

# 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 10-1-2013)**

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	.....	=	_____	_____	_____	_____
8.	Net Earnings from Self-Employment (from above)	..	+	_____	_____	_____	_____
9.	Total Other Earned Income	.....	+	_____	_____	_____	_____
10.	Unused Amount of \$225 (from #7)	.....	-	_____	_____	_____	_____
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)	.....	+	_____	_____	_____	_____
<b>Net Countable Income</b>		.....	=	_____	_____	_____	_____

**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.	<b>Full Month Aid Subtotal</b> (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	.....	-	_____	_____	_____	_____	_____
Cal-Learn Penalties	.....	-	_____	_____	_____	_____	_____
School Bonus (\$100 or \$500)	.....	+	_____	_____	_____	_____	_____
11.	<b>Monthly Cash Aid Amount</b> (Line 8 or 9 Adjusted)	.....	\$	_____	_____	_____	_____
12.	<b>Overpayment</b>						
Cash Aid Paid to You	.....	\$	_____	_____	_____	_____	_____
Correct Cash Aid Amount with Adjustments	.....	-	_____	_____	_____	_____	_____
		<b>Subtotal</b>	=	_____	_____	_____	_____
13.	<b>Cash Aid Paid to You</b>	.....	\$	_____	_____	_____	_____
Support Payments Collected for You	.....	-	_____	_____	_____	_____	_____
		<b>Subtotal</b>	=	_____	_____	_____	_____
14.	<b>Amount of Overpayment for Each Month</b> (Lesser of Subtotal 12 or 13)	.....	=	_____	_____	_____	_____

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

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

**Rules:** These rules apply; you may review them at your  
Welfare Office: MPP 44-352, SB 1041 (Chapter 47, Statutes of 2012).