

If you have questions regarding this notice and/or the CA 40 form, you may contact Donna Morgan of the AFDC Policy Implementation Bureau at (916) 654-5709 or CALNET 464-5709.

Sincerely,

A handwritten signature in black ink that reads "Bruce Wagstaff". The signature is written in a cursive style with a large, stylized initial "B".

BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

c: CWDA

Attachment

REVISIONS MADE TO THE RISP, CA 40 (9/96) FORM:

Changes in the recipient section include:

- A new second bullet is added stating "You can only get extra money if your income dropped or stopped and **not** for other reasons such as **birth of a child, clothing** needs for children returning to school or you need to **move**."
- The bullet stating "You can get only one extra payment per month" is deleted.
- "CASE NUMBER" and "WORKER NAME/NUMBER" are moved to the "COUNTY USE ONLY" section.
- Numbers 2 through 4 in the left column are rearranged and renumbered.
- Number 4, left column, is reformatted and repeats the statement "Apply only in the month that your income dropped or stopped, not the month before or after." "We want extra money" is revised to state "This money is for the month of," and asks client to "List expected income and expenses for that month: (*Do not list your grant amount*)."
- Certification Section, in signature area, "ADDRESS" line is changed to "PHONE" and "MESSAGE PHONE."

Changes in the "COUNTY USE ONLY" section include:

- "CASE NUMBER/WORKER NAME/NUMBER" is moved to this section.
- A line to show "ACTUAL GRANT AMOUNT (RISP Month)" is added.
- "Note" is relocated from under A1 to directly above Section A and is revised to state "If disregards were not allowed due to late CA 7/SAWS 7 or job quit without good cause in the computation of grant issued for RISP month, refigure grant allowing them in Sections A and B. Otherwise, skip to C1 using actual grant amount in D1." If CA 7/SAWS 7 was timely and there was no job quit without good cause, the worker is instructed to skip Sections A and B.

Section A is revised:

- Items 2-3 Additional lines for computation of disregard subtotals are added.
- Item 8 The phrase "Child/Spousal" is added to "Court Ordered Support Paid."
- Item 9 A line for the calculation of "Unmet needs of ineligible alien child(ren)" is added.

Section D is revised:

- Item 1 Parenthetical information now reads "Grant Amount (Use B6) or actual grant."
- Item 2 A new line for the calculation of "O/P adjustment (if used in actual grant computation)" is added.
- Item 3 New line for the calculation of "Special Need (if used in actual grant computation)" is added.

AFDC - REDUCED INCOME SUPPLEMENTAL PAYMENT REQUEST

YOU MAY GET EXTRA MONEY IF THE COUNTY IS COUNTING INCOME AGAINST YOUR CASH AID AND THAT INCOME HAS DROPPED OR STOPPED.

- You must use this form to ask for the extra money.
- You can only get extra money if your income dropped or stopped and **not** for other reasons such as **birth of a child, clothing needs for children returning to school, or you need to move.**
- You must apply in the month that you need the extra money, not before or after.
- You must complete and return a separate form during each month that the county is counting income that has dropped or stopped against your Cash Aid.
- If you get extra money, your food stamp benefits may be affected.

The county must determine your eligibility for extra money within 7 working days after the date this completed form is received. If you don't need the form this month, keep it for later.

Questions? Ask your worker.

Worker Name: _____

Phone: _____

1. Complete the following:

CASE NAME	YOUR SOCIAL SECURITY NUMBER
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2. Explain about the income that dropped or stopped. Complete below:

What Income Changed?	When?	Why Did It Change?

3. Attach proof of the change in income (Job Termination Notice, SSA/DIB/UIB Notices, Statements, etc.) If you have no proof, list the employer or agency that can be contacted:

EMPLOYER/AGENCY	PHONE
ADDRESS	

4. Apply only in the month that income dropped or stopped, not the month before or after. This money is for the month of _____. List expected income and expenses for that month: *(Do not list your grant amount)*

• INCOME		• EXPENSES	
Gross Earnings	\$ _____	Dependent Care Cost	\$ _____
Other Income	\$ _____	Child/Spousal Support Cost	\$ _____

List Source: _____

CERTIFICATION

- I understand that the statements I have made on this form are subject to investigation and verification including contacting the above named person, employer or agency.
- I further declare under penalty of perjury under the laws of the United States of America and the State of California that the statements I have given on this form are true and correct to the best of my knowledge.
- I authorize the county to obtain any verification of income and circumstances necessary to process this request. This authorization is valid for 30 days from the date signed.

SIGNATURE _____ DATE SIGNED _____

SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT _____ DATE SIGNED _____

PHONE _____ MESSAGE PHONE _____

COUNTY USE ONLY

DATE POSTMARKED _____ SUPPLEMENTAL MONTH _____

CASE NUMBER/WORKER NAME/NUMBER _____

ACTUAL GRANT AMOUNT (RISP Month) \$ _____

Note: If disregards were not allowed due to late CA 7/SAWS 7 or job quit without good cause in the computation of grant issued for RISP month, refigure grant allowing them in Sections A and B. Otherwise, skip to C1 using actual grant amount in D1.

A. RISP MONTH NET EARNINGS RECOMPUTATION

1. Gross Earnings	\$ _____
2. W/E Disregard	- _____
3. Disregard \$30	- _____
4. Subtotal	= _____
5. Disregard 1/3 of A4	- _____
6. Subtotal	= _____
7. Dep. Care Disregard	- _____
8. Court Ordered Child/ Spousal Support Paid	- _____
9. Unmet needs of ineligible alien child(ren)	- _____
10. Net Earnings	\$ _____

B. RISP MONTH GRANT AMOUNT RECOMPUTATION

1. MBSAC (exclude special needs)	\$ _____
2. Net Earnings from Budget Month (A10)	- _____
3. Other Countable Income from Budget Month	- _____
4. Potential Grant	= _____
5. MAP (exclude special needs)	\$ _____
6. Grant Amount (lesser of B4 or B5) (With no overpayment adjustment)	\$ _____

C. RISP MONTH ESTIMATED EARNINGS

1. Gross Earnings	\$ _____
2. W/E Disregard	- _____
3. Dep. Care Disregard	- _____
4. Net Available Earned Income	\$ _____

D. RISP MONTH AVAILABLE INCOME

1. Grant Amount (Use B6 or actual grant)	\$ _____
2. O/P adjustment (if used in actual grant computation)	+ _____
3. Special Need (if used in actual grant computation)	- _____
4. Net Available Earned Income (Item C4)	+ _____
5. Other Estimated Countable Income	+ _____
6. Child/Spousal Support Disregard	+ _____
7. Court Ordered Support Paid	- _____
8. Total Available Income	\$ _____

E. RISP PAYMENT

1. 80% of MAP	\$ _____
2. Total Available Income (Item D8)	- _____
3. RISP Payment	\$ _____

APPROVED DENIED

EW SIGNATURE _____ DATE _____

On this form, disclosure of your Social Security Number (SSN) is voluntary. The SSN will be used to identify you and your records. If we cannot identify you, you may not get any extra money.

FORM INSTRUCTIONS FOR THE ELIGIBILITY WORKER

AFDC - REDUCED INCOME SUPPLEMENTAL PAYMENT (CA 40) RISP
(MPP 44-402.1 through 44.402.6)

Purpose

The CA 40 is used to gather enough information from the AFDC recipient to be able to make a RISP determination. It also serves to document the RISP computation in the County Use Only section.

Preparation

The recipient must complete the CA 40 in the month that their income drops or stops by completing the identifying information in Question #1 and the remaining questions through #4. The recipient is required to read the certification section and sign under penalty of perjury that their statements are true and correct.

Computation of the RISP Payment - County Use Only

A line has been provided at the top of this Section to enter the grant amount originally calculated for the RISP month.

Note: If the Work Expense Disregard, the \$30 Disregard, the 1/3 Disregard, and the Dependent Care Disregard were not allowed due to late submittal of the CA7/SAWS 7 or job quit without good cause when the grant was computed, refigure grant allowing these deductions in Sections A and B. Otherwise, skip to Item C1 and use actual grant amount in Item D1.

A. RISP Month Net Earnings Recomputation

Enter:

1. The Gross Earnings received in the Budget Month.
2. The Work Expense Disregard.
3. The \$30 Disregard amount.
4. The Subtotal.
5. The 1/3 Disregard amount.
6. The Subtotal.
7. The Dependent Care Disregard amount.
8. The Court Ordered Child Spousal/Support Paid.
9. The Unmet needs of ineligible alien child(ren) amount.
10. The Net Earnings computed from the Budget Month.

B. RISP Month Grant Amount Recomputation

Enter:

1. The MBSAC amount for the RISP Month excluding any special needs amounts (ie: recurring and non-recurring special needs and the pregnancy special need).
2. Net Earnings from Item A10.
3. Other Countable Income such as UIB, Social Security Benefits, disability payments, etc., from the Budget Month.
4. The Potential Grant.
5. MAP (exclude any special need amounts).
6. The Grant Amount for the RISP Month (Lesser of Items B4 or B5, with no overpayment adjustment).

C. RISP Month Estimated Earnings

Enter:

1. The Gross Estimated Earned Income for the RISP Month.
2. The Work Expense Disregard.
3. The Dependent Care Disregard.
4. The Net Available Earned Income estimated for the RISP month.

D. RISP Month Available Income

Enter:

1. The payment Month Grant Amount. If Sections A and B were completed use Item B6; if Sections A and B were skipped use actual grant amount.
2. If overpayment adjustment was used in calculation of actual cash grant, it should be added to the grant amount on this line.
3. If special needs were used in calculation of actual cash grant, they should be subtracted on this line.
4. The payment month Net Available Earned Income from Item C4.
5. Other Estimated Countable Income received or expected to be received in the RISP Month.
6. Child/Spousal Support Disregards. This includes the amount disregarded from direct child/spousal support payments received or expected to be received by the recipient and/or support disregard payments received or expected to be received from the CWD in the RISP Month.
7. Court Ordered Support Paid.
8. Total Available Income received and/or expected in the RISP month.

E. RISP Payment

Enter:

1. 80% of MAP in the RISP Month excluding any special need amounts.
2. Total Available Income from Item D8.
3. RISP eligible payment amount.

IMPORTANT INFORMATION

COURT ORDERED CHILD/SPOUSAL SUPPORT PAID BY THE RECIPIENT

The amount of court ordered support payments paid shall be deducted in the RISP Month recomputation and also in the RISP Month Available Income section. The amount of the support deduction and the period of time over which it is allowed as a deduction shall be made in accordance with MPP Section 44-113-9.