

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



June 24, 1994

ALL-COUNTY INFORMATION NOTICE I-14-94

TO: ALL COUNTY WELFARE DIRECTORS

<u>REASON FOR THIS TRANSMITTAL</u>
<input type="checkbox"/> State Law Change
<input type="checkbox"/> Federal Law or Regulation Change
<input type="checkbox"/> Court Order
<input type="checkbox"/> Clarification Requested by One or More Counties
<input checked="" type="checkbox"/> Initiated by CDSS

SUBJECT: REVISED INSTRUCTIONS FOR USING NOTICE OF ACTION (NOA) FORMS TRANSMITTED WITH ALL-COUNTY LETTER NO. 94-44 FOR CASH AID, FOOD STAMPS, AND MEDI-CAL

REFERENCE: ALL COUNTY LETTER (ACL) NO. 94-44

HANDBOOK: THIS LETTER CONTAINS INFORMATION UPDATING THE AFDC NOTICE OF ACTION HANDBOOK

The purpose of this letter is to transmit copies of Notice of Action (NOA) form instructions inadvertently omitted from ACL 94-44. These form instructions are listed in ACL 94-44, Attachment 2, at the top of Page 2-1. They are referred to as "the instructions accompanying each form."

FORM INSTRUCTIONS ATTACHED

- o NA 200 (4/94) MULTIPURPOSE - INCLUDES BUDGET
- o NA 290 (4/94) MULTIPURPOSE
- o NA 960X (4/94) STOP AID; REPORT NOT RECEIVED
- o NA 960Y (4/94) STOP AID; REPORT INCOMPLETE

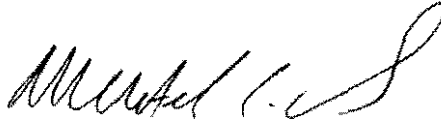
FOR HOLDERS OF THE AFDC NOTICE OF ACTION HANDBOOK

File the form instructions in Section 5 of your AFDC NOA Handbook. Remove the earlier versions.

CONTACT

If you have questions or need further information, please contact John Honeycutt at (916) 654-1077 or CALNET at 464-1077.

Sincerely,



MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachments

c: CWDA
Frank Martucci, Department of Health Services