State of California

Department of Social Services

Auto ID No.:

Source :

Issued by :

Reg Cite : 40-118, 82-820.2

# Noa Msg Doc No.: M82-820B Page 1 of 2

Action : Discontinue

Issue: Application Processing

Title: Application for Mandatory

 AU Members

Use Form No. : NA 290

Original Date : 08-1-91

Revision Date : 01-08-02

## MESSAGE:

As of \_\_\_\_\_\_\_\_, the County is stopping your cash aid.

Here's why:

You must apply for:

* All of the brothers, sisters, half-brothers and half-sisters under 19 living with the child you want aided. You must also include those children’s parents who live with you.
* Both the caretaker relative and the second parent, if living with an SSI/SSP child and the caretaker relative asks to be aided.
* The caretaker relative and the second parent, if living with a child who is sanctioned by the CalWORKs Welfare-to- Work Program.

You did not apply for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Name) (Name)

## **Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

## **Food Stamps:** This notice DOES NOT

stop or change your food stamp

benefits. You will get a separate

notice telling you about any changes

to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only

DOES NOT count against your cash aid time

limits.

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## INSTRUCTIONS: Use to discontinue a case when a mandatory AU member moves into the home or a child in the home becomes eligible (e.g., parent becomes unemployed) and the family fails or refuses to request aid for the person. In the action line, enter the date of the discontinuance. In the body of the message, check the appropriate box. On the appropriate line, fill in the person’s name.

This message replaces M82-820B dated 1-1-99 and M82-820B dated 11-1-99.

file: sbradleyU/MSERIES/82820b