NOTICE OF ACTION COMPANY 48-MONTH TIME LIMIT (Continued)

COUNTY OF

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

Notice Date Case Name	:	
Ivallie	•	
Number	:	

ADULT REACHED CalWORKS 48-MONTH TIME LIMIT

Monthly Cash Aid Amount Section A. Countable Income, Month of ___ Self-Employment Expenses: OR b. Actual - _ Net Earnings from Self-Employment = _____ Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) . \$ _____ \$225 DBI Disregard (if #4 is greater than \$225) -Nonexempt Unearned Disability-Based Income = _____ 6. 7. Net Earnings from Self-Employment (from above) ... + _____ 8 11. Subtotal = _____ 13. Subtotal = _____ 14. Nonexempt Unearned Disability-Based Income 15. Subtotal = __ 16. Other Nonexempt Income (Assistance Unit + Non-Section B. Your Cash Aid, Month of _____ 1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) . . \$ ___ Special Needs (Assistance Unit + Non-Assistance Net Countable Income from Section A (above) -Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG, or Penalized Persons) \$ _ Special Needs (Assistance Unit only) + _____ Full Month Aid Subtotal 10. Adjustments: 25% Child Support Penalty(ies) - _____ School Bonus (\$100 or \$500) + _____ 11. Monthly Cash Aid Amount

EXEMPT MONTHS									
The following 48-month time l		nths did <u>n</u>	ot count to	oward yo	ur CalWO	RKs			
Year	Jan	Feb	Mar	Apr	May	June			
	July	Aug	Sept	Oct	Nov	Dec			
Year	Jan	Feb	Mar	Apr	May	June			
	July	Aug	Sept	Oct	Nov	Dec			