

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 322-5387



February 14, 1985

ALL-COUNTY LETTER NO. 85-24

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STEPHENS V. McMAHON: NOTICES OF ACTION

REFERENCE: ACIN 1-106-84
ACL 84-125
ACL 85-13

Attached are the Notices of Action which are to be used for informing Stephens v. McMahon claimants of the disposition of their claims. We have attempted to develop notices for the majority of case situations; however, the notice messages provided may not be all inclusive. For those less common situations, you may need to develop additional messages to meet individual case circumstances. The Department has developed two blank notices that you may use when you need to develop additional messages, the "Stephens v. McMahon Cash Aid - General Notice" (1) and Stephens v. McMahon Cash Aid - Continuation Page" (2) the Continuation Page is to be used only as an attachment to a General Notice, and is not to be used alone.

This letter transmits only the English version of the notices. The Spanish translation will be forthcoming.

You must copy the attached notices with the enclosed NA Back 5 on the reverse side. When you copy the Continuation Pages, leave the reverse side blank. In the event that it is necessary to send more than one notice to a claimant, all approval and denial notices, with the exception of the Notice for Incorrect County, must be sent to the claimant at the same time.

This letter contains: 1) reproducible copies of a blank General Notice, the NA Back 5, and a blank Continuation Page, for use in the event additional notices need to be developed (Attachment I); 2) reproducible copies and the instructions for completion of the notices to be used to deny a claim (Attachment II); 3) a reproducible copy and the instructions for completion of the notice to be used to inform the claimant that his/her claim has been forwarded to the CWD where he/she currently lives (Attachment III); 4) a reproducible copy and the instructions for completion of the approval notice (Attachment IV); 5) reproducible copies and the instructions for completion of the continuation pages which provide the detail regarding how the amount of benefit was calculated (Attachment V); and the Stephens Worksheet (Attachment VI).

The worksheet shall be used to compute the amount of Stephens back payment owed to the claimant.

If there are any questions, please contact Bob Stipe at (916) 324-2012.

for Robert Seitch
ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

ATTACHMENT 1

- 1) "Stephens v. McMahon Cash Aid - General Notice" (1)
- 2) The current NA Back 5 to be used with the General Notice
- 3) "Stephens v. McMahon Cash Aid - General Continuation" (2)
- 4) Instructions for Use of General Notice

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

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-
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Description of the Action, Amount, Reason(s), Comments.

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

STEPHENS v. McMAHON - Cash Aid - General Notice (No Aid Pending) - 1

Your Right to Appeal This Action

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county or adoption worker can help you request a hearing. If you decide to request a hearing you must do so WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.

FOOD STAMPS AND CASH AID†: If this action stops or reduces your food stamps or cash aid and you ask for a hearing before the effective date of the action, your benefits may continue unchanged under certain circumstances until the hearing or until you receive your hearing decision. Food Stamps will not continue past the end of your current certification period.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253*

For the Deaf Only TDD (800) 952-8349*

*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Request for a State Hearing

Name _____ Phone number _____
Address _____ City _____ State _____ Zip Code _____

I am requesting a state hearing because of an action by the welfare department of _____ county related

to my family's: Cash Aid Food Stamps Medi-Cal Adoption Assistance Program Payments

Reasons for my request:

I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language _____ Dialect _____

†If you request a state hearing and your benefits continue unchanged, the county can recover as an overpayment the cash aid and value of food stamps the hearing decision finds you were not eligible for. If you remain eligible to receive cash aid after the hearing, and you have no other income or resources, your grant will be reduced by 10% each month until the full amount of such overpayment is collected. If you do have other income or available property, the amount your grant will be reduced each month will be greater.

Check here if you want your benefits reduced or discontinued now, as described in this Notice of Action.

Cash Aid Food Stamps

If you checked the box(es) and the hearing decision is in your favor, any lost benefits will be made up.

Signature _____ Date _____

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may

do so by contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority W&IC 10950.

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

Authority. Stephens v. McMahan Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.

STEPHENS v. MC MAHON Cash Aid - General Notice - Continuation - 2

Instructions for Use of General Notice

For the majority of case situations the notices in Attachment II - V have been prepared for use by the CWD. However, for those less common situations in which the CWD may need to develop additional messages to meet individual case circumstances the Department has developed two blank notices to be used. These are the Stephens v. McMahon Cash Aid - General Notice (1) and the Stephens v. McMahon Cash Aid - Continuation Page (2). The Continuation Page is to be used only as an attachment to a General Notice and is not to be used alone.

ATTACHMENT II

- 1) Denial Notices (3-11)
- 2) Instructions on Completing the Notices

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming back benefits under the Stephens v. McMahon court case. We have denied your claim for the period from _____ / _____ through _____ / _____ because you withdrew your claim. You may reinstate your claim by April 30, 1985 in order to be considered for benefits back to October 1, 1984.

(Month/Year) (Month/Year)

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

STEPHENS v. McMAHON Cash Aid - Denial (No Aid Pending) - 3

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming back benefits under the Stephens v. McMahon court case. We have denied your claim for the period from _____ / _____ through _____ / _____ because you submitted it after April 30, 1985, the final date to apply for back benefits.
(Month/Year) (Month/Year)

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

STEPHENS v. McMAHON Cash Aid - Denial (No Aid Pending) - 4

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming back benefits under the Stephens v. McMahon court case. We have denied your claim for the period from _____ / _____ through _____ / _____ because you wouldn't help us get the supporting information we need to process your claim.
(Month/Year) (Month/Year)

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

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Description of the Action, Amount, Reason(s), Comments.

You are claiming back benefits under the **Stephens v. McMahon** court case. We have denied your claim for the period from _____ / _____ through _____ / _____ because you received a lump sum of money for _____ (Month/Year) (Month/Year). This is not a "windfall" payment as defined by the **Stephens v. McMahon** judgment and order. _____ (Source)

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

STEPHENS v. McMAHON Cash Aid - Denial (No Aid Pending) - 6

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming back benefits under the Stephens v. McMahon court case. We have denied your claim for the period from _____ / _____ through _____ / _____ because your lump sum payment was received prior to April 2, 1982.
(Month/Year) (Month/Year)

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

STEPHENS v. McMAHON Cash Aid - Denial (No Aid Pending) - 7

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming back benefits under the Stephens v. McMahon court case. We have denied your claim for the period from ____/____ through ____/____ because your AFDC benefits were not suspended, denied, stopped or reduced as a result of receiving a lump sum payment after April 1, 1982.
(Month./Year) (Month./Year)

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

STEPHENS v. McMAHON Cash Aid - Denial (No Aid Pending) - 8

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

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Description of the Action, Amount, Reason(s), Comments.

You are claiming back benefits under the Stephens v. McMahon court case. We have denied your claim for the period from ____ / ____ through ____ / ____ . We denied your claim because your benefits were not suspended, denied, stopped or reduced, on or after October 1, 1984.
(Month/Year) (Month/Year)

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

STEPHENS v. McMAHON Cash Aid - Denial (No Aid Pending) - 9

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming back benefits under the **Stephens** v. **McMahon** court case. We have denied your claim for the period from ____/____ through ____/____ because you had countable resources over the \$ ____ limit. In such a case, you may not claim back benefits. Our records show your countable resources as :

ITEM	VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Authority. **Stephens** v. **McMahon** Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming back benefits under the Stephens v. McMahon court case. On / / , we asked for more information. We have denied your claim for the period from / through / because you didn't submit the following information by / / .

(Date) (Month/Year) (Month/Year) (Month/Day/Year)

INFORMATION REQUESTED

If you get the required information in by April 30, 1985, we will reinstate your application for benefits back to October 1, 1984.

Authority. Stephens v. McMahon Stipulated Judgment and Order; ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Completing the Denial Notices (3-11)

- (1) Fill in the dates for the period of the claim being denied.
- (2) Provide in the appropriate spaces on the notice the specified information; i.e., dates, amounts, page numbers, etc.
- (3) Attach to the notice all additional pages appropriate to clearly provide the reason for denial. These additional pages may include, but are not limited to: computation sheets or other documents supporting the reason. Clearly number all pages.
- (4) If more than one reason for denial exists for the same period, combine the appropriate messages on the blank General Notice (1).
- (5) Separate notices should be used for each period of the claim denied if the reasons are different for each period.
- (6) If only one reason for denial exists for the different periods of the claim, use a single notice and specify all periods denied.
- (7) When the claim is being denied for failure to provide requested information/verification or affidavit, list the requested information/verification that was not provided on Notice No. 11.
- (8) The last sentence on Notice Number 3 and the last sentence on Notice Number 11 should be included only if the Notice is mailed prior to April 30, 1985.
- (9) Provide the source of the lump sum payment in the space provided on Notice Number 6.

ATTACHMENT III

- 1) Notice for Incorrect County (12)
- 2) Instructions on Completing the Notice

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

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Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits back to October 1, 1984 under the **Stephens v. McMahan** court case. We can't process your claim for the period from _____ / _____ through _____ / _____ because you currently live in _____ County. We've sent your claim to that County for processing. You have filed in time to get benefits from October 1, 1984 because your application was received by April 30, 1985. You should contact _____ County Welfare Department as soon as possible. Show them this notice.

Authority. Stephens v. McMahan Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of this page tells how.

STEPHENS v. McMAHON Cash Aid - Notice for Incorrect County (No Aid Pending) - 12

Completing the Incorrect County Notice (12)

- (1) Fill in the dates for the period of the claim for which the claim is being forwarded to the correct county.
- (2) Fill in the name of the county where the claimant currently lives.
- (3) Fill in the name of the county welfare department the claimant should contact (same as No. 2).

ATTACHMENT IV

- 1) Approval Notice (13, 14, 15)
- 2) Instructions for Completing the Notices

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Stephens v. McMahon court case. We have approved your claim as noted below. The attached page(s) show(s) you how we figured the amount owed you.

We owe you \$ _____ for the period / through /
(Month/Year) (Year/Month)

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

STEPHENS v. McMAHON - Cash Aid - General Notice (No Aid Pending) - 13

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

1. You are claiming benefits under the Stephens v. McMahon court case. We have approved your claim as noted below. The attached page(s) show(s) how we figured the amount owed you.

We owe you \$ _____ for the period ____ / ____ through ____ / ____
(Month/Year) (Year/Month)

2. The amount on the check we are sending you is less than the amount shown in number 1 above. That is because you have an overpayment, which you have not appealed, still owing. We have used your Stephens back benefits to repay all of that overpayment. The figures below show you how we did this.

<u>Stephens</u> back benefits we owe you	\$ _____
Less overpayment you owe us	- \$ _____
Equals <u>Stephens</u> back benefits we still owe you	= \$ _____

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

1. You are claiming benefits under the **Stephens v. McMahan** court case. We have approved your claim as noted below. The attached page(s) show(s) how we figured the amount owed you.

We owe you \$ _____ for the period _____ / _____ through _____ / _____
(Month/Year) (Year/Month)

2. You will not receive a **Stephens** payment because you have an overpayment, which you have not appealed, still owing. We have used all of your **Stephens** back benefits to repay part of that overpayment. The figures below show you how we did this.

Overpayment you owe us	\$ _____
Less Stephens back benefits we owe you	- \$ _____
Equals overpayment you still owe us	= \$ _____

Authority. **Stephens v. McMahan** Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Completing the Approval Notice (13, 14, 15)

- (1) THESE NOTICES CANNOT STAND ALONE. They must have at a minimum one of the "Stephens v. McMahon Cash Aid - General Continuation" pages (Notices 16 - 17) attached in order to show the computation of the amount of money the claimant is to receive. It may be necessary to use more than one continuation page to reflect the computation for the eligible period being claimed. Clearly number all pages.
- (2) Fill in the amount of money the claimant is eligible to receive. The amount shown on this notice for the specified period must correspond to the amount calculated on the Computation Page - Total amount we owe you.
- (3) Fill in the dates for the approved period claimed that the amount covers. These dates may encompass the entire eligible period claimed or a portion thereof.
- (4) If the Stephens retroactive benefit is being used to offset an outstanding overpayment use Notices 14 or 15, and complete the appropriate computation.

(Note: When an overpayment is being adjusted, the notice must include a copy of the Demand Notice or any other Notice of Action showing the amount of the outstanding overpayment as an attachment.)

ATTACHMENT V

- 1) Computation Page - Period of Ineligibility (16)
- 2) Computation Page - Overpayment (17)
- 3) Instructions for Completing Computation Pages

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

On ____ / ____ you received a lump sum payment of \$ ____ which resulted in a ____ month period of ineligibility per EAS 44-207.4 effective ____ / ____ through ____ / ____.

We have approved your Stephens v. McMahon claim for the dates and amounts shown below:

A Time Periods	B Aid You Were Eligible to Receive	C Amount We Owe You
____ / ____ (Month/Year)	\$ _____	\$ _____
____ / ____ (Month/Year)	\$ _____	\$ _____
____ / ____ (Month/Year)	\$ _____	\$ _____
____ / ____ (Month/Year)	\$ _____	\$ _____
Total Amount We Owe You		\$ <input type="text"/>

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Completing the Computation Page - Period of Ineligibility (16)

- (1) Use as many pages as necessary to cover the entire eligible period claimed. Clearly number all pages.
- (2) Fill in the dates and amounts requested.
- (3) Column A contains the time period the claimant is eligible for a Stephens v. McMahon payment.
- (4) Column B contains the amount of aid the claimant was eligible to receive as a result of Stephens v. McMahon court case.
- (5) Column C contains the amount owed to the claimant for the corresponding time period. (This amount is the same as the amount in Column B.)
- (6) The amount shown in the "Total Amount We Owe You" is the sum of all the amounts in Column C. This amount is shown on the Approval Notice (13, 14 or 15) in Item Number 1.

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

On ____/____/____ you received a lump sum payment of \$ _____ which was not reported to the county (Month/Year) and resulted in an overpayment. We recouped a total of \$ _____ from your aid payments from ____/____/____ through ____/____/____. (Month/Year) (Month/Year)

We have approved your Stephens v. McMahon claim for the dates and amounts shown below:

A Time Periods	B Amount Recouped	C Amount We Owe You
____/____/____ (Month/Year)	\$ _____	\$ _____
____/____/____ (Month/Year)	\$ _____	\$ _____
____/____/____ (Month/Year)	\$ _____	\$ _____
____/____/____ (Month/Year)	\$ _____	\$ _____
Total Amount We Owe You		\$ <input type="text"/>

Authority. Stephens v. McMahon Stipulated Judgment and Order: ACL 84-125 and ACL 85-13. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

ATTACHMENT VI

- 1). Stephens v. McMahon Worksheet

Completing the Computation Page - Period of Ineligibility (17)

- (1) Use as many pages as necessary to cover the entire eligible period claimed. Clearly number all pages.
- (2) Fill in the dates and amounts requested.
- (3) Column A contains the time periods the claimant is eligible for a Stephens v. McMahon payment.
- (4) Column B contains the amount of aid recovered from the claimant's aid payment.
- (5) Column C contains the amount owed to the claimant for the corresponding time period. (This amount is the same amount as in Column B.)
- (6) The amount shown in "Total Amount We Owe You" box is the sum of all the amounts in Column C. This amount is shown on the Approval Notice (13, 14 or 15) in item Number 1.

**STEPHENS v. McMAHON
WORKSHEET**

INSTRUCTIONS: Answer the following questions and check the appropriate box. If the answer to any one of the questions below is "No" the claim shall be denied and an appropriate Notice of Action mailed to the claimant. Once a "No" answer is recorded, the remaining questions need not be answered.

Case Name:
Case Number:
Claimant's EW:
Date:

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Did claimant receive a lump-sum payment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the lump-sum payment meet the windfall definition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did claimant receive lump-sum payment after April 1, 1982? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the receipt of the lump-sum payment after April 1, 1982 result in the claimant's AFDC benefits being suspended, denied, terminated or reduced? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the claimant's AFDC benefits remain suspended, denied, terminated or reduced on or before October 1, 1984? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the claimant's application for back benefits received by April 30, 1985? | <input type="checkbox"/> | <input type="checkbox"/> |

7. If the answer to all of the above questions is "yes" the claimant's **Stephens v. McMahon** CA 2 and CA 7's shall be examined to determine eligibility for AFDC from October 1, 1984 forward. The amount of the claimant's **Stephens** back payment shall be computed using the information taken from the **Stephens** CA 2 and CA 7's and the following table:

A.	B.	C.	D.	E.	F.	G.	H.
Period Month/Year	Available Resources ¹	Family Size	MAP	Nonexempt Income	Grant That Should Have Been Paid	Grant Amount Actually Paid	Amount of Stephens Payment Owed ²
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10. Total Owed ³							

8. If the claimant has an existing overpayment due the county, the following computations will be used to balance the **Stephens** underpayment against the outstanding overpayment.

- a. If the amount of the **Stephens** back benefits is greater than the overpayment due complete the following:
- Stephens** back benefits owed (amount from "Total Owed", Line 10, in Table I.) _____
 - Less amount of overpayment due. _____
 - Equals amount of **Stephens** back benefits still owed. _____

An appropriate **Stephens** Notice of Action, and a warrant for the amount of the **Stephens** back benefits owed, shall be sent to the claimant.

- b. If the amount of the overpayment due to the county is greater than the **Stephens** back benefits complete the following:
- Overpayment due _____
 - Less amount of **Stephens** back benefits owed (amount from "Total Owed", Line 10, in Table I.) _____
 - Equals amount of overpayment still due. _____

An appropriate **Stephens** Notice of Action shall be sent to the claimant.

- If the amount COLUMN B exceeds \$1,000.00, the claimant is ineligible for AFDC and a **Stephens** back payment for the corresponding period. The appropriate **Stephens** Notice of Action should be mailed to the claimant indicating a denial of the claim for this period.
- The amount shown in COLUMN H is the difference between the amount shown in COLUMNS F and G.
- The amount shown on Line 10 is the sum of all amounts in COLUMN H. If the claimant does not have an existing overpayment due the CWD, this is the amount of the **Stephens** back benefits owed to the claimant. A warrant for this amount along with the appropriate **Stephens** Notice of Actions should be sent to the claimant.