

State of California  
Department of Social Services

Noa Msg Doc No.: M44-352H SAR Page 1 of 1  
Action : Change  
Issue: U/O Payment  
Title: Overpayment Adjustment

Auto ID No.:  
Source :  
Issued by : ACL No. 13-80  
Reg Cite : 44-352.4, 44-350.1

Use Form No. : NA 200  
Original Date : 05-01-13 New  
Revision Date : 09-23-13

MESSAGE:

Txij thaum \_\_\_\_\_, Lub Nroog tau pauv hloov koj cov nyiaj ntsuab pab dawb los ntawm \$\_\_\_\_\_mus rau \$\_\_\_\_\_.

Qhov no yog vim licas:

Tau them nyiaj tshaj rau koj \$\_\_\_\_\_ txij (hnuv) txog (hnuv). Lub Nroog tau xa ib tsab ntawv ceebtoom hais txog qhov them nyiaj tshaj no tuaj rau koj rau (hnuv), tabsis thaum lub sijhawm ntawd peb tsis tau sau cov nyiaj vim tias:

[ ] Yog lub caij ib nrab xyoo.

[ ] Peb twb txo koj cov nyiaj pab raws li cov nyiaj them tshaj ntawm lawm.

Nplooj ntawv txuas mus ntxiv qhia tias yuav muab cov nyiaj tshem tawm hauv cov nyiaj ntsuab pab dawb ntawm txhua lub hli licas.

Thov saib daim ntawv ceebtoom uas peb tau xa tuaj rau koj (hnuv) (muab tso nrog uake), uas yuav qhia txog cov nyiaj ntsuab pab dawb uas tau them tshaj rau koj ntawm txhua lub hli yog ntau npaum licas.

Koj cov nyiaj ntsuab pab dawb tshiab raug xam rau ntawm nplooj ntawv no.

Koj tsis tau siv cov nyiaj Social Security lossis SSI cov nyiaj pab uas koj tau txais coj los them rau cov nyiaj them tshaj no.

CEEBTOOM: Yog koj xav tias qhov them nyiaj tshaj no tsis raug, qhov no yog lub sijhawm kawg ntawm koj yuav tau thov hais kom taug xyuas ob tog lus dua. Sab tomqab ntawm nplooj ntawv no qhia tias yuav ua licas. YOG koj tseem tau txais cov nyiaj pab, Lub Nroog yuav sau cov nyiaj uas tau them tshaj ntawd los ntawm kev txo koj cov nyiaj pab dawb hauv txhua lub hli. Yog koj tso tseg rau cov nyiaj pab ua ntej kev them cov nyiaj them tshaj rov qab, Lub Nroog yuav xam cov nuj nqi no los tom koj cov nyiaj nqi se them rov qab ntawm cov nyiaj tau los ntawm lub xeev lossis txiav txim sau cov nuj nqi no raws li lwm txoj cai sau tseg.

INSTRUCTIONS: Use to notify of a grant adjustment on a previously noticed overpayment. Specify when the overpayment took place and the total amount owed. Attach the NA 275 to show the grant adjustment amount. Attach a copy of the Notice of Action that was sent when the overpayment was first discovered.