State of California

Department of Social Services

Auto ID No.:

Source :

Issued by :

Reg Cite : 44-315.5, 40-181.22

# Noa Msg Doc No.: M44-315A Page 1 of 1

Action : Change

Issue: Aid Payments

Title: $10 Minimum Payment

Use Form No. : NA 200

Original Date : 05/01/87

Revision Date : New

MESSAGE:

As of \_\_\_\_\_\_\_\_\_\_\_\_\_, the County is changing your cash aid from $\_\_\_\_\_\_\_\_\_\_\_ to $0.00.

Here's why:

The monthly cash aid amount figured on this notice is less than $10.00.

We can’t paid aid for an amount less than $10.00.

Although you won’t get cash aid, you must continue to send your Monthly Report (CW 7) by the 11th of each month. You must do this to keep getting cash based Medi-Cal and to see if you can get a cash aid payment.

INSTRUCTIONS: Use to reduce the grant to zero when another change in the case reduces the grant to less than $10. This message will always be used with another, which explains the change in the monthly grant.

pstokes/mseries/44315a