

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

Underpayment Amount Owed
(For Underpayments Occurring on or after 10-1-2013)

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

Underpayment month and year: _____

Monthly Cash Aid Amount _____

Section A. Countable Income, Month of _____

1. 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) +	_____	_____	_____	_____
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 -	_____	_____	_____	_____
Cal-Learn Penalties -	_____	_____	_____	_____
School Bonus (\$100 or \$500) +	_____	_____	_____	_____
11. Monthly Cash Aid Amount					
(Line 8 or 9 Adjusted) \$	_____	_____	_____	_____
Underpayment					
Correct Cash Aid Amount \$	_____	_____	_____	_____
Cash Aid Paid To You -	_____	_____	_____	_____
Subtotal =	_____	_____	_____	_____
Amount of Underpayment for Each Month =	_____	_____	_____	_____

TOTAL UNDERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your
Welfare Office: MPP 44-340, SB 1041 (Chapter 47, Statutes of 2012).

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