



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

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EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

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

June 23, 2011

ALL COUNTY LETTER NO. 11-40

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CALWORKS PROGRAM SPECIALISTS
 ALL COUNTY CHILD CARE COORDINATORS
 ALL COUNTY REFUGEE COORDINATORS
 ALL COUNTY CALFRESH SPECIALISTS
 ALL COUNTY WELFARE-TO-WORK COORDINATORS
 ALL COUNTY CONSORTIUM PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): NEW AND REVISED NOTICES OF ACTION (NOA), MESSAGES AND FORMS REGARDING THE NEW 48-MONTH TIME LIMIT FOR CalWORKs ADULTS AND INCOME DISREGARDS INSTITUTED BY SENATE BILL (SB) 72 (CHAPTER 8, STATUTES OF 2011)

REFERENCE: WELFARE & INSTITUTIONS (W&I) CODE SECTIONS 11450.02, 11451.5, 11452, 11453, 11454, 11454.2, and 11454.5; ALL COUNTY LETTER (ACL) 11-29, ACL 11-32, ACL 11-33, ACL 11-34, ACL 11-36, ACL 11-38, and ACL 11-39.

The purpose of this letter is to notify County Welfare Departments (CWDs) of additional new and revised forms, NOAs and NOA messages that have been created or modified to reflect recent changes in the CalWORKs program made by SB 72 (Chapter 8, Statutes of 2011). Specifically, this ACL provides new and revised forms, NOAs and messages as a result of the new 48-month time limit for adult clients, changes to the earned income disregard (EID) and new Maximum Aid Payment (MAP) levels effective July 1, 2011. Other clarifying language changes were made to these forms, NOAs and messages including references to the CalFresh program (formerly known as the Food Stamp program). CWDs should begin using the attached forms and NOAs as soon as administratively feasible.

NEW AND REVISED FORMS AND NOAs:

CW 88- (6/11) *Diversion Services Coversheet and Agreement* have been modified to reflect the new CalWORKs 48-month time limit. The term Registered Domestic Partner has been added and the example for figuring a diversion period has been revised to reflect the new Maximum Aid Payment (MAP) amount for a family of three as of July 1, 2011.

CW 2189- (6/11) *Notice of Your CalWORKs Time Limit at 42nd Month on Aid* has been modified to reflect the new CalWORKs 48-month time limit.

CW 2190A- (6/11) *CalWORKs 48-Month Time Limit Extender Request Form* has been modified to reflect the new CalWORKs 48-month time limit, with a July 1, 2011 implementation date. Also, Tribal TANF was added to the first paragraph describing the sources of aid that count towards the 48-month time limit, the word “maintain” has been added to time limit extender number four on the form.

CW 2190B- (6/11) *CalWORKs 48-Month Time Limit Extender Determination Denial Form* has been modified to reflect the new CalWORKs 48-month time limit.

CW 2191- (6/11) *Time on Aid Verification for CalWORKs 48-Month /TANF 60-Month Time Limits* has been modified to reflect the new CalWORKs 48-month time limit.

CW 2192- (6/11) *Tracking Non-California TANF Assistance for the Time Limits* has been modified to reflect the new CalWORKs 48-month time limit. Some of the references have been changed to refer to them as “time limits.” Fields have also been added to include a Social Security Number and Date of Birth to identify the client. The field that was formerly entitled “county” has been replaced with “requesting county.” Finally, “eligibility worker name” has been replaced with “information provided by-worker name.”

NA 274E – (5/11) *Continuation Page - Overpayment Computations* has been modified to indicate that it is to be used for calculating overpayments for the period January 1, 1998 through June 30, 2011. This NOA retains the method for calculating Disability Based Income (DBI) and EID that is effective until July 1, 2011.

NA 274F – (5/11) *Continuation Page - Overpayment Computations* was created for calculating overpayments beginning July 1, 2011. This new NOA includes the revised DBI and EID method for calculating cash aid as a result of SB 72 and should be used to calculate all overpayments occurring on or after July 1, 2011.

NA 281 – (5/11) *Continuation Page (Underpayment Calculations)* has been modified to indicate that it is to be used for calculating underpayments for the period

January 1, 1998 through June 30, 2011. This NOA retains the method for calculating DBI and EID that is effective until July 1, 2011.

NA 281A –(5/11) *Continuation Page (Underpayment Calculations)* was created for calculating underpayments beginning July 1, 2011. This new NOA includes the revised DBI and EID method for calculating cash aid as a result of SB 72 and should be used to calculate all underpayments occurring on or after July 1, 2011.

WTW 16A-(5/11) *Examples Of Family Income (Region 1)* and **WTW 16B** –(5/11) *Examples Of Family Income (Region 2)* have been modified to update MAP figures and the DBI and EID calculations effective July 1, 2011. These forms are intended to show clients the differences in income levels between cash aid, a regular job, and grant-based on-the-job training.

The NOA messages included in this ACL have been modified to reflect the new CalWORKs 48-month time limit:

- M40-107 Adden1 (6/11): Child Support collection for CalWORKs 48-month time limit exemption, no previous notice
- M40-107 Adden2 (6/11): Child Support collection for CalWORKs 48-month time limit exemption, previously noticed
- TEMP M40-107a- (6/11): CalWORKs 48-month time limit, time-on-aid (“unticking” months due to temporary exemptions), no previous notice
- M40-107b (6/11): CalWORKs 48-month time limit, time on aid at redetermination or application, previously noticed
- M40-107c (6/11): CalWORKs 48-month time limit, time on aid between 42nd and 46th
- M40-107f (6/11): CalWORKs 48-month time limit, extended beyond 48 months of aid
- M40-107f1 (6/11): CalWORKs 48-month time limit, extender met after 48th month of aid
- M40-107f2 (6/11): CalWORKs 48-month time limit, extender ended
- M40-107j1 (6/11): Application processing, approval after 48 months on aid
- M40-107k (6/11): CalWORKs 48-month time limit, increase grant due to time on aid adjustment
- M81-215E (6/11): Time limit, diversion
- M81-215F (6/11): Time limit, diversion

CAMERA READY COPIES AND TRANSLATIONS:

For a camera-ready copy 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 our web site. 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, clients who have elected to receive Spanish, Russian, Vietnamese, and written Chinese materials should be sent the GEN 1365 interpretation informing notice with a local contact number.

If you have any questions regarding this All County Letter, please contact your CalWORKs County Consultant at (916) 654-1322.

Sincerely,

Original Document Signed By:

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

Attachments

DIVERSION SERVICES AGREEMENT

CalWORKs Program

CASE NAME	CASE NUMBER	WORKER NAME	WORKER NUMBER
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WORKER COMPLETES:

- Cash payment in the amount of: \$ _____ for the following need: _____
- Non-cash services: The purchase price or current value for the non-cash services is: \$ _____
Describe non-cash services: _____
- The diversion period will be from _____ (DATE) to _____ (DATE).

APPLICANT COMPLETES:

I choose to get diversion services because I do not need or want to get cash aid every month, but I need some cash or non-cash assistance now to solve a current need or emergency situation. The county and I agree to the above method of payment.

Initial Each Item

_____ I certify that I have read the diversion coversheet. I understand the rules and my responsibilities for choosing diversion services instead of getting cash aid each month.

I also understand that:

_____ I will get a notice that denies my current application for cash aid, and gives me the method of payment for my diversion services and the number of months in my diversion period.

- When figuring the number of months in my diversion period, the county will take the amount of the payment/services and divide it by the Maximum Aid Payment for my assistance unit at the time I received diversion services.
- When figuring my diversion period, the county determines the purchase price/current value for the non-cash services.

_____ I will get a separate approval or denial notice(s) for any other benefits I applied for, such as CalFresh and Medi-Cal.

_____ If I apply and am found eligible for cash aid before my diversion period ends, I must tell the county I choose to either:

- Repay the cash value of the diversion services by lowering my monthly cash aid payment by an amount determined by the county; or
- Count the number of months in my diversion period toward the 48-month maximum limit on the time I am eligible to get aid.

_____ If I apply for cash aid and am found eligible after my diversion period ends, the county will only count one month against my 48-month time limit. No repayment is required.

SIGNATURE OF PARENT OR CARETAKER RELATIVE	DATE
SIGNATURE OF ADULT SPOUSE, REGISTERED DOMESTIC PARTNER OR OTHER PARENT (IF LIVING IN THE HOME)	DATE
SIGNATURE OF WITNESS TO MARK OR INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

I certify the parent/caretaker relative has been given a copy of the CW 88 "Coversheet and Diversion Services Agreement." The parent/caretaker relative says he/she understands the rules and his/her responsibilities for choosing diversion services instead of getting monthly cash aid. The parent/caretaker relative also says he/she understands the rules for the diversion period.

SIGNATURE OF COUNTY WORKER	DATE
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COUNTY USE ONLY**Diversion Period Calculation:**

Diversion Amount \$ _____ ÷ AU MAP \$ _____ = _____ months. (Exclude partial months.)

YOU MAY BE ELIGIBLE FOR DIVERSION SERVICES

Diversion services can give you cash or non-cash services to meet a specific current need or emergency. Read this Coversheet carefully. It gives you facts to help you decide if diversion services are right for you. You must fill out and sign the Diversion Services Agreement before you can get diversion services.

FACTS ABOUT DIVERSION SERVICES

- The county determines if you are eligible for diversion services. They are **only** for persons who:
 - May benefit from diversion services and could avoid the need for getting cash aid every month **and**
 - Are apparently eligible for cash aid, **and**
 - Need some cash or non-cash assistance to help solve a current need or emergency situation.
- You can **only** get diversion services at the time of application. If you choose to get cash aid, you will no longer be eligible for diversion services.
- You should **only choose** to get diversion services if you do not need or want to get cash aid each month.
- You may be eligible for CalFresh and Medi-Cal, and you may be able to get child care assistance.
- You and the county must agree to the method of payment for diversion services.

CHOOSING DIVERSION SERVICES INSTEAD OF MONTHLY CASH AID

If you choose to get diversion services:

- You will not get **monthly** cash aid.
- You must sign the attached Diversion Services Agreement.
- You will get a notice that:
 - Denies your current application for cash aid, **and**
 - Gives you the method of payment for your diversion services and the number of months in your diversion period.
- You will get a separate approval or denial notice for any other benefits you applied for, such as CalFresh and Medi-Cal.
- You must tell your worker if you need child care assistance during your diversion period.

IF YOU DO NOT CHOOSE TO GET DIVERSION SERVICES, TELL THE COUNTY YOU WANT TO GET MONTHLY CASH AID, IF YOU ARE OTHERWISE ELIGIBLE.

AFTER GETTING DIVERSION SERVICES

If you apply for cash aid after getting diversion services and it is:

- Before the diversion period ends, you must choose to allow the county to either:
 - Lower your monthly cash aid payment by the amount determined by the county to repay the diversion payment/services; **or**
 - Count the total diversion period against your 48-month time limit.
- After the diversion period ends, the county will only count one month of the diversion period against your 48-month time limit.

FIGURING THE DIVERSION PERIOD

When the county figures the diversion period, the county:

- Determines the purchase price or current value for any non-cash services you get.
- Takes the amount of diversion payment/services and divides it by your Maximum Aid Payment for your assistance unit at the time you got diversion services.

EXAMPLE FOR FIGURING A DIVERSION PERIOD

- An applicant with two children receives \$1,375 to take care of emergency repairs on her car so she can continue working.
- With a Maximum Aid Payment of \$638 for her assistance unit of 3 at the time she got diversion services, her diversion period is 2 months ($\$1,375 \div \$638 = 2.1$ months, which is then rounded down to a 2-month diversion period).

**NOTICE OF YOUR CalWORKs TIME LIMIT
-42ND MONTH ON AID**

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

THIS NOTICE GIVES YOU INFORMATION ABOUT YOUR CalWORKs 48-MONTH TIME CLOCK.

As of _____, the County has determined that you, _____,
(DATE) (NAME)
have received a total of **42 months** of your lifetime 48-month time limit of CalWORKs cash aid. You may be eligible to receive aid for 6 more months from that date.

CONTACT YOUR WORKER RIGHT AWAY IF YOU:

- Need more information about the months that you used.
- Are or were exempt from the CalWORKs 48-month time limit and you have not requested the exemption.
- Do not agree with the county.
- Need more information about the CalWORKs 48-month time limit requirements, or exemptions, or how to ask for a time limit exemption.

THE 48-MONTH TIME LIMIT WILL NOT AFFECT YOUR ELIGIBILITY FOR CALFRESH OR MEDI-CAL.

If you think the time limit is not applied to you correctly, you can ask for a hearing. Contact your worker for information on how to ask for a hearing. You will also receive a Notice of Action to tell you when you have used your lifetime 48-months of CalWORKs cash aid.

CalWORKs 48-MONTH TIME LIMIT EXTENDER REQUEST FORM

PLEASE PRINT

YOUR NAME		COUNTY USE ONLY	
ADDRESS	STREET	COUNTY	
CITY	ZIP	CASE NAME	
PHONE ()		CASE NO.	OTHER ID NO.
QUESTIONS? ASK YOUR WORKER.		WORKER NAME	

Beginning July 1, 2011, most adults cannot get aid for more than a total of 48 months (4 years) from the CalWORKs program. (This includes aid you got from other states' Federal Temporary Assistance for Needy Families (Tribal TANF) Programs on and after January 1998.) However, aid can be paid beyond the CalWORKs 48-month time limit, if **you** and **all** parents, aided stepparents, and/or caretaker relatives in the home meet one of the conditions listed below.

If you answer "Yes" to any of these questions, you may be extended on aid. Please answer all the questions. This form cannot be completed by the county. **Please be sure to sign and date the back of this form.** You may need to send more information to help the county decide if you can be extended on aid.

YES NO CalWORKs 48-MONTH TIME LIMIT EXTENDERS

1. Are you staying at home to take care of someone in the household who cannot take care of her/himself, which impairs you from working or participating in welfare-to-work activities?
2. Are you the nonparent caretaker relative of a child who is a dependent or ward of the court in foster care, or at risk of being placed in foster care?
3. Are you getting benefits from State Disability Insurance (SDI), Worker's Compensation Temporary Disability Insurance (TDI), In-Home Supportive Services (IHSS), or the State Supplemental Program (SSP) and are you unable to work or to participate in a welfare-to-work activity on a regular basis?
4. Although you are not getting disability benefits, do you have a physical or mental problem that makes you unable to maintain work or take part in welfare-to-work activities for 20 or more hours per week?

Or

Are you able to work or take part in welfare-to-work activities for 20 or more hours per week even though you have that physical or mental problem, but only because you get help with the problem (like counseling, treatment, or special tutoring)?

(The county will review your past and current records to determine if you qualify for this extender. Aid may be extended if you worked or participated in welfare-to-work in the past.)

CalWORKs 48-MONTH TIME LIMIT EXTENDER FOR ADVANCED AGE - If you are 60 years of age or older, you may contact your worker to ask for extender for advanced age. You do not have to complete this form to ask for the extender.

OTHER AIDED ADULTS IN THE HOME - All other parents, aided stepparents, and/or caretaker relatives in your home must also qualify for an extender in order for you to be extended on aid. She/he must complete a separate request form. You can be extended on aid if the other adult(s) is not in your assistance unit and she/he has not received aid for 48 months.

PLEASE READ AND SIGN THE BACK OF THIS FORM.

CalWORKs 48-MONTH TIME LIMIT EXTENDER REQUEST FORM

CalWORKs 48-MONTH TIME LIMIT WAIVER - If you are a victim of domestic abuse and the county has determined that your condition or circumstances prevent or impair your ability to be regularly employed or to take part in welfare-to-work activities, the county may waive the 48-month time limit so you can be extended on aid. You do not have to complete this form to get a waiver to the time limit. You may contact your worker to request a domestic abuse waiver.

- You will be informed whether or not you will be extended on aid and the reason why.
- You may be asked to give the county proof of your reason for requesting the extender.
- If you do not agree with the county, you may ask for a State hearing.
- Your condition may be evaluated again to determine if you can continue to be extended on aid.

YOUR SIGNATURE

DATE

CalWORKs 48-MONTH TIME LIMIT EXTENDER DETERMINATION DENIAL FORM

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

Date _____

On _____, a 48-month time limit extender was requested for _____.

(DATE)

(NAME)

Based on the facts in your case, the county made the following decision.

The 48-month time limit extender is **DENIED**. You do not meet the rules to qualify for a time limit extender at this time and will not be aided. If your condition changes, call your worker to ask for a time limit extender.

Reason for Denial: _____

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.

Rules: These rules apply; you may review them at your welfare office: MPP 42-302.1, 42-302.11, 42-302.12, 42-302.2, 42-302.3 - .34 and Senate Bill 72 (Chapter 8, Statutes of 2011).

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.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved 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

TIME ON AID VERIFICATION FOR CalWORKs/TANF 48-MONTH TIME LIMITS

NAME:	SSN:	COUNTY:
CASE NAME:	CASE NUMBER:	DATE COMPLETED FORM:

Counties are required to verify a recipient's time on aid information. If you are unable to verify the WDTIP information, you must complete the tables to show the months that counted toward the CalWORKs and TANF 48-month time limits. (Please indicate "Y" for Yes or "N" for No in each box.) Include copies of all time on aid NOAs with this form.

If the WDTIP information has been reviewed and is accurate, please complete the following box and provide the name of the person who verified the information. You need not complete the tables. However, you must include copies of all time on aid NOAs with this form.

WDTIP VERIFICATION

Time on aid information in WDTIP has been reviewed and is accurate.

WDTIP information verified by: _____ **Signature:** _____

Phone number: _____ **Date:** _____

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

TIME ON AID VERIFICATION FOR CalWORKs/TANF 48-MONTH TIME LIMITS

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

VERIFICATION OF TIME LIMIT INFORMATION	
The time on aid information provided on this form has been verified by:	Signature:
Contact Person:	Phone Number:
E-mail address:	Address:

TRACKING NON-CALIFORNIA TANF ASSISTANCE FOR TIME LIMITS

INDIVIDUAL'S NAME	
CASE NAME	CASE #
WORKER #	REQUESTING COUNTY

If an individual receives federal TANF aid outside of California, counties are required to request specific information from the other states, U.S. territories, and/or Tribal TANF programs in order to adjust both the federal TANF 60-month and CalWORKs 48-month time clocks in California. It is also necessary for this information to be entered into the WDTIP system for tracking the aggregate time on aid.

- For the **federal TANF clock**, counties will track months of assistance from the date the recipient received TANF assistance in the other state, U.S. territory, and/or Tribal TANF programs.
- For the **state CalWORKs clock**, counties must track TANF assistance received in other states on or after January 1, 1998.

TANF-Funded Aid Received in Other State/U.S.Territory/Tribal TANF Programs	What period of time did the recipient receive the TANF assistance?
1. STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM: COUNTY/CITY: CASE WORKER: PHONE NUMBER:	1. START DATE - END DATE START DATE - END DATE START DATE - END DATE
2. STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM: COUNTY/CITY: CASE WORKER: PHONE NUMBER:	2. START DATE - END DATE START DATE - END DATE START DATE - END DATE
3. STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM: COUNTY/CITY: CASE WORKER: PHONE NUMBER:	3. START DATE - END DATE START DATE - END DATE START DATE - END DATE

Time Limit Exemptions

In recording months of aid received outside of California, counties must ask about the following exemptions to the TANF 60-month time limit. If the answer is "Yes", the county must exempt the month(s) from both the TANF and CalWORKs time clocks.

Did the individual receive TANF aid as a minor non-head of household or spouse of non-head of household?

YES -

START DATE	END DATE
-	-

 NO

Did the individual live in Indian country, as defined by federal law, or an Alaskan native village with at least 50 percent unemployment?

YES -

START DATE	END DATE
-	-

 NO

INFORMATION PROVIDED BY - WORKER NAME	WORKER NUMBER
SIGNATURE	DATE

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 1-1-98 to 6-30-2011)

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

Overpayment Month and Year: _____

(A) Net 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 (AU) + Non Assistance Unit (Non-AU) 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	-	_____	_____	_____	_____
Earned Income Disregard 50%	-	_____	_____	_____	_____
Nonexempt Unearned Disability-Based Income (from above)	+	_____	_____	_____	_____
Other Nonexempt Income (AU + Non-AU Members)	+	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____
(B) Correct Cash Aid Payment					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	()	_____	_____	_____	_____
Special Needs (AU + Non AU Members)	+	_____	_____	_____	_____
Net Countable Income	-	_____	_____	_____	_____
Subtotal A	=	=====	=====	=====	=====
Maximum Aid Payment (AU Only)	\$	_____	_____	_____	_____
Special Needs (AU Only)	+	_____	_____	_____	_____
Subtotal B	=	=====	=====	=====	=====
Correct Cash Aid Amount (Lesser of Subtotal A or B)	\$	_____	_____	_____	_____
(C) Child Support Penalty Adjustment					
25% Child Support Penalty	-	_____	_____	_____	_____
Subtotal C	=	=====	=====	=====	=====
(D) Adjustments					
a. Additional 25% Child Support Penalty	-	_____	_____	_____	_____
b. Overpayment	-	_____	_____	_____	_____
c. Cal-Learn Penalty	-	_____	_____	_____	_____
d. Cal-Learn Bonus	+	_____	_____	_____	_____
Adjusted Cash Aid:	Subtotal D	=	=====	=====	=====
(E) Overpayment					
Cash Aid Paid to You	\$	_____	_____	_____	_____
Correct Cash Aid Amount with Adjustments	-	_____	_____	_____	_____
Subtotal E	=	=====	=====	=====	=====
(F) Cash Aid Paid to You					
Support Payments Collected for You	-	_____	_____	_____	_____
Subtotal F	=	=====	=====	=====	=====
Amount of Overpayment for Each Month (Lesser of Subtotal E or F)	=	_____	_____	_____	_____

TOTAL OVERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352

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

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

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

Underpayment Amount Owed
(For Underpayments Occurring on or after 1-1-98 thru 6-30-2011)

Underpayment Month and Year: _____

(A) Net 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 (AU) + Non Assistance Unit (Non-AU) 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	-	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____
Earned Income Disregard 50%	-	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____
Nonexempt Unearned Disability-Based Income (from above)	+	_____	_____	_____	_____
Other Nonexempt Income (AU + Non-AU Members)	+	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____
(B) Correct Cash Aid Payment					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	()	_____	_____	_____	_____
Special Needs (AU + Non-AU Members)	+	_____	_____	_____	_____
Net Countable Income From Section A	-	_____	_____	_____	_____
Subtotal A	=	_____	_____	_____	_____
Maximum Aid Payment (MAP) (AU Only)	\$	_____	_____	_____	_____
Special Needs (AU only)	+	_____	_____	_____	_____
Subtotal B	=	_____	_____	_____	_____
Correct Cash Aid Amount (Lesser of Subtotal A or B)	\$	_____	_____	_____	_____
(C) Child Support Penalty Adjustment					
25% Child Support Penalty	-	_____	_____	_____	_____
Subtotal C	=	_____	_____	_____	_____
(D) Adjustments					
a. Additional 25% Child Support Penalty	-	_____	_____	_____	_____
b. Overpayment	-	_____	_____	_____	_____
c. Cal-Learn Penalty	-	_____	_____	_____	_____
d. Cal-Learn Bonus	+	_____	_____	_____	_____
Adjusted Cash Aid: Subtotal D	=	_____	_____	_____	_____
(E) Underpayment					
Correct Cash Aid Amount	\$	_____	_____	_____	_____
Cash Aid Paid To You	-	_____	_____	_____	_____
Subtotal E	=	_____	_____	_____	_____
Amount of Underpayment for Each Month	=	_____	_____	_____	_____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-340.

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

TOTAL UNDERPAYMENT (All Months) \$ _____

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 7-1-2011)

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 (up to \$112) = _____
- 8. Net Earnings from Self-Employment (from above) .. + _____
- 9. Total Other Earned Income + _____
- 10. Unused Amount of \$225 (from #7) or \$112
(whichever is less) - _____
- 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 - _____
 - Child-Only Grant Cut (5%, 10%, 15%) . - _____
 - 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 72 (Chapter 8, Statutes of 2011).

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

EXAMPLES OF FAMILY INCOME (REGION 1)

These examples are to give you an idea of the differences in income between cash aid, a regular job, and grant-based on-the-job training (OJT). The amount you receive will vary depending on your family size, how many hours you work, and how much other income you might receive.

Region 1 Assistance Unit Size = 2	Receive Cash Aid Only	Regular Job When Gross Wages Equals Cash Aid Amount	Grant-Based OJT
Cash aid for two people	\$516	\$516	\$516 grant is diverted to Employer
Monthly Gross Wage	N/A	\$516	\$516
Earned Income Disregard	N/A (does not apply)	\$516 - \$112 = \$404	N/A
Gross Wage less \$112	N/A	\$404	N/A
50% Earned Income Disregard	N/A	\$404/2 = \$202	N/A
Nonexempt Income	N/A	\$202	N/A
Cash aid for Two people	\$516	\$516	\$516
Less nonexempt income	N/A	\$516 - \$202 = \$314	\$516
Cash aid received	\$516	\$314	\$0
Net Wages *	N/A	\$516 - \$41 ** (taxes) = \$475	N/A
Total Income	\$516	\$314 + \$475 = \$789	\$516 - \$41 ** (taxes) = \$475

*Net Wages = gross wages minus 8% for Social Security, Medicare, and SDI taxes ** Numbers are rounded to nearest dollar

Region 1 Assistance Unit Size = 3	Receive Cash Aid Only	Regular Job When Gross Wages Equals Cash Aid Amount	Grant-Based OJT
Cash aid for three people	\$638	\$638	\$638 grant is diverted to employer
Monthly Gross wage	N/A	\$638	\$638
Earned Income Disregard	N/A	\$638 - \$112 = \$526	N/A
Gross Wage less \$112	N/A	\$526	N/A
50% Earned Income Disregard	N/A	\$526/2 = \$263	N/A
Nonexempt Income	N/A	\$263	N/A
Cash aid for Three people	\$638	\$638	\$638
Less nonexempt income	N/A	\$638 - \$263 = \$375	\$638
Cash aid received	\$638	\$375	\$0
Net Wages*	N/A	\$638 - \$51 (taxes) = \$587	N/A
Total Income	\$638	\$375 + \$587 = \$962	\$638 - \$51 (taxes) = \$587

*Net Wages = gross wages minus 8% for Social Security, Medicare, and SDI taxes ** Numbers are rounded to nearest dollar

Region 1 Assistance Unit Size = 5	Receive Cash Aid Only	Regular Job When Gross Wages Equals Cash Aid Amount	Grant-Based OJT
Cash aid for five people	\$866	\$866	\$866 grant is diverted to Employer
Monthly Gross Wage	N/A	\$866	\$866
Earned Income Disregard	N/A	\$866 - \$112 = \$754	N/A
Gross Wage less \$112	N/A	\$754	N/A
50% Earned Income Disregard	N/A	\$754/2 = \$377	N/A
Nonexempt Income	N/A	\$377	\$866
Cash aid for Five people	\$866	\$866	\$866
Less nonexempt income	N/A	\$866 - \$377 = \$489	-\$866
Cash aid received	\$866	\$489	\$0
Net Wages*	N/A	\$866 - \$69 ** (taxes) = \$797	N/A
Total Income	\$866	\$489 + \$797 = \$1286	\$866 - \$69 ** (taxes) = \$797

*Net Wages = gross wages minus 8% for Social Security, Medicare, and SDI taxes ** Numbers are rounded to nearest dollar.

EXAMPLES OF FAMILY INCOME (REGION 2)

These examples are to give you an idea of the differences in income between cash aid, a regular job, and grant-based on-the-job training (OJT). The amount you receive will vary depending on your family size, how many hours you work, and how much other income you might receive.

Region 2 Assistance Unit Size = 2	Receive Cash Aid Only	Regular Job When Gross Wages Equals Cash Aid Amount	Grant-Based OJT
Cash aid for two people	\$490	\$490	\$490 grant is diverted to Employer
Monthly Gross Wage	N/A	\$490	\$490
Earned Income Disregard	N/A (does not apply)	\$490 - \$112 = \$378	N/A
Gross Wage less \$112	N/A	\$378	N/A
50% Earned Income Disregard	N/A	\$378/2 = \$189**	N/A
Nonexempt Income	N/A	\$189	N/A
Cash aid for Two people	\$490	\$490	\$490
Less nonexempt income	N/A	\$490 - \$189 = \$301	-\$490
Cash aid received	\$490	\$301	\$0
Net Wages *	N/A	\$490 - \$39 (taxes) = \$451	N/A
Total Income	\$490	\$301 + \$451 = \$752	\$490 - \$39 (taxes) = \$451

*Net Wages = gross wages minus 8% for Social Security, Medicare, and SDI taxes ** Numbers are rounded to nearest dollar

Region 2 Assistance Unit Size = 3	Receive Cash Aid Only	Regular Job When Gross Wages Equals Cash Aid Amount	Grant-Based OJT
Cash aid for three people	\$608	\$608	\$608 grant is diverted to employer
Monthly Gross wage	N/A	\$608	\$608
Earned Income Disregard	N/A	\$608 - \$112 = \$496	N/A
Gross Wage less \$112	N/A	\$496	N/A
50% Earned Income Disregard	N/A	\$496/2 = \$248**	N/A
Nonexempt Income	N/A	\$248	N/A
Cash aid for Three people	\$608	\$608	\$608
Less nonexempt income	N/A	\$608 - \$248 = \$360	-\$608
Cash aid received	\$608	\$360	\$0
Net Wages*	N/A	\$608 - \$49 (taxes) = \$559	N/A
Total Income	\$608	\$360 + \$559 = \$919	\$608 - \$49 (taxes) = \$559

*Net Wages = gross wages minus 8% for Social Security, Medicare, and SDI taxes ** Numbers are rounded to nearest dollar

Region 2 Assistance Unit Size = 5	Receive Cash Aid Only	Regular Job When Gross Wages Equals Cash Aid Amount	Grant-Based OJT
Cash aid for five people	\$825	\$825	\$825 grant is diverted to Employer
Monthly Gross Wage	N/A	\$825	\$825
Earned Income Disregard	N/A	\$825 - \$112 = \$713	N/A
Gross Wage less \$112	N/A	\$713	N/A
50% Earned Income Disregard	N/A	\$713/2 = \$357**	N/A
Nonexempt Income	N/A	\$357	\$825
Cash aid for Five people	\$825	\$825	\$825
Less nonexempt income	N/A	\$825 - \$357 = \$468	-\$825
Cash aid received	\$825	\$468	\$0
Net Wages*	N/A	\$825 - \$66 (taxes) = \$759	N/A
Total Income	\$825	\$468 + \$759 = \$1227	\$825 - \$66 (taxes) = \$759

*Net Wages = gross wages minus 8% for Social Security, Medicare, and SDI taxes ** Numbers are rounded to nearest dollar.

Child Support Collection for CalWORKs 48-Month Time Limit Exemption

Child support collection is used to exempt months of aid. A month is exempt if the aid for that month is fully repaid by child support collected since 1998. All child support amounts since 1998 are added together so when the total child support amount can repay a month of aid, that month does not count toward the CalWORKs 48-month time limit.

The following information tells you how the child support was collected and applied to repay months on aid.

As of _____, the amount of child support collected is \$_____.

The child support amount was applied to exempt the following _____ months:

Month_____	Year _____	Amount of Aid Repaid by Child Support \$_____
Month_____	Year _____	Amount of Aid Repaid by Child Support \$_____
Month_____	Year _____	Amount of Aid Repaid by Child Support \$_____
Month_____	Year _____	Amount of Aid Repaid by Child Support \$_____

The remaining amount of child support is \$_____ and will be applied to months of aid that have not yet been repaid.

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use this addendum when no previous time on aid NOA was issued to inform an adult recipient of the number of months that are exempt due to the child support collection reimbursement of aid. Use continuation page NA 270.

Complete the following:

- Date of notification.
- Amount of child support collected.
- Number of exempt months due to child support applied to reimburse aid.
- The month(s), year(s), and amounts of child support collection applied to exempt the month(s).
- Remaining amount of child support collection to be applied to subsequent months of aid that have not yet been repaid.

Child Support Collection for CalWORKs 48-Month Time Limit Exemption

Child support collection is used to exempt months of aid. A month is exempt if the aid for that month is fully repaid by child support collected since 1998. All child support amounts since 1998 are added together so when the total child support amount can repay a month of aid, that month does not count toward the CalWORKs 48-month time limit.

The following information tells you how the child support was collected and applied to repay months on aid.

As of _____, the amount of child support since your last notice is \$_____.

On the last time limit notice, the remaining amount of child support + that was not yet used was: \$_____.

The total amount of child support applied to repay aid since your last notice is \$_____.

The child support amount was applied to exempt the following _____ months:

Month____ Year ____ Amount of Aid Repaid by Child Support \$_____

Month____ Year ____ Amount of Aid Repaid by Child Support \$_____

Month____ Year ____ Amount of Aid Repaid by Child Support \$_____

Month____ Year ____ Amount of Aid Repaid by Child Support \$_____

The remaining amount of child support is \$_____ and will be applied to months of aid that have not yet been repaid.

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use the addendum 2 at redetermination or at application (when the individual was previously aided and issued a time on aid NOA) to inform an adult recipient of the number of months that are exempt due to the child support collection reimbursement of aid. Use continuation page NA 270.

Complete the following:

- Date of notification.
- The amount of child support collected since prior notice.
- The balance of child support collection that was remaining at last notice.
- The total child support applied to repay aid since last notice.
- Number of exempt months due to child support applied to reimburse aid.
- The month(s), year(s), and amounts of child support applied to exempt the month(s).
- Remaining amount of child support collection to be applied to subsequent months of aid that have not yet been repaid.

State of California
Department of Social Services

NOA Msg Doc No.: TEMP M40-107a Page 1 of 2
Action: Change
Issue: CalWORKs 48-Month Time Limit
Title: Time on Aid (unticking months
due to temporary exemptions)

Auto ID No.: Use Form No.: NA 530 (04/11),
Attach NA 270

Source : Original Date: 09-01-09
Issued by : Revision Date: 05-01-11

Reg Cite: 40-107(a)(4), 42-302,
42-302.21, 42-712, and
SB 72 (Chapter 8, Statutes of 2011)

MESSAGE:

As of _____, the county has determined that you, _____ have used _____ months of your lifetime 48-month time limit of CalWORKs cash aid.

Here's why:

Beginning July 01, 2011, State Law changes the CalWORKs time limit from 60 months to 48 months for aided adults. Also, the CalWORKs rules about time limit exemptions have changed. These exemptions can stop your CalWORKs 48-month time limit clock until you do not meet the condition checked below, or until June 30, 2012, whichever comes first.

If you were exempt, the month(s) that do not count for time limit purposes starting July 1, 2011 are listed on the next page.

The new time limit exemption applies to you because:

- You are a parent or other relative who is caring for one child who is 12 to 23 months of age or at least two children who are under six years of age; or
- You have good cause because the county is unable to provide the supportive services you need to participate in Welfare-to-Work activities.
- You live in a county that has excused you from Welfare-to-Work activities under new state law because you have a child between the ages of 24 to 35 months of age.

Original Date: 09-01-09

Revision Date: 05-01-11

Months that did not count due to this exemption.

= _____ months

Year _____	-	Jan	Feb	March	April	May	June
		July	Aug	Sept	Oct	Nov	Dec

You may be eligible to get aid for _____ more months.

INSTRUCTIONS: Use to inform an adult recipient of a change to the total number of months that count for purposes of the 48-month time on aid. Check the appropriate box indicating the reason the client has a new time limit exemption.

Complete the following:

- Date of notification.
- Name of the adult recipient.
- Total number of months of aid used, (i.e. counted toward the time limit.)
- Check appropriate box to indicate the time limit exemption applicable.
- Language for the third check box is to be used only by counties opting in to this exemption.
- Number of months that did not count toward the time limit due to the temporary exemptions under CalWORKs Reform.
- The year and months that did not count for time limit purposes starting July 1, 2011(Use continuation page NA 270).
- Remaining number of months available.

Use this TEMP message from July 1, 2011 through June 30, 2012.

State of California
Department of Social Services

Noa Msg Doc No.: M40-107b Page 1 of 2
Action : Other
Issue: CalWORKs 48-Month Time Limit
Title: Time On Aid at Redetermination

or

Application (previously noticed)

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-107.142, 42-302, 42-302.21
42-712

Use Form No. : NA 530 attach NA 270
Original Date : 03-01-02
Revision Date : 06-01-11

MESSAGE:

On the date of the last time limit notice,
_____, the County determined that
you, _____ used a total of
_____ months of your lifetime 48-month
time limit of CalWORKs cash aid.

Since _____, you used _____ more months.

Here's why:

Since your last time limit notice, you got
CalWORKs:

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

Subtotal: _____ = _____ months.

Months that did not count. - _____ months.

The additional months used: _____ months.

The total number used is now _____ months.

If you were exempt, the month(s) did not
count toward the CalWORKs 48-month time
limit. These months are listed on the
next page.

___ The list on the next page includes
months that are exempt due to child
support collection. The last page(s)
shows how child support was applied
to exempt month(s).

___ You may also have months that are
exempt because of child support
collection. If you do, these months
will be included in your next notice.

___ No child support was collected for

children in your AU.

Noa Msg Doc No.: M40-107b Page 2 of 2
Original Date : 03-01-02
Revision Date : 06-01-11

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

You may be eligible to get aid for ____ more months.

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use at redetermination or at application (when the individual was previously aided and issued a time-on-aid NOA) to inform an adult recipient of the total number of months that s/he received aid.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date of previous time limit NOA.
- Additional months of aid used (i.e. counted toward the time limit) since last NOA.
- Period(s) of time the family was eligible to receive aid since the last NOA (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months.)
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months.)
- Number of additional months used since the last NOA.
- Total number of months used, (previous NOA months + new months).
- Check appropriate box for child support time limit exemption, use addendum for child support time limit exemption if applicable.
- The year and months that did not count on page two (use continuation page NA 270.)
- Remaining number of months.

State of California
Department of Social Services

Noa Msg Doc No.: M40-107c Page 1 of 2
Action : Other
Issue: CalWORKs 48-Month Time Limit
Title: Time On Aid Between 42th and 46th

Auto ID No.:
Source :
Issued by :

Use Form No. : NA 530, attach NA 270
Original Date : 03-01-02
Revision Date : 06-01-11

Reg Cite : 40-107.142, 42-302, 42-302.21
42-712

MESSAGE:

On the date of the last time limit notice,
_____, the County determined that you,
_____ used a total of _____
months of your lifetime 48-month time limit
of CalWORKs cash aid.

As of _____, you, have used a total of
[] months of your 48 months.

Here's why:

Since your last time limit notice, you got
CalWORKs:

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

Subtotal: _____ = _____ months.

Months that did not count. - _____ months.

The additional months used: _____ months.

The total number used is now _____ months.

If you were exempt the month(s) did not
count toward the CalWORKs 48-month time
limit. These months are listed on the next
page.

___ The list on the next page includes
months that are exempt due to child
support collection. The last page(s)
shows how child support was applied to
exempt month(s).

___ You may also have months that are
exempt because of child support
collection. If you do, these months
will be included in your next notice.

___ No child support was collected for
children in your AU.

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

You may be eligible to get aid for [] more months.

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use at 42th/46th month on aid to inform an adult recipient of the total number of months that s/he received aid.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date of previous NOA.
- Number of months used (between 42 or 46 months.)
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months used (between 42 or 46 months.)
- Check appropriate box for child support time limit exemption, use addendum for child support time limit exemption if applicable.
- The year and number of months that did not count on page two (use continuation page NA 270.)
- Remaining number of months (between 6 or 2 months.)

State of California
Department of Social Services

Noa Msg Doc No.: M40-107f Page 1 of 2
Action: Other
Issue: CalWORKs 48-Month Time Limit
Title: Extended Beyond 48 Months of Aid
Use Form No. : NA 530 attach NA 270
Original Date : 11-01-02, New
Revision Date : 06-01-11

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-107.147, 42-302, 42-302.11
42-302.21, 42-712

MESSAGE:

On the date of the last time limit notice, _____, the county determined that you, _____, used a total of _____ months of your lifetime 48-month time limit of CalWORKs cash aid.

As of _____, you, _____ used your total 48 months of CalWORKs cash aid. However, you can continue to get cash aid because you have a condition that meets the requirements to be extended on aid.

Your condition may be reviewed again to determine if you can continue to get aid.

Here's why:

Since your last time limit notice, you got CalWORKs:

from _____ to _____ = _____ months.

Months that did not count: _____months.

The additional months used: _____months.

The total number used is now _____months.

If you were exempt, the month(s) did not count toward the CalWORKs 48-month time limit. These months are listed on the next page.

___ The last page shows how child support was applied to exempt month(s).

___ No child support was collected for children in your AU.

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

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use at 48th month on aid to inform an adult recipient that s/he reached the 48 month time limit but continues on aid because s/he meets an extender criterion.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date that 48 months were used.
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months (48 months).
- Check appropriate box for child support time limit exemption and use addendum for child support time limit exemption if applicable.
- The year and number of months that did not count on page two, (use continuation page NA 270.)

State of California
Department of Social Services

Noa Msg Doc No.:M40-107f1 Page 1 of 1

Action : Other

Issue: CalWORKs 48-Month Time Limit

Title: Extender Met After 48th Month

Use Form No.: NA 530, attach NA 531

Original Date : 04-01-04, New

Revision Date : 06-01-11

Auto ID No.:

Source :

Issued by :

Reg Cite : 42-302, 42-302.11, 42-302.2
42-302.21, 42-712

MESSAGE:

As of_____, the county is changing your
cash aid from \$_____ to \$_____.

Here's why:

You can now get cash aid because you,
_____, have a condition that meets
the rule to get cash aid after your 48
month limit.

Your condition may be reviewed again to
determine if you can continue to get aid.

Your new cash aid amount is figured on the
next page.

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use post 48th month time limit to inform an adult recipient
that s/he can receive aid because s/he meets an extender criterion.

Complete the following:

- Date that grant is changed.
- Previous grant amount and new grant amount.
- Name of the adult recipient.

State of California
Department of Social Services

Noa Msg Doc No.: M40-107f2 Page 1 of 1
Action: Change
Issue: CalWORKs 48-Month Time Limit
Title: Extender Ended
Use Form No.: NA 530, attach NA 531
Original Date: 04-01-04, New
Revision Date: 06-01-11

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-107.147, 42-302, 42-302.11
42-302.21, 42-712

MESSAGE:

As of_____, the county is changing your
cash aid from \$_____ to \$_____.

Here's why:

You can no longer get cash aid because
you, _____, no longer have a
condition that meets the rule to get cash
aid after your 48 month limit.

Contact your worker if you have a
condition that meets the rule to continue
to get cash aid.

Your cash aid is figured on the next page.

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use to lower the cash aid after the timed out adult no longer
meets the extender criteria.

Complete the following:

- Date the grant is changed.
- Previous grant amount and new grant amount.
- Name of the adult recipient.

State of California
Department of Social Services

Noa Msg Doc No.: M40-107j1 Page 1 of 2
Action : Approve
Issue: Application Processing
Title: Approval After 48 Months on Aid
Use Form No. : NA 530, attach NA 531
Original Date : 04-01-04, New
Revision Date : 06-01-11

Auto ID No.:
Source :
Issued by :

Reg Cite : 40-171.2, 40-129, 42-302.1, 42-302.11-.12
42-302.2-.21, 44-315, 44-317, 82-510.4

MESSAGE:

The County has approved your cash aid and Medi-Cal. The cash aid payment for your first month of aid is \$_____.

Your first day of cash aid is _____. Your first day of Medi-Cal is the first day of the month you applied for aid.

On _____, the county determined that you, _____ used your total 48 months of CalWORKs cash aid.

You can now get cash aid because:

- You have a condition that meets the rule to get cash aid after your 48 month limit.

Your condition may be reviewed again to determine if you can continue to get aid.

- The county has received child support that has repaid some of your months on aid.

- You have paid back an overpayment that has repaid some of your months on aid.

More information about your cash aid:

- The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, next month's cash aid will be for a full month.

- You asked for an Immediate Need payment. Your immediate need is being met with a payment of your first month's cash aid within the immediate need time limit of 1 working day.

[] The cash aid payment for your first month of aid has a 25 percent penalty for not helping us or the local child support agency collect child support. This amount will be subtracted from your cash aid payment each month until you help us or the local child support agency collect child support.

[] You got a diversion payment of \$_____ on _____. **OR** You got diversion service(s) of _____ on _____ at the value of \$_____. You have agreed to repay the diversion payment/service(s). \$_____ will be subtracted from your cash aid payment for __ month(s) until paid in full.

Your cash aid is figured on the next page.

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use for approvals and restorations after a client has previously timed out and is now eligible to receive cash aid. **Do not use for refusal to assign child/spousal support rights cases.** Check the applicable box(es). When you check the immediate need (IN) box, you do not need to send another NOA denying the IN request.

State of California
Department of Social Services

Noa Msg Doc No.: M40-107k Page 1 of 1
Action : Change
Issue: CalWORKs 48-Month Time Limit
Title: Increase Grant due to TOA Adjustment
Use Form No. : NA 530, attach NA 531
Original Date : 04-01-04, New
Revision Date : 06-01-11

Auto ID No.:
Source :
Issued by :

Reg Cite : 40-107.147, 42-302.1, 42-302.11
42-302.2, 42-302.21

MESSAGE:

As of _____, the county is changing your
cash aid from \$_____ to \$_____.

Here's why:

On _____, the county determined that
you, _____ used your total 48 months
of CalWORKs cash aid.

You can now get cash aid because:

- [] The county has received child support
that has repaid some months of aid.
- [] You have paid back an overpayment
that has repaid some months of aid.

You will get cash aid for _____ more
months. The months that did not count
toward the CalWORKs 48-month time limit
are listed on the next page.

Your new cash aid amount is figured on the
next page.

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use to increase the grant when child support or overpayment has
been recouped and the adult is now eligible for additional months of aid. Use NA
531 for budget and addendum for exemptions due to child support reimbursement.

State of California
Department of Social Services

NOA Msg Doc No.: M81-215E Page 1 of 1
Action : Other
Issue: Time Limit
Title: Diversion

Auto ID No.:
Source :
Issued by :
Reg Cite : 81-215.5, 42-302, W & IC 11266.5

Use Form No. : NA 270
Original Date : 01-01-98, New
Revision Date : 06-24-11

MESSAGE:

As of _____, the County is subtracting __
months from your 48-month time limit.

Here's why:

[] You got a diversion payment of \$_____
on _____ and it is equal to __ months of
cash aid.

[] You got diversion service(s) of _____
_____ on _____. The value of your diversion
service(s) is \$_____ and it is equal to__
months of cash aid.

You have agreed to count the diversion
payment/services against your eligibility time
limit.

Your diversion period is figured on this page.

Diversion Payment/Service(s).... \$_____
Maximum Aid Payment ____Person(s)
(Assistance Unit only)..... -_____
Diversion Period..... =_____

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use to adjust the number of months for diversion against the 48-month
time limit when an applicant applies for CalWORKs during the diversion period. Use
as a second page on a blank NA 270 for applicants when appropriate. Print the
calculation for either the payment or value of services divided by the MAP (AU only)
to get the diversion period on the right hand side.

This message replaces M81-215E dated 01-01-98.

Auto ID No.:
Source :
Issued by :
Reg Cite : 81-215.52, W & IC 11266.5

Use Form No. : NA 270
Original Date : 01-01-98, New
Revision Date : 06-24-11

MESSAGE:

As of _____, the County is subtracting one month from your 48-month time limit.

Here's why:

[] You got a diversion payment of \$_____ on _____ and it is equal to __ months of cash aid.

[] You got diversion service(s) of _____ on _____. The value of your diversion service(s) is \$_____ and is equal to __ months of cash aid.

Since you came in and applied for cash aid after the diversion period, only one month is counted against your 48-month time limit.

Your diversion period is figured on this page.

Diversion Payment/Service(s).... \$_____
Maximum Aid Payment ___ Person(s)
(Assistance Unit only)..... -_____
Diversion Period..... =_____

AUTHORITY: Senate Bill 72 (Chapter 8, Statutes of 2011)

INSTRUCTIONS: Use to subtract one month for diversion against the 48-month time limit because the client came in after the diversion period to apply for cash aid. Use on blank NA 270 as a second page for applicants when appropriate. Print the calculation for either the payment or value of services divided by the MAP (AU only) to get the diversion period on the right hand side.

This message replaces M81-215F dated 01-01-98.