

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

Overpayment Amount Owed
(For Overpayments Occurring on or after 7-1-2011)

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____

Overpayment Month and Year

Section A. Countable Income, Month of _____

1. Total Self-Employment Income	.....	\$	_____	_____	_____	_____
2. Self-Employment Expenses:						
a. 40% Standard	.....	-	_____	_____	_____	_____
OR						
b. Actual	.....	-	_____	_____	_____	_____
3. Net Earnings from Self-Employment	.....	=	_____	_____	_____	_____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members)	.....	\$	_____	_____	_____	_____
5. \$225 DBI Disregard (if #4 is greater than \$225)	.....	-	_____	_____	_____	_____
6. Nonexempt Unearned Disability-Based Income	.....	=	_____	_____	_____	_____
OR						
7. Unused DBI Disregard (up to \$112)	.....	=	_____	_____	_____	_____
8. Net Earnings from Self-Employment (from above)	..	+	_____	_____	_____	_____
9. Total Other Earned Income	.....	+	_____	_____	_____	_____
10. Unused Amount of \$225 (from #7) or \$112 (whichever is less)	.....	-	_____	_____	_____	_____
11. Subtotal	.....	=	_____	_____	_____	_____
12. Earned Income Disregard 50%	.....	-	_____	_____	_____	_____
13. Subtotal	.....	=	_____	_____	_____	_____
14. Nonexempt Unearned Disability-Based Income (from #6)	.....	+	_____	_____	_____	_____
15. Subtotal	.....	=	_____	_____	_____	_____
16. Other Nonexempt Income (Assistance Unit + Non- Assistance Unit Members)	.....	+	_____	_____	_____	_____
Net Countable Income	.....	=	_____	_____	_____	_____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	..	\$	_____	_____	_____	_____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	.....	+	_____	_____	_____	_____
3. Net Countable Income from Section A (above)	.....	-	_____	_____	_____	_____
4. Subtotal	.....	=	_____	_____	_____	_____
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG, or Penalized Persons)	.....	\$	_____	_____	_____	_____
6. Special Needs (Assistance Unit only)	.....	+	_____	_____	_____	_____
7. Maximum Aid Subtotal	.....	=	_____	_____	_____	_____
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	.....	=	_____	_____	_____	_____
9. Line 8 Prorated for Part of Month	.....	=	_____	_____	_____	_____
10. Adjustments: 25% Child Support Penalty(ies)	.....	-	_____	_____	_____	_____
Other Penalties	.....	-	_____	_____	_____	_____
Overpayment	.....	-	_____	_____	_____	_____
Child-Only Grant Cut (5%, 10%, 15%)	.....	-	_____	_____	_____	_____
School Bonus (\$100 or \$500)	.....	+	_____	_____	_____	_____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	.....	\$	_____	_____	_____	_____
12. Overpayment						
Cash Aid Paid to You	.....	\$	_____	_____	_____	_____
Correct Cash Aid Amount with Adjustments	.....	-	_____	_____	_____	_____
Subtotal	.....	=	_____	_____	_____	_____
13. Cash Aid Paid to You	.....	\$	_____	_____	_____	_____
Support Payments Collected for You	.....	-	_____	_____	_____	_____
Subtotal	.....	=	_____	_____	_____	_____
14. Amount of Overpayment for Each Month (Lesser of Subtotal 12 or 13)	.....	=	_____	_____	_____	_____

TOTAL OVERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352, SB 72 (Chapter 8, Statutes of 2011).

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