

Rights & Responsibilities Script for CalFresh and Medi-Cal

You will be given a packet of important information which you should read to ensure you understand your rights and responsibilities for our programs. This includes the PUB 13, which explains your rights and what to do if you disagree with the agency's actions regarding your benefits, including how to file a state hearing or discrimination complaint, or what to do if you need accommodations for a disability. The PUB 13 is available in alternate formats including braille, audio, and large print. Make sure you carefully read these, and all other correspondence sent to you by our office. If you have any questions, contact our office for assistance.

The following is for the CalFresh program:

You have the right to:

- Be treated with courtesy, consideration, and respect, and to not be discriminated against.
- Get help filling out your application or any other form, and to have an interpreter, if needed, at no cost to you.
- To have the opportunity to tell us your gender identity and sexual orientation with the form included in your paperwork. This is optional and confidential, and it will not affect your eligibility in any way.
- To have your eligibility determined within 30 days.
- Get a written notice when your application is approved, or denied, or when your benefits change or stop.
- Get CalFresh benefits within 3 calendar days if you qualify for Expedited Services.
- Get a copy of your CalFresh Application.

You have the responsibility to:

- Provide Social Security Numbers for everyone who has one. These will be used in a computer match to check income and resources with records from the IRS, the Social Security Administration, and other agencies.
- Fully cooperate with County, State, and Federal employees including Quality Control reviews. If you don't cooperate, your benefits will stop.
- Provide proof if your worker asks for verification. When you cannot get the proof you need, we may be able to help you get it.
- Tell us if anyone in your household is hiding from law enforcement or is violating their probation or parole, as they may not be eligible to benefits.
- Use your EBT benefits appropriately. Do not trade, sell, or give away your EBT card. Do not use your benefits to buy ineligible items or use someone else's benefits for your household. If you receive benefits that you are not entitled to, you will have to pay them back even if it is not your fault. The best way to protect and control your benefits and EBT card is by using the EBTEdge app.

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- You must report within ten days if your household goes over your Income Reporting Threshold known as an IRT. Your IRT is based on your monthly gross income and household size. You will receive a notice with what your IRT is at approval, with every Semi-Annual Report, whenever someone is added to your case, and at renewal.
- You must report within ten days of getting any substantial lottery, gambling, bet or wager winnings of **\$4,500** or more, won in a single game before taxes or any other deductions.

Once your CalFresh case is approved, you are required to complete a Semi-Annual Report on a SAR 7 form, six months after your approval and after each annual renewal. You will need to answer questions about everyone in your home, provide proof where it instructs you to, and sign the report. A sample SAR 7, along with instructions on how to fill it out, is included in the packet of papers given to you to keep for reference.

Some households have different reporting requirements: households living on a reservation and households where all adult members are elderly and/or disabled and there is earned income, have a SAR 7 due at 6 months, 1 year, and at 18 months. Their renewal is completed after two years. Households that are certified under the CalFresh Elderly Simplified Application Project, where all members are elderly and/or permanently disabled with no earned income, do not have SAR 7 reports at any time and complete a renewal at the 3-year mark.

If you are not sure if you need to report information or how to complete a SAR 7, call the Customer Service Center at 1-877-410-8809.

For the Medi-Cal Program:

- You must report any changes in address, income, household size and Tax Household within 10 days of the change.

For all our programs:

You have a right to receive assistance from the County to register to vote. A voter preference form has been mailed to you along with a voter registration card. Let us know if you need additional registration cards for any household members, including any 16–17-year-old who wishes to preregister.

For all our programs you must provide accurate information. Fraud is a crime. A person may be guilty of fraud if they receive benefits because they only told part of the truth, they willfully did not tell their worker all the facts right away, or they made statements they knew were not true. A person found guilty of fraud may have to pay a fine and may be put in jail. They must also repay any overpayments that occurred due to the fraud and can be disqualified from receiving CalFresh benefits for 6-months up to being permanently disqualified from ever receiving benefits.

To help you stay in touch with our office and keep your benefits active, you can opt in to receive text message reminders or utilize our Interactive Voice Response System. Information about this will be given to you. You can also create an account with BenefitsCal.com, which will allow you to access case information and communicate with our office electronically, including submitting any verifications or reports our office requests.