

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



December 11, 2002

ALL COUNTY INFORMATION NO. I-90-02

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS

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: CalWORKs 60-MONTH TIME LIMIT INFORMING NOTICES AND NOTICES OF ACTION (NOA) MESSAGES AND FORMS

REFERENCE: ALL COUNTY LETTERS (ACL) 97-65, 98-37, 99-90, 00-48 03-01, 01-66, 02-33, 02-66, 02-70, AND 02-74; ALL COUNTY INFORMATION NOTICES (ACIN) I-52-99 AND I-47-02

This notice transmits copies of revised and new versions of the following forms and NOA messages for the California Work Opportunity and Responsibility to Kids (CalWORKs) Program:

FORMS

CW 2184 (11/02) CalWORKs 60-Month Time Limit
 CW 2186B (12/02) CalWORKs and Welfare to Work Time Limit Exemption Determination
 NA 530 (11/02) 60-Month Time Limit
 NA 531 (12/02) Continuation Page – 60-Month Time Limit – Includes Budget
 NA 532 (12/02) Continuation Page – 60-Month Time Limit – Discontinue

NOA MESSAGES

M40-107a (11-01-02) - Time On Aid, (no previous NOA issued)
 M40-107b (11-01-02) - Time On Aid at Application/Redetermination (previously noticed)
 M40-107c (11-01-02) - Time On Aid Between 54th and 58th
 M40-107e (11-01-02) - 60th Month On Aid
 M40-107f (11-01-02) - Extended Beyond 60 Months of Aid
 M40-107g (11-1-02) - 60th Month On Aid, Discontinue
 M40-107h (11-01-02) – 60th Month On Aid, MFG child only
 M40-107i (11-01-02) – 60th Month On Aid, No Eligible Child
 M40-107j (11-01-02) – Timed-Out Adult
 M44-307A (11-01-02) - Voucher/Vendor Payment
 Addendum 1 & 2 (11-01-02) - Child Support Collection for CalWORKs 60-Month Time Limit Exemption

REVISED FORMS

The CalWORKs forms, CW2184, CW 2186B, and NA 530, are revised to conform to CalWORKs time limit requirements. Changes have also been made to improve clarity of the forms.

NEW FORMS

The NA forms, NA 531 and NA 532, are continuation pages that have been developed for the 60-month time limit NOA messages for individuals who have reached the CalWORKs 60-month time limit. The forms have been designed to specify the NOA message as a 60-month time limit message and assist counties by including the exempt months to the right of the budget calculations to eliminate an additional attachment. Counties that have developed their 60-month NOA messages that address the timed-out adult recipient and have used the budget calculations provided on forms NA 200 and NA 210 can continue to use those forms or can use these new NA forms as soon as administratively feasible.

NA 531 - Continuation Page – 60-Month Time Limit – Includes Budget

This new NA form for the 60-month time limit is designed for the purpose of providing the recipient the budget calculation to show the new cash aid amount due to removal of the CalWORKs timed-out adult from the AU.

NA 532 - Continuation Page – 60-Month Time Limit – Discontinue

This new NA form for the 60-month time limit is designed for the purpose of providing the recipient the budget calculation to show discontinuance of aid when the family's net countable income is above the maximum aid payment.

REVISED NOA MESSAGES

The NOA messages, M40-107a, M40-107b, M40-107c, and addendum 1 and 2 for the child support time limit exemption are revised to conform to CalWORKs time limit requirements. Changes have also been made to improve clarity of the messages.

NOA message, M44-307A, Voucher/Vendor Payment, is used by counties that have chosen the option to provide voucher/vendor payments to their recipients. This NOA informs recipients that their cash aid will be paid directly to their landlord and/or utility company in the form of a voucher or vendor payment. An additional check box has been added to inform recipients who have reached their 60-month time limit that their aid will now be paid by means of voucher/vendor payments.

NEW NOA MESSAGES

The five new NOA messages transmitted with this ACIN, M40-107e, M40-107f, M40-107g, M40-107h, and M40-107i have been developed for the purpose of informing the adults who have reached the CalWORKs 60-month time limit of the change in the cash aid, extension of cash aid, or discontinuance of cash aid. M40-107j has been developed for the purpose of informing the applicant of a partial approval of aid due to the removal of the timed-out adult.

INFORMING RECIPIENTS OF THEIR TIME ON AID

Counties are reminded that each adult applicant or recipient must be informed of her/his time on aid in accordance with state regulations. The regulations also provide that the county inform the applicant/recipient of a description of the 60-month time limit requirements at application, redetermination, and any other time a NOA, establishing time on aid is sent. The revised CW 2184, (11/02) has been provided to counties for this purpose and must be included along with each time on aid NOA. Please refer to ACLs 02-33 and 02-70 and ACIN I-47-02 for specific requirements for informing applicants and recipients of their time on aid.

As adult recipients reach their CalWORKs 60-month time limit and as a result these families' grants are reduced or discontinued, counties must keep in mind that the 60-month time limit for CalWORKs cash aid does not affect eligibility for most other programs, such as Food Stamps, Medi-Cal and Child Care. Counties must continue to provide these benefits if they are otherwise eligible.

FORMS DESIGNATION AND MODIFICATION OF FORMS

County Welfare Departments (CWDs) are advised that the form designation for the CW 2184, CW 2186B and the 60-month time limit NA forms is "Required – No Substitutes Permitted." Forms in this category may not be modified or reconstructed.

CAMERA-READY COPIES AND TRANSLATIONS

After you receive a copy of the English forms and messages, please allow approximately two 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, Russian, and Asian (Chinese and Vietnamese) translated forms and messages 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, Russian, and Asian languages fax your request to LTS at (916) 657-3429 or e-mail your request to lsu@dss.ca.gov.

For a camera-ready copy and/or additional copy of an English form please call Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain various forms from the CDSS web page at

<http://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 fmudss@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 the state regulations in MPP Division 21, Civil Rights Nondiscrimination, Section 115.

If you have any questions regarding this notice or need additional information regarding the 60-month time limits, please contact Charissa S. Miguelino at (916) 657-3665.

Sincerely,

*Original signed by Maria Hernandez for
Charr Lee Metsker
on 12/11/02*

CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CWDA
CSAC

CalWORKs 60-Month Time Limit



CalWORKs 60-MONTH TIME LIMIT ON AID

Beginning January 1, 1998, an adult (parent, aided stepparent, and/or caretaker relative) can only receive 60 months (5 years) of cash aid from the California Work Opportunity and Responsibility to Kids (CalWORKs) program. This includes cash aid received from California or other states' Federal Temporary Assistance for Needy Families (TANF) Program.

The 60-month time limit does NOT apply to:

- Children
- Child Care
- Medi-Cal Benefits
- Food Stamp Benefits
- Aid that was received from California or other states under the Aid to Families with Dependent Children (AFDC) Program before 1/1/98.

FACTS YOU SHOULD KNOW ABOUT THE CalWORKs 60-MONTH TIME LIMIT

Time Limit Exemptions - "Clock Stoppers"

A month on cash aid does **not** count toward your CalWORKs 60-month time limit if at any time during that month **you are**:

- Disabled (*You must have medical proof of a disability that is expected to last at least 30 days.*)
- 60 years or older.
- Caring for an ill or incapacitated person living in your home, which impairs you from working or participating in welfare-to-work activities.
- Caring for a dependent child of the court or a child at risk of placement in foster care, which impairs you from working or participating in welfare-to-work activities.
- A victim of domestic abuse and the county has waived the 60-month time limit.
- Eligible for, or participating in, or exempt from Cal-Learn or another teen parent program approved by the California Department of Social Services. (*This exemption does not apply if you are age 19, eligible to volunteer to participate but you choose not to participate in Cal-Learn.*)
- Living in Indian Country, as defined by federal law, or an Alaskan native village, in which at least 50 percent of the adults are unemployed.

More "Clock Stoppers" to the CalWORKs 60-Month Time Limit

A month does **not** count if:

- You did not receive CalWORKs cash aid because your cash grant was less than \$10 or you were sanctioned, or for any other reason.
- Your cash grant is fully repaid by child support collection.
- You are only receiving supportive services such as child care, transportation, and case management.

For more information regarding time limits, see back page.

CalWORKs 60-Month Time Limit

Time Limit Exceptions - “Time Extenders”

When you have been aided for 60 months, you may get more cash aid, if **you** and **all** parents, aided stepparents, and/or caretaker relatives in the home are in one of the following situations:

- Caring for an ill or incapacitated person living in your home, which impairs you from working or participating in welfare-to-work activities.
- 60 years or older
- Caring for a dependent child of the court, or a child at risk of placement in foster care, which impairs you from working or participating in welfare-to-work activities.
- Evaluated by the county and are found to be unable to work or take part in welfare-to-work activities. This exception only applies when the adult has a history of cooperating with welfare-to-work rules.
- Not in the assistance unit (AU) for any reason other than reaching the 60-month time limit.
- Disabled and receiving certain types of disability benefits (State Disability Insurance, Workers Compensation Temporary Disability Insurance, In-Home Supportive Services, or State Supplementary Program benefits). This exception only applies if the disability impairs you from working or participating in welfare-to-work activities.

CalWORKs 60-Month Time Limit Waiver for Extending Aid

If you are a victim of domestic abuse and the county determined that your condition or situation impairs your ability to work or to participate in welfare-to-work activities, the county may waive the 60-month time limit, and you can get more than 60 months of aid.

Request for Exemption or Extender

If you have a condition that qualifies as an exemption or extender, contact your worker to request the exemption/extender. You may also contact your worker to find out how many months of aid you used.

Choosing to Leave Cash Aid

If your family is receiving a monthly cash grant that is a small amount, you may choose to decline the grant and leave cash aid so that the months will not count toward your CalWORKs 60-month time limit. This **will** save you some months for cash aid in the future. You should contact your worker to find out more information about leaving cash aid and if it will be beneficial to you.

Diversion

There are special time limit rules for diversion, which some applicants choose to get instead of on-going aid. The month that you get the diversion payment counts as one month toward the CalWORKs 60-month time limit, unless you reapply and get cash aid during the diversion period. In that case, you may choose to have all the months in the diversion period counted toward the 60-month time limit, or to repay the diversion payment by reducing your monthly cash grant.

RULES FOR OTHER STATES

Other states have different rules for the 60-month limit. If you have received TANF aid in another state - or if you plan to move to another state - you must contact that state to find out about the time limit requirements.

CalWORKs and WELFARE TO WORK TIME LIMIT EXEMPTION DETERMINATION

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

Date _____

On _____, an exemption was requested for _____.

Based on the facts, the county made the following determination.

WELFARE TO WORK PARTICIPATION AND 18/24 MONTH TIME LIMIT EXEMPTIONS

1. The exemption is APPROVED.
 S/he will not be required to participate in Welfare-to-Work. Each month of aid for the period that her/his condition or circumstance lasts will not count toward the Welfare-to-Work 18/24 time limit.

 S/he can ask to volunteer to participate in Welfare-to-Work activities and will be told what services are available.

 Your condition may be evaluated again to determine if you continue to be exempt. If you are no longer exempt, each month of aid will count toward the 18/24 time limit.

2. The exemption is DENIED.
 S/he is required to participate in the Welfare-to-Work Program. S/he will get a notice from the county telling her/him when to attend the Welfare to Work orientation/activity. Each month of aid will continue to count toward the 18/24 month time limit.

 Reason for Denial: _____

CalWORKs 60-MONTH TIME LIMIT EXEMPTIONS

3. The exemption is APPROVED.
 Each month of aid for the period that her/his condition or circumstance lasts will not count toward the CalWORKs 60-month time limit.

 Your condition may be evaluated again to determine if you continue to be exempt. If you are no longer exempt, each month of aid will count toward the 60-month time limit.

4. The exemption is DENIED.
 Each month of aid will continue to count toward the CalWORKs 60-month time limit.

 Reason for Denial: _____

Rules: These rules apply; you may review them at your welfare office: MPP 42-302, 42-302.21, 42-710, and 42-712.

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.

NOTICE OF ACTION 60-MONTH TIME LIMIT

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.

CONTACT YOUR WORKER RIGHT AWAY IF YOU DISAGREE WITH THE INFORMATION ON THIS NOTICE.

- If you and the county worker cannot reach an agreement, you must ask for a hearing within 90 days from the date of this notice.
- If you do not request a hearing, you may never get another chance to change the number of months shown on this notice for your 60-month time limit on aid.

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

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 60-MONTH TIME LIMIT (Continued)

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____

ADULT REACHED CalWORKS 60-MONTH TIME LIMIT

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 = _____

EXEMPT MONTHS

The following _____ months did not count toward your CalWORKs 60-month time limit:

Year _____ - Jan Feb Mar Apr May June
 July Aug Sept Oct Nov Dec

Year _____ - Jan Feb Mar Apr May June
 July Aug Sept Oct Nov Dec

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 =

5. Maximum Aid _____ Persons (Assistance Unit only)
(Excluding MFG, or Penalized Persons) \$ _____

6. Special Needs (Assistance Unit only) + _____

7. Maximum Aid Subtotal =

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) = _____

NOTICE OF ACTION 60-MONTH TIME LIMIT (Continued)

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____

ADULT REACHED CalWORKS 60-MONTH TIME LIMIT - DISCONTINUE

Net Countable Income

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) + _____
..... + _____

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) Monthly Cash Aid Amount = _____

EXEMPT MONTHS

The following _____ months did not count toward your CalWORKs 60-month time limit:

Year _____ - Jan Feb Mar Apr May June
July Aug Sept Oct Nov Dec

Year _____ - Jan Feb Mar Apr May June
July Aug Sept Oct Nov Dec

State of California
Department of Social Services

Noa Msg Doc No.: M40-107a Page 1 of 2
Action : Other
Issue: CalWORKs 60-Month Time Limit
Title: Time On Aid (no previous NOA issued)

Auto ID No. :
Source :
Issued by :
Reg Cite : 40-107.141, 42-302, 42-302.21
42-712

Use Form No. : NA 530
Original Date : 03-01-02
Revision Date : 11-01-02

MESSAGE:

As of _____, the County has determined that you, _____ have used _____ months of your lifetime 60-month time limit of CalWORKs cash aid.

Here's why:

You got CalWORKs:

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

Subtotal: = _____ months.

Months that did not count. - _____ months.

Total number of months used: _____ months.

If you were exempt, the month(s) did not count toward the CalWORKs 60-month time limit. These months are listed on the next page.

— The list on the next page includes months that are exempt due to child support collection. The last page(s) shows how child support was applied to exempt month(s).

— You may also have months that are exempt because of child support collection. If you do, these months will be included in your next notice.

— No child support was collected for children in your AU.

The following ____ months did not count toward your CalWORKs 60-month time limit:

Year ____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Year ____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

You may be eligible to get aid for ____ more months.

INSTRUCTIONS: Use when no previous time on aid NOA was issued to inform an adult recipient of the total number of months that s/he received aid and for recipient who has received aid for 12 months or less.

Complete the following:

- Date of notification.
- Name of the adult recipient.
- Total number of months of aid used, (i.e. counted toward the time limit.)
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months.)
- Number of months that did not count toward the time limit (i.e. exemptions, ZBG months, and sanctioned months.)
- Total number of months used.
- Check appropriate box for child support time limit exemption, use addendum for child support time limit exemption if applicable.
- The year and months that did not count on page two (use continuation page NA 270.)
- Remaining number of months.

File: I:\Users\cmigueli\NOAs mseries\40107a.doc

State of California
Department of Social Services

Noa Msg Doc No.: M40-107b Page 1 of 2
Action : Other
Issue: CalWORKs 60-Month Time Limit
Title: Time On Aid at Redetermination or
Application (previously noticed)

Auto ID No. :
Source :
Issued by :
Reg Cite : 40-107.142, 42-302, 42-302.21
42-712

Use Form No. : NA 530
Original Date : 03-01-02
Revision Date : 11-01-02

MESSAGE:

On the date of the last time limit notice,
_____, the County determined that
you, _____ used a total of
_____ months of your lifetime 60-month
time limit of CalWORKs cash aid.

Since _____, you used _____ more months.

Here's why:

Since your last time limit notice, you got
CalWORKs:

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

Subtotal: = _____ months.

Months that did not count. - _____ months.

The additional months used: _____ months.

The total number used is now _____ months.

If you were exempt, the month(s) did not
count toward the CalWORKs 60-month time
limit. These months are listed on the
next page.

___ The list on the next page includes
months that are exempt due to child
support collection. The last page(s)
shows how child support was applied to
exempt month(s).

___ You may also have months that are
exempt because of child support
collection. If you do, these months
will be included in your next notice.

___ No child support was collected for
children in your AU.

The following ____ months did not count toward your CalWORKs 60-month time limit:

Year ____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Year ____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

You may be eligible to get aid for ____ more months.

INSTRUCTIONS: Use at redetermination or at application (when the individual was previously aided and issued a time-on-aid NOA) to inform an adult recipient of the total number of months that s/he received aid.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date of previous time limit NOA.
- Additional months of aid used (i.e. counted toward the time limit) since last NOA.
- Period(s) of time the family was eligible to receive aid since the last NOA (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months.)
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months.)
- Number of additional months used since the last NOA.
- Total number of months used, (previous NOA months + new months).
- Check appropriate box for child support time limit exemption, use addendum for child support time limit exemption if applicable.
- The year and months that did not count on page two (use continuation page NA 270.)
- Remaining number of months.

File: I:\Users\cmigueli\NOAs mseries\40107b.doc

State of California
Department of Social Services

Noa Msg Doc No.: M40-107c Page 1 of 2
Action : Other
Issue: CalWORKs 60-Month Time Limit
Title: Time On Aid Between 54th and 58th

Auto ID No. :
Source :
Issued by :
Reg Cite : 40-107.142, 42-302, 42-302.21
42-712

Use Form No. : NA 530
Original Date : 03-01-02
Revision Date : 11-01-02

MESSAGE:

On the date of the last time limit notice,
_____, the County determined that
you, _____ used a total of
_____ months of your lifetime 60-month
time limit of CalWORKs cash aid.

As of _____, you, have used a total of
[] months of your 60 months.

Here's why:

Since your last time limit notice, you got
CalWORKs:

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

Subtotal: = _____ months.

Months that did not count. - _____ months.

The additional months used: _____ months.

The total number used is now _____ months.

If you were exempt the month(s) did not
count toward the CalWORKs 60-month time
limit. These months are listed on the
next page.

— The list on the next page includes
months that are exempt due to child
support collection. The last page(s)
shows how child support was applied to
exempt month(s).

— You may also have months that are
exempt because of child support
collection. If you do, these months
will be included in your next notice.

— No child support was collected for
children in your AU.

The following ____ months did not count toward your CalWORKs 60-month time limit:

Year ____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Year ____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

You may be eligible to get aid for [] more months.

INSTRUCTIONS: Use at 54th/58th month on aid to inform an adult recipient of the total number of months that s/he received aid.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date of previous NOA.
- Number of months used (between 54 or 58 months.)
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months used (between 54 or 58 months.)
- Check appropriate box for child support time limit exemption, use addendum for child support time limit exemption if applicable.
- The year and number of months that did not count on page two (use continuation page NA 270.)
- Remaining number of months (between 6 or 2 months.)

State of California
Department of Social Services

Noa Msg Doc No.: M40-107e Page 1 of 2
Action : Change
Issue: CalWORKs 60-Month Time Limit
Title: 60th Month On Aid

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-107.147, 42-302, 42-302.21,
42-712

Use Form No. : NA 530 , attach NA 531
Original Date : 11-01-02, New
Revision Date :

MESSAGE:

On the date of the last time limit notice,
_____, the county determined that
you, _____, used a total of _____
months of your lifetime 60-month time
limit of CalWORKs cash aid.

As of _____, you, _____, used your
total 60 months of CalWORKs cash aid so
you can no longer get cash aid. However,
cash aid will continue for your children.
The county is changing your cash aid from
\$_____ to \$_____.

Here's why:

Since your last time limit notice, you got
CalWORKs:

from _____ to _____ = _____ months.

Months that did not count: - _____ months.

The additional months used: _____ months.

The total number used is now _____ months.

If you were exempt, the month(s) did not
count toward the CalWORKs 60-month time
limit. These months are listed on the
next page.

___ The last page shows how child support
was applied to exempt month(s).

___ You may have months that are exempt
because of child support collection in
the future. The county will let you
know of these months if your family is
still on CalWORKs.

___ No child support was collected for
children in your AU.

Your new cash aid amount is figured on the
next page.

INSTRUCTIONS: Use at 60th month on aid to inform an adult recipient that s/he reached the 60 month time limit and is no longer eligible for aid.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date that 60 months were used.
- The previous amount of aid and the new amount of aid based on the removal of the CalWORKs timed-out adult from the AU.
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months (60 months).
- Check appropriate box for child support time limit exemption.

Attach Continuation Page NA 531 to show the new cash grant amount and the exempt months, include year and number of months that did not count. If child support exemption is applicable, use addendum for exempt months due to child support collection.

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State of California
Department of Social Services

Noa Msg Doc No.: M40-107f Page 1 of 2
Action : Other
Issue: CalWORKs 60-Month Time Limit
Title: Extended Beyond 60 Months of Aid

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-107.147, 42-302, 42-302.11
42-302.21, 42-712

Use Form No. : NA 530
Original Date : 11-01-02, New
Revision Date :

MESSAGE:

On the date of the last time limit notice,
_____, the county determined that
you, _____, used a total of _____
months of your lifetime 60-month time
limit of CalWORKs cash aid.

As of _____, you, _____ used your
total 60 months of CalWORKs cash aid.
However, you can continue to get cash aid
because you have a condition that meets
the requirements to be extended on aid.

Your condition may be reviewed again to
determine if you can continue to get aid.

Here's why:

Since your last time limit notice, you got
CalWORKs:

from _____ to _____ = _____ months.

Months that did not count: _____ months.

The additional months used: _____ months.

The total number used is now _____ months.

If you were exempt, the month(s) did not
count toward the CalWORKs 60-month time
limit. These months are listed on the
next page.

___ The last page shows how child support
was applied to exempt month(s).

___ No child support was collected for
children in your AU.

The following ____ months did not count toward your CalWORKs 60-month time limit:

Year ____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Year ____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

INSTRUCTIONS: Use at 60th month on aid to inform an adult recipient that s/he reached the 60 month time limit but continues on aid because s/he meets an extender criterion.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date that 60 months were used.
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months (60 months).
- Check appropriate box for child support time limit exemption and use addendum for child support time limit exemption if applicable.
- The year and number of months that did not count on page two, (use continuation page NA 270.)

State of California
Department of Social Services

Noa Msg Doc No.: M40-107g Page 1 of 2
Action : Discontinue
Issue: CalWORKs 60-Month Time Limit
Title: 60th Month On Aid

Auto ID No. :
Source :
Issued by :
Reg Cite : 40-107.147, 42-302, 42-302.21,
42-712, 44-111, 44-113, 44-207.2

Use Form No. : NA 530 , attach NA 532
Original Date : 11-01-02, New
Revision Date :

MESSAGE:

On the date of the last time limit notice,
_____, the county determined that
you, _____, used a total of _____
months of your lifetime 60-month time
limit of CalWORKs cash aid.

As of _____, you, _____ have used
your total 60 months of CalWORKs cash aid
so you can no longer get cash aid. The
county is stopping the cash aid for your
family because your family's net countable
income is more than the maximum aid
payment set by the state.

Here's why:

Since your last time limit notice, you got
CalWORKs:

from _____ to _____ = _____ months.

Months that did not count: - _____ months.

The additional months used: _____ months.

The total number used is now _____ months.

If you were exempt, the month(s) did not
count toward the CalWORKs 60-month time
limit. These months are listed on the
next page.

— The last page shows how child support
was applied to exempt month(s).

— You may have months that are exempt
because of child support collection in
the future. The county will let you
know of these months if your family is
still on CalWORKs.

— No child support was collected for
children in your AU.

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

INSTRUCTIONS: Use at 60th month on aid to inform an adult recipient that s/he reached the 60 month time limit and the family is no longer eligible for aid.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date that 60 months were used.
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months (60 months).
- Check appropriate box for child support time limit exemption.

Attach Continuation Page NA 532 to show the family's income (AU + Non-members AU) is more than MAP and the exempt months, including year and number of months that did not count. If child support exemption is applicable, use addendum for exempt months due to child support collection.

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State of California
Department of Social Services

Noa Msg Doc No.: M40-107h Page 1 of 2
Action : Change
Issue: CalWORKs 60-Month Time Limit
Title: 60th Month On Aid - MFG child only

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-107.147, 42-302, 42-302.21,
42-712, 44-314

Use Form No. : NA 530 , attach NA 531
Original Date : 11-01-02, New
Revision Date :

MESSAGE:

On the date of the last time limit notice,
_____, the county determined that
you, _____, used a total of _____
months of your lifetime 60-month time
limit of CalWORKs cash aid.

As of _____, you, _____ used your total
60 months of CalWORKs cash aid so you can
no longer get cash aid. You cannot get
cash aid for your child because your child
was born into a family that got cash aid
for 10 months in a row right before
his/her birth. The county is changing
your cash aid from \$_____ to \$_____.

Here's why:

Since your last time limit notice, you got
CalWORKs:

from _____ to _____ = _____ months.

Months that did not count: - _____ months.

The additional months used: _____ months.

The total number used is now _____ months.

If you were exempt, the month(s) did not
count toward the CalWORKs 60-month time
limit. These months are listed on the
next page.

— The last page shows how child support
was applied to exempt month(s).

— You may have months that are exempt
because of child support collection in
the future. The county will let you
know of these months if your family is
still on CalWORKs.

— No child support was collected for
children in your AU.

Your new cash aid amount is figured on the
next page.

INSTRUCTIONS: Use at 60th month on aid to inform an adult recipient that s/he reached the 60 month time limit and is no longer eligible for aid.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date that 60 months were used.
- The previous amount of aid and the new amount of aid based on the removal of the CalWORKs timed-out adult from the AU and the MFG child.
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months (60 months).
- Check appropriate box for child support time limit exemption.

Attach Continuation Page NA 531 to show the new cash grant amount and the exempt months, including year and number of months that did not count. If child support exemption is applicable, use addendum for exempt months due to child support collection.

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Auto ID No.:
Source :
Issued by :
Reg Cite : 40-107.147, 42-302, 42-302.21,
42-712, 82-832

Use Form No. : NA 530
Original Date : 11-01-02, New
Revision Date :

MESSAGE:

On the date of the last time limit notice,
_____, the county determined that
you, _____, used a total of _____
months of your lifetime 60-month time limit
of CalWORKs cash aid.

As of _____, you, _____ used your total
60 months of CalWORKs cash aid so can no
longer get cash aid. The county is
stopping the cash aid for your family
because:

- [] your child no longer lives with you.
- [] your child is receiving other aid from
the _____ Program.

Here's why:

Since your last time limit notice, you got
CalWORKs:

from _____ to _____ = _____ months.

Months that did not count: - _____ months.

The additional months used: _____ months.

The total number used is now _____ months.

If you were exempt, the month(s) did not
count toward the CalWORKs 60-month time
limit. These months are listed on the next
page.

- ___ The last page shows how child support
was applied to exempt month(s).
- ___ You may have months that are exempt
because of child support collection in
the future. The county will let you
know of these months if your family is
still on CalWORKs.
- ___ No child support was collected for
children in your AU.

The following _____ months did not count toward your CalWORKs 60-month time limit:

Year _____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Year _____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

INSTRUCTIONS: Use at 60th month on aid to inform an adult recipient that s/he reached the 60 month time limit and the family is no longer eligible because there is no eligible child in the home.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date that 60 months were used.
- Name of program.
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months (60 months).
- Check appropriate box for child support time limit exemption, use addendum for child support exemption if applicable.
- The year and months that did not count on page two (use continuation page NA 270.)

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State of California
Department of Social Services

Noa Msg Doc No.: M40-107j Page 1 of 2
Action : Partial Approval
Issue: CalWORKs 60-Month Time Limit
Title: Timed-Out Adult

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-107.141, 40-171, 40-173,
42-302, 42-302.21, 42-712, and
82-833

Use Form No. : NA 530 , attach NA 531
Original Date : 11-01-02, new
Revision Date :

MESSAGE:

As of _____, the county has approved cash aid and Medi-Cal for some members of your family. The first day of cash aid is _____. The first month's cash aid amount is \$_____.

Aid has been denied for _____ and _____.

Here's why:

On the date of your last time limit notice, _____, the county determined that you used the total 60 months of CalWORKs cash aid and can no longer get cash aid.

Your cash amount is figured on the next page.

INSTRUCTIONS: Use to approve cash aid and deny any member(s) of the AU who is a CalWORKs timed-out adult.

Complete the following:

- Date of notification.
- First day of cash aid.
- First month's cash aid amount.
- Name of adult(s) that is timed-out.
- Date of previous NOA that indicated 60 months were used.
- Use NA 531 to show the cash grant amount without CalWORKs timed-out adult.

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Auto ID No.:
Source :
Issued by :
Reg Cite : 44-307

Use Form No. : NA 290
Original Date : 07-01-98
Revision Date : 11-01-02

MESSAGE:

As of _____, all or part of your cash aid will be in the form of a voucher or vendor payment. This means that the county will use your cash aid to pay your landlord and/or utility company directly. The county may also use your cash aid to pay for other living expenses you need.

Here's why:

- You asked for a voucher/vendor payment.
 - You have reached your CalWORKs 60-month time limit.
 - The law requires that a voucher/vendor payment be made for at least rent and utilities when:
 - o A member of your family has been convicted of a felony on or after January 1, 1998 for having, using or selling a controlled substance.
- OR
- o A parent or caretaker relative will be sanctioned for at least 3 months in a row.

\$_____ will go to rent, \$_____ will go to utilities, \$_____ will go to other living expenses (such as food, clothing, and transportation), which leaves \$_____ for you.

- If you plan to withhold all or part of your rent to make repairs so that your home is fit to live in, you must notify your worker 14 days before your next rental payment.
- If you plan to withhold your rent until your landlord fixes your home so that it is fit to live in, you must notify your worker 14 days before your next rental payment.

- If you plan to move, you must notify your worker of your new landlord's name and address, and how much your rent is, 14 days prior to your move.
- Your county worker cannot give you legal advice. If you plan to withhold all or part of your rent, you should speak to a legal aid attorney or tenant's rights advocate.

You may call: _____

INSTRUCTIONS: Use message to inform applicant/recipient of the payment delivery.

This message replaces M44-307A dated 07-01-98 and 01-01-99.

file: sbradley/MSERIES/44307A

Child Support Collection for CalWORKs 60-Month Time Limit Exemption

Child support collection is used to exempt months of aid. A month is exempt if the aid for that month is fully repaid by child support collected since 1998. All child support amounts since 1998 are added together so when the total child support amount can repay a month of aid, that month does not count toward the CalWORKs 60-month time limit.

The following information tells you how the child support was collected and applied to repay months on aid:

As of _____, the amount of child support collected is \$_____.

The child support amount was applied to exempt the following _____ months:

Month____ Year ____ Amount of Aid Repaid by Child Support \$_____

Month____ Year ____ Amount of Aid Repaid by Child Support \$_____

Month____ Year ____ Amount of Aid Repaid by Child Support \$_____

Month____ Year ____ Amount of Aid Repaid by Child Support \$_____

The remaining amount of child support is \$_____ and will be applied to months of aid that have not yet been repaid.

INSTRUCTIONS: Use this addendum when no previous time on aid NOA was issued to inform an adult recipient of the number of months that are exempt due to the child support collection reimbursement of aid. Use continuation page NA 270.

Complete the following:

- Date of notification.
- Amount of child support collected.
- Number of exempt months due to child support applied to reimburse aid.
- The month(s), year(s), and amounts of child support collection applied to exempt the month(s).
- Remaining amount of child support collection to be applied to subsequent months of aid that have not yet been repaid.

Child Support Collection for CalWORKs 60-Month Time Limit Exemption

Child support collection is used to exempt months of aid. A month is exempt if the aid for that month is fully repaid by child support collected since 1998. All child support amounts since 1998 are added together so when the total child support amount can repay a month of aid, that month does not count toward the CalWORKs 60-month time limit.

The following information tells you how the child support was collected and applied to repay months on aid.

As of _____, the amount of child support since your last notice is \$_____.

On the last time limit notice, the remaining amount of child support +
that was not yet used was: _____ \$_____.

The total amount of child support applied to repay aid since your last notice is \$_____.

The child support amount was applied to exempt the following _____ months:

Month_____ Year _____ Amount of Aid Repaid by Child Support \$_____

Month_____ Year _____ Amount of Aid Repaid by Child Support \$_____

Month_____ Year _____ Amount of Aid Repaid by Child Support \$_____

Month_____ Year _____ Amount of Aid Repaid by Child Support \$_____

The remaining amount of child support is \$_____ and will be applied to months of aid that have not yet been repaid.

INSTRUCTIONS: Use the addendum 2 at redetermination or at application (when the individual was previously aided and issued a time on aid NOA) to inform an adult recipient of the number of months that are exempt due to the child support collection reimbursement of aid. Use continuation page NA 270.

Complete the following:

- Date of notification.
- The amount of child support collected since prior notice.
- The balance of child support collection that was remaining at last notice.
- The total child support applied to repay aid since last notice.
- Number of exempt months due to child support applied to reimburse aid.
- The month(s), year(s), and amounts of child support applied to exempt the month(s).
- Remaining amount of child support collection to be applied to subsequent months of aid that have not yet been repaid.