

Promptly

- Simple text message
- Clear call to action



Tiana.Wertheim@sfgov.org

San Francisco Human
Services Agency

Unnecessary turnover among CalFresh clients

- ~15% “churn” or get discontinued and re-enroll within 3 months
- Double-work for staff
- Scary, humbling, hugely-inconvenient for clients

User-Experience Data-gathering

- **Become a client:** 3 Code for America Fellows & 1 intern applied for CalFresh benefits and two went on aid.
- **Client interviews**
- **Cashier interviews**

The clients' experience of Churn

- Many clients don't know they are discontinued, until they are at the cash register.
- Mail reminders and processes are difficult.



NOTICE OF ACTION
Food Stamps Termination

COUNTY OF SAN FRANCISCO

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



P.O. Box 7988
San Francisco, California 94120-7988
San Francisco County

Notice Date: 06/12/2013
Case Name: Rebecca Ackerman
Case Number: 1373241
Worker Name: Food Assistance
Worker Number: VENG
Telephone: (415) 558-1001
Worker Hours: 8:00 AM- 12:00 PM, 12:00 PM - 5:00 PM
24-hour information:
Address: 1235 Mason ST
San Francisco CA 94103-2705

2836 1296279-3625LETTER147 28

VENG

Rebecca Ackerman
53 Potomac ST
San Francisco CA 94117-3356



As of 06/30/2013, the County is stopping your cash aid and/or Food Stamps.

Here's why:

As of the 11th of this month, the County has not received your quarterly report (QR 7) due this month.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report no later than the FIRST WORKING DAY OF NEXT MONTH.

The information you give us may change or stop your cash aid and/or Food Stamps.

If you turn in a complete QR 7 anytime next month that shows you are eligible for cash aid and/or CalFresh benefits, your benefits will start from the day you turn in the form.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal Benefits, you will receive another notice. Keep using your plastic Benefits Identification Card(s).

Food Stamps Only:

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the quarterly report, the County will help you to do so. Please contact the County and ask for help.

NA 960 X QR (7/04) CWRCA/FS Disc - No Quarterly Status Report on File

Rules: These rules apply. You may review them at your welfare office: Food Stamps Manual Section(s): 63-103(n), 63-508.6, MPP: 40-105.1, 40-181.22

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

YOUR HEARING RIGHTS

You 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.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we stop your other supportive services payments will stop. We will not get any more payments, even if you go to your activity.

If we stop your other supportive services, we will pay you for the amount of the support services. This is not more than the amount we would pay you for these services.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid, if they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10950.)

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 or take this page to:
 - Appeals Unit, Department of Human Services
 - P.O. Box 7968
 - NA
 - San Francisco, CA 94120-7968

OR

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

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

BAY AREA LEGAL AID
1505 Market Street
6th Floor
San Francisco, CA 94103
(415) 962-1300

Coastal CA Welfare Rights
1601 Alameda Blvd
Sacramento, CA 95816
(916) 736-6616

GAAP
ENGLISH CALFRESH ONLY
276 Golden Gate Avenue
San Francisco, CA 94102-3706
(415) 828-4191

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my _____

Cash Aid Food Stamps Medi-Cal
 Other (list) _____

Here's Why: _____

- If you need more space, check here 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 _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED _____

BIRTH DATE _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

NAME OF PERSON COMPLETING THIS FORM _____ PHONE NUMBER _____

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

NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Notice of Action

Confusing NOAs

Effective 10/01/2013, your Food Stamp benefits are changed from \$200.00 to \$200.00 each month.

Here's why:

Your utility cost has changed. When your utility cost changes, the amount of Food Stamps you are eligible to receive changes.

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Who has cell phones?

- Over 46% of homes that earn less than \$30k are wireless internet users
- **87% of African Americans and Latino Americans own a cell phone**

~Pew Research Center, July, 2010



What does it take?

- Interface btw Promptly and CaWIN /C-IV /Leader
- Opt-in consent (text,email): For new apps/RRR & mailer
- A field to store cell #s, and for consent
- Determine message, timing, audience
- Train workers in consent, FAQ

Promptly success:

- **5,800** clients signed up since November 2013 (20% NACF caseload in SF).
- **1,200** text reminders sent
- **3** languages (English, Spanish, Chinese)
- **471** calls to the CalFresh call center
- **39%** response rate

Outcome data (qualitative and quantitative) is under evaluation. So far we've heard:

- “I was grateful for the text because I moved around a lot this year and my mail hasn't caught up. “
- I live with a bunch of roommates and sometimes the mail doesn't end up in the right hands.”
- “I thought I might be cut off, but getting the text made it definite.”

We've only just started

- Simple-to-use to send any message to any group of clients.
- We're piloting a reminder message to small number of CalWORKs clients.
- We're **considering** it for:
 - In-Reach: (Express Lane Eligibility; or Reverse Express Lane).
 - Appointment reminders

Other counties

- **Contra Costa:** Sending appointment reminders to small number of clients in CalWorks. Also setup to send missed appointment notifications and report due reminders.
- **Economies of scale:** Counties to pool resources. A system to access data in central location would reduce costs.

Next Steps

- DIY? Start with the guide: bit.ly/how-to-promptly
- Want someone else to do it? Ask Andy Hull about a services contract: Andy@postcode.io
 - www.Promptly.io
 - Promptly@postcode.io
- Want to hear about San Francisco's experience? -tiana.wertheim@sfgov.org

Resources

- “How to Promptly” guide: bit.ly/how-to-promptly
- Text consent form: bit.ly/promptly-consent
- Promptly messages: bit.ly/promptly-messages
- CIS database query: bit.ly/promptly-cis
- Promptly source code: bit.ly/promptly-code

**Simplify communication
by simplifying forms**



CAAP Correspondence (5601)

Original

Date: ____/____/____

Case number: _____

San Francisco, CA 941 _____

Hand-issued Mailed

YOUR APPLICATION FOR CAAP HAS BEEN DENIED WITH THE EFFECTIVE DATE OF ____/____/____ BECAUSE:

- You did not establish residence and/or the intent to reside in SF.** PAES §20.75.1; SSIP §20.205.1; GA §20.56.8
- You have not resided in SF for 15 continuous days prior to application.** SSIP §20.205.1; GA §20.56.8
- You have not resided in SF for 30 continuous days prior to application (applies to PAES only).** PAES §20.75.1
- Your probation/parole status does not meet residency requirements.** PAES §20.75.1; SSIP §20.205.1; GA §20.56.8; CAAP Eligibility Manual §91-7, §91-7.5
- You did not meet CAAP Residence/Immigration requirements.** PAES §20.75.14; SSIP §20.205.14; GA §20.56.8 & §20.56.13
- You are a resident of an institution.** PAES §20.72, §20.75 (d), §20.80; SSIP §20.202, §20.205 (d), §20.211; GA §20.55.2, §20.55.4 (b)
- You are active on public assistance in another County/State.** PAES §20.75.1; SSIP §20.205.14; GA §20.56.8
- Your out-of-county EBT transactions do not satisfactorily substantiate continuing residency in SF.** PAES §20.75.1; SSIP §20.205.1; GA §20.56.8
- Your cash assets exceed the current CAAP benefit amount.** PAES §20.75.9; SSIP §20.205.9; GA §20.56.10
- Your savings/checking accounts/other assets exceed prorated CAAP benefit amount on date of application.** PAES §20.75.9; SSIP §20.205.9; GA §20.56.10
- Your assets/income for the month of application exceeds \$5.00 need.** PAES §20.76; SSIP §20.206; GA §20.57
- Your income for the month of application exceeds prorated CAAP benefit amount on date of application.** PAES §20.76; SSIP §20.206; GA §20.57
- Your SSA/UIB/DIB/VA benefits exceed the CAAP benefit amount.** PAES §20.76; SSIP §20.206; GA §20.57
- Your motor vehicle is valued at least \$4,650 or more.** PAES §20.75.9; SSIP §20.205.9; GA §20.56.10
- You own more than one motor vehicle.** PAES §20.75.9; SSIP §20.205.9; GA §20.56.10
- Your monthly housing expenses exceed your total monthly income/assets after your 30-day period expired.** PAES §20.75.7; SSIP §20.205.7; GA §20.56.6

New:



_____ / _____ / _____
We denied your CAAP application on ____/____/____ because:

- You missed an appointment on ____/____/____
- You did not show us proof of _____
- You have too much income
- You have too much savings or assets
- You have not lived in San Francisco long enough
- Other

See the back of this page for more information about why we denied your CAAP application.

What you can do next:

1 Reapply for CAAP benefits:

- You can reapply starting tomorrow
- You can reapply starting ____/____/____
- You can reapply between ____/____/____ and ____/____/____

2 Fair Hearing: Call (415) 558-1177 within **7 calendar days** and say you want a Fair Hearing.

If you disagree with this decision, you can ask for a Fair Hearing to appeal it. See the back of this page for more information on Fair Hearings.

3 Free legal help: You can get free legal help from GAAP or Bay Area Legal Aid.

- Call General Assistance Advocacy Project (GAAP) at (415) 928-8191
- Call Bay Area Legal Aid (BALA) at (415) 982-1300