



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

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

May 23, 2013

ALL COUNTY LETTER No. 13-42

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CALWORKS PROGRAM SPECIALISTS
 ALL CALFRESH COORDINATORS
 ALL COUNTY REFUGEE COORDINATORS
 ALL COUNTY CONSORTIUM PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM: CHANGE TO THE EARNED INCOME DISREGARD (EID)

REFERENCE: SENATE BILL (SB) 1041 (CHAPTER 47, STATUTES OF 2012); SB 72 (CHAPTER 8, STATUTES OF 2011); WELFARE & INSTITUTIONS (W&I) CODE SECTIONS 11451.5 and 11265.2; ALL COUNTY LETTERS (ACLs) 11-29, 12-25, and 12-49

The purpose of this ACL is to inform County Welfare Departments (CWDs) of the restoration of the \$225 EID in the CalWORKs program effective October 1, 2013, and to provide implementation instructions to CWDs. In addition, this ACL provides a recommended informing notice, new and revised forms, notices of action (NOAs), and messages, which reflect the reinstated EID. The CWDs should begin using the attached forms and NOA message as of October 1, 2013.

The Department has developed an informing notice (TEMP 2252 [4/13]) that CWDs may use to inform applicants and recipients of the changes to the EID and how it can affect their cash aid. The CWDs may choose to develop their own informing notice; however, any CWD that chooses to use an informing notice other than the one included in this letter is required to seek advance approval of the notice from CDSS. The Department recommends that CWDs mail the informing notice to recipients no later than August 2013, and in addition, as a reminder, provide the notice to recipients whose annual redeterminations are due before November 2013.

INCREASE IN INCOME DISREGARD

The SB 1041 amends the W&I Code Section 11451.5 to restore the EID to the unused amount of the \$225 Disability-Based Unearned Income (DBI) disregard, plus 50 percent of the remaining earned income effective October 1, 2013. Beginning October 1, 2013, Net Non-Exempt Income (NNI) must be calculated using the increased EID as follows:

If the Assistance Unit (AU) has earned income only, the first \$225 and 50 percent of the earned income is disregarded when determining the NNI to calculate the family's grant amount.

If the DBI does not exceed \$225, all of the DBI is disregarded and the unused amount of the \$225 plus 50 percent of the remaining earned income is disregarded. Any remaining earned income is treated as part of the family's NNI.

If the DBI exceeds \$225, only the first \$225 of the DBI and 50 percent of any earned income is disregarded. Any remaining DBI and remaining earned income is treated as part of the family's NNI.

The new EID must be used to calculate eligibility and grant amounts beginning in October 2013. Automation systems should be reprogrammed to calculate October grants using the new EID for all cases in which there is earned income. If the recalculated grant should result in increased cash aid for the AU, and the grant is not increased automatically by October 1, 2013, the CWD shall issue a supplemental payment as soon as administratively possible. When re-calculating the October grant with the new EID, in accordance with Semi-Annual Reporting (SAR) rules, the CWDs may not consider any voluntary reports that would result in a decrease to the grant. For example, if a client previously made a voluntary report of increased income mid-period that was below the Income Reporting Threshold (IRT), the CWDs may not consider this additional income when re-calculating the grant due to the higher EID.

Please see the examples of scenarios in this ACL on how to calculate the grant amount using the new EID.

NEW EID EXAMPLES

Scenario 1 – DBI less than \$225:

A nonexempt AU of three (an adult and two children) has gross earned income of \$800 per month. The children each receive \$100 per month in unearned income from the absent parent's disability claim. The family lives in Region 1.

\$200	DBI
<u>-225</u>	DBI Disregard
(\$25)	Remaining EID

\$800	Earned Income
<u>-25</u>	Remaining EID
\$775	Subtotal
<u>-387.50</u>	50 percent EID
\$387	*NNI

\$638	Maximum Aid Payment (MAP) for three (Region 1)
<u>-387</u>	NNI
\$251	Grant Amount

* NNI is rounded to the next lower dollar (Manual of Policies and Procedures [MPP] Section 44-315.34).

Scenario 2 – DBI greater than \$225:

A nonexempt AU of three (an adult and two children) has gross earned income of \$600 per month. The children each receive \$200 per month in DBI from the absent parent's disability claim. The family lives in Region 1.

\$400	DBI
<u>-225</u>	DBI Disregard
\$175	Nonexempt Disability Income

\$600	Earned Income
<u>-300</u>	50 percent EID
\$300	Subtotal
<u>+175</u>	Nonexempt Disability Income
\$475	NNI

\$638	MAP for three (Region 1)
<u>- 475</u>	NNI
\$163	Grant Amount

Scenario 3 – Earned Income Only:

A nonexempt AU of three (an adult and two children) has gross earned income of \$800 per month. The family lives in Region 1.

\$800 Earned Income
-225 EID
\$575 Subtotal
-287.50 50 percent EID
\$287 *NNI

\$638 MAP for three (Region 1)
-287 NNI
\$351 Grant Amount

* NNI is rounded to the next lower dollar (MPP Section 44-315.34).

Scenario 4 – Minor Parent:

A minor parent is receiving aid for herself and her dependent child. The minor parent lives with both her parents and a sibling who are also aided in the same AU with the minor parent and her child. One senior parent earns \$1300 per month from full-time employment. The other senior parent receives \$125 in State Disability Insurance benefits. The minor parent has no income. This is a nonexempt AU and residing in Region 1.

\$ 125 DBI
-225 DBI Disregard
(\$100) Remaining EID

\$1300 Gross Earned Income
-100 Remaining EID
\$1200 Subtotal
-600 50 percent EID
\$ 600 NNI

\$ 866 MAP for five (Region 1)
-600 NNI
\$ 266 Grant Amount

REFUGEE CASH ASSISTANCE (RCA), ENTRANT CASH ASSISTANCE (ECA), AND TRAFFICKING AND CRIME VICTIMS ASSISTANCE PROGRAM (TCVAP)

The new EID calculation shall also apply to RCA, ECA, and TCVAP (cash assistance and CalWORKs) applicants and recipients, because cash aid payments under these programs follow the CalWORKs regulations.

CALFRESH IMPACT

At the time the CalWORKs grant is recalculated, as always, the CalFresh benefits shall be adjusted using the actual CalWORKs grant the household receives for the remainder of the certification period. The household must be given timely notification of any resulting CalFresh benefit decrease prior to benefits being adjusted. CalFresh does not count supplemental or retroactive payments as income, since they are non-recurring lump sums. Therefore, no CalFresh overissuance is to be established for households whose CalWORKs grant could not be adjusted by October 1, 2013, and received a supplemental payment.

FORMS, NOA (aka NA) BUDGETS, AND NOA MESSAGES

The following forms, NA budgets, and NOA messages have been revised to reflect the EID change. There are two forms categories included in this letter:

Required Form-Substitute Permitted

Forms in this category are required forms for which modifications or substitutions with prior CDSS approval are permitted. The CWDs may modify the forms to add or obtain information that does not (a) conflict with program policy/regulations, or (b) change the legal content of the form. Under most circumstances, rewording the content of a form in this category will not be approved. However, such suggestions for language improvement will be considered in future revisions.

Recommended Form

Forms in this category may be modified without prior approval from CDSS. The CWDs may also choose not to use the form. When making modifications, CWDs should pay close attention to readability of the content to ensure that it is understandable by the target audience. The CWDs may wish to consider using the same or similar standards used for NOAs, one of which is to use language that is at the 6th grade reading level.

More information regarding the form types and modification procedures can be found in the CDSS MPP Section 23-400 located on the CDSS website at <http://www.cdss.ca.gov/ord/entres/getinfo/pdf/opsman3.pdf>.

New and revised forms:

TEMP 2252 - (5/13) State Law Changes the CalWORKs Disregard - Required-Substitutes Permitted - has been revised to inform recipients of the newly reinstated EID amount.

CW 30 - (4/13) CalWORKs Budget Worksheet - Recommended - was created to replace the QR 30 and will calculate the countable income and grant amount for the semi-annual

and annual reporting cycles. The CWDs can begin using the CW 30 for training purposes before October 1, 2013.

CW 2166 - (5/13) Work Pays Notice - Multilingual - Recommended - has been revised to reflect the newly reinstated EID amount. The form shows CalWORKs applicants and recipients the advantages of working and how the new EID allows them to keep more of their income.

New and revised NA Budgets:

NA 200 - (4/13) Notice of Action - Multipurpose - Required-Substitutes Permitted - has been revised to reflect the newly reinstated EID amount.

NA 271 - (5/13) Continuation Page - Family Income Computations - Cash Aid - Required-Substitutes Permitted - has been revised to reflect the newly reinstated EID amount.

NA 274G - (5/13) Continuation Page - Overpayment Computations - Required-Substitutes Permitted - was created for calculating overpayments beginning October 1, 2013. This new NA budget includes the revised EID for calculating cash aid as a result of SB 1041 and will be used to calculate all overpayments occurring on or after October 1, 2013.

NA 281B - (5/13) Continuation Page - (Underpayment Computations) - Required-Substitutes Permitted - was created for calculating underpayments beginning October 1, 2013. This new NA budget includes the revised EID for calculating cash aid as a result of SB 1041 and will be used to calculate all underpayments occurring on or after October 1, 2013.

NA 300 - (4/13) Continuation Page - Recipient Financial Eligibility Test - Required-Substitutes Permitted - has been revised to reflect the newly reinstated EID amount.

NA 531 - (4/13) Continuation Page - 48 Month Time Limit Reached - Required-Substitutes Permitted - has been revised to reflect the newly reinstated EID amount.

NA 532 - (4/13) Continuation Page - 48 Month Time Limit Discontinue - Required-Substitutes Permitted - has been revised to reflect the newly reinstated EID amount.

NA 1239 SAR - (10/12) Continuation Page - was released with the newly reinstated EID amount in ACL 12-59 and is not included in this letter. This form replaces the NA 1239 AR and will be used for both Semi-Annual and Annual Reporting effective October 1, 2013.

New NOA message:

TEMP 44-111C - (4/13) - Income Disregards - Change - Required-Substitutes Permitted - was created to inform recipients of an increase to their grant due to the EID increase.

CAMERA READY COPIES AND TRANSLATIONS

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

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

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

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115. This ACL and other CDSS Letters and Notices are available on the internet at: <http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

CONTACTS

If you have questions or need additional information regarding this ACL, please contact the following CDSS representatives:

CalWORKs Eligibility County Consultant	(916) 654-1322
CalFresh County Consultant	(916) 645-1896
Refugee Programs Bureau	(916) 654-4356

Sincerely,

Original signed by

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachments

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA 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.

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

1. Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) . . \$ _____
5. \$225 DBI Disregard (if #4 is greater than \$225) - _____
6. Nonexempt Unearned Disability-Based Income = _____
- OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) . . + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$225 (from #7) - _____
11. Subtotal = _____
12. Earned Income Disregard 50%. - _____
13. Subtotal = _____
14. Nonexempt Unearned Disability-Based Income (from #6) + _____
15. Subtotal = _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____

Net Countable Income = _____

Section B. Your Cash Aid, Month of _____

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 (above) - _____
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. Line 8 Prorated for Part of Month = _____
10. Adjustments: 25% Child Support Penalty(ies) - _____
 - Other Penalties - _____
 - Overpayment - _____
 - Cal-Learn Penalties - _____
 - School Bonus (\$100 or \$500) + _____
11. **Monthly Cash Aid Amount** (Line 8 or 9 Adjusted) \$ _____

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office: MPP 44-100; 44-314; 44-315; SB 1041 (Chapter 47, Statutes of 2012).

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (Food Stamps), or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh (Food Stamps) will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh (Food Stamps) or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid CalFresh (Food Stamps)
 Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid CalFresh (Food Stamps) Medi-Cal

Other (list) _____

Here's Why: _____

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

RECIPIENT - FINANCIAL ELIGIBILITY TESTS

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

You are ineligible because your **Total Net Countable Income** (#18) is more than your **Maximum Aid Payment** (#20).

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

1. Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI)
(Assistance Unit + Non-Assistance Unit Members) . . \$ _____
5. \$225 DBI Disregard (if #4 is greater than \$225) - _____
6. Nonexempt Unearned Disability-Based Income = _____
- OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) . . + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$225 (from #7) - _____
11. Subtotal = _____
12. Earned Income Disregard 50%. - _____
13. Subtotal = _____
14. Nonexempt Unearned Disability-Based Income
(from #6) + _____
15. Subtotal = _____
16. Other Nonexempt Income (Assistance Unit +
Non-Assistance Unit Members) + _____
17. Child Support collected by the County, Except for Maximum
Family Grant child (for financial eligibility only) + _____
18. **Total Net Countable Income** = _____
19. **Maximum Aid Payment**
Maximum Aid for _____ Persons (Assistance Unit +
Non-Assistance Unit Members) \$ _____
Special Needs (Assistance Unit + Non-Assistance Unit
Members) + _____
20. **Maximum Aid Payment** = _____

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.2, SB 1041 (Chapter 47, Statutes of 2012).

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (Food Stamps), or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh (Food Stamps) will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh (Food Stamps) or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid CalFresh (Food Stamps)
 Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

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OR

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To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid CalFresh (Food Stamps) Medi-Cal

Other (list) _____

Here's Why: _____

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

STATE LAW CHANGES THE CALWORKS EARNED INCOME DISREGARD

As of October 1, 2013, there are new rules in the CalWORKs program that may change your cash aid. When your grant is calculated, the amount you get is based on your household size and any income that you may have. The law allows for certain income to not be counted against your cash aid (income disregards). The new law changes the Earned Income Disregard (EID). These changes could mean that your CalWORKs cash aid may increase as of the first month of your next payment period.

In some cases, voluntarily reported changes may result in an increase in benefits for one program, while decreasing benefits for the other program. For example, an increase in CalWORKs could result in a decrease in CalFresh benefits.

The new way to calculate your CalWORKs cash aid will be:

- ✧ If your family gets more than \$225 a month of Disability-Based Unearned Income (DBI), only \$225 will be disregarded. (DBI can be Social Security disability, workers compensation, state disability benefits, etc.). The DBI over \$225 will be subtracted from your grant amount.
- ✧ If your family gets \$225 or less a month of DBI, none of the DBI will count when figuring your cash aid payment.
- ✧ If you also have earned income, any amount of the \$225 DBI disregard remaining, will not be counted as income when your cash aid is calculated.
- ✧ In addition, 50% of any remaining earned income will also be disregarded.
- ✧ The remainder is your net countable income. This is the amount that will be used to figure your grant.

Below is an example of how cash aid is currently calculated in an Assistance Unit (AU) with only earned income.

A family with a mother and two children has gross earned income of \$800 per month. The family lives in Region 1.

This example uses the current \$112 EID:

\$800	Gross earned income
<u>- 112</u>	EID
\$688	Subtotal
<u>- 344</u>	50 percent of EID
\$344	Total countable income

\$638	Maximum Aid Payment (Family of 3 in Region 1)
<u>- 344</u>	Total countable Income
\$294	Monthly grant amount

This is the same example using the higher \$225 EID:

\$800	Gross earned income
<u>- 225</u>	EID
\$575	Subtotal
<u>- 287.50</u>	50 percent of EID
\$287	*Total countable income

\$638	Maximum Aid Payment (Family of 3 in Region 1)
<u>- 287</u>	Total countable Income
\$351	Monthly grant amount

Below is an example of how cash aid will be calculated in an AU with Disability-Based Income:

A family with a mother and two children has gross earned income of \$800 per month. Each child gets \$100 in disability benefits based on the absent parent's disability claim.

\$200	Disability-Based Unearned Income (DBI)
<u>- 225</u>	EID
(\$-25)	Unused DBI disregard

\$800	Gross earned income
<u>- 25</u>	Unused DBI disregard (from above)
\$775	Subtotal
<u>- 387.50</u>	50 percent of EID
\$387	*Total countable income

\$638	Maximum Aid Payment (Family of 3 in Region 1)
<u>- 387</u>	Total countable Income
\$251	Monthly grant amount

* Total countable income is rounded down to whole dollar amounts.

These changes also apply to Refugee Cash Assistance, Entrant Cash Assistance, and Trafficking and Crime Victims Assistance (TCVAP cash assistance and TCVAP CalWORKs) recipients, since cash aid payments under these programs are based on CalWORKs amounts.

You will get a Notice of Action (NOA) showing how this grant increase was made. If you also get CalFresh, you may get less CalFresh benefits because of the grant increase. If so, you will get a separate notice informing you of your new CalFresh amount.

NOTICE OF ACTION

(Continued)

COUNTY OF _____

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

Notice Date _____
Case Name _____
Number _____

FAMILY'S INCOME

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

1. Total Self-Employment Income \$ _____
 2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
 3. Net Earnings from Self-Employment = _____
 4. Total Disability-Based Unearned Income (DBI)
(Assistance Unit + Non-Assistance Unit Members) .. \$ _____
 5. \$225 DBI Disregard (if #4 is greater than \$225) - _____
 6. Nonexempt Unearned Disability-Based Income = _____
 - OR
 7. Unused DBI Disregard = _____
 8. Net Earnings from Self-Employment (from above) .. + _____
 9. Total Other Earned Income + _____
 10. Unused Amount of \$225 (from #7) - _____
 11. Subtotal = _____
 12. Earned Income Disregard 50% - _____
 13. Subtotal = _____
 14. Nonexempt Unearned Disability-Based Income
(from #6) + _____
 15. Subtotal = _____
 16. Other Nonexempt Income (Assistance Unit + Non-
Assistance Unit Members) + _____
- Net Countable Income** = _____

Section B. Your Cash Aid, Month of _____

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 (above) - _____
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. Line 8 Prorated for Part of Month = _____
10. Adjustments: 25% Child Support Penalty(ies) - _____
 - Other Penalties - _____
 - Overpayment - _____
 - Cal-Learn Penalties - _____
 - School Bonus (\$100 or \$500) + _____
11. **Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted) \$ _____

Rules: These rules apply; you may review them at your welfare office: MPP 44-100; 44-314; 44-315, SB 1041 (Chapter 47, Statutes of 2012).

NOTICE OF ACTION 48-MONTH TIME LIMIT (Continued)

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____

ADULT REACHED CalWORKS 48-MONTH TIME LIMIT

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

1. Self-Employment Income \$ _____
 2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
 3. Net Earnings from Self-Employment = _____
 4. Total Disability-Based Unearned Income (DBI)
(Assistance Unit + Non-Assistance Unit Members) . . \$ _____
 5. \$225 DBI Disregard (if #4 is greater than \$225) - _____
 6. Nonexempt Unearned Disability-Based Income = _____
 - OR
 7. Unused DBI Disregard = _____
 8. Net Earnings from Self-Employment (from above) . . + _____
 9. Total Other Earned Income + _____
 10. Unused Amount of \$225 (from #7) - _____
 11. Subtotal = _____
 12. Earned Income Disregard 50%. - _____
 13. Subtotal = _____
 14. Nonexempt Unearned Disability-Based Income
(from #6) + _____
 15. Subtotal = _____
 16. Other Nonexempt Income (Assistance Unit + Non-
Assistance Unit Members) + _____
- Net Countable Income** = _____

Section B. Your Cash Aid, Month of _____

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 (above) - _____
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. Line 8 Prorated for Part of Month = _____
10. Adjustments: 25% Child Support Penalty(ies) - _____
 - Other Penalties - _____
 - Overpayment - _____
 - Cal-Learn Penalties - _____
 - School Bonus (\$100 or \$500) + _____
11. **Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted) \$ _____

EXEMPT MONTHS

The following _____ months did not count toward your CalWORKs
48-month time limit:

Year _____ - Jan Feb Mar Apr May June
July Aug Sept Oct Nov Dec

Year _____ - Jan Feb Mar Apr May June
July Aug Sept Oct Nov Dec

CalWORKs BUDGET WORKSHEET

Use the worksheet on the back of the CW 30 to calculate income for the payment period.

CASE NAME: _____		CASE NUMBER: _____		SECTION B: GRANT COMPUTATION	
DATA MONTH _____		PAYMENT PERIOD _____		18. Maximum Aid Payment for _____ Family Member (A & C). \$	
<input type="checkbox"/> STANDARD MAP		<input type="checkbox"/> EXEMPT MAP		a. Net nonexempt income (enter amount from line 11 or 15). -	
WORKER NAME: _____				b. Special needs other than HA, (A, C, D) +	
WORKER #: _____		DATE: _____		c. Potential Grant \$	
NAME	<i>Check (✓) One</i>				
	(A) AU (non MFG and non-penalized)	(B) Penalized AU	(C) non-AU (if income, counted or intellig. non citizen)	(D) MFG	(E) SANCTIONED
SELF-EMPLOYMENT INCOME CALCULATION					
EARNINGS FROM SELF-EMPLOYMENT		PERSON 1	PERSON 2	19. Maximum Aid Payment for _____ persons. (A) \$	
Gross earnings from self employment		\$	\$	a. Special Need other than HA (A & D). +	
Expenses				b. Subtotal \$	
<input type="checkbox"/> Actual <input type="checkbox"/> 40%		-	-	c. Aid Payment (lesser of 18c or 19b). \$	
Net self-employment income (Include in Section a, line 4)		\$	\$	20. Proration figure	
				Date: _____ X	
SECTION A: RECIPIENT FINANCIAL ELIGIBILITY AND NET NON-EXEMPT INCOME COMPUTATION					
1. Total disability-based unearned income of A, B, C, D, E.		\$		21. Prorated Aid Payment \$	
2. Minus \$225 disability-based income disregard.		-225		22. Other adjustments imposed upon the AU:	
3. Subtotal nonexempt disability-based income. (If positive amount, enter amount on line 9. If negative amount, enter amount on line 5).		=		a. Child Support non-co-op (25% of Aid Payment) -	
4. Gross averaged earned income of A, B, C, D, E. (From income worksheet)		\$		b. Overpayment adjustment -	
5. Remainder of \$225 income disregard, if any. (Enter negative amount from line 3).		-		c. Cal-Learn penalties -	
6. Subtotal earned income (line 4 minus line 5).		=		d. Cal-Learn bonus +	
7. 50% earned income disregard. (Total on line 6 divided by 2).		-		23. Adjusted Aid Payment \$	
8. Subtotal net nonexempt earned income. (Line 6 minus line 7).		=		SECTION C: BUDGET RECOMPUTATION	
9. Nonexempt disability-based unearned income. (Enter positive amount from line 3).		+		24. Actual Cash Aid Paid \$	
10. Other nonexempt income of A, B, C, D, E including child/spousal support for C, E (but not A, B, D).		+		a. Adjusted Aid Payment (amount from line 23). \$	
11. Total net nonexempt income for grant computation (line 8 + 9 + 10)		=		b. Subtotal =	
12. Child/Spousal support for A, B, (not C, D, E).		\$		25. Overpayment Amount (line 24b) \$	
13. Minus child/spousal support disregard (up to \$50 per AU).		-		26. Underpayment if line 23 is greater than line 24. \$	
14. Total countable child/spousal support		=			
15. Total net nonexempt income for recipient test (line 11 + 14).		=			
16. MAP for A & C + special needs for A, C, D.		\$			
17. Family meets recipient test (if line 15 is less than line 16). If Yes, continue with grant computation.		<input type="checkbox"/> Yes <input type="checkbox"/> No			

CW INCOME WORKSHEET

MONTH OF: _____

CASE NAME:	CASE NUMBER:
------------	--------------

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY**	CONVERSION FACTOR ***	MONTHLY AMOUNT	INCOME IN KIND ****	TOTALS

- * Deduct either 40% or Actual expenses
- ** Divide by number of payments in the month
- *** BI-Weekly = x 2.167, Weekly = x 4.33
- **** See MPP 44-115

MONTHLY INCOME:

	MONTH OF	MONTHLY GROSS INCOME*
DBI		DBI =
U		U =
E		E =

*Apply the disregards to each type of monthly gross income to calculate the total net, non-exempt income for the month. Use that amount to calculate the grant for each month of the payment period unless a change in actual or anticipated income is reported.

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

Overpayment Amount Owed
(For Overpayments Occurring on or after 10-1-2013)

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

Overpayment Month and Year

Section A. Countable Income, Month of _____

1. Total Self-Employment Income	.....	\$	_____	_____	_____	_____
2. Self-Employment Expenses:						
a. 40% Standard	.....	-	_____	_____	_____	_____
OR						
b. Actual	.....	-	_____	_____	_____	_____
3. Net Earnings from Self-Employment	.....	=	_____	_____	_____	_____
4. Total Disability-Based Unearned Income (DBI)						
(Assistance Unit + Non-Assistance Unit Members)	..	\$	_____	_____	_____	_____
5. \$225 DBI Disregard (if #4 is greater than \$225)	....	-	_____	_____	_____	_____
6. Nonexempt Unearned Disability-Based Income	....	=	_____	_____	_____	_____
OR						
7. Unused DBI Disregard	.....	=	_____	_____	_____	_____
8. Net Earnings from Self-Employment (from above)	..	+	_____	_____	_____	_____
9. Total Other Earned Income	.....	+	_____	_____	_____	_____
10. Unused Amount of \$225 (from #7)	.....	-	_____	_____	_____	_____
11. Subtotal	.....	=	_____	_____	_____	_____
12. Earned Income Disregard 50%	.....	-	_____	_____	_____	_____
13. Subtotal	.....	=	_____	_____	_____	_____
14. Nonexempt Unearned Disability-Based Income						
(from #6)	.....	+	_____	_____	_____	_____
15. Subtotal	.....	=	_____	_____	_____	_____
16. Other Nonexempt Income (Assistance Unit + Non-						
Assistance Unit Members)	.....	+	_____	_____	_____	_____
Net Countable Income	.....	=	_____	_____	_____	_____

Section B. Your Cash Aid, Month of _____

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 (above)	.....	-	_____	_____	_____	_____
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. Line 8 Prorated for Part of Month	.....	=	_____	_____	_____	_____
10. Adjustments: 25% Child Support Penalty(ies)	.....	-	_____	_____	_____	_____
Other Penalties	.....	-	_____	_____	_____	_____
Overpayment	.....	-	_____	_____	_____	_____
Cal-Learn Penalties	.....	-	_____	_____	_____	_____
School Bonus (\$100 or \$500)	.....	+	_____	_____	_____	_____
11. Monthly Cash Aid Amount						
(Line 8 or 9 Adjusted)	.....	\$	_____	_____	_____	_____
12. Overpayment						
Cash Aid Paid to You	.....	\$	_____	_____	_____	_____
Correct Cash Aid Amount with						
Adjustments	.....	-	_____	_____	_____	_____
Subtotal	.....	=	_____	_____	_____	_____
13. Cash Aid Paid to You	.....	\$	_____	_____	_____	_____
Support Payments Collected for You	.....	-	_____	_____	_____	_____
Subtotal	.....	=	_____	_____	_____	_____
14. Amount of Overpayment for Each Month						
(Lesser of Subtotal 12 or 13)	.....	=	_____	_____	_____	_____

TOTAL OVERPAYMENT (All Months) \$ _____

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

Rules: These rules apply; you may review them at your
Welfare Office: MPP 44-352, SB 1041 (Chapter 47, Statutes of 2012).

NOTICE OF ACTION 48-MONTH TIME LIMIT (Continued)

COUNTY OF _____

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

Notice Date : _____
Case Name : _____
Number : _____

ADULT REACHED CalWORKS 48-MONTH TIME LIMIT - DISCONTINUE

Section A. Net Countable Income

1. Total Business Income \$ _____
 2. Business Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
 3. Net Earnings from Self-Employment = _____
 4. Total Disability-Based Unearned Income (DBI)
(Assistance Unit + Non-Assistance Unit Members) . . \$ _____
 5. \$225 DBI Disregard (if #4 is greater than \$225) - _____
 6. Nonexempt Unearned Disability-Based Income = _____
 - OR
 7. Unused DBI Disregard = _____
 8. Net Earnings from Self-Employment (from above) . . + _____
 9. Total Other Earned Income + _____
 10. Unused Amount of \$225 (from #7) - _____
 11. Subtotal = _____
 12. Earned Income Disregard 50%. - _____
 13. Subtotal = _____
 14. Nonexempt Unearned Disability-Based Income
(from #6) + _____
 15. Subtotal = _____
 16. Other Nonexempt Income (Assistance Unit + Non-
Assistance Unit Members) + _____
 17. Child Support collected by County, except for
Maximum Family Grant child
(for financial eligibility only) + _____
- Section B. Net Countable Income** = _____

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 (above) - _____
4. Maximum Aid Payment = _____

EXEMPT MONTHS

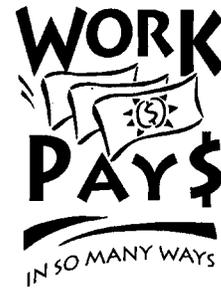
The following _____ months did not count toward your CalWORKS
48-month time limit:

Year _____ -	Jan	Feb	Mar	Apr	May	June
	July	Aug	Sept	Oct	Nov	Dec
Year _____ -	Jan	Feb	Mar	Apr	May	June
	July	Aug	Sept	Oct	Nov	Dec

WORK REALLY PAYS! HERE'S HOW:

You can work and still get CalWORKs cash aid as long as you are low income and remain eligible. When you add your earnings to your cash aid, you will have more \$\$\$ for your family. Work also:

- Develops your job skills, and helps you get a better job.
- Builds a better life for you and your family.
- Gives you personal satisfaction.
- Builds your self-esteem.



HERE IS AN EXAMPLE OF HOW WORK PAYS FOR MARY AND HER TWO CHILDREN (REGION 1):
Mary works 32 hours a week for \$8.00 an hour.

FIGURE YOUR EARNINGS AND CASH AID:

Step 1 We figure Mary's weekly gross earnings:
\$8.00 x 32 hours = \$256 Weekly Earnings

Step 2 We figure Mary's monthly gross earnings:
\$256 x 4.33 weeks = \$1108.48 Monthly Gross Earnings (4.33 is the average number of weeks per month)

Step 3 We figure Mary's monthly countable earnings:

Mary's Monthly Gross Earnings	\$ 1108.48
Less \$225 Earned Income Deduction (EID)	- 225.00
Balance	883.48
Less 50% (half) of Balance	- 441.74
Equals Countable Earnings	\$ 441.00*

Step 4 We figure Mary's cash grant:

Non-exempt Maximum Aid Payment (MAP) for 3 (Region 1)	\$ 638.00
Less Mary's Countable Earnings	- 441.00
Equals Cash Grant	\$ 197.00

Step 5 We figure Mary's total monthly income:

Monthly Gross Earnings	\$ 1108.00*
Plus Cash Grant	+ 197.00
Equals Total Gross Income	\$ 1305.00

Step 1 Figure your weekly gross earnings:
Your hourly wage \$ _____ x your weekly hours of work _____ = your Weekly Gross Earnings \$ _____.

Step 2 Figure your monthly gross earnings:
Your Weekly Gross Earnings \$ _____ x 4.33 weeks = your Monthly Gross Earnings \$ _____.

Step 3 Figure your monthly countable earnings:

Your Monthly Gross Earnings (from Step 2)	\$ <input type="text"/>
Less \$225 Deduction	- 225.00
Balance	\$ <input type="text"/>
Less 50% (half) of Balance	- <input type="text"/>
Equals Countable Earnings	\$ <input type="text"/>

Step 4 Figure your cash grant:

Non-exempt Maximum Aid Payment (MAP) for a family your size	\$ <input type="text"/>
Less your Countable Earnings (from step 3)	- <input type="text"/>
Equals Cash Grant	\$ <input type="text"/>

Step 5 Figure your total monthly income:

Monthly Gross Earnings (from step 2)	\$ <input type="text"/>
Plus Cash Grant (from step 4)	+ <input type="text"/>
Equals Total Gross Income	\$ <input type="text"/>

*Countable income is rounded down to whole dollar amounts.

• For a translation of this notice, ask your worker.

若需本通知的翻譯本，請和你的工作人員聯絡。
(Chinese)

Si no puede leer este documento, pídale ayuda a su trabajador.
(Spanish)

Для перевода этого извещения обратитесь к работнику.
(Russian)

Để có bản dịch của thông báo này, xin liên lạc với nhân viên phụ trách hồ sơ của quý vị.
(Vietnamese)

TURN PAGE OVER FOR FACTS ABOUT OTHER BENEFITS YOU CAN GET FROM WORKING

WORK PAYS IN SO MANY OTHER WAYS

SUPPORTIVE SERVICES

While in CalWORKs, you and the county will agree on goals and activities to help you get a job and support your family without cash aid. You have the right to available supportive services you need to do the activities and assignments. This can be transportation, child care, ancillary costs (fees, uniforms, supplies, etc.), and counseling services to help with the transition to work. You may be able to get some of these supportive services paid for in advance.

CHILD CARE

CalWORKs can pay for part of all or your child care. You can get paid child care while you look for a job, work, or take part in other approved CalWORKs activities, such as training or county meetings. Your child care will be paid to the eligible child care provider that you choose.

If you are looking for work, working, in a training program, or taking part in a county approved activity, you can get paid child care for the entire time you are on cash aid. After you go off cash aid, you can keep getting child care for up to 24 months, as long as you are below a certain income level.

After you have received 24 months of child care, you may continue to get child care if funding is available and your family remains eligible. The county or the local Alternative Payment Program agency will help you to find additional services.

JOB RETENTION SERVICES

Some counties provide job retention services for eligible former recipients, as part of the CalWORKs program. Job retention services can be case management, transportation, or other services that help you keep a job or get a better job. Ask your worker what services your county can give you. Months you get job retention services do not count against the California 48-month time limit, and do not count against the Federal limit as long as you are employed.

You may get job retention services for up to 12 months IF:

- You got CalWORKs AND
- You went off cash aid because you got a job OR
- You went off cash aid and you got a job within 12 months.

HEALTH COVERAGE IS IMPORTANT FOR YOU AND YOUR FAMILY

Your health coverage may continue when your CalWORKs cash aid stops.

- Depending on the reason your cash aid stops, you and your child(ren) may be eligible for continued no-cost or low-cost health coverage under the Medi-Cal or Healthy Families programs.

EARNED INCOME TAX CREDIT

The federal Earned Income Tax Credit (EITC) is a special tax break for people who work full or part time. This means extra cash in your pocket. Claiming your EITC is easy. Just file your tax return form 1040 or 1040A and Schedule EIC. You can still get an EITC refund even if you do not owe any income tax.

The EITC refund is not counted as income when your CalWORKs cash grant, CalFresh, or Medi-Cal benefits are figured.

You can get the EITC refund going back three years if you filed your income tax but did not claim your EITC. You just need to turn in an amended income tax return. There is no late penalty for those earlier years.

You can get free tax help from Volunteer Income Tax Assistance (VITA) sites. For a VITA site near you, or other tax information, call the IRS at 1-800-829-1040.

Federal and State 48-Month Time limits

As of July 1, 2011, a parent or caretaker relative can only get CalWORKs cash aid for up to a lifetime total of 48 months. Cash aid received from CalWORKs, Tribal TANF and/or from any other state counts toward the 48-month limit.

- There are times when you can get aid past 48-months. These situations allow aid to continue past the time limit, or stop a month of aid from counting toward the time limit. Some of these exceptions are:
 - The limit does not apply to children.
 - A month on cash aid does not count toward the 48-month time limit when the person is:
 - ✓ Age 60 or older.
 - ✓ Exempt from taking part in Welfare-to-Work activities for certain reasons.
 - ✓ Disabled for 30 days or more.
 - ✓ And other reasons your worker can tell you.
- Other states may have different rules for the 48-month time limit.

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

Underpayment Amount Owed
(For Underpayments Occurring on or after 10-1-2013)

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

Underpayment month and year: _____

Monthly Cash Aid Amount _____

Section A. Countable Income, Month of _____

1. Self-Employment Income	.....	\$	_____	_____	_____	_____	_____
2. Self-Employment Expenses:							
a. 40% Standard	.....	-	_____	_____	_____	_____	_____
OR							
b. Actual	.....	-	_____	_____	_____	_____	_____
3. Net Earnings from Self-Employment	.....	=	_____	_____	_____	_____	_____
4. Total Disability-Based Unearned Income (DBI)							
(Assistance Unit + Non-Assistance Unit Members)	.....	\$	_____	_____	_____	_____	_____
5. \$225 DBI Disregard (if #4 is greater than \$225)	.....	-	_____	_____	_____	_____	_____
6. Nonexempt Unearned Disability-Based Income	.....	=	_____	_____	_____	_____	_____
OR							
7. Unused DBI Disregard	.....	=	_____	_____	_____	_____	_____
8. Net Earnings from Self-Employment (from above)	..	+	_____	_____	_____	_____	_____
9. Total Other Earned Income	.....	+	_____	_____	_____	_____	_____
10. Unused Amount of \$225							
(from #7)	.....	-	_____	_____	_____	_____	_____
11. Subtotal	.....	=	_____	_____	_____	_____	_____
12. Earned Income Disregard 50%	.....	-	_____	_____	_____	_____	_____
13. Subtotal	.....	=	_____	_____	_____	_____	_____
14. Nonexempt Unearned Disability-Based Income							
(from #6)	.....	+	_____	_____	_____	_____	_____
15. Subtotal	.....	=	_____	_____	_____	_____	_____
16. Other Nonexempt Income (Assistance Unit + Non-							
Assistance Unit Members)	.....	+	_____	_____	_____	_____	_____
Net Countable Income	.....	=	_____	_____	_____	_____	_____

Section B. Your Cash Aid, Month of _____

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 (above)	.....	-	_____	_____	_____	_____	_____
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. Line 8 Prorated for Part of Month	.....	=	_____	_____	_____	_____	_____
10. Adjustments: 25% Child Support Penalty(ies)	.....	-	_____	_____	_____	_____	_____
Other Penalties	.....	-	_____	_____	_____	_____	_____
Overpayment	.....	-	_____	_____	_____	_____	_____
Cal-Learn Penalties	.....	-	_____	_____	_____	_____	_____
School Bonus (\$100 or \$500)	.....	+	_____	_____	_____	_____	_____
11. Monthly Cash Aid Amount							
(Line 8 or 9 Adjusted)	.....	\$	_____	_____	_____	_____	_____
Underpayment							
Correct Cash Aid Amount	.....	\$	_____	_____	_____	_____	_____
Cash Aid Paid To You	.....	-	_____	_____	_____	_____	_____
Subtotal	.....	=	_____	_____	_____	_____	_____
Amount of Underpayment for Each Month	.....	=	_____	_____	_____	_____	_____

TOTAL UNDERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-340, SB 1041 (Chapter 47, Statutes of 2012).

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.