

COUNTY INFORMATION LETTER

County : _____

Date : _____

Case Number: _____

The county has filed a request with the State Hearings Division (SHD) for an Administrative Disqualification Hearing (ADH) for an Intentional Program Violation (IPV) to be held on your California Work Opportunity and Responsibility to Kids (CalWORKs) and/or CalFresh case. This means the county believes you intentionally broke the rules for CalFresh and/or CalWORKs and has asked the state for a hearing. If you are found to have committed an IPV through the ADH process, you will be disqualified from receiving benefits for the period described on the attached forms.

There are two documents enclosed with this letter. The first document is the Hearing Waiver Form (DPA 479), which gives you the choice to give up, or waive, your right to a hearing and accept the disqualification. The other document is the Allegation of IPV (DPA 435) which explains why the County thinks you committed an IPV and lists the evidence the county will present at the hearing. Penalties for an IPV in the CalFresh program are separate from those in the CalWORKs program. (See attached form DPA 435 for more information about all of these penalties.)

Before the state hearing is held, you may discuss this ADH process, review the evidence the county has, and decide whether you want to waive your right to a hearing. **If you would like to discuss this process with a county representative or make arrangements to review the evidence the county has, please call _____.**

You can ask for a legal aid referral or about your hearing rights by calling toll free (800) 952-5253. For hearing or speech impaired who use TDD please call (800) 952-8349.

- **If you wish to give up your right to a hearing without meeting with a county representative:**
 - Review the county's allegation of the IPV (See attached form DPA 435). This allegation tells you what actions you are alleged to have taken in violation of program rules and lists the evidence the county will submit at the hearing. If you want to look at the evidence the county has, call the county at the number above.
 - Review the attached waiver (DPA 479). The ADH waiver tells you how many months you could be disqualified from getting benefits in CalWORKs and/or CalFresh if a judge finds after your hearing that you committed an IPV, or if you sign the attached ADH waiver form.
 - After reviewing the allegation and waiver, if you still choose to waive your right to the hearing, sign the waiver form and mail it back in the enclosed return envelope.

PLEASE NOTE: If you sign and return the enclosed waiver, a hearing will not take place and the disqualification penalty defined on the waiver form will be imposed.

The State will mail you a notice with the date, time and location of your hearing. If you do not sign the waiver within 20 days of the date on the notice of your hearing, the hearing will happen whether or not you appear at the hearing.

These rules apply: MPP 22-202.44; MPP 22-320.3. You may review them online at cdss.ca.gov or at your local county office.
