

Appendix 17 ■ Your Rights Under California Public Benefits Programs Brochure

The brochure "[Your Rights Under California Public Benefits Programs](#)" describes participant rights and explains the process for persons who have a complaint.

August 2020 is the current brochure publication date as of the issuance of the MSSP Site Manual. It is recommended that sites verify if a more recent version is available on the [CDSS website](#) before providing to any participant requesting this pamphlet.

<https://www.cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/M-P/PUB13.pdf>

DISCRIMINATION COMPLAINTS

If you think you have been discriminated against you may file a complaint. Where you file your complaint depends on which program your complaint is about.

For all programs your county agency administers: Ask your county office for the name, address and phone number of their Civil Rights Coordinator. The county will independently investigate your complaint.

For Covered California:

Civil Rights Coordinator Covered California
PO Box 989725
West Sacramento, CA 95789
(916) 228-8764
CivilRights@covered.ca.gov

For Medi-Cal & Medi-Cal Dental Program:

You may contact the County's Civil Rights Coordinator, the state Dept. of Health Care Services or the federal Health and Human Services.

Department of Health Care Services,
Office of Civil Rights

P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370 or 711 (Calif. Relay Service)
CivilRights@dhs.ca.gov

For all other state programs covered by this pamphlet:

Civil Rights Unit
California Department of Social Services
P.O. Box 944243, M/S 8-16-70
Sacramento, CA 94244-2430
(866) 741-8241 (toll free)
crb@dss.ca.gov

To file a CalFresh complaint with the Federal agency:

United States Department of Agriculture Director,
Office of Adjudication
1400 Independence Avenue, S.W.
Washington, D.C. 20250-6410
(866) 632-9992 (toll free) or (202) 260-1028
(800) 877-8339 (hearing impaired)
program_intake@usda.gov

To file a complaint with a federal agency:

Only for discrimination based on Race, Color, National Origin, Disability, Age, or Sex:
Centralized Case Management Operation
US Dept. Health and Human Services
200 Independence Ave.
S.W. Room 500F HHH Bldg.
Washington DC, 20201

File a complaint online at:

[US Health & Human Services Civil Rights Complaint Portal](#)

(800) 368-1019 (toll-free)
(800) 537-7697 (hearing/speech impaired)

Time Limits for A Discrimination Complaint

You must file a discrimination complaint within 180 days of the date you were discriminated against.

If the discrimination also affected the level of your benefits and services, ask for a hearing.

A discrimination investigation cannot change your benefit levels or services. Only a state hearing can do that.

You have 90 days from the date of the notice about your benefits to ask for a hearing. If you file after that time a judge will decide if you can have a hearing.

PROGRAMS COVERED BY THIS PAMPHLET

- Adoption Assistance Program (AAP)
- Alcohol and Drug Program
- CA Food Assistance Program (CFAP)
- CalWORKs
- Cash Assistance Program for Immigrants (CAPI)
- CalFresh (Food Stamps)
- Children's Health Insurance Program (CHIP)
- Covered California Eligibility
- Foster Care/Child Welfare Services
- Housing Programs through County Social Service Departments
- In-Home Supportive Services
- Kinship Guardianship Assistance (KinGAP)
- Medi-Cal – Medi-Cal Dental Program
- Refugee Cash Assistance
- Resource Family Approvals (RFA)
- Approved Relative Caregiver Funding Option Program (ARC)
- Service Animal Allowance



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

This pamphlet is available from your local County Welfare office and on the [CDSS website](#) in the following languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hmong
- Japanese
- Korean
- Lao
- Mien
- Portuguese
- Punjabi
- Russian
- Spanish
- Tagalog
- Ukrainian
- Vietnamese

Also available for free in large print, Braille and audio CD.

This publication explains your rights, how to ask for language assistance or a reasonable accommodation for a disability or impairment, and how to file a discrimination complaint.

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YOUR RIGHTS

UNDER CALIFORNIA PUBLIC BENEFITS PROGRAMS



..... for people applying for or receiving public aid in California



Tell us if you need help because of a disability.



Ask for a free interpreter

Public benefit agencies comply with Federal and State law, and may not discriminate, exclude, or provide you aid, benefits or other services that is different from what is provided to others

