State of California

Department of Social Services

Auto ID No.:

Source :

Issued by :

# Noa Msg Doc No.: M44-352C Page 1 of 1

Action : Change

Issue: U/O Payment

Title: Overpayment Recovery

Use Form No. : NA 200

Original Date : 05-01-87

Revision Date : 11-01-11

Reg Cite : 44-352.3, 44-352.4, 44-350.1

## MESSAGE:

As of (date), the County is changing your family’s cash aid from $\_\_\_\_\_\_ to $\_\_\_\_\_\_.

## Here’s why:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ got too much aid in another case. That overpayment amount was $\_\_\_\_\_\_.

Because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is now a member of your cash aid family group, the amount owed must be taken out of your monthly cash aid payments.

The next page(s) show the amount owed and how much will be taken out of each month’s cash aid amount.

Your new cash aid amount is figured on this page.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

## WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stay on aid, the County can collect an overpayment by lowering your monthly grant. If you go off aid before the overpayment is paid back, the County may take what you owe out of your state income tax refund or take other legal action to collect.

## INSTRUCTIONS: Use to grant adjust for an overpayment from another case. Specify the name of the member being added to the case. Specify the amount owed and the reason for the overpayment. Attach the appropriate Continuation Page (NA 274 B, C, D, E or F) to show the overpayment computation. Attach the NA 275 to show the grant adjustment amount.

This message replaces M44-352C dated 01-01-98