

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

Optional Persons Transfer of Property

Notice Date : _____

Case Name : _____

Number : _____

Worker Name : _____

Number : _____

Telephone : _____

Address : _____

: _____

: _____

Fair Market Value \$ _____

Amount Received - _____

(A) Transfer of Property Amount = _____

Family Needs

Basic Need for _____ Persons \$ _____

Special Needs + _____

(B) Family Needs = _____

Optional Person(s) Needs

Basic Need for _____ Persons \$ _____

Special Needs + _____

(C) Optional Person(s) Needs = _____

Differential

Family Needs _____

Optional Person(s) Needs - _____

(D) Differential = _____

Ineligibility for Optional Persons
Your transfer of property amount **(A)**
minus the differential **(D)**
divided by the optional person(s) needs **(C)**
equals the number of ineligible months: ... _____
(# OF MONTHS)

Rules: These rules apply; you may review them at your Welfare Office:
MPP

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