

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 6, 1995

ALL-COUNTY LETTER NO. 95-51

TO: COUNTY WELFARE DIRECTORS
COUNTY GAIN COORDINATORS
COUNTY CAL-LEARN COORDINATORS
COUNTY NET COORDINATORS

Reason for this Transmittal

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

SUBJECT: CHILD CARE FORMS AND NOAS FOR THE GAIN, NET AND CAL-LEARN PROGRAMS

REFERENCE: Manual of Policies and Procedures sections 42-750 and 42-765
All-County Letter No. 92-61, 92-102, 94-16 and 95-38.

This letter transmits new and revised forms and Notices of Action (NOAs) in the Greater Avenues for Independence (GAIN), Cal-Learn, and Non-GAIN Education and Training (NET) programs. These forms and NOAs were developed as a result of a request by several counties to combine and simplify the child care forms and NOAs for these programs. In addition, it was necessary to revise these forms and NOAs due to the implementation of Trustline requirements that are effective September 1, 1995. Refer to All-County Letter (ACL) 95-38 for specific instructions on Trustline.

Enclosure I includes the Request for Child Care Payment (GAIN 104), the NET Child Care Coversheet and the Request for NET Benefits (NET 2). Specific instructions for completion and usage of these forms are also enclosed.

Enclosure II includes the revised NOAs, NOA Messages and instructions.

Counties can obtain camera-ready copies of the English and/or Spanish version of these forms and NOAs by calling or writing:

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

Counties can obtain camera-ready copies of the Cambodian, Chinese, Lao or Vietnamese translation of these forms and NOAs by calling or writing:

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

If you have any comments or questions, please contact your Employment Program Operations Analyst at (916) 654-3403, Cal-Learn Analyst at (916) 654-1424, or NET Analyst at (916) 654-1414.

A handwritten signature in cursive script that reads "Bruce Wagstaff".

BRUCE WAGSTAFF
Acting Deputy Director
Welfare Programs Division

Enclosures

GAIN, CAL LEARN AND NET FORMS AND INSTRUCTIONS

The following forms and instructions are provided in this letter:

| FORM NUMBER | FORM TITLE | FORM USAGE |
|-------------|--|--|
| GAIN 104 | Request for Child Care Payment | - Recommended form for use in the Cal-Learn and GAIN Programs to assist participants in reporting monthly child care costs. - Required form for use in the NET program. |
| NET 2 | NET Child Care Coversheet and Request for NET Benefits | - Required form (substitute permitted) used by participants to apply for the NET Child Care Program. |

GAIN 104 INSTRUCTIONS

The GAIN 104 is a new form which requests participants, on a monthly basis, to provide all of the information necessary to determine payment eligibility for child care in the GAIN, Cal-Learn and NET programs. The GAIN 104 replaces the Request for Cal-Learn Child Care Payment (CL 12) and may be used in the Cal-Learn and GAIN programs. However, in the NET program, the GAIN 104 is a required form and it replaces the Request for NET Child Care Payment (Temp NET 3). Since the GAIN 104 is a recommended form in the Cal-Learn and GAIN programs, counties can choose to use this form, use a similar form, or use their own established procedures for obtaining the same information. If counties use other forms or procedures, they should be modified to include the following major elements of the GAIN 104:

- o Informing both the participant and provider regarding the new Trustline requirements. The exact language provided in the GAIN 104 for Trustline must be used.
- o Obtaining a certification from the provider of his/her licensing status.
- o On a monthly basis, obtaining hours of attendance either directly from the school or by participant self-certification.
- o On a monthly basis, obtaining actual amount of child care costs for the month.

NET 2 INSTRUCTIONS

The NET 2, which is a required form with substitutes permitted, is used as the application form in the NET Program. The NET Coversheet and the Request for NET Benefits have been revised to include the following changes:

COVERSHEET

The revised Coversheet informs:

- o The participant may be eligible for NET when he/she moves to another county.
- o The participant must inform the county when he/she moves or changes his/her education and training program.
- o The participant must provide proof of child care costs every month.
- o The participant must assist his/her child care provider in applying for Trustline unless he/she is exempt from the Trustline requirements.
- o The participant's benefits may stop if their education and training program is changed and the new program cannot be approved.

NET 2 - REQUEST FOR NET BENEFITS

The revised NET 2 includes:

- o Trustline language that provides information to both the participant and child care provider.
- o A request for the reason(s) why a participant cannot attend an education or training program on a full-time basis.

INSTRUCTIONS FOR THE
REQUEST FOR CHILD CARE PAYMENT
(GAIN 104)

The GAIN 104 form can be provided to GAIN, NET, and Cal-Learn participants who need child care assistance to participate in their approved education or job training activities. The participant submits the GAIN 104 to the county each month after completing the front side and having his/her child care provider complete the reverse side. If the participant has more than one child care provider, each provider must complete a GAIN 104. Therefore, counties are encouraged to provide participants with multiple copies of the GAIN 104 form.

Part A is completed by the participant. The participant:

- Indicates the days and the number of hours that he/she attended school;
- Indicates the specific hours he/she attends school each day;
- Indicates his/her commute time;
- Lists all monthly child care costs; and
- Signs the form under penalty of perjury.

Note: When a participant requests more information on their responsibilities when choosing in-home child care, counties can refer the participant to their local Resource and Referral Agency or the U.S. Department of Labor.

Part B is completed by the child care provider. The provider:

- Indicates where the care was provided, the name(s) of the child(ren) for whom care was provided, and the amount owed and paid for each child;
- Indicates the days and hours of care for each child;
- Certifies to either licensed or exempt from licensure status; and
- Signs the form under penalty of perjury.

When the county receives a completed GAIN 104, the caseworker:

- Indicates the date received in the "COUNTY USE ONLY" column;
- Reviews form for completion and returns to participant if incomplete;
- Processes the appropriate child care payment. Counties have 20 calendar days following the receipt of the completed GAIN 104 to issue the child care payment. Counties have 7 calendar days after the county approves an advance payment to issue an advance child care payment.

REQUEST FOR CHILD CARE PAYMENT

Instructions: Complete and return this report to your Worker each month. You or your provider will not get a child care payment unless a request is received each month. Part A must be filled out by you and Part B, on the back of this form, must be filled out by each Child Care Provider. If needed, ask your worker for more copies.

PART A - RECIPIENT FILLS IN THIS SECTION.

1. I am participating in the following program: ☐ Greater Avenues for Independence (GAIN)
☐ Non-GAIN Education and Training (NET)
☐ Cal-Learn

NAME (FIRST, MIDDLE, LAST) HOME PHONE () WORK PHONE, IF APPLICABLE ()

2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. List the number of hours you attended your school or job training program for each day in the month. (Do not write in the blanks on days you did not attend). Attach proof, if available.

Month/Year of Request: _____

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | | | |

| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTAL HOURS |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|
| | | | | | | | | | | | | | | | |

4. List your normal school or job training hours.

For example: Monday - Thursday, 8:00 a.m. to 5:00 p.m.; Saturday, 1:00 p.m. - 5:00 p.m.

5. It takes me _____ hours _____ minutes each day to go to and from my child care provider and where I go to school or get training.

6. List your child care costs for the month:

| CHILD'S NAME | BIRTHDATE | PROVIDER'S NAME | AMOUNT OWED | AMOUNT PAID |
|--------------|-----------|-----------------|-------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7. My child turned 6 years old this month and is in kindergarten.

☐ YES ☐ NO

If "yes", tell us the date when the school year ends: _____

8. My child care provider has changed since my last request for a payment.

☐ YES ☐ NO

If "yes", your new provider must be approved before you can get a payment.

☐ RMR Changed

I understand that:

CERTIFICATION

- I am certifying I attended the school or job training program on the days and hours listed above.
- Any statements made on this form are subject to investigation and verification.
- I must pay child care rates which are no greater than the rates billed by the child care provider for services given to other children.
- The hours of child care reported on this form are reasonably related to the hours I attended my school or job training program.
- I have the right to choose the child care provider who is best for me and my child(ren).
- The child care provider must have a license or be exempt from having a license in order for me to get a child care payment.
- The information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- I must pay back any child care payments I am not entitled to get.
- The county does not act as the child care provider's employer; and does not have a business relationship with the child care provider when a child care payment is paid.
- If I choose a license exempt child care provider, he/she must apply for or be Trustline registered unless he/she is an aunt, uncle or grandparent of a child(ren) in his/her care or a school or recreation department.
- If I choose child care in my home, I am the employer and am responsible for social security tax. I also understand that if I have the child care provider work 20 hours a week or more in my home, I have to pay at least minimum wage and be responsible for state disability, and federal and state unemployment taxes according to the Fair Labor Standards Act (FLSA).
- I am certifying that I have either paid or I will pay the child care provider listed above for the care provided.
- I am authorizing the county to obtain any verification necessary to process this request.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this report is true and correct.

SIGNATURE OF RECIPIENT

DATE

PART B - CHILD CARE PROVIDER FILLS IN THIS SECTION

| | | | | | | | |
|--|--------|--------|------|-------|----------|--------------------------------------|--|
| 1. PROVIDER'S NAME (FIRST, MIDDLE, LAST) OR NAME OF FACILITY | | | | | | SOCIAL SECURITY NUMBER/TAX ID NUMBER | |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP CODE | PHONE () | |

2. I provided child care in: ☐ My Home ☐ Child's Home ☐ Family Day Care Home ☐ Day Care Center
for the recipient listed on the front in _____, 19_____, for the following children:

| Child's Name | Amount Billed Per Child | Amount Paid Per Child | Date Paid | Rate Charged | Specify how billed (per hour, day, week, month) |
|--------------|----------------------------|--------------------------|-----------|--------------|--|
| A. | | | | | |
| B. | | | | | |
| C. | | | | | |
| D. | | | | | |

3. List the number of hours you provided child care for each child for each day of the month:

| Child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTAL |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| A. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Other information:

4. For the boxes listed below check (✓) the one that applies to you.

- ☐ I certify I am a licensed child care provider and my license number is _____.
- ☐ I certify I do not need a license because I am related to the child. Child A: _____, Child B: _____,
Child C: _____, Child D: _____.
(RELATIONSHIP) (RELATIONSHIP) (RELATIONSHIP)
- ☐ I certify I do not need a child care license because I care for my own child(ren) and a child(/ren) from only one other family; and I gave the county worker the names, addresses, and telephone numbers of two character references and a statement as to my health; education or experience; criminal record; and names and ages of other persons in the home providing care.
- ☐ I certify I do not need a license because the facility is operated by a public or private school and run by qualified teachers employed by the school or school district.
- I declare that I am at least 18 years of age.
 - I declare that I provided the child care listed above and that the hours of care and total monthly costs listed above are true and correct.
 - I understand that if I am license exempt, I must apply for Trustline registration unless I am an aunt, uncle or grandparent of a child(ren) in my care or a school or recreation department.
 - I understand that I must charge the recipient listed on the front the same or lower child care rates that I charge to other clients for the same service.
 - I understand that the information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
 - I understand that the county does not act as my employer or have a business relationship with me when I get a child care payment.
 - I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the

| | |
|-----------------------|------|
| SIGNATURE OF PROVIDER | DATE |
|-----------------------|------|

COUNTY USE ONLY

**INSTRUCTIONS FOR THE NET 2 COVERSHEET
AND REQUEST FOR NET BENEFITS**

A written request for NET benefits must be submitted to the county from which the recipient receives AFDC benefits.

Counties are to give the NET 2 Coversheet to the applicant at the same time as the Request for NET Benefits (NET 2).

Counties are to indicate the date the form was received at the top of page 1 under "County Use Only".

The applicant fills in his/her name, address, social security number, and completes Section 1 through 3 of the form. Under penalty of perjury, the applicant signs the certification section. If it is necessary for the participant to have assistance in completing the form, then the witness, interpreter, or other person who provides the assistance must also sign the certification section.

In Section 1, the applicant indicates if he/she has previously applied for GAIN, previously received NET services, and the highest level of his/her education. On the new revision, we have also requested the applicant to list former employment or job skills.

In Section 2, the applicant describes his/her current education or training program. When submitting the NET 2, the applicant must provide verification to the county that he/she is enrolled in the education or training program. If the applicant is currently attending, the applicant must submit a grade report, performance evaluation, or signed statement from the education or training provider verifying that the applicant is currently meeting the provider's performance standards.

The applicant should clearly specify the hours he/she is scheduled to attend his/her education or training program for each day of the week.

If the applicant's performance in his/her education or training program is evaluated or graded on a timeframe other than the end of the quarter or semester, the applicant indicates the number of months after which the evaluation or grading takes place.

In Section 3, the applicant lists the name(s), date(s) of birth, and social security number(s) of the child(ren) for whom child care will be paid. If the applicant has a child care provider, the applicant lists the information.

The applicant then signs the certification section under penalty of perjury.

Once the NET 2 is submitted by the applicant, the county worker reviews the information to determine if the applicant meets the approval criteria to qualify for NET benefits. On the right side of the form, the worker determines if:

- the child(ren) for whom day care was requested are eligible for child care under NET,
- the applicant can be accepted into the GAIN program,
- the applicant has not used up his/her maximum 2 years of NET eligibility,
- the applicant is currently enrolled in his/her education or training program,
- the applicant is making satisfactory progress if already attending his/her education or training program,
- the applicant does not currently have a BA or BS,
- the applicant currently has employment skills to earn income two times the poverty level,
- the job or occupation for which the applicant is preparing is identified as in demand in the county's local GAIN labor market assessment,
- the education or training program will be completed within two years,
- the applicant is enrolled full-time, or has a good reason to be enrolled at least half-time,
- a Trustline Registration application is needed or if a child care provider is exempt from Trustline Registration because they are an aunt, uncle or grandparent of the child.

The county worker then determines when the reports for making satisfactory progress are due to be submitted by the participant, and indicates the dates on the form.

Following the section for the applicant's signature, the county worker indicates whether the Request for NET benefits is approved or denied. If approved, the beginning and ending dates for NET eligibility are indicated. If denied, the reason for the denial is indicated. The county worker and, if necessary, the worker's supervisor sign off on the form.

The county worker then sends the appropriate NOA to the applicant either approving or denying the NET education or training program or NET child care.

REQUEST FOR NON-GAIN EDUCATION TRAINING (NET) CHILD CARE - COVERSHEET**What Is NET?**

- NET may help you pay your child care costs while you are attending an education or training program and you are not in the Greater Avenue for Independence (GAIN) program.
- You must be enrolled and making satisfactory progress in an education or training program that will be completed in no more than 24 months after your NET application has been approved and that will likely lead to a job.
- You must be attending your education or training program full-time unless you have a good reason and are attending half-time.
- You may get NET child care assistance for up to 24 months beginning with the first month you apply for NET benefits.
- You must be on AFDC and have child care costs for child(ren) in the AFDC assistance unit or receiving SSI or foster care under the age of 13 years unless your child(ren) need(s) special care.
- NET cannot be paid when the child care provider is under 18 years old, is a parent or legal guardian of the child, or a member of the AFDC assistance unit.
- Child care providers must be licensed with the State of California to be eligible 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 school districts. License exempt providers must register for Trustline.

What Are My Rights?

- To apply for NET and get a response to your written request for NET benefits within 45 days.
- 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).
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing you shall be paid for child care services only at the level and in the form authorized by the county action under appeal.
- 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.
- To have your NET benefits transferred to another California county if you move and are still eligible.

What Are My Responsibilities?

You must provide the information below before your NET child care can be approved. If you are eligible for child care, you will receive child care assistance back to the day you gave us this information.

- Proof of enrollment in an approved education or training program. This proof should say what program you are in and how long it will take to complete this program, and whether you are enrolled part time or full time.
- If you are already attending the education or training activity, you need to provide proof that you are meeting the performance standards of the education or training program such as a report card.

You Must:

- If your child care provider is license exempt, you must assist them in applying for Trustline Registration unless they are an aunt, uncle or grandparent of a child(ren) in their care.
- Give us proof of your child care costs every month.
- Tell your worker if you move or change your education or training program.
- Give us the facts that we need and show proof of them as needed.
- Pay back any NET child care paid to you in error even if when the payment was made directly to the child care provider.

When Will My NET Child Care Benefits Stop?

- You are no longer eligible for AFDC.
- You stop your full-time education or training program without a good reason.
- You attend an education or training program less than half time.
- You can not complete your education or training program within 24 months of the date your NET application was approved.
- You are not making satisfactory progress toward completing your education or training program.
- You become eligible for and able to receive GAIN program benefits.
- You no longer have an eligible child in the home.
- Your child care provider is not licensed and should be licensed under California law or the provider is not 18 years old or older.
- Your license exempt child care provider does not apply for, is denied or loses their Trustline Registration status.
- You change your education or training program and your new program cannot be approved.

Penalty Warning

- Failure to report facts or giving wrong or incomplete facts to the NET program can result in legal prosecution with penalties of a fine, imprisonment, or both.

REQUEST FOR NON-GAIN EDUCATION OR TRAINING (NET) BENEFITS**COUNTY USE ONLY**

INSTRUCTIONS: If you want NET child care benefits, read the coversheet to this application and fill out the questions below. Please use ink. Attach another sheet of paper if you need more space.

Return the completed form to your County Welfare Department (CWD). The CWD will tell you whether you can get NET child care. If you need help or have questions, ask your worker.

| | | | |
|---|--------------------------|------------------------|--------------------|
| YOUR NAME (APPLICANT) | CASE NAME (IF DIFFERENT) | SOCIAL SECURITY NUMBER | CASE NAME |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | CASE NUMBER () |

1. Complete the following information regarding your education, training and work history:

Have you applied for the GAIN program? ☐ YES ☐ NO

Date you applied: _____

Have you ever received NET services? ☐ YES ☐ NO

If yes: Dates: From ____/____/____ To ____/____/____

From what county? _____

Please circle the highest level of education you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 AA degree BA degree or higher

Please list any licenses, certificates, or other vocational skills:

Please list any former jobs or job skills (ie. painter, landscape gardener or cashier).

Is GAIN accepting participants?
☐ YES ☐ NO

If yes, refer to GAIN.

Number of months of
NET eligibility left.

2. Complete the following information regarding your current education or training program.

| | | |
|----------------------------------|---------|-------|
| NAME OF SCHOOL/TRAINING PROVIDER | ADDRESS | PHONE |
|----------------------------------|---------|-------|

Attach proof that you are enrolled in your education or training program.

Are you currently attending your education and training program? ☐ YES ☐ NO

If yes, you must submit a grade report, a performance evaluation, or a signed statement from your school or training program proving that you are meeting satisfactory performance standards according to your school or training program.

If no, when does your program start? ____/____/____
MONTH YEAR

What job or occupation will your education or training program prepare you for? _____

When will your education or training program end? ____/____/____
MONTH YEAR

List the hours you go to school or training each day:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Are you going to school or training full-time according to your school or training provider? ☐ YES ☐ NO

If No, tell us why you can't go full-time:

How often will your performance in your education or training program be evaluated or graded?

____ End of Quarter, ____ End of Semester, Every ____ Months ____ Other
(Number)

☐ Verify - Enrollment
☐ Verify - Initial MSP

☐ Verify - Job In Demand
☐ Verify - Completion in 2 years

Total Hours in E/T
per Week

☐ Verify - Full time

Good Cause for at least half-time?

☐ YES ☐ NO

MSP Report due

3. List the children who are living with you, that you will need child care for, and list the child care provider if available.

A. CHILD'S NAME

PROVIDER'S NAME

PROVIDER'S ADDRESS

NUMBER

STREET

PROVIDER'S PHONE

()

CITY

STATE

ZIP CODE

TYPE OF PROVIDER

☐ LICENSED FAMILY DAY CARE

☐ EXEMPT-IN CHILD'S HOME

☐ EXEMPT-CENTER OPERATED BY SCHOOL

LICENSED DAY CARE CENTER

☐ EXEMPT-OUTSIDE CHILD'S HOME

EMPLOYEES

HOURS OF CARE

☐ 35 HOURS PER WEEK OR MORE

☐ LESS THAN 35 HOURS PER WEEK

WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?

\$ PER ☐ HOUR ☐ DAY ☐ WEEK ☐ MONTH

DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?

☐ YES (If "YES", attach proof) ☐ NO

B. CHILD'S NAME

PROVIDER'S NAME

PROVIDER'S ADDRESS

NUMBER

STREET

PROVIDER'S PHONE

()

CITY

STATE

ZIP CODE

TYPE OF PROVIDER

☐ LICENSED FAMILY DAY CARE

☐ EXEMPT-IN CHILD'S HOME

☐ EXEMPT-CENTER OPERATED BY SCHOOL

LICENSED DAY CARE CENTER

☐ EXEMPT-OUTSIDE CHILD'S HOME

EMPLOYEES

HOURS OF CARE

☐ 35 HOURS PER WEEK OR MORE

☐ LESS THAN 35 HOURS PER WEEK

WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?

\$ PER ☐ HOUR ☐ DAY ☐ WEEK ☐ MONTH

DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?

☐ YES (If "YES", attach proof) ☐ NO

COUNTY USE ONLY

- A. ☐ Under 13 ☐ Over 13
☐ In AFDC/AU ☐ Disabled
☐ Foster Care ☐ Court
☐ SSI ☐ Supervision
☐ Trustline Registration Required
- B. ☐ Under 13 ☐ Over 13
☐ In AFDC/AU ☐ Disabled
☐ Foster Care ☐ Court
☐ SSI ☐ Supervision
☐ Trustline Registration Required

CERTIFICATION

- I understand that the statements I have made on this form may be checked and verified.
- I understand that my education or training program must help me to get a job in the county.
- I understand that I cannot get NET benefits if I can get GAIN services.
- I must give proof of attendance and progress in my education and training program to keep getting NET child care benefits.
- If your child care provider is license exempt, must assist them in applying for Trustline Registration unless they are an aunt, uncle or grandparent of the child(ren) in their care.
- I must tell my worker within 10 days if my education or training program changes or I move.
- I understand that I must pay back any NET benefits I am not supposed to get.
- I have read and got a copy of the NET Coversheet and I understand my Rights and Responsibilities.
- I understand that failing to report facts or giving wrong or incomplete facts for NET program eligibility can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true and correct.

SIGNATURE OF APPLICANT

PHONE NUMBER

DATE

SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON

DATE

COUNTY USE ONLY

☐ APPROVED ☐ DENIED

NET Begins:

NET Ends:

Reason for Denial:

COUNTY WORKER

DATE

SUPERVISOR

DATE

COMMENTS:

NOTICES OF ACTION (NOAs), NOA MESSAGES AND INSTRUCTIONS

Attached are reproducible copies of the revised Cal-Learn, GAIN and NET NOAs, NOA messages and instructions. These NOAs contain required language to cover most of the informing requirements in MPP Section 42-750.8. Counties must immediately revise their NOAs to include Trustline language which is effective September 1, 1995. However, the other changes to the existing NOAs can be processed whenever time permits.

| REPLACED NOA | NEW NOA | TITLE |
|--|-----------------|--|
| 1. M42-750B NA 805 | M42-750B (9/95) | Cal-Learn, GAIN, NET Child Care Approval |
| 2. M42-750C | M42-750C (9/95) | Cal-Learn, GAIN, NET Child Care Change |
| 3. M42-750D NA 809 | M42-750D (9/95) | Cal-Learn, GAIN, NET Child Care Payment Denial |
| 4. M42-750E* NA 807 | M42-750E (9/95) | Cal-Learn, GAIN, NET Child Care Payment Discontinuance |
| 5. M42-750L* | M42-750L (9/95) | Cal-Learn, GAIN, NET Child Care Payment Reduction |
| 6. NA 806, 811 | M42-750N (9/95) | Denial of NET Program |
| 7. M42-7500* | M42-7500 (9/95) | Cal-Learn, GAIN, NET Child Care Extension Appr. |
| 8. M42-750Q* | M42-750Q (9/95) | Adjusted Child Care Payment for Advances |
| * For GAIN and Cal-Learn, continue to use the existing NOA language for transportation and ancillary expenses. Revised NOAs are being developed and will be released in a subsequent letter. | | |

NOTICE OF ACTION (NOA) INSTRUCTIONS

When issuing these NOAs, counties must use the appropriate back which includes the hearing rights. For the GAIN Program, use the GAIN 50. For the Cal-Learn Program use the NA CL BACK. For NET Program, use the standard back (NA back 7).

Child Care Approval for Cal-Learn, GAIN and NET, M42-750B

The M42-750B is used to approve child care payments when a participant/applicant meets the eligibility criteria for child care benefits in the GAIN, Cal-Learn and NET programs. This NOA provides the payment limit and payment amount.

Child Care Change for Cal-Learn, GAIN, and NET, M42-750C

The M42-750C is used to notify participants that their payment limit has changed, their child care provider has changed or their payment method has changed. The form may be used when the changes are the result of a request from the participant, a change in child care rates and hours, or a change in payment limits as a result of the annual Regional Market Rate (RMR) survey that is conducted by the State of California. This NOA may provide the new payment limit and payment amount.

Child Care Payment Denial for Cal-Learn, GAIN and NET, M42-750D

The M42-750D is used to deny a Cal-Learn, GAIN and NET payment and specifies the reason for the denial.

Child Care Payment Discontinuance for Cal-Learn, GAIN and NET, M42-750E

The M42-750E is used to notify participants that their child care payments will stop, and the NOA specifies the reason for the discontinuance.

Child Care Payment Reduction for Cal-Learn, GAIN and NET, M42-750L

The M42-750L is used to notify participants that their child care payments are less than they have requested. In addition, this NOA shows how the payments are calculated including the requested amount, less the adjusted amount (to clear up the payment deficit) and the total amount of the new adjusted payment. The M42-750L also lists the specific reasons for the reduction.

Denial of NET Program, M42-750N

The M42-750N is used to notify NET applicants that they are not eligible for NET benefits and provides the specific reasons.

Child Care Extension for Cal-Learn, GAIN and NET, M42-750O

The M42-750O is used to notify participants that their approved child care services have not changed but the date of eligibility for child care payments has been extended and lists the specific reasons.

Adjusted Child Care Payment for Advance in Cal-Learn, GAIN and NET, M42-750Q

The M42-750Q is used to recover an unused portion of an advance payment by adjusting the next child care payment. It also informs the participant that future child care payments will be automatically reduced to repay the advance not used on child care costs.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

As of _____ until _____, the county has approved your child care for:

- ☐ Cal-Learn
☐ GAIN
☐ NET

Your child care payment limit is figured on this notice, and is 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: |
|---------------|-----------------|----------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

- ☐ The rate is what your child care provider charges or the most we can pay based on your area's child care costs, which ever is less.
- ☐ Child care payment will be: ☐ Paid to your provider
☐ Paid back to you ☐ Advanced to you ☐ Other: _____
- ☐ Because your approved activity/program is less than 30 days, you will not get another notice telling you when your payments end.
- ☐ You have chosen a provider who is not licensed and must apply for Trustline registration. Payments for child care with this provider will stop on _____ unless the _____
Date
county gets proof that your provider has applied for Trustline registration. You will get no further notice.

If child care payments are paid back to you, you will get your payment about 20 days after you give us a request for child care payment form or receipt.

The county will only pay child care for the hours and days you are attending your approved activity/program.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson, MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6, 42-765

If you change your child care provider the payment limits listed on this notice may change. **Tell your worker immediately about any changes to your provider and to your activity/program.**

Child(ren): _____

Child care for children not listed here stay the same.

\$ _____ rate

X _____ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

Child care for children not listed here stay the same.

\$ _____ rate

X _____ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

Child care for children not listed here stay the same.

\$ _____ rate

X _____ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

State of California
Department of Social Services

Manual Msg. No: M42-750B
Action: Approval
Reason: Approval of Child Care
Title: Child Care Approval
Form No:
Effective Date: 09/01/95
Revision Date:

Auto ID No.:
Flow Chart No:
Source: Miller v. Carlson, MPP
42-750.1, 42-750.2, 42-750.3, 42-750.6,
42-756.

As of _____ until _____, the county has approved your child care for:

- ☐ Cal-Learn
☐ GAIN
☐ NET

Your child care payment limit is figure on this notice, and is 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: |
|---------------|------------------|----------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

- ☐ The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.
- ☐ Child care payment will be: ☐ Paid to your provider ☐ Paid back to you ☐ Advanced to you
☐ Other:
- ☐ Because your activity/program is less than 30 days, you will not get another notice telling you when your payments end.
- ☐ You have chosen a provider who is not licensed and must apply for Trustline registration. Payments for child care with this provider will stop on _____ unless the county gets proof that your provider has applied for Trustline registration. You will get no further notice.

If child care payments are paid back to you, you will get your payment about 20 days after you give us a request for child care payment form or a child care receipt.

The county will only pay child care for the hours and days you are attending your approved activity/program.

If you change your child care provider the payment limits listed on this notice may change. **Tell your worker immediately about any changes to your provider and to your activity/program.**

You can also call your case manager/worker if you think this notice is wrong.

Child(ren): _____

Child care for children not listed here stay the same.

\$ _____ rate

X _____ [] hours [] days [] weeks [] month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

Child care for children not listed here stay the same.

\$ _____ rate

X _____ [] hours [] days [] weeks [] month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

Child care for children not listed here stay the same.

\$ _____ rate

X _____ [] hours [] days [] weeks [] month

= \$ _____ per _____

Provider name: _____

INSTRUCTIONS for Cal-Learn, GAIN and NET Child Care Approval -
M42-750B

Use to approve eligibility for child care payments in the Cal-Learn, GAIN, and NET programs.

On the "As of ____" line, enter the effective date and complete the ending date.

Check the appropriate child care program.

Fill out child care information and complete the applicable computation(s). Repeat the computation as many times as needed if different rates are being provided. Counties may use an alternative calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for the child care payment method. If a two-party check is used, check the applicable box as well as the "Other" box and specify that it will be a two-party check.

When the program will be less than 30 days, check the appropriate box.

Check the last box when an exempt provider is chosen and child care is approved only for 30 days while the provider is applying for Trustline registration.

NOTICE OF ACTION

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.

As of _____ until _____:

- ☐ The county has changed the payment limit for ☐ Cal-Learn ☐ GAIN ☐ NET child care from \$_____ per _____ to \$_____ per _____.
- ☐ The county has changed your payment method from _____ to _____.
- ☐ Your child care provider has changed. Your child care at _____ has been paid through _____. Payment for _____ starts after that date.

HERE'S WHY:

- ☐ Your child care rate changed
- ☐ Your child care provider changed.
- ☐ Your child's age has changed.
- ☐ Your child care hours changed.
- ☐ The State of California changed payment limits.
- ☐ You asked for this change.
- ☐ Other:

Your new child care payment limit is figured on this notice.

- ☐ Because your approved activity/program is less than 30 days, you will not get another notice telling you when your payments end.

If your child care payments are paid back to you, you will receive your payment about 20 days after you give us a copy of your child care payment form or receipt.

The county will only pay child care for the hours and days you are attending your approved activity/program.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

You can also call your worker/case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson, MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6.

Child(ren): _____

\$ _____ rate

X _____ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

\$ _____ rate

X _____ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

\$ _____ rate

X _____ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child care for children not listed here stay the same.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

State of California.
Department of Social Services

Manual Msg. No: M42-750C
Action: Change
Reason: Child care change
Title: Child care change
Form No:
Effective Date: 09/01/95
Revision Date:

Auto ID No. :
Flow Chart No :
Source : Miller v. Carlson,
MPP 42-750.1, 42-750.2,
42-750.3, 42-750.6.

As of _____ until _____:

- ☐ The county has changed the payment limit for ☐ Cal-Learn ☐ GAIN
☐ NET child care from \$_____ per _____ to \$_____ per
_____.
- ☐ The county has changed your payment method ☐ Cal-Learn ☐ GAIN ☐ NET
from _____ to _____.
- ☐ Your child care provider has changed. Your child care at
_____ has been paid through _____.
Payment for _____ starts after that date.

Here's Why:

- ☐ Your child care rate changed.
☐ Your child care provider changed.
☐ Your child's age has changed.
☐ Your child care hours changed.
☐ The State of California changed payment limits.
☐ You asked for this change.
☐ Other: _____.

Your new child care payment limit is figured on this notice.

- ☐ Because your approved activity/program is less than 30 days, you will
not get another notice telling you when your payments end.

If your child care payments are paid back to you, you will receive your
payment about 20 days after you give us a copy of your child care receipt.

The county will only pay child care for the hours and days you are
attending your approved Cal-Learn, GAIN, or NET activity/program.

**YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN
AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW
PROVIDER.**

You can also call your case manager/worker if you think this notice is
wrong.

Child(ren): _____

\$ _____ rate

X _____ [☐] hours [☐] days [☐] weeks [☐] month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

\$ _____ rate

X _____ [☐] hours [☐] days [☐] weeks [☐] month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

Child care for children not listed here stay the same.

\$ _____ rate

X _____ [☐] hours [☐] days [☐] weeks [☐] month

= \$ _____ per _____

Provider name: _____

Child care for children not listed here stay the same.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

INSTRUCTIONS for Cal-Learn, GAIN, and NET Child Care Change -
NA750C

Use this NOA to:

- change child care payment maximums;
- change child care payment method; or
- approve a new child care payment limit when the participant has a new eligible provider.

When the change is an increase, the authorization date is the date the change was approved. Enter that date on the "As of _____" line and include the end date.

When the change is a decrease, the authorization date must allow for the ten-day timely notice period. Enter that effective date on the "As of _____" line and include the end date.

Check the first box when there is a change in the child care payment maximum and fill in the former and new payment limits.

Check the second box when there is a change in the child care payment method and fill in the former and new payment methods.

Check the third box when there is a change in providers.

Under the "Here's Why" section, check the appropriate box. When you check the "Other" box, specify the reason for the action.

Complete a separate computation for each child who had a change. It is not necessary to complete a calculation for children that have not had a change.

Repeat the computation if different rates are being provided. The county may use an alternate calculation when the standard calculation does not explain how the payment limit was figured.

When the program will be less than 30 days, check the last box.

Complete all other applicable information.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

As of _____:

- ☐ Your child care payment for ☐ Cal-Learn ☐ GAIN ☐ NET is denied.
- ☐ Your request to raise your child care payment limit for ☐ Cal-Learn ☐ GAIN ☐ NET is denied.
- ☐ Payment for your ☐ Cal-Learn ☐ GAIN ☐ NET child care for your child, _____, is denied.

HERE'S WHY:

- ☐ You are not in an approved activity/program.
- ☐ You cannot complete your approved activity/program within 24 months from the date your NET application was approved.
- ☐ You have not given us a class schedule so we can approve your child care hours that are near to your class time.
- ☐ You are already getting the most the county can pay based on your area's child care costs.
- ☐ The child care you asked for is not needed to attend your approved activity/program.
- ☐ Your child _____ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.
- ☐ Your child _____ is 13 or more years old, which is over the age we can pay for and is not disabled or under court supervision.
- ☐ The child care provider you wanted must have a license but does not have one.
- ☐ The child care provider you want does not have the legal right to work in the United States of America.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.

- ☐ You have not given us proof that show your aided child, _____, has a physical or mental condition that needs special care.
- ☐ Your license-exempt child care provider had his/her application for Trustline denied.
- ☐ Your license-exempt child care provider has had his/her Trustline Registration revoked.
- ☐ Your license-exempt child care provider did not complete the Trustline application process so the Department of Justice closed the case.
- ☐ Other:

You can also call your worker/case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson, 42-750.1, 42-750.2, 42-750.3, 42-756.

State of California
Department of Social Services

Manual Msg. No: M42-750D
Action: Payment Denial
Reason: Child care denial
Title: Child CarePayment Denial
Form No:
Effective Date: 9/01/95
Revision Date:

Auto ID No.:
Flow Chart No:
Source: Miller v. Carlson,
42-750.1, 42-750.2,
42-750.3, 42-756.

MESSAGE:

As of _____:

- ☐ Your child care payment for ☐ Cal-Learn ☐ GAIN ☐ NET is denied.
- ☐ Your request to raise your child care payment limit for ☐ Cal-Learn ☐ GAIN ☐ NET is denied.
- ☐ Payment for your ☐ Cal-Learn ☐ GAIN ☐ NET for your child, _____, is denied.

HERE'S WHY:

- ☐ You are not in an approved activity/program.
- ☐ You cannot complete your approved activity/program within 24 months from the date your NET application was approved.
- ☐ You have not given us a class schedule so we can approve your child care hours that are near to your class time.
- ☐ You are already getting the most the county can pay based on your area's child care costs.
- ☐ The child care you asked for is not needed to attend your approved activity/program.
- ☐ Your child _____ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.
- ☐ Your child _____ is 13 or more years old, which is over the age we can pay for and is not disabled or under court supervision.
- ☐ The child care provider you wanted must have a license but does not have one.
- ☐ The child care provider you want does not have the legal right to work in the United States of America.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ You have not given us proof that shows your aided child, _____, has a physical or mental condition that needs special care.
- ☐ Your license-exempt child care provider had his/her application for Trustline denied.
- ☐ Your license-exempt child care provider has had their Trustline Registration revoked.
- ☐ Your license-exempt child care provider did not complete the Trustline application process so the Department of Justice closed the case.
- ☐ Other:

You can also call your worker/case manager if you think this notice is wrong.

M42-750D(9/95)Payment.deny

INSTRUCTIONS for Cal-Learn, GAIN, and NET Denial of Child Care
Payments - M42-750D

Use this NOA to deny a child care payment or request for a raise in the child care payment limit for the Cal-Learn, GAIN, and NET programs.

On the "As of ____" line, enter the date the determination was made.

If the first box is checked, note the specific reason why child care was denied under the "Here's Why" section.

If the second box is checked, then check the third box under "Here's Why."

When checking the "Other" box, specify the reason for the action. If the fifth box is checked and it is the only child needing care, use the NOA M42-750E. In Cal-Learn, the M42-766.67 must also be issued.

Complete all other applicable information.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

As of _____:

Your ☐ Cal-Learn ☐ GAIN ☐ NET child care payment(s) will stop.

HERE'S WHY:

- ☐ You are no longer attending an approved activity/program.
- ☐ You cannot complete your approved activity/program within 24 months from the date your NET application was approved.
- ☐ You are attending your activity/program less than full-time without a good reason.
- ☐ You are attending your approved activity/program less than half-time.
- ☐ You are not making satisfactory progress in your approved activity/program.
- ☐ You moved out of this county.
- ☐ You do not have to go to the Cal-Learn or GAIN activity/program right now.
- ☐ You went off cash aid.
- ☐ You are now eligible for or enrolled in the GAIN program.
- ☐ You got a job.
- ☐ You asked that your child care payments be stopped.
- ☐ Your child _____ is 13 or more years old, which is over the age we can pay for and is not disabled or under court supervision.
- ☐ Your child(ren) no longer need(s) child care.
- ☐ Your child _____ is no longer in the AFDC assistant unit and is not receiving federal foster care or SSI/SSP payments.

- ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ Your child care provider is no longer an eligible provider.
- ☐ Your license-exempt child care provider had his/her application for Trustline denied.
- ☐ Your license-exempt child care provider has had his/her Trustline Registration revoked.
- ☐ Your license-exempt child care provider did not complete the Trustline application process so the Department of Justice closed the case.
- ☐ Other

You can also call your worker/case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson, MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-765

State of California
Department of Social Services

Manual Msg. No: M42-750E
Action: Payment Discontinue
Reason: Child care
Title: Child Care Payment Discontinue
Form No:
Effective Date: 09/01/95
Revision Date:

Auto ID No. :
Flow Chart No :
Source: Miller v. Carlson,
MPP 42-750.1,
42-750.2, 42-750.3,
42-750.4, 42-765.

As of _____:

Your ☐ Cal-Learn ☐ GAIN ☐ NET child care payment(s) will stop.

HERE'S WHY:

- ☐ You are no longer attending an approved activity/program.
- ☐ You cannot complete your approved activity/program within 24 months from the date your NET application was approved.
- ☐ You are attending your approved activity/program less than full-time without a good reason.
- ☐ You are attending your approved activity/program less than half-time.
- ☐ You are not making satisfactory progress in your approved activity/program.
- ☐ You moved out of this county.
- ☐ You went off cash aid.
- ☐ You do not have to take part in the Cal-Learn or GAIN program right now.
- ☐ You are now eligible for or enrolled in the GAIN program.
- ☐ You got a job.
- ☐ You asked that your child care payments be stopped.
- ☐ Your child _____ is 13 or more years old, which is over the age we can pay for.
- ☐ Your child(ren) no longer need(s) child care.
- ☐ Your child _____ is no longer in the AFDC assistant unit and is not receiving federal foster care or SSI/SSP payments.
- ☐ Your child care provider is your child's parent, legal guardian or a member of your AFDC assistance unit.
- ☐ Your child care provider is no longer an eligible provider.
- ☐ Your license-exempt child care provider had his/her application for Trustline denied.

[] Your license-exempt child care provider has had their Trusline Registration revoked.

[] Your license-exempt child care provider did not complete the Trustline application process so the Department of Justice closed the case.

[] Other:

You can also call you worker/case manager if you think this notice is wrong.

INSTRUCTIONS for Cal-Learn, GAIN and NET Child Care Payment
Discontinuance - M42-750E

Use this NOA to discontinue child care payments in the Cal-Learn, GAIN, and NET programs. Enter the effective date of the action. Check the appropriate box. This NOA must be sent timely, unless requirements in MPP Section 22-022 are met.

Under the "Here's Why" section, check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

If the Cal Learn participant is no longer eligible for Cal-Learn, issue NOA M42-766.67.

NOTICE OF ACTION

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.

As of _____ your ☐ Cal-Learn ☐ GAIN ☐ NET child care for _____ is \$ _____.

This amount is less than what you asked.

HERE'S WHY:

- ☐ You did not attend your approved activity/program on all of the ☐ days ☐ hours that you asked for a payment.
- ☐ You asked for payment for _____ child care hours but we can only pay for _____ child care hours because: _____.
- ☐ One of your child care provider is not eligible to get a child care payment, your provider must be 18 years old or older; not be a parent, legal guardian, or member of the assistance unit; have a day care license or not need one.
- ☐ Your child(ren) is not eligible to get child care. To get child care for your child must be under the age of 13, cannot care for him/herself, or under court supervision.
- ☐ Your request for the payment of registration, application, or service fee charged by your child care provider was denied.
- ☐ We subtracted the amount listed in your overpayment agreement notice dated _____.
- ☐ We subtracted the amount we figured we need to take to adjust your overpayment. We told you about this in your overpayment notice dated _____.
- ☐ Other

Your child care payment is figured on this notice.

YOU MUST TELL US BEFORE YOU CHANGE YOUR CHILD CARE ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

You can also call your worker/casemanager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson, MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-750.6.

Child(ren): _____

Child care for child(ren) not listed here stays the same.

\$ _____ amount requested

X _____ adjusted amount

= \$ _____ adjusted payment

Child(ren): _____

\$ _____ amount requested

X _____ adjusted amount

= \$ _____ adjusted payment

State of California
Department of Social Services

Manual Msg. No: M42-750L
Action: Payment reduction
Reason: Child care
Title: Child Care Payment Reduction
Form No:
Effective Date: 09/01/95
Revision Date:

Auto ID No. :
Flow Chart No :
Source: Miller v. Carlson,
MPP 42-750.1,
42750.2, 42-750.3,
42-750.4, 42-750.6,
42-751.

As of _____, your payment for ☐ Cal-Learn ☐ GAIN ☐ NET child care
for _____ is \$_____.

This amount is less than what you asked for.

HERE'S WHY:

- ☐ You did not attend your approved activity/program on all
of the ☐ days ☐ hours that you asked for a payment.
- ☐ You asked for payment for _____ child care hours
but we can only pay for _____ child care hours because:
_____.
- ☐ Your child care provider is not eligible to get
child care payment, your provider must be 18 years old or
older; not get a parent; legal guardian, or a member of the
assistance unit; have a day care liense or not need one.
- ☐ Your child(ren) is not eligible to get a child care. To
get a child care for your child, your child must be under the
age of 13, cannot care for him/herself, or under court
supervision.
- ☐ Your request for the payment of the registration, application,
or service fee charged by your child care provider was denied.
- ☐ We subtracted the amount listed in your overpayment
agreement notice dated _____.
- ☐ We subtracted the amount we figured we need to take to adjust
your overpayment. We told you about this in your overpayment
notice dated _____.
- ☐ Other

Your child care payment is figured on this notice.

Child care for child(ren) not listed here stays the same.

YOU MUST TELL US BEFORE YOU CHANGE YOUR CHILD CARE ARRANGEMENTS EXCEPT IN AN
EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

You can also call your worker/case manager if you think this notice is wrong.

M42-750L(9/95)approve.reduction

Child(ren): _____

\$ _____ amount requested
- \$ _____ adjusted amount
= \$ _____ adjusted payment

Child(ren): _____

\$ _____ amount requested
- \$ _____ adjusted amount
= \$ _____ adjusted payment

INSTRUCTIONS for Cal-Learn, GAIN and NET Child Care Payment
Reduction - M42-750L

Use this NOA when the amount issued for child care is less than the amount requested, but when it is within the authorized maximum. Use also to notify participant when payments made to temporary providers are less than the amount claimed.

In addition, use this NOA to recover an overpayment by adjusting the payment.

On the "As of ____" line, enter the date the determination was made. Enter the month and adjusted amount.

Under the "Here's Why" section, check the appropriate box.

When checking the third or fourth box, fill in the date of the overpayment agreement notice or standard notice.

When checking the "Other" box, specify the reason for the action.

Complete the computations as many times as needed.

This NOA is sent at the same time as the payment.

NOTICE OF ACTION

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.

☐ Your request for NET program benefits is denied.

HERE'S WHY:

- ☐ Your program cannot be finished within 24 months from the date your application was approved.
- ☐ You already have a bachelor's or graduate degree.
- ☐ With your current skills you can earn at least two times the federal poverty level which is \$ _____ a year.
- ☐ You did not ask within 10 working days for a chance to tell us your reason for not meeting the NET rules.
- ☐ Your education or training program is not needed to reach your job goal of _____.
- ☐ Your job goal, _____, is not in demand in this area.
- ☐ You have another child care assistance that meets your child care needs.
- ☐ You are eligible for and able to get GAIN services.
- ☐ Your child(ren) no longer need(s) child care.
- ☐ You must give us all the facts that we need to see if you can be in the NET program. You did not give us: _____.
- ☐ You did not have a good reason for not meeting the NET rules.
- ☐ We asked you to give us the following information:

Because you did not give us this information within three weeks we cannot tell whether you qualify for the NET program and we are denying your application for NET. You can reapply for NET at any time.

☐ OTHER:

You can call your worker if you think this notice is wrong. Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson.

State of California
Department of Social Services

Manual Msg. No: 42-750N
Action: Denial
Reason: Child Care
Title: NET Program Denial
Form No:
Effective Date: 09/01/95
Revision Date:

Auto ID No.:
Flow Chart No.:
Source: Miller v. Carlson

MESSAGE:

☐ Your request for NET program benefits is denied.

HERE'S WHY:

- ☐ Your program cannot be finished within 24 months from the date of your application was approved.
- ☐ You already have a bachelor's or graduate degree.
- ☐ With your current skills you can earn at least two times the federal poverty level which is \$ _____ a year.
- ☐ You did not ask within 10 working days for a chance to tell us your reason for not meeting the NET rules.
- ☐ Your education or training program is not needed to reach your job goal of _____.
- ☐ Your job goal, _____, is not in demand in this area.
- ☐ You are getting other child care assistance that meets your child care needs.
- ☐ You are eligible for and able to get GAIN services.
- ☐ Your child(ren) no longer need(s) child care.
- ☐ You must give us all the facts that we need to see if you can be in the NET program. You did not give us: _____.
- ☐ You did not have a good reason for not meeting the NET rules.
- ☐ We asked you to give us the following information:

Because you did not give us this information within three weeks we cannot tell whether you qualify for the NET program and we are denying you application for NET. You can reapply for NET at any time.

☐ Other:

M42-750N(9/95)Denial.NET.

INSTRUCTIONS for NET Program Denial - M42-750N

This NOA is used to notify NET applicants that their request for NET benefits is denied.

Under the "Here's Why" section, check the appropriate reason box.

Check the third box when the recipient can earn at least two times the poverty level and include the federal poverty level which has been provided to the county.

Check the fifth box when the education and training program do not coincide with the recipient's job goal and fill in the job goal.

Check the sixth box when the job goal is not in demand in the area and fill in the recipient's job goal.

Check the tenth box when the recipient needs to supply more information to the county in order to determine eligibility.

Check the twelfth box when the recipient did not provide the information previously requested. List what is still needed.

When checking the "Other" box, specify the reason for the action.

Complete all other applicable information.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

As of _____:

Your ☐ Cal-Learn ☐ GAIN ☐ NET child care has been extended until _____.

Your approved child care services has not changed except the date your payment ends.

☐ Because the extension is less than 30 days this is the only notice you will get telling you about the extension.

HERE'S WHY:

- ☐ Your approved activity/program _____ is continuing.
- ☐ We are paying for your child care space so that it will be there when your next activity or school semester starts.
- ☐ Other:

You can also call your worker/case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4.

State of California
Department of Social Services

Manual Msg. No: M42-7500
Action: Extension
Reason: Child Care Extension
Title: Child Care Extension
Form No:
Effective Date: 09/01/95

Auto ID No:
Flow Chart No:
Source: MPP 42-750.1,
 42-750.2,
 42-750.3,
 42-750.4.

Revision Date:

MESSAGE:

As of _____:

Your ☐ Cal-Learn ☐ GAIN ☐ NET child care has been
extended until_____.

Your approved child care services has not changed except the
date your payment ends.

☐ Because the extension is less than 30 days this is the
only notice you will get telling you about the
extension.

Here's why:

☐ Your approved activity/program _____ is
continuing.

☐ We are paying your child care space so that it will be
there when your next activity or school semester starts.

☐ Other:

You can also call your worker/case manager if you think this
notice is wrong.

INSTRUCTIONS for Cal-Learn, GAIN, and NET Child Care Extension -
M42-7500

Use this NOA to extend a previously approved child care payment when:

1. The participant's approved program is continuing and there are no changes to previous child care arrangements.
2. The participant's next semester will begin within 30 days after the previous semester, and the participant needs to reserve a child care slot so he/she can use the same provider when the new semester begins.

This notice should not be used if there are any changes such as the number of hours of care needed, new provider, etc. Use M42-750C for changes.

On the "As of ____" line, enter the effective date. Check the appropriate box and enter the date of the extension. If the extension is less than 30 days, check the third box.

Under the "Here's Why" section, check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action. This NOA must be timely.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

As of _____ your ☐ Cal-Learn ☐ GAIN ☐ NET child care payment for _____ is \$ _____. This amount is less than what you asked. Your payment limit has not changed.

HERE'S WHY:

You have to pay us back any money we advance to you that you do not use to pay for child care expenses.

- ☐ The proof of costs shows that you did not use all of your advance.
- ☐ You did not give us proof of child care costs by the 10th of this month. You must give us proof.
- ☐ You have to pay us back any money we advance to you that you do not use to pay for child care costs. We subtracted that part of your advance payment that was not used to pay for child care costs.
- ☐ You still have a balance of \$ _____ for your unused advance. An amount will be taken out of your child care payment every month until the balance of the unused advance is paid back.
- ☐ Other:

\$ _____ your actual advance payment for _____
- _____ your actual costs for that month
= _____ unused advance
\$ _____ amount requested for _____
- _____ unused advance
= _____ adjusted payment

Your child care payment is figured on this notice.

Call your worker/case manager if this lower payment means you will not be able to stay in your activity/program or if it means you will have to change the child care provider you have now.

You can also call your case worker if you think this notice is wrong.

Rules: These rules appl.; You may review them at your welfare office: Miller v. Carlson, 42-750, 42-750.6, 42-751.

State of California,
Department of Social Services

Manual Msg. No: M42-750Q
Action: Inform
Reason: Overpayment of Child Care
Title: Child Care Overpayment
Form No:
Effective Date: 09/01/95
Revision Date:

Auto ID No.:
Flow Chart No:
Source:
Regulation Cite: Miller v. Carlson, MPP
42-750, 42-750.6, 42-751.

MESSAGE:

As of _____ your ☐ Cal-Learn ☐ GAIN ☐ NET child care payment for _____ is \$ _____. This amount is less than what you asked. Your payment limit has not changed.

HERE'S WHY:

You have to pay us back any money we advance to you that you do not use to pay for child care expenses.

- ☐ The proof of costs shows that you did not use all of your advance.
- ☐ You did not give us proof of child care costs by the 10th of this month. You must give us proof.
- ☐ You have to pay us back any money we advance to you that you do not use to pay for child care costs. We subtracted that part of your advance payment that was not used to pay for child care costs.
- ☐ You still have a balance of \$ _____ for your unused advance. An amount will be taken out of your child care payment every month until the balance of the unused advance is paid back.
- ☐ Other:

Your child care payment is figured on this notice.

Call your worker/case manager if this lower payment means you will not be able to stay in your activity/program or if it means you will have to change the child care provider you have now.

You can also call your case worker if you think this notice is wrong.

\$ _____ your actual advance payment for _____

- _____ your actual costs for that month

= _____ unused advance

\$ _____ amount request for _____

- _____ unused advance

= _____ adjusted payment

INSTRUCTIONS for Cal-Learn, GAIN and NET Child Care Payment
Adjustment from an Advance - M42-750Q

Use this NOA to recover an unused portion of an advance payment
by adjusting a current child care payment.

On the "As of ____" line, note the effective date. Enter the
month and adjusted payment.

Under the "Here's Why" section, check appropriate box(es). When
checking the "Other" box, specify the reason for the action.

Complete the computation as many times as needed.