



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

November 30, 2011

ALL COUNTY LETTER NO. 11-78

TO: ALL COUNTY WELFARE DIRECTORS
 ALL COUNTY CALFRESH COORDINATORS
 ALL COUNTY CALWORKS PROGRAM SPECIALISTS
 ALL COUNTY WELFARE TO WORK COORDINATORS
 ALL COUNTY CONSORTIUM PROJECT MANAGERS
 ALL COUNTY CHILD WELFARE SERVICES PROGRAM MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS: EXTENDING BENEFITS TO NON-MINOR DEPENDENTS

REFERENCE: ASSEMBLY BILL 12 (CHAPTER 559, STATUTES OF 2010); WELFARE AND INSTITUTIONS (W&I) CODE SECTIONS 11253, 11253.3, 11403, and 11454.5; ALL COUNTY INFORMATION NOTICE I-40-11; ALL COUNTY LETTER 11-36, 11-61, and 11-69

The purpose of this letter is to inform county welfare departments (CWDs) of changes to the California Work Opportunity and Responsibility to Kids (CalWORKs) program pursuant to Assembly Bill (AB) 12 (Chapter 559, Statutes of 2010). The statutory changes add a new category of youth hereafter referred to as Non-Minor Dependents (NMDs) eligible to receive CalWORKs benefits up to age 20. Contingent upon legislative approval, the age limit for the receipt of benefits for NMDs will be extended to age 21. This letter includes instructions to be used in the implementation of extending CalWORKs benefits to NMDs.

AB 12 directs the California Department of Social Services (CDSS) to implement the statute initially through an All County Letter (ACL), followed by regulations to be developed by July 1, 2012. These CalWORKs changes created by AB 12 go into effect on January 1, 2012, and will be phased in over a three year period.

BACKGROUND

Currently, dependent children placed with relatives who are not eligible to receive federal or state foster care payments but are still eligible for foster care services, may qualify for CalWORKs benefits until age 18. Benefits (for all children) continue if the child is enrolled full time in high school, a vocational or technical training program and will graduate before reaching age 19.

AB 12 established a new category of NMDs eligible to receive extended CalWORKs benefits. An NMD is defined as a current dependent child or ward of the juvenile court who is 18, but less than 21 years of age; is in foster care under the responsibility of the CWD or county probation department; and is participating in a transitional independent living case plan.

CalWORKs ELIGIBILITY WORKER (EW) RESPONSIBILITIES

Under AB 12, the NMD is only required to meet at least one of the five AB 12 eligibility conditions, agree and adhere to the Mutual Agreement (Share of Cost 162), and cooperate with the six-month review hearings/certification. Program requirements for the NMD will be managed by the children's services case manager. Once the children's services case manager has determined the NMD is meeting program requirements, the children's services case manager will provide documentation of eligibility to the CalWORKs EW, who will then issue the CalWORKs payment. Continuing documentation of eligibility by the children's services case manager will occur every six months.

Upon receiving initial documentation of the NMD's eligibility for extended CalWORKs benefits from the children's services case manager, the CalWORKs EW will complete an intraprogram transfer, assign the NMD a new case number and aid code, and place the NMD in his/her own assistance unit (AU).

ELIGIBILITY

In order to remain eligible for extended CalWORKs benefits, NMDs must be living with an approved relative caregiver (as determined by the children's services case manager) who is not eligible for federal or state foster care payments. NMDs may live with needy or non-needy caretaker relatives. Caretaker relatives will not be eligible for CalWORKs if the NMD is the only "eligible child." NMDs living with non-related guardians, where guardianship was established through the probate court (and not through dependency) are not eligible for extended benefits, pursuant to the terms of W&I Code Sections 11405(e).

Additionally, the NMD must sign a Mutual Agreement form that they are voluntarily consenting to remain in foster care as a court dependent. The NMD is responsible for reporting to the children's services case manager changes in placement or other relevant changes in circumstances that may affect eligibility.

Eligible youth include those who:

- Turn 18 in 2011 and are in foster care dependency on January 1, 2012; or
- Turn 18 in 2012 or later and are in foster care dependency on January 1, 2012; and
- Are ineligible for either federal or state only foster care payments, but receive CalWORKs.

Ineligible youth include those who:

- Have terminated court dependency prior to January 1, 2012
- Turn age 19 in 2011
- Are married
- Are in the military
- Are incarcerated
- Are in a non-related legal guardianship through the probate court.

In addition, the NMD must meet one of the following program requirements:

- (1) Enrolled in and working towards completing high school or an equivalency program,
- (2) Enrolled at least half-time in post-secondary or vocational school, or enrolling for the next available term,
- (3) Participating in a program or activity that promotes or removes barriers to employment,
- (4) Employed at least 80 hours per month, or
- (5) Is incapable of enrollment or participation in school or employment due to a documented medical (physical, mental, or emotional) condition.

For additional information regarding these requirements, please see ACL 11-69, dated October 13, 2011.

TIMEFRAMES

Starting January 1, 2012, the maximum age for eligibility benefits will be phased in as follows:

- Effective January 1, 2012, NMDs are eligible for payments up to 19 years of age.

- Effective January 1, 2013, the age limit is extended to up to 20 years of age for an eligible NMD.
- Effective January 1, 2014, the extension of benefits for a NMD up to 21 years of age is contingent upon a funding appropriation by the state legislature.

MUTUAL AGREEMENT

Foster youth must sign a Mutual Agreement with the CWD to acknowledge they are voluntarily agreeing to remain in foster care in supervised placements as court dependents. The children's services case manager will be responsible for completing the Mutual Agreement and providing a copy to the CalWORKs EW.

SIX-MONTH CERTIFICATION OF PARTICIPATION ELIGIBILITY

The children's services case manager must also complete a Six-Month Certification of Extended Foster Care Participation Form (Share of Cost 161) verifying that the NMD intends to meet one or more of the five participation activities for extended foster care during the next six-month period. The certification form will be provided to the EW to continue eligibility for extended CalWORKs or Aid to Families with Dependent Children (AFDC)-Foster Care (FC) benefits. This form must be provided by the end of the first month of the next six-month certification period to avoid a disruption of benefits. In most cases the certification should be updated at the same time the Transitional Independent Living Plan (TILP) and case plan are updated for the case review hearing. CalWORKs EWs are encouraged to develop a process within their counties to ensure that the needs and requirements of NMDs are being addressed in a timely manner. For those counties that continue to operate a Linkages program, this may be an appropriate unit for these cases to be housed.

For additional information regarding the mutual agreement and six-month certification, please see ACL 11-69, dated October 13, 2011.

CALWORKS REQUIREMENTS

NMDs are not subject to CalWORKs program rules, including Welfare-to-Work (WTW), or reporting requirements. The NMD is only required to meet at least one of the five conditions of eligibility established under AB 12, agree and adhere to the Mutual Agreement, and to cooperate with the six-month review hearings/certification described above. However, in situations resulting in overpayments (OPs), such as court delays or late filing of paperwork, an overpayment may be assessed. Notices of Action (NOAs) and corresponding OP budget computations will be provided under separate cover. As a reminder, counties have the option to compromise the amount or suspend the

collection of non-fraudulent OPs in the CalWORKs program when it is not cost-effective to pursue them.

Each NMD will be in his or her own AU of one and will receive the same grant amount as a non-exempt AU of one. Any statutory changes imposed on the CalWORKs grant levels shall also be applied to the NMD's grant. Payments will be made directly to the NMD. The 10-day timeframe for noticing NMDs regarding any changes in their grant still apply.

PREGNANT OR PARENTING TEENS

All pregnant or parenting teens may establish their own CalWORKs case at age 18 if otherwise eligible. NMDs have the option to remain a dependent as a NMD, or to establish their own CalWORKs case. Teens who opt to remain in extended CalWORKs as a NMD will continue to be subject to the rules established under AB 12 and will receive cash aid for themselves only. Teens who opt to establish their own CalWORKs case will then be subject to all of the program and reporting rules under the "regular" CalWORKs program unless exempt, and will be eligible to receive benefits for both themselves and their child. WTW requirements for pregnant and parenting teens who do not have a high school diploma or GED may be found in ACL 11-36, dated April 21, 2011. Regular WTW requirements apply to those who have received their diploma or GED. These teens/NMDs must continue to be informed of their possible continuing eligibility options and responsibilities, including WTW program requirements and sanctions.

OUT-OF-COUNTY

It is not uncommon for youth being served under the foster care program to reside outside of the county of jurisdiction. The county of jurisdiction retains child welfare services case management, and payment responsibility for NMDs regardless of what county the NMD lives in. However, the county of residence may agree to provide courtesy supervision for the children's services case manager.

CALFRESH BENEFITS

Although the NMD is in his or her own AU, the NMD is still considered to be a boarder in the relative caretaker's household for CalFresh purposes. If the CalFresh household requests that the NMD be included in the household and is otherwise eligible for CalFresh, the NMD's needs will be included in the determination of eligibility for CalFresh benefits. A separate allotment will not be assessed for the NMD and placed on his/her Electronic Benefit Transaction (EBT) card since as a boarder they may not participate in the program independently of the household.

MEDI-CAL BENEFITS

Medi-Cal eligibility for NMDs does not change. NMDs who continue to receive CalWORKs will be eligible for full-scope Medi-Cal benefits with no share of cost under the new aid code 4N (see below) provided they meet the requirements for Medi-Cal eligibility under the Former Foster Care Children's program. In order for a child to be eligible under the Former Foster Care Children's program, the child must be in foster care under the responsibility of the State on his/her 18th birthday, be under 21 years of age, and reside in the State.

AID CODE/FISCAL CLAIMING

Aid code 4N is being established for NMDs receiving extended CalWORKs cash aid. Due to system complications, the creation of this aid code within the Medi-Cal Eligibility Data System (MEDS) may not be available upon the January 1, 2012 implementation date. Until aid code 4N is created in the MEDS system and available for use, counties must manually track cases utilizing this aid code. Funding for extended benefits to CalWORKs NMDs is 100 percent state general fund. Fiscal claiming instructions will be provided in an upcoming County Fiscal Letter. For fiscal claiming questions, please contact the Fiscal Systems Bureau at fiscal.systems@dss.ca.gov.

NEW AND REVISED FORMS AND NOAs

The Quarterly Report (QR) 2103 (11/11) form *REMINDER FOR TEENS TURNING 18 YEARS OLD* has been revised to include NMDs. Counties are to send the QR 2103 to relative caretakers of aided teens 60 days before the teen turns 18 to inform them of possible continuing eligibility options. The QR 2103 instructs relative caretakers to provide the notice to teens that are approaching age 18. In addition, two new NOAs have been created specifically for NMDs. NA 1269 (11/11) *APPROVE NON-MINOR DEPENDENT* is to be used to approve extended CalWORKs cash aid to a NMD. NA 1270 (11/11) *DISCONTINUE NON-MINOR DEPENDENT* is used to notify the NMD that extended CalWORKs cash aid will be discontinued and the reason for the discontinuance. The TEMP NA Back 9 is to be used with both new NOAs. CWDs should begin using the attached form and NOAs by January 1, 2012.

CAMERA READY COPIES AND TRANSLATIONS

For a camera-ready copy in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access, you may obtain these forms from the CDSS webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. When all translations are completed per Manual of Policies and Procedures Section 21-115.2, including Spanish forms, they are posted on an on-going basis on our web site.

All County Letter 11-78
Page Seven

Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm. For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, clients who have elected to receive Spanish, Russian, Vietnamese, and written Chinese materials should be sent the GEN 1365 interpretation informing notice with a local contact number.

This ACL is intended to provide a general overview and implementing instructions. A Question and Answer ACL will follow to address the more complex scenarios associated with the implementation of AB 12. If you have questions or need additional information regarding this ACL, please contact Crystal Grant at (916) 653-5192 or the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachments

REMINDER FOR TEENS TURNING 18 YEARS OLD

Give this notice right away to your child who will be turning 18 years old within the next 60 days.

If you are 18 years old and don't have children and/or are not pregnant

You can still get cash aid as part of your parent/caretaker's case after your 18th birthday ONLY if you:

- Are a full-time student in high school, or in a vocational or technical training program, and are expected to finish school/program before reaching 19 years old, or
- Are a full-time student in high school, or in a vocational or technical training program, and have been or are considered disabled, and meet the disability criteria pursuant to the CalWORKs regulations, or
- Are a foster child living with an approved relative and are completing high school or an equivalency program, enrolling in post-secondary or vocational school, participating in a program or activity that promotes or removes barriers to employment, employed at least 80 hours per month, or unable to participate in school or employment due to a documented medical condition.

Call your county worker right away if you think you meet any of these situations. If you are eligible to stay on cash aid, you may need to have a fingerprint and photo image taken by the county.

If you are 18 years old and have a child of your own and/or are pregnant

1. You can continue to get cash aid as part of your parent/caretaker's case after your 18th birthday ONLY if you:

- Are a full-time student in high school, or in a vocational or technical training program, and are expected to finish school/program before reaching 19 years old, or
- Are a full-time student in high school, or in a vocational or technical training program, and have been or are considered disabled, and meet the disability criteria pursuant to the CalWORKs regulations, or
- Are a foster child living with an approved relative and are completing high school or an equivalency program, enrolling in post-secondary or vocational school, participating in a program or activity that promotes or removes barriers to employment, employed at least 80 hours per month, or unable to participate in school or employment due to a documented medical condition.

- OR -

2. You can choose to start your own case. Call your county worker right away if you want to start your own case. Here are some things you need to know before starting your own case:

- You do NOT have to move out of your parent/caretaker's home to be in your own case.
- Your time limits for getting cash aid will start.
- As the head of your case, YOU must report all changes to your county worker each Quarter.
- If you start your own case, your parent or caretaker may get less cash aid or if you are the only child their cash aid may be stopped.
- As of July 1, 2011, if you are pregnant and don't have other children, you will not be able to get cash aid until your third trimester. If you were granted cash aid prior to your third trimester before July 1, 2011, you will be eligible to continue to receive aid.
- If the Maximum Family Grant (MFG) rule was applied to your child while you were a dependent minor parent, your child can be counted in your cash aid payment when you are in your own case.

If you are under your own case or are a part of your parent/caretaker's case, to be eligible to stay on cash aid, you may need to have a fingerprint and photo image taken by the county. If you have questions about whether you should start your own case, call the county welfare office or local legal services office.

NOTICE OF ACTION - APPROVAL

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

┌

└

┌

└

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has approved your cash aid. The cash aid payment for your first month of aid is \$_____.

Your first day of cash aid is _____.
MM/DD/CCYY

The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, your ongoing cash aid amount will be \$_____.

Rules: These rules apply. You may review them at your county welfare office: WIC 11253, AB 12 (Chapter 559, Statutes of 2010).

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (Food Stamps), or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh (Food Stamps) will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh (Food Stamps) or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid CalFresh (Food Stamps)
 Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid CalFresh (Food Stamps) Medi-Cal

Other (list) _____

Here's Why: _____

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION - DISCONTINUE

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

┌

└

┌

└

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your cash aid.

Here's why:

- You no longer live with an approved relative.
- You no longer meet the age rules.
- You no longer meet one of the five eligibility conditions:
 - Finishing high school or getting your GED.
 - Enrolling in college or a vocational education program.
 - Participating in a program or activity to help you find and keep a job.
 - Working at least 80 hours per month.
 - Unable to do any of the above due to a verified medical condition.
- You are no longer supervised by the juvenile court.
- You did not cooperate with the 6-month Review Hearings.
- You moved out of the State of California.

Rules: These rules apply. You may review them at your county welfare office: WIC 11253, AB 12 (Chapter 559, Statutes of 2010).

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (Food Stamps), or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh (Food Stamps) will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh (Food Stamps) or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid CalFresh (Food Stamps)
 Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid CalFresh (Food Stamps) Medi-Cal

Other (list) _____

Here's Why: _____

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE