

NOTICE OF ACTION

(Continued)

COUNTY OF _____

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

Notice Date _____
Case Name _____
Number _____



Rules: These rules apply; you may review them at your welfare office.

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