State of California

Department of Social Services

Auto ID No.:

Source :

Issued by :

# Noa Msg Doc No.: M40-107j1 Page 1 of 2

Action : Approve

Issue: Application Processing

Title: Approval After 48 Months on Aid

Use Form No. : NA 530, attach NA 531

Original Date : 04-01-04, New

Revision Date : 06-01-11

Reg Cite : 40-171.2, 40-129, 42-302.1, 42-302.11-.12

42-302.2-.21, 44-315, 44-317, 82-510.4

MESSAGE:

The County has approved your cash aid and

Medi-Cal. The cash aid payment for your first

month of aid is $\_\_\_\_\_\_.

Your first day of cash aid is \_\_\_\_\_\_\_\_. Your

first day of Medi-Cal is the first day of the

month you applied for aid.

On \_\_\_\_\_\_\_\_\_\_, the county determined that

you, \_\_\_\_\_\_\_\_\_ used your total 48 months

of CalWORKs cash aid.

You can now get cash aid because:

* You have a condition that meets the rule to get cash aid after your 4-month limit.
* Your condition may be reviewed again to determine if you can continue to get aid.
* The county has received child support that has repaid some of your months on aid.
* You have paid back an overpayment that has repaid some of your months on aid.

More information about your cash aid:

* The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, next month’s cash aid will be for a full month.
* You asked for an Immediate Need payment. Your immediate need is being met with a payment of your first month’s cash aid within the immediate need time limit of 1 working day.

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* The cash aid payment for your first month of aid has a 25 percent penalty for not helping us or the local child support agency collect child support. This amount will be subtracted from your cash aid payment each month until you help us or the local child support agency collect child support.
* You got a diversion payment of $\_\_\_\_\_ on\_\_\_\_\_ . **OR** You got diversion service(s) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_ at the value of $\_\_\_\_\_\_. You have agreed to repay the diversion payment/service(s). $\_\_\_\_\_\_ will be subtracted from your cash aid payment for \_\_ month(s) until paid in full.

Your cash aid is figured on the next page.

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use for approvals and restorations after a client has previously timed out and is now eligible to receive cash aid. **Do not use for refusal to assign child/spousal support rights cases.** Check the applicable box(es). When you check the immediate need (IN) box, you do not need to send another NOA denying the IN request.