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

November 21, 1994

ALL-COUNTY LETTER NO. 94-100

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY TCC COORDINATORS

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Rea	son for this Transmittal	
	State Law Change Federal Law or Regulation Change Court Order	
, [X]	Clarification Requested by One or More Counties Initiated by CDSS	

SUBJECT: TRANSITIONAL CHILD CARE PROGRAM - FORMS REVISIONS

REFERENCE: Manual of Policies and Procedures (MPP) Section 47-100

This letter also contains information updating the AFDC Notice of

Action Handbook.

This letter transmits revised forms and Notices of Action (NOAs) for use in the Transitional Child Care (TCC) Program. These forms and NOAs were revised due to the conversion of the TCC Program onto the Statewide Automated Welfare System (SAWS) and to assist counties in complying with recent changes in the Federal reporting requirements for Title IV-A Child Care Programs. The forms and NOAs included in this letter replace those previously issued in All-County Letters and All-County Information Notices. All changes were reviewed by the Eligibility and Grant Technical Review Team (TRT), a sub-committee of the County Welfare Director's Association (CWDA).

ATTACHMENT I includes a summary of all of the TCC forms and provides photocopies of the English versions of the following forms:

- TCC 1 Application for Transitional Child Care (TCC) Benefits (Long Form)
- TCC 1A Application for Transitional Child Care (TCC) Benefits (Short Form)
- TCC 43 Request for Transitional Child Care (TCC) Payment
- TCC 85 Transitional Child Care (TCC) Status Report

These forms are currently being translated into the five standard languages and upon completion will be forwarded under separate cover by the Language Services Bureau.

ATTACHMENT II includes a summary of all TCC NOAs and provides photocopies of all of the NOAs and the NOA Messages.

To obtain a camera-ready copy of the English and/or Spanish versions of any forms and/or NOAs, telephone or write to:

CDSS Forms Management Unit 744 P Street, MS 7-182 Sacramento, CA 95814 (916) 657-1907/ATSS 437-1907

To obtain a camera-ready copy of the Cambodian, Chinese, Lao or Vietnamese translations of any forms and/or NOAs, telephone or write to:

CDSS Language Services Bureau 744 P Street, MS 9-024 Sacramento, CA 95814 (916) 654-1282/ATSS 464-1282

We remind counties that the TCC 1 and TCC 1A forms are required but substitutes are permitted with prior CDSS approval. The TCC 43 and TCC 85 are both recommended forms. We recommend counties begin using the enclosed TCC forms and NOAs no later than December 1, 1994 to ensure statewide conformity.

If you have any comments or questions, please contact Ms. Jan DeSilva of the Child Care Programs Section in the Employment Programs Bureau at (916) 654-1768.

MICHAEL C. GENEST

Deputy Director

Welfare Program Division

Enclosures

c: CWDA

SUMMARY OF THE TCC FORMS

The following is a list of all forms (including the most recent revision date) currently used in the TCC Program. However, this letter only includes copies of the TCC 1, TCC 1A, TCC 43, and TCC 85. To obtain copies of the other forms listed below, follow the instructions on Page 1 and 2 of this letter.

TCC 1 (6/94)	Application for Transitional Child Care (TCC) Coversheet and Application for Transitional Child Care (TCC) Benefits (Long Form)				
TCC 1A (6/94)	Application for Transitional Child Care (TCC) Coversheet and Application for Transitional Child Care (TCC) Benefits (Short Form)				
TCC 11 (7/93)	You May Get Money To Help Pay Part of Your Child Care (TCC Stuffer)				
TCC 12 (7/93)	Inter-County Transfer (ICT) Reminder - Recipient Moves To a New County				
TCC 13 (7/93)	Do You Need Help Paying for Your Child Care? (TCC Information Sheet)				
TCC 30 (11/91)	Transitional Child Care Worksheet				
TCC 30A (11/90)	Family Fee Computation Worksheet				
TCC 43 (6/94)	Request for Transitional Child Care (TCC) Payment				
TCC 83 (7/90)	Transitional Child Care (TCC) Repayment Agreement				
TCC 84 (9/90)	Transitional Child Care (TCC) Overpayment Report				
TCC 85 (6/94)	Transitional Child Care (TCC) Status Report				
MC 176 TMC/TCC (4/90)	Transitional Medi-Cal (TMC)/Transitional Child Care (TCC) Status Report (Quarterly)				

The following is a summary of the changes to the TCC 1, TCC 1A, TCC 43 and TCC 85:

TCC 1 - APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS (Long Form) TCC 1A - APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS (Short Form)

- Both coversheets have been modified for clarity and accuracy.
- Item 2 on the TCC 1 and Item 1 on the TCC 1A have been expanded to request information about each child's care provider to allow counties determine both the payment limit and the amount of the family fee at the time of application.

- Item 5 on the TCC 1 and Item 3 on the TCC 1A have been expanded to request more complete information regarding the TCC family's earned income.
- Item 6 on the prior TCC 1 and Item 4 on the prior TCC 1A which asked information about health insurance coverage have been deleted because county staff indicated that though it was originally included for Transitional Medi-Cal purposes, the information provided was not being used. Additionally, this information is already requested on the Request for Transitional Medi-Cal (TMC) form.

TCC 43 - REQUEST FOR TRANSITIONAL CHILD CARE (TCC) PAYMENT

PART A - To be completed by the recipient:

- Item 2 has been expanded to allow more space to provide the number of hours worked per week.
- Item 3 has been inserted to determine whether the recipient is requesting to have his/her Family Fee refigured.
- Item 4 (formerly Item 3) has been expanded to request the child's birthdate to assist the worker when to change the rate ceiling due to a child turning 2 or 6 years old and to discontinue TCC benefits due to a child turning 13 years old. In addition, a column has been added to request the amount owed.
- Item 5 (formerly Item 4) has been modified because the information is provided directly by the child care provider in PART B.
- Item 6 has been inserted to determine whether the recipient is requesting an advance payment.
- Item 7 (formerly Item 5) has been modified for recipient understanding.
- Various elements under the recipient's Certification have been modified to increase program integrity and to be consistent with the certifications used in other Title IV-A child care programs.

PART B - To be completed by the child care provider:

- Items 1 4 have been expanded to request necessary information from the child care provider to assist counties in determining the provider's eligibility for payment, the appropriate rate ceiling, and the appropriate TCC payment. In addition, the requested information will assist counties to complete the Title IV-A Child Care Monthly Statistical Report, Form ACF 115, as required in All-County Letter (ACL) No. 94-52 dated June 21, 1994.
- Item 5 has been inserted to determine whether the recipient was any family fees to the provider.

 Various elements of the provider's Certification has been modified to increase program integrity and to be consistent with the cerifications used in other Title IV-A child care programs.

TCC 85 - TRANSITIONAL CHILD CARE (TCC) STATUS REPORT

This Status Report was developed from the MC 176 TMC/TCC (4/90) which was a status report used for both the Transitional Medi-Cal (TMC) and Transitional Child Care (TCC) programs. Counties that are not administering their TMC and TCC programs from the same location have requested this separate TCC-specific form. If a county chooses not to use the MC 175 TMC/TCC form, the TCC 85 must be used to obtain the necessary information to redetermine the family fee amount during the last six months of TCC eligibility pursuant to the Manual of Policy and Procedures (MPP) Section 47-175.2.

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS - COVERSHEET

WHAT IS TCC?

- TCC may help you pay most of your child care costs after you go off Aid to Families with Dependent Children (AFDC).
- You may get TCC for up to 12 months in a row beginning with the first month you become ineligible for AFDC.
- You must pay part of your child care costs which is called the Family Fee. It is based on the gross earnings of the TCC family members and the number of members in the family.
- IMPORTANT: The TCC family must pay for the Family Fee and any child care costs above the TCC limit. The TCC limit is based on the age of the child, the type of care, and whether care is provided full-time or part-time.
- You must have received AFDC three out of the last six months before you were ineligible for AFDC; and, AFDC must have stopped due to:
 - Increased earnings or hours of work.
- You must work and pay child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care.
- You can get TCC for a child in your home who gets Supplemental Security Income (SSI) or Foster Care.
- Your Family Fee will be refigured once after you get 6 months of TCC, unless you ask your worker to figure it again at another time.
- TCC cannot be paid if the provider is under 18 years old or is the parent, legal guardian, conservator or a member of the TCC family.

YOUR RIGHTS:

- To ask for TCC verbally; but a written request must be completed before payment can be made.
- · To be told about your Rights and Responsibilities.
- To apply for TCC any month during the 12-months after you are ineligible for AFDC. You may apply by mail, but the County may ask you to come in.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be at least 18 years of age and licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care is also before and after-school programs operated by public and private schools.

YOUR RIGHTS (CONTINUED)

- To have your Family Fee refigured if your situation changes. Ask your TCC worker.
- To have your TCC benefit transferred to another California county if you move and are still eligible. You must tell your worker that you have moved.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing within 10 calendar days of your Notice of Action or within 10 calendar days after the TCC payment was made, TCC benefits shall be paid pending the hearing up to the date of settlement, but no longer than the remaining TCC eligibility period.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. You may file a complaint if you feel you have been discriminated against.

YOUR RESPONSIBILITIES

You Must:

- Pay your Family Fee to your child care provider every month.
- Pay your child care provider for the care reported on your Request in TCC Payment.
- Choose a clean, healthy and safe environment for your child care.
- Give us a completed Request for TCC Payment every month you want a payment.
- Give us your last completed Request for TCC Payment by the last day of the month following the month your TCC stops.
- · Give us a completed TCC Status Report when needed.
- Give us the facts that we need and show proof of them as needed.
- Tell us when there is a change in your child care provider or hours of employment and when you are getting other help paying your child care costs.
- Pay back any TCC paid to you in error even if the payment was made directly to the child care provider.

TCC MAY STOP IF:

- You don't cooperate with the District Attorney to help get child support.
- · You stop your job without a good reason.
- You don't pay your Family Fee to your child care provider.
- · You no longer have an eligible child in the home.

PENALTY WARNING

 Failure to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

APPLICATION FOR TRANSITIONAL CI	COUNTY USE ONLY			
ATTEIOATION TON THANOMONAL O	DATE RECEIVED:			
	WRITTEN REQUEST:			
INSTRUCTIONS: If you want TCC, read the cover	VERBAL REQUEST:			
questions below. Please use ink. Attach another	sheet of paper if y	ou need more space. You	will	Case Number AFDC Disc. Code:
need to show proof of earnings and hours worked.				Approved Denied
				Start Date:
Return the completed form to the County Welfare L	Department (CWD).	The CWD will tell you whe	ther	End Date:
you can get TCC and what your family fee will be.				Reason for Denial:
				TCC Worker:
If you need help or have questions, ask the TCC W	orker.			Supervisor:
APPLICANT'S NAME (FIRST, MIDDLE, LAST)	BIRTHDATE	SOCIAL SECURITY NUMBER		
				☐ AFDC Received
HOME ADDRESS NUMBER STREET C	TY	STATE ZIP CODE		3 out of last 6 months
· · · · · · · · · · · · · · · · · · ·	CONTROL OF CAR OF CAR	PNI		☐ Former GAIN OJT
BIRTHPLACE (CITY/STATE)	RELATIONSHIP TO CHILD(R	EN)		Participant
CITIZENSHIP/IMMIGRATION STATUS				
☐ U.S. Citizen ☐ Lawful Permanent Resident	☐ Refugee	☐ Other (Specify)		
Did you or your family receive aid anywhere within the	<u>_</u>		1 110	•
If "YES", specify under what name, where, when and type(s) of aid		☐ YES ☐	NO	
		Abata abilid assa provider(e)		
2. List the children who are living with you, that you pay (Include children who receive Foster Care or SSI benefits.)	child care for and list	their child care provider(s).		•
A. CHILD'S NAME	BIRTH DATE	SOCIAL SECURITY NUMBER		
BIRTHPLACE (CITY/STATE)	RELATIONSHIP TO APPLICAN	II		
CITIZENSHIP/IMMIGRATION STATUS				
□ U.S. Citizen □ Lawful Permanent Resident	☐ Refugee	Other (Specify)		
Is this child disabled or under court supervision? If "YES", explain and attach proof:		YES	∫ ио	
PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER STREET		☐ Child Under Age 13
PROVIDER'S PHONE		STATE ZIP COD		☐ Foster Child
()	CITY	SIATE ZIF COD	`	☐ SSI ☐ Was in AFDC/AU
TYPE OF PROVIDER				Over 13
☐ LICENSED FAMILY DAY CARE ☐ EXEMPT – IN CHILD'S ☐ LICENSED DAY CARE CENTER ☐ EXEMPT – OUTSIDE		EXEMPT CENTER OPERATED BY SCH EMPLOYEES	400L	☐ Disabled☐ Court Supervision
LICENSED DAY CARE CENTER LI EXEMPT - OUTSIDE	OFFICE STOME	EM. EO (EE)		
HOURS OF CARE MORE THAN 147 HOURS PER MONTH (Full-time) 147 HOURS O	R LESS PER MONTH (Part-time)			
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?		YOU HAVE TO PAY THIS AMOUNT IN ADVA	NCE?	
\$per hour day	week month	YES (If "YES", attach proof)	NO	
B. CHILD'S NAME	BIRTH DATE	SOCIAL SECURITY NUMBER		
BIRTHPLACE (CITY/STATE)	RELATIONSHIP TO APPLICAN	TT .		
BIRTHEDOE (CITT/STATE)	RELATIONSHIP TO AFFERDAM	.,		
CITIZENSHIP/IMMIGRATION STATUS				
☐ U.S. Citizen ☐ Lawful Permanent Resident	☐ Refugee	☐ Other (Specify)		
Is this child disabled or under court supervision? If "YES", explain and attach proof:	NO			
PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER STREET		☐ Child Under Age 13
	····			☐ Foster Child ☐ SSI
PROVIDER'S PHONE	CITY	STATE ZIP CODI	E	☐ Was in AFDC/AU
TYPE OF PROVIDER				☐ Over 13 ☐ Disabled
LICENSED FAMILY DAY CARE EXEMPT - IN CHILD'S		EXEMPT CENTER OPERATED BY SCH	100L	Court Supervision
☐ LICENSED DAY CARE CENTER ☐ EXEMPT – OUTSIDE	CHILD'S HOME	EMPLOYEES		
HOURS OF CARE	CERROED MONTH (D-4 *			
MORE THAN 147 HOURS PER MONTH (Full-time) 147 HOURS OF WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?	R LESS PER MONTH (Part-time)	YOU HAVE TO PAY THIS AMOUNT IN ADVAN	NCE?	
\$per hour day	week month		NO	
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STATE OF CALIFORNIA—HEALTH AND WELFARE A	GEI4C1				
APPLICATION FOR TRA	INSITIONAL	CHILD CARE ((TCC) BENE	FITS	COUNTY USE ONLY
				PH 46	Date Received:
INSTRUCTIONS: If you want questions below. Please use ink.	TCC, read the co	oversheet to this a eet of paper if you i	application beto need more spac	ere you till out the se. You will need to	Written Request:
show proof of any earnings, and h		ээ . ө. р .до у о	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Verbal Request:
Return the completed form to the can get TCC and what your Famil		epartment (CWD).	The CWD will to	ell you whether you	
If you need help or have questions	s, ask the TCC wo	rker.			
			T		CASE NAME;
APPLICANT'S NAME (FIRST, MIDDLE, LAST)		BIRTHDATE	SOCIAL SECURITY NU	MBFK	CASE NAME.
HOME ADDRESS NUMBER	STREET	CITY	STATE	ZIP CODE	CASE NUMBER:
HOME PHONE		WORK PHONE			
()		()			
1. List the children who are living	with you, that you	u pay child care for,	and list their ch	illd care provider.	AFDC received 3 out of last 6 months. Former GAIN OJT Participant
A. CHILD'S NAME					, , , , , , , , , , , , , , , , , , , ,
PROVIDER'S NAME	PROVIDER'S A	NUMBE	ER STRE	EET	
PROVIDER'S PHONE	ату	STATE	ŻIP C	CODE	į
(.)					
TYPE OF PROVIDER LICENSED FAMILY DAY CARE	EXEMPT - IN CH	LD'S HOME	□ EXEMPT ÇEN	TER OPERATED BY SCHOOL	
LICENSED DAY CARE CENTER	EXEMPT - OUTS	DE CHILD,2 HQME	EMPI	LOYEES	
HOURS OF CARE MORE THAN 147 HOURS PER MONTH (FULL	TIME) 🔲 147 HOURS	OR LESS PER MONTH (PART	TIME)		<u>a</u> .
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR	CHILD CARE AND HOW?		DO YOU HAVE TO PAY	THIS AMOUNT IN ADVANCE?	☐ Child Under Age 13 ☐ Over Age 13 ☐ Disabled
	per hour day	week month	YES (If "YES	s", attach proof) .NO	
B. CHILD'S NAME					,
	I DOG WATER		ER STRE		B. ☐ Child Under Age 13 ☐ Over Age 13
PROVIDER'S NAME	PROVIDER'S A	IDDRESS NUMBE	ch 5) hc	:E1	☐ Foster Child ☐ Disabled . ☐ SSI ☐ Court
PROVIDER'S PHONE	CITY	STATE	ZIP C	CODE	☐ Was in AFDC AU Supervision
()					<u>c.</u>
TYPE OF PROVIDER LICENSED FAMILY DAY CARE	☐ EXEMPT - IN CHI	LD'S HOME	☐ EXEMPT-CEN	TER OPERATED BY SCHOOL	☐ Child Under Age 13 ☐ Over Age 13 ☐ Disabled
LICENSED DAY CARE CENTER .	☐ EXEMPT – OUTS	DE CHILD'S HOME	ЕМР	LOYEES	SSI Court Was in AFDC AU Supervision
HOURS OF CARE MORE THAN 147 HOURS PER MONTH (FULL	TIME) 147 HOURS	OR LESS PER MONTH (PART '	Time)		THAS HIM DO NO Supervision
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR	CHILD CARE AND HOW?		DO YOU HAVE TO PAY	THIS AMOUNT IN ADVANCE?	Ages Verified
\$	per hour day	week month	YES (If "YES	s", attach proof) 🔲 NO	☐ Citizenshlp/Allen Status Verlfied☐ Relationshlps Verified
C, CHILD'S NAME					
PROVIDER'S NAME	PROVIDER'S	ADDRESS NUMBI	ER STRI	EET	
PROVIDER'S PHONE	CITY	STATE	ZIP (COOE	
()					
TYPE OF PROVIDER LICENSED FAMILY DAY CARE	☐ EXEMPT—IN CH	II D'S HOME	☐ EXEMPT-CEN	TER OPERATED BY SCHOOL	
☐ UCENSED DAY CARE CENTER	_	IDE CHILD'S HOME		LOYEES	·
HOURS OF CARE MORE THAN 147 HOURS PER MONTH (FULL	LTIME) 🔲 147 HOURS	OR LESS PER MONTH (PART	TIME)		
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR		-	•	THIS AMOUNT IN ADVANCE?	
\$	per hour day	week month	YES (If "YES	S", attach proof) 🔲 NO	
 Did anyone move into or out of (Include anyone who entered or left if "YES", complete below: 				YES NO	Total Number of TCC Family Members:
	ATIONSHIP TO YOU	WHAT HAPPENED		DATE	
		1			1

					1 .		
Complete the information bel Include all earnings and tips. Atta If self-employed, list business exp	ch payst	ubs of other proc	f of eaming	S.			
NAME		EMPLOYER'S NAME					*************************************
DATE(S) JOB STARTED OR STOPPED		EMPLOYER'S ADDRES	SS	NUMBER STRE	ET		
WORK SCHEDULE		CITY	STATE	ZIP CODE			
		DAYS WORKED PER I	HTHON	HOURS WORKED PER MONT	гн		
HOW OFTER ARE YOU PAID?	AMOUNT	BEFORE DEDUCTIONS		TIPS OR COMMISSIONS?	Γ-	7	*
□ WEEKLY, □ BI-WEEKLY, □ MONTHLY	\$			YES S AMOUN	<u> </u>	NO	
NAME		EMPLOYER'S NAME	***************************************				
DATE(S) JOB STARTED OR STOPPED		EMPLOYER'S ADDRES	SS	NUMBER STRE	ΕT		
WORK SCHEDULE		CITY	STATE	ZIP CODE			Total Gross Earned Income \$
		DAYS WORKED PER M	HTMON	HOURS WORKED PER MONT	H		Average Monthly Income: \$
HOW OFTER ARE YOU PAID?	AMOUNT	BEFORE DEDUCTIONS		TIPS OR COMMISSIONS?		7	Page 1
☐ WEEKLY, ☐ BI-WEEKLY, ☐ MONTHLY	\$			YES \$AMOUN	Ť	NO	
	<u> </u>		CER	TIFICATION			
 I understand that the statements I 	have ma	ade on this form a	are subject t	to investigation and ver	rification.		
 I understand that TCC must be ne TCC family available to care for th 	eded to e child(r	permit a member en).	of the AFD	C family to accept or re	etain emplo	yment and t	hat there must not be an adult in the
 I understand that I must tell my TC 	CC worke	er within 10 days	of any chan	ge in my income, work	hours, or f	family.	•
 I understand that I must repay any 							he provider.
 I have read (or it was read to me) 							
•							h penalties of a fine, imprisonment or
I declare under penalty of perju- this application is true and corr	ry undel ect	r the laws of the	United Sta	tes of America and th	ne State of	California (that the information contained on
CIGNATI INC OF APPLICANT			DATE SIGNED	PHONE NUMBER WH	ERE YOU MAY	BE REACHED IN	CASE YOUR WORKER NEEDS TO CONTACT YOU
SIGNATURE OF WITNESS TO MARK, INTERPRETER,	OR OTHER	PERSON		DATE SIGNED			
-			COUN	ITY USE ONLY			
CASE NAME				CASE NO.			
Approved Denied Denied TCC BEGINS TCC ENDS							
REASON FOR DENIAL							
TCC WORKER	<u></u>						DATE
SUPERVISOR			***************************************				DATE
COMMENTS:							

Page 1 of 2

TCC 43 (6/94) RECOMMENDED FORM

REQUEST FOR T	RANSIT	IONA	L CHILI	CARE (rcc) PA	YME	NT				COUNTY HEE ONLY
Instructions: Complete a	nd return this	request	t to your TC	C Worker. You	will not get	a TCC p	ayment	unless	а		COUNTY USE ONLY Date received:
request is received for each month following the month y by the Child Care Provider.	our TCC stop	ps. Part	A must be d	completed by ye	ou and Part	B, on the	ne back d	y of the of this fo	rm,		
NEED HELP? ASK YOU				id care provider	· MONTH C	FCARE	:				Worker Number:
	ins					-					Case Number:
PART A - RECIPIENT FI		IS SEC	HON.	HOME ADDRESS	NR II	MBER	61	TREET			1
NAME (FIRST, MIDDLE, LAST 1.)			MOME ADDRESS	NOI	MOCH	3	INCLI			
HOME PHONE	WORK PHONE	i i		CITY	STAT	ΤE	Zif	CODE			1
		orlead a	and the hea		io month	Attock					1
2. List each family men	IDEL MIIO M	Orkeu a	and the no	nta morkea fu	nonui.		Worked P	lar Maale			4
NAME					Week 1	Week 2	Week 3		_	Veek 5	1
											Total Hours
NAME			- Julia III Well	No. BUY SANS	7	Hours	Worked P	er Week		***	Worked Verified
					Week 1	Week 2	Week 3	Week	4 V	Veek 5	4
No. domitulo incomo l	droppe	d ===1		andly Factori						-17.00	-{
B. My family's income I If "YES", explain:	nas aroppe	o ano i	want my F	amily F00 ref	gurea.			YES		NO	
I. I paid child care co		month						YES		NO	
If "YES", complete be		THDATE	PROVIDER'S	NAME	·····	IAMOL	INT OWED	AMOUN	NT PAN)	RMR Verified
THE OTHER		- Indaic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-					Due to child's birthday or
											change in provider
11 11 11 11 11 11 11 11 11 11 11 11 11											1
M. M. Donney						1	_	1			1
F. M. shiid sees musul	4		-1		TOO		_, _				1
My child care provi If "Yes", your new j								YES		NO	1
6. My child care provi	der require					,		YES		NO	
7. I paid an application		lon or	service fee	a.	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- 77	П	YES		NO	†
(Include supply or co	t fees, etc.)			20			<u> </u>	T L S	<u></u>	110	Fee Verified
Type of Fee And Time Period It (Provider's			Amount C	harged		Date	Paid		1
			100 To			-			-0.000	-	1
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				OFD	TIFICATI	<u> </u>					<u></u>
understand that:				CER	TIFICATI	ON					
 Any statements ma 	ade on this	form r	may be ch	necked and v	verified.						
The child care prov	rider must	have a	license d	or be exemp	t from hav	ing a	license	in ord	der fo	or me	e to get a TCC payment.
time.	y ICC ber	netits o	nly for no	urs of child (care reaso	onabiy	related	ว เด เท	e no	urs i	work and my transportation
I must tell my TCC	worker wi	thin 10	days of a	any change i	n my inco	me, w	ork ho	urs or	fami	ily. Ιι	must also tell my worker when I
am getting other he	elp paying	my chi	lid care co	osts. est for me al	nd my chi	ld/ren	and th	ne Cou	ıntv	mav	visit the child care site.
I must pay child ca other children.	re rates w	hich ar	e no grea	ter than the	same as	rates	billed b	y the	child	care	provider for services given to
The child care pay	ment repo	rted on	this form	may be rep	orted to ti	ne app	oropriat	e tede	eral a	and s	tate agencies, including the
Internal Revenue S	Service (IR	S) and	the Franc	chise Tax Bo	oard (FTE	3).	·				
I must repay any To The County does n	ot act as t	he chil	d care pro	a to get. ovider's emp	lover: and	d does	not ha	ve a b	ousir	ess	or contractual relationship with
the child care provi	der when	a TCC	payment	is paid.	•						·
It I choose child ca	re in my hou	ome, l rs I hav	am the er	nployer and	am respo	onsible	for so	cial se	Curit	y tax ne ar	t. I also understand that and be responsible for state
disability, and fede	ral and sta	te une	mplovmei	nt taxes.	·	•	35		, wai	ge ai	io de respensible les state
I authorize the Cou	nty to obta	ain any	verification	on necessar							
declare under penalty ontained on this reque	of perjungest is true,	orrec	r the laws t and com	of the Unite oplete and th	ed States at the chi	of An Id care	nerica a e was p	and the	e Sta ed.	ate o	f California that the information
IGNATURE OF RECIPIENT	- 13							2000000			DATE

3. List all other persons living in your grandparents, etc.)	our home (includ	le oth r	children n	ot liste	d above, parents,	stepparents,	COUNTY USE ONLY
NAME (FIRS MIDDLE, LAST)	BIRT	HDATE		soc	IAL SECURITY NUMBER		
BIRTHPLACE (CITY/STATE) RELATION			ATIONSHIP TO C	CHILD(RE	N)		-
CITIZENSHIP/IMMIGRATION STATUS U.S. Citizen	Permanent Reside		☐ Refu	1000	□ Other	(Specify)	□ Was in AFDC/AU
MARITAL STATUS (🗸) Married	□ Never M		□ Hen	uyee	□ Separated	(Opecity)	
Divorced NAME (FIRST, MIDDLE, LAST)	☐ Commo	n Law		7	☐ Widowed		
NAME (FIRST, MIDDLE, DAST)	BIHII	HDATE		SOC	IAL SECURITY NUMBER		
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CITIZENSHIP/IMMIGRATION STATUS U.S. Citizen Lawful F	Permanent Reside	nt .	□ Refu	ıgee	☐ Other ((Specify)	☐ Was in AFDC/AU
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Divorced NAME (FIRST, MIDDLE, LAST)	☐ Commor		mik neutra - 11 string	Leoci	☐ Widowed IAL SECURITY NUMBER		
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BIRTHPLACE (CITY/STATE)		REL	ATIONSHIP TO C	CHILD(REI	N)		
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MARITAL STATUS (✓) ☐ Married ☐ Divorced	☐ Never M		Consti		☐ Separated ☐ Widowed		
Did anyone move into or out of y include newborns or anyone who died.			enefits sto	pped?		YES NO	Total number of TCC family members:
NAME:	RELATIONSHIP TO		WHAT HAPPENE			DATE	
Complete the information below Include all earnings and tips. Attach if self-employed, list business expen	for anyone who paystubs or other prosess on a separate s	works of eatheet of pa	or expects the trainings. The trainings is a second to the trainings is a second to the training is a second to the second to t	to work	ζ.		
NAME		***************************************	EMPLOYER'S			t.	
DATE(S) JOB STARTED OR STOPPED			EMPLOYER'S	ADDRESS	S NUMBER	STREET	.4
WORK SCHEDULE			CITY		STATE	ZIP CODE	
			DAYS WORKE	D PER MO	ONTH HOURS WO	ORKED PER MONTH	
HOW OFTER ARE YOU PAID?	AMOUNT BEFORE DE	DUCTIONS		TIPSOS	R COMMISSIONS?		
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NAME	I		EMPLOYER'S	NAME	AMOUNT		☐ Income Verified
DATE(S) JOB STARTED OR STOPPED			EMPLOYER'S ADDRESS NUMBER STREET			Total Gross Earned Income: \$ Average Monthly Income: \$	
						And ago monthly modifies	
WORK SCHEDULE			CITY STATE ZIP CODE				
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be an adult in the TCC family					I DO IAITIIIY TO AC	cept of retain em	sicyment and that there must not
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							osecution with penalties of a fine,
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SIGNATURE OF APPLICANT	ie ahhiiramnii I		ATE SIGNED	- L.	PHONE NUMBER WHERE	YOU MAY BE REACHED I	N CASE YOUR WORKER NEEDS TO CONTACT YOU
SIGNATURE OF WITNESS TO MARK, INTERPRETER,	OR OTHER PERSON				DATE SIGNED		40 a) 81 a substitution
SECTION OF STREET, WINDOWS OF STREET,	S. COMETT ENSON				DATE SIGNED		

TRANSITIONAL CHILD CARE (TCC) STATUS REPORT

Month 1	Month 2	Month 3
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		THIS STATUS REPORT	I IS FOR THE MONTHS	OF:	
ř.		RETURN THIS FORM I	NO LATER THAN THE 21	ST DAY OF	
IMPORTANT:	Attach proof of due in the 4th TCC benefits to	SIGN, AND RETURN THIS REPOrt your income and total work hours month of your 12 month. TCC elipseginning with the 7th month of you, contact your TCC worker.	s for the three months not igibility period. If you do	ed above. You will on the complete and re	get only this one report which is sturn the report, you will not get
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IF YOU WANT PART A. DISC	YOUR TCC TO YOUR TCC EL ONTINUANCE	STOP, PLEASE COMPLETE AN GIBILITY TO CONTINUE, PLEA REQUEST Child Care be stopped on the las	st day of	SACHER STATE	75 To 18
SIGNATURE			Mon	- Colonia Colo	ATE
					12
1. Did a (This Or, if	nyone receive a includes salarie you gave the p	IS INFORMATION any income, money, or benefits dues, wages, tips, commissions, bone roof to your Transitional Medi-Cal Type of Income, Money or	nuses, and vacation pay.)	`	☐ Yes ☐ No pof.
	ved Income, r Benefits	Benefits (see list above) and Source	Month 1	Month 2	Month 3
			Amount Before Deductions :\$ Hours Worked: Dates Received:	Amount Before Deductions: \$ Hours Worked: Dates Received:	Amount Before Deductions: \$ Hours Worked: Dates Received:
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ATTACHMENT II

SUMMARY OF THE TCC NOA MESSAGES

The following is a list of all NOA messages used in the TCC program:

M47-120 (Rev.8/94) Denial - Ineliqible for TCC

M47-120A (Rev.8/94) Disc. - Ineligible for TCC

M47-125 (Rev.8/94) Approve - Eligible for TCC

M47-125A (New 8/94) Approve - Eligible for TCC and Advance Payment

M47-125B (New 8/94) Change - Change in TCC Eligibility Period

M47-130 (Rev. 8/94) Change - Change in Family Fee

M47-140 (New 8/94) Denial - TCC Payment Denial

M47-145 (New 8/94) Change - TCC Payment Change

M47-145A (New 8/94) Approve - TCC Payment Approval (For counties to use only when they choose to approve the TCC payment every month.)

M47-155A (Rev.8/94) Change - Change in TCC Payment Limit

M47-155B (New 8/94) Approve - Eligible for TCC Payment of Registration Fee

M47-155C (New 8/94) Denial - Ineligible for TCC Payment of Registration Fee

M47-165 (Rev. 8/94) Change - Change in Method of Payment

M47-175 (New 8/94) Suspend - Incomplete TCC 43

M47-175A (New 8/94) Suspend - Incomplete TCC 85

M47-190 (Rev. 8/94) Change - TCC Overpayment Adjustment

M47-190A (Rev. 8/94) Demand - TCC Overpayment Demand Notice

M47-190B (Rev. 8/94) Other - TCC Overpayment Computation

M47-190C (New 8/94) Demand - TCC Overpayment Demand Notice for Child Care Provider

M47-190D (New 8/94) Change - TCC Underpayment Adjustment

As of			Notice Date	
As of			Case	
As of the County is stopping your Transitional Child Care (TCC) Program. As of the County is stopping your Transitional Child Care (TCC) Program. Here's why: You can get TCC for only twelve months. Your twelve months are up. To get TCC, you must have a child in the home who is under the age under the age with the children in the home. You are on cash aid, You can't get TCC while on cash aid, If you go off cash aid, you may get TCC agein. Confact your worker. You are no longer working. To keep getting TCC, you must give the County a signed and completed TCC Status Report. You did not do this. If you go off cash aid, you may get TCC age in the county will review your case and notify you. You do not provide child care can conter adult in your food on provide child care in your time the payment plan signed and completed TCC Status Report. You did not do this. If you go the help meet the Child Support rules. You should have: You should have: You should have: You wan be plan meet the Child Support rules. You should have: You wan be plan meet the Child care provider. You must pay what you own to your provider and give us proof; bring in a writen payment plan signed and dated by your provider; or do what your writen plan says. Ask your writen. You have one month after the County slops your TCC to turn in all your Requests for TCC Payments (TCC 43). You may be able to get help to pay for your child care if you work and. You have used all your Transitional Child Care (TCC) benefits. Call your Aternative Payment Program or 1 - 800 - 998 - 9114 for more information about the At Risk Child Care Program.			Number	
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As of Care (TCC) Program. Here's why: You can get TCC for only twelve months. Your twelve months are up. To get TCC, you must have a child in the home who is under nour supervision. You don't supervision. You don't have any TCC eligible children in the home. You are no cash aid, You any et TCC while on cash aid. If you go off cash aid, you may get TCC again. Contact your worker. You are no longer working. To keep getting TCC, you must give the County a signed and completed TCC Status Report. You did not do this. If you go not need child care since another adult in your home can provide child care. You are no longer working. To keep getting TCC, you must give the County a signed and completed TCC Status Report. You did not hook this. If you do not need child care since another adult in your home can provide child care? You are not home can provide child care? You provider; or do what you were your provider and give us proof. bring in a written payment plan signed and dated by your provider; or do what your written plan says. Ask your worker. Cher: You have one month after the County stops your TCC to turn in all your Requests for TCC Payments (TCC 43). You have low income, and You have used all your Transitional Child Care Program.			Number	
Cuestions? Ask your Worker. State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place. As of			Telephone	- Landania
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	offic	e: MPP 47-120.1, 47-125.1, 47-150.1 47-170.1, 47-170.2,		

47-175.2

State of California
Department of Social Services

Manual Msg. No.: M47-120
Action : Denial
Reason: TCC Ineligible
Title: Ineligible For TCC
Form No. :NA290
Effective Date :04/01/90
Revision Date :08/01/94

Auto ID No. : Flow Chart No.:

Source : TCC

Regulation Cite: See Below

MESSAGE: The County has denied your application for the Transitional Child Care (TCC) Program dated ______.

Here's why:

To get TCC:

- [] You had to be on AFDC in three of the last six months. You were not on aid for three months. (Reg Cite MPP 47-120.1)
- [] You must stop getting AFDC due to more income or more work hours. You do not meet either of these reasons. (Reg. Cite MPP 47-120.1)
- [] You must give us all the facts that we need to see if you could get TCC. You did not give us:

 (Reg. Cite MPP 47-105.5)
- [] You cannot have another adult in your home who can provide child care. (Reg. Cite MPP 47-120.1)
- [] You must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You do not have any TCC eligible children in the home. (Reg. Cite MPP 47-120.1)
- [] You had twelve months to apply for TCC after you stopped getting AFDC. You did not apply within those 12 months. (Reg. Cite MPP 47-125.1)
- [] You did not help meet the Child Support rules. (Reg. Cite MPP 47-170.2) You should have:
- [] Other:

You may be able to get help to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

		Notice Date Case Name Number Worker Name Number Telephone Addresa	
(ADD)	NESSEE)		Questions? Ask your Worker.
,,,	,		Questions: Ask your worker.
L			State Hearing: If you think can ask for a hearing. The b Your benefits may not be a hearing before this action takes
	County has denied your request for Transitional Child Care C) dated		
•	e's why:		
	et TCC:		
	You had to be on Federal AFDC in three of the last six months. You weren't on aid for three months.		
	You must stop getting AFDC due to more income or more work hours. You don't meet either of these reasons.		
	You must give us all the facts that we need to see if you could get TCC. You didn't give us:		
	You cannot have another adult in your home who can provide child care.		
	You must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You don't have any TCC eligible children in the home.		
	You had twelve months to apply after you stopped getting AFDC. You did not apply within those twelve months.		
	You did not help meet the Child Support rules. You should have:		
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Call mor	your Alternative Payment Program or 1 - 800 - 998 - 9114 for e information about the At Risk Child Care Program.		

ng: If you think this action is wrong, you hearing. The back of this page tells how. s may not be changed if you ask for a e this action takes place.

State of California Department of Social Services

Auto ID No. : Flow Chart No.:

Source : TCC

Regulation Cite: See Below

Manual Msg. No.: M47-120A
Action : Disc.
Reason: TCC Ineligible
Title: Ineligible For TCC
Form No. :NA290
Effective Date: 04/01/90

Revision Date :08/01/94

MESSAGE: As of _____, the County is stopping your Transitional Child Care (TCC) Program.

Here's why:

- [] You can get TCC for only twelve months after your AFDC stopped. That twelve month period is over. (Reg. Cite MPP 47-125.1)
- [] To get TCC, you must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You do not have any TCC eligible children in the home. (Reg. Cite MPP 47-120.1)
- [] You are on cash aid. You cannot get TCC while on cash aid. If you go off cash aid, you may get TCC again. Contact your worker. (Reg. Cite MPP 47-120.1)
- [] You are no longer working. (Reg. Cite MPP 47-170.1)
- [] To keep getting TCC, you must give the County a signed and completed TCC Status Report. You did not do this. If you turn in the report, the county will review your case and notify you. (Reg. Cite MPP 47-175.2)
- [] You do not need child care since another adult in your home can provide child care. (Reg. Cite MPP 47-120.1)
- [] You did not help meet the Child Support rules. (Reg. Cite MPP 47-170.2) You should have:
- [] You cannot get TCC if you did not pay your family fee. You owe \$____ to your child care provider. You must pay what you owe to your provider and give us proof; bring in a written payment plan signed and dated by your provider; or do what your written plan says. Ask your worker. (Reg. Cite MPP 47-150.1)
- [] Other:

You have one month after the County stops your TCC to turn in all your Requests for TCC Payments (TCC 43) for the months you were previously eligible for TCC.

You may be able to get help to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1-800-998-9114 for more information about the At Risk Child Care Program.

INSTRUCTIONS: Use to discontinue TCC when the recipient becomes ineligible.

Fill in the date and check the box showing the appropriate reason for the TCC discontinuance.

For the non-compliance with the Child Support rules box, indicate what action was necessary.

For the non-payment of the family fee box, fill in the amount owed. (Note: When using this reason, the discontinuance date should be the first day of the month following 30 calendar days after the NOA is issued.)

For the "Other" box, indicate the reason for the action.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case	
	Name	
	Number Worker	
	Name	
	Number	
	Telephone	
	Address	•
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(ADDDDDDCC)		
(ADDRESSEE)		Overtions? Ask your Markor
		Questions? Ask your Worker.
		•
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		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your
		benefits may not be changed if you ask for a hearing
		before this action takes place.
As of, the County has approved your application for	81	
the Transitional Child Care (TCC) Program. You may get TCC for	, s.l.	
the twelve month period beginning and ending	er e	•
Each month you must pay a fixed part of your child care costs.	e ⁿ e	
This is called a family fee. The box checked below applies to you:	•	
☐ Based on your income of \$ as shown below		
and family size of, your family fee is \$		
\$		
		•
Total income: \$		
Your family fee has not yet been figured because you have		
not given us proof of your gross earnings. You cannot get	41. 19.	
any TCC payments until you give us this proof.		
You must pay your family fee each month to your child care	M. (
provider.	`.	
Your family fee may be refigured. If something changes, you can	•	
ask at anytime for your family fee to be refigured.		
The County will help pay part of your child care costs each		
month. There is a limit on this amount based on the child's age, type of child care provider, and whether care was provided full-		
time (more than 147 hours) or part-time (147 hours or less) in the		
month.		·
☐ Based on the information you gave us, the most we will pay		
for each eligible child and eligible child care provider is:	, is	
Child's Name: Provider's Name: Payment Limit:	ja Ja	
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Your payment limit(s) has not yet been figured because you		
have not given us information about your child care	·	
provider(s). You cannot get any TCC payments until you		
give us this information.	.* 	
If your child care cost minus your family fee is less than your		
payment limit, we will pay the lower amount.	Š.	
If you change your child care provider or your work hours, the		
payment limits listed on this notice may change. Notify your worker immediately about any changes.		
You must turn in a Request For TCC Payment (TCC 43) for each		
month that you want TCC money. You have one month after the		
County stops your TCC to turn in your last Requests for TCC		
Payments.		

Rules: These rules apply. You may review them at your welfare office: MPP 47-125.1, 47-130, 47-155.4,.7

	of California tment of Social (Services	Manual MSG. No. Action	: Approve	
			Reason: TCC El	.igible	
Auto I	ID No. :		Title: Eligibl Form No.		
	Chart No.:		Effective Date		
Source	e : TCC		Revision Date		
Regula	ation Cite: MPP 4	47-125.1, 47-130 47-155.4,.7	,	, ,	
may ge	GE: As of cation for the Tret TCC for the two	, the County cansitional Chilo welve month peri	has approved yod Care (TCC) Prood beginning	our gram. You and	
n1 -		61 1			
	nonth you must pa is called a famil				
[]	Based on your ir size of,	ncome of \$your family fee	_as shown below is \$	and family	
		\$			
		<u>+</u>			
	Total Ir	ncome = \$			
•	Your family fee not given us pro any TCC payments	has not yet been	n figured becaus s earnings. You	e you have cannot get	
You mu	ist pay your fami der.	ly fee each mon	th to your child	care	
Your fask at	family fee may be any time for yo	e refigured. If our family fee to	something chang be refigured.	es, you can	
month.	ounty will help position of the child care professions than 147 hopoths.	it on this amou vider, and whetl	nt based on the ner care was pro	child's age, vided full-	
The bo	x checked below	applies to you:			
[]	[] Based on the information you gave us, the most we will pay for each eligible child and eligible child care provider is:				
	ar:13:-	n! ! ·		Part-Time	
	Child's Name:	Provider's Name:	Payment Limit:	Payment Limit:	
	AT CARRY F	manc •	\$	\$	

e to e e

[] Your payment limit(s) has not yet been figured because you have not given us information about your child care provider(s). You cannot get any TCC payments until you give us this information.

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.

You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

INSTRUCTIONS: Use to approve a TCC application.

Fill in the date of approval and the begin and end dates of the 12-month eligibility period.

Check the appropriate box. If first box is checked, fill in the income, family size, and family fee; list each person with income and their gross income amount.

Check the appropriate box. If first box is checked, fill in the name of the eligible child(ren), the eligible child care provider(s), and the appropriate rate ceiling(s). If the recipient's work hours fluctuate and the hours of care are different each month, provide both the full-time and part-time rate ceilings.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number		
	Worker Name		
	Number		
	Telephone		
	Address		
			4
(ADDRESSEE)		Ouestions? Ask your W	√orker.
	\neg		
· 		ask for a hearing. The b	hink this action is wrong, you can back of this page tells how. Your langed if you ask for a hearing lace.
· ·			•
As of, the County has approved your application for the Transitional Child Care (TCC) Program. You may get TCC for	Child's Na	ame:	
the twelve month period beginning and ending	TCC Payr	ment Limit:	\$
The County has approved your request for an advance TCC payment. You can't get another TCC payment until you give us proof you have paid the child care for this month. You will have to pay back any money we advance to you that you do not use to		d Child Care Costs:	\$
pay for child care.	Subtot	tal — Lesser of two above	e = \$
Each month you must pay a fixed part of your child care costs. This is called a family fee. Based on your income of \$ as shown below and family size of,	Child's Na	ame:	
your family fee is \$	TOO Bour	mont Limit:	¢.
\$		ment Limit:	Ψ
	Anticipate	d Child Care Costs:	Ψ
Total Income: \$	Subtot	tal — Lesser of two above	e = \$
You must pay your family fee each month to your child care provider.	Total of A	li Subtotals	= \$
Your family fee may be refigured. If something changes, you can ask at anytime for your family fee to be refigured.	Less Fam	•	
The County will help pay part of your child care costs each		rpayment Adjustment	***************************************
month. There is a limit on this amount based on the child's age, type of child care provider whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.	ADVANCE	E TCC PAYMENT	=\$
Based on the information you gave us, the most we will pay for each eligible child and eligible child care provider is:			
Child's Name: Provider's Name: Payment Limit:			
\$			
\$			
\$			
If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.			
If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.			
You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.			
Your advance TCC payment amount is figured on this notice.			

State of Calife		
	ornia Social Services	Manual MSG. No.: M47-125A Action : Approve Reason: TCC Eligible Title: Eligible For TCC and Advance TCC Payment
Auto ID No. Flow Chart No. Source Regulation Cite		Form No. : NA290 Effective Date : 08/01/94 Revision Date :
MESSAGE: As of application for may get TCC for ending	r the twelve month pe	aty has approved your aild Care (TCC) Program. You eriod beginning and
You can't get a have paid the	another TCC payment u child care for this m	st for an advance TCC payment. Intil you give us proof you Nonth. You will have to pay Nat you do not use to pay for
This is called	a family fee. Based	t of your child care costs. I on your income of \$ as, your family fee is
	\$ + + + Total Income = \$	
You must pay yo provider.	our family fee each π	onth to your child care
Your family fee ask at anytime	e may be refigured. for your family fee	If something changes, you can to be refigured.
month. There	is a limit on this am care provider and whe	our child care costs each nount based on the child's age, ether care was provided full- time (147 hours or less) in
	1 147 Hours, or part-	time (147 hours of less) in
time (more than the month. Based on the in	nformation you gave u	us, the most we will pay for hild care provider is:

M47-125A - Page 2

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.

You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

Your advance TCC payment amount is figured on this notice.

Child's Name:	
TCC Payment Limit: Anticipated Child Care Costs:	\$ \$
Subtotal - Lesser of two above	= \$
Child's Name:	
TCC Payment Limit: Anticipated Child Care Costs:	\$ \$
Subtotal - Lesser of two above	= \$
Total of All Subtotals Less Family Fee Less Overpayment Adjustment ADVANCE TCC PAYMENT	= \$ = \$
INSTRUCTIONS: Use to approve a	TCC application and an a

dvance TCC payment.

Fill in the date of approval and the begin and end date of the 12 month eligibility period.

Fill in the income, family size, and family fee; and list each person with income and their gross income amount. Fill in the total of the TCC family's income.

Fill in the name of the eligible child(ren), the eligible child care provider(s), and the appropriate rate ceiling(s). If the recipient's work hours fluctuate and the hours of care are different each month, provide both the full-time and part-time rate ceilings.

Complete the applicable computation(s).

COUNTY OF

Number Worker Name Number

Address

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

•
(ADDRESSEE)
I
As of, the months that you may get Transitional Child Care (TCC) has changed. You may now get TCC for the twelve month period beginning
and ending
Heres why:
Your former AFDC case was reviewed and the date when your AFDC was stopped has changed.
The amount of your family fee and payment limits has not changed.
You must turn in a Request for TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments (TCC 43).

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.

Questions? Ask your Worker.

Rules: These rules apply. You may review them at your welfare office: MPP 47-125.1

State of California Department of Social Services Manual MSG. No.: M47-125B Action : Change Reason: TCC Eligible Title: Change in TCC Eliqibility Period

Auto ID No. Flow Chart No.: Form No. : NA290 Effective Date: 08/01/94

: TCC

Revision Date :

Regulation Cite: MPP 47-125.1

MESSAGE: As of _____, the months that you may get Transitional Child Care (TCC) has changed. You may now get TCC for the twelve month period beginning and ending

Here's why:

Your former AFDC case was reviewed and the date when your AFDC was stopped has changed.

The amount of your family fee and payment limits has not changed.

You must turn in a Request For TCC Payment for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

INSTRUCTIONS: Use to change a TCC eliqibility period.

Fill in the date of the action. Fill in the revised beginning and ending date of the TCC eligiblity period.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone	
	Address	
ADDRESSEE)		
, and the second		Ouestions? Ask your Worker.
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
As of, the County is changing the amount of the amily fee you must pay each month to your child care provider or the Transitional Child Care (TCC) Program from \$ Here's why:		
We have refigured your family fee based on your income of		
d		
\$	*1	
Total Income: \$	An. And	
Your family fee may be refigured. If your income or your family changes, you can ask at anytime for your family fee to be efigured.		

Rules: These rules apply. You may review them at your welfare office: MPP 47-130.1

state of Callin		manual msg. No.: M4/-130
Department of	Social Services	Action : Change
		Reason: TCC Eligible Title: Change in Family Fee
Auto ID No.	•	Form No. : NA 290
Flow Chart No.	•	Effective Date: 04/01/90
Source	: TCC	Revision Date : 08/01/94
Regulation Cite	e: MPP 47-130.1	
MESSAGE: As of	f, the Count	ty is changing the amount of nth to your child care
	he Transitional Child	Care (TCC) Program from
Here's Why:		
We have refigur and family size		ased on your income of \$
		\$
		+
. <u>-</u>	Total Income =	+ + = \$
	rocar income =	_

Your family fee must be paid each month to your child care provider.

INSTRUCTIONS: Use to change the amount of the family fee.

Fill in the effective date of change in family fee amount. Fill in the old and new amounts. Fill in the income amount and family size. Identify each person and their income.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name	:
	Number Worker Name	
	Number	
	Telephone	:
	Address	
ADDRESSEE)		
		Questions? Ask your Worker
	\neg	
ı	. 1	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.
		Boldro tillo dollo., latter place.
As of, the County has denied your Transitional Child Care (TCC) Payment (TCC 43) for the county has denied your Here's why:		
You were not working.		
Your child care provider is your child's pare guardian or is a member of your TCC family.	ent or legal	
Your child care provider does not have a day and must have one.	care license	
Your family fee is higher than your child care co	sts.	
Your Request for TCC Payment was later than after your TCC stopped.	n one month	
Other:	Tes.	
f you have any questions, call your worker	**************************************	

Rules: These rules apply. You may review them at your welfare office: MPP 47-120.151, 47-140.2, 47-155.41, 47-165.62

State of California Department of Social Services Manual Msg. No.: M47-140
Action : Denial
Reason: TCC Eligible
Title: TCC Payment Denial
Form No. :NA290
Effective Date :08/01/94
Revision Date :

Auto ID No. : Flow Chart No. :

Source : TCC

Regulation Cite: See below.

MESSAGE: As of _____, the County has denied your Request for Transitional Child Care (TCC) Payment (TCC 43) for the month of

Here's why:

- [] You were not working. (Reg. Cite MPP 47-120.151)
- [] Your child care provider is not 18 years old or older. (Reg. Cite MPP 47-140.21)
- [] Your child care provider is your child's parent or legal guardian or is a member of your TCC family. (Reg. Cite MPP 47-140.22 and .23)
- [] Your child care provider does not have a day care license and must have one. (Reg. Cite MPP 47-140.24)
- [] Your family fee is higher than your child care costs. (Reg. Cite MPP 47-155.41)
- [] Your Request for TCC Payment was later than one month after your TCC stopped. (Reg. Cite MPP 47-165.62)
- [] Other:

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to deny a TCC payment request.

Fill in the date of the action and the appropriate month of request.

Check the appropriate box. When the "Other" box is checked, specify the reason for the action.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

		Notice Date Case Name Number Worker	:	
		Name Number Telephone	:	
		Address	:	
ADDRES	SSEE)	•	Questions? Ask you	ur Worker
				ou think this action is wrong, you ca
				he back of this page tells how. You e changed if you ask for a hearin es place.
	payment for Transitional Child Care (TCC) for the month ofhas been approved for the	Child's Na	ame:	
ımour ısked	nt of \$ This amount is less than you	-	ment Limit: ild Care Costs	\$ \$
_ `	why: You did not give us a Request for TCC Payment (TCC 43) form for each of your child care providers.	Subtotal -	Lesser of two above	= \$
) 2 1 1	One of your child care providers is not eligible for TCC. To get a TCC payment, your child care provider must be 18 years old or older; not be a parent, legal guardian, or member of the TCC family; have a day care license or not need one; and must complete Part B of the Request for TCC Payment (TCC 43) form.	TCC Pay	ame: ment Limit: ild Care Costs	\$ \$
) (}	One of your children is not eligible for TCC. To get TCC for your child, your child must be under the age of 13, cannot care for him/herself, or under court supervision.	Subtotal -	Lesser of two above	= \$
) s	You have to pay back the money we advanced to you that you did not use to pay for your child care costs. We subtracted that portion of your advance payment that was		ame:	
_ / r	not used for child care. All of the child care hours you reported this month were not related to your work hours and we cannot pay all of your child care costs.	Actual Ch	ment Limit: ild Care Costs	\$ \$
· \	Your request for the payment for your registration, application, or service fee charged by your child care provider was denied.		Lesser of two above	= \$
] (Other:		ll Subtotals	= \$
our w Califor ype of	ounty will only pay child care for days and hours related to ork hours and only up to a payment limit set by the State of inia. The TCC payment limit is based on the child's age, the f care, and the hours of care. If you change your child care er or your work hours, tell your worker immediately.	Less Adv	illy Fee rpayment Adjustment ance Payment Y TCC PAYMENT	- \$
amily	CC payment is what you paid for your child care minus your fee or the payment limit, whichever is less.			
TCC 4	ust turn in a Request for Transitional Child Care Payment 43) for each month that you want TCC money. CC payment amount is figured on this notice.			

Rules: These rules apply. You may review them at your welfare office: MPP 47-145.1, 47-155

If you have any questions, call your TCC worker.

State of California Department of Social Services Manual Msg. No.: M47-145
Action : Change
Reason: TCC Payment Change
Title: TCC Payment Change
Form No. : NA 290
Effective Date: 08/01/94

Revision Date :

Auto ID No. :
Flow Chart No. :

Source : TCC

Regulation Cite: MPP 47-145.1, 47-155

MESSAGE: Your payment for Transitional Child Care (TCC) for the month of _____ has been approved for the amount of \$____.

This amount is less than you asked for.

Here's why:

- [] You did not give us a Request for TCC Payment form for each of your child care providers.
- [] One of your child care providers is not eligible for TCC. To get a TCC payment, your child care provider must be 18 years old or older; not be a parent, legal guardian, or member of the TCC family; have a day care license or not need one; and must complete Part B of the Request for TCC Payment (TCC 43) form.
- [] One of your children is not eligible for TCC. To get TCC for your child, your child must be under the age of 13, cannot care for him/herself, or under court supervision.
- [] You have to pay back the money we advanced to you that you did not use to pay for your child care costs. We subtracted that portion of your advance payment that was not used for child care.
- [] All of the child care hours you reported this month were not related to your work hours and we cannot pay all of your child care costs.
- [] Your request for the payment for your registration, application, or service fee charged by your child care provider was denied.
- [] Other:

The County will only pay child care for days and hours related to your work hours and only up to a payment limit set by the State of California. The TCC payment limit is based on the child's age, the type of care, and the hours of care. If you change your child care provider or your work hours, tell your worker immediately.

The TCC payment is what you paid for your child care minus your family fee or the payment limit, whichever is less.

You must turn in a Request for Transitional Child Care (TCC) Payment (TCC 43) for each month that you want TCC money.

Your TCC payment amount is figured on this notice.

\$ \$
\$
\$ \$
\$
\$

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify recipient when the amount of the TCC payment is less than the amount claimed but is within the rate ceiling. Send this NOA at the same time as the payment. If you are approving the payment for the entire amount claimed, use the M47-145A.

Fill in the month of the action and the payment amount.

Check the appropriate box. When the "Other" box is checked, specify the reason for the action.

Complete the applicable computation(s).

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address
(ADDRESSEE)	Questions? Ask your Worker State Hearing: If you think this action is wrong, you ca
L	ask for a hearing. The back of this page tells how. Yo benefits may not be changed if you ask for a hearing before this action takes place.
Your payment for Transitional Child Care (TCC) for the month of has been approved for the	Child's Name:
amount of \$	TCC Payment Limit: \$
The County will only pay child care for days and hours you were working and only up to the payment limit set by the State of California. The payment limit is based on the child's age, the type of child care provider, and the hours of care. If you change your child care provider or your work hours, tell your worker immediately.	Actual Child Care Costs \$ Subtotal - Lesser of two above = \$ Child's Name:
The TCC payment is what your child care costs are minus your family fee or the payment limit, whichever is less.	TCC Payment Limit: \$ Actual Child Care Costs \$
You must turn in a completed Request for Transitional Child Care Payment (TCC 43) for each month that you want TCC money. Your TCC payment amount is figured on this notice.	Subtotal - Lesser of two above = \$
If you have any questions, call your TCC worker.	Child's Name:
	TCC Payment Limit: \$ Actual Child Care Costs \$
	Subtotal - Lesser of two above = \$
	Total of All Subtotals = \$

Rules: These rules apply. You may review them at your welfare office: MPP 47-145, 47-150.

State of California Department of Social Servic	es	Action		
		Title	: TCC Pa	yment
Auto ID No. : Flow Chart No. : Source : TCC Regulation Cite: MPP 47-145	, 47-150	Effect	0.	: NA 290 : 08/01/94
MESSAGE: Your payment for month of has been	Transitiona approved in	al Child	d Care (T mount of	CC) for the
The County will only pay ch working and only up to the California. The payment li type of child care provider change your child care provworker immediately.	payment ling mit is base to and the line	mit set ed on tl hours o:	by the S he child' f care.	tate of s age, the If you
The TCC payment is what you family fee <u>or</u> the payment l	r child car imit, which	re cost: hever i:	s are min s less.	us your
You must turn in a complete (TCC) Payment (TCC 43) for				
Your TCC payment amount is	figured on	this n	otice.	
Child's Name:		<u></u>		reaction and the second se
Payment Limit Actual Child Care Costs Lesser Amount of Two Above Total for All Children	\$ \$			
Less Your Family Fee Less Overpayment Adjustment Less Advance Payment MONTHLY TCC PAYMENT	- - - =	\$ \$		
If you have any questions	call your	መሮሮ ఘ၀ድ	ker.	

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to approve a TCC payment only if you send an approval every month as in SAWS. Send this NOA at the same time as the payment. If you are not approving the entire amount requested on TCC 43, use the M47-145.

Fill in the month of the action and the payment amount.

Complete the applicable computations(s).

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS - COVERSHEET

WHAT IS TCC?

- TCC may help you pay most of your child care costs after you go off Aid to Families with Dependent Children (AFDC).
- You may get TCC for up to 12 months in a row beginning with the first month you become ineligible for AFDC.
- You must pay part of your child care costs which is called the Family Fee. It is based on the gross earnings of the TCC family members and the number of members in the family.
- IMPORTANT: The TCC family must pay for the Family Fee and any child care costs above the TCC limit. The TCC limit is based on the age of the child, the type of care, and whether care is provided full-time or part-time.
- You must have received AFDC three out of the last six months before you were ineligible for AFDC; and, AFDC must have stopped due to:
 - Increased earnings or hours of work.
- You must work and pay child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care.
- You can get TCC for child in your home who gets Supplemental Security Income (SSI) or Foster care.
- Your Family Fee will be refigured once after you get 6 months of TCC, unless you ask your worker to figure it again at another time.
- TCC cannot be paid when the provider is under 18 years old or is the parent, legal guardian, conservator or a member of the TCC family.

YOUR RIGHTS:

- To ask for TCC verbally; but a written request must be completed before payment can be made.
- To be told about your Rights and Responsibilities.
- To apply for TCC any month during the 12-months after you are ineligible for AFDC. You may apply by mail, but the County may ask you to come in.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be at least 18 years of age and licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care is also before and after-school programs operated by public and private schools.

YOUR RIGHTS

- To have your Family Fee refigured if your situation changes. Ask your TCC worker.
- To have your TCC benefit transferred to another California county if you move and are still eligible. You must tell your worker that you have moved.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing within 10 calendar days of your Notice of Action or within 10 calendar days after the TCC payment was made, TCC benefits shall be paid pending the hearing up to the date of settlement, but no longer than the remaining TCC eligibility period.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. You may file a complaint if you feel you have been discriminated against.

YOUR RESPONSIBILITIES

You Must:

- Pay your Family Fee to your child care provider every month.
- Pay your child care provider for the care reported on your Request for TCC Payment.
- Choose a clean, healthy and safe environment for your child care.
- Give us a completed Request for TCC Payment every month you want a payment.
- Give us your last completed Request for TCC Payment by the last day of the month following the month your TCC stops.
- · Give us a completed TCC Status Report when needed.
- Give us the facts that we need and show proof of them as needed.
- Tell us when there is a change in your child care provider or hours of employment and when you are getting other help paying your child care costs.
- Pay back any TCC paid to you in error even if the payment was made directly to the child care provider.

TCC MAY STOP IF:

- You don't cooperate with the District Attorney to help get child support.
- You stop your job without a good reason.
- You don't pay your Family Fee to your child care provider.
- You no longer have an eligible child in the home.

PENALTY WARNING

 Failure to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name	:
	Number Worker	
	Name Number	:
	Talaphone	-
	Address	:
(ADDRESSEE)		Questions? Ask your Worker
		Questions? Ask your worker
	I	
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing
		before this action takes place.
As of, the County is changing the most we will		·
pay for your Transitional Child Care (TCC). There is no change in your family fee.	Andrews No.	
Here's why;		
Your child's care provider has changed.		
☐ Your child's age has changed.		
Your child has a change in the hours of care.		
☐ The TCC payment limit set by the State of California has changed.) iii 	
Other:		
The most we will pay for each eligible child and eligible child care provider is:		
Child's Name: Provider's Name: Payment Limit:		
<u> </u>	et e	
If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount		
If you change your child care provider or your work hours, the		
payment limits listed on this notice may change. Notify your worker immediately of any changes.		
If you think this notice is wrong, call your worker.		

Rules: These rules apply. You may review them at your welfare office: MPP 47-155.1, 47-155.4, 47-155.7.

	of Californi ment of Soci		Action Reason : TCC	Eligible
Flow C Source Regula MESSAG will p	E: As of bay for your	PP 47-155.1,.4,.7 , the County Transitional Child	Form No. Effective Dat Revision Date	Ent Limit : NA 290 :e : 04/01/90 :e : 08/01/94
_	e in your fam	ily iee.		
Here's	s wny:			
[]	Your child's	care provider has	changed.	
[]	Your child's	age has changed.		
[]	Your child h	as a change in the	hours of care.	
[]	The TCC paym changed.	ent limit set by th	ne State of Cal	lifornia has
[]	Other:			
	ost we will p provider is:	ay for each eligibl		_
Child'		Provider's Name:	Full-Time Payment Limit:	Payment Limit:
				A LANGE

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately of any changes.

If you think this notice is wrong, call your worker.

INSTRUCTIONS: Use to change the maximum amount that the County will pay for a child's TCC.

Fill in the effective date of change in TCC. Fill in the child's name, the old maximum, and the new maximum amounts.

Check the appropriate Box. If the "Other" box is checked, fill in the reason. Identify each eligible child, eligible child care provider and the appropriate rate ceiling. If the recipient's work hours fluctuate and the hours of care are different each month, provide both the full-time and part-time rate ceilings.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address	
(ADDRESSEE)		
Γ	\neg	Questions? Ask your Worker
L		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
As of, the County has approved		
our request for a Transitional Child Care (TCC) payment for		
for the application, registration, or ervice fee(s) charged by your child care provider(s)		
you have any questions, call your worker.		

Rules: These rules apply. You may review them at your welfare office: MPP 47-155.5

Manual Msg. No.: M47-155B Action : Approve Reason : TCC Eligible

Title: Eligible for Payment
Of Registration Fee

Form No. : NA 290 Effective Date : 08/01/94

Revision Date :

Auto ID No. : Flow Chart No. :

Source : TCC

Regulation Cite: MPP 47-155.5

MESSAGE: As of _____, the County has approved your request for a Transitional Child Care (TCC) payment for \$ ____ for the application, registration, or service fee(s) charged by your child care provider(s).

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to approve a request for payment of one-time-only registration, application, or service fee.

Fill in the effective date and the amount of payment.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

		Notice Date Case Name Number Worker Neme Number Address	
(ADDF	RESSEE)		Questions? Ask your Worker
	·	\neg	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.
	f, the County has denied your request for ansitional Child Care (TCC) payment of the application, stration, or service fee charged by your child care provider.		
Here	s's why:	ė.	
	You already paid the fee to the same child care provider for the same child during the same time period.		
	The fee is charged by your child care provider more than once a year and must be added to your monthly child care costs and must be under the payment limit. When we added the fee amount to your child care costs, it was over the payment limit.		
	You did not give us a copy of the receipt or a copy of the child care provider's written policy which explains the fee.		
	Your child care provider does not have a day care license and cannot charge a fee.		
	Other:		
If you	u have any questions, call your TCC worker.		
		1	
		*	
Rula	s. These rules apply. You may review them at your welfare.	N.	

office: MPP 47-155.5.

Manual Msg. No.: M47-155C
Action : Denial
Reason : TCC Eligible
Title: Ineligible for

Payment of

Registration Fee

Form No. : NA 290 Effective Date : 08/01/94

Revision Date :

Auto ID No. : Flow Chart No. :

Source : TCC

Regulation Cite: MPP 47-155.5

MESSAGE: As of _____, the County has denied your request for a Transitional Child Care (TCC) payment of the application, registration, or service fee charged by your child care provider.

Here's Why:

- [] You already paid the fee to the same child care provider for the same child during the same time period.
- [] The fee is charged by your child care provider more than once a year, must be added to your monthly child care costs, and must be under the payment limit. When we added the fee amount to your child care costs, it was over the payment limit.
- [] You did not give us a copy of the receipt or a copy of the child care provider's written policy which explains the fee.
- [] Your child care provider does not have a day care license and cannot charge a fee.
- [] Other:

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to deny a request for TCC payment of a registration, application, or service fee. One-time-only fees are approvable using county administrative costs according to MPP 47-155.5.

Fill in the effective date.

Check the appropriate box. When the "Other" box is checked, specify the reason for the action.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

٠		Notice Date Case Name Number Worker Name Number Telephone Address	
ADOF	RESSEE)		
			Questions? Ask your Worker
			•
			State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
As o	if, the County is changing how your sitional Child Care (TCC) will be paid.	1.85 1.05 1.05 1.05 1.05	
Here	e's why:	two V	
	You will not be paid directly for the County share of your child care costs. Your TCC will be paid by a:		
	☐ Vendor payment.	4	
	☐ Two-party check.		
	☐ Voucher payment.	NA: Sur	
	Other:		
_			
_	You will now be paid directly for the County share of your child care costs. You must pay your child care provider.		

Rules: These rules apply. You may review them at your welfare office: MPP 47-165.1, 47-165.4.

Manual Msg. No.: M47-165 Action : Change Reason : TCC Eligible

Title : Change in Method of

Payment

Auto ID No. Flow Chart No. :

Source : TCC

Regulation Cite: MPP 47-165.1, .4

Form No. : NA 290 Effective Date: 04/01/90 Revision Date : 08/01/94

MESSAGE: As of _____, the County is changing how your Transitional Child Care (TCC) will be paid.

Here's Why:

- You will not be paid directly for the County share of your [] child care costs. Your TCC will be paid by a:
 - Γ1 Vendor payment.
 - [] Two-party check.
 - [] Voucher payment.
 - Other: []
- You will now be paid directly for the County share of your [] child care costs. You must pay your child care provider.

INSTRUCTIONS: Use to change the method of payment for TCC.

Fill in the effective date of the change.

Check the appropriate box.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address	
(ADDRESSEE)		
		Questions? Ask your Worker
	,	State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing
		before this action takes place.
The Request for Transitional Child Care (TCC) Payment (TCC 43) you sent for the month of		
enclosed TCC 43 and send or bring it to your worker, you may get the TCC payment.		
Comments:		
		·
If you have any questions, call your TCC worker.		
Rules: These rules apply. You may review them at your welfare office: MPP 47-175.1.		

Manual Msq. No.: M47-175 Action: TCC Payment

Suspense

Reason: Incomplete TCC 43 Title : Incomplete TCC 43 Form No. : NA 290

Effective Date: 08/01/94

Revision Date :

Auto ID No. Flow Chart No. :

Source : TCC

Regulation Cite: 47-175.1

MESSAGE: The Request for Transitional Child Care (TCC) Payment (TCC 43) you sent for the month of _____ is not complete.

You will not get a TCC payment unless you send or bring in a completed TCC 43. If you complete the circled items on the enclosed TCC 43 and send or bring it to your worker, you may get the TCC payment.

Comments:

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify recipient of an incomplete TCC 43. Circle any incomplete items and return the TCC 43 with this NOA.

Fill in the payment request month.

This NOA must be sent within ten calendar days after the receipt of a Request for TCC Payment (TCC 43).

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address	
.DDRESSEE)		Ouestions? 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. You benefits may not be changed if you ask for a hearing
	¥ :	before this action takes place.
he Transitional Child Care (TCC) Status Report (TCC 85) you ent in is not complete. You will not get a TCC payment beginning the seventh month of your TCC	10 a 40 5 a 1 a 1 a 1 a	

eligibility period, unless you send or bring in a completed Status Report.

If you complete the circled items on the enclosed TCC 85 and send or bring it to your TCC worker, your TCC payments will no longer be delayed or stopped.

If you have any questions, call your TCC worker.

Rules: These rules apply. You may review them at your welfare

office: MPP 47-175.2.

Manual Msg. No.: M47-175A

Action: TCC Suspense

Reason: Incomplete TCC 85 Title: Incomplete TCC 85

: NA 290 Form No. Effective Date: 08/01/94

Revision Date :

Auto ID No. Flow Chart No.

: TCC Source

Regulation Cite: MPP 47-175.2

MESSAGE: The Transitional Child Care (TCC) Status Report (TCC 85) you sent in is not complete. You will not get a TCC payment , the seventh month of your TCC eligibility period, unless you send or bring in a completed Status Report.

If you complete the circled items on the enclosed TCC 85 and send or bring it to your TCC worker, your TCC payments will no longer be delayed or stopped.

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify recipient of an incomplete TCC 85. Circle any incomplete items and return the TCC 85 with this NOA.

Fill in the seventh month of the TCC eligibility period.

This NOA must be sent within ten calendar days after the receipt of an incomplete Transitional Child Care (TCC) Status Report (TCC 85).

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date
	Case . Name :
·	Number :
	Name :
	Number :
	Telephone
	Address :
(ADDRESSEE)	Ouestions? 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.
	Delore this action allow place.
MALIAN .	
As of, the County will lower your Transitional	OVERPAYMENT COMPUTATION
Child Care (TCC) money by \$ each month.	
	Month and Year
Here's why;	Gross Income \$
	Family Size
You were overpaid \$ You should have gotten	Family Fee \$
\$ of TCC money, but you got \$	Child's Name
	Max. TCC Allowed\$
This notice shows the money you were paid and what you should	Subtotal A
have been paid for each month of overpayment. It also shows the	Child Care Cost \$
total amount you owe.	Subtotal B
	Less Family Fee
Your monthly TCC payment(s) will be reduced each month, until	Subtotal C \$
the amount you owe is paid back. If you go off TCC before your	TCC Paid \$
overpayment is paid back, the County will take action to collect.	Less Correct TCC
	(Lesser of A or C) -
If you get AFDC, you may ask to have your AFDC grant lowered	TCC Overpayment\$
to pay what you owe.	
	Month and Year
You do not have to use any Social Security or SSI benefits you	Gross Income \$
get to repay this overpayment.	Family Size
	Family Fee \$
If you pay by check or money order, send or bring it to:	Child's Name
	Max. TCC Allowed\$
	Subtotal A
	Child Care Cost \$
If you pay by cash, pay in person. Be sure to ask for a numbered	Subtotal B
receipt with the County's name on it.	Less Family Fee
If you have any questions call your TCC worker.	Subtotal C \$
if you have any questions can your 100 worker.	TCC Paid \$
WARNING: If you think this overpayment is wrong, this is your	Less Correct TCC
last chance to ask for a hearing. The back of this page tells how.	(Lesser of A or C) –
If you stay on TCC, the County can collect the overpayment by	TCC Overpayment\$
lowering your monthly benefit. If you go off TCC before the overpayment is paid back, the County may take what you owe	
out of your state income tax refund.	MONTHLY ADJUSTMENT
The state of the s	Overpayment Total (All Months) \$
	Agency Error
Rules: These rules apply. You may review them at your welfare	Client Error
office: MPP 47-190.1, 47-190.2, 47-190.3.	Monthly Adjustment Amount \$
	. Mortally Adjustment Amount

Manual Msg. No.: M47-190
Action : Change
Reason: TCC Overpayment
Title: TCC Overpayment

Adjustment

Auto ID No. : Form No. : NA 290
Flow Chart No. : Effective Date : 04/01/90
Source : TCC Revision Date : 08/01/94

Regulation Cite: MPP 47-190.1, 47-190.2, 47-190.3

MESSAGE: As	of	, the County will	lower your
Transitional	Child Care	(TCC) money by \$	each month.

Here's why:

You were overpaid \$____. You should have gotten \$____ of TCC money, but you got \$____.

The following page shows the money you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Your monthly TCC payment(s) will be reduced each month, until the amount you owe is paid back. If you go off TCC before your overpayment is paid back, the County will take action to collect.

If you get AFDC, you may ask to have your AFDC grant lowered to repay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions, call your TCC worker.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stay on TCC, the County can collect the overpayment by lowering your monthly benefit. If you go off TCC before the overpayment is paid back, the County may take what you owe out of your state income tax refund.

M47-190 - Page 2

INSTRUCTIONS: Use to notify client of an overpayment and subsequent benefit adjustment. Use with M47-190B, the TCC Overpayment Computation.

Fill in the effective date of the TCC payment change and the reduction amount.

Fill in the amount of the overpayment and the old and new amounts.

Complete the overpayment computation(s) from M47-190B.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date :
	Case Name :
	Number :
	Worker Name :
	Number :
	Telephone
	Address
(ADDRESSEE)	
(ADDRESSEE)	Questions? Ask your Worker
_	
	State Hearing: If you think this action is wrong, you can
	ask for a hearing. The back of this page tells how. Your
1	benefits may not be changed If you ask for a hearing before this action takes place.
While you were getting Transitional Child Care (TCC) money, you	OVERPAYMENT COMPUTATION
were overpaid. Though you no longer get TCC money, you still	Month and Year
owe us for your overpayment. The amount of your overpayment	
is \$ and is due now.	Gross Income \$
Title and an about the TOO and the control of and the town	Family Size
This notice shows the TCC money you were paid and what you	Family Fee \$
should have been paid for each month of overpayment. It also	Child's Name
shows the total amount you owe.	Max. TCC Allowed\$
Since you are larger get TCC manage you must say hear the	Subtotal A
Since you no longer get TCC money, you must pay back the	Child Care Cost \$
overpayment or show the County your plan for paying it back within ten calendar days from the date this notice was mailed. If	Subtotal B
you do not, the county will take action to collect.	Less Family Fee -
you do not, the county will take action to conect.	Subtotal C \$
If you get AFDC, you may ask to have your AFDC grant lowered	TCC Paid \$
to repay what you owe.	Less Correct TCC
to repay final you one.	(Lesser of AorC) –
You do not have to use any Social Security or SSI benefits you	TCC Overpayment\$
get to repay this overpayment.	Month and Year
3-1 12 1-2 1-3 1 1 1 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1	
If you pay by check or money order, send or bring it to:	Gross Income \$
	Family Size
	Family Fee \$
	Child's Name
If you pay by cash, pay in person. Be sure to ask for a numbered	Max, TCC Allowed\$
receipt with the County's name on it.	Subtotal A
	Child Care Cost \$
If you have any questions, call your local county welfare office.	Subtotal B
WARNING: If you think this overpayment is wrong, this is your	Less Family Fee
last chance to ask for a hearing. The back of this page tells how.	Subtotal C \$
Since you have gone off TCC before your overpayment was paid	TCC Paid \$
back, the County may take what you owe out of your state	Less Correct TCC
income tax refund.	(Lesser of A or C)
	TCC Qverpayment\$
	MONTHLY ADUSTMENT
Rules: These rules apply. You may review them at your welfare	O Tabl (All Manth)
office: MPP 47-190.1, 47-190.2, 47-190.4.	Overpayment Total (All Months) \$
	Agency Error
	Client Error
	Monthly Adjustment Amount \$

Manual Msg. No.: M47-190A
Action : Demand
Reason: TCC Overpayment
Title: TCC Demand Notice
Form No. : NA 290
Effective Date: 04/01/90

Auto ID No. : Flow Chart No. :

Source : TCC Revision Date : 08/01/94

Regulation Cite: MPP 47-190.1, 47-190.2, 47-190.4

MESSAGE: While you were getting Transitional Child Care (TCC) money, you were overpaid. Though you no longer get TCC money, you still owe us for your overpayment. The amount of your overpayment is \$_____ and is due now.

The next page shows the TCC money you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Since you no longer get TCC money, you must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the date this notice was mailed. If you do not, the County will take action to collect.

If you get AFDC, you may ask to have your AFDC grant lowered to repay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions, call your local county welfare office.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. Since you have gone off TCC before your overpayment was paid back, the County may take what you owe out of your state income tax refund.

INSTRUCTIONS: Use to notify a former TCC recipient of an overpayment and subsequent demand for repayment. Use with M47-190B, the TCC Overpayment Computation.

Fill in the amount of overpayment.

Complete the overpayment computation(s) from M47-190B.

State of California Department of Social Services	Reason: TCC Overpayment Title: TCC Overpayment
Auto ID No. : Flow Chart No. : Source : TCC Regulation Cite: MPP 47-190.2	Computation Form No. : NA 270 Effective Date : 04/01/90 Revision Date : 08/01/94
OVERPAYMENT COMPUTATION:	
Month and Year	
Child's Name	
Max. TCC Allowed \$(75th RMR) SUBTOTAL A	\$\$\$\$
Actual Child Care \$ Costs SUBTOTAL B	\$\$\$
Less Family Fee	
SUBTOTAL C	= \$
TCC Paid \$ Less Correct TCC (Lesser of A or C) TCC Overpayment = \$	- - -
MONTHLY ADJUSTMENT	
Overpayment Total (All Months) [] Agency Error [] Client Error	\$
Monthly Adjustment Amount	\$

INSTRUCTIONS: Use with M47-190 and M47-190A to provide overpayment computation(s).

COUNTY OF

Notice Date Case Name

Number Worker Name Number Telephone Address STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

(ADDRESSEE)
ı
You were overpaid Transitional Child Care (TCC) money for the
family for the month(s) of The amount of your
of The amount of your poverpayment is \$ and is due now.
You directly received more TCC money than you were entitled to and the error was your fault.
The amount you were overpaid is figured on this notice.
You must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the the date this notice was mailed. If you do not, the County will take action to collect.
If you pay by check or money order, send or bring it to:
If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.
f you have any questions, call your local county welfare office.
WARNING: If you think this overpayment is wrong, this is your ast chance to ask for a hearing. The back of this page tells how.
Overpayment Month and Year TCC Payment amount \$ Less Correct TCC Payment TCC Overpayment Amount = \$

RULES: These rules apply. You may review them at your welfare office: MPP 47-190.223, 47-190.225

1	
:	
:	
	VALUE
:	
:	

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.

State of California Department of Social Services	Manual Msg. No.: M47-190C Action : Demand Reason: TCC Overpayment Title : TCC Overpayment Demand Notice For Child Care Provider					
Auto ID No. : Flow Chart No. : Source : TCC Regulation Cite: MPP 47-190.223, .225	Form No. : NA 290 Effective Date : 08/01/94 Revision Date :					
MESSAGE: You were overpaid Transitio for the family for the mon amount of your overpayment is \$	nal Child Care (TCC) money th(s) of The _ and is due now.					
Here's why:						
You got more TCC money than you were error was your fault.	entitled to get and the					
The amount you were overpaid is figur	ed on this notice.					
You must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the date this notice was mailed. If you do not, the County will take action to collect.						
If you pay by check or money order, s	end or bring it to:					
If you pay by cash, pay in person. B receipt with the County's name on it.						
If you have any questions, call your	local county welfare office.					
WARNING: If you think this overpayme last chance to ask for a hearing. The how.	ent is wrong, this is your se back of this page tells					
Overpayment Month & Year						
TCC Payment Amount \$ Less Correct TCC Payment TCC Overpayment Amount = \$						
INSTRUCTIONS: Use to notify a child overpayment and the subsequent demand						
Fill in the case name, the appropriat the overpayment.	e month(s) and the amount of					

Complete the overpayment computation(s).

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address		
(ADDRESSEE)			
		Questions? Ask your Worker	
		State Hearing: If you think this ask for a hearing. The back of benefits may not be changed before this action takes place.	this page tells how. Your
You were underpaid Transitional Child Care (TCC) money for the	UNDERPAY	MENT COMPUTATION	
month(s) of You were underpaid the amount of \$	Month and	Year	
	Child's Nam	W-W	
Here's why:	Max. TCC A	, ,	
,	(75th perce	entile) \$	
You should have gotten \$ of TCC money, but you			
got \$	SUBTOT	· · · · · · · · · · · · · · · · · · ·	
The amount you were underpaid is figured on this notice.	Actual Child		
The amount you more anoughlid to higher on this hottoe.	į. O	osts \$	
The County will use any part of this money to help pay for any	SUBTOTA	AI B	
other child care overpayment amount that you owe before you receive any money.	Less Family		····
The County will correct the underpayment and send you a check within 20 calendar days from the date the County found you were	SUBTOTA	ALC \$	M
underpaid.	TCC Amou	nt Paid \$	
Harata a de la Toola de la	Less Correc		
If you have any questions, call your TCC worker.	(Smallest of		
	TCC Underp	payment = \$	·
	1.5	•	
	TOTAL LINE	ERPAYMENT	
		OR ALL MONTHS	\$
	11 ()	verpayment Owed	¥
		RPAYMENT AMOUNT	=\$
	- 12.		
	1		

RULES: These rules apply. You may review them at your welfare office: MPP 47-190.11

Manual Msg. No.: M47-190D Action : Change Reason: TCC Underpayment Title : TCC Underpayment

Adjustment

Auto ID No. Flow Chart No. :

Source

: TCC

Form No. Effective Date: 08/01/94

: NA 290

Revision Date :

Regulation Cite: MPP 47-190.11

MESSAGE: You were underpaid Transitional Child Care (TCC) money for the month(s) of . You were underpaid the amount of

Here's why:

You should have gotten \$ of TCC money, but you got \$___.

The amount you were underpaid is figured on this notice.

The County will use any part of this money to help pay for any other child care overpayment amount that you owe before you receive any money.

The County will correct the underpayment and send you a check within 20 calendar days from the date the County found you were underpaid.

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify client of an underpayment. Use with the M47-190E, the TCC Underpayment Computation.

Fill in the underpayment month(s) and the total amount of the underpayment.

Fill in correct amount and the amount issued.

Complete the underpayment computation(s) from M47-190E.

State of Califor Department of So		Action Reason: Title :	TCC Unc	M47-1901 Other Herpayment
Auto ID No. :		Form No.	-	NA 200 : 08/01/94
Source : Regulation Cite:		Revision	Date :	3 08/01/94
UNDERPAYMENT COM	PUTATION			
Month and Year _				
Child's Name(s)				
Max. TCC Allowed (75th percentile	a)	\$ -		
	SUBTOTAL A	\$		
Actual Child Care	e Costs	\$ 	***************************************	
	SUBTOTAL B	\$		
Less Family Fee		****		
,	SUBTOTAL C	\$	3,	
TCC Amount Paid		\$		
Less Correct TCC (Lesser of A or	C)			
TCC Underpayment	=	\$		
TOTAL UNDERPAYMEN Less Any Overpayn TCC UNDERPAYMENT	ment Owed	THS \$_ - = \$		

INSTRUCTIONS: Use with M47-190D to provide underpayment computation to client.

Complete the underpayment computation.

If you lose your State Hearing and the hearing decision says the County was right in cutting the amount of your TCC benefits, you

will have to pay back the extra TCC you get.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address	
(ADDRESSEE)		
		Ouestions? Ask your Worker
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
As of, the County is changing your Transitional		
Child Care (TCC) benefits from \$		
to \$		
Here's why:	•	
You said you do not agree with the cut in the amount of your TCC that the County told you about and you asked for a State Hearing. Since you asked for the hearing before the amount of your TCC was cut, you will get the old amount of TCC.		

Auto ID No. : Flow Chart No.:

Source : TCC

Regulation Cite: Division 22-022

Manual Msg. No.: M47-APP1
Action : Change
Reason: State Hearing
Title: Aid Paid Pending
Form No. :NA290
Effective Date :08/01/94

Revision Date :

MESSAGE:					County			your
Transition	al	Child	Care	(TCC)	benefit	s	from	\$ _
to \$		•						

Here's why:

You said you do not agree with the cut in the amount of your TCC that the County told you about and you asked for a State Hearing. Since you asked for the hearing before the amount of your TCC was cut, you will get the old amount of TCC.

If you lose your State Hearing and the hearing decision says the County was right in cutting the amount of your TCC benefits, you will have to pay back the extra TCC you get.

INSTRUCTIONS: Use to notify the household of Aid Paid Pending the State Hearing filed due to a reduction in TCC benefits.

Fill in the date of the action and the old and new TCC amounts.

Here's why:

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	·	Case Case Name	
		Number Worker Name	
		Number	:
		Telephone	
		Address	
ADDRESSEE)			
			Ouestions? Ask your Worker
<u></u>			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.
s of	_, the County is placing you back on the		
ransitional Child Care			

You said you do not agree with the County stopping your TCC and you asked for a State Hearing. Since you asked for the hearing before the amount of your TCC stopped, you will get TCC but only until the end of your TCC eligibility period.

If you lose your State Hearing and the hearing decision says the County was right in stopping your TCC, you will have to pay back the extra TCC you get.

M47-APP2 (8/94) RESTORE - AID PAID PENDING

Page 1 of____

Auto ID No. : Flow Chart No.:

Source : TCC

Regulation Cite: Division 22-022

Manual Msg. No.: M47-APP2
Action : Restore

Reason: State Hearing
Title: Aid Paid Pending
Form No. :NA290
Effective Date :08/01/94

Revision Date :

MESSAGE: As of _____, the County is placing you back on the Transitional Child Care (TCC) Program.

Here's why:

You said you do not agree with the County stopping your TCC and you asked for a State Hearing. Since you asked for the hearing before your TCC stopped, you will get TCC but only until the end of your TCC eligibility period.

If you lose your State Hearing and the hearing decision says the County was right in stopping your TCC, you will have to pay back the extra TCC you get.

INSTRUCTIONS: Use to notify the household of Aid Paid Pending the State Hearing filed due to the discontinuance of TCC benefits.

Fill in the date of the action.