# State of California Department of Social Services

Noa Msg Doc No.: M81-215A Page 1 of 1

Action : Deny

Issue: Aid Payments

Title: Diversion Payment Provided

Auto ID No.:

Source :

Issued by :

Use Form No. : NA 217

Original Date : 01-01-98, New

Revision Date : 06-01-98

Reg Cite : 81-215, W & IC 11266.5, 11454.5

MESSAGE:

The County has denied your application for cash aid dated \_\_\_\_\_\_\_\_.

Here's why:

You chose a diversion payment instead of cash aid. You are eligible for a diversion payment of $\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This payment is equal to \_\_ month(s) of cash aid for an assistance unit of \_\_ person(s).

INSTRUCTIONS: Use to deny cash aid and approve a diversion payment. Fill in the application date, the diversion amount and what the payment was for. Also indicate the number of months and the AU size. Use new NA 217 with the calculation for the payment divided by the MAP (AU only) to get the diversion period.

This message replaces M44-000a dated 01-01-98.

file: pkian/MSERIES/81215a