

**NOTICE OF YOUR CalWORKs TIME LIMIT
-42ND MONTH ON AID**

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

THIS NOTICE GIVES YOU INFORMATION ABOUT YOUR CalWORKs 48-MONTH TIME CLOCK.

As of _____, the County has determined that you, _____,
(DATE) (NAME)
have received a total of **42 months** of your lifetime 48-month time limit of CalWORKs cash aid. You may be eligible to receive aid for 6 more months from that date.

CONTACT YOUR WORKER RIGHT AWAY IF YOU:

- Need more information about the months that you used.
- Are or were exempt from the CalWORKs 48-month time limit and you have not requested the exemption.
- Do not agree with the county.
- Need more information about the CalWORKs 48-month time limit requirements, or exemptions, or how to ask for a time limit exemption.

THE 48-MONTH TIME LIMIT WILL NOT AFFECT YOUR ELIGIBILITY FOR CALFRESH OR MEDI-CAL.

If you think the time limit is not applied to you correctly, you can ask for a hearing. Contact your worker for information on how to ask for a hearing. You will also receive a Notice of Action to tell you when you have used your lifetime 48-months of CalWORKs cash aid.