STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

PETE WILSON, *Governor*

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

June 18, 1996

ALL COUNTY INFORMATION NOTICE NO.
I-33-96

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: BENO VS. SHALALA COURT CASE INFORMING POSTER
2.3% GRANT REDUCTION AND EXEMPTIONS FROM PAST REDUCTIONS IN THE AFDC PROGRAM

REFERENCE: ACL 96-13, ACL 96-28

The accompanying poster is for mandatory display in all County Welfare Department (CWD) offices from July 1, 1996, through March 31, 1997. The poster display is a part of the Beno vs. Shalala court case settlement. If you have any questions about the poster, please call Arlene Jamar at (916) 657-2314. If you have questions about the regulations or implementation, call Jim Lucas at (916) 654-1059.

Sincerely,

Bruce Wagstaff

BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Enclosure

Which Cash Aid Should You Get?

California now has two levels of Maximum Aid Payment (MAP). Heads of families who can work will get the lower MAP. Heads of families who cannot work may be exempt and may get the higher MAP.

(See the table below)

You may be exempt if each parent or caretaker in the AU:

A. *Is caring for an aided child(ren) who is not their child and the parent/caretaker does not get aid*

B. *Is needed to stay at home to care for another household member who is ill, injured or incapacitated*

C. *Is getting Supplemental Security Income/State Supplemental Payments (SSI/SSP), or In-Home*

Lower MAPs for families that are not exempt:

Persons on aid	Old MAP	New MAP	Decrease in MAP
1	$ 299	$ 293	$ 6
2	490	479	11
3	607	594	13
4	723	707	16
5	824	806	18
6	926	905	21
7	1017	994	23
8	1108	1083	25
9	1197	1170	27

Insurance (SDI), or Temporary Workers Compensation (TWC), or Temporary Disability Indemnity (TDI) benefits or Social Security Disability Insurance (SSDI) or AFDC under their own incapacity

D. Is under age 19 and enrolled in a program that leads to a high school diploma or its equivalent

E. Is exempt from GAIN because of incapacity

F. Is unable to work full-time because of incapacity

Higher MAPs for families that are exempt:

Persons on aid	Old MAP	New MAP	Increase in MAP
1	$ 299	$ 326	$ 27
2	490	535	45
3	607	663	56
4	723	788	65
5	824	899	75
6	926	1010	84
7	1017	1109	92
8	1108	1209	101
9	1197	1306	109
10 or more	1286	1403	117

If all the adults in the household meet at least one of these exemptions, you should:

- **ask for an exemption by calling your worker and**
- **give your worker proof of your exemption such as a doctor's statement or medical report if you have it**

If the county denies your request for an exemption, you have the right to a state hearing.

If you need information about the change in MAP, please call:

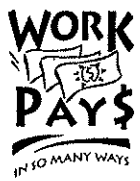
- **toll free 1-800-248-8068**
- **for the hearing impaired,**
  TDD 1-800-952-8349

*** Si usted no puede leer este cartel, pídale a su trabajador que le dé una traducción.**

* Nếu quý vị không đọc và hiểu được tiếng Anh, hãy yêu cầu nhân viên phụ trách hồ sơ của quý vị phiên dịch cho quý vị biết nội dung của bích chương này.

* ប្រសិនបើលោកអ្នកមិនចេះអានក្រដាសបិទផ្សាយនេះទេ សូមស្នើរកក្រដាសបកប្រែពីអ្នកកាន់សំណុំរឿងរបស់លោកអ្នក ។

* 假如你不能閱讀這份告示的話，可以要求你的工作員為你翻譯。



POST THIS NOTICE FROM JULY 1, 1996, THROUGH MARCH 31, 1997.