State of California

Department of Social Services

Auto ID No.:

Source :

Issued by :

# Noa Msg Doc No.: M40-107j  Page 1 of 2

Action: Partial Approval

Issue: CalWORKs 60-Month Time Limit

Title: Timed-Out Adult

Use Form No.: NA 530, attach NA 531

Original Date:  11-01-02, new

Revision Date:

Reg Cite : 40-107.141, 40-171, 40-173,

42-302, 42-302.21, 42-712,

and 82-833

MESSAGE:

As of \_\_\_\_\_\_\_\_\_, the county has approved cash aid and Medi-Cal for some members of your family. The first day of cash aid is \_\_\_\_\_\_. The first month’s cash aid amount is $\_\_\_\_\_\_\_.

Aid has been denied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_.

Here's why:

On the date of your last time limit notice, \_\_\_\_\_\_\_\_, the county determined that you used the total 60 months of CalWORKs cash aid and can no longer get cash aid.

Your cash amount is figured on the next page.

INSTRUCTIONS: Use to approve cash aid and deny any member(s) of the AU who is a CalWORKs timed-out adult.

Complete the following:

* Date of notification.
* First day of cash aid.
* First month’s cash aid amount.
* Name of adult(s) that is timed-out.
* Date of previous NOA that indicated 60 months were used.
* Use NA 531 to show the cash grant amount without CalWORKs timed-out adult.

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