

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 19, 1987

ALL COUNTY LETTER NO. 87-148

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC NOTICES OF ACTION FOR IMPLEMENTATION OF THE TAX  
REFORM ACT OF 1986

REFERENCE: ACL 87-118

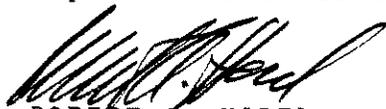
ACL number 87-118 informed you of the emergency regulations (effective 9/1/87) implementing the Tax Reform Act of 1986. Attached are reproducible copies of Notice of Action (NOA) message language in English that Counties must use when notifying applicants or recipients of specific changes due to the new regulations.

We have also included one AFDC NOA Handbook page for each of the English messages. Additional copies will be distributed through the regular Handbook Updating process.

Reproducible copies and Handbook pages of the Spanish, Chinese, Vietnamese, Laotian and Cambodian translations of the messages will be forthcoming.

Also, impacted by these regulations are the CA 23 (Senior Parent(s)/Legal Guardian(s) Statement of Facts) and CA 73 (Senior Parent(s)/Legal Guardian(s) Income Report) forms. Counties are advised that the following revision is effective immediately. Counties shall substitute "18" for "19" in the phrase "(up to age 19)" located in the Instructions Section at the top of both forms. Since Counties are required to print their own supply of these forms, they may utilize the most appropriate method to implement these changes. (See attached copy of the CA 23 and the CA 73).

If you have any questions or need further information, please contact Jim Mullany of the AFDC and Food Stamp Policy Implementation Bureau at (916) 324-2661 or ATSS 454-2661.



ROBERT A. HOREL  
Deputy Director

Attachments

cc: CWDA

**M44-133M - Discontinue; Minor Parent, 185%**

Use to discontinue minor parent cases when the deemed senior parent income causes the minor parent's income to exceed 185%.

This message replaces M44-133M (8/15/86) to modify the language to conform to requirements of the Tax Reform Act of 1986.

Use M44-133L as a second page.

**M44-133N - Suspend; Minor Parent, 185%**

Use to suspend minor parent cases when the deemed senior parent income causes the minor parent's income to exceed 185% for only one month.

This message replaces M44-133N (8/15/86) to modify the language to conform to requirements of the Tax Reform Act of 1986.

Use M44-133L as a second page.

**M44-133o - Discontinue; Minor Parent, F.E.,**

Use to discontinue minor parent cases when the deemed senior parent income causes the minor parent's income to exceed MBSAC.

This message replaces M44-1330 (8/1/86) to modify the language to conform to requirements of the Tax Reform Act of 1986.

Use M44-133L as a second page.

**M44-133P - ZBG; Minor Parent, F.E.,**

Use to ZBG minor parent cases when the deemed senior parent income causes the minor parent's income to exceed MBSAC for only one month.

This message replaces M44-133P (8/15/86) to modify the language to conform to requirements of the Tax Reform Act of 1986.

Use M44-133L as a second page.

**M44-133Q - Change; Minor Parent Income,**

Use to change the amount in minor parent cases when a change in the deemed senior parent income causes the minor parent's income to change.

## INSTRUCTIONS FOR COMPLETING NOTICES OF ACTION

The attached reproducible copies of Notice of Action (NOA) message language in English are to be used when informing applicants/recipients about changes due to the implementation of the Tax Reform Act of 1986 regulations.

We have developed Notice of Action messages for the majority of case situations. However, the messages may not address every possibility. Counties may develop additional messages to meet individual case circumstances following the language pattern established in the state messages.

### SPECIFIC MESSAGE INSTRUCTIONS:

#### **M 44-133Bt - Change; Stop Deemed Income for 18 Year Old Parent**

Use to notify the recipient of the "deeming" rule change and to change the grant in minor parent cases currently on aid in which the minor parent is 18 years old. Use to change grant because senior parent income is no longer deemed to 18 year old parents under the Tax Reform Act of 1986 rule change.

THIS IS A TEMPORARY MESSAGE, designed for one-time use.

As appropriate, combine with an underpayment notice, #M44-340Bt.

#### **M 44-133Ct - Change; Work Disregard of Deemed Income**

Use to notify recipients of the rule change and to change the grant of current cases in which income deemed from a stepparent, senior parent or legal guardian is changed because of the revision to earned income disregard rules under the Tax Reform Act of 1986.

For all such deemed income cases, a maximum of \$75 is now allowed as an income disregard for all cases, even for those employed part time.

THIS IS A TEMPORARY MESSAGE, designed for one-time use.

As appropriate, combine with an underpayment notice, #M44-340At.

#### **M 44-133D - Change - 18 Year Old, End of Deeming**

Use to change the amount of grant in cases in which a minor parent has reached age 18 and senior parent or legal guardian income is no longer counted.

This message replaces M44-133Q (8-1-86) to modify the language to conform to the requirements of the Tax Reform Act of 1986.

Use M44-133L as a second page.

**M44-340At - Retro; U/P Current Recipient -  
Change in WRE for Deemed Income**

Use to notify current recipients of an underpayment due to the requirement to recompute grants back to October 22, 1986 allowing a \$75 earned income disregard for part-time employed stepparents, senior parents or legal guardians.

THIS IS A TEMPORARY MESSAGE, designed for one-time use.

Attach M44-340Et as a continuation page.

**M44-340Bt - Retro; U/P Current Recipient - Change in Deeming -  
18 Year Old Parent**

Use to notify current recipients of an underpayment due to the requirement to recompute grants back to October 22, 1986 deleting deemed income of senior parents to 18 year old parents.

THIS IS A TEMPORARY MESSAGE, designed for one-time use.

Attach M44-340Et as a continuation page.

**M44-340Ct - Retro; U/P Former Recipient -  
Change in WRE for Deemed Income**

Use to notify former recipients of an underpayment due to the requirement to recompute grants back to October 22, 1986 allowing a \$75 earned income disregard for part-time employed stepparents, senior parents or legal guardians.

THIS IS A TEMPORARY MESSAGE, designed for one-time use.

Attach M44-340Et as a continuation page.

**M44-340Dt - Retro; U/P Former Recipient - Change in Deeming -  
18 Year Old Parent**

Use to notify former recipients of an underpayment due to the requirement to recompute grants back to October 22, 1986 deleting deemed income of senior parents to 18 year old parents.

THIS IS A TEMPORARY MESSAGE, designed for one-time use.

Attach M44-340Et as a continuation page.

**M44-340Et - Deeming/Disregard Underpayment Computation Page**

Use to compute the correct amount of underpayment due to the requirement to recompute grants back to October 22, 1986 allowing a \$75 earned income disregard to part-time employed stepparents, senior parents or legal guardians, and deleting deemed income of senior parents to 18 year old parents. Compute the correct grant amount and determine the underpayment amount for each affected month. Add each month's underpayment amount to arrive at the total underpayment.

THIS IS A TEMPORARY MESSAGE, designed for one-time use.

Must be attached to the M44-340At, Bt, Ct and Dt.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
 Case Name \_\_\_\_\_  
 Number \_\_\_\_\_  
 Worker Name \_\_\_\_\_  
 Number \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the county is changing your cash aid amount from \_\_\_\_\_ to \_\_\_\_\_.

Here's why:

You are an 18-year-old parent living with your parent or legal guardian.

A new rule says we can count only the amount of money your parent or legal guardian gives you or what they pay for your food, housing, and utilities.

When we don't count their income, your cash aid changes.

Your new cash aid amount is figured on this notice.

## Monthly Cash Aid Amount

Your Countable Income in \_\_\_\_\_ (MONTH)

Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Other Countable Income (list sources)	_____
	+ _____
	+ _____
	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

Your Cash Aid in \_\_\_\_\_ (MONTH)

Basic Aid for _____ Persons	\$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	- _____
Cash Aid Subtotal	= _____
Overpayment adjustment (separate page)	- _____
Monthly Cash Aid Amount	\$ _____

Rules: These rules apply; you may review them at your welfare office. MPP 44-133.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Worker Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)



Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

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

Here's why:

A new rule says that \$75 will be taken off the earned income of all senior parents, stepparents and legal guardians when figuring net countable income. Before, we could only take off \$50 for these people if they worked part time.

When their income changes, your income also changes.

Your new cash aid amount is figured on this notice.

### Monthly Cash Aid Amount

	Your Countable Income in _____ (MONTH)
Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Other Countable Income (list sources)	_____
	+ _____
	+ _____
	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

	Your Cash Aid in _____ (MONTH)
Basic Aid for _____ Persons	\$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	- _____
Cash Aid Subtotal	= _____
Overpayment adjustment (separate page)	- _____
Monthly Cash Aid Amount	\$ _____

Rules: These rules apply; you may review them at your welfare office. MPP 44-133.6, 44-133.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

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

Here's why:

You are now 18 years old and a parent living with your parent or legal guardian. We now only count the amount of money your parent or legal guardian gives you and what they pay for your food, housing and utilities.

When your income changes, your cash aid also changes.

Your new cash aid is figured in this notice.

## Monthly Cash Aid Amount

Your Countable Income in _____	
(MONTH)	
Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Other Countable Income (list sources)	_____
_____	+ _____
_____	+ _____
_____	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

Your Cash Aid in _____	
(MONTH)	
Basic Aid for _____ Persons	\$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	- _____
Cash Aid Subtotal	= _____
Overpayment adjustment (separate page)	- _____
Monthly Cash Aid Amount	\$ _____

Rules: These rules apply; you may review them at your welfare office. MPP 44-101, 44-133.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Worker Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** if you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the county is stopping your cash aid.

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the need standard set by the state.

You are a parent living with your parent or legal guardian and you are under age 18.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

We figured your parent's or legal guardian's income on the next page.

Your needs and income are shown on this notice.

Family Gross Income in	_____	(MONTH)
	\$ _____	
	+ _____	
	+ _____	
	+ _____	
Total Gross Income	= _____	

Family Needs in	_____	(MONTH)
Basic Need for _____ Persons	\$ _____	
Special Needs	+ _____	
Total Needs	= _____	
	x 1.85	
185% of Needs	= _____	

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.2, 44-133.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Worker Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The county is stopping your cash aid for the month of \_\_\_\_\_.

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the need standard set by the state.

You are a parent living with your parent or legal guardian and you are under age 18.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

You may get cash aid again if your gross income goes below the 185% limit. For us to know this, you must turn in a complete Monthly Eligibility Report (CA7) during the month your aid is stopped.

We figured your parent's or legal guardian's income on the next page.

Your needs and income are shown on this notice.

Family Gross Income in \_\_\_\_\_

(MONTH)

_____	\$	_____
_____	+	_____
_____	+	_____
_____	+	_____
<b>Total Gross Income</b>	=	_____

Family Needs in \_\_\_\_\_

(MONTH)

Basic Need for _____ Persons	\$	_____
Special Needs	+	_____
<b>Total Needs</b>	=	_____
	x	1.85
<b>185% of Needs</b>	=	_____

You will get another notice about your Medi-Cal.

**Rules:** These rules apply; you may review them at your welfare office: MPP 44-207.2, 44-133.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the county is stopping your cash aid.

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the state.

You are a parent living with your parent or legal guardian and you are under age 18.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

We figured your parent's or legal guardian's income on the next page.

Your needs and income are shown on this notice.

### Net Countable Income

Total Earned Income	\$	_____
Work Expense Disregard	-	_____
Dependent Care Disregard	-	_____
\$30 Disregard	-	_____
\$30 and 1/3 Disregard	-	_____
Other Countable Income (list sources)		
_____	+	_____
_____	+	_____
_____	+	_____
Child Support Collected by the County (financial eligibility only).	+	_____
Court Ordered Support Paid	-	_____
(A) Net Countable Income	=	_____

### Family Needs

Basic Need for _____ Persons	\$	_____
Special Needs	+	_____
(B) Family Needs	=	_____

Lump Sum Ineligibility  
Your net countable income (A) divided by your family needs (B) equals the number of ineligible months: \_\_\_\_\_  
There is a remainder of \$ \_\_\_\_\_  
It counts against your grant in \_\_\_\_\_ (MONTH)

You are not financially eligible in \_\_\_\_\_ (MONTH)

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.3, 44-133.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Worker Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The county is stopping your cash aid for the month of \_\_\_\_\_.

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the state.

You are a parent living with your parent or legal guardian and you are under age 18.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

You may get cash aid again if your countable income is less than the need standard. For us to know this, you must turn in a complete Monthly Eligibility Report (CA7) during the month your aid is stopped.

We figured your parent's or legal guardian's income on the next page.

Your needs and income are shown on this notice.

Net Countable Income	
Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Other Countable Income (list sources)	
_____	+ _____
_____	+ _____
_____	+ _____
Child Support Collected by the County (financial eligibility only).	+ _____
Court Ordered Support Paid	- _____
(A) Net Countable Income	= _____

Family Needs	
Basic Need for _____ Persons	\$ _____
Special Needs	+ _____
(B) Family Needs	= _____

Lump Sum Ineligibility  
 Your net countable income (A) divided by your family needs (B) equals the number of ineligible months: \_\_\_\_\_  
 There is a remainder of \$ \_\_\_\_\_  
 It counts against your grant in \_\_\_\_\_ (MONTH)

You are not financially eligible in \_\_\_\_\_ (MONTH)

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.3, 44-133.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
 Case Name \_\_\_\_\_  
 Number \_\_\_\_\_  
 Worker Name \_\_\_\_\_  
 Number \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

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

Here's why:

The amount of money your parent or legal guardian could give you has changed. With this money, your income and cash aid amount changes.

You are a parent living with your parent or legal guardian and you are under age 18.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When their income changes, your income also changes.

We figured your parent's or legal guardian's income on the next page.

Your needs and income are shown on this notice.

## Monthly Cash Aid Amount

Your Countable Income in \_\_\_\_\_ (MONTH)

Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Other Countable Income (list sources)	_____
	+ _____
	+ _____
	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

Your Cash Aid in \_\_\_\_\_ (MONTH)

Basic Aid for _____ Persons	\$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	- _____
Cash Aid Subtotal	= _____
Overpayment adjustment (separate page)	- _____
Monthly Cash Aid Amount	\$ _____

You will get another notice about your Medi-Cal.

**Rules:** These rules apply; you may review them at your welfare office: MPP 44-315, 44-133.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You have been underpaid.

Here's why:

The rules were changed for figuring income from all senior parents, stepparents and legal guardians that counts as income to you. Now, instead of taking \$50 off their income for work related costs, \$75 can be taken off. The rule makes us go back to October 22, 1986.

When their income changes, your income changes.

The next page tells you how much the county owes you for some months since October 22, 1986.

- A check is enclosed.
- A check will be mailed soon.

**Rules:** These rules apply; you may review them at your welfare office: MPP 44-340.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)



Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You have been underpaid.

Here's why:

The rule for counting income of a senior parent or legal guardian of an 18-year-old parent who is in school has changed. Now, that income does not count. The rule makes us go back to October 22, 1986.

The next page tells how much the county owes you for some months since October 22, 1986.

- A check is enclosed.
- A check will be mailed soon.

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-340.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

When you were on aid, you were underpaid.

Here's why:

The rules were changed for figuring income from all senior parents, stepparents and legal guardians that counted as income to you. Now instead of taking \$50 off their income for work related costs, \$75 can be taken off. The rule makes us go back to October 22, 1986.

When their income changes your income also changes.

The next page tells you how much the county owes you for some months since October 22, 1986.

- A check is enclosed.
- A check will be mailed soon.

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-340.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

When you were on aid, you were underpaid.

Here's why:

The rule for counting income of a senior parent or legal guardian of an 18-year-old parent who is in school has changed. Now, that income does not count. The rule makes us go back to October 22, 1986.

- A check is enclosed.
- A check will be mailed soon.

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-340.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

(Continued)

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_

Name of Unaided Person With Income: \_\_\_\_\_

Month and Year: \_\_\_\_\_

Total Earned Income: \$ \_\_\_\_\_

Work-Related Cost: - \_\_\_\_\_

Other Countable Income: + \_\_\_\_\_

\_\_\_\_\_ : + \_\_\_\_\_

\_\_\_\_\_ : + \_\_\_\_\_

Support Paid to Child or Former Spouse: - \_\_\_\_\_

Support Paid to Other Dependents Not in the Home: - \_\_\_\_\_

Net Countable Income: = \_\_\_\_\_

Basic Need for \_\_\_\_\_ Persons: \$ \_\_\_\_\_

Special Needs: + \_\_\_\_\_

Cash Aid Amount: = \_\_\_\_\_

Aid Paid: - \_\_\_\_\_

Underpayment Amount: = \_\_\_\_\_

Total underpayment (sum of each monthly underpayment) \$ \_\_\_\_\_

**Rules:** These rules apply; you may review them at your Welfare Office: MPP 44-340.7

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

State of California  
Department of Social Services

Manual Msg. No.: M44-133Bt  
Action : Change  
Reason: Income Eligibility  
Title: 18 Year Old Parent,  
No Deeming  
Form No. : NA200  
Effective Date : 09/01/87  
Revision Date : 10/26/87

Auto ID No. :  
Flow Chart No. :  
Source : Tax Reform  
Regulation Cite: 44-133.7

MESSAGE: As of \_\_\_\_\_, the county is changing your cash aid from  
\$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Here's why:

You are an 18 year-old parent living with your parent or legal guardian.

A new rule says we can count only the amount of money your parent or legal guardian gives you or what they pay for your food, housing and utilities.

When we don't count their income, your cash aid changes.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to notify the recipient of the rule change and to change the grant in minor parent cases currently on aid in which the minor parent is 18 years old. Use to change the grant because senior parent income is no longer deemed to 18 year old parents under the Tax Reform Act of 1986 rule changes.

This is a temporary message, designed for one-time use.

As appropriate, combine with an underpayment notice, M44-340Bt.

State of California  
Department of Social Services

Manual Msg. No.: M44-133Ct  
Action : Change  
Reason: Income Eligibility  
Title: Change in WRE for  
Deemed Income  
Form No. : NA200  
Effective Date : 09/01/87  
Revision Date : 10/26/87

Auto ID No. :  
Flow Chart No. :  
Source : Tax Reform  
Regulation Cite: 44-133.6, 44-133.7

MESSAGE: As of \_\_\_\_\_, the county is changing your cash aid  
from \$\_\_\_\_\_ to \$\_\_\_\_\_.

Here's why:

A new rule says that \$75 will be taken off the earned income of all senior parents, stepparents and legal guardians when figuring net countable income. Before we could only take off \$50 for these people if they worked part time.

When their income changes, your income also changes.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to notify recipients of the rule change and to change the grant of current cases in which income deemed from a stepparent, senior parent or legal guardian is changed because of the revision to earned income disregard rules under the Tax Reform Act of 1986.

For all such deemed income cases, a maximum of \$75 is now allowed as an earned income disregard for all cases, even for those employed part time.

This is a temporary message, designed for one-time use.

As appropriate, combine with an underpayment notice, M44-340At.

State of California  
Department of Social Services

Manual Msg. No.: M44-133D  
Action : Change  
Reason: Income Eligibility  
Title: 18 Year Old, End of  
Deeming

Auto ID No. :  
Flow Chart No. :  
Source : Tax Reform  
Regulation Cite: 44-101, 44-133.7

Form No. : NA200  
Effective Date : 09/01/87  
Revision Date : 10/27/87

MESSAGE: As of \_\_\_\_\_, the county is changing your cash aid  
from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Here's why:

You are now 18 years old and a parent living with your parent or legal guardian. We now only count the amount of money your parent or legal guardian gives you and what they pay for your food, housing and utilities.

When we change your income, your cash aid changes.

Your new cash aid is figured on this notice.

INSTRUCTIONS: Use to change the amount of grant in cases in which a minor parent has reached age 18 and senior parent or legal guardian income is no longer counted.

State of California  
Department of Social Services

Manual Msg. No.: M44-133M  
Action : Discontinue  
Reason: Income Eligibility  
Title: Minor Parent, 185%

Auto ID No. :  
Flow Chart No. :  
Source : Grimesy  
Regulation Cite: 44-133.7, 44-207.2

Form No. : NA211  
Effective Date : 06/24/86  
Revision Date : 10/27/87

MESSAGE: As of \_\_\_\_\_, the county is stopping your cash aid.

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the need standard set by the state.

You are a parent living with your parent or legal guardian and you are under age 18.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

We figured your parent's or legal guardian's income on the next page.

Your needs and income are shown on this notice.

INSTRUCTIONS: Use to discontinue minor parent cases when the deemed senior parent income causes the minor parent's income to exceed 185%.

This message replaces M44-133M (8/15/86) to modify the language to conform to requirements of the Tax Reform Act of 1986.

Use M44-133L as a second page.

State of California  
Department of Social Services

Manual Msg. No.: M44-133N  
Action : Suspend  
Reason: Income Eligibility  
Title: Minor Parent, 185%

Auto ID No. :  
Flow Chart No. :  
Source : Grimesy  
Regulation Cite: 44-133.7, 44-207.2

Form No. : NA211  
Effective Date : 06/24/86  
Revision Date : 10/27/87

MESSAGE:

The county is stopping your cash aid for the month of \_\_\_\_\_.

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the need standard set by the state.

You are a parent living with your parent or legal guardian and you are under age 18.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

You may get cash aid again if your gross income goes below the 185% limit. For us to know this, you must turn in a complete Monthly Eligibility Report (CA7) during the month your aid is stopped.

We figured your parent's or legal guardian's income on the next page.

Your needs and income are shown on this notice.

INSTRUCTIONS: Use to suspend minor parent cases when the deemed senior parent income causes the minor parent's income to exceed 185% for only one month.

This message replaces M44-133N (08/15/86) to modify the language to conform to requirements of the Tax Reform Act of 1986.

Use M44-133L as a second page.

State of California  
Department of Social Services

Manual Msg. No.: M44-1330  
Action : Discontinue  
Reason: Income Eligibility  
Title: Minor Parent, F.E.

Auto ID No. :  
Flow Chart No. :  
Source : Grimesy  
Regulation Cite: 44-133.7, 44-207.3

Form No. : NA210  
Effective Date : 06/24/86  
Revision Date : 10/27/87

MESSAGE: As of \_\_\_\_\_, the county is stopping your cash aid.

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the state.

You are a parent living with your parent or legal guardian and you are under age 18.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

We figured your parent's or legal guardian's income on the next page.

Your needs and income are shown on this notice.

INSTRUCTIONS: Use to discontinue minor parent cases when the deemed senior parent income causes the minor parent's income to exceed MBSAC.

This message replaces M44-1330 (08/01/86) to modify the language to conform to requirements of the Tax Reform Act of 1986.

Use M44-133L as a second page.

State of California  
Department of Social Services

Manual Msg. No.: M44-133P  
Action : ZBG  
Reason: Income Eligibility  
Title: Minor Parent, F.E.

Auto ID No. :  
Flow Chart No. :  
Source : Grimesy  
Regulation Cite: 44-133.7, 44-207.3

Form No. : NA210  
Effective Date : 06/24/86  
Revision Date : 10/27/87

MESSAGE: The county is stopping your cash aid for the month of  
\_\_\_\_\_.

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the state.

You are a parent living with your parent or legal guardian and you are under age 18.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

You may get cash aid again if your countable income is less than the need standard. For us to know this, you must turn in a complete Monthly Eligibility Report (CA7) during the month your aid is stopped.

We figured your parent's or legal guardian's income on the next page.

Your needs and income are shown on this notice.

INSTRUCTIONS: Use to ZBG minor parent cases when the deemed senior parent income causes the minor parent's income to exceed MBSAC for only one month.

This message replaces M44-133P (08/15/86) to modify the language to conform to requirements of the Tax Reform Act of 1986.

Use M44-133L as a second page.

State of California  
Department of Social Services

Manual Msg. No.: M44-133Q  
Action : Change  
Reason: Income Eligibility  
Title: Minor Parent Income

Auto ID No. :  
Flow Chart No. :  
Source : Grimesy  
Regulation Cite: 44-133.7, 44-315

Form No. : NA200  
Effective Date : 06/24/86  
Revision Date : 10/27/87

MESSAGE: As of \_\_\_\_\_, the county is changing your cash aid from  
\$\_\_\_\_\_ to \$\_\_\_\_\_.

Here's why:

The amount of money your parent or legal guardian could give you has  
changed. With this money, your income and cash aid amount changes.

You are a parent living with your parent or legal guardian and you are  
under age 18.

Since you are a minor parent, some of your parent's or legal guardian's  
income is counted to figure your cash aid. When their income changes,  
your income also changes.

We figured your parent's or legal guardian's income on the next page.

Your needs and income are shown on this notice.

INSTRUCTIONS: Use to change the amount in minor parent cases when a  
change in the deemed senior parent income causes the minor parent's  
income to change.

This message replaces M44-133Q (08/01/86) to modify the language to  
conform to the requirements of the Tax Reform Act of 1986.

Use M44-133L as a second page.

State of California  
Department of Social Services

Manual Msg. No.: M44-340At  
Action : Retro  
Reason: U/P Current Recip  
Title: Change in WRE for  
Deemed Income  
Form No. : NA290  
Effective Date : 09/08/87  
Revision Date : 10/27/87 new

Auto ID No. :  
Flow Chart No. :  
Source : Tax Reform  
Regulation Cite:

MESSAGE: You have been underpaid.

Here's why:

The rules were changed for figuring income from all senior parents, stepparents and legal guardians that counts as income to you. Now, instead of taking \$50 off their income for work related costs, \$75 can be taken off. The rule changed back to October 22, 1986.

When their income changes, your income also changes.

The next page tells you how much the county owes you for some months since October 22, 1986.

A check is enclosed.

A check will be mailed soon.

INSTRUCTIONS: Use to notify current recipients of an underpayment due to the requirement to recompute grants back to October 22, 1986 allowing a \$75 earned income disregard to part-time employed stepparents, senior parents or legal guardians.

Check the appropriate box.

This is a temporary message, designed for one-time use.

Attach message M44-340Et as a continuation page.

State of California  
Department of Social Services

Manual Msg. No.: M44-340Bt  
Action : Retro  
Reason: U/P Current Recip  
Title: 18 Year Old Parent  
Change in Deeming  
Form No. : NA290  
Effective Date : 09/08/87  
Revision Date : 10/27/87

Auto ID No. :  
Flow Chart No. :  
Source : Tax Reform  
Regulation Cite:

MESSAGE: You have been underpaid.

Here's why:

The rule for counting income of a senior parent or legal guardian of an 18 year old parent who is in school has changed. Now, that income does not count. The rule changed back to October 22, 1986.

The next page tells how much the county owes you for some months since October 22, 1986.

A check is enclosed.

A check will be mailed soon.

INSTRUCTIONS: Use to notify current recipients of an underpayment due to the requirement to recompute grants back to October 22, 1986 deleting deemed income of senior parents to 18 year old parents.

Check the appropriate box.

This is a temporary message, designed for one-time use.

Attach message M44-340Et as a continuation page.

State of California  
Department of Social Services

Manual Msg. No.: M44-340Ct  
Action : Retro  
Reason: U/P Former Recip.  
Title: Change in WRE for  
Deemed Income  
Form No. : NA290  
Effective Date : 09/08/87  
Revision Date : 10/27/87

Auto ID No. :  
Flow Chart No. :  
Source : Tax Reform  
Regulation Cite:

MESSAGE: When you were on aid, you were underpaid.

Here's why:

The rules were changed for figuring income from all senior parents, stepparents and legal guardians that counted as income to you. Now, instead of taking \$50 off their income for work related costs, \$75 can be taken off. When their income changed, your income also changed. The rule makes us go back to October 22, 1986.

The next page tells you how much the county owes you for some months since October 22, 1986.

A check is enclosed.

A check will be mailed soon.

INSTRUCTIONS: Use to notify former recipients of an underpayment due to the requirement to recompute grants back to October 22, 1986 allowing a \$75 earned income disregard for part-time employed stepparents, senior parents or legal guardians.

Check the appropriate box.

This is a temporary message, designed for one-time use.

Attach message M44-340Et as a continuation page.

State of California  
Department of Social Services

Manual Msg. No.: M44-340Dt  
Action : Retro  
Reason: U/P Former Recip  
Title: 18 Year Old Parent  
Change in Deeming  
Form No. : NA290  
Effective Date : 09/08/87  
Revision Date : 10/27/87

Auto ID No. :  
Flow Chart No. :  
Source : Tax Reform  
Regulation Cite:

MESSAGE: When you were on aid, you were underpaid.

Here's why:

The rule for counting income of a senior parent or legal guardian of an 18 year old parent who is in school has changed. Now that income does not count. The rule changed back to October 22, 1986.

The next page tells how much the county owes you for some months since October 22, 1986.

[ ] A check is enclosed.

[ ] A check will be mailed soon.

INSTRUCTIONS: Use to notify former recipients of an underpayment due to the requirement to recompute grants back to October 22, 1986 deleting deemed income of senior parents to 18 year old parents.

Check the appropriate box.

This is a temporary message, designed for one-time use.

Attach message M44-340Et as a continuation page.

# SENIOR PARENT(S)/LEGAL GUARDIAN(S) INCOME REPORT

(Supplement to Monthly Eligibility Report)

Name:

Case Number:

Report Is For Month Of:

18

**INSTRUCTIONS:** State and Federal regulations require that when a minor parent (up to age 18) receives cash aid through the Aid to Families with Dependent Children (AFDC) program, the income of the senior parent(s)/legal guardian(s) living in the same household must be counted. The county welfare department must determine how much income from the senior parent(s)/legal guardian(s) will be deemed available to the minor parent for eligibility and grant amount purposes.

- In order for the county welfare department to determine how much income will be counted and deemed available to you, you must complete this form (CA 73) entirely and return it with your CA 7 Monthly Eligibility Report. This form is due back at the welfare department by the 5th of the month. If this report is not received by the 11th of the month or is incomplete, your cash aid and cash-based Medi-Cal may be delayed, decreased, or discontinued.
- Answer the following questions about your parent(s)/legal guardian(s) living with you.
- Call your worker if you need help completing this form.

1 Did your parent(s)/legal guardian(s) receive income, money, or benefits in the month, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement unemployment/disability insurance, interest, worker's compensation, SSI/SSP (gold checks) child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc?  YES  NO

If Yes, complete section below. Attach paystubs or other proof of your parent's/legal guardian's earnings this month. Attach proof for any other income only when it starts and when it changes. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses this month.

Name of Parent(s)/ Legal Guardian(s) Who Received Income, Money or Benefits?	Source (If Earnings, List Name of Employer)	Enter Below Dollar Amounts and Actual Dates Received. If earnings, enter gross amount before deductions.					If Earnings	
		Amount \$	Amount \$	Amount \$	Amount \$	Amount \$	Number of Days Worked In Month	Number of Hours Worked In Month
Name of 1st Parent/ Legal Guardian								
		Date	Date	Date	Date	Date		
Name of 2nd Parent/ Legal Guardian								
		Date	Date	Date	Date	Date		

2 Was there a change in the number of persons living with your parent(s)/legal guardian(s) whom they claim as Federal tax dependents?  YES  NO  
If Yes, explain the change. List name of person(s) and date of change.

3 Was there a change in the amount paid by your parent(s)/legal guardian(s) to a person living outside the home whom they claimed as a Federal tax dependent? If Yes, complete section below. Give name of person, amount paid and ATTACH proof.  YES  NO

Name	Amount Paid	Name	Amount Paid
	\$		\$

4 Was a payment made by your parent(s)/legal guardian(s) for child and/or spousal support to persons living outside the home? If Yes, complete section below. Give name of person, amount paid and ATTACH proof.  YES  NO

Name	Amount Paid	Name	Amount Paid
	\$		\$

### CERTIFICATION

I understand that failing to report information or misrepresentation of facts for Cash Aid or Cash-based Medi-Cal can result in legal prosecution with penalties of a fine, imprisonment or both.

I understand that I must contact my worker to report any unexpected changes which affect my eligibility for or the amount of my Cash Aid within 5 days of the occurrence or if I have any doubt about needing to report any changes.

I understand that reported information may result in a decrease or discontinuance of benefits.

I understand I have the right to request a state hearing on any proposed action by the county welfare department.

I declare under penalty of perjury that the information contained in this report is true and correct and is complete for the entire report month.

**YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.**

Signature of Cash-Aided Minor Parent	County Where Signed	Date Signed
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### COUNTY USE ONLY

# SENIOR PARENT(S)/ LEGAL GUARDIAN(S) STATEMENT OF FACTS (Supplement to CA 2)

Case Name:

Case Number:

18

**INSTRUCTIONS:** State and Federal regulations require that when a minor parent (up to age 19) applies for cash aid through the Aid to Families with Dependent Children (AFDC) program, the income of the senior parent(s)/legal guardian(s) living in the same household must be counted. The county welfare department must determine how much income from the senior parent(s)/legal guardian(s) will be deemed available to the minor parent for eligibility and grant amount purposes.

- In order for the county welfare department to determine how much income will be counted and deemed available to you, you must complete this form (CA 23) and return it with your CA 2. If this form is not received or is incomplete, your cash aid application will be denied.
- Answer the following questions about your parent(s)/legal guardian(s) living with you.
- Call your worker if you need help completing this form.

1 Does your parent(s)/legal guardian(s) receive income, money, or benefits in the month, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment/disability insurance, interest, worker's compensation, SSI/SSP (gold checks), child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc?  YES  NO

If Yes, complete section below. Attach paystubs or other proof of your parent(s)/legal guardian(s) earnings. Also attach proof for any other income received. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses each month.

Name of Parent(s)/ Legal Guardian(s) Who Receives Income, Money or Benefits?	Source (If Earnings, List Name of Employer)	Enter Below Dollar Amounts and Actual Dates Received. If earnings, enter gross amount before deductions.					If Earnings	
		Amount \$	Amount \$	Amount \$	Amount \$	Amount \$	Number of Days Worked in Month	Number of Hours Worked in Month
		Date	Date	Date	Date	Date		

2 Does your parent(s) or legal guardian(s) support and claim as Federal tax dependents other persons living in the home? If Yes, list name of person(s) and relationship.  YES  NO

Name	Relationship	Name	Relationship

3 Does your parent(s) or legal guardian(s) make payments to persons not living with them whom they claim as Federal tax dependents? If Yes, list name of person(s), amount paid and ATTACH proof.  YES  NO

Name	Amount Paid	Name	Amount Paid
			\$

4 Does your parent(s) or legal guardian(s) make child or spousal support payments to persons outside the home? If Yes, list name of person(s), amount paid and ATTACH proof.  YES  NO

Name	Amount Paid	Name	Amount Paid
	\$		\$

**CERTIFICATION**

I understand that failing to report information or misrepresentation of facts for Cash Aid or Cash-based Medi-Cal can result in legal prosecution with penalties of a fine, imprisonment or both.

I understand that I must contact my worker to report any unexpected changes which affect my eligibility for or the amount of my Cash Aid within 5 days of the occurrence or if I have any doubt about needing to report any changes.

I declare under penalty of perjury that the information contained in this report is true and correct.

**YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE CONSIDERED INCOMPLETE.**

Signature of Cash-Aided Minor Parent	County Where Signed	Date Signed
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**COUNTY USE ONLY**