



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: February 9, 2022

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 22-03
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: 2022 FEDERAL POVERTY LEVELS

The enclosed charts provide the 2022 poverty level ceilings for Medi-Cal, Medi-Cal Access Program (MCAP), Medi-Cal Access Infants Program (MCAIP), and County Children's Health Initiative Program (C-CHIP). C-CHIP is available in San Francisco, Santa Clara, and San Mateo counties only. These ceilings are derived from the annual Federal Poverty Level (FPL) figures updated annually in the Federal Register by the U.S. Department of Health and Human Services. In this All County Welfare Directors Letter (ACWDL), the Department of Health Care Services (DHCS) is providing 2022 monthly FPL values (enclosure 1) as well as 2022 annual FPL values (enclosure 2), Program Descriptions by FPL (enclosure 3) and the annual mailer sent to beneficiaries who are potentially impacted by 2022 FPL figures (enclosure 4).

Counties must review all denials and discontinuances for the following groups back to the date specified for each group and re-evaluate eligibility based on the revised FPL figures (see attached enclosures).

- For applicants and recipients of the Medicare Savings Programs (MSP), Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, and Qualified Individual who do not receive Title II Retirement Survivors and Disability Insurance (RSDI) income, counties must apply the new FPL figures retroactively to January 1, 2022.
- For MSP applicants or recipients who are receiving Title II RSDI income, the effective date for the new FPLs is March 1, 2022.
- For individuals who are eligible for the Aged, Blind and Disabled (ABD) FPL programs and the 250% Working Disabled Program (WDP), the effective date of the revised FPL figures is April 1, 2022.

- The ABD-FPL Expansion effective December 1, 2020 does not change the effective date of these figures. See [ACWDL 20-24](#).
- For applicants and recipients whose Medi-Cal is determined based upon Modified Adjusted Gross Income (MAGI) methodologies, the new FPL figures are effective January 1, 2022.

Note that per Medi-Cal Eligibility Division Information Letters (MEDILs) [I 20-07](#), [I 20-08](#), [I 20-18](#), [I 20-25](#), [I 20-26](#) and [ACWDL 21-16](#), counties must delay processing of Medi-Cal annual renewals, and defer discontinuances and other negative actions based on the declared State and National Emergency due to the COVID-19 public health emergency (PHE). The county shall continue to process determinations or redeterminations for those individuals who would gain access to health care coverage and resolve barriers related to access to care.

When determining eligibility for retroactive coverage for months in 2021, use the FPL and related charts referenced in [ACWDL 21-01](#).

Upon request from the beneficiary, the beneficiary's parent or legal guardian, or the beneficiary's authorized representative, counties shall retroactively change eligibility for the following circumstances:

- Optional Targeted Low-Income Children's Program (OTLICP) eligible children
 - OTLICP children who are redetermined eligible for free, non-premium OTLICP using the 2022 FPL figures may be eligible for premium reimbursements. Please refer to [ACWDL 14-43](#) for guidance on OTLICP premium reimbursements for premiums paid during any months retroactively redetermined eligible for non-premium OTLICP.
- Advance Premium Tax Credit (APTC) individuals
 - APTC eligible individuals who are redetermined eligible for Medi-Cal using the 2022 FPL figures may be eligible for retroactive Medi-Cal. The county shall only retroactively change eligibility for APTC individuals who did not enroll in a Qualified Health Plan (QHP), did not pay a premium, or who did enroll in a QHP and pay a premium but have Medi-Cal covered medical or dental expenses that were not covered by their QHP during the retroactive period.

- APTC eligible individuals, described above, may be eligible for retroactive Medi-Cal out-of-pocket expense reimbursements (Conlan). Please see MEDIL [I 07-02](#) for additional information about the Conlan process.

Note: The Centers for Medicare and Medicaid Services has decided that there will be no reimbursement for premiums paid to Covered California QHPs. The notice sent by DHCS will state that no Covered California QHP premium reimbursements will be available. Please see [ACWDL 16-08](#) for instructions on determining retroactive Medi-Cal coverage when an individual is transitioning from Covered California coverage.

- Individuals with a Share-of-Cost (SOC)
 - Individuals who are redetermined eligible to zero SOC or lower SOC Medi-Cal, when using the 2022 FPLs, who had out of pocket expenses for covered medical or dental services may be eligible for retroactive Medi-Cal out-of-pocket expense reimbursements (Conlan). Please see [MEDIL I 07-02](#) for additional information about the Conlan process.

Please note: DHCS is coordinating implementation of the 2022 FPLs in the California Healthcare Eligibility Enrollment and Retention System (CalHEERS) and Statewide Automated Welfare System (SAWS). DHCS anticipates the CalHEERS system and SAWS system will be updated with the annual 2022 FPL amounts in March of 2022.

DHCS will send a notice to the beneficiaries potentially impacted by the change to inform them of the FPL increase to allow them an opportunity to request a re-evaluation from the county.

If you have other questions on the annual FPL process, please contact Chris White at (916) 345-8065 or by email at chris.white@dhcs.ca.gov.

Original Signed By:

Linda Nguyen, Policy Development Branch Chief
Medi-Cal Eligibility Division

Enclosures

2022 FPL Calculation Chart (Monthly Values)

Enclosure 1

Family Size	100% FPL		MONTHLY FPL VALUES (Rounded up to next higher dollar)										
	Annual	Monthly	60%	100%	108%	109%	114%	120%	128%	133%	135%	138%	142%
1	13590	1133	680	1133	1224	1235	1292	1360	1451	1507	1530	1564	1609
2	18310	1526	916	1526	1649	1664	1740	1832	1954	2030	2061	2106	2167
2 Adults	18310	1526	916	1526	1649	1664	1740	1832	1954	2030	2061	2106	2167
3	23030	1920	1152	1920	2074	2093	2189	2304	2458	2554	2592	2650	2727
4	27750	2313	1388	2313	2499	2522	2637	2776	2961	3077	3123	3192	3285
5	32470	2706	1624	2706	2923	2950	3085	3248	3464	3599	3654	3735	3843
6	37190	3100	1860	3100	3348	3379	3534	3720	3968	4123	4185	4278	4402
7	41910	3493	2096	3493	3773	3808	3983	4192	4472	4646	4716	4821	4961
8	46630	3886	2332	3886	4197	4236	4431	4664	4975	5169	5247	5363	5519
9	51350	4280	2568	4280	4623	4666	4880	5136	5479	5693	5778	5907	6078
10	56070	4673	2804	4673	5047	5094	5328	5608	5982	6216	6309	6449	6636
11	60790	5066	3040	5066	5472	5522	5776	6080	6485	6738	6840	6992	7194
12	65510	5460	3276	5460	5897	5952	6225	6552	6989	7262	7371	7535	7754
Ea Add'l	4720	394	237	394	426	430	450	473	505	525	532	544	560

Family Size	100% FPL		MONTHLY FPL VALUES (Rounded up to next higher dollar)											
	Annual	Monthly	150%	160%	185%	200%	202%	208%	213%	250%	266%	322%	400%	600%
1	13590	1133	1700	1813	2097	2266	2289	2357	2414	2833	3014	3649	4532	6798
2	18310	1526	2289	2442	2824	3052	3083	3175	3251	3815	4060	4914	6104	9156
2 Adults	18310	1526	2289	2442	2824	3052	3083	3175	3251	3815	4060	4914	6104	9156
3	23030	1920	2880	3072	3552	3840	3879	3994	4090	4800	5108	6183	7680	11520
4	27750	2313	3470	3701	4280	4626	4673	4812	4927	5783	6153	7448	9252	13878
5	32470	2706	4059	4330	5007	5412	5467	5629	5764	6765	7198	8714	10824	16236
6	37190	3100	4650	4960	5735	6200	6262	6448	6603	7750	8246	9982	12400	18600
7	41910	3493	5240	5589	6463	6986	7056	7266	7441	8733	9292	11248	13972	20958
8	46630	3886	5829	6218	7190	7772	7850	8083	8278	9715	10337	12513	15544	23316
9	51350	4280	6420	6848	7918	8560	8646	8903	9117	10700	11385	13782	17120	25680
10	56070	4673	7010	7477	8646	9346	9440	9720	9954	11683	12431	15048	18692	28038
11	60790	5066	7599	8106	9373	10132	10234	10538	10791	12665	13476	16313	20264	30396
12	65510	5460	8190	8736	10101	10920	11030	11357	11630	13650	14524	17582	21840	32760
Ea Add'l	4720	394	591	631	729	788	796	820	840	985	1049	1269	1576	2364

2022 FPL Calculation Chart (Annual Values) Enclosure 2

	100% FPL	ANNUAL FPL VALUES (Rounded up to next higher dollar)										
Family Size	Annual FPL	60%	100%	108%	109%	114%	120%	128%	133%	135%	138%	142%
1	13590	8154	13590	14678	14814	15493	16308	17396	18075	18347	18755	19298
2	18310	10986	18310	19775	19958	20874	21972	23437	24353	24719	25268	26001
2 Adults	18310	10986	18310	19775	19958	20874	21972	23437	24353	24719	25268	26001
3	23030	13818	23030	24873	25103	26255	27636	29479	30630	31091	31782	32703
4	27750	16650	27750	29970	30248	31635	33300	35520	36908	37463	38295	39405
5	32470	19482	32470	35068	35393	37016	38964	41562	43186	43835	44809	46108
6	37190	22314	37190	40166	40538	42397	44628	47604	49463	50207	51323	52810
7	41910	25146	41910	45263	45682	47778	50292	53645	55741	56579	57836	59513
8	46630	27978	46630	50361	50827	53159	55956	59687	62018	62951	64350	66215
9	51350	30810	51350	55458	55972	58539	61620	65728	68296	69323	70863	72917
10	56070	33642	56070	60556	61117	63920	67284	71770	74574	75695	77377	79620
11	60790	36474	60790	65654	66262	69301	72948	77812	80851	82067	83891	86322
12	65510	39306	65510	70751	71406	74682	78612	83853	87129	88439	90404	93025
Ea Add'l	4720	2832	4720	5098	5145	5381	5664	6042	6278	6372	6514	6703

	100% FPL	ANNUAL FPL VALUES (Rounded up to next higher dollar)											
Family Size	Annual FPL	150%	160%	185%	200%	202%	208%	213%	250%	266%	322%	400%	600%
1	13590	20385	21744	25142	27180	27452	28268	28947	33975	36150	43760	54360	81540
2	18310	27465	29296	33874	36620	36987	38085	39001	45775	48705	58959	73240	109860
2 Adults	18310	27465	29296	33874	36620	36987	38085	39001	45775	48705	58959	73240	109860
3	23030	34545	36848	42606	46060	46521	47903	49054	57575	61260	74157	92120	138180
4	27750	41625	44400	51338	55500	56055	57720	59108	69375	73815	89355	111000	166500
5	32470	48705	51952	60070	64940	65590	67538	69162	81175	86371	104554	129880	194820
6	37190	55785	59504	68802	74380	75124	77356	79215	92975	98926	119752	148760	223140
7	41910	62865	67056	77534	83820	84659	87173	89269	104775	111481	134951	167640	251460
8	46630	69945	74608	86266	93260	94193	96991	99322	116575	124036	150149	186520	279780
9	51350	77025	82160	94998	102700	103727	106808	109376	128375	136591	165347	205400	308100
10	56070	84105	89712	103730	112140	113262	116626	119430	140175	149147	180546	224280	336420
11	60790	91185	97264	112462	121580	122796	126444	129483	151975	161702	195744	243160	364740
12	65510	98265	104816	121194	131020	132331	136261	139537	163775	174257	210943	262040	393060
Ea Add'l	4720	7080	7552	8732	9440	9535	9818	10054	11800	12556	15199	18880	28320

Program Descriptions by FPL Enclosure 3

100% FPL	= Qualified Medicare Beneficiary (QMB) Program
108% FPL	= ACA Title XXI CHIP Expansion Children Ages 6-19
109% FPL	= ACA Parents and Caretaker Relatives
114% FPL	= ACA Parents and Caretaker Relatives Not Eligible for the ACA New Adult Group due to non-Financial Eligibility Criteria such as 65 years of age or older or Enrollment in Medicare Parts A or B (109% FPL, Plus 5% MAGI Disregard)
120% FPL	= < Specified Low-Income Medicare Beneficiaries (SLMB)
128% FPL	= Disabled Individuals in New Adult Group
133% FPL	= ACA Children and Title XXI Expansion Children Ages 6-19
135% FPL	= < Qualified Individual 1 Program (QI-1)
138% FPL	= ACA New Adults Ages 19-64; and = FPL Program for Aged & Disabled

Program Descriptions by FPL Enclosure 3

142% FPL	= ACA and Title XXI Expansion Children Ages 1-6
160% FPL	= ACA Optional Targeted Low-Income Children (OTLIC) Program starting point for premiums
185% FPL	= Transitional Medi-Cal (TMC) (Pre-ACA)
200% FPL	= Qualified Working Disabled Individuals = Refugee Medical Assistance (RMA)
202% FPL	= Transitional Medi-Cal (TMC) (Post ACA) *(ACWDL will be released when implemented)
208% FPL	= ACA and Title XXI Expansion Infants Ages 0-1
213% FPL	= Full-Scope Coverage for ACA Pregnant Persons
213% FPL	= Pregnancy Related Medi-Cal for Pregnant Persons
Above 213% to 322% FPL	= Medi-Cal Access Program (MCAP) = Medi-Cal Access Infant Program (MCAIP)
250% FPL	= Working Disabled Program
266% FPL	= ACA OTLIC
Above 266% to 322% FPL	= County Children's Health Initiative Program (C-CHIP)

Program Descriptions by FPL Enclosure 3

400+% FPL	= Unsubsidized Coverage
\$35.00	= Maintenance Need for Resident in LTC Facility

Notes: “=” means: eligible if budget unit income is equal to or less than income limit

“<” means: eligible if budget unit income is less than income limit

“>” means: eligible if budget unit income is greater than income limit

- MSP includes Qualified Medicare Beneficiary (QMB), Specified Low-Income Beneficiary (SLMB) and Qualified Individual (QI-1) Programs.
- For applicants and recipients of the Medicare Savings Programs (MSPs) *not* receiving RSDI Title II Income, the FPL figures are effective January 1, 2022.
- For applicants and recipients of MSPs receiving RSDI Title II income, the new FPL figures are effective March 1, 2022.



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



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GOVERNOR

**You may qualify for no-cost or low-cost Medi-Cal coverage
under the new 2022 income limits**

Dear Covered California Member or Medi-Cal Beneficiary,

Medi-Cal income levels have changed for 2022. You may qualify for no-cost or low-cost Medi-Cal and may be able to switch plans if you currently:

- Have Medi-Cal with a Share of Cost
- Buy medical insurance to end your Medi-Cal Share of Cost
- Pay a premium (monthly cost) for your Medi-Cal or Covered California plan

There may be financial benefits if you switch plans.

If you want to keep your current health coverage

If you want to keep the health coverage you have now, you do not need to do anything.

If you qualify for no-cost Medi-Cal

You may be able to get a refund for some of your past Medi-Cal premiums. If you paid for services when you had a Share of Cost, you may also be able to get back some of what you paid.

To learn more and find out if you qualify:

- Call your local county office. Tell them you got this letter. Ask for an “eligibility redetermination.” To get the phone number for your local county office, call **1-800-541-5555**. You can also find their number on the Department of Health Care Services website at: <http://dhcs.ca.gov/COL>.

If you have a Covered California health plan

You may qualify for no-cost or low-cost Medi-Cal. You might save money if you switch to Medi-Cal. You cannot get a refund for Covered California premiums you paid. But you will save money in the future. With Medi-Cal, you may qualify for refunds for certain out-of-pocket expenses. You might have to change your health plan and/or your doctor if you switch to Medi-Cal.

To learn more and find out if you qualify:

- Call Covered California at **1-855-312-3250** (TTY: 1-888-889-4500). Tell them you got this letter. Ask for an “eligibility redetermination.” The Customer Service Representative should explain how to get a redetermination.

NOTICE OF LANGUAGE SERVICES

English: 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.

Spanish: 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.

Arabic: 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.

Armenian: Այս նամակում պարունակվող տեղեկությունները կարող են ազդել պետական նպաստներ ստանալու Ձեր իրավասության վրա: Ձեր պատասխանը կարող է պահանջվել մինչև որոշակի ամսաթիվը: Եթե Ձեզ այս տեղեկությունների հետ կապված լրացուցիչ օգնություն է հարկավոր, կարող եք դիմել Ձեր վարչաշրջանի աշխատակցին: Դուք իրավունք ունեք Ձեր մարտնչի լեզվով օգնություն ստանալու: Այդ ծառայությունն անվճար է:

Cambodian: សិទ្ធិទទួលបានអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាចត្រូវប៉ះពាល់ដោយសារព័ត៌មានដែលមាននៅក្នុងលិខិតនេះ។ ការឆ្លើយតបរបស់អ្នកចាំបាច់ត្រូវឱ្យបានតាមកាលកំណត់។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែមទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូរសព្ទទៅកាន់បុគ្គលិកធ្វើការនៅក្នុងខោនធីរបស់អ្នក។ អ្នកមានសិទ្ធិស្នើសុំជំនួយភាសាកំណើតរបស់អ្នក។ ការផ្តល់ជំនួយនេះពុំមានគិតថ្លៃនោះទេ។

Chinese: 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。

Farsi: 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.

Hindi: 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।

Hmong: Koj txoj kev pab los ntawm pej xeem 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.

Japanese: 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。

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

Korean: 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.

Lao: ຜົນປະໂຫຍດການຊ່ວຍເຫຼືອຂອງທ່ານ ອາດໄດ້ຮັບຜົນກະທົບຈາກຂໍ້ມູນໃນຈົດໝາຍສະບັບນີ້. ທ່ານອາດຈຳຕ້ອງຕອບກັບຄືນພາຍໃນວັນທີທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໂທຕິດຕໍ່ພະນັກງານປະຈຳຄູ່າວເຕີຂອງທ່ານໄດ້. ທ່ານມີສິດທີ່ຈະຂໍຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ. ໂດຍບໍ່ເສຍຄ່າໃນການຂໍຄວາມຊ່ວຍເຫຼືອນີ້.

Mien: 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 ngaang 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.

Punjabi: ਜਨਤਕ ਲਾਭ ਲਈ ਤੁਹਾਡੀ ਯੋਗਤਾ ਪ੍ਰਭਾਵਿਤ ਹੋ ਸਕਦੀ ਹੈ, ਇਸ ਪੱਤਰ ਵਿੱਚ ਸ਼ਾਮਲ ਜਾਣਕਾਰੀ ਦੇ ਮੁਤਾਬਿਕ। ਇੱਕ ਖ਼ਾਸ ਤਾਰੀਖ਼ 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 ਮੁਫ਼ਤ ਹੈ।

Russian: 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.

Thai: การมีคุณสมบัติที่จะได้รับเลือกผลประโยชน์ของภาครัฐของคุณมีผลกระทบจากข้อมูลในจดหมายฉบับนี้ การตอบรับของคุณจะต้องทำภายในเวลาที่กำหนด หากคุณต้องการความช่วยเหลือจากข้อมูลนี้ คุณสามารถติดต่อพนักงานในพื้นที่ที่คุณมีสิทธิที่จะขอความช่วยเหลือโดยใช้ภาษาของคุณ ไม่มีค่าใช้จ่ายในการขอความช่วยเหลือครั้งนี้

Tagalog: 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 karagdang 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.

Ukrainian: 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.

Vietnamese: 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.