

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



January 28, 2002

ALL COUNTY INFORMATION NOTICE NO I-08-02

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CalWORKs PROGRAM SPECIALISTS
 ALL Medi-Cal PROGRAM SPECIALISTS/LIAISONS

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation
 Change
 Court Order
 Clarification Requested by
 One or More Counties
 Initiated by CDSS

SUBJECT: REVISED CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY
 TO KIDS (CalWORKs) NOTICES OF ACTION (NOA) MESSAGES AND
 NOTICE OF ACTION (NA) FORMS AFFECTED BY
 SENATE BILL (SB) 87

REFERENCE: DEPARTMENT OF HEALTH SERVICES (DHS) ALL COUNTY
 WELFARE DIRECTORS LETTER (ACWDL) 01-36

This All County Information Notice (ACIN) transmits copies of the revised Notices of Action (NOA) messages and Notice of Action (NA) forms for the California Work Opportunity and Responsibility to Kids (CalWORKs) program as required under SB 87. As stated in Department of Health Services All County Welfare Directors Letter 01-36, dated June 19, 2001, SB 87 mandates a notification for all cases being discontinued from CalWORKs to include specific information about the continuance of Medi-Cal benefits. Attached are the revised NOA messages and NA Forms that reflect this new language.

Discontinued CalWORKs recipients must continue to receive ongoing Medi-Cal benefits under the Section 1931(b) Medi-Cal program. Therefore, effective immediately, the CW 103 (Transitional Medi-Cal form) is no longer to be used or sent out as a supplement with discontinuance NOA messages and NA forms.

The following NOA messages are affected:

<u>Message #</u>	<u>Title</u>	<u>Action</u>
M40-105 F	SFIS-Non-Cooperation Of Added Member	(Discontinue)
M40-105G	SFIS-Failure To Cooperate	(Discontinue)
M40-105H	SFIS-Refuse To Cooperate	(Discontinue)
M40-118D	Incomplete Statement Of Facts-All Members	(Discontinue)
M40-157A4	No SAWS 2	(Discontinue)
M40-181A	Essential Information Needed	(Discontinue)
M42-101C	No Eligible Child	(Discontinue)
M42-213F	Property Not Sold	(Discontinue)

M42-221J	Property-Transfer W/O Fair Consideration	(Discontinue)
M42-221M	Income-Transfer W/O Fair Consideration	(Discontinue)
M42-431A4	No Proof Of Eligible Noncitizen Status	(Discontinue)
M43-119C	Sponsored Noncitizen-Needs Met	(Discontinue)
M43-119H	Sponsored Noncitizen-Missing CW 72	(Discontinue)
M43-119O	Sponsored Noncitizen-Deemed Sponsor's/Family Property	(Discontinue)
M43-119P	Sponsored Noncitizen-Deemed Sponsor's Property	(Discontinue)
M44-207K	Financial Eligibility	(Discontinue)
M44-211M	Pregnant Women Only/No Longer Pregnant	(Discontinue)
M82-820B	Mandatory AU Members	(Discontinue)
M82-820C	Eligible Child Left Home	(Discontinue)
M82-820D	No Longer Pregnant	(Discontinue)
M82-832F	Eligible Person Leaving AU	(Discontinue)
M89-130	Non Qualified Withdrawal/Restricted Account	(Discontinue)

Also affected are the following NA forms:

<u>Form #</u>	<u>Title</u>	<u>Action</u>
NA 200	Financial Income Budget	(Multipurpose)
NA 210	Financial Eligibility	(Discontinue)
NA 213	Financial Eligibility	(Deny)
NA 214	Excess Property	(Discontinue)
NA 214A	Excess Income	(Discontinue)
NA 216	Sponsored Noncitizen	(Change)
NA 217	Diversion	(Discontinue)
NA 219	Property	(Discontinue)
NA 290	No Budget	(Multipurpose)
NA 960X	CW 7 Not Received	(Discontinue)
NA 960Y	CW 7 Incomplete	(Discontinue)

Implementation

Counties should begin using the new NOA messages and NA forms immediately.

Forms Designation and Modification of Forms

The NOA messages transmitted with this ACIN and the NA forms affected are designated as "Required Form – Substitute Permitted." County Welfare Departments (CWDs) must obtain prior approval from the California Department of Social Services (CDSS) and/or the Department of Health Services (DHS) before implementing a modification or substitution to these and other "Substitute Permitted" forms. For CalWORKs program changes, the procedures for submission of a change request are outlined in the Management and Office Procedures Regulations 23-400.2.

Camera-Ready Copies and Translations

After you receive a copy of an English CalWORKs form or message, please allow six to eight weeks for the forms and messages to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Vietnamese or Russian, FAX your request to LTS at (916) 657-3429 or e-mail it to lts@dss.ca.gov.

For a camera-ready copy and/or an additional copy of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms (not including NOA messages) from the CDSS web page at: www.dss.cahwnet.gov. FMU is currently in the process of making forms available on the Internet. If the name, mailing address or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to fm@dss.ca.gov. For additional copies of NOA messages in English, please contact Shawn Bradley at (916) 653-8675 or by e-mail at shawn.bradley@dss.ca.gov.

Your CalWORKs Forms Coordinator is to distribute translated forms and messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

Contacts

If you have any questions or need further information, please contact the following staff regarding their specific program area:

This letter and attachments: Shawn Bradley at shawn.bradley@dss.ca.gov,
(916) 653-8675/CALNET 453-8675;

Medi-Cal: Marge Buzdas at mbuzdas@dhs.ca.gov,
(916) 657-0726/CALNET 437-0726

Sincerely,

Original document signed by

Charr Lee Metsker on

01/28/02

CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CSAC
CWDA

State of California
Department of Social Services

Noa Msg Doc No.: M40-105F Page 1 of 2
Action : Discontinue
Issue: SFIS Requirements
Title: Non-Cooperation of Added AU Member

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105.3

Use Form No. : NA 290
Original Date : 03/01/00
Revision Date : 01/08/02

MESSAGE:

As of _____, the County is stopping your cash aid for you and your family.

Here's why:

A fingerprint/photo image must be taken by the county for:

- Each parent (natural, adoptive, step-parent) and/or caretaker relative of an applicant or aided child(ren) when living in the home of the child.
- Each parent and/or caretaker relative who can apply for or get aid because they have certain excluded child(ren) living in the home. This includes a child who gets SSI/SSP.
- Each applicant or aided adult.
- A pregnant woman applying for or getting aid for herself only.

_____ has not met these rules.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

Noa Msg Doc No.: M40-105F Page 2 of 2
Original Date : 03/01/00
Revision Date : 01/08/02

INSTRUCTIONS: Use to discontinue aid for the family when someone comes into the home who is required to be fingerprinted/photo imaged and refuses or fails to cooperate. Use this message when the other members of the AU have already cooperated. In the action line, enter the date of the discontinuance. In the body of the message, fill in the appropriate person's name.

This message replaces M40-105F dated 03/01/00

File: sbradleyU/mseries/40105f

State of California
Department of Social Services

Noa Msg Doc No.: M40-105G Page 1 of 1
Action : Discontinue
Issue: SFIS Requirements
Title: Failure to Cooperate

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105.3

Use Form No. : NA 290
Original Date : 03/01/00
Revision Date : 01/08/02

MESSAGE:

As of _____, the County is stopping
your cash aid for you and your family.

Here's why:

We asked you, and/or a member of your
household, to have your fingerprint/
photo image taken to continue to get cash
aid. The following household member(s)
did not do this:

Name

Name

Name

Name

Medi-Cal: This notice DOES NOT change or
stop Medi-Cal benefits. **Keep using your
plastic Benefits Identification Card(s).**
You will get another notice telling you
about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or
change your food stamp benefits. You will
get a separate notice telling you about
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only
DOES NOT count against your cash aid time
limits.

INSTRUCTIONS: Use to discontinue cash aid for current recipients who do not have
their fingerprint and photo image taken at redetermination or on their scheduled
appointment.

This message replaces M40-105G dated 03/01/00
File: sbradleyU/mseries/40105g

State of California
Department of Social Services

Noa Msg Doc No.: M40-105H Page 1 of 1
Action : Discontinue
Issue: SFIS Requirements
Title: Refusal to Cooperate

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105.3

Use Form No. : NA 290
Original Date : 03/01/00
Revision Date : 01/08/02

MESSAGE:

As of _____, the County is stopping
your cash aid for you and your family.

Here's why:

We asked you, and/or a member of your
household, to have your fingerprint/
photo image taken to continue your cash
aid. The following household member(s)
told us in person or in writing that they
will not do this:

Name

Name

Name

Name

Medi-Cal: This notice DOES NOT change or
stop Medi-Cal benefits. **Keep using your
plastic Benefits Identification Card(s).**
You will get another notice telling you
about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or
change your food stamp benefits. You will
get a separate notice telling you about
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only
DOES NOT count against your cash aid time
limits.

INSTRUCTIONS: Use to discontinue cash aid for current recipients who refuse to have
their fingerprint/photo image taken.

This message replaces M40-105H dated 03/01/00

File: sbradleyU/mseries/40105h

State of California
Department of Social Services

Noa Msg Doc No.: M40-118D Page 1 of 1
Action : Discontinue
Issue: Application Processing
Title: Mandatory Filing Unit Members on
Statement of Facts

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105, 40-118, 40-128,
82-820

Use Form No. : NA 290
Original Date : 08-01-91
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your
cash aid.

Here's why:

You did not include the following person(s)
on the Statement of Facts:

_____, _____.

The deadline to submit the Statement of Facts
has past. If the form has been completed,
call your worker right away.

Medi-Cal: This notice DOES NOT change or
stop Medi-Cal benefits. **Keep using your
plastic Benefits Identification Card(s).**
You will get another notice telling you
about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or
change your food stamp benefits. You will
get a separate notice telling you about
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only
DOES NOT count against your cash aid time
limits.

INSTRUCTIONS: Use to discontinue a case when the filing unit fails or refuses to
include mandatory filing unit members on the applicable Statement of Facts.

In the action line, enter the date of the discontinance. On the appropriate line,
fill in the person's name.

This message replaces M40-118D dated 1-1-99 and M40-118D dated 11-01-99.

file: sbradleyU/MSERIES/40118D

State of California
Department of Social Services

Noa Msg Doc No.: M40-157A4 Page 1 of 1
Action : Discontinue
Issue: Required Documentation
Title: Incomplete
Citizenship/Noncitizenship
Documentation

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105, 40-157.3

Use Form No. : NA 290
Original Date : 03-01-89
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We needed a certification that you and your family are citizens or noncitizens. You did not complete or sign:

SAWS 2 (Statement of Facts).

Other:

If the form has been completed, call your worker right away.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid for a family when they become ineligible for failure to sign or complete a declaration of citizenship/noncitizenship status (SAWS 2).

Check the appropriate box.

This message replaces M40-157A4 dated 1-1-99 and M40-157A4 dated 11-01-99.

file :sbradleyU/MSERIES/40157A4

State of California
Department of Social Services

Noa Msg Doc No.: M40-181A Page 1 of 1
Action : Discontinue
Issue: Application Processing
Title: SAWS 2 Reverification/Other
Essential Information

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105.1, 40-181.2; .311

Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We needed certain facts to check your eligibility. We asked you to: _____

You did not do this.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid when necessary evidence/information required during redetermination, or that is essential at another time is not provided. Specify what the recipient was required to do and the additional regulation cites.

Example: "We asked you to fill out a CW 25A, Payee Consent Agreement and return it by November 7." 89-201.42

This message replaces M40-181A dated 1-1-99 and M40-181A dated 11-1-99.

File: sbradleyU/mseries/40181a

State of California
Department of Social Services

Noa Msg Doc No.: M42-101C Page 1 of 2
Action : Discontinue
Issue: Age Requirement
Title: Age and School Requirements

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-101; 82-820

Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You have no eligible children living with you.

The child who was getting cash aid no longer meets all parts of the age rule.

Age Rule: An 18-year-old child can get cash aid on your case only if:

- 1) He/She is a full-time student in high school, or in a vocational or technical training program, and
- 2) He/She is expected to finish school before reaching age 19.

If this child is a pregnant and/or parenting teen, he or she may be able to continue to get cash aid in their own case and should call the county right away.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

Noa Msg Doc No.: M42-101C Page 2 of 2
Original Date : 05-01-87
Revision Date : 01-08-02

INSTRUCTIONS: Use to discontinue aid when the only child turns 18 and does not meet the age requirement(s).

This message replaces M42-101C dated 06-01-00, M42-101C dated 06-01-01 and M42-101C dated 10-25-01.

File: sbradleyU/mseries/42101c

State of California
Department of Social Services

Noa Msg Doc No.: M42-213F Page 1 of 1
Action : Discontinue
Issue: Property
Title: Property Not Sold

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-213.12

Use Form No. : NA 219
Original Date : 06-20-86
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping
your cash aid.

Here's why:

You own property that is worth more
than the \$_____ limit. We must use
the value of all the countable real
property you own other than your
home. The value of this property now
counts against you.

Your countable property is figured on
this page.

Medi-Cal: This notice DOES NOT
change or stop Medi-Cal benefits.
**Keep using your plastic Benefits
Identification Card(s).** You will
get another notice telling you
about any changes to your health
benefits.

Food Stamps: This notice DOES NOT
stop or change your food stamp
benefits. You will get a separate
notice telling you about any
changes to your food stamp
benefits.

Receiving Medi-Cal and/or food stamps only
DOES NOT count against your cash aid time
limits.

INSTRUCTIONS: Use to discontinue cash aid when the real property is
now accessible to the recipient and must be counted in the property
limits.

This message replaces M42-213F dated 1-1-99 and M42-213F dated
11-01-99.

file: sbradley/MSERIES/42213f

State of California
Department of Social Services

Noa Msg Doc No.: M42-221J Page 1 of 1
Action : Discontinue
Issue: Property
Title: Transfer w/out Fair Consideration

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-221.1, .2, .3

Use Form No. : NA 214
Original Date : 11-06-86
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You had property that you sold, traded or gave away without getting fair market value for it.

Because you got less than the fair market value, you are not eligible for a number of months.

The number of months are figured on this page.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid when the recipient transferred property for less than fair consideration for the market value.

This message replaces M42-221J dated 01-01-99 and M42-221J dated 11-01-99.

file: sbradley/MSERIES/42221j

State of California
Department of Social Services

Noa Msg Doc No.: M42-221M Page 1 of 1
Action : Discontinue
Issue: Income
Title: Transfer w/out Fair Consideration

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-221.4, .5, .6, .7

Use Form No. : NA 214A
Original Date : 04/01/00
Revision Date : 01/08/02

MESSAGE:

As of _____, the County is
stopping your cash aid.

Here's why:

You had income that you gave away or
traded for less than it's value.

Because you got less than the fair market
value, you are not eligible for a number
of months.

The number of months are figured on this
page.

Medi-Cal: This notice DOES NOT change or
stop Medi-Cal benefits. **Keep using your
plastic Benefits Identification Card(s).**
You will get another notice telling you
about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or
change your food stamp benefits. You will
get a separate notice telling you about
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only
DOES NOT count against your cash aid time
limits.

INSTRUCTIONS: Use to discontinue cash aid when the recipient transferred or gave
away income for less than fair market value.

This message replaces M42-221M dated 04/01/00

File: sbradleyU/mseries/42221m

State of California
Department of Social Services

Noa Msg Doc No.: M42-431A4 Page 1 of 1
Action : Discontinue
Issue: Required Documentation
Title: No Eligible Noncitizen
Status/Proof of Eligible
Noncitizen Status

Auto ID No.:
Source :
Issued by : I-05-00
Reg Cite : 42-431, 42-433.3

Use Form No. : NA 290
Original Date : 03-01-89
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You must be a citizen or eligible noncitizen to get aid.

[] You are not an eligible noncitizen because

_____.

[] You did not give us proof of noncitizen status for _____, _____.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or Food Stamps only DOES NOT count against your cash aid time limits

INSTRUCTIONS: Use to discontinue cash aid for an Assistance Unit when AU members either lack eligible noncitizen status or lack proof of eligible noncitizen status.

In the action line, enter the date of discontinuance. Complete the appropriate box.

This message replaces M42-431A4 dated 11-01-99 and M42-431A4 dated 1-1-99.

file :sbradley/MSERIES/42431A4

State of California
Department of Social Services

Noa Msg Doc No.: M43-119C Page 1 of 1
Action : Discontinue
Issue: Sponsored Eligible Noncitizens
Title: Needs Met

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119

Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You are a sponsored noncitizen and your sponsor says he/she can pay for your needs.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue a sponsored noncitizen's case when the sponsor can meet the needs for the sponsored noncitizen.

This message replaces M43-119C dated 1-1-99 and M43-119C dated 11-1-99.

file: sbradley/MSERIES/43119c

State of California
Department of Social Services

Noa Msg Doc No.: M43-119H Page 1 of 1
Action : Discontinue
Issue: Sponsored Eligible Noncitizens
Title: Missing CA 72

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119, 40-181.241(h), 40-181.25

Use Form No. : NA 290
Original Date : 05-10-82
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

As of the 11th of this month, the county has not received your Sponsor's Monthly Income and Resources Report (CA 72). You cannot get cash aid if you do not turn in this report.

The County must get your complete report no later than the first working day of next month.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid for a sponsored noncitizen's case when the county has not received the CA 72.

This message replaces M43-119H dated 1-1-99 and M43-119H dated 11-1-99.

file: sbradley/MSERIES/43119h

State of California
Department of Social Services

Noa Msg Doc No.: M43-1190 Page 1 of 1
Action : Discontinue
Issue: Sponsored Eligible Noncitizens
Title: Deemed Sponsor's Property and
Family Property

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119, 42-205.5

Use Form No. : NA 216
Original Date : 05-10-82
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We count part of the property of the sponsor and sponsor's spouse in figuring your eligibility and cash aid.

You are not eligible for cash aid because the countable property of the sponsor(s) and your countable property is worth more than \$_____.

The property is figured on this page.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue a sponsored noncitizen's case when the sponsor's property along with the sponsored noncitizen's property has made the sponsored noncitizen ineligible.

This message replaces M43-1190 dated 1-1-99 and M43-1190 dated 11-1-99.

file: sbradley/MSERIES/43119o

State of California
Department of Social Services

Noa Msg Doc No.: M43-119P Page 1 of 1
Action : Discontinue
Issue: Sponsored Eligible Noncitizens
Title: Deemed Sponsor's Property

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119, 42-205.5

Use Form No. : NA 216
Original Date : 05-10-82
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We count part of the property of the sponsor and sponsor's spouse in figuring your eligibility and cash aid.

You are not eligible for cash aid because the countable property of the sponsor(s) is worth more than \$_____.

The property is figured on this page.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue a sponsored noncitizen's case when the sponsor's property has made the sponsored noncitizen ineligible.

This message replaces M43-119P dated 1-1-99 and M43-119P dated 11-1-99.

file: sbradley/MSERIES/43119p

State of California
Department of Social Services

Noa Msg Doc No.: M44-207K Page 1 of 1
Action : Discontinue
Issue: Income
Title: Financial Eligibility

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.2

Use Form No. : NA 210
Original Date : 05-01-87
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You cannot get cash aid if your family's net countable income is more than the maximum aid payment set by the state.

Your family's needs and income are figured on this page.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid when the family's income (AU + Non-AU members) is more than MAP.

This message replaces M44-207K dated 1-1-99 and M44-207K dated 11-1-99.

file: sbradley/MSERIES/44207k

State of California
Department of Social Services

Noa Msg Doc No.: M44-211M Page 1 of 1
Action : Discontinue
Issue: Eligibility
Title: Pregnant Woman Only

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-211.6

Use Form No. : NA 290
Original Date : 09/01/96
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

Cash aid for pregnant women, with no other eligible children, is paid only to assistance units with:

- o a pregnant teen under age 19 who does not have a high school diploma (or its equivalent); OR
- o a woman who is in her last four months of pregnancy.

_____ got her high school diploma (or its equivalent).

_____ turned age 19.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use this message to discontinue PWO teen cases that graduate or turn age 19 prior to their third trimester.

This message replaces M44-211M dated 01/01/99 and M44-211M dated 11-1-99.

file: sbradleyU/mseries/44211m

State of California
Department of Social Services

Noa Msg Doc No.: M82-820B Page 1 of 2
Action : Discontinue
Issue: Application Processing
Title: Application for Mandatory
AU Members

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-118, 82-820.2

Use Form No. : NA 290
Original Date : 08-1-91
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You must apply for:

- [] All of the brothers, sisters, half-brothers and half-sisters under 19 living with the child you want aided. You must also include those children's parents who live with you.
- [] Both the caretaker relative and the second parent, if living with an SSI/SSP child and the caretaker relative asks to be aided.
- [] The caretaker relative and the second parent, if living with a child who is sanctioned by the CalWORKs Welfare-to-Work Program.

You did not apply for:

_____, _____.
(Name) (Name)

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

Noa Msg Doc No.: M82-820B Page 2 of 2
Original Date : 08-1-91
Revision Date : 01-08-02

INSTRUCTIONS: Use to discontinue a case when a mandatory AU member moves into the home or a child in the home becomes eligible (e.g., parent becomes unemployed) and the family fails or refuses to request aid for the person. In the action line, enter the date of the discontinuance. In the body of the message, check the appropriate box. On the appropriate line, fill in the person's name.

This message replaces M82-820B dated 1-1-99 and M82-820B dated 11-1-99.
file: sbradleyU/MSERIES/82820b

State of California
Department of Social Services

Noa Msg Doc No.: M82-820C Page 1 of 1
Action : Discontinue
Issue: AU Composition
Title: Eligible Child Left Home

Auto ID No.:
Source :
Issued by :
Reg Cite : 82-820.2

Use Form No. : NA 290
Original Date : 08-1-91
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You no longer have a child living with you.

To get aid, you must have a child living with you who is:

Eligible for cash aid, or

Getting Supplemental Security Income (SSI), or

Getting foster care, or

Getting Kin-GAP, or

Being sanctioned by the CalWORKs Welfare-to-Work Program.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue CalWORKs case when there is no longer an eligible or otherwise eligible child in the home. In the action line, enter the date of the discontinuance.

This message replaces M82-820C dated 01-01-99 and M82-820C dated 01-01-00.

File :sbradleyU/MSERIES/82820c

State of California
Department of Social Services

Noa Msg Doc No.: M82-820D Page 1 of 1
Action : Discontinue
Issue: AU Composition
Title: No Longer Pregnant

Auto ID No.:
Source :
Issued by :
Reg Cite : 82-820, 40-118, 44-205.6

Use Form No. : NA 290
Original Date : 08-01-91
Revision Date : 01-08-02

MESSAGE:

As of _____, the county is stopping your cash aid.

Here's why:

You are no longer pregnant.

You have not applied for cash aid for your newborn or any eligible child.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue a one-person AU at the end of the pregnancy when there is no newborn; the newborn is not eligible; and/or there is no other eligible child. In the action line, enter the date of discontinuance.

This message replaces M82-820D dated 1-1-99 and M82-820D dated 11-1-99.

file: sbradleyU/MSERIES/82820d

State of California
Department of Social Services

Noa Msg Doc No.: M82-832F Page 1 of 1
Action : Discontinue
Issue: Aid Payments
Title: Eligible Person Leaving AU

Auto ID No.:
Source :
Issued by :
Reg Cite : 82-820, 82-832.1e

Use Form No. : NA 290
Original Date : 12-01-99
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

The aid you got was for _____.

[] He/She no longer lives with you.

[] He/She is receiving other aid from the _____ Program.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue CalWORKs case when there is no longer an eligible person in the home. Specify the name of the person and, if appropriate, the name of the program in the space(s) provided.

This message replaces M82-832F dated 12-01-99.
File:sbradleyU\mseries\M82-832F.doc

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-130 (g), (h), (i)

Use Form No. : NA 290
Original Date : 01-01-94
Revision Date : 01-08-02

MESSAGE:

As of _____, the County is stopping your cash aid until _____.

Here's why:

- You got money from your restricted account. Then, within 30 days of the time you got the money, you didn't:
 - Spend the money.
 - Put back into the account the part of the money that wasn't needed for your allowable expense.
 - Give the County proof of the amount you took out of the account.
 - Give the County proof of the balance in the account before you took out the money.
 - Give the County proof of what you did with the money.
- You got money from your restricted account and spent some or all of it on expenses that are not allowed.
- Interest was paid out on your restricted account.

If any boxes above are checked, it is because you were late and missed a deadline. To stop this county action (and restart your cash aid before the end of the time period), you must prove to the County that you had a good reason for being late. Let your worker know right away.

1. Restricted Account(s) Total.....	\$_____
2. Spending Allowed.....	-_____
3. Subtotal.....	=_____
4. Basic Need, ___Persons.....	\$_____
5. Special Needs.....	+_____
6. Basic Need Subtotal.....	=_____
7. Period of Months.....	=_____

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid and apply penalty period when there has been misuse of a restricted account. Fill in the effective date of the discontinuance. Fill in the date of the end of the period of ineligibility. Check the applicable box(es). Print the computation on the right hand side of the NA 290 and fill in the computation section.

This message replaces M89-130 dated 1-1-99 and M89-130 dated 11-1-99.

file: sbradleyU/MSERIES/89130

NOTICE OF ACTION

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Monthly Cash Aid Amount

Section A.	Countable Income, Month of _____	_____
Total Business Income		\$ _____
Business Expenses:		
a. 40% Standard		- _____
OR		
b. Actual		- _____
Net Earnings from Self-Employment		= _____
Total Disability-Based Unearned Income (Assistance Unit + Non-Assistance Unit Members)		\$ _____
\$225 Disregard		- _____
Nonexempt Unearned Disability-Based Income		= _____
OR		
Unused Amount of \$225 Disregard		= _____
Total Earned Income		\$ _____
Net Earnings from Self-Employment (from above)		+ _____
Subtotal		= _____
Unused Amount of \$225 Disregard (from above)		- _____
Subtotal		= _____
Earned Income Disregard 50%		- _____
Subtotal		= _____
Nonexempt Unearned Disability-Based Income (from above)		+ _____
Other Nonexempt Income (Assistance Unit + Non- Assistance Unit Members)		+ _____
_____		+ _____
Net Countable Income		= _____
Section B.	Your Cash Aid, Month of _____	_____
1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) ..		\$ _____
2. Special Needs (Assistance Unit + Non-Assistant Unit Members)		+ _____
3. Net Countable Income from Section A		- _____
4. Subtotal		= <input type="text"/>
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG, or Penalized Persons)		\$ _____
6. Special Needs (Assistance Unit only)		+ _____
7. Maximum Aid Subtotal		= <input type="text"/>
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)		= _____
9. Line 8 Prorated for Part of Month		= _____
10. Adjustments: 25% Child Support Penalty(ies)		- _____
Overpayment		- _____
Cal-Learn Penalty(ies)		- _____
Cal-Learn Bonus		+ _____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)		= _____

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office: MPP 44-100; 44-314; 44-315

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

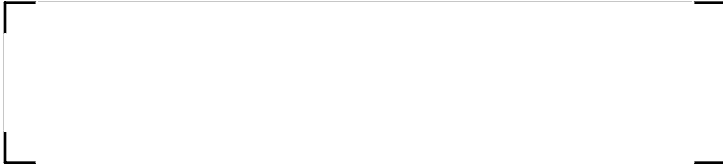
COUNTY OF _____

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

DISCONTINUE, SUSPEND- FINANCIAL ELIGIBILITY

Notice Date : _____
 Case Name : _____
 Number : _____
 Worker Name : _____
 Number : _____
 Telephone : _____
 Address : _____

(ADDRESSEE)



Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Net Countable Income

Total Business Income	\$ _____
Business Expenses:	
a. 40% Standard	- _____
OR	
b. Actual	- _____
Net Earnings from Self-Employment	= _____
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	\$ _____
\$225 Disregard	- _____
Nonexempt Unearned Disability-Based Income	= _____
OR	
Unused Amount of \$225 Disregard	= _____
Total Earned Income	\$ _____
Net Earnings from Self-Employment (from above)	+ _____
Subtotal	= _____
Unused Amount of \$225 Disregard (from above)	- _____
Subtotal	= _____
Earned Income Disregard 50%	- _____
Subtotal	= _____
Nonexempt Unearned Disability-Based Income (from above)	+ _____
Other Nonexempt Income of (Assistance Unit + Non- Assistance Unit Members)	+ _____
_____	+ _____
Child Support collected by the County, Except for Maximum Family Grant child (for financial eligibility only)	+ _____
(A) Net Countable Income	= _____
Maximum Aid Payment	
Maximum Aid for _____ Persons (Assistance Unit + Non-Assistance Unit Members)	\$ _____
Special Needs (Assistance Unit + Non-Assistance Unit Members)	+ _____
(B) Maximum Aid Payment	= _____

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Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office:

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

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

DENY - FINANCIAL ELIGIBILITY

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Family's Total Earned Income

(Assistance Unit + Non-Assistance Unit Members) . \$ _____
\$90 Disregard for each employed person - _____
Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
(A) Net Countable Income = _____

Family Needs

Basic Need for _____ Persons
(Assistance Unit + Non-Assistance Unit Members) . \$ _____
Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____
(B) Family Needs = _____

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Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

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Rules: These rules apply; you may review them at your welfare office: MPP 44-207.1.

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To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

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HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
: _____
: _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Fair Market Value of transferred property	\$	_____
Other countable property	+	_____
Total Property Value	=	_____
Property Limit	-	_____
(A) Excess Property Amount	=	_____
Fair Market Value of transferred property	\$	_____
Amount actually received	-	_____
(B) Difference	=	_____
Family Needs		
Basic Need for _____ Persons	\$	_____
Special Needs	+	_____
(C) Family Needs	=	_____
Lesser amount of (A) and (B)	\$	_____
Divide by (C)	÷	_____
Period of Ineligibility	=	_____
(rounded down to nearest whole number)		(# OF MONTHS)

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office: MPP 42-207 and 42-221.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

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If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

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- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
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OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

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Other (list) _____

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

Notice Date : _____
Case Name : _____
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Disability Income \$ _____
\$225 Disregard - _____
(A) Nonexempt Unearned Disability Income = _____

OR

(B) Unused amount of \$225 Disregard = _____

Total Earned Income \$ _____
Unused Amount of \$225 Disregard **(B)** - _____
Earned Income Disregard 50% - _____
Subtotal = _____
Nonexempt Unearned Disability Income **(A)** + _____
Other Nonexempt Income + _____
(C) Net Countable Income = _____

Total Net Countable Income **(C)** \$ _____
Family MAP for _____ Persons - _____
(D) Adjusted Net Nonexempt Income = _____

Nonexempt Income Transferred \$ _____
Amount Received from the Transfer - _____
(E) Difference = _____

Lesser of **(D)** or **(E)** \$ _____
MBSAC for _____ Persons ÷ _____

Period of Ineligibility = _____
(rounded down to nearest whole number) (# of MONTHS)

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NOTICE OF ACTION

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
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(ADDRESSEE)

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Questions? Ask your Worker.

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A. Items:	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
B. Total	\$ _____
C. Less	- 1500
D. Subtotal	= _____
E. Number of Sponsored Noncitizens on CalWORKs	÷ _____
F. Divide D by E	= _____

The amount in F is to be included in the sponsored noncitizen's property limits for CalWorks.

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Cash Aid Food Stamps Medi-Cal

Other (list) _____

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BIRTH DATE

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NOTICE OF ACTION

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Diversion Payment/Service(s) \$ _____

Maximum Aid Payment _____ Person(s)
(Assistance Unit only) ÷ _____

Diversion Period = _____

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NOTICE OF ACTION

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
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(ADDRESSEE)

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Property	Countable Value
_____	\$ _____
_____	_____
_____	_____
_____	_____
Total Countable Value	\$ _____

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COUNTY OF _____

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

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You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- Cash Aid
- Food Stamps

Here's why:

As of the 11th of this month, the County has not received your eligibility report (CW 7 or SAWS 7) due this month.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report no later than the FIRST WORKING DAY OF NEXT MONTH.

The information you give us may change or stop your cash aid and food stamps.

YOU MUST RETURN THE CW 7/SAWS 7 IF YOU WANT TO CONTINUE TO GET CALWORKS CASH AID.

Food Stamps Only:

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the report, the County will help you to do so. Please contact the County and ask for help.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 44-315.8; W & I Code 11265.2; Food Stamps: 63-504.27, 63-504.3

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To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

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OTHER INFORMATION

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Cash Aid Food Stamps Medi-Cal

Other (list) _____

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NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

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COUNTY OF _____

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

Notice Date : _____
Case Name : _____
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(ADDRESSEE)

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State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- Cash Aid
- Food Stamps

Here's why:

The eligibility report (CW 7 or SAWS 7) that we got from you this month is not complete.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report by the FIRST WORKING DAY OF NEXT MONTH. You must send or bring in the following information:

- Complete the circled items on the enclosed report, and send or bring it to your worker.
- Send or bring to your worker the following:

The information you give us may change or stop your cash aid.

YOU MUST RETURN THE ENCLOSED CW 7/SAWS 7 IF YOU WANT TO CONTINUE TO GET CALWORKS CASH AID.

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22, 40-181.24, 44-315.8. Food Stamps: 63-504.27, 63-504.3

Food Stamps – Additional Information Needed

In addition, you must give the county the following information so the amount of your food stamps can be figured. You must get this information to the county by the first working day of next month. If you were asked for proof of an expense and you do not give it, the expense will not be allowed. Also, if you do not give the County other information asked for, your food stamps may be decreased or stopped.

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

You must get this information to the County by the first working day of next month.

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