

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



June 28, 2000

ALL COUNTY INFORMATION NO. I-62-00

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS**REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: NEW AND REVISED NOTICE OF ACTION MESSAGES AND FORMS

REFERENCE: ALL COUNTY INFORMATION NOTICES I-80-99 AND I-05-00

This All County Information Notice (ACIN) transmits new and/or revised copies of the following Notice of Action (NA) forms:

- NA 200 (6/00) – MULTIPURPOSE – INCLUDES BUDGET
- NA 214 (4/00) – DISCONTINUE/SUSPEND – TRANSFER OF PROPERTY
- NA 214A (4/00) – DISCONTINUE/SUSPEND – TRANSFER OF INCOME
- NA 271 (6/00) – CONTINUATION PAGE - FAMILY INCOME COMPUTATIONS
- NA 281 (4/00) – CONTINUATION PAGE - UNDERPAYMENT COMPUTATIONS

The **NA 200** and **NA 271** were clarified by changing the term “sanctions” to “penalties” with regard to child support, and by inserting “Cal-Learn” before “Penalty(ies)” and “Bonus.” The instructions have also been revised to define whose income is counted and whose needs are considered in each section.

The **NA 214** was revised to conform to the new transfer of property regulations. The **NA 214A** is a new form used to compute the period of ineligibility when income is transferred below fair market value. This typically results when a recipient purchases a product or service with a fair market value that is less than the amount paid. Both forms also reflect the recent change made to the Medi-Cal language on all discontinuance Notices of Action (NOAs). The **NA 281** is a new continuation page used to show underpayment computations for January 1, 1998, and after. This form was previously released in All County Letter 00-31 in conjunction with the implementation of the Anderson v. Saenz lawsuit. It is now being released in this ACIN for general use.

This ACIN also transmits three new NOA messages. NOA messages M42-221L and M42-221M correlate with the revised transfer of income regulations, and M44-340 is used with the NA 281 for the approval of back cash aid to correct an underpayment.

In addition, a revised NA form/NOA message index of eligibility NOAs is attached. It has been updated to eliminate forms and messages that are now obsolete due to the implementation of CalWORKs. If you have any questions or suggestions regarding forms or messages that should be added to, or deleted from this list, please contact Paulette Stokes at (916) 654-3386.

Camera-Ready Copies

After you receive a copy of an English form, or a NOA message, please allow six to eight weeks for the form or message to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Cambodian, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages, fax your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov.

For a camera-ready copy and/or an additional copy of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms (not including messages) from the CDSS web page at: <http://www.dss.cahwnet.gov>. If the name, mailing address or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail at fmu@dss.ca.gov.

Translations

Your CalWORKs Forms Coordinator is to distribute forms and NOA messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English speaking populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in the Manual of Policies and Procedures (MPP), Division 21, Civil Rights Nondiscrimination, Section 115. Among other things, this regulation section requires that you provide forms in the applicant's or recipient's primary language.

If you have any questions regarding this notice or need additional information, please contact Paulette Stokes at (916) 654-3386.

Sincerely,

Original signed by
Charr Lee Metsker
on 6/28/00

CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CWDA
CSAC

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

┌

└

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Monthly Cash Aid Amount

Section A.	Countable Income, Month of _____	_____
Total Business Income		\$ _____
Business Expenses:		
a. 40% Standard		- _____
OR		
b. Actual		- _____
Net Earnings from Self-Employment		= _____
Total Disability-Based Unearned Income (Assistance Unit + Non-Assistance Unit Members)		\$ _____
\$225 Disregard		- _____
Nonexempt Unearned Disability-Based Income		= _____
OR		
Unused Amount of \$225 Disregard		= _____
Total Earned Income		\$ _____
Net Earnings from Self-Employment (from above)		+ _____
Subtotal		= _____
Unused Amount of \$225 Disregard (from above)		- _____
Subtotal		= _____
Earned Income Disregard 50%		- _____
Subtotal		= _____
Nonexempt Unearned Disability-Based Income (from above)		+ _____
Other Nonexempt Income (Assistance Unit + Non- Assistance Unit Members)		+ _____
_____		+ _____
Net Countable Income		= _____
Section B.	Your Cash Aid, Month of _____	_____
1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) ..		\$ _____
2. Special Needs (Assistance Unit + Non-Assistant Unit Members)		+ _____
3. Net Countable Income from Section A		- _____
4. Subtotal		= <input type="text"/>
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG, or Penalized Persons)		\$ _____
6. Special Needs (Assistance Unit only)		+ _____
7. Maximum Aid Subtotal		= <input type="text"/>
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)		= _____
9. Line 8 Prorated for Part of Month		= _____
10. Adjustments: 25% Child Support Penalty(ies)		- _____
Overpayment		- _____
Cal-Learn Penalty(ies)		- _____
Cal-Learn Bonus		+ _____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)		= _____

Medi-Cal: This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 44-100; 44-314; 44-315

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

INSTRUCTIONS

NA 200 (6/00) MULTIPURPOSE -- INCLUDES BUDGET

This form must be backed with the current NA Back.

The NA 200 is a multipurpose "blank" Notice of Action form with a budget computation. It is typically used for approval, change, and discontinuance messages that require a budget computation.

Compute Section A (Net Countable Income) using the income of all AU and Non-AU members (including MFG child(ren), penalized and sanctioned persons).

In Section B (Cash Aid Amount), line 1, include AU members plus Non-AU members, but exclude the needs of MFG child(ren), sanctioned or penalized persons, except those penalized for failure to comply with child support and paternity establishment requirements (adjust grant amount on line 10). On lines 2 and 6, MFG children are included in the AU (for Special Needs only). On line 5, compute the maximum aid payment for AU members only (not including MFG child(ren) or penalized members).

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
: _____
: _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Fair Market Value of transferred property	\$	_____
Other countable property	+	_____
Total Property Value	=	_____
Property Limit		_____
(A) Excess Property Amount	=	_____
Fair Market Value of transferred property	\$	_____
Amount actually received		_____
(B) Difference	=	_____
Family Needs		
Basic Need for _____ Persons	\$	_____
Special Needs	+	_____
(C) Family Needs	=	_____
Lesser amount of (A) and (B)	\$	_____
Divide by (C)		_____
Period of Ineligibility	=	_____
(rounded down to nearest whole number)		(# OF MONTHS)

Medi-Cal: This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 42-207 and 42-221.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

INSTRUCTIONS

NA 214 (4/00) – TRANSFER OF PROPERTY

This form must be backed with the current NA Back. Use this form to determine the period of ineligibility when a recipient gives away or transfers property for less than fair market value.

Enter the Fair Market Value (FMV) of the transferred property. Add other countable property to determine the total property value. Subtract the amount of the property limit from the total property value to determine the excess property amount (A). Subtract the amount actually received for the property from the FMV amount and enter this figure on line (B). Determine the MBSAC for the AU, add any special needs, then enter this amount on line (C). Enter the lesser amount of (A) and (B) and divide this number by (C). Round this figure down to the next whole number to determine the number of months the AU is ineligible.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

┌

└

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Disability Income \$ _____
\$225 Disregard - _____
(A) Nonexempt Unearned Disability Income = _____

OR

(B) Unused amount of \$225 Disregard = _____

Total Earned Income \$ _____
Unused Amount of \$225 Disregard **(B)** - _____
Earned Income Disregard 50% - _____
Subtotal = _____
Nonexempt Unearned Disability Income **(A)** + _____
Other Nonexempt Income + _____
(C) Net Countable Income = _____

Total Net Nonexempt Income **(C)** \$ _____
Family MAP for _____ Persons - _____
(D) Adjusted Net Nonexempt Income = _____

Nonexempt Income Transferred \$ _____
Amount Received from the Transfer - _____
(E) Difference = _____

Lesser of **(D)** or **(E)** \$ _____
MBSAC for _____ Persons _____
Period of Ineligibility = _____
(rounded down to nearest whole number) (# of MONTHS)

Medi-Cal: This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 42-221.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

INSTRUCTIONS

NA 214A (4/00) – TRANSFER OF INCOME

This form must be backed with the current NA Back. Use this form to determine the period of ineligibility when a recipient gives away or transfers nonexempt, nonrecurring income for less than fair market value (which results when a recipient purchases a product or service with a fair market value that is less than the amount paid).

Enter the disability income amount. Subtract the \$225 disregard and enter the remainder on line A. If line A is zero, enter the amount of the unused disregard on line B.

To determine net countable income, enter the total earned income and subtract the amount from line B, if applicable. Subtract the 50% earned income disregard. Enter the amount from line A, add any other nonexempt income and enter the total on line C.

Enter the amount from line C. Determine the Family MAP, subtract that amount and enter the remainder on line D.

Enter the amount of nonexempt income transferred, subtract the amount received, and enter the remainder on line E.

Enter the lesser of D or E and divide this number by the MBSAC. Round this figure down to the nearest whole number to determine the number of months the AU is ineligible.

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____

FAMILY'S INCOME

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Business Income	.....	\$	_____
Business Expenses:			
a. 40% Standard	.....	-	_____
OR			
b. Actual	.....	-	_____
Net Earnings from Self-Employment	.....	=	_____
Total Disability-Based Unearned Income (Assistance Unit + Non-Assistance Unit Members)	.....	\$	_____
\$225 Disregard	.....	-	_____
Nonexempt Unearned Disability-Based Income	.....	=	_____
OR			
Unused Amount of \$225 Disregard	.....	=	_____
Total Earned Income	.....	\$	_____
Net Earnings from Self-Employment (from above)	.....	+	_____
Subtotal	.....	=	_____
Unused Amount of \$225 Disregard (from above)	.....	-	_____
Subtotal	.....	=	_____
Earned Income Disregard 50%	.....	-	_____
Subtotal	.....	=	_____
Nonexempt Unearned Disability-Based Income (from above)+ Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members)	.....	+	_____
		+	_____
Net Countable Income	.....	=	_____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	.....	\$	_____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	.....	+	_____
3. Net Countable Income from Section A	.....	-	_____
4. Subtotal	=	<input style="border: 1px solid black;" type="text"/>
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG, or Penalized Persons)	.....	\$	_____
6. Special Needs (Assistance Unit only)	.....	+	_____
7. Maximum Aid Subtotal	=	<input style="border: 1px solid black;" type="text"/>
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	.....	=	_____
9. Line 8 Prorated for Part of Month	.....	=	_____
10. Adjustments:			
25% Child Support Penalty(ies)	.....	-	_____
Overpayment	.....	-	_____
Cal-Learn Penalty(ies)	.....	-	_____
Cal-Learn Bonus	.....	+	_____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	.....	=	_____

Rules: These rules apply; you may review them at your welfare office: MPP 44-100; 44-314; 44-315

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

INSTRUCTIONS

NA 271 (6/00) Continuation Page Family Income Computations – Cash Aid

Use as a continuation of a “Page 1” NOA to show how the family’s income and aid payment amount was calculated.

This continuation page is needed for additional grant/income calculations besides the one shown on “Page 1.” (i.e., minor parent cases when the minor is ineligible but her child receives baby map.)

Compute Section A (Net Countable Income) using the income of all AU and Non-AU members (including MFG child(ren), penalized and sanctioned persons).

In Section B (Cash Aid Amount), line 1, include AU members plus Non-AU members, but exclude the needs of MFG child(ren), sanctioned or penalized persons, except those penalized for failure to comply with child support and paternity establishment requirements (adjust grant amount on line 10). On lines 2 and 6, MFG children are included in the AU (for Special Needs only). On line 5, compute the Maximum Aid Payment for AU members only (not including MFG child(ren) or penalized members).

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(Continued)

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____

Underpayment Amount Owed
(For Underpayments Occurring on or after 1-1-98)

Underpayment Month and Year: _____

(A) Net Countable Income					
Total Business Income	\$	_____	_____	_____	_____
Business Expenses		_____	_____	_____	_____
a. 40% Standard OR	-	_____	_____	_____	_____
b. Actual	-	_____	_____	_____	_____
Net Earnings from Self Employment	=	_____	_____	_____	_____
Total Disability-Based Unearned Income (Assistance Unit (AU) + Non Assistance Unit (Non-AU) Members)	\$	_____	_____	_____	_____
\$225 Disregard	-	_____	_____	_____	_____
Nonexempt Unearned Disability-Based Income OR	=	_____	_____	_____	_____
Unused Amount of \$225 Disregard	=	_____	_____	_____	_____
Total Earned Income	\$	_____	_____	_____	_____
Net Earnings from Self-Employment (from above)	+	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____
Unused Amount of \$225 Disregard	-	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____
Earned Income Disregard 50%	-	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____
Nonexempt Unearned Disability-Based Income (from above)	+	_____	_____	_____	_____
Other Nonexempt Income (AU + Non-AU Members)	+	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____
(B) Correct Cash Aid Payment					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	()	_____	_____	_____	_____
Special Needs (AU + Non-AU Members)	+	_____	_____	_____	_____
Net Countable Income From Section A	-	_____	_____	_____	_____
Subtotal A	=	_____	_____	_____	_____
Maximum Aid Payment (MAP) (AU Only)	\$	_____	_____	_____	_____
Special Needs (AU only)	+	_____	_____	_____	_____
Subtotal B	=	_____	_____	_____	_____
Correct Cash Aid Amount (Lesser of Subtotal A or B)	\$	_____	_____	_____	_____
(C) Child Support Penalty Adjustment					
25% Child Support Penalty	-	_____	_____	_____	_____
Subtotal C	=	_____	_____	_____	_____
(D) Adjustments					
a. Additional 25% Child Support Penalty	-	_____	_____	_____	_____
b. Overpayment	-	_____	_____	_____	_____
c. Cal-Learn Penalty	-	_____	_____	_____	_____
d. Cal-Learn Bonus	+	_____	_____	_____	_____
Adjusted Cash Aid: Subtotal D	=	_____	_____	_____	_____
(E) Underpayment					
Correct Cash Aid Amount	\$	_____	_____	_____	_____
Cash Aid Paid To You	-	_____	_____	_____	_____
Subtotal E	=	_____	_____	_____	_____
Amount of Underpayment for Each Month	=	_____	_____	_____	_____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-340.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

TOTAL UNDERPAYMENT (All Months) \$ _____

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

INSTRUCTIONS

NA 281 (4/00) – CONTINUATION PAGE – UNDERPAYMENT COMPUTATIONS (FOR 1-1-98 AND AFTER)

Continuation page, cannot be used alone. This form is only used for underpayments that occurred from 1/1/98 through the present. The entire computation must be completed for each month of the underpayment. Attach additional NA 281s as needed to show all the months for the same underpayment.

Compute Section A using the income of all AU and Non-AU members (including MFG child(ren), penalized and sanctioned persons).

In Section B, compute the "Maximum Aid Payment (MAP) persons and amount" using all family members except MFG child(ren), sanctioned or penalized persons, except those penalized for failure to comply with child support and paternity establishment requirements (adjust grant amount in Sections C and D). Add any Special Needs allowances (MFG children **are** included in the AU for Special Needs). Subtract the net countable income from Section A and enter this amount as Subtotal A.

Then compute the MAP (excluding MFG or penalized members) and Special Needs (including MFG, but excluding penalized members) for the AU only, to determine Subtotal B. The correct cash aid amount will be the lesser of Subtotal A or B.

Make any necessary adjustments in Sections C and D and compare the correct grant to the amount actually paid to the recipient for each month in Section E. If the amount paid in any month is less than the correct grant for that month, an underpayment exists. Add the underpaid amounts for each month to compute the total underpayment.

State of California
Department of Social Services

Noa Msg Doc No.: M42-221L Page 1 of 1
Action : Suspend
Issue: Income
Title: Transfer w/out Fair Consideration

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-221.4, .5, .6, .7

Use Form No. : NA 214A
Original Date : 04/01/00
Revision Date : New

MESSAGE:

The County is stopping your cash aid for
the month of _____.

Here's why:

You had income that you gave away or
traded for less than it's value.

Because you got less than the fair market
value, you are not eligible for one month.

INSTRUCTIONS: Use to suspend cash aid for one month when the recipient transferred
or gave away income for less than fair market value.

State of California
Department of Social Services

Noa Msg Doc No.: M42-221M Page 1 of 1
Action : Discontinue
Issue: Income
Title: Transfer w/out Fair Consideration

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-221.4, .5, .6, .7

Use Form No. : NA 214A
Original Date : 04/01/00
Revision Date : New

MESSAGE:

As of _____, the County is
stopping your cash aid.

Here's why:

You had income that you gave away or
traded for less than it's value.

Because you got less than the fair market
value, you are not eligible for a number
of months.

The number of months are figured on this
page.

You and your family may still continue
to get Medi-Cal if your cash aid stops
and you have:

- earnings from a job, a business you
started or a pay raise.
- started to receive or had an increase
in child/spousal support payments.

Please complete and send in the enclosed
Transitional Medi-Cal (TMC) form.

INSTRUCTIONS: Use to discontinue cash aid when the recipient transferred or gave
away income for less than fair market value.

State of California
Department of Social Services

Noa Msg Doc No.: M44-340 Page 1 of 1
Action : Approval
Issue: Underpayments
Title: Underpayment Adjustment
Use Form No. : NA 281
Original Date : 04/01/00
Revision Date : New

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-340; 44-351.3

MESSAGE:

As of _____, the county has approved back cash aid of \$_____.

Here's why:

You were underpaid for the period of _____ through _____.

Your back cash aid is figured on the next page. If you are on cash aid, this amount will not be counted as income or property in the month paid or in the next month.

- A check will be sent soon.
- A check is enclosed.
- You have an overpayment balance.
This underpayment will be subtracted from the overpayment you owe.

If you get Food Stamps, we will count your back cash aid as a resource. You may get another notice from Food Stamps.

INSTRUCTIONS: Use to approve back cash aid to correct an underpayment. Attach continuation page NA 281 to show the underpayment computation.

**CalWORKs ELIGIBILITY NA FORMS &
NOTICE OF ACTION MESSAGES**
(Current as of 6/00)

NUMBER	LATEST DATE	ISSUING LETTER	ACTION	ISSUE	TITLE
NA BACK 9	12/99	I-94-99	MULTI	MULTI	HEARING BACK
NA 200	04/00	I-62-00	MULTI	MULTI	SHELL, BUDGET
NA 210	11/99	I-05-00	MULTI	MULTI	SHELL, DISC, SUSP – F.E.
NA 213	01/99	97-59	DENY	FINANCIAL ELIG.	APPLICANT – FINANCIAL ELIGIBILITY
NA 214	04/00	I-62-00	MULTI	PROPERTY	TRANSFER OF PROPERTY
NA 214A	04/00	I-62-00	MULTI	INCOME	TRANSFER OF INCOME
NA 215	01/98	97-65	COMPUTE	INCOME	DEEMED INCOME – CONT. PG.
NA 216	11/99	I-05-00	MULTI	PROPERTY	SPONSOR'S DEEMED PROPERTY
NA 217	01/98	97-68	DENY	DIVERSION	DIVERSION PMT/SERVICES
NA 218	01/98	97-65	COMPUTE	PROPERTY	SPONSOR'S DEEMED PROPERTY CONT. PG
NA 219	11/99	I-05-00	MULTI	PROPERTY	PROPERTY
NA 270	05/87	#0	MULTI	MULTI	CONTINUATION PAGE
NA 271	04/00	I-62-00	COMPUTE	FAMILY INCOME	FAMILY INCOME COMPUTATION
NA 274	07/96	96-44	COMPUTE	OVERPAYMENT	OP COMPUTATION CONT. PAGE
NA 274B	07/96	96-44	COMPUTE	OVERPAYMENT	OP COMPUTATION CONT. PAGE
NA 274C	12/97	96-44	COMPUTE	OVERPAYMENT	OP COMPUTATION CONT. PAGE
NA 274D	12/97	97-66	COMPUTE	OVERPAYMENT	ORTEGA 9-1-95 TO 12-31-97
NA 274E	07/99	97-66	COMPUTE	OVERPAYMENT	OP COMPUTATION CONT. PAGE
NA 275	01/98	97-66	ADJUST	OVERPAYMENT	OP ADJUST COMPUTATION CONT. PAGE
NA 277	01/98	97-66	COMPUTE	LUMP SUM	LUMP SUM/FIN ELIGIBILITY (OPTIONAL PERSONS)
NA 278	01/98	97-66	MULTI	MULTI	SHELL, SUSP/CHANGE – F.E./LS (OPTIONAL PERSONS)
NA 279	01/98	97-66	COMPUTE	OVERPAYMENT	EXCESS PROPERTY WITH GOOD FAITH
NA 280	01/98	97-65	COMPUTE	OVERPAYMENT	EXCESS PROPERTY WITHOUT GOOD FAITH
NA 281	04/00	00-31	COMPUTE	UNDERPAYMENT	UNDERPAYMENT COMPUTATION CONT. PG.
NA 290	11/99	I-05-00	MULTI	MULTI	SHELL, NO BUDGET
NA 300	01/99	97-59	COMPUTE	MULTI	RECIPIENT FINANCIAL ELIGIBILITY TEST CONT. PAGE

NUMBER	LATEST DATE	ISSUING LETTER	ACTION	ISSUE	TITLE
NA 301	01/99	97-59	COMPUTE	FINANCIAL ELIG.	APPLICANT – FINANCIAL ELIG. CONT. PAGE
NA 960X	11/99	I-05-00	DISC	CW7 NOT REC'D	CW7 NOT RECEIVED
NA 960Y	11/99	I-05-00	DISC	CW7 INCOMPLETE	CW7 INCOMPLETE DISC. REMINDER
NA 990	05/87	86-87	MULTI	MULTI	BLANK AUTOMATED FORM
M20-353C	06/98	98-72	CHANGE	FRAUD PENALTY	PENALTY APPLIED TO AU
M20-353D	06/98	98-72	APPROVAL	FRAUD PENALTY	PENALTY APPLIED TO AU
M20-353E	06/98	98-72	OTHER	FRAUD PENALTY	PENALTY APPLIED TO AU
M20-353F	06/98	98-72	CHANGE	FRAUD PENALTY	PENALTY STOPS
M40-105	10/95	95-39	CHANGE	SOCIAL SECURITY NUMBER	FAILED TO PROVIDE SSN WHEN RECEIVED OR FAILURE TO COOPERATE
M40-105A	10/95	95-39	PARTIAL APPROVAL	SOCIAL SECURITY NUMBER	FAILED TO PROVIDE SSN OR PROOF OF COMPLETED SSN APPLICATION
M40-105B	07/98	97-70 (Errata 7/98)	CHANGE	REQUIRED DOCS	IMMUNIZATIONS-PROOF PROVIDED
M40-105C	07/98	97-70 (Errata 7/98)	CHANGE	REQUIRED DOCS	IMMUNIZATIONS-PROOF NOT PROVIDED
M40-105D	07/98	97-70 (Errata 7/98)	CHANGE	REQUIRED DOCS	SCHOOL ATTENDANCE-PROOF PROVIDED
M40-105E	07/98	97-70 (Errata 7/98)	CHANGE	REQUIRED DOCS	SCHOOL ATTENDANCE-PROOF NOT PROVIDED
M40-105F	03/00	00-32	DISC	SFIS REQUIREMENTS	NON-COOPERATION OF ADDED MEMBER
M40-105G	03/00	00-32	DISC	SFIS REQUIREMENTS	FAILURE TO COOPERATE
M40-105H	03/00	00-32	DISC	SFIS REQUIREMENTS	REFUSE TO COOPERATE
M40-105I	03/00	00-32	DENY	SFIS REQUIREMENTS	FAILURE TO COOPERATE
M40-105J	03/00	00-32	DENY	SFIS REQUIREMENTS	REFUSE TO COOPERATE
M40-118A	08/96	96-38	DENY	APP PROCESSING	INCOMPLETE STATEMENT OF FACTS
M40-118C	08/91	91-76	DENY	APP PROCESSING	INCOMPLETE STATEMENT OF FACTS-ALL MEMBERS
M40-118D	11/99	I-05-00	DISC	APP PROCESSING	INCOMPLETE STATEMENT OF FACTS-ALL MEMBERS
M40-125A	10/93	93-84	APPROVE	RESTORE	RESTORATION AFTER DISCONTINUANCE
M40-129B	12/90	90-103	APPROVE	IMMEDIATE NEED	FULL PAYMENT
M40-129B1	12/90	90-103	APPROVE	APP PROCESSING	APPRVL AFTER IMMEDIATE NEED PAYMENT
M40-129B2	12/90	90-103	APPROVE	IMMEDIATE NEED	LESS THAN FULL PAYMENT
M40-129C	12/90	90-103	DENY	IMMEDIATE NEED	MISCELLANEOUS

NUMBER	LATEST DATE	ISSUING LETTER	ACTION	ISSUE	TITLE
M40-129C1	12/90	90-103	DENY	IMMEDIATE NEED	RECEIVED AID PAYMENT
M40-129D1	08/96	96-38	DENY	IMMEDIATE NEED	PROCEDURAL REQUIREMENTS
M40-129D2	12/90	90-103	DENY	IMMEDIATE NEED	PROCEDURAL REQUIREMENTS
M40-129D3	12/90	90-103	DENY	IMMEDIATE NEED	PROCEDURAL REQUIREMENTS
M40-129D4	12/90	90-103	DENY	IMMEDIATE NEED	PROCEDURAL REQUIREMENTS
M40-129D5	10/95	95-39 (Errata)	DENY	IMMEDIATE NEED	FAILED TO PROVIDE PROOF OF SSN APPLICATION
M40-129E1	12/90	90-103	DENY	IMMEDIATE NEED	NO EMERGENCY – VARIOUS REASONS
M40-129E2	12/90	90-103	DENY	IMMEDIATE NEED	NO EMERGENCY – NO PROOF
M40-129E4	12/90	90-103	DENY	IMMEDIATE NEED	NO EMERGENCY – EVERYDAY LIFE
M40-129E5	12/90	90-103	DENY	IMMEDIATE NEED	NO EMERGENCY – REFERRAL MADE
M40-129E6	12/90	90-103	DENY	IMMEDIATE NEED	APPROVE/DENY AID IN 3 DAYS
M40-157A1	05/91	91-63	PARTIAL APPROVAL	INCOMPLETE DOCS	INCOMPLETE CITIZEN/ALIEN DOCS
M40-157A4	11/99	I-05-00	DISC	INCOMPLETE DOCS	NO SAWS 2
M40-171A	11/96	96-65	DENY	APP PROCESSING	FAILURE TO COOPERATE
M40-171B	11/96	96-65	DENY	APP PROCESSING	REFUSE TO COOPERATE
M40-171C	06/98	98-45	APPROVE	APP PROCESSING	MINOR PARENT/SPECIAL BUDGET
M40-171D	06/98	98-43	APPROVE	APP PROCESSING	BASIC APPROVAL/RESTORATIONS
M40-171M	07/87	#2	DENY	APP PROCESSING	NOT A CALIFORNIA RESIDENT
M40-181A	11/99	I-05-00	DISC	APP PROCESSING	ESSENTIAL INFORMATION NEEDED
M40-181B	05/87	#0	CHANGE	APP PROCESSING	ESSENTIAL INFORMATION NOT GIVEN
M40-181C	10/87	#3	INFORM	CW 7	BALDERAS REMINDER NOTICE
M40-181D	05/91	91-63 (Errata)	DENY	APP PROCESSING	NO MONTHLY REPORT AT RESTORATION
M40-181E	07/98	97-43 (Errata) 7/98	CHANGE	APP PROCESSING	IMMUNIZATION/SCHOOL ATTENDANCE
M40-195A	07/84	#0	INFORM	ICT REMINDER	APPLY IN NEW COUNTY TO CONTINUE AID
M40-205	11/99	I-05-00	DISC	REQUIRED DOCS	FAILURE TO COOPERATE WITH QC
M41-401A	12/86	#0	DENY	DEPRIVATION	NO DEPRIVATION
M41-440F	06/98	98-49	DENY	DEPRIVATION/CW-U	100 HOUR RULE
M41-450A	01/98	97-65	DENY	DEPRIVATION	ABSENT PARENT IN UNIFORMED SERVICES
M42-101B	05/87	#1	CHANGE	AGE, SCHOOL	CHILD DOES NOT MEET AGE RULE
M42-101C	11/99	I-05-00	DISC	AGE, SCHOOL	NO ELIGIBLE CHILD

NUMBER	LATEST DATE	ISSUING LETTER	ACTION	ISSUE	TITLE
M42-207A	07/98	98-47	DENY	PROPERTY	OVER PROPERTY LIMIT
M42-211L	04/00	I-62-00	SUSPEND	INCOME	TRANSFER W/O FAIR CONSIDERATION
M42-211M	04/00	I-62-00	DISC	INCOME	TRANSFER W/O FAIR CONSIDERATION
M42-213F	11/99	I-05-00	DISC	PROPERTY	PROPERTY NOT SOLD
M42-221J	11/99	I-05-00	DISC	PROPERTY	TRANSFER W/O FAIR CONSIDERATION
M42-221K	07/98	98-47	SUSPEND	PROPERTY	TRANSFER W/O FAIR CONSIDERATION
M42-431A1	05/91	91-63	APPROVE	REQUIRED DOCS	NO PROOF OF ALIEN STATUS
M42-431A2	05/91	91-63	CHANGE	REQUIRED DOCS	NO ELIGIBLE ALIEN/PROOF OF STATUS
M42-431A3	05/91	91-63	DENY	REQUIRED DOCS	NO PROOF OF ELIGIBLE ALIEN STATUS
M42-431A4	11/99	I-05-00	DISC	REQUIRED DOCS	NO PROOF OF ELIGIBLE ALIEN STATUS
M42-431B1	05/91	91-63	PARTIAL APPROVE	REQUIRED DOCS	NO ELIGIBLE ALIEN STATUS
M42-431B2	05/91	91-63	DENY	REQUIRED DOCS	NO ELIGIBLE ALIEN STATUS
M42-769	10/95	I-58-95	APPROVE	CAL-LEARN	CAL-LEARN BONUS
M42-769A	10/95	I-58-95	CHANGE	CAL-LEARN	CAL-LEARN \$100 PENALTY
M42-769B	10/95	I-58-95	CHANGE	CAL-LEARN	CAL-LEARN \$50 PENALTY
M42-769C	09/94	I-58-95	CHANGE	CAL-LEARN	STOP CAL-LEARN PENALTY
M43-119C	11/99	I-05-00	DISC	SPONSORED ALIEN	NEEDS MET
M43-119E	01/98	97-65	CHANGE	SPONSORED ALIEN	SOME MEMBERS NEEDS MET
M43-119G	01/98	97-65	CHANGE	SPONSORED ALIEN	MISSING CA 72
M43-119H	11/99	I-05-00	DISC	SPONSORED ALIEN	MISSING CA 72
M43-119I	07/98	98-47	CHANGE	SPONSORED ALIEN	DEEMED SPONSOR'S/FAMILY PROPERTY
M43-119J	07/98	98-47	CHANGE	SPONSORED ALIEN	DEEMED SPONSOR'S PROPERTY
M43-119K	07/98	98-47	DENY	SPONSORED ALIEN	DEEMED SPONSOR'S/FAMILY PROPERTY
M43-119L	07/98	98-47	DENY	SPONSORED ALIEN	DEEMED SPONSOR'S PROPERTY
M43-119M	01/98	97-65	CHANGE	SPONSORED ALIEN	DEEMED SPONSOR'S INCOME
M43-119O	11/99	I-05-00	DISC	SPONSORED ALIEN	DEEMED SPONSOR'S/FAMILY PROPERTY
M43-119P	11/99	I-05-00	DISC	SPONSORED ALIEN	DEEMED SPONSOR'S PROPERTY
M43-201A	08/94	94-70	INFORM	CHILD SUPPORT	CHILD SUPPORT DISREGARD PAYMENT
M44-111K	06/86	#0	DISC	INCOME	STUDENT EARNINGS
M44-113A	06/98	98-45	CHANGE	DISALLOWANCE	DISALLOWANCE OF DEDUCTIONS
M44-113G	05/87	#1	CHANGE	INCOME	CHANGE IN INCOME
M44-113G1	06/98	98-45	CHANGE	INCOME	MINOR PARENT/SPECIAL BUDGET
M44-133D	06/98	98-45	CHANGE	INCOME	18 YEAR OLD, END OF DEEMING
M44-133Q	06/98	98-45	CHANGE	INCOME	MINOR PARENT/SPECIAL BUDGET

NUMBER	LATEST DATE	ISSUING LETTER	ACTION	ISSUE	TITLE
M44-133S	06/98	98-45	CHANGE	INCOME	MINOR PARENT, FINANCIAL ELIGIBILITY
M44-133T	06/98	98-45	PARTIAL APP	INCOME	MINOR PARENT, FINANCIAL ELIGIBILITY
M44-133V	06/98	98-45	CHANGE	INCOME	MINOR PARENT (SUSP), FIN. ELIGIBILITY
M44-207J	06/98	98-45	DENIAL	INCOME	FINANCIAL ELIGIBILITY
M44-207K	11/99	I-05-00	DISC	INCOME	FINANCIAL ELIGIBILITY
M44-207K4	06/98	98-45	CHANGE	INCOME	SUSPEND PART OF AU
M44-207L	06/98	98-45	SUSPEND	INCOME	FINANCIAL ELIGIBILITY
M44-211A	08/96	96-40	APPROVE	HOMELESS ASSIST.	TEMPORARY SHELTER/PERMANENT HOUSE
M44-211D	08/96	96-40	DENY	HOMELESS ASSIST.	INELIGIBLE FOR TEMPORARY SHELTER/ PERMANENT HOUSING
M44-211E	07/87	#2	APPROVAL	SPECIAL NEEDS	RECURRING NEEDS
M44-211G	03/91	91-27	CHANGE	HOMELESS ASSIST.	THIRD PARTY PAYMENTS
M44-211I	12/86	#0	DENY	SPECIAL NEEDS	RECURRING SPECIAL NEEDS
M44-211L	08/96	96-38	CHANGE	SPECIAL NEEDS	PREGNANCY SPECIAL NEEDS
M44-211M	11/99	I-05-00	DISC	ELIGIBILITY	PREGNANT WOMEN ONLY
M44-211N	07/89	#3	CHANGE	SPECIAL NEEDS	NO LONGER PREGNANT
M44-305	09/97	I-66-97	OTHER	PAYEE	CHANGE OF PAYEE
M44-307A	01/99	99-08	OTHER	VOUCHER/VENDOR	INFORM RECIPIENT OF PAYMENT
M44-307B	01/99	99-08	CHANGE	VOUCHER/VENDOR	PAYMENT AMOUNT
M44-307C	07/98	98-48	CHANGE	VOUCHER/VENDOR	RETURN PAYMENT TO RECIPIENT
M44-314	09/97	I-66-97	APPROVAL	AID PAYMENTS	MAXIMUM FAMILY GRANT
M44-314A	09/97	I-66-97	OTHER	AID PAYMENTS	MAXIMUM FAMILY GRANT
M44-314B	04/97	97-29	CHANGE	AID PAYMENTS	MAXIMUM FAMILY GRANT
M44-314C	09/97	I-66-97	CHANGE	MBSAC	MAXIMUM FAMILY GRANT
M44-315	07/99 (Form)	99-35 (Errata)	CHANGE	AID PAYMENTS	INCREASE IN MAP PAYMENTS
M44-315A	05/87	#1	CHANGE	AID PAYMENTS	\$10 MINIMUM PAYMENT
M44-315B	09/98	98-68	CHANGE	AID PAYMENTS	MAP DIFFERENCE BETWEEN REGIONS-ICT
M44-340	04/00	I-62-00	APPROVAL	UNDERPAYMENT	UNDERPAYMENT ADJUSTMENT
M44-350A	01/98	97-66	CHANGE	OVERPAYMENT	OVERPAYMENT ADJUSTMENT
M44-350E	01/98	97-66	CHANGE	OVERPAYMENT	EXCESS PROPERTY OP ADJUSTMENT W/O GOOD FAITH

NUMBER	LATEST DATE	ISSUING LETTER	ACTION	ISSUE	TITLE
M44-350F	01/98	97-66	DEMAND	OVERPAYMENT	EXCESS PROPERTY OP W/O GOOD FAITH
M44-350G	01/98	97-66	CHANGE	OVERPAYMENT	EXCESS PROPERTY OP WITH GOOD FAITH
M44-350H	01/98	97-66	DEMAND	OVERPAYMENT	EXCESS PROPERTY OP WITH GOOD FAITH
M44-352A	01/98	97-66	DEMAND	OVERPAYMENT	NOTICE OF OP AND DEMAND
M44-352C	01/98	97-66	CHANGE	OVERPAYMENT	OVERPAYMENT RECOVERY
M44-352D	01/98	97-66	CHANGE	OVERPAYMENT	OVERPAYMENT RECOVERY
M44-352G	01/98	97-66	DEMAND	OVERPAYMENT	DEMAND OVERPAYMENT
M44-401A	06/98	98-45	APPROVE	RISP	RISP
M44-401B	06/98	98-45	DENY	RISP	RISP
M44-401D	07/87	#3	DENY	RISP	VARIOUS REASONS
M44-403A	07/87	#3	DENY	RISP	LACK OF INFORMATION
M81-215A	06/98	98-49	DENY	AID PAYMENTS	DIVERSION PAYMENT PROVIDED
M81-215B	06/98	98-49	DENY	AID PAYMENTS	DIVERSION SERVICES PROVIDED
M81-215D	06/98	98-49	CHANGE	AID PAYMENTS	DIVERSION REPAYMENT STOPS
M81-215E	06/98	98-49	OTHER	TIME LIMIT	DIVERSION
M81-215F	06/98	98-49	OTHER	TIME LIMIT	DIVERSION
M82-506	06/98	98-43	CHANGE	CHILD SUPPORT	FAILURE TO COOPERATE
M82-506A	06/98	98-43	PARTIAL APPROVAL	CHILD SUPPORT	FAILURE TO COOPERATE
M82-510	06/98	98-43	CHANGE	CHILD SUPPORT	FAILURE TO COOPERATE
M82-510A	06/98	98-43	CHANGE	CHILD SUPPORT	COOPERATE
M82-820A	01/00	99-92	DENY	AU COMPOSITION	NO ELIGIBLE PERSON
M82-820B	11/99	I-05-00	DISC	APPLICATION	MANDATORY AU MEMBERS
M82-820C	01/00	I-05-00	DISC	AU COMPOSITION	ELIGIBLE CHILD LEFT HOME
M82-820D	11/99	I-05-00	DISC	AU COMPOSITION	NO LONGER PREGNANT
M82-832A	06/98	98-42	CHANGE	AID PAYMENTS	FLEEING FELONS
M82-832B	06/98	98-42	PARTIAL APPROVAL	APPLICATION	FLEEING FELONS
M82-832C	01/99	99-08	PARTIAL APPROVAL	APPLICATION	DRUG FELONS
M82-832D	01/99	99-08	CHANGE	AID PAYMENTS	DRUG FELONS
M82-832E	12/99	99-92	CHANGE	AID PAYMENTS	ELIGIBLE PERSON LEAVING AU
M82-832F	12/99	99-92	DISC	AID PAYMENTS	ELIGIBLE PERSON LEAVING AU
M82-836A	08/91	91-76	DENY	AU COMPOSITION	UNBORN NOT ELIGIBLE
M89-110	01/98	97-59	CHANGE	AID PAYMENTS	INCREASE - EXEMPTIONS TO MAP REDUCTIONS

NUMBER	LATEST DATE	ISSUING LETTER	ACTION	ISSUE	TITLE
M89-110A	01/98	97-59	CHANGE	AID PAYMENTS	DECREASE - NO EXEMPTIONS TO MAP REDUCTIONS
M89-110B	01/98	97-59	DENY	AID PAYMENTS	EXEMPTIONS TO MAP REDUCTIONS
M89-130	11/99	I-05-00	DISC	NON-QUALIFIED WITHDRAW	RESTRICTED ACCOUNT
M89-201	11/96	96-65	DENY	MINOR PARENT	NO APPROPRIATE LIVING ARRANGEMENT OR EXEMPTION
M89-201A	11/99	I-05-00	DISC	MINOR PARENT	NO APPROPRIATE LIVING ARRANGEMENT OR EXEMPTION