these to understand your case.

## **CONCLUSION**

You can do it! You've already done a lot by getting this far. A hearing can feel intimidating, but it's your chance to explain what's going on and have a fair chance to be heard. If you take your time, stay organized, and speak honestly, you can get through it. You don't have to do everything perfectly—just do your best. And if you feel stuck or want some support, you can always reach out to your local legal aid office. They're there to help you.

You can find legal aid offices that work in your local county at this website:

<https://www.lawhelpca.org/find-legal-help/directory/area>.

# **COMMON TERMS IN WELFARE PROGRAMS AND HEARINGS**

## **Adequate:**

Good enough; meets all the legal requirements.

## **Administrative Law Judge (ALJ):**

A lawyer employed by the State to run hearings and make sure they are fair. They will decide the case and write a decision.

## **Aid Paid Pending (APP):**

Aid that continues to be paid until the ALJ makes their decision.

## **Appeal:**

An appeal is when you disagree with an action the county made with your benefits and you officially ask for a hearing to have a judge look at the action and make a decision about whether or not the county's action was correct.

## **Appeals Case Management System (ACMS):**

This is the website platform that the State Hearings Division provides for online access to a hearing file. You can submit documents, download files, and access other important info.

## **Appeals Hearing Specialist (AHS):**

The County employee who works on your hearing request. Their job is review whether what the County did was right and, if they decide it is, go to hearing to argue for the County and against you. Sometimes also called an **Appeals and State Hearing (ASH) Specialist**.

**Assistance Unit:** The people in your household who are receiving aid or are eligible for aid.

## **Biased, prejudiced:**

Here, **biased** means in favor of your side and **prejudiced** means against your side. For example, people would expect your witness to say only what helps you, and County witnesses to say only what helps the County.

## **Chain of Command:**

In each welfare office, everyone has a "boss." If you have a problem, start by calling the DPSS Customer Service Center at **1-866-613-3777** and asking the person who answers to assist you or open a ticket. If this person does not help you with your problem, you have a right to talk to their boss. Talking to someone's boss is called "following the chain of command." Here are the people in the chain of command:

- The worker who answers your call
- The Supervisor
- The Deputy District Director
- The District Director

You are entitled to talk to as many of these people as you need to get your questions answered or your problem resolved. You should follow the order of the list.

One of the Deputy Directors is the **Fair Hearing Liaison**, who is responsible for making sure that hearing decisions and/or **Conditional Withdrawals** are carried out correctly.

#### **Comply:**

Do what has been agreed to, or what has been ordered by the ALJ. You may be asked to comply by bringing in a document that proves a fact in your favor.

#### **Conditional Withdrawal:**

An agreement between you and the County not to go ahead with the hearing because you agree to something else instead. Also see **Withdrawal**.

#### **Disability:**

The word “disability” means many different things depending on the situation. Here, it usually means a physical or mental problem that may mean you need changes to the hearing process so that you can have the same ability to appeal as someone without a disability. A change you need because of your disability is called a **Reasonable Accommodation** or **ADA Request** (referring to the Americans with Disabilities Act). Also see **Reasonable Accommodation**.

**District Liaison:** See **Chain of Command**.

#### **Documents:**

Generally, papers with important information, such as payment receipts or a receipt from a welfare office, a birth certificate, or a Social Security card. In hearings, documents are usually papers that help prove a fact about your case.

#### **Due process:**

The law requires that the government take certain steps to protect your rights and give you a fair chance to prove your case. **Due process** rights are included in the U.S. Constitution.

#### **Entitlement:**

A benefit which, by law, must be provided if you are eligible. It cannot be stopped or changed unless there is a legal reason, no matter how much it costs.

#### **Evidence:**

Formal proof. This can be a **document** or what you or another witness says at the hearing (**testimony**).

#### **Exclude/Excluded:**

To keep out, especially with evidence. Excluding evidence means it does not go into the hearing record and the judge won't consider it as part of the hearing decision.

**Fair Hearing Liaison:** See **Chain of Command**.

**Fraud Investigator:**

A State employee whose job is to investigate cases where fraud is suspected.

**Good Cause:**

A good reason for doing or not doing something, such as missing a scheduled hearing. The reasons that are considered “good enough” are usually listed in the regulations.

**Hearing Modality:**

The type of hearing you receive. A hearing by phone or an in-person are each “modalities.”

**Hold the record open:**

If you need to submit one or more documents after the in-person hearing, the record is “held open.” It is as if the hearing were still going on even though you are not there.

**Household:**

The group of people who live together and receive a benefit together. This is not always the same as all the people or family members who live at the same address.

**Inadequate:**

Not Adequate. Failing to meet all the legal requirements for a valid Notice of Action.

**Interpreter, Certified Interpreter:**

A person who speaks both your language and English very well. The interpreter's job is to translate everything you say into English, exactly as you said it, and to translate everything said in English into your language. Interpreters must be certified, which means they have been tested and approved as fluent in both languages.

**Miranda rights:**

You must be advised of your rights (the right to remain silent, the right to have an attorney, and other rights) if you are in custody and the government is asking you questions about a crime.

**Neutral, neutrally:**

Not for or against either side. For example, the ALJ is neutral, not for or against you or the County.

**Notice of Action (NOA):**

This is the letter the county is required to send you when they deny or approve a benefits application, when they terminate your benefits, or they make other changes to the benefits you receive. This is usually the document that you are challenging when you ask for a hearing.

**Object:**

Disagree or take issue with, usually when someone is doing something unfair with evidence. An objection can be spoken or written but must be communicated to the judge.

**Overpayment:**

Receiving more benefits than you were entitled to, no matter whose fault it was.

**Postponement:**

Delay. When a postponement is granted, the hearing will not be held when it was scheduled, but will be set for another date in the future.

**Preliminary:**

Ahead of time. For example, the ALJ has to explain how the hearing will work before actually listening to either side. These are the preliminary issues for your hearing.

**Reasonable Accommodation:**

See **disability**. Something that must be done to be sure a disabled person has access to a hearing. Some examples: making room for a wheelchair, a sign language interpreter for a hearing-impaired person, someone to read documents aloud for a visually impaired person, or holding a hearing at home for someone who cannot travel.

**Reconsider/Reevaluate:**

Look at it again. When the County says this in a **Conditional Withdrawal**, it usually means that the County will look at your case again and make a fresh decision. This decision could be the same as before, or it could be different. But no matter what it is, you will have the right to appeal it by asking for a new hearing. See p. 13, [\*Reasons to Accept a Conditional Withdrawal\*](#).

**Record Held Open:**

This is when the judge gives time after the hearing to submit documents or other evidence and have the judge consider them before making a decision.

**Regulations:**

Legal rules of agencies, like the Department of Social Services or the Department of Health Services, to carry out the purpose of laws made by the State legislature or the United States Congress. Many state regulations for benefit programs are found in the **Manual of Policies and Procedures (MPP)**.

- You can find the MPP online at <https://www.cdss.ca.gov/inforesources/cdss-regulations-home-page>.
- Other state regulations are found in the **California Code of Regulations (CCR)**. You can find the CCR online at <https://govt.westlaw.com/calregs>.
- The State Hearings Division also has **paraphrased regulations**, which are a simplified and organized version of the regulations that may be easier to search. Find them online at <https://www.cdss.ca.gov/hearings-and-appeals/para-regs-and-notes>.

- Federal regulations may also apply in certain cases. You can find them online at: <https://www.ecfr.gov>

**Rehearing:**

Another hearing with a new ALJ. At the new hearing, the ALJ will look only at new information, not at anything discussed the first time (unless the first ALJ did not apply the law correctly).

**Reinstate:** To be put back in the program or start your benefits again.

**Rescind:**

To take back or cancel. For example, if a **Notice of Action** is rescinded, it means it is cancelled and cannot be used.

**Retroactive:**

Effective in the past. For example, if the hearing decision says your benefits were wrongly stopped, and you did not get **Aid Paid Pending**, you will now get those benefits.

**Statement of Position:**

This is the County's argument for its side: why they think they are right, with the facts and the laws that support their argument. It should also include a copy of the documents and evidence they are basing their arguments on. You are also allowed to submit a Statement of Position before the hearing. You must give the AHS a copy.

**State Fair Hearing:**

This refers to the appeal process provided by the State Hearings Division (SHD). See the next entry for the benefit programs that you can ask for a State Fair Hearing about.

**State Hearings Division (SHD):**

The state office that runs the hearing process described in this guide. SHD is part of the California Department of Social Services (CDSS), but also runs hearings for the California Department of Health Care Services (DHCS). SHD runs hearings for these programs:

Adoption Assistance Program	County Medical Services Program (if your complaint is about scope of benefits)	Modified Adjusted Gross Income (MAGI Medi-Cal)
Adult Services	Covered California	Multipurpose Senior Services Program (MSSP)
Assistance Doc Special Allowance Program	Emergency Assistance	Personal Care Services Program (PCSP)
CalFresh	Foster Care	Refugee Cash Assistance (RCA)
California Food Assistance Program (CFAP)	In-Home Medical Care	Repatriate Assistance Program
California Work Opportunity and Responsibility to Kids (CalWORKs)	In-Home Supportive Services (IHSS)	Resource Family Approval (RFA)

CalLearn	Interim Assistance for SSI applicants	Special Circumstance Payment (State Supplemental Program)
Cash Assistance Program for Immigrants (CAPI)	KinGAP	Trafficking and Crime Victims Assistance Program (TCVAP)
Child Welfare Services	Medi-Cal	

\*This list is published on this State website: <https://www.cdss.ca.gov/hearing-requests>.

### Subpoena:

A formal order that requires someone to provide documents or requires a witness to come to a hearing. An **Administrative Law Judge (ALJ)** may issue a subpoena if there is some important document you cannot get on your own.

### Suspend:

To hold up, pause, or delay. If your benefits are suspended, they are stopped for a period of time, but not terminated. It usually means the problem can be easily resolved. (**NOTE:** A suspended overpayment collection does NOT mean your overpayment is forgiven.)

### Terminate:

To end or stop. Usually the county terminates a benefit because they believe you are no longer eligible for some specific reason. They are required to give you this specific reason in writing.

### Testimony:

What the people at the hearing say. Their statements are taken as true because they swore an oath to tell the truth at the beginning of the hearing.

### Waiving (rights):

Giving up some of your legal rights. For example, if you **waive** your right to a hearing, you will not get one. If you **waive** your right to benefits, you will not receive them. Generally, you should not waive your rights unless you fully understand what that means and are knowingly deciding that you are okay with giving up your rights.

### Welfare & Institutions Code:

A special section of California law about welfare issues. Online, you can find this at <https://leginfo.legislature.ca.gov> and clicking "California Law" tab at the top.

### Welfare-to-Work:

This is a required job search or job training program that some benefit recipients (especially for CalWORKs) are required to do as a requirement for getting benefits.

### Witnesses:

People who speak at a hearing and who have special knowledge or information that could be helpful. Witnesses swear to tell the truth. What they say is called their **testimony**.

## **GLOSSARY OF ABBREVIATIONS**

<b>ACMS:</b>	Appeals Case Management System
<b>APP:</b>	Aid Paid Pending
<b>AHS:</b>	Appeals Hearing Specialist
<b>ALJ:</b>	Administrative Law Judge
<b>AU:</b>	Assistance Unit
<b>CCR:</b>	California Code of Regulations. (See also <b>MPP</b> .) Online at: <a href="https://oal.ca.gov/publications/ccr/">https://oal.ca.gov/publications/ccr/</a> Click "California Code of Regulations" under "Quick Links."
<b>CFR:</b>	Code of Federal Regulations. Online at: <a href="https://www.ecfr.gov/">https://www.ecfr.gov/</a>
<b>OHS:</b>	Department of Health Services, the State agency responsible for Medi-Cal and other health programs.
<b>DPSS:</b>	Department of Public Social Services, the LA County welfare department.
<b>DSS/CDSS:</b>	California Department of Social Services, the State agency responsible for welfare programs other than Medi-Cal.
<b>MPP:</b>	Manual of Policies and Procedures (CDSS regulations). Online at: <a href="https://www.cdss.ca.gov/inforesources/cdss-regulations-home-page">https://www.cdss.ca.gov/inforesources/cdss-regulations-home-page</a>
<b>NOA:</b>	Notice of Action
<b>USC:</b>	United State Code (i.e. Federal Law)
<b>W&amp;I Code:</b>	Welfare and Institutions Code, the California law governing welfare programs. Online at: <a href="https://leginfo.legislature.ca.gov/">https://leginfo.legislature.ca.gov/</a> . Click "California Law" at the top, then click " <a href="#">Welfare and Institutions Code – WIC</a> ". For more, click " <a href="#">Division 9: Public Social Services [10000-18999.98]</a> ".

## **APPENDIX OF SAMPLE NOTICES AND FORMS**

Most forms and notices (including translations) can be found online through the California Department of Social Services (CDSS) or Department of Health Care Services (DHCS).

**CDSS Forms:** <https://www.cdss.ca.gov/inforesources/forms-brochures>

**CDSS Notices:** <https://www.cdss.ca.gov/inforesources/forms-brochures/notices-of-action>

**DHCS Forms:** <https://www.dhcs.ca.gov/formsandpubs/forms>

### **1. Notices of Action**

- Denial Notice ..... 30
- Termination Notice ..... 31
- Overpayment Notice ..... 32

### **2. How to Ask for a State Hearing**

- Back of Notice of Action ([NA Back 9](#))..... 34

### **3. Authorized Representative Forms**

- (General) Appointment of Authorized Representative ([DPA 19](#)) ..... 35
- (Medi-Cal) Appointment of Authorized Representative ([MC 382](#))..... 37
- (IHSS) Appointment of Authorized Representative ([SOC 839](#))..... 40

### **4. Hearing Documents**

- Acknowledgement Letter of Requested State Hearing ..... 45
- Hearing Request Summary..... 53
- Letter from Appeals Hearing Specialist (AHS) ..... 55
- Hearing Scheduling Notice (Telephone)..... 56
- Hearing Scheduling Notice (In Person) ..... 59
- AHS/County Representative’s Statement of Position (SOP) ..... 61

### **5. Conditional Withdrawals**

- Sample Conditional Withdrawal..... 68
- Blank Conditional Withdrawal ([DPA 315](#)) ..... 69



You usually have 90 days from this date (or the postmark date on the envelope it came in, if later) to ask for a hearing. If you miss the 90 day deadline, be sure to include a "good cause" statement explaining why you appealed later than the 90 days.

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

**NOTICE OF ACTION  
CALWORKS DENIAL**

This is the "action" the County is taking

The County has denied your application for cash aid dated [redacted]

Here's why:

To get aid, there must be at least one of the following persons living in the home:  
An eligible child, or  
A caretaker relative of an SSI/SSP child, or  
A caretaker relative of a dependent foster care child, or  
A caretaker relative of a Kin-GAP child, or  
A pregnant teen under age 19 without a high school diploma or its equivalent, or  
A pregnant person, or  
A parent of a child who is sanctioned by the CalWORKs Welfare-to-Work Program.

This is the explanation for why the County is saying they are taking the noticed action.

These explanations can be unclear or general. The County is supposed to give a specific explanation about why the County is taking that action in your individual case.

Rules: These rules apply; you may review them at your local welfare office: 82-820.2

Questions? Ask your worker.

**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.

Some County actions that are wrong can be fixed without a hearing by talking to your worker or contacting your local Legal Aid for help.

But you should keep track of your appeal deadline in case you can't reach anyone or the County sticks with their original action.



**TIP:** If your notice isn't clear enough about the County's action, including the specific facts and rules that apply, you can tell the Judge the notice was "inadequate." This can help if your appeal is late or you need more time before your hearing ("postponement"). Sometimes it can even cause the Judge to find in your favor in the appeal itself.

Here are the rules that the County is citing to justify the action they are taking. The County is supposed to give the specific rule that applies to the action in your case.



**Tip:** This "Rules" reference is to state regulations called the "Manual of Policies and Procedures" (MPP), but the notice just gives a number without citing the source of the rules. This is arguably "inadequate." Go to the "Common Terms" section and look at "Regulations" for links to find these rules.

To get Aid Paid Pending, you usually are required to ask for a hearing (appeal) before the date the action happens.

If you ask for a hearing after this date, you can still ask the judge to give you Aid Paid Pending, but you will need to give reasons why you were late ("good cause").

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

**NOTICE OF ACTION  
CALWORKS TERMINATION**

As of 02/29/ [redacted], the County is stopping your cash aid.

Here's why :

You have failed to verify your California Residency.

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

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

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

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

Questions? Ask your worker.

**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.

There are special rules when you are already on benefits and the County sends a notice to lower or terminate your benefits. When this happens, you have a "due process" right to keep getting your benefits while you appeal the decision. This is called "**Aid Paid Pending.**"

The main downside to getting Aid Paid Pending is that if you lose your appeal, the County can assess an overpayment for any of the benefits you were paid while you were appealing.

**Rules:** These rules apply; you may review them at your local welfare office: MPP:42-403,42-406.1,42-407.2,44-316(d)





Date: [REDACTED]  
 Case Name: [REDACTED]  
 Case Number: [REDACTED]  
 Worker Name: [REDACTED]  
 Worker ID: [REDACTED]  
 Worker Phone Number: [REDACTED]

### CAL-WORKS OVERPAYMENT NOTICE

This is an overpayment notice. This means the County thinks you got paid more benefits than you were eligible for and they plan to lower your future benefits to pay it back.

When the County does this, they are required to give you all the specific details to show why they think you were overpaid, and also how they added up the overpayment amount. The County cannot "hide the ball" about their overpayment reasons and calculation.

See the next page for the worksheet they are supposed to provide with their math.

You got paid too much cash aid. You were overpaid a total of \$ 927.00

from [REDACTED] to [REDACTED].

We show how we figured the overpayment on the attached budget worksheet.

The over payment was

- the county's fault
- your mistake
- you caused the overpayment because you either failed to report something or reported something incorrectly on purpose to try to get more aid. You may be referred for criminal charges, or you may get a notice of proposed Intentional Program Violation penalty for this act.

Here's why you were overpaid:

Change in Living Arrangements/Household Composition

The County cannot start collecting this overpayment yet because:

- It is mid-period.
- We are already lowering your grant to collect a different overpayment.

Reg Cite : MPP 44-350.1 and MPP 44-352.4



Claim #: [REDACTED]  
 Questions? Ask your Worker

**WARNING:** If you think this overpayment is wrong, or if you think it was not your fault or a mistake (not on purpose), ask for a hearing. If you stay on aid, the County can collect an overpayment by lowering your monthly grant. If you go off aid before the overpayment is paid back, the County may take what you owe out of your state income tax refund or take other legal action to collect.

You will get a separate notice before we start collecting on this overpayment.

The next page(s) show how much cash aid you should have had for each month you were overpaid and the total amount you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

This box says whose fault the County is saying the overpayment was. "The County's Fault" is better for you because they cannot collect the overpayment for as long, in some cases. If this says "Your Mistake" but you disagree, tell the judge why you think it was the County's fault.

Also, if the third box is checked, you are being accused of welfare fraud. This can lead to criminal prosecution. If this happens you should contact your local public defender immediately.

This is the County's reason for the overpayment. It needs enough specific factual detail for you to understand why an overpayment is being claimed.

In this example, it doesn't say what specific change the County thinks caused an overpayment. You can tell the judge this notice is "inadequate" and





# YOUR HEARING RIGHTS

## YOUR HEARING RIGHTS (See also PUB 412 at [www.cdss.ca.gov/inforesources/state-hearings](http://www.cdss.ca.gov/inforesources/state-hearings))

You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at [acms.dss.ca.gov](http://acms.dss.ca.gov) Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account  
*OR*
- **Call** toll free (800) 743-8525 (or TDD (800) 952-8349) *OR*
- **Fax** fill out this page/fax to (833) 281-0905 *OR*
- Fill out this page, and deliver it by one of the following:
  - o **In-person:** \_\_\_\_\_
  - o **Mail to:** CDSS State Hearings Division, PO Box 944243, MS 21-37 Sacramento CA 94244-2430
  - o **Email to:** [SHDCSU@DSS.ca.gov](mailto:SHDCSU@DSS.ca.gov)

## HEARING REQUEST

1. My hearing issue involves \_\_\_\_\_ (benefit program) and \_\_\_\_\_ County/Agency.
2. I want a hearing because: \_\_\_\_\_
3. Print name of person who needs a hearing: \_\_\_\_\_ Birthdate: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 I want to get hearing notices from the State Hearing Division by email. **Email Address:** \_\_\_\_\_
5. **Name/Signature:** \_\_\_\_\_ **Date Signed** \_\_\_\_\_
6. Interpreter:  I want a **free** interpreter for the \_\_\_\_\_ language or dialect.
7. Disability Accommodation for hearing?  No  Yes (explain): \_\_\_\_\_
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:  
 By Telephone  By Video (*you see judge on your phone/computer*)  In person at the county hearing site  
 I have no phone or internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to  Denial of CalWORKs or CalFresh emergency benefits  
 Medical Emergency  Eviction/homelessness  Other (explain): \_\_\_\_\_
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKs (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.  
 Check to have your aid lowered or stopped pending the hearing for:  CalWORKs  Childcare  CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed:**  
 NAME: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing:

# APPOINTMENT OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_, 20\_\_\_\_

State of California Department of Social Services  
P.O. Box 944243, M.S. 9-17-37  
Sacramento, California 94244-2430

This is the general form to choose another person to be your representative in the hearing. This other person does not have to be a lawyer, but should be someone you trust to handle your case.  
  
For Medi-Cal or IHSS hearings, there are different forms to choose a representative. See the next pages.

I, \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (City, State and Zip)

have requested \_\_\_\_\_ of  
(Name)

\_\_\_\_\_  
(Organization)

\_\_\_\_\_  
(Address) (City, State and Zip)

\_\_\_\_\_  
(Phone Number) (Email)

to act on my behalf in my appeal regarding my application for and/or receipt of

\_\_\_\_\_  
(Assistance Program)

I hereby authorize your Department to release any or all information relating to this request to this person/organization.

\_\_\_\_\_  
Signature of Claimant

NOTE: If the claimant is unable to provide a full signature, a mark made by the claimant and witnessed by another person will be accepted.

If signed by a mark (such as an X), provide:

\_\_\_\_\_  
Print name of Witness

\_\_\_\_\_  
Signature of Witness Date

It is required that you attend the hearing or have someone appear on your behalf. If no such appearance is made at the time of the hearing, your case will be dismissed. Even if you appoint someone to represent you, your appearance at the hearing would be helpful to the Administrative Law Judge in arriving at an appropriate decision. If you have authorized someone to act as your representative, that authorization should be in writing, and provided to the State Hearings Division before the hearing. The written authorization may also be given to the Administrative Law Judge at the hearing.

This Authorized Representative form is enclosed for this purpose. If you want to authorize someone to represent you at the hearing, complete this form and send it to the State Hearings Division. Your representative may also bring it to the hearing on your behalf.

If you have sent this form to State Hearings before your hearing is scheduled, State Hearings will inform your representative of the date and time of the hearing. If you have not informed State Hearings of your representative before the hearing notice is sent, you must notify your representative of the time and place of your hearing. You may bring witnesses or other persons who you believe can help you explain your position. You should also bring any documents or other papers that you think are important and that you wish to have considered.

Information regarding your request has been sent to your County Welfare Department or to the California Department of Health Services. Staff from that agency may be contacting you before the hearing about the agency's action, the reason for its action, and the reasons for your request, in an effort to resolve the problem.

If you have been receiving assistance, your assistance will continue in the same amount if your hearing request was filed before the effective date of the proposed action and you requested continuance of your aid pending, or for CalFresh, you show you had a good reason for asking for hearing after the effective date.

If you are not now receiving assistance, you will not receive aid pending your state hearing.

This is the form to choose a representative if your hearing issue involves Medi-Cal.

### Appointment of Authorized Representative

Use this form to appoint an individual or organization as your Medi-Cal authorized representative. Your authorized representative may act for you on all duties related to your ~~Medi-Cal eligibility and enrollment~~. Or, you may also limit duties. You may cancel or change this appointment at any time.

You may give this form to your local county office in person or by mail, phone or electronically.

#### Part A: Tell us about you:

Applicant or beneficiary name:	Phone number:	Case number (Optional):

Mailing address (number, street, city, state, ZIP code):

#### Part B: Tell us about the authorized representative:

Name of authorized representative (individual or organization):	Phone number:

Mailing address (number, street, city, state, ZIP code):

E-mail address:

#### Part C: Authorized representative duties:

Examples of authorized representative duties

- Complete and sign the application
- Complete and sign redetermination forms
- Give us information we ask for
- Report changes
- Choose a health plan
- Help with fair hearings and appeals

### Appointment of Authorized Representative

Tell us below if you want to limit any authorized representative duties:

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Do you want your authorized representative to get a copy of Medi-Cal notices or other mail we send to you?

- No
- Yes, all notices and mail
- Yes, please limit to these types of notices or mail: \_\_\_\_\_

#### Part D: Read and sign

##### I. For applicant/beneficiary:

By signing below, I appoint the individual or organization named in Part B as my authorized representative. I agree that:

- The authorized representative may perform duties on my behalf. (See Part C.)
- This authorization starts on the date I sign this form.
- My rights and responsibilities do **not** change because I have an authorized representative.
- I must make sure that I respond to all requests for information
- The authorized representative may cancel this appointment at any time.
- I may contact the county that handles my Medi-Cal case to change or cancel this appointment at any time.

##### II. For authorized representative:

- You may cancel this appointment at any time by contacting the county that handles the applicant or beneficiary's Medi-Cal case.
- If you do not agree with your rights and responsibilities or do not want to be an authorized representative, contact the county that handles the applicant or beneficiary's Medi-Cal case.
- You agree to keep confidential any information about the applicant or beneficiary that you get from Medi-Cal.

**Appointment of Authorized Representative**

- A. For an individual appointed as an authorized representative:**
- By accepting appointment as an authorized representative you agree to:
    - Give the written disclosure to the applicant or beneficiary.
    - Obey all state and federal laws governing authorized representatives. These include, but are not limited to, laws about privacy of information, rules against reassigning provider claims, and conflicts of interest.
  - If you are an employee or contractor for a health care provider or facility, you must give the applicant or beneficiary a written disclosure about:
    - Your employment by or contract with the health care provider or facility.
    - Any potential conflicts of interest that may exist due to that employment or contract.
- B. For an organization appointed as an authorized representative:**
- The only persons who may perform duties authorized on this form are those who represent the organization and have a signed Authorized Representative Standard Agreement (MC 383) on file with the county that handles the applicant or beneficiary’s Medi-Cal case.
  - The organization must fully disclose in writing to the applicant or beneficiary any conflicts of interest that may result from acting as that person’s authorized representative.

**Medi-Cal confidentiality notice:** The information given on this form is private and confidential pursuant to Welfare and Institutions Code, Section 14100.2. This information shall be disclosed only as this law allows.

**By signing below, I agree to and understand my rights and responsibilities as stated above:**

Signature of applicant or beneficiary (required):	Date:

Signature of individual appointed as an authorized representative (optional):	Date:

## **IN-HOME SUPPORTIVE SERVICES (IHSS) DESIGNATION OF AUTHORIZED REPRESENTATIVE**

This is the form to choose a representative if your hearing involves In-Home Supportive Services (IHSS)

Dear IHSS Applicant/Recipient or Legal Representative,

This form allows you, as the IHSS applicant/recipient or their legal representative, to choose an Authorized Representative for the IHSS program. An Authorized Representative is responsible for acting on the behalf of the IHSS recipient for purposes of the IHSS program. This form is **only** for the IHSS program.

If you are going to choose an Authorized Representative, here is some important information about the rules of the IHSS program:

- If you are a legal representative for the applicant/recipient, you can serve as the Authorized Representative for the applicant/recipient without the need to complete this form. However, an SOC 839A must be submitted for a legal representative to authorize and sign Timesheets or other Provider-Related Documents (TPRD). A legal representative for the purposes of the IHSS program is a court-ordered conservator of an adult or a parent/guardian or legally-authorized decisionmaker of a minor.
- If your Authorized Representative will be responsible for signing TPRD, you or your legal representative must submit a SOC 839A – *Designation of Signatory for Timesheets and Other Provider-Related Documents* form to designate the Authorized Representative as the TPRD signatory. However, if your provider is your Authorized Representative, they cannot sign their own TPRD unless they are also your legal representative.
- You or your legal representative can choose a new or add an IHSS Authorized Representative **at any time** by completing a new SOC 839 and submitting it to the IHSS County Office.
- Your Authorized Representative must be 18 years or older.
- You cannot designate an individual, who is not a legal representative, as an Authorized Representative if they have been convicted of or incarcerated following a conviction for certain crimes within the past 10 years.

**There are two categories of exclusionary crimes:**

- **Tier 1 crimes, as set forth in Welfare and Institutions Code (WIC) section 12305.81, include the following:**
  1. Specified abuse of a child (Penal Code [PC] section 273a[a]);
  2. Abuse of an elder or dependent adult (PC section 368); and
  3. Fraud against a government health care or supportive services program.
- **Tier 2 crimes, as set forth in WIC section 12305.87, include the following:**
  1. A violent or serious felony, as specified in PC section 667.5(c) and PC section 1192.7(c);
  2. A felony offense for which a person is required to register as a sex offender pursuant to PC section 290(c); and
  3. A felony offense for fraud against a public social services program, as defined in WIC sections 10980(c)(2) and 10980(g)(2).

A complete listing of Tier 2 crimes is available upon request from the County IHSS Office or IHSS Public Authority.

**This form does not designate an authorized representative for purposes of state administrative hearings.** For more information on how to choose an authorized representative to represent you at a state administrative hearing, call the state hearings division at (800) 743-8525 or (855) 795-0634.

- Your Authorized Representative may perform all tasks stated on this form. However, you are still responsible for providing all needed information to the county for program eligibility.
- Choosing an Authorized Representative does not exclude you from being actively involved in your own care. **County IHSS program staff will still need to meet with you, as the applicant/recipient, in person to ask questions related to your care and services although the Authorized Representative may also be present.**

## **Responsibilities of an Authorized Representative**

By choosing an Authorized Representative, you or your legal representative agree your Authorized Representative can act on your behalf for the IHSS program. The Authorized Representative listed on this form must act in your best interest. Your Authorized Representative cannot act on your behalf other than for the purposes of the IHSS program and cannot substitute their decisions for yours. Choosing an Authorized Representative does not exclude you from being involved in the management of your own care.

By signing this form, both you or your legal representative and the Authorized Representative agree that the Authorized Representative will perform some or all of the following functions:

- Scheduling interviews and meetings with county IHSS program staff.
- Completing and submitting application forms for the IHSS program.
- Completing and submitting any additional forms and/or providing any needed records or information for IHSS program eligibility.
- Reporting within 10 days to the county IHSS program any changes regarding your eligibility, such as household composition, address, or phone number, or any time you will be away from the home.
- Getting information from the county IHSS program regarding the status of your application and/or continued eligibility, including authorized services and hours.
- Hiring and firing of IHSS provider(s) and reporting this information to the county IHSS office or Public Authority.
- Letting your provider(s) know how to provide services to you for the IHSS program.
- Reviewing your IHSS case file.

You and/or your legal representative will decide what the Authorized Representative will and will not do and are responsible for communicating those responsibilities to the Authorized Representative.

To designate an Authorized Representative, complete this form and submit it to the IHSS County Office. Both you and the Authorized Representative listed on this form must sign Part B. The form cannot be processed if there is missing information.

<b>PART A. DESIGNATION OF AUTHORIZED REPRESENTATIVE</b>
---

<b>Applicant's/Recipient's Name</b>	<b>IHSS Case Number</b>	<b>Date</b>

Who is completing this form:

- I am the above named IHSS Applicant/Recipient.
- I am the Legal Representative of the Applicant/Recipient. Please designate your relationship as one of the following:
- Conservator (of an adult)
- Parent/Guardian/Legally authorized decisionmaker (for a minor child)

As the applicant/recipient of IHSS services, or their legal representative, I give the person listed below consent to act as the Authorized Representative for the IHSS Program.

**I understand that the below named individual cannot be an Authorized Representative for the IHSS program if they have been convicted of an exclusionary crime in the last 10 years.**

Please provide the following information about the individual being designated as an Authorized Representative:

<b>Authorized Representative's Name</b>		
<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address</b>		<b>Telephone Number</b>
<b>Spoken Language</b>		

**PART B. APPLICANT/RECIPIENT ACKNOWLEDGMENT**

I understand and agree to follow all of the terms and conditions on this form. I further acknowledge that the information provided on this form is true and correct.

Signature of Applicant/Recipient or Legal Representative	Date
Printed Name of Applicant/Recipient or Legal Representative	
Signature of Designated Authorized Representative	Date

A witness or notary public's signature is needed if the applicant/recipient is not physically able to sign the form and places an identifying mark in the signature section. *The designated Authorized Representative cannot serve as the witness.*

Name of Witness/Notary Public	
Signature of Witness/Notary Public	Date



JENNIFER TROIA  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

**State Hearings Division**

PO Box 944243, MS 9-17-442 Sacramento, CA 94244-2430

PHONE: 866-538-2431 FAX: 1-833-281-0905



GAVIN NEWSOM  
GOVERNOR

**ACKNOWLEDGEMENT LETTER**

January [REDACTED]

RE: SHN-[REDACTED]

Once you ask for a hearing, you should get a letter like this in the mail. If you don't you should call the hearing office to make sure they got your appeal.

We got your request for a state hearing. Very important information about your hearing rights is included with this letter. Please read it carefully.

You have the right to an in person hearing with the judge. You will be scheduled for a/an Phone hearing.

We will send you another letter with the date and time of your hearing. We have different types of hearings:

- **Telephone** – judge calls you and the hearing is done over the phone.
- **On-Site Phone** - you go to the county office. The judge calls you at the county's office number and the hearing is done over the phone.
- **Video** – you see and hear the judge on your personal computer, laptop, tablet, or smart device. The other parties may participate by phone or video.
- **On-Site Video** - you go to the county office to use the county's video equipment. You see and hear the judge on a screen. The other parties may participate by phone or video.
- **In-Person** – you and the judge will be in the same room. The other parties may participate by phone.
- If you want an in-person hearing and cannot get to a hearing site because you have a disability or other hardship, you may ask to have the hearing at another location including a facility, your home, etc. We will ask you for proof of your disability or hardship.

If you want to change to another type of hearing, please call 866-538-2431 right away. If you change the type of hearing, this may cause another delay in getting the hearing decision because we have to reschedule the hearing

The Agency will contact you to see if they can resolve your appeal without a hearing. You will have your hearing unless you agree to a settlement.

You can request to see your case file, including any information or documents related to the eligibility decisions.

If you have any questions about this letter you may call 866-538-2431, or contact the State Hearings Division in one of the ways below:

- **Online Appeals Account:** <https://acms.dss.ca.gov/acms/>
- **Email:** SHDCentralSupport@dss.ca.gov
- **Fax Number:** 213-337-6244

- **Mail To:** (Allow at least 5 days for mailing. Keep your originals.)  
State Hearings Division  
PO Box 944243, MS 9-16-431, Sacramento, CA 94244-2430

**Personal Identification Number (PIN)**

The PIN below is for this hearing request only. Your PIN can be used to get case information through the automated telephone system. It can also be used to verify yourself when speaking with customer support. You may be asked to provide your PIN and case number together.

**Your PIN:** [REDACTED]

**The State Hearings Division complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.**

STATE HEARINGS DIVISION

CC:

Los Angeles County

## **PUB 412 – General Jurisdiction**

### **IMPORTANT INFORMATION REGARDING YOUR HEARING RIGHTS**

#### **Asking for a State Hearing**

When the county makes a decision about your benefits and services it must send you a letter explaining what it did, why, and the rules that apply. This is called a Notice of Action.

If you do not agree with the county action, you can appeal. You can also appeal if the county changes your benefits or services without sending you a notice or the county fails to take action.

You must ask for a hearing within 90 days from the date of the notice. If you did not ask for a hearing within 90 days, or if you did not get a notice of action, you can still ask for a hearing. A judge will decide if we can allow your hearing because there was a good reason for asking late.

If you get other Notices of Action that you disagree with, they may not be covered by your original appeal. If you want to appeal any new notice, contact State Hearings by one of the ways listed below. You may ask State Hearings whether the appeals can be combined.

If you have any questions about this letter you may call 866-538-2431, or contact the State Hearings Division in one of the ways below:

- **Online Appeals Account:** <https://acms.dss.ca.gov/acms/>
- **Email:** SHDCentralSupport@dss.ca.gov
- **Fax Number:** 213-337-6244
- **Mail To:** (Allow at least 5 days for mailing. Keep your originals.)  
State Hearings Division  
PO Box 944243, MS 9-16-431, Sacramento, CA 94244-2430

#### **Help with Your Case**

You can represent yourself or have someone else represent you during your appeal. If someone else helps you, this person or organization is called an Authorized Representative. Your authorized representative can be an attorney, a relative, a friend, or an organization.

You must let State Hearings know at or before your hearing if someone else is representing you. We will send your authorized representative important notices about your appeal if we know this information before your hearing.

You may wish to call your local Legal Aid office or a child welfare advocate office for help. A list of these Legal Aid organizations is on the State Hearings website. You may also call 411 and ask for the phone number of your local free Legal Aid organization.

#### **Settlement of Your Case without a Hearing**

The county may contact you before your hearing and offer to fix all issues in your case. You have the choice to let the county try to fix the issues or go to your hearing. If you agree to have the county fix your issues, the county must send a written agreement for you to sign. This is called a Conditional Withdrawal agreement. It explains what the county has to do to fix your issues. It also explains your rights. Please read this agreement carefully. If you agree, sign and return it to the county right away. If you don't agree, tell the county right away.

If you have reached an agreement with the county tell State Hearings right away. You will not need a hearing if you reached an agreement.

The written agreement will tell you if the county needs more information or documents to try to fix your issues. The parties have 30 days to do what they agreed to do. This time may be longer to add the time for you to do anything you agreed to do.

The county will send a new notice about your issues. If the county does not give you a new notice telling you what it did, you can call (866-538-2431) or contact us by one of the ways listed below. We will look into this matter and follow up with you.

If you agreed to settle your case and did not go to your hearing, you can still ask for a hearing if you change your mind. You can contact us by any of the ways listed below. A judge may review whether you asked for the new hearing on time.

### **Canceling Your Hearing**

You always have the right to have a neutral judge decide your appeal. However, if you no longer want a hearing, please contact us right away by one of the ways listed below to cancel your appeal. This is called a Withdrawal of your request for a hearing.

### **What Might Happen Before the Hearing**

A party may ask to have a judge first decide if your appeal is the type of case we can review. If this happens, you will get a separate letter about that process. In some cases, there may first be a hearing with a judge to see if we can review your case.

If we think your case is the type of case we cannot review, we will tell you why we think your appeal should be dismissed. You will be able to tell us why your case should be heard. We will review what you tell us before making a decision whether to dismiss your appeal.

### **About the Hearing**

A judge from the California Department of Social Services will hear your case. This judge does not work for the county. You have the right to an in-person hearing with a judge.

We have different types of hearings:

- **Telephone** – judge calls you and the hearing is done over the phone.
- **On-Site Phone** - you go to the county office. The judge calls you at the county's office number and the hearing is done over the phone.
- **Video** – you see and hear the judge on your personal computer, laptop, tablet, or smart device. The other parties may participate by phone or video.
- **On-Site Video** - you go to the county office to use the county's video equipment. You see and hear the judge on a screen. The other parties may participate by phone or video.
- **In-Person** – you and the judge will be in the same room. The other parties may participate by phone.
- If you want an in-person hearing and cannot get to a hearing site because you have a disability or other hardship, you may ask to have the hearing at another location including a facility, your home, etc. We will ask you for proof of your disability or hardship.

State Hearings will tell you the date and time of the hearing and what type of hearing you will have. . If you want to change to another type of hearing, please call (866-538-2431) right away. If you change the type of hearing, this may delay getting the hearing decision if we have to reschedule the hearing.

You can bring an authorized representative to the hearing. The state hearing will include you and your representative, if you have one, a judge and a hearing representative from the county. Both

sides can bring witnesses and documents. It is an informal hearing and is not open to the general public.

### **Expedited Hearings**

We can schedule you for a hearing sooner if you have an urgent need. This is called an Expedited Hearing. For Medi-Cal cases, an urgent need is when waiting for a routine hearing could risk your life or health, or your ability to reach, keep or get back maximum functioning. For other cases, an urgent need may be things like homeless assistance, emergency cash aid or food stamps, or something that may affect your going to work or school.

To ask for an Expedited Hearing, contact us by one of the ways listed below. Tell us why you need an earlier hearing date and why you cannot wait. If you have chosen a representative, be sure to tell us his/her name and address.

If we agree that you need an Expedited Hearing, we will send you the date and time of your hearing. We will send this notice at least 10 calendar days before of the date of your Expedited Hearing.

If State Hearings denies your request, we will notify you of your regular hearing date and time. If you think we made a mistake or your situation changes, you can ask again. We may need proof of your reason. You can contact us by one of the ways listed below.

### **Aid Paid Pending**

Aid Paid Pending means getting benefits or services at the same level while waiting for your hearing. If you asked for your hearing before the agency or plan takes its action, you will continue to receive Aid Paid Pending.

The county Notice of Action must be "adequate". A notice is adequate if it tells you the action being taken, the reason why and the rules that apply. The Notice must also be in the language you told the county you wanted for your notices. If you did not appeal before the county took the action, and you think your notice is not "adequate" or is in the wrong language, contact the county appeals office. If they agree, you will get your Aid Paid Pending the hearing decision. Otherwise, you can ask the judge to see if you can get Aid Paid Pending.

### **Postponements**

If you think you have a good reason to postpone your hearing, please contact us by any of the ways listed below. We may need proof of your reason.

If we grant the request, we will reschedule the hearing. If we agree you have a good reason for the postponement, your benefits and services will continue. If we grant a postponement but you did not give a good reason, your benefits and services may not continue.

### **Subpoenas**

A subpoena is a judge's order telling a witness to come to the hearing or get documents. Contact State Hearings by one of the ways listed below for more information.

### **Right to Review Your Case Records**

You have the right to look at your case records and the rules that the county used in deciding your case.

To do this, call the county to make arrangements to look at your file. Try to do this at least 2 work days before the hearing so that you can be ready for the hearing. You can ask the county to interpret the documents written in English for free.

You can ask the county to make copies of your case records. The county may give these to you for free or may charge a reasonable fee for the copies. If your case is about CalFresh issue, county must give you copies of your case records for free.

If you have problems getting access to the documents in your case file, contact State Hearings by any of the ways listed below.

Some records may be protected from being released. If this happens you have the right to talk to the judge about this. If the judge decides the records cannot be released, they will not be used in your hearing.

### **Hearings for Persons with Disabilities**

If you have a disability or impairment and need special arrangements so you can participate in your hearing, call State Hearings toll free at **1-855-795-0634**; for hearing or speech impaired (TDD) **1-800-952-8349**.

### **What Happens at Your Hearing**

Bring any documents or witnesses that will help you prove your case. If you are having trouble getting documents you need to prove your case, you can ask the judge to issue an order for the documents. (See Subpoena section above.)

You may also turn in a written statement explaining your position. If the hearing will be by telephone or video, you can send your written statement or documents to the judge before your hearing date. You can turn it in by any of the ways listed below.

At the hearing, you can tell the judge why you disagree with the action that the county took. The county representative will explain why it took the action. You and the county representative may question each other and any of the witnesses. The judge may also ask questions. If you do not want to answer a question, you do not have to. However, if you do not give the judge the information needed, this may affect the decision.

The county must make a statement in writing explaining its action. This is called a "Statement of Position" (Statement). The Statement must include any information or documents that affect your case. The Statement must be ready for you 2 work days before your hearing.

Here's how to get the Statement:

- You may arrange with the county to pick it up during business hours. Call the county to arrange where to pick up the Statement.
- You can ask the county if they can mail it to you
- You can ask the county to send it by fax or email
- If you choose to use your online appeals account, the Statement must be there

If the Statement is not ready 2 work days before the hearing, you can:

- Decide to go the hearing without it. You will get an oral summary at hearing.
- Postpone (delay) the hearing so that you can get a copy of the Statement.

You or your Authorized Representative must take part in the hearing. If you plan to have an Authorized Representative, you must let us know at or before your hearing.

If you do not appear at the hearing, and no one appears for you, the judge will dismiss your case. If this happens, you must ask for another hearing within 30 days of getting the dismissal decision. If you

ask for another hearing on the case, you will have to tell us a good reason why you did not attend the original hearing.

If you asked for language services, we will provide a free interpreter for the hearing.

Please keep in mind that hearing delays may happen. If there is a delay, your hearing may start late or end late.

If you have any questions about this letter you may call 866-538-2431, or contact the State Hearings Division in one of the ways below:

- **Online Appeals Account:** <https://acms.dss.ca.gov/acms/>
- **Email:** SHDCentralSupport@dss.ca.gov
- **Fax Number:** 213-337-6244
- **Mail To:** (Allow at least 5 days for mailing. Keep your originals.)  
State Hearings Division  
PO Box 944243, MS 9-16-431, Sacramento, CA 94244-2430

### **After the Hearing**

After the hearing the judge will issue a decision. If the decision is in your favor, the county must carry it out immediately. If the county does not carry out the decision within 30 days from when you get the decision, you can contact the State Hearings Division at (916) 309-3489 or toll free (800) 743-8525.

If you disagree with the judge's decision, carefully review the appeal rights included with your decision.

### **Non-Discrimination Policy**

State Hearings complies with applicable Federal and State civil rights laws and does not discriminate. This means we do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, gender expression, sexual preference, medical condition, or marital status. There are other anti-discrimination protections.

More information about discrimination complaints is found in PUBLICATION 13 on the California Department of Social Services website or by contacting State Hearings by one of the ways listed below. If you think you've experienced discrimination, you may file your complaint by mail, email, or phone with:

**Civil Rights Unit**  
P.O. Box 944243, M/S 8-16-70  
Sacramento, CA 94244-2430  
Phone: (916) 654-2107  
Toll free: (866) 741-6241  
E-mail: [crb@dss.ca.gov](mailto:crb@dss.ca.gov)

You may use the complaint form available online at:

<https://www.cdss.ca.gov/cdssweb/entres/forms/English/GEN1179.pdf>

### **Ways to Contact State Hearings**

You can contact the State Hearings Division at (916) 309-3489 or toll free (800) 743-8525. For hearing or speech impaired (TDD) 1-800-952-8349.

If you have any questions about this letter you may call 866-538-2431, or contact the State Hearings Division in one of the ways below:

002 – Acknowledgement – Default – Rev 07/2022 (English)

- **Online Appeals Account:** <https://acms.dss.ca.gov/acms/>
- **Email:** SHDCentralSupport@dss.ca.gov
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JENNIFER TROIA  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

**State Hearings Division**

PO Box 944243, MS 9-17-442 Sacramento, CA 94244-2430

PHONE: 866-538-2431 FAX: 1-833-281-0905



GAVIN NEWSOM  
GOVERNOR

January [REDACTED]

**HEARING REQUEST SUMMARY**

**Case Number:** SHN-[REDACTED]

**Claimant Info:** [REDACTED]

**Authorized Rep(s):**

(213) [REDACTED]

(213) [REDACTED]

**DOB:** [REDACTED]

**SSN:** [REDACTED]

**Preferred Language:** SPANISH

**Beneficiaries:**

**Filing Date:** January [REDACTED]

**Responsible Agency:** Los Angeles County

**Issue(s):** CAPI (Cash Assistance Program for Immigrants) - CAPI Denial (Disability Determination)

**Request Type:** e-File - Public

**Appeal Modality:** Phone

**Expedite Requested:** Yes

**EXPEDITE REQUEST:**

I require immediate financial assistance.

**ISSUE DESCRIPTION:**

I was denied CAPI on the basis that I am not considered disabled. I disagree with this decision.

**INCLUDED ATTACHMENTS:**

Create an account and manage your appeals online

<https://acms.dss.ca.gov/acms/>



County of Los Angeles  
DEPARTMENT OF PUBLIC SOCIAL SERVICES

12860 CROSSROADS PARKWAY SOUTH . CITY OF INDUSTRY, CALIFORNIA 91746  
Tel (562) 908-8400 dpss.lacounty.gov



JACKIE CONTRERAS, Ph.D.  
Director  
MICHAEL J. SYLVESTER II  
Chief Deputy Director, Administration  
KRISTIN STRANGER  
Chief Deputy Director, Operations

Board of Supervisors  
HILDA L. SOLIS  
First District  
HOLLY J. MITCHELL  
Second District  
LINDSEY P. HORVATH  
Third District  
JANICE HAHN  
Fourth District  
KATHRYN BARGER  
Fifth District

This a letter from the Appeals and State Hearing Specialist ("AHS" or "ASH"). While they are supposed to help with some parts of the hearing process like Aid Paid Pending or document requests, remember that they represent the County and at the hearing they will be arguing against you and defending the County.

RE: [REDACTED]  
CASE NO: [REDACTED]  
Dear [REDACTED]

The California Department of Social Services has notified this office that you have requested a State hearing to dispute a County decision made on your case. I am the Appeals Hearing Specialist who will be reviewing your case to try to resolve your concern(s) without the need to schedule a State hearing. Once I have reviewed your case, I will contact you or your Authorized Representative (if you have one) to discuss your case.

You have the right to be represented by an authorized representative both during our call and for your State hearing. This person may be a friend, attorney, or other person of your choice. If you would like to appoint an authorized representative, please call the State Hearings Division at (800) 743-8525. Free legal assistance may be available from Neighborhood Legal Services of Los Angeles County at (800) 433-6251 or Legal Aid Foundation of Los Angeles at (800) 399-4529.

You also have the right to free interpreter services during our call and for your State hearing. Should you need an interpreter, let me know during our call and I will arrange it for both the call and the State hearing.

If you requested your State hearing before the effective date of the action you don't agree with, your benefits may stay the same pending the results of your hearing. This is also known as Aid Paid Pending. If you need more information about how your eligibility to Aid Paid Pending is determined or have any other questions, please call me at [REDACTED]

Thank you,

Appeals & State Hearings Section  
3833 S. Vermont Ave., 4th Floor  
Los Angeles, CA 90037

[REDACTED]  
Appeals Hearing Specialist

ASH 271 Rev. ENGLISH

"To Enrich Lives Through Effective And Caring Service"

The AHS has the authority to settle your case before the hearing. This is called a "conditional withdrawal." If you think the County's action is clearly wrong, it can be a good strategy to contact the AHS to explain why and see if they will agree to a conditional withdrawal before the hearing.

They usually only provide a phone number.



JENNIFER TROIA  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

**State Hearings Division**

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PHONE: 866-538-2431 FAX: 1-833-281-0905



GAVIN NEWSOM  
GOVERNOR

**TELEPHONE HEARING SCHEDULED**

March [REDACTED]

RE: SHN-[REDACTED]

Your telephone hearing will be on:

Hearing Date: April [REDACTED]

Hearing Time: 10:00 AM Pacific Time

The judge will call you at: (213) [REDACTED].

This is the scheduling notice for a phone hearing. Make sure the phone number they have on file for you is correct.

If you don't get a call from the judge or other problems come up that prevent you from attending the phone hearing, call the hearing office to let them know and ask for the hearing to be rescheduled.

**If your phone number has changed** or you need to be called at another number, call us at 866-538-2431.

The judge may call you from an out-of-state number or from a blocked number. Please answer any calls during this time. Please stop any call blocking or spam features on your phone for the day of the hearing.

You must be available for your state phone hearing telephone call **up to one hour after the listed hearing time.**

**If you don't hear from the judge, or you have questions on the hearing day,** email SHDCentralSupport@dss.ca.gov or call 866-538-2431.

You have a right to choose the type of hearing you want. Our hearing types include: Telephone, video or in person. If you do not have a telephone, computer or tablet and you want a phone or video hearing, you can go to the county office and use the telephone or video equipment at the county office.

If you want an in person hearing and cannot get to a hearing site because you have a disability or other hardship, you may ask to have the hearing at another location including a facility, your home, etc. We will ask you for proof of your disability or hardship.

If you want to change to another type of hearing, please call 866-538-2431 right away. If you change the type of hearing, we will have to reschedule the hearing. This may cause a delay in getting the hearing decision.

## **Reason for the Agency Action**

**Los Angeles County must** make a statement in writing explaining the action it took. This is called a “Statement of Position” (Statement). If there is more than one agency in your hearing, each must prepare a Statement. The Statement must be ready for you two workdays before your hearing.

Here’s how to get the Statement:

- For appeals of a County action, at your local County Social Services office
- You can ask **Los Angeles County** if they can mail it to you
- You can ask **Los Angeles County** to send it by fax or email
- If you have an online appeals account, the Statement must be there

If the Statement is not ready two workdays before the hearing, you can:

- Decide to go the hearing without it.
- Postpone (delay) the hearing so that you can get a copy of the Statement.

## **Getting Documents to the Judge**

You can tell the judge about your case. If you want, you can send a written statement explaining why you do not agree with the **Los Angeles County** action. You can also send documents that you think will help your case. You can send the documents before the hearing. This helps the judge prepare for the hearing. Bring a copy of your documents to the hearing.

List your State Hearing Number (SHN) on anything you send us. This number is at the very top of this letter. You can send the documents by:

If you have any questions about this letter you may call 866-538-2431, or contact the State Hearings Division in one of the ways below:

- **Online Appeals Account:** <https://acms.dss.ca.gov/acms/>
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State Hearings Division  
PO Box 944243, MS 9-16-431, Sacramento, CA 94244-2430

If your appeal involves the county, you can also provide the documents to the county appeals representative. The county will make a copy and return your original document.

The judge may give you time to turn in documents after the hearing. This may delay your hearing decision.

## **Your Hearing Rights**

We sent you a letter telling you we got your appeal request. That letter included very important information about your hearing rights. This includes information on free interpreters, disability

accommodations, and witnesses. You can ask to see documents in your case file before and at the hearing. You can also see information about your hearing rights at <https://acms.dss.ca.gov/acms/>.

**IMPORTANT INFORMATION**

**If you CANNOT attend the hearing:** Call 866-538-2431 before your hearing to ask for a postponement. You also can contact us by email (listed above) or through your Online Appeals Account (ACMS).

**If you DO NOT go to the hearing:** You will get a decision dismissing your appeal. If you still want your hearing, you must tell us within 30 calendar days of the date you get the decision saying we dismissed your case. You must also give a good reason why you did not go to your hearing. Call 866-538-2431 if you still want your appeal.

STATE HEARINGS DIVISION

CC:

Los Angeles County

██████████



JENNIFER TROIA  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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PO Box 944243, MS 9-17-442 Sacramento, CA 94244-2430

PHONE: 866-538-2431 FAX: 1-833-281-0905



GAVIN NEWSOM  
GOVERNOR

**IN-PERSON HEARING SCHEDULED**

April [REDACTED]

RE: SHN-[REDACTED]

Your In-Person hearing will be on:

Hearing Date: May [REDACTED]

Hearing Time: 10:00 AM Pacific Time

Hearing Location 3833 S. Vermont Ave, Los Angeles, CA 90037

This is a scheduling notice for an in-person hearing. Make sure to plan your transportation to get to the hearing office ahead of time so you can check in and have a few minutes to yourself to mentally prepare before the hearing starts.

Go to the hearing location on your hearing day. Please allow time for parking. Check in at the lobby. County staff will take you to the hearing room when the judge is ready to start the hearing.

You must be available to start your hearing **up to one hour after the assigned hearing time**.

You have a right to choose the type of hearing you want. Our hearing types include: Telephone, video, or in-person. If you do not have a telephone, computer, or tablet and you want a phone or video hearing, you can go to the county office and use the telephone or video equipment at the county office.

If you want an in-person hearing and cannot get to a hearing site because you have a disability or other hardship, you may ask to have the hearing at another location including a facility, your home, etc. We will ask you for proof of your disability or hardship.

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**If you DO NOT go to the hearing:** You will get a decision dismissing your appeal. If you still want your hearing, you must tell us within 30 calendar days of the date you get the decision saying we dismissed your case. You must also give a good reason why you did not go to your hearing. Call 866-538-2431 if you still want your appeal.

**Please Note: Subject to all county and public health guidelines, masks will be required for all in-person hearing attendees, regardless of vaccination status.**

If any of the following apply to you, please contact our office to make alternative arrangements for your hearing:

- Positive COVID-19 test within 14 days of your hearing day
- Fever or flu-like symptoms within 72 hours of your hearing day
- Been in close contact with a confirmed case of COVID-19 within 14 days of your hearing day

STATE HEARINGS DIVISION

DEPARTMENT OF PUBLIC SOCIAL SERVICES

APPEALS AND STATE HEARINGS SECTION  
STATEMENT OF POSITION

This is the County's "Statement of Position" or SOP. This has the County's argument defending the action they took. At the end, it also includes their documents and evidence they want the judge to see.

**Important:** If the SOP is not available at least 2 business days before the hearing, then you have the choice to have the judge reschedule the hearing so you have enough time to read and understand the SOP beforehand.

**How to get a copy:**  
Call the AHS (County Representative) and ask for a **mailed** or **emailed** copy of the SOP. If you can't reach them, call the hearing office for help with your request.

The County must have a copy of the SOP to pick up at the local County welfare office at least 2 business days before the hearing. But if you ask for a copy by mail or email, they are supposed to honor your request.

SHN No  
Case No  
District:  
Filing Date:  
Aid Paid Pending: Yes

**COUNTY ACTION:**

On [redacted], Los Angeles County notified the claimant, in writing, that she was paid too much cash aid. [redacted]

**ISSUES:**

Check how the County describes the action and the issues in your case. They are not always accurate and you should let the judge know if that happens, or there are missing issues that you want the judge to consider.

- 1. Whether Los Angeles County correctly established a CalWORKs overpayment of \$ [redacted]
- 2. Whether Los Angeles County correctly established a CalFresh overissuance of \$ [redacted]

**PERTINENT FACTS AND HISTORY:**

Also carefully review the County's summary of the facts. Take notes or highlight anything that looks wrong or incomplete, or where important details are missing so you can point them out to the judge.

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[REDACTED]

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



.53 In cases in which a jurisdictional issue is raised, either by one of the parties or by the Administrative Law Judge, the parties must be prepared to submit evidence on the substantive issues except as provided in Sections 22-049.532 and 22-054.4.

.531 No determination of the timeliness of the hearing request or of any other jurisdictional issue will ordinarily be made at the hearing. The request will be dismissed by a written decision if the Administrative Law Judge determines that jurisdiction does not exist, e.g., request untimely or no subject matter jurisdiction.

.532 If, prior to or at the hearing, both parties agree to discuss only the jurisdictional issue, or the Administrative Law Judge on his/her own motion determines that only the jurisdictional issue will be discussed, the parties need not submit evidence on the

substantive issues and the Administrative Law Judge shall take evidence only on the jurisdictional issue. Within ten days from the date of the hearing, the Administrative

Law Judge shall:

(a) Inform the parties in writing that the hearing will not proceed on the substantive issues and a decision will be prepared solely on the jurisdictional issue, or

(b) Inform the parties that an additional hearing will be held on the substantive issues, and provide the parties a minimum of ten days in which to prepare on the substantive issues unless the time is waived by both parties. In this case, the Administrative Law Judge's proposed decision will address both the jurisdictional and substantive issues.

22-073.37 Provides that the County representative shall have authority at the hearing to make binding agreements and stipulation on behalf of the County Welfare Department.

**44-207 INCOME ELIGIBILITY**

.23 Financial eligibility shall be determined on the basis of actual net nonexempt income or a reasonable estimate of net non-exempt income expected to be received during the month. Such an estimate must be based on all relevant information available to the county and the recipient.

.3 Financial Eligibility

.31 The FBU is financially eligible for any month in which, on the first of the month, the combined actual or estimated net nonexempt income for the month is less than the Maximum Aid Payment (MAP)

.315 Outlines procedures to determine the amount of aid payment and establishes the amount for Maximum Aid Payment

REPORTING CHANGES AFFECTING ELIGIBILITY AND GRANT DETERMINATIONS AND COUNTY ACTIONS)

(QR) .321 The following occurrences shall be reported by the recipient to the county:

(QR) (e) Income exceeding the Income Reporting Threshold (IRT)

(QR) .322 The county shall discontinue cash aid to the recipient at the end of

(QR) .324 Income Reporting Threshold (IRT) (QR) (a) The level of income that triggers the need for a CalWORKs AU to report a mid-quarter change in income. The IRT is the greater of 130 percent of the Federal Poverty Level or the level at which an AU becomes financially ineligible. (QR) (b) If any member of the AU or person included in the family MAP, when the AU's current grant was determined, has earned income or begins receiving earned income, the AU must report to the county when the family's combined gross monthly income, earned and unearned, exceeds the AU's IRT during the QR Payment Quarter.

(QR) (1) An AU that has earned income only or a combination of earned and unearned income shall report when the family's combined gross monthly income exceeds the AU's IRT.

(QR) (2) An AU that has no income or has unearned income only shall report if they begin to receive earned income that, once combined with other family income, exceeds the AU's IRT.

(QR) (c) When an AU reports income in excess of the IRT, the county shall redetermine the AU's financial eligibility for the QR Payment Quarter.

(QR) (1) When the AU reports income in excess of the IRT in the first or second month of the current QR Payment Quarter, the county shall determine if the reported income is reasonably anticipated to continue and whether the AU's net nonexempt monthly averaged income for the remainder of the current QR Payment Quarter will exceed the AU's MAP. If the averaged income is reasonably anticipated to continue to exceed the AU's MAP for the remainder of the QR Payment Quarter, the county shall determine the AU financially ineligible and shall discontinue the AU at the end of the month in which the AU first received the income that exceeded the AU's MAP, with timely and adequate notice (see Section 44-207.23(QR)). (QR) (2) When an AU reports income in excess of the IRT in the third month of the current QR Payment Quarter, the county shall determine if the reported income is reasonably anticipated to continue. If the income will continue, the county shall use that information together with the QR 7 information to prospectively determine eligibility and cash aid amount for the next QR Payment Quarter.

**44-350.15** An overpayment is any amount of any aid payment an AU received to which it was not eligible. An overpayment may be all or a portion of an aid payment. This includes, but is not limited to an immediate need payment, a special need payment or aid paid pending a state hearing.

**44-350.16** The County shall take all reasonable steps necessary to promptly correct and collect any overpayments that are known to the county including recovery of overpayments due to either applicant/recipient and/or county administrative errors.

**44-352.122** Subtract the correct grant amount from the amount of aid actually paid.

**44-352.125** The total overpayment is the sum of all amounts calculated in Section 44-352.124.

**ALL COUNTY INFORMATION NOTICE NO. I-45-24** dated September 23, 2024  
SUBJECT: CALFRESH COST-OF-LIVING ADJUSTMENTS EFFECTIVE OCTOBER 1, 2024

**CONCLUSION:**

Often, the County does not really explain their action in the SOP. They list some facts and details, give a list of rules, then say "Therefore the County's action was correct." But if the County can't explain their action in a way that makes sense, you should point this out to the judge. It is the County's job to explain the action.

**Issue 1**

Los Angeles County contends that it was correct to establish a CalWORKS overpayment, [REDACTED]  
[REDACTED]  
[REDACTED]

**Issue 2**

Los Angeles County contends that it was correct to establish a CalFresh overissuance [REDACTED]  
[REDACTED]

**AID PAID PENDING:**

Yes, to stop all collection activity/attempts on the disputed CalWORKS and CalFresh claim

**ATTACHMENTS:**

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Remember: You can also submit your own evidence to the judge. If you have documents, photos, screenshots, etc., that are relevant to your case, contact the hearing office to get them included into the "Hearing Record."

These are the documents and evidence that the County is submitting for the judge to review. It is very important that you look at the County's evidence and find anything that helps or hurts your case. This will help you focus on what is important when talking to the judge.

If you don't get copies of these documents, let the judge know. Also, if there are key documents missing that the County has access to, you should ask the AHS for them before the hearing, or let the judge know at the hearing. The judge has a duty to make sure that all relevant evidence is considered before making a decision.

[Redacted]

The Statement of Position herein reviewed by:

[Redacted]

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Supervising Appeals Hearing Specialist

**WITHDRAWAL**

**CONDITIONAL WITHDRAWALS**

# OF REQUEST FOR HEARING

If you select "Withdrawal," this means you are just canceling the hearing. Only do this if you want to drop your appeal entirely (without a settlement).

This is a sample "settlement" of a state hearing, otherwise called a "conditional withdrawal." "Withdrawal" means you agree to cancel the hearing. "Conditional" means that the County agrees to do something in the case in exchange for you canceling the hearing.

Case Name: \_\_\_\_\_

State Hearing No: SHN- \_\_\_\_\_

County: Los Angeles \_\_\_\_\_

County Case No: \_\_\_\_\_

Filing Date: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Hearing Time: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned do hereby:

Withdraw my request for a state hearing before the State Department of Social Services. I understand that by withdrawing my request, I lose my right to a hearing on that request. I also understand that by withdrawing my request for hearing, aid which has been paid because of the request will stop without further notice. I may, however, file a new hearing request raising the identical issue provided that the new request is timely per Manual of Policies and Procedures Section 22-009.

Conditionally withdraw my request for a state hearing before the State Department of Social Services. I understand that by conditionally withdrawing my request for hearing, aid which has been paid because of the hearing request will stop without further notice. I understand that the county will issue a redetermination notice within 30 days and that I must request a hearing within **90 DAYS** of the county's notice if I am not satisfied with the county's reconsideration of my case. Upon such renewal, I shall have the same rights I would have had if I had not signed this conditional withdrawal.

**NOTE:** A conditional withdrawal must provide that the actions of both parties will be completed within 30 days.

The reasons for or conditions of this withdrawal are: LA County agrees to rescind the notice of \$XXX CalFresh

overissuance dated XX/XX/2024 and reevaluate the CalFresh benefit calculation from XX/2024 to the present, taking

into account claimant's disability status (which permits an exception to the usual \$XXX cap on the shelter deduction)

and any deductible out-of-pocket medical expenses. County will provide a timely and adequate NOA of the results.

I therefore no longer need a state hearing regarding these issues and voluntarily withdraw my hearing request.

**\*\*NOTE: This language is only an example. Each hearing issue is unique and requires specific language appropriate to that specific situation.**

Signed

\_\_\_\_\_  
(County Representative) (Date)

\_\_\_\_\_  
(County Address)

\_\_\_\_\_  
(City) (Zip Code)

\_\_\_\_\_  
(Telephone Number)

A good rule of thumb for conditional withdrawals is to ask the County to "Rescind" the notice of action that you disagree with and reevaluate your case with specific key facts or conditions acknowledged in writing. Don't forget to include specific dates, especially if you think you qualify for back pay for prior months.

If the County then issues another bad notice of action that you still disagree with, you can still appeal again.

**NOTE:** A Conditional Withdrawal must also be signed by a

WITHDRAWAL

CONDITIONAL WITHDRAWALS

### OF REQUEST FOR HEARING

Case Name: \_\_\_\_\_

County Case No: \_\_\_\_\_

State Hearing No: \_\_\_\_\_

Filing Date: \_\_\_\_\_

County: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Hearing Time: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned do hereby:

Withdraw my request for a state hearing before the State Department of Social Services. I understand that by withdrawing my request, I lose my right to a hearing on that request. I also understand that by withdrawing my request for hearing, aid which has been paid because of the request will stop without further notice. I may, however, file a new hearing request raising the identical issue provided that the new request is timely per Manual of Policies and Procedures Section 22-009.

Conditionally withdraw my request for a state hearing before the State Department of Social Services. I understand that by conditionally withdrawing my request for hearing, aid which has been paid because of the hearing request will stop without further notice. I understand that the county will issue a redetermination notice within 30 days and that I must request a hearing within **90 DAYS** of the county's notice if I am not satisfied with the county's reconsideration of my case. Upon such renewal, I shall have the same rights I would have had if I had not signed this conditional withdrawal.

**NOTE:** A conditional withdrawal must provide that the actions of both parties will be completed within 30 days.

The reasons for or conditions of this withdrawal are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed

Signed

\_\_\_\_\_  
(County Representative) (Date)

\_\_\_\_\_  
(Claimant) (Date)

\_\_\_\_\_  
(County Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (Zip Code)

\_\_\_\_\_  
(City) (Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Telephone Number)

**NOTE:** A Conditional Withdrawal must also be signed by a County Representative or it is invalid.