NOTICE OF ACTION
(Continued)

COUNTY OF

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

Notice Date _____
Case Name _____
Number _____

EXCESS PROPERTY
(WITHOUT GOOD FAITH)

Payment Month		Cash Aid Paid	Support Collection by the County		Net Cash Aid Paid		Value of Property You Had on the First of the Month
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
	$			=		$	
Total Net Cash Paid				$			

Rules: These rules apply; you may review them at your welfare office. MPP 44-352.116

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