

NOTICE OF ACTION

(Continued)

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____

You reported the following income for the quarter.

Month _____	<input type="text"/>
Month _____	<input type="text"/>
Month _____	<input type="text"/>

Monthly Cash Aid Amount

Section A. Countable Income

Total Self-Employment Income	.....	\$	_____
Self-Employment Expenses:			
a. 40% Standard	.....	-	_____
OR			
b. Actual	.....	-	_____
Net Earnings from Self-Employment	.....	=	_____
Total Disability-Based Unearned Income (Assistance Unit + Non-Assistance Unit Members)	.....	\$	_____
\$225 Disregard	.....	-	_____
Nonexempt Unearned Disability-Based Income	.....	=	_____
OR			
Unused Amount of \$225 Disregard	.....	=	_____
Total Earned Income	.....	\$	_____
Net Earnings from Self-Employment (from above)	.....	+	_____
Subtotal	.....	=	_____
Unused Amount of \$225 Disregard (from above)	.....	-	_____
Subtotal	.....	=	_____
Earned Income Disregard 50%	.....	-	_____
Subtotal	.....	=	_____
Nonexempt Unearned Disability-Based Income (from above)	.....	+	_____
Other Nonexempt Income (Assistance Unit + Non- Assistance Unit Members)	.....	+	_____
		+	_____
Net Countable Income	.....	=	_____

Section B. Your Cash Aid

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	..	\$	_____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	.....	+	_____
3. Net Countable Income from Section A	.....	-	_____
4. Subtotal	.....	=	_____
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG, or Penalized Persons)	.....	\$	_____
6. Special Needs (Assistance Unit only)	.....	+	_____
7. Maximum Aid Subtotal	.....	=	_____
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	.....	=	_____
9. Adjustments:			
25% Child Support Penalty(ies)	.....	-	_____
Overpayment	.....	-	_____
Cal-Learn Penalty(ies)	.....	-	_____
Cal-Learn Bonus	.....	+	_____
10. Monthly Cash Aid Amount (Line 8 Adjusted)	.....	=	_____