

**NOTICE OF ACTION**

COUNTY OF Sacramento

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

**IN-HOME SUPPORTIVE SERVICES (IHSS)  
APPROVAL**

**NOTE:** This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of SSI/SSP, Social Security, or Medi-Cal. **KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.**

Notice Date : 10/06/2023  
Case Name : KALEB XIONG  
Case Number : 1951916  
Social Worker Name : NORMAN CHOY  
Social Worker Number : X882  
Social Worker Telephone : 916-874-9471  
Social Worker Address :

(ADDRESSEE)

KALEB XIONG  
9582 Village Tree DR  
Elk Grove, CA 95758-1198

P.O. Box 269131  
Sacramento, CA 95826

**Total Hours:Minutes of IHSS you can get each month:** 06:04

Based on an assessment done on 09/15/2023, you can get the services shown below for the amount of time shown in the column "Authorized Amount of Service You Can Get."

1) If there is a zero in the "Authorized Amount of Service You Can Get" column or the amount is less than the "Total Amount of Service Needed" column, the reason is explained on the next page(s).

2) "Not Needed" means that your social worker found that you do not require assistance with this task. (MPP 30-756.11)

3) "Pending" means the county is waiting for more information to see if you need that service. See the next page(s) for more information.

SERVICES  <b>Note:</b> See the back of the next page for a short description of each service.	TOTAL AMOUNT OF SERVICE NEEDED	ADJUSTMENT FOR OTHERS WHO SHARE THE HOME	AMOUNT OF SERVICE YOU NEED	SERVICES YOU REFUSED OR YOU GET FROM OTHERS	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET
	HOURS: MINUTES	(PRORATION)	HOURS: MINUTES		HOURS: MINUTES
<b>DOMESTIC SERVICES (per MONTH):</b>	00:00	00:00	00:00	00:00	00:00
<b>RELATED SERVICES (per WEEK):</b>					
Prepare Meals	00:00	00:00	00:00	00:00	00:00
Meal Clean-up	00:00	00:00	00:00	00:00	00:00
Routine Laundry	00:00	00:00	00:00	00:00	00:00
Shopping for Food	00:00	00:00	00:00	00:00	00:00
Other Shopping/Errands	00:00	00:00	00:00	00:00	00:00
<b>NON-MEDICAL PERSONAL SERVICES (per WEEK):</b>					
Respiration Assistance (Help with Breathing)	00:00		00:00	00:00	00:00
Bowel, Bladder Care	00:00		00:00	00:00	00:00
Feeding	00:00		00:00	00:00	00:00
Routine Bed Bath	00:00		00:00	00:00	00:00
Dressing	00:00		00:00	00:00	00:00
Menstrual Care	00:00		00:00	00:00	00:00
Ambulation (Help with Walking, including Getting In/Out of Vehicles)	00:00		00:00	00:00	00:00
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)	01:24		01:24	00:00	01:24
Bathing, Oral Hygiene, Grooming	00:00		00:00	00:00	00:00
Rubbing Skin, Repositioning	00:00		00:00	00:00	00:00
Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications	00:00		00:00	00:00	00:00
<b>ACCOMPANIMENT (per WEEK):</b>					
To/From Medical Appointments	00:00		00:00	00:00	00:00
To/From Places You Get Services in Place of IHSS	00:00		00:00	00:00	00:00
<b>PROTECTIVE SUPERVISION (per WEEK):</b>	00:00		00:00	00:00	00:00
<b>PARAMEDICAL SERVICES (per WEEK):</b>	00:00		00:00	00:00	00:00
<b>TOTAL WEEKLY HOURS:MINUTES OF SERVICE YOU CAN GET:</b>					01:24
MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS:MINUTES: x 4.33 =					06:04
<b>SUBTOTAL MONTHLY HOURS:MINUTES OF SERVICE YOU CAN GET:</b>					06:04
<b>ADD MONTHLY DOMESTIC HOURS:MINUTES OF SERVICE YOU CAN GET (from above):</b>					00:00
<b>TOTAL HOURS:MINUTES OF SERVICE YOU CAN GET PER MONTH:</b>					06:04

<b>TIME LIMITED SERVICES (per MONTH):</b>					
Heavy Cleaning:	00:00	00:00	00:00	00:00	00:00
Yard Hazard Abatement	00:00	00:00	00:00	00:00	00:00
Remove Ice, Snow	00:00	00:00	00:00	00:00	00:00
Teaching and Demonstration	00:00	00:00	00:00	00:00	00:00
<b>TOTAL HOURS:MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:</b>					00:00

**Questions?:** Please contact your IHSS social worker. See top of page for phone number.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

**YOUR HEARING RIGHTS**

1. You have the right to ask for a conference with the county to talk about this action. At the conference you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you. If you want a conference, contact the county.
2. Whether or not you ask for a conference, you also 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.
3. If you ask for a hearing before an action on your In-Home Supportive Services (IHSS) takes place, your services will continue until the hearing. If you make your request in good faith, you will not have to repay any money you receive for services you get pending the hearing, even if the hearing decision says the county's action was right.
4. You can ask for a hearing in person or in writing. You have to say that you want a hearing and tell the reason(s) you want one.
5. You can ask for a hearing on your own or you can ask the county for assistance. Either way, you should tell your worker as soon as possible.
6. At a hearing, you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you. You can get free legal help at your local legal aid or welfare rights office. For a legal aid referral, call the toll-free number listed on this page.
7. If you do not want to go to the hearing alone, you can bring a relative, friend, or other person with you.
8. You can review the regulations about hearings at your local IHSS office.
9. Information Practices: The information you give to ask for a hearing is required to process your request according to state law. A case file will be made up for the hearing and you have the right to look at the information in the file. Any information you give may be shared with the county or the United States Department of Health and Human Services.

**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 this page to:

California Department of Social Services  
 State Hearings Division  
 P.O. Box 944243  
 Mail Station 8-16-50  
 Sacramento, CA 94244-2430

OR Call toll free:  
 11-800-952-5253 or for hearing or speech impair  
 who use TDD, 1-800-952-8349.

**REQUEST FOR HEARING:**

I want a hearing because I disagree with the action of the county regarding my social services. Here's why:

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- If you need more space, check box 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:

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**PERSON WHOSE SOCIAL SERVICES WERE DENIED, CHANGED OR STOPPED**

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**NAME OF PERSON COMPLETING THIS FORM**

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

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NOTICE OF ACTION**  
**IN-HOME SUPPORTIVE SERVICES (IHSS)**  
**APPROVAL (CONTINUED)**

COUNTY OF Sacramento

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

Notice Date: 10/06/2023  
Case Name: KALEB XIONG  
Case Number: 1951916

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As of 08/01/2023, you are approved for In-Home Supportive Services through the following program:  
Personal Care Services Program (PCSP) (MPP 30-780)

All or some of your IHSS services will be provided by a person selected by you. Please contact the county IHSS office when you select a provider(s). (MPP 30-767)

You cannot get Protective Supervision Service. Here's why:  
An assessment of your needs done on 09/15/2023, found that you do not need 24-hour supervision to ensure your safety. (MPP 30-757.17)

You cannot get Protective Supervision Service. Here's why:  
Protective Supervision Service cannot be authorized for friendly visiting or other social activities. MPP 30-757.172 Protective Supervision Service cannot be authorized when the need is caused by a medical condition and the form of the supervision needed is medical. MPP 30-757.172 Protective Supervision Service cannot be authorized in anticipation of a medical emergency. MPP 30-757.172 Protective Supervision Service cannot be authorized to prevent or control a recipient's anti-social or aggressive behavior. MPP 30-757.172 Protective Supervision Service cannot be authorized to guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself. MPP 30-757.172

You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for medical supervision. Your case information shows that the supervision you need is medical or for a medical condition. [MPP Section 30- 757.172(b)]

You get IHSS as a service of your Medi-Cal. See your Medi-Cal notice for information about your Medi-Cal eligibility and any Medi-Cal share-of-cost you may have to pay.  
If you have a share-of-cost, a letter will be sent to you each time one of your providers' timesheets are processed telling you how much you need to pay your provider.

Free legal assistance for your IHSS case may be available from:  
Legal Services of Northern California - Sacramento (916) 551-2150  
Or  
Coalition of California Welfare Rights Organizations (CCWRO) (916) 736-0616

**You must immediately tell the county about any changes that might affect your eligibility or need for IHSS, including changes in income, property, living arrangements, medical conditions or the ability to work. If you have any questions or think more facts should be considered, call your social worker.**

**Rules:** The applicable Manual of Policies and Procedure (MPP) sections are shown above and on the previous page in parentheses. You may review the MPP at your local IHSS office.

**Questions?:** Please contact your IHSS social worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of the first page of this notice tells how.

## DESCRIPTION OF SERVICES

**DOMESTIC SERVICES:** General household chores to maintain the cleanliness of the home. MPP 30-757.11

**RELATED SERVICES:**

- **Meal Preparation:** Planning menus, preparing foods, cooking and serving meals. MPP 30-757.131
- **Meal Clean-up:** Cleaning up the cooking area and washing, drying and putting away cookware, dishes and utensils. MPP 30-757.132
- **Routine Laundry:** Washing, drying, folding and putting away clothes and household linens. MPP 30-757.134
- **Shopping for Food:** Making a grocery list, traveling to/from the store, shopping, loading, unloading, and storing food purchased. MPP 30-757.135(b)
- **Other Shopping/Errands/Reading Services:** Includes: 1) Shopping for other necessary supplies; 2) Performing small and necessary errands, e.g., picking up a prescription, and 3) Reading important documents such as, medication instructions, food labels, utility bills, or rental agreements. MPP 30-757.135(c)

**NON-MEDICAL PERSONAL SERVICES:**

- **Respiration Assistance:** Assisting recipient with nonmedical breathing related services such as self-administration of oxygen and cleaning breathing machines. MPP 30-757.14(b)
- **Bowel and/or Bladder Care:** Assisting the recipient with using the toilet (including getting on/off), bedpan/ bedside commode or urinal; emptying and cleaning ostomy bag, enema and/or catheter receptacles; applying diapers, disposable undergarments and disposable barrier pads; wiping and cleaning recipient; and washing/drying recipient's hands. MPP 30-757.14(a)
- **Feeding:** Assisting the recipient to eat meals, including cleaning his/her face and hands before and after meals. MPP 30-757.14(c)
- **Routine Bed Bath:** Giving a recipient who is confined to bed a routine sponge bath. MPP 30-757.14(d)
- **Dressing:** Assisting the recipient to put on and take off his/her clothes as necessary throughout the day. MPP 30-757.14(f)
- **Menstrual Care:** Assistance with the external placement of sanitary napkins and barrier pads. MPP 30-757.14(j)
- **Ambulation and Getting In/Out of Vehicles:** Assisting the recipient with walking or moving about the home, including to/ from the bathroom, and to/from and into/out of the car for transporting to medical appointments and/or alternative resources. MPP 30-757.14(k)
- **Transfer (Moving In/Out of Bed and/or On/Off Seats):** Assisting recipient from standing, sitting, or prone position to another position and/or from one piece of furniture or equipment to another. MPP 30-757.14(h)
- **Bathing, Oral Hygiene and/or Grooming:** Assisting the recipient with: bathing or showering; brushing teeth, flossing, and cleaning dentures; shampooing, drying, and combing/brushing hair; shaving; and applying lotion, powder, deodorant. MPP 30-757.14(e)
- **Rubbing Skin and Repositioning:** Rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and supervising range of motion exercises. MPP 30-757.14(g)
- **Care of/Assistance with Prosthesis and Help Setting Up Medications:** Taking off/putting on and maintaining and cleaning prosthetic devices, including vision/hearing aids; reminding the recipient to take prescribed and/or over-the-counter medications, and setting up Medi-sets. MPP 30-757.14(i)

**TRANSPORTATION SERVICES:** Transporting recipient to and from: 1) Appointments with physicians, dentists and other health practitioners; or 2) Sites necessary for fitting health related appliances/devices and special clothing, when transportation for these purposes is not provided under Medi-Cal. This also includes transporting the recipient to sites where alternative resources provide in-home supportive services to recipient in place of IHSS. MPP 30-757.15

**HEAVY CLEANING:** Thorough cleaning of the home to remove hazardous debris or dirt. Authorized one time only and only under certain circumstances. MPP30-757.12

**YARD HAZARD ABATEMENT:** Light work in the yard to: 1) Remove high grass or weeds, and rubbish when these materials pose a fire hazard (authorized one time only); or 2) Remove ice, snow or other hazardous substances from entrances and essential walkways when these materials make access to the home hazardous. MPP 30-757.16

**PROTECTIVE SUPERVISION:** Protective Supervision is when an IHSS provider watches a person who is mentally impaired or mentally ill on a continual basis to prevent them from doing things which will cause them to get hurt. MPP 30-757.17

**TEACHING AND DEMONSTRATION SERVICES:** Teaching and demonstrating those services provided by IHSS providers so the recipient can perform services which are currently performed by IHSS providers by himself/herself. Certain limitations apply. MPP 30-757.18

**PARAMEDICAL SERVICES:** Services meeting the following conditions: 1) Activities which recipients would normally perform themselves if they did not have functional limitations; 2) Activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health; and 3) Activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or requiring a judgment based on training given by a licensed health care professional. Special limitations apply. MPP 30-757.19

**FOR A MORE DETAILED DESCRIPTION OF SERVICES, YOU MAY VIEW THE MANUAL OF POLICY AND PROCEDURES (MPP) SECTIONS REFERENCED ABOVE AT YOUR LOCAL COUNTY IHSS OFFICE.**

## 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 تتأثر أهليتك للحصول على المزايا العامة بالمعلومات الواردة في هذه الرسالة. قد يكون ردك مطلوبًا بحلول 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 սեփական նպաստներ ստանալու Ձեր իրավասության վրա: Ձեր պատասխանը կարող է սահմանվել մինչև որոշակի ամսաթիվը: Եթե Ձեզ այս տեղեկությունների հետ կապված լրացուցիչ օգնություն է հարկավոր, կարող եք դիմել Ձեր վարչապետի ախտակցին: Դուք իրավունք ունեք Ձեր մայրենի լեզվով օգնություն ստանալու: Այդ ծառայությունն անվճար է:

*(Armenian)*

សិទ្ធិទទួលបានអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាចត្រូវប៉ះពាល់ដោយសារព័ត៌មានដែលមាននៅក្នុងលិខិតនេះ: ការឆ្លើយតបរបស់អ្នកចាំបាច់ត្រូវឱ្យបានតាមកាលកំណត់។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែមទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូរសព្ទទៅកាន់បុគ្គលិកធ្វើការនៅក្នុងខោនធីរបស់អ្នក។ អ្នកមានសិទ្ធិស្នើសុំជំនួយជាភាសាកំណើតរបស់អ្នក។ ការផ្តល់ជំនួយនេះពុំមានគិតថ្លៃនោះទេ។

*(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，并無費获取该类帮助。

*(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 خودتان ارائه شود. ارائه این کمک هزینه ای برای شما در بر ندارد.

*(Farsi)*

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 xeev 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 hauv 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)

あなたの公的給付金の受領資格は、本文書に含まれる情報によって影響を及ぼされる可能性があります。回答を期限までに要請される可能性があります。本情報に関してさらに援助が必要な場合は、郡の職員にお電話にてお問い合わせください。言語支援サービスがご利用できます。このサービスは無料です。

(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)

ຜົນປະໂຫຍດການຊ່ວຍເຫຼືອຂອງທ່ານ ອາດໄດ້ຮັບຜົນກະທົບຈາກຂໍ້ມູນໃນຈົດໝາຍສະບັບນີ້. ທ່ານອາດຈຳຕ້ອງຕອບກັບຄືນພາຍໃນວັນທີທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໂທຕິດຕໍ່ພະນັກງານປະຈຳຄາວເຕີຂອງທ່ານໄດ້. ທ່ານມີສິດທີ່ຈະຂໍຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ. 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 gorngv 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 ਖੱਤਰ ਵਿਚ ਸ਼ਾਮਿਲ 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)

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

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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)*

การมีคุณสมบัติที่จะได้รับเลือกผลประโยชน์ของภาครัฐของคุณมีผลกระทบจากข้อมูลไม่ชัดเจนฉบับนี้ การตอบรับของคุณจะต้องทำภายในเวลาที่กำหนด หากคุณต้องการความช่วยเหลือจากข้อมูลนี้ คุณสามารถติดต่อกับพนักงานในท้องที่ คุณมีสิทธิที่จะขอความช่วยเหลือโดยใช้ภาษาของคุณ ไม่คิดค่าบริการในการขอความช่วยเหลือครั้งนี้

*(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)*