

State of California
Department of Social Services

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Noa Msg Doc No.: M44-207M Page 1 of 2
Action : Deny
Issue: Income
Title: Financial Eligibility

Use Form No. : NA 213A
Original Date : 08-01-20
Revision Date :

MESSAGE:

Kau Dih dingc maiv bun nyaanh meih yiem naaiv norm
hnoi _____.

Naaiv se weic haaix diuc:

Meih maiv haih duqv zipv nyaanh se gorngv meih nyei
hmuangv doic yietc zungv funx nzoih nyaanh fih
mbuoqc a'fai gauh camv saengv dingc daaih nyei soux
mouc. Dingc daaih nyei soux mouc bun meih nyei
hmuangv doic _____ laanh mienh se \$ _____.

Meih hmuangv doic qiemp zuqc nyei jauv caux zipv
bieqc nyei nyaanh duqv funx ziangx yiem naaiv pin sou.

Dongh meih duqv zipv nyaanh norm-norm leiz-baaix fai
nqaeqv norm leiz-baaix, naaiv se dongh yie mbuo funx
nzoih meih nyei nyaanh hlaax:

Da'nyietv, yie mbuo gapv zunv yietc zungv meih zipv
meih nyei nyaanh hlaax liuz funx fai haanx cuotv yiem
meih duqv zipv mba'ziex nzunc nyaanh. Liuz, yie mbuo
aengx funx naaic norm soux mouc benx pouh tong meih
zipv bieqc nyei nyaanh weic naaic norm hlaax.

- Se gorngv meih duqv nyaanh norm-norm leiz-baaix
nor, meih haih duqv zipv nyaanh yietc hlaax 4 a'fai 5
nzunc. 4.33 se benx pouh tong hlaax-hlaax nyei
nyaanh
- Se gorngv meih nqaeqv norm leiz-baaix duqv zipv
nzunc nyaanh, meih haih duqv zipv nyaanh 2 a'fai 3
nzunc yietc hlaax. 2.167 se benx pouh tong hlaax-
hlaax nyei nyaanh.

Naaiv se meih nyei sou-fienx:

Box Duqv Zipv nyei Nyaanh weic Hlaax _____

Siqc Jeiv Gong Zornc nyei Nyaanh = _____

Zornc Daaih nyei Nyaanh + _____

Maiv Zornc nyei Nyaanh + _____

Yietc Zungv Zornc Bieqc Nyaanh Hlaax = _____

“Medi-Cal”: Naaiv zeiv sou-fienx MAIV dingh a’fai tiuv meih nyei “Medi-Cal” mbatv. **Gunv longc jienv meih nyei zeiv-yaang Longc Nyaanh Mbatv mingh “Benefits Identification Card” mingh.** Meih aengx ganh duqv zipv zeiv sou-fienx mbuox taux maaih haaix nyungc tiuv nyei jauv weic meih nyei “Medi-Cal” zorc baengc mbatv.

“CalFresh”: Naaiv zeiv sou-fioenx MV dingh a’fai tiuv meih nyei “CalFresh” nyaanh. Meih aengx ganh duqv zipv zeiv sou-fienx box taux maaih haaix nyungc tiuv nyei jauv weic meih nyei “CalFresh” nyaanh.

Duqv zipv jienv “Medi-Cal” caux/a’fai “CalFresh” ganh hnangv se MAIV funx bieqc la’nyauv taux meih duqv zipv nyaanh nyei hnoi-nyieqc.

INSTRUCTIONS: Use to deny cash aid when the family’s income (AU + Non-AU members) is less than MBSAC and the net non-exempt income is equal to or more than Maximum Aid Payment (MAP). Use on NA 213A.

Complete the following:

- Date of application
- AU size
- MAP for AU size
- MM/YYYY of application
- Total Self-Employment Income
- Total Other Earned Income
- Total Unearned Income
- Sum of Self-Employment, Other Earned and Unearned Income