

February 20, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 19-102E**

The purpose of this erratum is to renumber the Notice of Overpayment Discharge from "TEMP W&I 11004i" to "M44-353."



KIM JOHNSON  
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

February 20, 2024

ERRATUM

ALL COUNTY LETTER NO. 19-102E

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CALWORKS PROGRAM SPECIALISTS  
ALL WELFARE-TO-WORK COORDINATORS  
ALL COUNTY REFUGEE COORDINATORS  
ALL CONSORTIA REPRESENTATIVES  
ALL COUNTY SPECIAL INVESTIGATIVE UNIT CHIEFS

SUBJECT: ERRATUM TO CALIFORNIA WORK OPPORTUNITY AND  
RESPONSIBILITY TO KIDS (CALWORKS) PROGRAM:  
IMPLEMENTATION OF SENATE BILL (SB) 726 (CHAPTER 930,  
STATUTES OF 2018) AND SB 80 (CHAPTER 27, STATUTES OF  
2019

REFERENCE: [ALL COUNTY LETTER \(ACL\) 19-102](#); [MANUAL OF POLICIES AND  
PROCEDURES SECTION 44-353](#)

The purpose of this erratum is to renumber the Notice of Action (NOA) message for  
discharging CalWORKs overpayments from "TEMP W&I 11004i" to "M44-353." This NOA  
message was released via [ACL 19-102](#) and was assigned a temporary number in error.

If you have any questions or need additional guidance regarding the information in this  
letter, contact the Early Engagement & Eligibility Bureau at [CWEligibilityPolicy@dss.ca.gov](mailto:CWEligibilityPolicy@dss.ca.gov).

Sincerely,

***Original Document Signed By***

ALEXIS FERNÁNDEZ GARCIA  
Deputy Director  
Family Engagement and Empowerment Division

Attachment

## ATTACHMENT

State of California  
Department of Social Services

Page 1 of 1  
Noa Msg Doc No: M44-353  
Action: Overpayment Discharge  
Title: Notice of Overpayment Discharge

Auto ID No:

Source:

Issue by: ACL No. 19-102E

Reg Cite: 44-353, WIC 11004

Use Form No.: NA 290

Original Date: 10-01-2019

Revision Date: 02-01-24

### MESSAGE:

As of,       Date      , the County  
found that you,       (name)      ,  
have been off CalWORKs cash aid for 36  
months in a row.

As a result, the following CalWORKs  
overpayment claim(s) have been  
discharged and collection will stop on  
these claims.

Claim #1: From      (month/year)      to      (month/year)      = \$(Total OP amount)  
Total amount of payments you have made - \$(Amount Paid/Intercepted)  
Total amount of discharged overpayment = \$(Amount of OP discharged)

Claim #2: From      (month/year)      to      (month/year)      = \$(Total OP amount)  
Total amount of payments you have made - \$(Amount Paid/Intercepted)  
Total amount of discharged overpayment = \$(Amount of OP discharged)

Claim #3: From      (month/year)      to      (month/year)      = \$(Total OP amount)  
Total amount of payments you have made - \$(Amount Paid/Intercepted)  
Total amount of discharged overpayment = \$(Amount of OP discharged)

This notice does not change any other overpayments you may have that are not listed on  
this notice. You will get a separate notice about other overpayments if they change. If you  
have any questions about the overpayments in this notice, call the county phone number  
listed above.

INSTRUCTIONS: Use to notify of a cash aid overpayment discharge per [WIC 11004](#) once  
automated in the single CalSAWS. Enter the date of the action and the name of the liable  
party. Specify the amount for each overpayment claim. Specify the amount the county has  
collected through repayment agreement or tax intercept. Specify the remaining amount (if  
applicable) that will be discharged.

This message replaces TEMP W&I 11004i dated 10-01-19.