

**NOTICE OF APPROVAL
CASH ASSISTANCE PROGRAM
FOR IMMIGRANTS (CAPI)**

COUNTY OF _____

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

(ADDRESSEE)

Your application for the Cash Assistance Program
for Immigrants (CAPI) dated _____
(month/day/year)

has been approved.

The cash aid payment for your first month of aid
is \$_____.

Your first day of cash aid is _____
(month/day/year)

Comments:

Rules: These rules apply; you may review them at
your welfare office: Welfare and Institutions Code,
Division 9, Part 6, Chapter 10.3, Sections 18937
through 18944.

Notice Date: _____

Case Name: _____

Number Worker: _____

Number: _____

Telephone: _____

Address: _____

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you
ask for a hearing. The back of this page tells you how.
Your benefits may not be changed if you ask for a
hearing before this action takes place.

REPORTING RESPONSIBILITIES

The amount of your CAPI payment is based on all
the information we received. You must tell the
county every time there is any change, including
changes in income, resources or living arrangements
for yourself, or your spouse, parent or child who lives
with you, or your sponsor and their spouse
regardless of where they live.

You must tell us about any change within 10 days of
the change. Remember, a change may make your
CAPI monthly payment bigger or smaller. You may
need to pay back any overpayments you receive.

The form originally included with this letter is outdated and has been removed. To access a more current version, please visit the [NA BACK 9](#).