

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 Number : _____

Overpayment Amount Owed
(For Overpayments Occurring From 10-1-89 to 8-31-91)

Overpayment Month and Year: _____

(A) Family Gross Income

_____	\$	_____	_____	_____	_____
_____	+	_____	_____	_____	_____
Total Gross Income (1)	=	=====	=====	=====	=====
Basic Need for _____ Persons	\$	_____	_____	_____	_____
Special Needs	+	_____	_____	_____	_____
Total Needs	=	_____	_____	_____	_____
	X	1.85	_____	_____	_____
185% of Needs (2)	=	=====	=====	=====	=====

If (1) is larger than (2), you were not eligible in that month and all the cash aid you got is an overpayment. The amount of your overpayment is figured below.

(B) Net Countable Income

Total Earned Income	\$	_____	_____	_____	_____
Work Expense Disregard	-	_____	_____	_____	_____
\$30 Disregard	-	_____	_____	_____	_____
1/3 Disregard	-	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____
Dependent Care Disregard	-	_____	_____	_____	_____
Other Countable Income (List Sources)		_____	_____	_____	_____
	+	_____	_____	_____	_____
	+	_____	_____	_____	_____
Court Ordered Child/Spousal Support Paid	-	_____	_____	_____	_____
Unmet Needs of Ineligible Alien Child(ren)	-	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____

(C) Correct Cash Aid Payment

Basic Aid Amount (# persons) \$ Amount	()	_____	()	_____	()	_____	()	_____	()	_____
Special Needs	+	_____	_____	_____	_____	_____	_____	_____	_____	_____
Net Countable Income	-	_____	_____	_____	_____	_____	_____	_____	_____	_____
Correct Cash Aid Amount	=	=====	=====	=====	=====	=====	=====	=====	=====	=====

(D) Overpayment

Cash Aid Paid to You	\$	_____	_____	_____	_____
Correct Cash Aid Amount	-	_____	_____	_____	_____
Subtotal A	=	=====	=====	=====	=====
Cash Aid Paid to You	\$	_____	_____	_____	_____
Support Payments Collected for You	-	_____	_____	_____	_____
Subtotal B	=	=====	=====	=====	=====
Amount of Overpayment for Each Month	=	_____	_____	_____	_____
(Lesser of Subtotal A or B)		_____	_____	_____	_____

TOTAL OVERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352.12
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how