

Notice of Work First Family Assistance Job Bonus

_____ County Department of Social Services

Product Delivery Case Number _____

Date: _____

Dear _____

A change is about to take place in your benefits. Because of your new earned income, you are over the income limits to receive a Work First Family Assistance (WFFA) cash payment. **Your WFFA case will terminate effective _____.** The State regulations requiring this change are found in the Work First Manual.

You may be eligible to receive a Job Bonus of \$100.00 for a period of up to three months. Job Bonus is an incentive for families to continue working and to ease the transition into economic self-sufficiency. Job Bonus can be received once in a lifetime when a Work First household member becomes employed.

If you choose to decline the Job Bonus, your WFFA cash payment will end without further notice on the date shown above. You may be eligible for Job Bonus in the future if you chose to decline the Job Bonus at this time.

Check the box below if you wish to receive Job Bonus.

I was informed of my eligibility for Job Bonus and want to receive the Job Bonus. The Job Bonus period is from _____ to _____.
I understand that this serves as my notice for the change in my WFFA cash payment to \$100 during the Job Bonus period. This also serves as my notice of termination from Work First Family Assistance at the end of the Job Bonus period.

Check the box below if you do not wish to receive Job Bonus.

I was informed of my eligibility for Job Bonus and **do not** want to receive the Job Bonus at this time.
I understand that this notice serves as my notice of termination from Work First Family Assistance.

Participant Signature

Date

Telephone Number

Return the completed notice to your caseworker no later than _____. If you do not return this notice by the above date you will not receive the Job Bonus. Your WFFA case will terminate without further notice.

Please continue reading for important information

Requesting a Hearing

If you disagree with this decision or have new information, you have a right to a hearing to review this decision. This hearing is a meeting to review your case.

If you contact your caseworker by

_____ to ask for a hearing, your benefits will continue at the present level until the first hearing decision, unless you waive this right. If your benefits continue and the hearing shows the changes were correct, you may have to repay the benefits you received while waiting for the hearing decision.

Call or write your caseworker to ask for a hearing within 60 days. The 60th day is

_____.

If you do not ask for a hearing by this date, you cannot have a hearing unless you have a good reason for missing this deadline. You may reapply for benefits at any time. To protect your rights, you may reapply **and** ask for a hearing.

A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days.

If you think the decision in the local hearing is wrong, call or write your caseworker **WITHIN 15 DAYS** to ask for a second hearing. The second hearing is before a state hearing official.

If you live in certain counties, the second hearing is before a county official.

Right to be represented

You may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense.

Free legal services may be available in your community. Contact your nearest Legal Aid or Legal Services office, or call 1-866-219-5262 toll free.

Right to see your record

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other

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information to be used at the hearing. You can get free copies of this information. You may see this information again at your hearing.

Child Support Services

Unless you ask the Child Support Enforcement Agency to stop the child support services, you will continue to receive them. If you choose to stop services, but later reapply for services within thirty (30) days, you will not be charged an application fee. Contact your county's Child Support Enforcement Office for additional information.

Reporting Changes

Don't forget to report all changes to your county department of social services within 10 calendar days. If you don't know whether a change is important, ask your caseworker. If you do not truthfully report information and changes, you may be guilty of a misdemeanor or felony.

Additional questions or concerns

Contact your caseworker for information, or call DHHS Customer Support toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the number. The hours are 8:00am-5:00pm, Monday-Friday, excluding State holidays.

Caseworker: _____

Telephone Number: _____

Mailing Address: _____

