

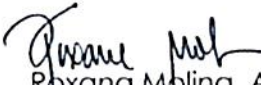
# DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF PROGRAM AND POLICY

September 27, 2023

**TO:** Assistant Directors  
Division Chiefs

**FROM:**   
Roxana Molina, Assistant Director  
Bureau of Program and Policy

### PROGRAM AREA:

- ☒ CalFresh
- ☐ CalWORKs
- ☐ CAPI
- ☐ GAIN
- ☐ General Relief
- ☐ START
- ☐ IHSS
- ☐ Medi-Cal

**SUBJECT: 63-504.39 – CALFRESH COST-OF-LIVING ADJUSTMENTS FOR FEDERAL FISCAL YEAR 2024**

- ☐ To release a new policy
- ☐ To release a new form
- ☐ To convert existing policy to new writing style only – No concept changes
- ☒ Revision of existing policy and/or form(s)

The subject policy has been approved for release to staff via the DPSS Policies Website.

<b>Description</b>	The purpose of this Administrative Release is to inform staff of the changes to the CalFresh Cost-of-Living Adjustment for Federal Fiscal Year 2024, for the period of October 1, 2023 through September 30, 2024. It also informs staff that benefits will increase by 3.56% to adjust for food inflation.
<b>Available at</b>	Staff may access this policy through the MyDPSS website: MyDPSS - DPSS Policies Link – Program Policies – CalFresh
<b>Cleared and Approved</b>	<input type="checkbox"/> BAS <input checked="" type="checkbox"/> BCTS <input checked="" type="checkbox"/> BPP <input checked="" type="checkbox"/> BSO <input checked="" type="checkbox"/> BWS
<b>Replaces or Cancels</b>	Administrative Release 5869, 63-504.39 – CalFresh Cost-of-Living Adjustments for FFY 2023, dated September 22, 2022.
<b>Contact Info</b>	Administrative staff may contact the CalFresh Nutrition Program Section at (562) 908-6087.

RM:LD:RG  
IG:NT:ct

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Release Date:  
September 27, 2023

[Contact](#)

# CALFRESH

## 63-504.39 – CalFresh Cost-of-Living Adjustments for Federal Fiscal Year 2024

**Purpose**

- ( ) To release a new policy
- ( ) To release a new form
- ( ) To convert existing policy to new writing style only – No concept changes
- (X) Revision of existing policy and/or form(s)

This Administrative Release informs staff of changes to the CalFresh Cost-of-Living Adjustments (COLA) for Federal Fiscal Year (FFY) 2024, for the period of October 1, 2023 through September 30, 2024.

**Note:** Changes are shown highlighted in grey throughout the document.

**Policy** The COLA for FFY 2024 changes the following:

- Maximum CalFresh Allotments increased by 3.56%
- Gross and Net Income Limits increased
- Standard Utility Allowance (SUA) increased to \$596
- Limited Utility Allowance (LUA) increased to \$158
- Telephone Utility Allowance (TUA) increased to \$19
- Minimum CalFresh Allotment for a 1-2 person household (HH) remains the same at \$23
- Homeless Standard Shelter Allowance (HSSA) increased to \$179.66
- Maximum Shelter Deduction for HHs without elderly or disabled members increased to \$672
- Resource Limit for HHs where at least one person is 60 or older or is disabled remains the same at \$4,250
- Resource Limit for all other HHs remains the same at \$2,750
- Standard Deductions per HH size increased

CalFresh maximum allotments automatically adjust benefit levels each October 1<sup>st</sup>. For FFY 2024, the maximum benefits will increase by 3.56% to adjust for food inflation.

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**Background** The CalFresh COLA is effective **October 1, 2023**, for all CalFresh HHs. CalFresh COLA allotments are adjusted annually at the beginning of the FFY (October 1<sup>st</sup>) by the United States Department of Agriculture (USDA) Food and Nutrition Services to account for changes in the cost of the Thrifty Food Plan.

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**Definitions**

Term	Description
COLA	USDA adjusts the CalFresh income guidelines, deductions, and maximum allotment amounts every year based on changes to the Cost-of-Living. These adjustments go into effect on October 1 <sup>st</sup> of every year.
FFY	The accounting period for the federal government begins on October 1 <sup>st</sup> and ends on September 30 <sup>th</sup> .
SUA	A HH that incurs heating and/or cooling costs separate from the HH's rent/mortgage payment is eligible for SUA. Examples include electric heating, gas, propane, cooling, etc. The SUA is not prorated.
LUA	HHs that do not qualify for the SUA but incur expenses for at least two separate utilities other than heating and cooling are eligible for LUA. Allowable utilities include telephone, water, sewer, and garbage. The LUA is not prorated.
TUA	A HH that is not eligible for the SUA or LUA but incurs a telephone expense, or in its absence, an equivalent form of communication, is eligible to receive a telephone deduction. The TUA is not prorated.
HSSA	Homeless HHs that incur, or reasonably expect to incur, shelter costs during the month must be eligible to receive HSSA. Higher shelter costs may be used if verification is provided. If the HSSA is received, separate utility costs are not allowed since this allowance includes a utility cost component.

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**Requirements** N/A

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**Verification Documents** N/A

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**Procedures**

Number: AR 5869 Suppl. I

Date: September 27, 2023

**[COLA ADJUSTMENT CHANGES](#)**

Attachment I, *CalFresh Program California Monthly Income Eligibility Standards Allotments and Deductions*, includes COLA changes from **October 1, 2023, to September 30, 2024**. To determine the CalFresh Electronic Benefits Transfer (EBT) allotment by HH size, please refer to the link below:

[Basis of Coupon/EBT Issuance \(BOI\) Chart for FFY 2024](#)

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Minimum CalFresh Allotment for HH of 1-2:

HH Size	Minimum CF Allotment
1 - 2	\$23

Allowances and Deductions:

Standard Deduction based on HH Size	HH Size	New Amount
	1-3	\$198 (increased)
	4	\$208 (increased)
	5	\$244 (increased)
	6 or more	\$279 (increased)
Maximum Shelter Deduction		\$672 (increased)
Homeless Standard Shelter Allowance		\$179.66 (increased)
Standard Utility Allowance		\$596 (increased)
Limited Utility Allowance		\$158 (increased)
Telephone Utility Allowance		\$19 (increased)

Income eligibility standards are listed below, which include charts displaying the Net Monthly Income Limit Eligibility Standards (100%); Gross Monthly Income Eligibility Standards (130%); Gross Monthly Income Eligibility Standards for HHs where there is an Elderly and Disabled Separate HH (165%); and Gross Monthly Income Eligibility Standards for MCE (200%).

HH Size	Net Monthly Income Limit (100% Poverty Level)	Gross Monthly Income Limit Reporting Threshold (IRT) for Semi-Annual Reporting (SAR) (130% Poverty Level)	Gross Monthly Income Limit IRT for SAR (165% Federal Poverty Level)	Modified Categorical Eligibility Gross Income Limit (200% Poverty Level)
1	\$1,215	\$1,580	\$2,005	\$2,430
2	1,644	2,137	2,712	3,288
3	2,072	2,694	3,419	4,144
4	2,500	3,250	4,125	5,000
5	2,929	3,807	4,832	5,858
6	3,357	4,364	5,539	6,714
7	3,785	4,921	6,246	7,570
8	4,214	5,478	6,952	8,428
Each additional member	+429	+557	+707	+858

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Below is the CalFresh allotment table based on the HH size:

HH Size	Maximum CalFresh Allotments
1	\$291 (increased)
2	535 (increased)
3	766 (increased)
4	973 (increased)
5	1,155 (increased)
6	1,386 (increased)
7	1,532 (increased)
8	1,751 (increased)
Each additional member	+219 (increased)

### **Resource Limit**

The resource limit for HHs where at least one person is age 60 or older, or is disabled, remains unchanged at \$4,250. The resource limit for all other HHs remains unchanged at \$2,750.

### **Central Conversion**

Based on these changes, the system has been programmed to compute the federal and California Food Assistance Program (CFAP) budgets. If the system does not correctly compute the CalFresh benefit amount, eligibility staff must manually calculate the benefit amount to claim federal and CFAP funding correctly. They must use the correct standard allowance based on the CalFresh HH size for both funding sources.

CalSAWS was automatically updated on **August 31, 2023**, to reflect the CalFresh COLA and accompanying changes in the benefit allotment for all CalFresh HHs effective with **October 2023** benefits. Therefore, any action taken after the COLA update will reflect the new COLA amounts.

### **Computations**

Effective **October 1, 2023**, the new COLA amounts must be used when calculating the adjusted net income for all CalFresh applications/cases, including the initial month proration and other budget calculations.

### **Case Transfers**

Before a case is transferred out of the file/district, the new COLA amounts must be updated and noted on the **Journal** page.

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## Listings/Forms

- Exception Listings

Districts will receive exception listings and instructions for CalFresh cases that were not updated during the August 31, 2023, COLA run from the Line Operations Development Section. These listings must be processed according to the existing procedures to apply the new COLA amounts.

### **District Staff must:**

Review the exception listings of CalFresh cases that were not updated during the COLA run and process the cases to apply the new COLA amounts.

- Ensure that a full review of a case is immediately conducted to determine the reason for the discrepancy;
- Immediately take corrective action;
- Run Eligibility Determination Benefit Calculation (EDBC) and fully authorize the case;
- Send out a timely Notice of Action (NOA); and
- Document Journal page.

## NOA

The system will generate a change NOA due to the HH's reported change.

If the HH reports no changes, the system will generate a NOA informing CalFresh HHs whose benefits increased or decreased due to the COLA adjustment. The NOA will state the following:

"Your change in CalFresh benefits is due to the CalFresh Cost-of-Living Adjustment that is effective October 1, 2023. This is due to federal and state regulations."

## Journal

An automatic journal entry will be created for the CalFresh COLA run by the system. The long description will read as follows:

"Batch EDBC Ran for <October 2023>. Batch EDBC processed for the <Program Name> program for the following reasons: CW/CF COLA or CalFresh COLA."

### **CF 11, Notice to All CalFresh Recipients**

The CF 11, "Notice to All CalFresh Recipients" (Attachment II), informs all CalFresh HHs of the impact of the COLA on the maximum allotment amounts and standard deduction, as well as the new SUA, LUA, and TUA amounts, which have been updated. Therefore, they are included as Attachment II in this

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release.

**District Directors must:**

Effective **October 1, 2023**, display Attachment I and II, CF 11, "Notice to All CalFresh Recipients" in district lobbies. This notice informs CalFresh applicants/participants of the changes and is only available in English and Spanish. Districts are to display the CF 11, Notice to All CalFresh Recipients in all district office lobbies, along with the GEN 1365 Notice of Language Services (Attachment III) upon receipt of this Administrative Release. The notice may be removed and recycled on **April 30, 2024**.

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<b>Forms</b>	CF 11 – Notice to All CalFresh Recipients in English and Spanish CalFresh Program, <b>October 1, 2023 – September 30, 2024</b> , California Monthly Income Eligibility Standards, Allotments, and Deductions GEN 1365, Notice of Language Services
<b>Examples</b>	N/A
<b>System Screens</b>	N/A
<b>References</b>	All County Information Notice I-48-23, CalFresh Cost-of-Living Adjustments Effective October 1, 2023, dated 09/11/2023. CalFresh Benefits Issuance Tables for FFY <b>2024</b>
<b>Obsolete Documents</b>	Administrative Release 5869, 63-504.39 – CalFresh Cost-of-Living Adjustments for FFY 2023, dated September 22, 2022.
<b>Contact</b>	Administrative staff may contact the CalFresh Nutrition Program Section at (562) 908-6087.
<b>Revision Date</b>	October 25, 2023

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California Department of Social Services

**CALFRESH PROGRAM**  
**OCTOBER 1, 2023 – SEPTEMBER 30, 2024**  
**California Monthly Income Eligibility Standards**  
**Allotments and Deductions**

**Net Monthly Income Eligibility Standards (100% of Poverty Level)**

Household Size	Net Income
1	\$1,215
2	1,644
3	2,072
4	2,500
5	2,929
6	3,357
7	3,785
8	4,214
Each Additional Member	+429

**Gross Monthly Income Eligibility Standards for Households Where Elderly/Disabled Are a Separate Household (165% of Poverty Level)**

Household Size	Gross Income
1	\$2,005
2	2,712
3	3,419
4	4,125
5	4,832
6	5,539
7	6,246
8	6,952
Each Additional Member	+707

**Maximum CalFresh Allotments**

Household Size	Allotment
1	\$291
2	535
3	766
4	973
5	1,155
6	1,386
7	1,532
8	1,751
Each Additional Member	+219

**Gross Monthly Income Eligibility Standards for Semi-Annual Reporting (SAR) (130% of Poverty Level)**

Household Size	Gross Income
1	\$1,580
2	2,137
3	2,694
4	3,250
5	3,807
6	4,364
7	4,921
8	5,478
Each Additional Member	+557

**Gross Monthly Income Eligibility Standards for Modified Categorical Eligibility (MCE)/Broad-Based Categorical Eligibility (BBCE) (200% of Poverty Level)**

Household Size	Gross Income
1	\$2,430
2	3,288
3	4,144
4	5,000
5	5,858
6	6,714
7	7,570
8	8,428
Each Additional Member	+858

**Deduction**

Standard Deduction	\$198 (HH size 1-3) \$208 (HH size 4) \$244 (HH size 5) \$279 (HH size 6+)
Maximum Shelter Deduction	\$672
SUA	\$596
LUA	\$158
TUA	\$19
Homeless Household Shelter Allowance	\$179.66



**NOTICE TO ALL CALFRESH RECIPIENTS****IMPORTANT — PLEASE READ**

Effective October 1, 2023, State and Federal laws provide for the following:

**Maximum CalFresh Allotments:** These are the benefit amounts your household will receive based on your household size if your household has no income.

**Income Reporting Threshold (IRT):** You must report any time your household's total monthly income is more than your current IRT. The report must be made within 10 days after the change in income is discovered.

The max allotments and IRTs are:

	HH SIZE 1	HH SIZE 2	HH SIZE 3	HH SIZE 4	HH SIZE 5	HH SIZE 6	HH SIZE 7	HH SIZE 8	Household Size Each Additional Person
Max	\$291	\$535	\$766	\$973	\$1,155	\$1,386	\$1,532	\$1,751	+\$219
IRT	\$1,580	\$2,137	\$2,694	\$3,250	\$3,807	\$4,364	\$4,921	\$5,478	+\$557

- The maximum excess shelter deduction will increase from \$624.00 to \$672.00.
- The homeless shelter allowance will increase from \$166.81 to \$179.66.
- The Standard Utility Allowance (SUA) of \$560.00 will increase to \$596.00.
- The Limited Utility Allowance (LUA) of \$150.00 will increase to \$158.00.
- The Telephone Utility Allowance (TUA) of \$18.00 will increase to \$19.00.

If the SUA or the LUA was used as part of your shelter deduction before October 1, and if you have had no changes in your CalFresh case, your CalFresh benefits may change after October 1.

The amount of the change depends on your household. You will be told about any change in your benefits in a separate notice.

**Resource Limits:**

Please note that the elderly/disabled household resource limit also serves as the threshold for substantial lottery or gambling winnings.

HOUSEHOLD RESOURCE LIMIT	ELDERLY/DISABLED HOUSEHOLD RESOURCE LIMIT
\$2,750	\$4,250

**Standard Deductions for FFY 2024:**

These are the standard deduction amounts your household will receive based on your household size.

HOUSEHOLD SIZE	STANDARD DEDUCTIONS
1 to 3 persons	\$198.00
4 persons	\$208.00
5 persons	\$244.00
6 or more persons	\$279.00

If you think we made a mistake calculating your October CalFresh benefits due to the new allotment amounts or the SUA/LUA, you may ask for a state hearing **within 90 days of when you got this letter** by writing to:

Appeals and State Hearing Section  
P.O. Box 18890  
Los Angeles, CA 90018

or you may call toll free: 1-800-952-5253. If you are deaf and use TDD, call 1-800-952-8349. When you ask for a state hearing, you must tell us why you think we made a mistake. You can speak for yourself at the hearing or you can have a friend, attorney, or other person speak for you. If you need someone to speak for you, you must get someone to help you. You may ask for free legal aid at a legal aid office in your area.

## AVISO A TODOS LOS BENEFICIARIOS DE CALFRESH

### IMPORTANTE — FAVOR DE LEER

A partir del 1 de octubre de 2023, las leyes estatales y federales estipulan lo siguiente:

**Asignaciones máximas de CalFresh:** Si su hogar no tiene ingresos, estas son las cantidades de beneficios que su hogar recibiría según la cantidad de personas en su hogar.

**Límite de ingresos reportados (IRT):** Debe declarar cada vez que el ingreso mensual total de su hogar sea superior a su IRT actual. El informe debe realizarse dentro de los 10 días posteriores a que se descubra el cambio en los ingresos. Las asignaciones máximas y los IRT son:

	TAMAÑO DEL HOGAR 1	TAMAÑO DEL HOGAR 2	TAMAÑO DEL HOGAR 3	TAMAÑO DEL HOGAR 4	TAMAÑO DEL HOGAR 5	TAMAÑO DEL HOGAR 6	TAMAÑO DEL HOGAR 7	TAMAÑO DEL HOGAR 8	Tamaño del hogar, cada persona adicional
Max	\$291	\$535	\$766	\$973	\$1,155	\$1,386	\$1,532	\$1,751	+\$219
IRT	\$1,580	\$2,137	\$2,694	\$3,250	\$3,807	\$4,364	\$4,921	\$5,478	+\$557

- La deducción máxima por gastos excesivos de vivienda aumentará de \$624.00 a \$672.00.
- La asignación para alojamiento para indigentes aumentará de \$166.81 a \$179.66.
- La cantidad estándar permitida para servicios públicos (SUA) aumentará de \$560.00 a \$596.00.
- La cantidad limitada permitida para servicios públicos (LUA) aumentará de \$150.00 a \$158.00.
- La cantidad permitida para servicios telefónicos (TUA) aumentará de \$18.00 a \$19.00.

Si se usó la SUA o la LUA como parte de su deducción por vivienda antes del 1 de octubre y no ha habido cambios en su caso de CalFresh, es posible que sus beneficios de CalFresh cambien después del 1 de octubre.

La cantidad del cambio depende de su hogar. Se le notificará de cualquier cambio en sus beneficios por medio de un aviso por separado.

Si usted cree que cometimos un error al calcular sus beneficios de CalFresh para octubre debido a las nuevas cantidades de asignaciones o la SUA/LUA, puede solicitar una audiencia estatal **dentro de 90 días a partir de la fecha en que recibió este aviso** escribiendo a:

Appeals and State Hearing Section  
P.O. Box 18890  
Los Angeles, CA 90018

o puede llamar gratis al 1-800-952-5253. Si usted tiene discapacidad auditiva y usa un aparato de telecomunicaciones (TDD), llame al 1-800-952-8349. Cuando solicite una audiencia estatal, debe decirnos por qué cree que cometimos un error. En la audiencia, puede representarse a sí mismo o lo puede representar un amigo, abogado u otra persona. Si necesita que alguien lo represente, es su responsabilidad obtener la ayuda de esa persona. Puede pedir asistencia legal gratuita en una oficina de asesoramiento legal en su área.

#### Límites de recursos:

Por favor, tenga en cuenta que el límite de recursos del hogar para personas mayores/discapacitadas también sirve como un límite para ganancias sustanciales de lotería o juegos de apuestas.

LÍMITE DE RECURSOS DEL HOGAR	LÍMITE DE RECURSOS DEL HOGAR PARA PERSONAS MAYORES/ DISCAPACITADAS
\$2,750	\$4,250

#### Deducciones normales para el año fiscal (FFY) 2024:

Estas son las cantidades de deducciones normales que su hogar recibirá según la cantidad de personas en su hogar.

TAMAÑO DEL HOGAR	DEDUCCIONES NORMALES
1 a 3 personas	\$198.00
4 personas	\$208.00
5 personas	\$244.00
6 o más personas	\$279.00

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

## NOTICE OF LANGUAGE SERVICES

Your eligibility for public benefits could be affected by information contained in this letter. Your response may be required by a certain date. If you need additional help with this information, you can call your county worker. You have the right to ask for help in your own language. There is no cost for this help.

(English)

Su elegibilidad para recibir beneficios públicos podría ser afectada por la información contenida en esta carta. Su respuesta podría ser requerida antes de cierta fecha. Si necesita ayuda adicional con esta información, llame a su trabajador del condado. Tiene el derecho a pedir ayuda en su propio idioma. No hay ningún costo para esta ayuda.

(Spanish)

قد نذكر أهلكك للحصول على المزايا العامة بالمعلومات الواردة في هذه الرسالة. قد يكون ردك مطلوباً بطول تاريخ معين. إذا احتجت إلى مساعدة إضافية لفهم هذه المعلومات، فيمكنك الاتصال بمسؤول الملف في مقاطعتك. لديك الحق في طلب المساعدة بلغتك. لا توجد تكلفة مقابل هذه المساعدة.

(Arabic)

Այս նամակում պարունակվող տեղեկությունները կարող են ազդել պետական նպաստներ ստանալ ու Ձեր իրավասության վրա: Ձեր պատահանք կարող է պահանջվել մինչև որոշակի ամսաթիվը: Եթե Ձեզ այս տեղեկությունների հետ կապված լրացուցիչ օգնություն է հարկավոր, կարող եք դիմել Ձեր վարչաբաժնի աշխատակցին: Դուք իրավունք ունեք Ձեր մայրենի լեզվով օգնություն ստանալ ու: Այդ ծառայությունն անվճար է:

(Armenian)

សិទ្ធិទទួលបានអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាចត្រូវប៉ះពាល់ដោយសារព័ត៌មានដែលមាននៅក្នុង  
លិខិតនេះ។ ការឆ្លើយតបរបស់អ្នកចាំបាច់ត្រូវឱ្យបានឆាប់រហ័សកំណត់។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែម  
ទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូរសព្ទទៅកាន់បុគ្គលិកធ្វើការនៅក្នុងខោនធីរបស់អ្នក។ អ្នកមានសិទ្ធិស្នើសុំ  
ជំនួយជាភាសាកំណើតរបស់អ្នក។ ការផ្តល់ជំនួយនេះពុំមានគិតថ្លៃឡើយទេ។

(Cambodian)

您的公共福利资格可能会受到本信中所含信息的影响。您可能需要在特定日期内作出回应。如果您需要有关此信息的其他帮助，您可以致电所在区县的工作人员。您有权使用母语请求帮助，并免费获取该类帮助。

(Chinese)

صلاحیت شما برای برخورداری از مزایای عمومی ممکن است با اطلاعات مندرج در این نامه تحت تأثیر قرار بگیرد. ممکن است تا تاریخ معینی ملزم به دادن پاسخ باشید. اگر به کمک بیشتری نیاز دارید، می توانید با مددکار کانتی تان تماس بگیرید. شما حق دارید درخواست کنید که کمک به زبان خونتان ارائه شود. ارائه این کمک هزینه ای برای شما در بر ندارد.

(Farsi)

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

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इस पत्र में दीये हुये जानकारी के कारण आपकी सार्वजनिक लाभों की योग्यता प्रभावित हो सकती है। एक निश्चित तिथि तक आपके उत्तर की आवश्यकता हो सकती है। यदि आपको इस जानकारी के सन्दर्भ में अतिरिक्त सहायता चाहिए तो अपने काउंटी कार्यकर्ता से संपर्क करें। आपको अपनी भाषा में सहायता की माँग करने का अधिकार है। इस सहायता के लिए कोई शुल्क नहीं लगता।

(Hindi)

Koj txoj kev pab los ntawm pej xeeb cov kev pab cuam yuav cuam tshuam txog qhov muaj cai tau txais kev pab. Tej zaum koj yuav tsum teb rov qab mus raw li hnuv hais tseg. Yog koj tsis nkag siab cov ntaub ntawv no hu rau tus neeg pab lis hauj lwm hauv koj lub zos. Koj muaj txoj cai thov kev pab ua yog hais koj hom lus. Yuav tsis tau them nqi dab tsi rau qhov kev pab no.

(Hmong)

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(Japanese)

공공 혜택에 관한 귀하의 자격이 이 편지에 포함된 내용에 의해 영향을 받을 수 있습니다. 귀하께서는 정해진 날짜까지 이에 응답할 필요가 있을 수도 있습니다. 본 내용과 관련하여 도움이 필요하시면 카운티 담당 직원에게 연락하십시오. 귀하의 사용 언어로 도움을 요청하실 수 있는 권리가 있습니다. 도움 비용은 무료입니다.

(Korean)

ພົນປະໂຫຍດການຊ່ວຍເຫຼືອຂອງທ່ານ ອາດໄດ້ຮັບຜົນກະທົບຈາກຂໍ້ມູນໃນຈົດໝາຍສະບັບນີ້. ທ່ານອາດຈຳຕ້ອງຕອບກັບຄືນພາຍໃນວັນທີທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໃຫ້ຕິດຕໍ່ພະນັກງານປະຈຳຄາວເດືອນຂອງທ່ານໄດ້. ທ່ານມີສິດທິຈະຂໍຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ. ໂດຍບໍ່ເສຍຄ່າໃນການຂໍຄວາມຊ່ວຍເຫຼືອນີ້.

(Lao)

Meih duqv zipv naaiv zeiv waa-fienx bun taux meih se wueic laaix benx zuqc ninh yaac haih maaih jau-louc mingh ging-dongx taux meih nyei ze'buonc pui-zipv tengxx fu'loqc nyaanh aengx caux oix zuqc heuc meih dau waac daaux nqaang bun nzuonx hingh gan hnoi-nyieqc ziangh hoc.. Se gormgv meih maiv bieqc hnyouv taux naaiv deix waa-fienx jau-louc nor korh waac mingh buangh taux meih nyei kaau div gong-gorn zangc zoux gong mienh. Meih corc maaih do-leiz ze'buonc tov heuc tengx faan benx meih nyei mienh fingz waac bun muangx maiv zuqc cuotv haaix diuc jaa-zinh.

(Mien)

ਜਨਤਕ ਲਾਭ ਲਈ ਤੁਹਾਡੀ ਯੋਗਤਾ ਪ੍ਰਭਾਵਿਤ ਹੋ ਸਕਦੀ ਹੈ, ਇਸ ਪੱਤਰ ਵਿਚ ਸ਼ਾਮਲ ਜਾਣਕਾਰੀ ਦੇ ਮੁਤਾਬਿਕ। ਇੱਕ ਖਾਸ ਤਾਰੀਖ ਤੱਕ ਤੁਹਾਡੇ ਜਵਾਬ ਦੀ ਜ਼ਰੂਰਤ ਹੋ ਸਕਦੀ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦੇ ਨਾਲ ਹੋਰ ਵਾਧੂ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੇ ਇਲਾਕੇ ਦੇ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲੈਣ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਇਹ ਮਦਦ ਮੁਫਤ ਹੈ।

(Punjabi)



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Информация, содержащаяся в этом письме, может повлиять на Ваше право получать государственные пособия. Возможно, Вам необходимо будет предоставить ответ до определенной даты. Если Вам нужна дополнительная помощь в связи с этой информацией, обратитесь к сотруднику администрации округа. У Вас есть право обратиться за помощью на Вашем родном языке. Эта помощь оказывается бесплатно.

*(Russian)*

การมีคุณสมบัติที่จะได้รับเลือกผลประโยชน์ของภาครัฐของคุณมีผลกระทบจากข้อมูลในจดหมายฉบับนี้ การตอบรับของคุณจะต้องทำภายในเวลาที่กำหนด หากคุณต้องการความช่วยเหลือจากข้อมูลนี้ คุณสามารถติดต่อกับพนักงานในท้องที่ คุณมีสิทธิ์ที่จะขอความช่วยเหลือโดยใช้ภาษาของคุณ ไม่มีค่าใช้จ่ายในการขอความช่วยเหลือครั้งนี้

*(Thai)*

Ang iyong pagiging karapat-dapat para sa mga pampublikong benepisyo ay maaaring makaapekto sa impormasyong nilalaman ng liham na ito. Ang iyong tugon ay maaaring kailanganin sa pagsapit ng partikular na petsa. Kung kailangan mo ng karagdagang tulong sa impormasyong ito, maaari mong tawagan ang iyong manggagawa sa county. May karapatan kang humingi ng tulong sa sarili mong wika. Walang gagastusin para sa tulong na ito.

*(Tagalog)*

Інформація, яку надано цим листом, може вплинути на Ваші умови отримання допомоги по соціальному забезпеченню. Вона також може вимагати від вас відповіді не пізніше певної дати. Якщо Ви потребуєте додаткової допомоги відносно наданої інформації, зателефонуйте працівнику місцевої служби. Ви маєте право на отримання безкоштовних послуг перекладача.

*(Ukrainian)*

Tính đủ điều kiện nhận các phúc lợi công cộng của quý vị có thể bị ảnh hưởng bởi thông tin có trong thư này. Chúng tôi có thể yêu cầu quý vị hồi đáp trước một ngày cụ thể. Nếu quý vị cần thêm trợ giúp với thông tin này, quý vị có thể gọi đến nhân viên tại quận hạt của quý vị. Quý vị có quyền yêu cầu trợ giúp bằng ngôn ngữ của quý vị. Quý vị không mất chi phí khi nhận sự trợ giúp này.

*(Vietnamese)*