State of California
Department of Social Services

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MESSAGE:

至______為止，你單位定你•_________•

在你一生只可獲取60個月CalWORKs 現金補助的時間限制中，已使用了______個月。

理由如下：

你獲取了CalWORKs:

從_________到_________ = ______ 個月。

從_________到_________ = ______ 個月。

從_________到_________ = ______ 個月。

小計：_________= ______ 個月。

不含在內的月份_________= ______ 個月。

已使用月份總數：_________= ______ 個月。

假如你享有豁免，月份數就不會算在CalWORKs 60個月的時間限制內。這些月份在下一頁上列出。

— 下一頁的列表中包括了因為收取子女撫養費而被免除的月份。最後一（幾）頁顯示子女撫養費是如何用於免除月份。

— 你可能還有月份是因為收取子女撫養費而可得免除的。如果你有，

這些月份將在下一頁通知中。

— 沒有為在你的補助單位(AU)裡的孩童收取子女撫養費。

(Chinese)
INSTRUCTIONS: Use when no previous time on aid NOA was issued to inform an adult recipient of the total number of months that s/he received aid and for recipient who has received aid for 12 months or less.

Complete the following:
- Date of notification.
- Name of the adult recipient.
- Total number of months of aid used, (i.e. counted toward the time limit.)
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months.)
- Number of months that did not count toward the time limit (i.e. exemptions, ZBG months, and sanctioned months.)
- Total number of months used.
- Check appropriate box for child support time limit exemption, use addendum for child support time limit exemption if applicable.
- The year and months that did not count on page two (use continuation page NA 270.)
- Remaining number of months.