



Working for Justice in Our Communities Since 1929

IMPORTANT PUBLIC NOTICE

If you received a notice like this, **file an appeal today!** A sample form is on the back of this flyer, you can fill it in and send it. **Send it to State Hearings Division, California Department of Social Services, 744 P Street, MS 19-97, Sacramento, CA 95814-6413.** You can also request a hearing by calling by calling (800) 952-5253 or TDD: (800) 952-8349

You have the right to appeal regardless of what the notice says. If you cannot travel to the hearing office, you can request an in home hearing which is required by the judgment in the case of Tesluck vs. Swoap.

Your hearing request should say what is on the back of this flyer

Keep a copy of the request for hearing you send. Call Rachel Villalobos at (213) 640-3901 for assistance if you live in the Los Angeles County. She will arrange for someone to speak with you. If you live outside of LA County or have questions call Senior Attorney Elena Ackel at the Legal Aid Foundation (213) 640-3927.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY IN-HOME SUPPORTIVE SERVICES NOTICE OF ACTION -		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
Note: This notice relates ONLY to your Social Services. KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.			
YOUR IHSS OFFICE	CALIFORNIA DEPT OF SOCIAL SERV ATTN: APD - CONLAN UNIT 744 P STREET, MS 19-96 SACRAMENTO CA 95814-6413	IF REQUESTING A STATE HEARING, PLEASE SEND TO:	STATE HEARINGS DIVISION CALIFORNIA DEPT OF SOCIAL SERV 744 P STREET, MS 19-97 SACRAMENTO CA 95814-6413
[REDACTED]		CASE NUMBER	[REDACTED]
		DATE MAILED	09/16/2009
The following action(s) is supported by Federal Law (Social Security Act), State Law (Welfare and Institutions Code), Federal Regulations (Code of Federal Regulations), State Regulations (California Administrative Code and California Department of Social Services Manual of Policies and Procedures) and Court Order:			
AS OF OCTOBER 1, 2009, BECAUSE OF A STATE LAW CHANGE (AMENDMENT OF WELFARE AND INSTITUTIONS CODE (WIC) SECTION 12305.1) THE STATE-FUNDED PRE-PAYMENT OF MRE THAT THE STATE HAS BEEN MAKING FOR YOU TOWARD MEETING YOUR MEDI-CAL SHARE OF COST WILL BE TERMINATED. YOU WILL BE RESPONSIBLE TO PAY THE FULL MEDI-CAL SHARE OF COST THAT IS INDICATED ON YOUR MEDI-CAL NOTICE OF ACTION. WHEN YOUR IHSS PROVIDER SUBMITS THEIR TIMESHEET, ANY REMAINING MEDI-CAL SHARE-OF-COST YOU OWE IS DEDUCTED FROM THEIR PAYCHECK AND YOU AND YOUR PROVIDER EACH RECEIVE A LETTER INFORMING YOU HOW MUCH YOU MUST PAY YOUR PROVIDER.			
SINCE THIS TERMINATION IS THE RESULT OF A CHANGE IN STATE LAW, IT CANNOT BE APPEALED THROUGH A STATE HEARING.			



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AVISO PÚBLICO IMPORTANTE

Si usted ha recibido un aviso como este, ¡Solicite una Apelación/Audiencia hoy! Un ejemplo de la solicitud esta atrás de esta noticia. **Envíelo a:** State Hearings Division, California Department of Social Services, 744 P Street, MS 19-97, Sacramento, CA 95814-6413. Usted también puede solicitarlo por teléfono llamando al (800) 952-52-53 o TDD (800) 952-8349.

Usted tiene el derecho de apelar. A pesar de lo que dice la noticia que recibió. Si usted no puede viajar a la oficina de la audiencia, usted puede solicitar una audiencia casera, por la decisión en el caso de Tesluck vs.Swoap.

Su solicitud para la Apelación/Audiencia debe contener la información como la que esta detrás de este aviso. Usted puede usar la forma detrás de este aviso, solo necesita poner su información.

Guarde una copia de la solicitud que usted envió. Si vive en el Condado de Los Ángeles, llámele a Rachel Villalobos al (213) 640-3901 para asistencia. Si usted vive fuera del condado o tiene preguntas llámele al la abogada Elena Ackel de La Fundación de Ayuda Legal de Los Ángeles al (213) 640-3927.

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Your Name _____

Your Address _____

Your Phone Number _____

Date _____

To:
State Hearing Division
California Department of Social services
744 "P" Street, MS 19-97
Sacramento, CA 95814-6413

Regarding: Request for Hearing
Case No.: _____

Dear people,

I am appealing the 9/16/09 IHSS notice form that I received. The notice is not understandable. I do not know if the notice applies to me because there is no particularized information. The notice says I do not have a right to a hearing. But that is not correct. I do have a right to a hearing, if the notice does not explain what action is being taken and how it applies to me. I am requesting that my IHSS aid be continued at the same level until my hearing, even if I requested this hearing after 10/1/09. This notice does not comply with the federal or state regulations and therefore my aid must continue.

Yes ___ No ___ I need a home hearing because I cannot get to the hearing office for my hearing. A home hearing is required for all those who cannot make it to the downtown (or to the county location in other counties) hearing office as per the class action Judgment of Tesluck v. Swoap.

I require an interpreter for the following language _____.

Your Name