

June 9, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER (ACL) NO. 19-76EII

The purpose of erratum is to correct errors identified in ACL No. 19-76 and transmit the revisions made to the California Work Opportunity and Responsibility to Kids (CalWORKs) Notice of Action (NOA) messages M44-207K, M44-133S, M44-133T, M44-207K1, and M44-315A, a Discontinuance NOA (NA 210), an Overpayment NOA (NA 274H), and the CalWORKs Budget Worksheet (CW 30).



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

June 9, 2020

ERRATUM

ALL COUNTY LETTER (ACL) NO. 19-76EII

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CALWORKS PROGRAM SPECIALISTS
ALL WELFARE TO WORK COORDINATORS
ALL CALFRESH COORDINATORS
ALL COUNTY CONSORTIA PROJECT MANAGERS

SUBJECT: SECOND ERRATUM TO THE IMPLEMENTATION OF SENATE BILL 80:
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CALWORKS) INCOME EXEMPTIONS AND INCOME REPORTING
THRESHOLDS

REFERENCE: [SENATE BILL \(SB\) 80 \(CHAPTER 27, STATUTES OF 2019\)](#); [MANUAL OF POLICIES AND PROCEDURES \(MPP\) 40-171.2](#), [MPP 40-181.22](#), [MPP 44-113.2](#), [MPP 44-133.5](#), [MPP 44-207.1](#), [MPP 44-207.2](#), [MPP 44-315](#), [MPP 44-315.5](#), [MPP 44-315.8](#), [MPP 44-317](#), [MPP 89-201.5](#), [ACL 19-76](#) and [ACL 19-76E](#)

The purpose of this erratum is to correct an error in guidance related to the application of reasonably anticipated income that is expected to continue to exceed the new CalWORKs Tier 2 Income Reporting Threshold (IRT) and a numerical entry error that was transmitted in [ACL No. 19-76](#) dated August 2, 2019. This erratum includes both the original language from ACL No. 19-76 and corrected language for the impacted section. Deletions are marked in ~~strike through~~ and additions in **bold**.

In addition, this letter transmits revisions made to five CalWORKs Notice of Action (NOA) messages, a Discontinuance NOA, an Overpayment NOA, and a CalWORKs Budget Worksheet (CW 30) impacted by changes pursuant to SB 80.

INCOME REPORTING THRESHOLD (IRT)

The ACL No. 19-76 provides the following guidance, beginning on page five, paragraph four:

~~“After all appropriate income disregards have been applied, if~~ **If the gross** income reported is reasonably anticipated to continue to exceed the new CalWORKs Tier 2 IRT for the remainder of the payment period, the CWD shall determine the AU financially ineligible and discontinue the AU at the end of the month in which timely and adequate notice can be provided.”

IRT CHART INCREMENTS

The ACL No. 19-76 provides the following guidance, beginning on page six, paragraph four:

“Because there is no FPL assigned to families of 0, AUs of 0 will be assigned the Tier 2 IRT for an AU of 1, or ~~\$1,316~~ **\$1,354**. This is to address those relatively rare occurrences in which no one’s needs are considered in determining the CalWORKs cash aid amount.”

REVISED NOTICES AND FORMS

This ACL transmits five revised CalWORKs NOA messages, one revised Discontinuance NOA, one revised CalWORKs Overpayment NOA, and one revised CalWORKs worksheet.

Detailed Description of the Specific Changes to the NOA Messages

M44-207K – “Financial Eligibility, Discontinue” notifies recipients that because their income exceeds the limit to maintain financial eligibility to the CalWORKs program, they will be discontinued.

The specific revisions to the M44-207K are as follows:

- Modified the first paragraph to read as follows: “You cannot get cash aid if your gross income is more than the CalWORKs Tier 2 Income Reporting Threshold and is expected to continue at this level.”
- Modified the third paragraph to read as follows: “The Tier 2 Income Reporting Threshold for your family size is_____”.

M44-133S – “Minor Parent, Financial Eligibility, Change” notifies pregnant minors or minor parent recipients living with their parents, that their parent’s income is counted to determine the cash grant for the entire case. When their parent’s income is counted, the total income in the case will cause the cash aid to be reduced.

The specific revisions to the M44-133S are as follows:

- Updated regulations cited to include MPP Sections 44-207 and 89-201.5.
- Deleted Welfare and Institutions Code (WIC) citations 11450(a), 11450.12(b), and 11451.5.
- Replaced reference to “\$225 Disregard” with “Disability-based Income Disregard”.

M44-133T – “Minor Parent, Financial Eligibility, Partial Approval” notifies minor parent recipients who are pregnant, or a parent under age 18 living with their parent(s) that they must have their parent’s income counted to determine the cash aid for the entire case. The Assistance Unit (AU) cannot get cash aid if the net countable income is more than the need standard set by the state of California.

The specific revisions to the M44-133T are as follows:

- Updated regulations cited to include MPP Sections 44-207 and 89-201.5.
- Deleted WIC citations 11450(a), 11450.12(b), 11451.5.
- Added the qualifier “Cash” to the type of aid being denied.
- Replaced references to “Food Stamps” with “CalFresh”.
- Replaced reference to “\$225 Disregard” with “Disability-based Income Disregard”.

M44-207K1 – “Minor Parent, Financial Eligibility, Discontinue” notifies minor parent recipients who are pregnant or a parent under age 18 living with their parent(s) that they must have their parent’s income counted to determine the cash aid for the entire case. The AU cannot get cash aid if the gross income is more than the CalWORKs Tier 2 IRT.

The specific revisions to the M44-207K1 are as follows:

- Updated regulations cited to include ACL 19-76.
- Modified the first paragraph to read as follows: “You cannot get cash aid if your gross income is more than the CalWORKs Tier 2 Income Reporting Threshold and is expected to continue at this level.”
- Modified the third paragraph to read as follows: “The Tier 2 Income Reporting Threshold for your family size is_____”.
- Replaced references to “Food Stamps” with “CalFresh”
- Section A changed to show Gross Income calculation.

M44-315A – “\$10 Minimum Payment, Change” notifies recipients that they will not receive cash aid because their monthly cash aid is less than \$10.

The specific revisions to the M44-315A are as follows:

- Added bulleted list of benefits available to assistance units receiving a Zero Basic Grant.
- Deleted reference to Monthly Report and replaced with reporting requirements.
- Added statement explaining months do not count against the 48-month time limit, unless certain conditions are applicable.

Detailed Description of the Specific Change to the Discontinuance NOA

NA 210- “Discontinue, Suspend- Financial Eligibility” is used to calculate Gross Income as part of the recipient financial eligibility test.

The specific revisions to the NA 210 are as follows:

- Replaced the net non-exempt income with the gross income calculation used in the recipient financial eligibility test.

Detailed Description of the Specific Change to the Overpayment NOA

NA 274H – “Overpayment Computations” is used to calculate the overpayment amount for an AU after all applicable income disregards, sanctions, and penalties have been applied.

The specific revisions to the NA 274H are as follows:

- Added “Enter \$0 if negative” to Section B, line #4.

Detailed Description of the Specific Changes to the CalWORKs Budget Worksheet

CW 30 – “CalWORKs Budget Worksheet” is used to determine CalWORKs financial eligibility and to calculate the cash grant an AU may receive.

The specific revisions to the CW 30 are as follows:

- Replaced reference to the \$500 disability-based income disregard to an amount completed by the user.
- Differentiated the financial eligibility tests for applicants and recipients.
- Renamed Lines 22b and 23a to “Recurring Special Needs.”

Obsolete NOA Messages

The following two CalWORKs NOA messages are now obsolete and should no longer be used:

- M44-133V - Minor Parent, Financial Eligibility, Change
- M44-207K4 - Suspend Part of AU, Financial Eligibility, Discontinue

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these publications from the [California Department of Social Services \(CDSS\) Forms and Publications](#) webpage. When all translations are completed per [MPP Section 21-115.2](#), they are posted on an on-going basis on the [CDSS Translated Forms and Publications](#) webpage.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

The County Welfare Departments (CWDs) shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources.

These services shall be provided free of charge to the applicant/recipient. In the event that the CDSS does not provide translations of a form, it is the CWD's responsibility to provide translation services if an applicant or recipient requests them. More information regarding provisions for services to applicants and recipients who are non-English speaking or who have disabilities can be found in [MPP Section 21-115](#).

If you have any questions or need additional guidance regarding the information in this letter, contact the Early Engagement and Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

JENNIFER HERNANDEZ
Deputy Director
Family Engagement and Empowerment Division

Attachments

State of California
Department of Social Services

Auto ID No.:
Source :
Issued by :
Reg Cite : ACL 19-76, Senate Bill
(SB) 80 (Chapter 27, Statutes of 2019)

Noa Msg Doc No.: M44-207K Page 1 of 1
Action : Discontinue
Issue: Income
Title: Financial Eligibility

Use Form No. : NA 210
Original Date : 05-01-87
Revision Date : 05-01-20

MESSAGE:

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

Here's why:

You cannot get cash aid if your family's gross income is more than the CalWORKs Tier 2 Income Reporting Threshold and is expected to continue at this level.

Your family size is _____

The Tier 2 Income Reporting Threshold for your family size is _____

Your family's needs and income are figured on this page.

If you disagree, ask for a hearing. The back of this notice tells you how.

Medi-Cal: This notice DOES NOT stop or change your Medi-Cal benefits. **Keep using your plastic Benefits Identification Card (s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid when the family's income (AU + Non-AU members) is more than Tier 2 Income Reporting Threshold (IRT). Print message on NA 210.

Complete the following:

- Date of discontinuance
- Provide number of family members included in the Assistance Unit (AU)
- Provide the dollar value for Tier 2 IRT for the AU size

This message replaces the M44-207K (2/01/20).

State of California
Department of Social Services
Auto ID No. :
Source :
Issued by :
Reg Cite : 44-133.5, 44-207, 89-201.5

Noa Msg Doc No. : M44-133S Page 1 of 3
Action : Change
Issue : Income Eligibility
Title : Minor Parent, Fin. Eligibility
Use Form No. : NA 290
Original Date : 11-01-96
Revision Date : 05-01-20

MESSAGE:

As of _____, the County is changing your monthly cash aid from \$_____ to \$_____.

Here's why:

When you are pregnant or a parent and under age 18 living with your parent, your parent's income is counted to figure your cash aid for your entire case. When we count their income, the total income in your case caused your cash aid to go down.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid in minor parent cases when the family's income (AU + Non-AU) causes the minor parent's cash aid to go down.

Print message on NA 290. Use NA 270 as a continuation page for the special budget computation. Utilize the corresponding Disability-based Income Disregard.

This message replaces M44-133S dated 10-01-02.

Section A. Countable Income, Month of _____

Total Self-Employment Income	\$ _____
Self-Employment Expenses:	
a. 40% Standard.....	- _____
OR	
b. Actual	- _____
Net Earnings from Self-Employment.....	= _____
 Total Disability-Based Unearned Income of (Assistance Unit+ Non-Assistance Unit Members)	\$ _____
Disability-Based Unearned Income Disregard.....	- _____
Nonexempt Unearned Disability-Based Income	= _____
OR	
Unused Amount of Disability-Based Unearned Income.....	= _____
 Total Earned Income.....	\$ _____
Net Earnings from Self-Employment (from above)	+ _____
Subtotal.....	= _____
Unused Amount of Disability-Based Unearned Income Disregard (from above)	- _____
Subtotal.....	= _____
Earned Income Disregard 50%.....	- _____
Subtotal.....	= _____
Nonexempt Unearned Disability-Based Income (from above).....	+ _____
Other Nonexempt Income of (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.....	= _____
 5. Maximum Aid, Persons(Assistance Unit only) (Excluding Sanctioned Persons).....	\$ _____
6. Special Needs (Assistance Unit only)...	+ _____
7. Maximum Aid Subtotal.....	= _____
8. Full Month Aid Subtotal	
(Lowest Amount on Line 4 or 7).....	= _____
 9. Maximum Aid for Minor parent's ____ eligible child(ren).....	\$ _____
10. Special Needs.....	+ _____
11. Minor parent's child(ren) Subtotal...	= _____
12. Full Month Aid Subtotal	
(Greater Amount on Line 8 or 11).....	= _____
13. Line 12 Prorated for Part of Month...	= _____

14. Adjustments: 25% Child Support Sanction	-	_____
Overpayment.....	-	_____
14a. Other Sanctions.....	-	_____
14b. Bonus.....	+	_____
15. Monthly Cash Aid Amount		
(Line 12 or 13 Adjusted).....	=	_____

Department of Social Services
State of California

Noa Msg Doc No. : M44-133T Page 1 of 3
Action : Partial Approval
Issue : Income Eligibility
Title : Minor Parent, Fin. Eligibility

Auto ID No. :
Source :
Issued by :
Reg Cite : 40-171.2, 44-133.5, 44-207,
44-315, 44-317, 89-201.5

Use Form No. : NA 290
Original Date :11-01-96
Revision Date :05-01-20

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 \$_____.

Cash aid has been denied for_____.

Here's why:

You cannot get cash aid if your net countable income is more than the need standard set by the state.

When you are pregnant or a parent and under age 18 living with your parent, your parent's income is counted to figure your cash aid. When we count their income, your total income is over the limit.

Since we do not count your parent's income to your child, your child is still eligible to get cash aid.

The cash aid is figured on this page.

INSTRUCTIONS: Use to partially approve minor parent cases when the family's income (AU + Non-AU) causes the minor parent to exceed MBSAC which results in only the baby being aided.

Print message on NA 290 with special budget in right column. Budget includes language to accommodate the comparison of MAP for the minor parent's child(ren).

Use NA 301 (6/98) F.E. applicant test as a second page. Fill in the computation.

This message replaces M44-133T dated 01-01-98.

Section A. Countable Income, Month of

Total Self-Employment Income	\$ _____
Self-Employment Expenses:	
a. 40% Standard.....	- _____
OR	
b. Actual	- _____
Net Earnings from Self-Employment.....	= _____
 Total Disability-Based Unearned Income of (Assistance Unit+ Non-Assistance Unit Members)	 \$ _____
 Nonexempt Unearned Disability-Based Income	 = _____
OR	
Total Earned Income.....	\$ _____
Net Earnings from Self-Employment (from above)	+ _____
Subtotal.....	= _____
 Total Earned Income	 + _____
Other Nonexempt Income of (Assistance Unit	+ _____
+ Non-Assistance Unit Members).....	+ _____
 Child Support collected by	 + _____
County.....	
Total Gross 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.....	= _____
 5. Maximum Aid, Persons (Assistance Unit only)	
(Excluding Sanctioned Persons).....	\$ _____
6. Special Needs (Assistance Unit only)...	+ _____
7. Maximum Aid Subtotal.....	= _____
8. Full Month Aid Subtotal	
(Lowest Amount on Line 4 or 7).....	= _____
 9. Maximum Aid for Minor parent's	
_____ eligible child(ren).....	\$ _____
10. Special Needs.....	+ _____
11. Minor parent's child(ren) Subtotal...	= _____
12. Full Month Aid Subtotal	
(Greater Amount on Line 8 or 11).....	= _____
13. Line 12 Prorated for Part of Month...	= _____

14. Adjustments: 25% Child Support Sanction

- _____

Overpayment.....

- _____

14a. Other Sanctions.....

- _____

14b. Bonus.....

+ _____

15. Monthly Cash Aid Amount

(Line 12 or 13 Adjusted).....

= _____

State of California
Department of Social Services

Auto ID No.:
Source :
Issued by :
Reg Cite : ACL 19-76, Senate Bill
(SB) 80 (Chapter 27, Statutes of 2019)

Noa Msg Doc No.: M44-207K1 Page 1 of 4
Action : Discontinue
Issue: Income Eligibility
Title: Minor Parent, Financial Eligibility

Use Form No. : NA 290
Original Date : 10-01-02
Revision Date : 05-01-20

MESSAGE:

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

Here's why:

You cannot get cash aid if your family's gross income is more than the CalWORKs Tier 2 Income Reporting Threshold and is expected to continue at that level.

When you are pregnant or a parent and under 18 living with your parent, your parent's income is counted to figure the cash aid for your entire case. When we count their income, the total income in your case is over the limit.

Your family size is _____

The Tier 2 Income Reporting Threshold for your family size is _____

Your family's needs and income are figured on this page.

If you disagree, ask for a hearing. The back of this notice tells you how.

Medi-Cal: This notice DOES NOT stop or change your Medi-Cal benefits. **Keep using your plastic Benefits Identification Card (s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue the minor parent's case cash aid when the family's income (AU + Non-AU members) causes the minor parent's AU to exceed the Tier 2 Income Reporting Threshold (IRT).

Print the message on NA 290. Use the NA 270 as a continuation to show budget computation.

Complete the following:

- Date of discontinuance
- Provide number of family members included in the Assistance Unit (AU)
- Provide the dollar value for Tier 2 IRT for the AU size

This message replaces the M44-207K1 (10/01/02).

Section A. Countable Income, Month of _____

Total Self-Employment Income \$ _____
Self-Employment Expenses:
a. 40% Standard..... - _____
OR
b. Actual - _____
Net Earnings from Self-Employment..... = _____

Total Earned Income..... \$ _____
Net Earnings from Self-Employment (from above) + _____
Subtotal
Total Disability-Based Unearned Income of
(Assistance Unit+ Non-Assistance Unit Members) + _____
Other Nonexempt Income of (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..... = _____

5.Maximum Aid, Persons(Assistance Unit only)
(Excluding Sanctioned Persons)..... \$ _____
6.Special Needs (Assistance Unit only)... + _____
7.Maximum Aid Subtotal..... = _____
8.**Full Month Aid Subtotal**..... = _____
(Lowest Amount on Line 4 or 7).....

9. Maximum Aid for Minor parent's
____ eligible child(ren)..... \$ _____
10. Special Needs..... + _____
11. Minor parent's child(ren) Subtotal... = _____
12. **Full Month Aid Subtotal**
(Greater Amount on Line 8 or 11)..... = _____
13. Line 12 Prorated for Part of Month... = _____

14. Adjustments: 25% Child Support Sanction	-	_____
Overpayment.....	-	_____
14a. Other Sanctions.....	-	_____
14b. Bonus.....	+	_____
15. Monthly Cash Aid Amount		
(Line 12 or 13 Adjusted).....	=	_____

State of California
Department of Social Services

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-315.5, 40-181.214(a),
40-181.22 (SAR)

Noa Msg Doc No. : M44-315A Page 1 of 2
Action : Change
Issue : Aid Payments
Title : \$10 Minimum Payment
Use Form No. : NA 200
Original Date : 05-01-87
Revision Date : 05-01-20

MESSAGE:

As of _____, the County is changing your cash aid from \$ _____ to \$0.00.

Here's why:

The monthly cash aid amount figured on this notice is less than \$10.00.

We can't pay aid for an amount less than \$10.00.

Months in which we do not pay aid do not count against your 48-month time limit, unless:

- we are collecting an overpayment, or
- you are eligible for less than \$10 because of a penalty, or
- you get a non-recurring special need payment.

Contact the County if you would like more details about time on aid.

You can still get other CalWORKs programs and services, if you are eligible, including:

- Welfare to Work;
- Child care;
- Transportation supportive services to go to work, school, training or approved activities;
- Being paid back for work and school related expenses; and
- Homeless assistance

Contact the County for specific details about the above programs or services.

Although you won't get a cash aid payment, you are still on the CalWORKs program and must continue to send in your reports by the dates the County tells you they are due and you must do this to keep your Medi-Cal and can always contact the County if things change to see if you can get a cash aid payment.

State of California
Department of Social Services

Noa Msg Doc No. : M44-315A Page 1 of 2
Original Date : 05-01-87
Revision Date : 05-01-20

INSTRUCTIONS: Use to reduce the grant to zero when another change in the case reduces the grant to less than \$10. This message will always be used with another, which explains the change in the monthly grant.

This message replaces M44-315A dated 05-01-87

**NOTICE OF ACTION
DISCONTINUE, SUSPEND -
FINANCIAL ELIGIBILITY**

COUNTY OF _____

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

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Page 3 tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

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:

Countable Income

1. Total Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Earned Income
(Assistance Unit + Non-Assistance Unit Members) + _____
5. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) + _____
6. Other Nonexempt Income
(Assistance Unit + Non-Assistance Unit Members) + _____
7. Child Support collected by County + _____
8. **Total Gross Income** = _____

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 have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, 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 CalFresh benefits 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, CalFresh 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 ☐ CalFresh
☐ 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 ☐ CalFresh ☐ 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		Date of Birth	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

**NOTICE OF ACTION
(Continued)**

Overpayment Amount Owed
(For Overpayments Occurring on or
after 6-1-2020)

COUNTY OF _____

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

Overpayment Month and Year**Section A. Countable Income, Month of _____**

1. Total Self-Employment Income	\$			
2. Self-Employment Expenses:				
a. 40% Standard	-			
OR				
b. Actual	-			
3. Net Earnings from Self-Employment	=			
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members)	\$			
5. \$500 DBI Disregard (if #4 is greater than \$500)	-			
6. Nonexempt Unearned Disability-Based Income	=			
OR				
7. Unused DBI Disregard	=			
8. Net Earnings from Self-Employment (from above)	+			
9. Total Other Earned Income	+			
10. Unused Amount of \$500 (from #7)	-			
11. Subtotal	=			
12. Earned Income Disregard 50%.	-			
13. Subtotal	=			
14. Nonexempt Unearned Disability-Based Income (from #6)	+			
15. Subtotal	=			
16. 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 (Enter \$0 if negative)	=			
5. Maximum Aid _____ Persons (Assistance Unit only) (Penalized Persons)	\$			
6. Special Needs (Assistance Unit only)	+			
7. Maximum Aid Subtotal	=			
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)	-			
Other Penalties	-			
Overpayment	-			
Cal-Learn Penalties	-			
School Bonus (\$100 or \$500)	+			
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	\$			
12. Overpayment				
Cash Aid Paid to You	\$			
Correct Cash Aid Amount with Adjustments	-			
Subtotal	=			
13. Cash Aid Paid to You	\$			
Support Payments Collected for You	-			
Subtotal	=			
14. Amount of Overpayment for Each Month (Lesser of Subtotal 12 or 13)	=			

TOTAL OVERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352, SB 1041 (Chapter 47, Statutes of 2012).

State Hearing: If you think this action is wrong, you can ask for a hearing. Page 3 tells how.

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 have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, 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 CalFresh benefits 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, CalFresh 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 ☐ CalFresh
☐ 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 ☐ CalFresh ☐ 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		Date of Birth	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

CALWORKS BUDGET WORKSHEET

Use the worksheet on the back of the CW 30 to calculate income for the payment period.

Case Name:	Case Number:
Data Month:	Payment Method:
<input type="checkbox"/> Standard MAP	<input type="checkbox"/> Exempt MAP
Worker Name:	
Worker #:	Date:

Name	Check (✓) One			
	(A)	(B)	(C)	(D)
	AU (Non-Penalized)	Penalized	Non-AU (If Income Counted Or Ineligible Non Citizen)	Sanctioned

SELF-EMPLOYMENT INCOME CALCULATION

EARNINGS FROM SELF-EMPLOYMENT	PERSON 1	PERSON 2
Gross earnings from self-employment	\$	\$
Expenses <input type="checkbox"/> Actual <input type="checkbox"/> 40%	-	-
Net self-employment income (include in Section A, line 4)	\$	\$

SECTION A: RECIPIENT FINANCIAL ELIGIBILITY AND NET NON-EXEMPT INCOME COMPUTATION

1. Total Disability-based unearned income of A, B, C, D.	\$
2. Minus Disability-based income disregard.	-
3. Subtotal nonexempt Disability-based income. (If positive amount, enter amount on line 9. If negative amount, enter amount on line 5).	=
4. Gross averaged earned income of A, B, C, D (From income worksheet).	\$
5. Remainder of Disability-based income disregard, if any. (Enter negative amount from line 3).	-
6. Subtotal earned income (line 4 minus line 5).	=
7. 50% earned income disregard. (Total on line 6 divided by 2).	-
8. Subtotal net nonexempt earned income. (Line 6 minus line 7).	=
9. Nonexempt Disability-based unearned income. (Enter positive amount from line 3).	+
10. Other nonexempt income of A, B, C, D including child/spousal support for C, D (but not A, B).	+
11. Total net nonexempt income for grant computation (line 8 + 9 + 10).	=
12. Child/Spousal support for A, B, (not C, D).	\$
13. Minus child/spousal support disregard.	-
14. Total countable child/spousal support.	=
15. Total net nonexempt income for financial eligibility test (line 11 + 14).	=
16. For applicants, go to line 17. For recipients, go to line 19.	
17. MAP for A & C + special needs for A, C.	\$
18. Applicant family meets financial eligibility test (if line 15 is less than line 17). If yes, continue with grant computation (line 22).	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Tier 2 Income Reporting Threshold for A.	\$
20. Household Gross Income (lines 1 + 4 + 10 + 12).	=
21. Recipient family meets continuing financial eligibility test (if line 20 is less than or equals line 19). If yes, continue with grant computation (line 22).	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B: GRANT COMPUTATION

22. Maximum Aid Payment for _____ Family Member (A & C).	\$
a. Net nonexempt income (enter amount from line 11 or 15).	-
b. Recurring Special Needs (A, C).	+
c. Potential Grant (enter \$0 if negative).	\$
23. Maximum Aid Payment for _____ persons (A).	\$
a. Recurring Special Needs (A).	+
b. Subtotal	=
c. Aid Payment (lesser of 22c or 23b).	\$
24. Proration figure. Date: _____	x
25. Prorated Aid Payment.	=
26. Other adjustments imposed upon the AU:	
a. Child Support non-co-op (25% of Aid Payment).	-
b. Overpayment adjustment	-
c. Cal-Learn penalties	-
d. Cal-Learn bonus	+
27. Adjusted Aid Payment	=

SECTION C: BUDGET RECOMPUTATION

28. Actual Cash Aid Paid	\$
a. Adjusted Aid Payment (amount from line 27).	-
b. Subtotal	=
29. Overpayment Amount (line 28b).	\$
30. Underpayment if line 27 is greater than line 28. (Line 27 minus line 28).	\$

CW INCOME WORKSHEET

MONTH OF: _____ Case Name: _____ Case Number: _____

Person #	DBI, U or E	Week 1	Week 2	Week 3	Week 4	Week 5	Total	Minus Self-Employment Expenses*	Divide By**	Conversion Factor***	Monthly Amount	Income In Kind****	Totals

*Deduct either 40% or Actual expenses

**Divide by number of payments in the month

***Bi-Weekly = x 2.167, Weekly = x 4.33

****See MPP 44-115

MONTH INCOME: \$ _____

	Month of	Monthly Gross Income*
DBI		DBI =
U		U =
E		E =

*Apply the disregards to each type of monthly gross income to calculate the total net, non-exempt income for the month. Use that amount to calculate the grant for each month of the payment period unless a change in actual or anticipated income is reported.