

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

Notice Date _____
Case Name _____
Number _____

Overissuance Month and Year

Part 1 - GROSS INCOME ELIGIBILITY

A. NONEXEMPT GROSS UNEARNED INCOME

1. Cash Aid	\$ _____	\$ _____	\$ _____	\$ _____
2. Social Security, UIB, DIB, Pensions	\$ _____	\$ _____	\$ _____	\$ _____
3. Child/Spousal Support	\$ _____	\$ _____	\$ _____	\$ _____
4. Scholarships, Grants, Loans	\$ _____	\$ _____	\$ _____	\$ _____
5. Other	\$ _____	\$ _____	\$ _____	\$ _____
6. Unreported Gross Unearned Income	\$ _____	\$ _____	\$ _____	\$ _____
7. Gross Unearned Income (A1+A2+A3+A4+A5+A6)	\$ _____	\$ _____	\$ _____	\$ _____
8. Less Child Support Paid (enter remainder in B7)	\$ _____	\$ _____	\$ _____	\$ _____
9. Total Gross Unearned Income (A7 - A8)	\$ _____	\$ _____	\$ _____	\$ _____

B. NONEXEMPT GROSS EARNED INCOME

1. Gross Salary, Wages	\$ _____	\$ _____	\$ _____	\$ _____
2. Self-Employment	\$ _____	\$ _____	\$ _____	\$ _____
3. Training Allowance	\$ _____	\$ _____	\$ _____	\$ _____
4. Gross Earned Income (B1+B2+B3)	\$ _____	\$ _____	\$ _____	\$ _____
5. Unreported Gross Earned Income	\$ _____	\$ _____	\$ _____	\$ _____
6. Adjusted Gross Earned Income (B4+B5) (including unreported income)	\$ _____	\$ _____	\$ _____	\$ _____
7. Less Remainder of Child Support Paid (If not fully used in Section A)	\$ _____	\$ _____	\$ _____	\$ _____
8. Total Gross Earned Income (B6-B7) (If negative amount, enter zero)	\$ _____	\$ _____	\$ _____	\$ _____

C. GROSS INCOME TEST

Not figured for households with an elderly/disabled member. (MPP 63-503.323)

1. Household size	_____	_____	_____	_____
2. Maximum Gross Income Allowed from table	\$ _____	\$ _____	\$ _____	\$ _____
3. Total Countable Gross Monthly Income (A9+B8)	\$ _____	\$ _____	\$ _____	\$ _____
4. Gross Income eligible? (Is C3 less than or equal to C2?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

D. GROSS INCOME OVERISSUANCE (IF C4 IS NO)

1. Amount Previously Issued	\$ _____	\$ _____	\$ _____	\$ _____
2. Correct Benefit	\$ _____	\$ _____	\$ _____	\$ _____
3. Total CalFresh Overissuance (D1-D2)	\$ _____	\$ _____	\$ _____	\$ _____
4. Minus Lost Benefits Not Restored	\$ _____	\$ _____	\$ _____	\$ _____
5. Minus Payment Received	\$ _____	\$ _____	\$ _____	\$ _____
6. Amount of Overissuance to be Collected (D3-D4-D5)	\$ _____	\$ _____	\$ _____	\$ _____
7. Minus Workfare Offset	\$ _____	\$ _____	\$ _____	\$ _____
8. Amount of Overissuance to be Collected (D6-D7)	\$ _____	\$ _____	\$ _____	\$ _____

PART 2 - NET INCOME ELIGIBILITY

(This section computes only if C4 is Yes.)

E. NONEXEMPT GROSS UNEARNED INCOME (A9)

\$ _____	\$ _____	\$ _____	\$ _____
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F. NONEXEMPT GROSS EARNED INCOME

1. Gross Earned Income(Not Including unreported income)(B4)	\$ _____	\$ _____	\$ _____	\$ _____
2. Adjusted Gross Earned Income (80% of F1)	\$ _____	\$ _____	\$ _____	\$ _____
3. Unreported Gross Earned Income	\$ _____	\$ _____	\$ _____	\$ _____
4. Total Countable Earned Income (F2+F3)	\$ _____	\$ _____	\$ _____	\$ _____
5. Less remainder of Child Support Paid (B7) (If not fully used in Section A)	\$ _____	\$ _____	\$ _____	\$ _____
6. Total Gross Earned Income (F4 - F5) (If negative amount, enter zero)	\$ _____	\$ _____	\$ _____	\$ _____

G. TOTAL NONEXEMPT GROSS INCOME (E+F6)

\$ _____	\$ _____	\$ _____	\$ _____
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H. STANDARD/DEPENDENT CARE/HOMELESS SHELTER/DEDUCTION

1. Standard Deduction	\$ _____	\$ _____	\$ _____	\$ _____
2. Excess Medical Expenses (Only compute excess medical expenses for households with elderly/disabled members.)	\$ _____	\$ _____	\$ _____	\$ _____
3. Dependent Care (100% of costs)	\$ _____	\$ _____	\$ _____	\$ _____
4. Homeless Shelter Deduction	\$ _____	\$ _____	\$ _____	\$ _____
5. Total Deductions (H1+H2+H3+H4)	\$ _____	\$ _____	\$ _____	\$ _____
6. Total Adjusted Income (G-H5)	\$ _____	\$ _____	\$ _____	\$ _____

Overissuance Month and Year

I. SHELTER DEDUCTIONS

1. Total Housing Cost	\$	\$	\$	\$
2. Total Utility Allowance	\$	\$	\$	\$
3. Total Shelter Costs (I1+I2)	\$	\$	\$	\$
4. Allowable Shelter Costs (50% of H6)	\$	\$	\$	\$
5. Excess Shelter Costs (I3-I4)	\$	\$	\$	\$
6. Maximum Allowance for Shelter (Enter amount shown on I5 for households with an elderly/disabled member)	\$	\$	\$	\$
7. Allowable Shelter Deduction (Lesser of I5 or I6) (Enter amount shown on I5 for households with an elderly/disabled member.)	\$	\$	\$	\$

J. NET COUNTABLE MONTHLY INCOME (H6-I7)

\$	\$	\$	\$
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K. NET INCOME TEST

1. Household Size				
2. Maximum Net Income allowable from table	\$	\$	\$	\$
3. Net Income eligible? (Is J less than or equal to K2?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

L. NET INCOME OVERISSUANCE

1. Amount Previously Issued/Authorized	\$	\$	\$	\$
2. Correct Benefit	\$	\$	\$	\$
3. Total CalFresh Overissuance (L1-L2)	\$	\$	\$	\$
4. Minus Lost Benefits Not Restored	\$	\$	\$	\$
5. Minus payment Received	\$	\$	\$	\$
6. Amount of Overissuance to be Collected (L3-L4-L5)	\$	\$	\$	\$
7. Minus Workfare Offset	\$	\$	\$	\$
8. Amount of Overissuance to be Collected (L6-L7)	\$	\$	\$	\$

PART 3 - RESOURCE ELIGIBILITY

M. COUNTABLE RESOURCES

1. Total Resources	\$	\$	\$	\$
2. Maximum Resource Level	\$	\$	\$	\$
3. Resource Eligible? (Is M1 less than or equal to M2?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

N. RESOURCE OVERISSUANCE (IF M3 IS NO)

1. Amount Previously Issued/Authorized	\$	\$	\$	\$
2. Correct Benefit	\$	\$	\$	\$
3. Total CalFresh Overissuance (N1-N2)	\$	\$	\$	\$
4. Minus Lost Benefits Not Restored	\$	\$	\$	\$
5. Minus Payment Received	\$	\$	\$	\$
6. Amount of Overissuance to be Collected (N3-N4-N5)	\$	\$	\$	\$
7. Minus Workfare Offset	\$	\$	\$	\$
8. Amount of Overissuance to be Collected (N6-N7)	\$	\$	\$	\$

PART 4 - NON-FINANCIAL ELIGIBILITY

O. HOUSEHOLD COMPOSITION

1. Previous Household Size				
2. Correct Household Size				

P. NON-FINANCIAL OVERISSUANCE

1. Amount Previously Issued/Authorized	\$	\$	\$	\$
2. Correct Benefit	\$	\$	\$	\$
3. Total CalFresh Overissuance (P1-P2)	\$	\$	\$	\$
4. Minus Lost Benefits Not Restored	\$	\$	\$	\$
5. Minus Payment Received	\$	\$	\$	\$
6. Amount of Overissuance to be Collected (P3-P4-P5)	\$	\$	\$	\$
7. Minus Workfare Offset	\$	\$	\$	\$
8. Amount of Overissuance to be Collected (P6-P7)	\$	\$	\$	\$