



CDSS

WILL LIGHTBOURNE
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

November 20, 2014

ALL COUNTY LETTER (ACL) NO. 14-88

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL COUNTY CALFRESH PROGRAM SPECIALISTS
ALL COUNTY CHILD CARE COORDINATORS
ALL COUNTY REFUGEE COORDINATORS
ALL COUNTY CONSORTIUM PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
KIDS (CalWORKs) PROGRAM: REVISED NOTICE AND NOTICE OF
ACTION (NOA) MESSAGES THAT DENY, DISCONTINUE, OR
DECREASE BENEFITS FOR LACK OF VERIFICATION

REFERENCES: ACL NO. 09-01 AND 14-26; MANUAL OF POLICIES AND
PROCEDURES (MPP) SECTION 40-126.333

The purpose of this ACL is to transmit 17 revised NOA and NOA message documents to the County Welfare Departments (CWDs). In order to ensure adequate notification, all notices sent to CalWORKs clients that deny, discontinue, or decrease benefits due to clients not providing the required verification must also specify that the client did not ask the County for help getting the required proof or evidence of eligibility. These revised notice and NOA messages must be put into use as soon as administratively possible, but no later than July 1, 2015.

The MPP Section 40-126.333 mandates that clients be notified in writing of the requirement that the CWDs must assist clients in obtaining evidence if the clients have made a good faith effort and cannot get the required proof. The CWDs must also provide assistance with verification when such assistance is a reasonable accommodation for a person with a disability. The regulations further state that benefits can only be denied, discontinued, or decreased when the client refuses to comply.

REASON FOR THIS TRANSMITTAL

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

The CalWORKs Request for Verification Form (CW 2200) notifies clients that they should contact the County if they are having problems getting the required verification and that the County can help them try to get it. The form further states that benefits may be denied, discontinued, or decreased if the client does not submit the verification or contact the County by the due date listed. The attached NOA messages have been revised to conform to the above State regulations, in order to ensure clients are properly notified of their rights and responsibilities in regards to providing verification.

Effective immediately, if the County becomes aware of any cases where benefits were denied, decreased, or discontinued due to missing verifications despite the client asking the County for help, these negative actions must be rescinded.

The Notice and NOA messages that have been revised include:

<u>Number</u>	<u>Title</u>
NA 960Y SAR	Stop Aid, Report Not Complete
M40-105	Failed to Provide SSN When Received or Failure to Cooperate
M40-105A	Failed to Provide SSN or Proof of Completed SSN Application
M40-105C	Immunizations
M40-105E	School Attendance
M40-129D1	Procedural Requirement
M40-129D5	Failed to Provide Proof of SSN Application
M40-171A	Failure to Cooperate
M40-181A	SAWS 2 Plus Redetermination/Other Essential Information
M40-181E	SAWS 2 Plus Redetermination Immunization/School Attendance
M42-101B	Age and School Requirements (Change)
M42-101C	Age and School Requirements (Discontinue)
M42-213A	Restricted Account (previously NOA message M89-130)
M42-431A4	No Eligible Noncitizen Status/Proof of Eligible Noncitizen Status
M42-769A	Apply \$100 Penalty
M43-119G	Missing SAR 72 (Change)
M43-119H	Missing SAR 72 (Discontinue)

If CWDs use any additional forms, notices, or NOA messages that decrease, discontinue, or deny benefits due to lack of verification, these documents must all include language that the negative action is taking place because the client did not submit the required verification and they did not ask the County for help.

CAMERA-READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365-Notice of Language Services and a local contact number.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the CWD's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

This ACL and other CDSS Letters and Notices are available on the internet at: <http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

If you have any questions regarding this ACL, please contact your CalWORKs County Consultant or call the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachment

NOTICE OF ACTION

COUNTY OF _____

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

Notice Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Number/ID: _____
Telephone: _____
24 Hour Information: _____
Address: _____

(ADDRESSEE)

Questions? Ask your Worker or call the number above.

STATE HEARING: If you think this action is wrong, you can ask for a hearing. The back of this page tells you 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
CalFresh

Here's why:

The semi-annual report (SAR 7) that we got from you this reporting period is not complete.

To continue to get cash aid and/or CalFresh benefits you must return a complete SAR 7.

A SAR 7 is complete when you have answered all of the questions and have attached required proof. If you are having problems getting the proof, call the County and we can help you try to get it.

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

You must send or bring in the following information:

Complete the circled questions on the enclosed report.

Complete the following questions on the enclosed report:

Send or bring in the following proof:

The information you give us may change or stop your cash aid and/or CalFresh benefits.

If you turn in a complete SAR 7 anytime next month that shows you are eligible for cash aid and/or CalFresh, your benefits will start from the date you turn in the form.

If your benefits are discontinued because you fail to turn in a complete SAR 7, you will not receive Transitional CalFresh benefits.

If you have any questions about Transitional CalFresh, please contact your county office.

Medi-Cal: This notice **DOES NOT** change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will get another notice.

Keep using your plastic Benefits Identification Card(s).

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- You have earnings from a job, a business you started or if you received a pay raise.
- You have started to receive or had an increase in child/spousal support payments.

If you need help completing the SAR 7, contact the County and ask for help.

Toll Free _____.

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP Sections 40-105.1, 40-181.22; CalFresh: MPP Sections 63-103n(2), 63-508.6. TCVAP, RCA and ECA: MPP Sections 70-105.1, 69-206 and 69-301.

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 have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing **before** an action on Cash Aid, Medi-Cal, CalFresh, 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 CalFresh benefits 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, CalFresh 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 CalFresh
 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 CalFresh 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

State of California
Department of Social Services

Noa Msg Doc No.: M40-105 Page 1 of 1
Action : Change
Issue: Social Security Number
Title: Failed to Provide SSN When
Received or Failure to Cooperate

Auto ID No.: Use Form No. : NA 200
Source : Original Date : 07-01-95
Issued by : ACL 14-88 Revision Date : 11-01-14
Reg Cite : 40-105.2, 40-107(a)(1), 40-157.2,
40-157.3, 40-171.221(j), 40-181.4,
44-317, 45-201, 82-832.24

MESSAGE:

As of _____ the County is stopping cash aid
for _____. Your cash aid will be
changed from \$ _____ to \$ _____.

Here's why:

/_/ On _____ you were asked to give us the
Social Security Number (SSN) by
_____. The rules say you must give
us the SSN for each member of your
family. You did not give us the SSN
for this person and you did not ask
the County for help getting this
proof.

/_/ An application for an SSN was taken for
your newborn at the hospital. The
rules say you must give us an SSN
for him/her within six months of the
date of receipt of the SSN OR by the
date of the annual CalWORKs review.
You did not give us the SSN for your
child and you did not ask the County
for help getting this proof.

/_/ You did not help to clear up questions
about the SSN for this person.

Your new cash aid amount is figured on this
notice.

INSTRUCTIONS: Use this notice of action when the recipient has failed to provide a
SSN or to help in resolving questions about the SSN given. In the first blank space
fill in the date cash aid will be stopped. In the second blank space fill in the
name of the person being deleted. In the third and fourth blank spaces fill in the
previous amount of cash aid and the new amount of cash aid. Check the appropriate
box. If the first check box is marked, fill in the date the recipient was asked to
provide the SSN and the final date by which they must provide the SSN.

This message replaces M40-105 dated 10-01-95.

State of California
Department of Social Services

Noa Msg Doc No.: M40-105A Page 1 of 1
Action : Partial Approval
Issue: Social Security Number
Title: Failed to provide SSN or proof of
completed SSN Application

Auto ID No.: Use Form No. : NA 200
Source : Original Date : 07-01-95
Issued by : ACL 14-88 Revision Date : 11-01-14
Reg Cite : 40-105.2, 40-107.(a)(1), 40-157.2,
40-157.3, 40-171.221(j), 40-181.4,
44-317, 45-201, 82-832.24

MESSAGE:

As of _____ the County has approved cash aid
and Medi-Cal for some members of your family.
The cash aid payment for this month is
\$ _____.

The County has denied cash aid for
_____.

Here's why:

The rules say you must give us the Social
Security Number (SSN) for each member of your
family. You did not give us an SSN for this
person OR proof that an SSN application was
completed and you did not ask the County for
help getting this proof.

Your cash aid amount is figured on this
notice.

INSTRUCTIONS: Use this notice of action to approve cash aid for some members of the
assistance unit (AU) and to deny cash aid for the members who have not provided an
SSN or proof of a SSN application. In the first blank space fill in the date cash
aid was approved for some members of the AU. In the second blank space fill in the
amount of cash aid for the current month. In the third blank space fill in the name
of the person who has been denied cash aid.

This message replaces M40-105A dated 10-01-95.

Auto ID No.:
Source
Issued by ACL 14-88
Reg Cite 40-105.4, W & IC 11265.8

Use Form No. NA 200
Original Date 01-01-98
Revision Date 11-01-14

MESSAGE:

As of _____, the County is changing your
cash aid from \$ _____ to \$ _____

Here's why:

On, _____, we asked you to give us the proof
of immunizations (shots or vaccines) for all
of the children under the age of six in your
assistance unit.

[] You did not give us the proof of
up-to-date immunizations for _____ who
is/are under the age of six in your
assistance unit and you did not ask the
County for help getting this proof.

[] The proof you gave us does not show that
the immunizations are current for _____

The needs of _____ were not counted in
figuring the amount of your cash aid because
you have not shown us proof or the proof you
gave us showed immunizations are not current.

REMEMBER: You do not have to immunize your
child if any of these good cause reasons
apply to you:

- You do not believe in immunizing your
children;
- You have a medical statement saying that
your children should not be immunized;
- You had no transportation or had
transportation problems getting to a
doctor who would immunize your
children;
- You could not get an appointment to get
the immunizations, or the immunization
your children needed was not available;
- The doctor does not speak your language
or there was another language access
problem;
- You or the children were sick and could
not go to the doctor;
- The records do not correctly show all
the immunizations your children got and
you are trying to correct the records;
or

- You have other good reasons for not showing your children are up-to-date with their immunizations. You must explain your reason and show us proof.

Your cash aid may go back up by giving the county proof of immunization. Your cash aid may also go back up if you do not believe in immunization, have good cause, the child has special medical needs, and/or the immunization shot was not available. Your cash aid will go back up the 1st of the month following the month after we get this proof.

Your new cash aid amount is figured on this page.

INSTRUCTIONS: Use to change the amount of aid when proof of current immunization for a child under six was not provided and there is no good cause for not immunizing.

This message replaces M40-105C dated 05-07-13.

Auto ID No.:
Source
Issued by ACL 14-88
Reg Cite 40-105.5, W & IC 11253.5

Use Form No. NA 200
Original Date 01-01-98
Revision Date 11-01-14

MESSAGE:

As of _____, the County is changing your cash aid from \$_____ to \$_____.

Here's why:

[] You did not give us the proof of school attendance that we asked for. You did not tell us that you had a good reason for not turning it in and you have not asked the County for help getting this proof.

[] You have given us proof of school attendance for all of the school-age children in your assistance unit. However, the proof you gave us shows that _____ is not attending school regularly. You were given school attendance rules/policy on _____.

If your child between six and 18 years of age is not going to school regularly, your grant will get lowered. Your grant will not go down if your child:

- Got a high school diploma or GED.
- Is pregnant or a parent and eligible for the Cal-Learn Program.
- Had good cause, including errors in school records, reasons that prevented your child from going to school, etc. You will need to give us proof or a sworn statement about the good cause reason.
- Who was not going to school regularly is no longer living with you.

The penalty for not giving us proof of school attendance or for your child not going to school regularly is that we are lowering your grant. The needs of _____ (name of adult or 16-17 year old child) were not counted in figuring the amount of your cash aid.

Your cash aid may go back up by giving the county proof of regular school attendance. Once you turn in proof that your child(ren) is going to school regularly or that you have one of the reasons listed above, the county will end the penalty. Your cash aid will go

Noa Msg Doc No.: M40-105E Page 2 of 2
Original Date 01-01-98
Revision Date 11-01-14

back up the 1st of the month following the month after we get this proof. If you show good cause, you may get all your lost aid back.

If you are between age 16 and 17, this also means you will be put in the Welfare to Work program. You will get another notice telling you about the welfare to work program rules.

Your new cash aid amount is figured on this page.

INSTRUCTIONS: Use to change the amount of aid when proof of school attendance was not provided or the proof shows that a child is not attending school regularly.

This message replaces M40-105E dated 05-07-13.

State of California
Department of Social Services

Noa Msg Doc No.: M40-129D1 Page 1 of 1
Action : Deny
Issue: Immediate Need
Title: Procedural Requirements

Auto ID No.: Dll01A/DllBBA
Source
Issued by ACL 14-88
Reg Cite 40-129.11; .211; .534(c)

Use Form No. NA 290
Original Date 12-01-90
Revision Date 11-01-14

MESSAGE:

The County has denied your application for
Immediate Need dated _____

Here's why:

You cannot get an Immediate Need payment
because you did not give us:

- [] Proof of your family's eligible
noncitizen status and you did not ask
the County for help getting this proof.
- [] Proof that you are pregnant and you did
not ask the County for help getting this
proof.
- [] Proof that you are in the last four
months of pregnancy and you did not ask
the County for help getting this proof.

You may request an Immediate Need payment at
any time before we approve or deny your cash
aid. To ask for an Immediate Need payment,
you must complete the Immediate Need Request
form (CW 4) and give it to us.

You will get another notice about your
application for cash aid.

INSTRUCTIONS: Use to deny a request for an Immediate Need payment when
verification of: 1st box, noncitizen status; 2nd box, pregnancy (for teens under age
19 without a high school diploma); 3rd box, pregnancy in the third trimester is
lacking and the applicant did not ask the county for help getting the proof.

Enter the date of the request for an Immediate Need payment. In the body of the
message, check the appropriate box.

If the CWD hand-delivers the Immediate Need notice, the CWD must include a CW 4 with
the notice. Another notice about cash aid must be sent.

This message replaces M40-129D1 dated 08-01-96.

State of California
Department of Social Services

Noa Msg Doc No.: M40-129D5 Page 1 of 1
Action : Deny
Issue: ImmediateNeed
Title: Failed to Provide Proof of
SSN Application

Auto ID No.:	Use Form No.	: NA 290
Source :	Original Date	: 12-01-90
Issued by : ACL 14-88	Revision Date	: 11-01-14
Reg Cite : 40-105.2; 40-129.11; .2; .53(c) 44-317.1		

MESSAGE:

The County has denied your application for
Immediate Need dated_____.

Here's why:

You can't get an Immediate Need payment
because you did not:

- [] Show proof that you applied for a Social
Security Number (SSN) for each member of
your family when you didn't give us the
person's SSN, and you did not ask the
County for help getting this proof.

- [] Try to get income that is available to
you and your family.

You may request an Immediate Need payment at
any time before we approve or deny your cash
aid. To request an Immediate Need payment,
you must complete the Immediate Need Payment
Request form and give it to us.

You will get another notice about your
regular cash aid.

INSTRUCTIONS: Use to deny a request for an Immediate Need payment when
verification of application for an SSN is lacking and the applicant did not
ask the County for help getting the proof (top checkbox) or the applicant has
failed to apply for unconditionally available income (bottom checkbox).

In the action line, enter the date of the request for an Immediate Need
payment (mm/dd/yy). In the body of the message, check the appropriate box.

If the CWD hand-delivers the Immediate Need notice, the CWD must include a CW 4 with
the notice. Another notice about regular cash aid must be sent.

This message replaces M40-129D5 dated 10-01-95.

State of California
Department of Social Services

Noa Msg Doc No.: M40-171A Page 1 of 1
Action : Deny
Issue: Application Processing
Title: Failure to Cooperate

Auto ID No.: D0302A
Source
Issued by ACL 14-88
Reg Cite 40-126.341, 40-171.221(i)

Use Form No. NA 290
Original Date 05-31-91
Revision Date 11-01-14

MESSAGE:

The County has denied your application for
cash aid dated _____

Here's why:

You must give us facts and proof we need and
do the other things we need you to, as best
you can. You did not _____

If you are having problems getting the proof
we need, call the County and we can help you
try to get it. If you do what we ask and
give us the proof and facts we need or ask
the County for help before_____, we will
take another look at your application.

INSTRUCTIONS: Use to deny cash aid to an assistance unit when they have failed
to cooperate in providing evidence or undertake necessary actions and have not
asked the County for help. In the body of the message enter a description of
what the AU has failed to do and the additional reg cites. Also enter the 30th
calendar day after the date of the denial. (When this day is not a CWD work
day, enter the next CWD work day.)

This message replaces M40-171A dated 11-01-96.

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 Plus Redetermination/
Other Essential Information
Use Form No. NA 290
Original Date 05-01-87
Revision Date 11-01-14

Auto ID No.:
Source
Issued by ACL 14-88
Reg Cite 40-105.1, 40-181.2; .3

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 and you did not ask the
County for help getting the proof we need.

INSTRUCTIONS: Use to discontinue cash aid when necessary evidence/information
required during redetermination, or that is essential at another time is not
provided and the client did not ask the County for help getting the proof.
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 01-08-02.

State of California
Department of Social Services

Noa Msg Doc No.: M40-181E Page 1 of 1
Action : Change
Issue: Application Processing
Title: SAWS 2 Plus Redetermination
Immunizations/School Attendance

Auto ID No.:
Source
Issued by ACL 14-88
Reg Cite 40-105.4, .5, W & IC 11265.8
& 11253.5

Use Form No. NA 200
Original Date 01-01-98
Revision Date 11-01-14

MESSAGE:

As of _____, the County is changing your
cash aid from \$_____ to \$_____.

Here's why:

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

You did not do this and you did not ask the
County for help getting this proof, so your
needs and/or the needs of _____ were not
counted in figuring the amount of your cash
aid.

You may restore the cash aid you lost by
giving us proof of immunization or school
attendance.

If you are ages 16 through 17, this also
means you have lost your Welfare to Work
exemption. You will get another notice
telling you of the welfare to work program
rules.

Your new cash aid amount is figured on this
page.

INSTRUCTIONS: Use to change the amount of aid when proof of immunization or school
attendance was required during redetermination, was not provided, and the client
didn't ask the County for help getting the proof. Specify what the recipient was
required to do and the appropriate regulation cite. Add the paraaraoh on welfare to
work exemption only for school attendance cases.

Example: "We asked you to give us proof of immunizations and return it by March 7"
or "We asked you to give us proof of school attendance and return it by March 7".
40-105.4 or 40-105.5.

This message replaces M40-181E dated 07-01-98.

State of California
Department of Social Services

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

Auto ID No.:
Source :
Issued by : ACL 14-88
Reg Cite : 42-101; 82-820; ACL 04-05

Use Form No. : NA 290, attach NA 1239
Original Date : 05-01-87
Revision Date : 11-01-14

MESSAGE:

As of (DATE), the County is changing your cash aid from \$_____ to \$_____.

Cash aid will stop for _____ because he/she turns 18 on (DATE).

Here's why:

[] He/She does not meet the age rule below.

Age Rule: An 18-year-old child is an eligible child only if:

- 1) He/She is a full-time student in high school or in a vocational or technical training program, and he/she is expected to finish school before reaching age 19; or
- 2) He/She is a full-time student in high school or in a vocational or technical training program, and he/she currently receives or has in the past received:
 - SSI/SSP benefits; or
 - IEP or Section 504 Plan or Regional Center services; or
 - Proof of a current or past disability.

OR

[] You have not given us the proof of your child's disability or services that we requested and you did not ask the County for help getting this proof.

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

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

INSTRUCTIONS: Use to decrease the CalWORKs grant when a child in the Assistance Unit (AU) turns 18 and does not meet the age requirement (first check box) or proof of a child's disability was not provided (second check box). Attach NA 1239 SAR as a continuation page.

This message replaces M42-101B dated 11-04.

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 : ACL 14-88
Reg Cite : 42-101; 82-820; ACL 04-05

Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 11-01-14

MESSAGE:

As of (DATE), the County is stopping your cash aid. You have no eligible children living with you because your child _____ turns 18 on (DATE).

Here's why:

[] He/She does not meet the age rule below.

Age Rule: An 18-year-old child is an eligible child only if:

- 1) He/She is a full-time student in high school or in a vocational or technical training program, and he/she is expected to finish school before reaching age 19; or
- 2) He/She is a full-time student in high school or in a vocational or technical training program, and he/she currently receives or has in the past received:
 - SSI/SSP benefits; or
 - IEP or Section 504 Plan or Regional Center services; or
 - Proof of a current or past disability.

OR

[] You have not given us the proof of your child's disability or services that we requested and you did not ask the County for help getting this proof.

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

INSTRUCTIONS: Use to discontinue aid when the only child in the AU turns 18 and does not meet the age requirements (first check box) or proof of the child's disability was not provided (second check box).

This message replaces M42-101C dated 11-04.

Auto ID No.:
Source
Issued by ACL 14-88
Reg Cite 42-213.231 (g), (h)' (i)

Use Form No. NA 290
Original Date 01-01-94
Revision Date 11-01-14

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 did not:
 - 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 or ask the County for help getting this proof.
- [] Give the County proof of the balance in the account before you took out the money or ask the County for help getting this proof.
- [] Give the County proof of what you did with the money or ask the County for help getting this proof.
- [] 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.

Original Date 01-01-94

Revision Date 11-01-14

- 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.....

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 01-08-02.

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 ACL 14-88
Reg Cite 42-431, 42-433.3

Use Form No. NA 290
Original Date 03-01-89
Revision Date 11-01-14

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 _____
and you did not ask the County for help
getting this proof.

INSTRUCTIONS: Use to discontinue cash aid for an Assistance Unit (AU) when AU
members either lack eligible noncitizen status or lack proof of eligible noncitizen
status and did not ask the County for help getting the proof.

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

This message replaces M42-431A4 dated 01-08-02.

State of California
Department of Social Services

Noa Msg Doc No.: M42-769A Page 1 of 2
Action : Change
Issue: Cal-Learn Penalty
Title: Apply \$100 Penalty

Auto ID No.:
Source :
Issued by : ACL 14-88
Reg Cite : 42-769, 42-766

Use Form No. : NA 200
Original Date : 01-01-94
Revision Date : 11-01-14

MESSAGE:

As of _____, the County is changing your cash aid from \$_____ to \$_____. This change is TEMPORARY.

[-] Your aid will CHANGE BACK to the old amount as follows: As of __, the County is changing your cash aid from \$_____ to \$_____. This is the only notice you will get of the change back to the old amount.

[-] You will get another notice before your cash aid changes again.

Here's why your aid is changing:

_____ is in Cal-Learn and was required to submit a school report card for the period ending_____.

There is a \$100 penalty that lowers your cash aid by \$50 for each of the next two months because:

[-] There wasn't a good reason for the less than adequate school progress shown on the report card.

[-] We didn't receive the report card by the end of the 10-day reasonable effort period and you did not ask the County for help getting this proof.

Your new aid amount is figured on this page.

INSTRUCTIONS: Use this message to apply a \$100 Cal-Learn penalty.

Also, this message can be used, when appropriate, to change aid back to the original amount using the first check box.

- o Fill in the effective date of the change, the old aid amount, and the new aid amount.
- o First Check Box: Check this box and fill in the blanks when the county determines in advance that aid will change back to the old amount.
- o Second Check Box: Check this box when the county determines not to check the first box.
- o Fill in the name of the Cal-Learn participant and the ending date of the school report card period on which the action is based.
- o Third and Fourth Check Boxes: Check the applicable box(es).
- o NA 200, Aid Computation, Section B: Enter the \$50 monthly amount of the penalty on Line 10a, Cal-Learn Penalty.

This page replaces M42-769A dated 10-02-95.

State of California
Department of Social Services

Noa Msg Doc No.: M43-119G Page 1 of 1
Action Change
Issue: Sponsored Eligible Non-Citizens
Title: Missing SAR 72

Auto ID No.:
Source
Issued by ACL 14-88
Reg Cite 43-119; 40-181.241(h);
40-181.25

Use Form No. NA 200
Original Date 05-10-82
Revision Date 11-01-14

MESSAGE:

As of _____, the County is changing your
cash aid from \$_____ to \$_____.

Here's why:

Your cash aid will now be for a family of
We show that _____
and _____ are sponsored non-citizens.

As of the 11th of this month, the County has
not received your Sponsor's Semi-Annual
Income and Resources Report (SAR 72) and you
did not ask the County for help. You cannot
get cash aid for anyone in your family who is
sponsored 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.

Your new cash aid amount is figured on this
page.

INSTRUCTIONS: Use to change cash aid for a sponsored non-citizen's case when the
county has not received the SAR 72 for any of the sponsored non-citizens.

This message replaces M43-119G dated 01-01-98.

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 SAR 72

Auto ID No.:		Use Form No.	NA 290
Source		Original Date	05-10-82
Issued by	ACL 14-88	Revision Date	11-01-14
Reg Cite	43-119; 40-181.241(h); 40-181.25		

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 Semi-Annual Income and Resources Report (SAR 72) and you did not ask the County for help. 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.

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

This message replaces M43-119H dated 01-08-02.