

### Dear

The United States Department of Agriculture (USDA) requires to ate of California conduct a quality control review of a sample of CalFresh cases to sure hat participants receive the correct amount of benefits (Title 45 of the Code of Federal Section 205.40). The main purpose ions of the review is to identify how well the program d to identify ways to improve its work operation. Your CalFresh case bee selected as part of the sample for es NOT mean that we believe anything is incorrect These cases are selected at random, a regarding your case.

In reviewing your case, I will ack you destions about your living arrangement, income, resources, shelter expenses, and other factors at affect your eligibility for the month of

Your participation in this review is mandatory. CalFresh Regulation require that we notify your local county social service office if you do not cooperate (Manual of Policies and Procedures 63-505.1) In addition, the Federal government requires that we notify you of the possibility that your case will be referred for investigation if there is any evidence that you knowingly provided any false or misleading information.

If you are currently receiving CalFresh and you choose not to cooperate, the county will send you a termination notice informing you that if you do not fully cooperate with the review process, you will be declared ineligible to receive CalFresh benefits. If you are NOT receiving CalFresh benefits at this time, your unwillingness to cooperate in this review may affect your future eligibility.

Your interview appointment has been scheduled as follows:

Date:	
Time:	
Interview Type:	
Face to Face at	101
Telephone: I will be calling you at	76

Video Conferencing: We will complete autopo conference via Google Duo. Please see attached instructions on how to download poogle Duo. Please have Google Duo downloaded prior to your interview me. Turing this interview, we will be discussing confidential information. It is a consecutive that you complete this interview in a private area, and not in a public space.

Video Conferencia was complete a video conference via Facetime. During this interview, we will be discussive, confidential information. It is advised that you complete this interview in a private area, and not in a public space.

### Please provide the checked items requested on the following page.

If you need assistance or need to reschedule your interview, please call at .

Sincerely,

QC Program Assistant

QC Appointment Letter [3.21]

## Please Provide the Following:

### 1) Identity

Your driver's license or any other identification you may have for

# 2) School

Proof of school attendance (such as letter, class schedule, report card) for any household member attending in

College award letters showing the amount(s) of financial aid received in

College receipts for tuition and mandatory fees you paid for your educational institution for the

## 3) Immigration Status

Immigration documents for any non-citizen household member.

# 4) Household Composion

Please have a friend, family member, or neighbor (who DOES NOT reside in our household) complete the attached riousehold Composition form.

## 5) Resources

Your checking, savings, money market, bank, and/or credit union statement for

Verification of for

# 6) Medical Verification

A doctor's statement or an official government document showing that is disabled or incapacitated.

# 7) Earned Income

Verification of earned income from all household members that received income in

Self-employment earnings (such as tax returns, profit/loss statements) received in

# 8) Unet the Liceme

Verification Carial Security Benefits such as Francies Survivors, Disability benefits, and SS SSP accepted in

Vt. 'fic' ion of Veterans benefits received in

Verification of Unemployment Benefits eceived in

A current telephone number for the absent parent and verification of any child support or alimony you received in

## 9) Expenses

Verification of rent or mortgage expense for the month of

Verification of utility expense (such as electric or gas bill) for the month of

Verification for any medical expense(s) you paid during the month of

Verification of dependent care expense for the month of

Court orders or any legal papers stating the amount(s) of alimony and/or child support paid by any household member.

## 10) Other

Please sign and date the Authorization to Release Information form.

Other:

### ADDITIONAL INFORMATION

Regulations require that we contact other persons who can verify information necessary to determine your CalFresh eligibility. For example, we may be in contact with the following persons or agencies to obtain or verify the information. If you do not wish the Quality Control Analyst to contact one of these persons or agencies, you shall have the opportunity to obtain the desired information or verification.

- Your bank or other financial institution
- Your landlord
- Your utility companies
- Federal agencies that might pay you a benefit such as the Veteran's Administration or Social Security Administration
- State of local government agencies such as the Department and Employment Development Department
- Schools
- Your present or past employers
- Other sources of income

### INFORMATION IS CONFIDENTIAL

All the information we obtain is confidential. Cally authorized agencies will be given access to the facts in your case. Authorized agencies at ivit this information include:

- U.S. Department of gullette
- U.S. Department Healthan Honan Services
- County Welfare Department

You have the right to inspect all mation that the Department has relating to your case by notifying:

Rachel Nunez, HS Program Coordinator
County of Ventura Human Services Agency
4651 Telephone Rd
Ventura, CA 93003
(805) 289-9338
FAX (805) 658-4558

1 AX (003) 030-433

### **USE OF INFORMATION**

Information you provide us will be used to implement program improvements. It will also help us decide if we should recommend changes in the law.