NOTICE OF RECERTIFICATION FOR TRANSITIONAL NUTRITION BENEFIT (TNB) PROGRAM

State of California
Health and Human Services Agency
California Department of Social Services

COUNTY OF ____________________

Notice Date : ____________________
Case Name : ____________________
Case Number : ____________________
Worker Name : ____________________
Worker Number : ____________________
Telephone Number: ____________________
Address : ____________________
____

Questions? Ask your worker.

(ADDRESSEE)

State Hearing: You have the right to a state hearing if you do not agree with any action taken regarding your recertification for ongoing benefits. You can request a state hearing within 90 days of the county's action and you must tell us why you want a hearing. The approval or discontinuance notice you receive will have information on how to request a state hearing.

TO KEEP YOUR BENEFITS, YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE COUNTY BY ________________________.

Your TNB Program certification period ends on ____________. To keep your TNB Program benefits you must complete and return this form. If you do not submit the completed form by the return date, you may lose your TNB Program benefits. You may also have to complete a CalFresh application. If you need help filling out this form, contact your county.

If you no longer live in California **STOP**. You do not need to complete the TNB Program recertification. Your household must live in California to receive TNB Program benefits.

Here's What You Need to Do:

1. Complete Section 1 by answering the "YES" or "NO" questions.
2. Complete Section 2 to determine whether or not you need to also submit a CalFresh application by the return date listed above. If required, you can complete a CalFresh application online at www.benefitscal.com or use the included paper application.
3. Complete Section 3 by signing, dating, and providing your contact information.
4. Return this completed form to the county by the return date listed above.

Section 1: Household Changes

Check "YES" or "NO" to report changes since your last TNB Program certification on ____________.

1. Did any person listed below move out of your household?
(Tip: Do not count anyone who is only temporarily gone from the household and plans to return. Do include people who have passed away.)

____________________________ ☐ YES ☐ NO

____________________________ ☐ YES ☐ NO

2. **Did any person listed below <u>stop receiving</u> Supplemental Security Income and/or California State Supplemental Payment (SSI/SSP) benefits?**
   (Tip: Answer "NO" if the person's SSI/SSP benefits have been suspended.)

   ______________________________ ☐YES ☐NO

   ______________________________ ☐YES ☐NO

3. **Did any person <u>move in or out</u> of your household?** ☐YES ☐NO

4. **Did your household's total monthly income change (either increase or decrease) from a new job, CalWORKs, other cash aid, social security, veteran benefits, unemployment benefits, retirement, or other new sources?** ☐YES ☐NO

Section 2: CalFresh Application

If you checked "**NO**" to **<u>all</u>** of the questions in Section 1:

1. Complete Section 3 below and return this form to the county by the return date.

If you checked "**YES**" to **<u>any</u>** of the questions in Section 1:

1. You must complete a CalFresh application online at www.benefitscal.com OR use the included paper application by the return date.
2. Complete Section 3 and return this form. If you use the included paper application, please return it with this form.
3. Select the box that describes how you will submit the required CalFresh application:

   ☐ **Completed an online application at www.benefitscal.org**

   ☐ **Completed a paper application and returned with form**

Section 3: Signature and Contact Information

I understand that I must accurately answer the questions above regarding changes to my household. I declare under penalty of perjury that all information provided is true and correct.

Signature: ______________________________ Date: ______________

Printed Name: ______________________________

Address: ______________________________

Phone Number: ______________________