

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

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

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESSEE

┌ \_\_\_\_\_ ┐  
  
└ \_\_\_\_\_ ┘

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 how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the county has approved your back cash aid of \$ \_\_\_\_\_.

## HERE'S WHY:

You were pregnant and / or parenting when you turned 18 years old and your cash aid was stopped. You should have continued to get cash aid in your own case.

Your back cash aid is figured on the next page.

- A check will be sent soon.
- A check is enclosed.
- You may get another notice about Cal-Learn Supportive Services or Bonus.

If you get Food Stamps we will count your back cash aid as a resource.

- You may get another notice from Food Stamps.

**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 your plastic Benefits Identification Card(s).**

**Rules:** These rules apply: you may review them at your welfare office: MPP sections 40-171.11, 42-101, 42-762.21, 82-820.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

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

(Continued)

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_

**Underpayment Amount Owed**  
**(For Underpayments Occurring on or after 1-1-98)**

**Underpayment Month and Year:** \_\_\_\_\_

<b>(A) Net Countable Income</b>					
Total Business Income	\$	_____	_____	_____	_____
Business Expenses		_____	_____	_____	_____
a. 40% Standard OR	-	_____	_____	_____	_____
b. Actual	-	_____	_____	_____	_____
Net Earnings from Self Employment	=	_____	_____	_____	_____
Total Disability-Based Unearned Income (Assistance Unit (AU) + Non Assistance Unit (Non-AU) Members)	\$	_____	_____	_____	_____
\$225 Disregard	-	_____	_____	_____	_____
Nonexempt Unearned Disability-Based Income OR	=	_____	_____	_____	_____
Unused Amount of \$225 Disregard	=	_____	_____	_____	_____
Total Earned Income	\$	_____	_____	_____	_____
Net Earnings from Self-Employment (from above)	+	_____	_____	_____	_____
<b>Subtotal</b>	=	_____	_____	_____	_____
Unused Amount of \$225 Disregard	-	_____	_____	_____	_____
<b>Subtotal</b>	=	_____	_____	_____	_____
Earned Income Disregard 50%	-	_____	_____	_____	_____
<b>Subtotal</b>	=	_____	_____	_____	_____
Nonexempt Unearned Disability-Based Income (from above)	+	_____	_____	_____	_____
Other Nonexempt Income (AU + Non-AU Members)	+	_____	_____	_____	_____
<b>Net Countable Income</b>	=	_____	_____	_____	_____
<b>(B) Correct Cash Aid Payment</b>					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	( )	_____	_____	_____	_____
Special Needs (AU + Non-AU Members)	+	_____	_____	_____	_____
Net Countable Income From Section A	-	_____	_____	_____	_____
<b>Subtotal A</b>	=	_____	_____	_____	_____
Maximum Aid Payment (MAP) (AU Only)	\$	_____	_____	_____	_____
Special Needs (AU only)	+	_____	_____	_____	_____
<b>Subtotal B</b>	=	_____	_____	_____	_____
Correct Cash Aid Amount <b>(Lesser of Subtotal A or B)</b>	\$	_____	_____	_____	_____
<b>(C) Child Support Penalty Adjustment</b>					
25% Child Support Penalty	-	_____	_____	_____	_____
<b>Subtotal C</b>	=	_____	_____	_____	_____
<b>(D) Adjustments</b>					
a. Additional 25% Child Support Penalty	-	_____	_____	_____	_____
b. Overpayment	-	_____	_____	_____	_____
c. Cal-Learn Penalty	-	_____	_____	_____	_____
d. Cal-Learn Bonus	+	_____	_____	_____	_____
Adjusted Cash Aid: <b>Subtotal D</b>	=	_____	_____	_____	_____
<b>(E) Underpayment</b>					
Correct Cash Aid Amount	\$	_____	_____	_____	_____
Cash Aid Paid To You	-	_____	_____	_____	_____
<b>Subtotal E</b>	=	_____	_____	_____	_____
<b>Amount of Underpayment for Each Month</b>	=	_____	_____	_____	_____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-340.

**TOTAL UNDERPAYMENT (All Months)** \$ \_\_\_\_\_

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.