

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



May 20, 1988

ALL COUNTY LETTER NO. 88-46

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SEPARATION OF FEDERAL AND STATE AFDC-U PROGRAMS

REFERENCE: RDB REGULATION PACKAGE #1184-61, SEPARATION OF FEDERAL
AND STATE AFDC-U PROGRAMS

The purpose of this letter is to inform counties of the impending implementation of the Separation of Federal and State-Only AFDC-U Regulations effective May 28, 1988. As a result of this regulatory activity, Federal and State-only AFDC-U provisions will be contained in separate sections of the regulations. The State-Only AFDC-U Regulations will be located in Section 41-600. The Federal AFDC-U Regulations will remain in Section 41-400. However, most regulations in Section 41-400 have been renumbered. These separate regulations should improve worker usability and clarify precise factors of eligibility for each program.

Since the overall impact of these changes upon the recipient is negligible, no new Notice of Action (NOA) forms or messages are needed to implement these regulations. However, to insure that the regulation citations actually reflect the reasons for case actions, two NOA forms and 16 NOA Handbook message pages have been modified. If other NOA messages are required, counties will have to write their own NOA messages. Any county written NOA messages should conform with the written guidelines for message writing provided by the state and must include the appropriate regulation citation(s).

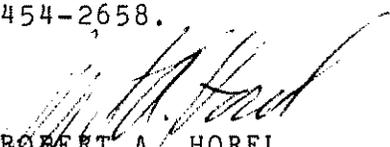
The following attachments are provided for your information and use in implementing the Separation of Federal and State-Only AFDC-U Regulations.

ATTACHMENT:

- I) Summary of the major provisions of the revision.
- II) Identification of English NOA forms that require regulatory cite changes.
- III) Identification of English NOA messages (16) that require regulatory cite changes.

IV) Reproducible copies of two NOA forms and 16 NOA Handbook Message pages, with appropriate changes.

If you have any questions or need further information on implementation of the Separation of Federal and State-Only AFDC-U Regulations, please contact Henry Puga of the AFDC and Food Stamp Policy Implementation Bureau at (916) 324-2663 or ATSS 454-2663. Questions relating to NOA forms or messages should be directed to Dennis Ragasa of this same Bureau at (916) 324-2658 or ATSS 454-2658.



ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

ATTACHMENT I

MAJOR PROVISIONS

- . Separates the regulations that govern the Federal AFDC-U Program from those that govern the State-Only AFDC-U Program.
- . Implements the concept of aiding "families" rather than "persons" for the State-Only AFDC-U Program.
- . Redefines the good cause criteria used when a person refuses to accept an offer of employment.
- . Deletes the requirement that a good cause determination is required when a Federal principal earner quits a job. The 30 day waiting period for Federal AFDC-U from the time a principal earner becomes unemployed is adequate for these situations.
- . Clarifies when a principal earner becomes unemployed in order to begin counting the 30 day waiting period for Federal AFDC-U eligibility.
- . Deletes the requirement that counties provide a good cause determination when a principal earner who is required to register with Job Services fails to complete EDD requirements.
- . Deletes relinquishment for adoption as a basis of deprivation for AFDC.
- . Deletes references to the Federal CETA Program which is now obsolete.
- . Provides definitions for the State-Only AFDC-U Program for the terms family, month, and 12 consecutive month period.

ATTACHMENT II

NOA FORM CHANGES

Old Regulation
Cite(s)

New Regulation Cite(s)
Effective 5-28-88

(1) NA 201 (5/87) Approval AFDC State-U

MPP 41-440.12
MPP 41-440.4

MPP 41-440.2
MPP 41-440.4
MPP 41-609

(2) NA 202 (5/87) Approval
AFDC EA

MPP 41-440.12
MPP 41-440.4
MPP 41-500

MPP 41-440.2
MPP 41-440.4
MPP 41-500
MPP 41-609

ATTACHMENT III

NOA MESSAGE CHANGES

OLD MESSAGE NO.	OLD REGULATION CITE(S)	NEW MESSAGE NO.	NEW REGULATION CITE(S)
(1) M41-440A	MPP 41-440.12; .24; .26; 41-441.21; .3; 41-442.1	M41-600A	MPP 41-600; 41-604.2; 41-605.3; 41-605.4
(2) M41-440B	MPP 41-440.71; 41-440.11; .12	M41-600B	MPP 41-440.7; 41-440.1(a); 41-600; 41-602.6
(3) M41-440C	MPP 41-440.71; 41-440.11; 41-440.4	No Change	MPP 41-440.71; 440.1(a); 41-440.1(c)
(4) M41-440E*	MPP 41-440.12(j)	M41-606A	MPP 41-606.1; 41-606.2
(5) M41-440F*	MPP 41-440.4; 41-401; 41-440.1	No Change	MPP 41-440.1(a); 41-440.1(c); 41-401
(6) M41-440H*	MPP 41-440.24 41-440.4; 42-625.2	No Change	MPP 41-440.23; 41-440.1(c); 42-625.2; 40-169.2
(7) M41-440K	MPP 41-440.4; 41-440.2; 42-625.21; 42-636; 41-441.3; 41-442.1	No Change	MPP 41-440.23; 41-440.1(c); 42-625.21; 42-636 41-605
(8) M41-440L	MPP 41-440.11; 41-440.12	M41-602A	MPP 41-602.6; 41-440.1(a); 41-440.7
(9) M41-440M*	MPP 41-440.2; 41-442.2; 41-440.12	M41-604A	MPP 41-604; 41-605.11; 41-605.13; 41-602.6

ATTACHMENT III

OLD MESSAGE NO.	OLD REGULATION CITE(S)	NEW MESSAGE NO.	NEW REGULATION CITE(S)
(10) M41-440N	MPP 41-440.11; 41-440.4	No Change	MPP 41-440.1(a); 41-440.1(c); 41-440.7
(11) M41-440U	MPP 41-440.45	No Change	MPP 41-440.22; 41-600; 41-609
(12) M41-440Ut	MPP 41-440.45; 41-500	No Change	MPP 41-440.22; 41-500
(13) M41-440X*	MPP 41-440.1; 41-440.13	M41-602B	MPP 41-440.1(a); 41-602.6
(14) M41-440Y*	MPP 41-440.24; 41-441.1	M41-604B	MPP 40-169.2; 41-602.6; 41-604.1; 41-604.4
(15) M41-441A	MPP 41-441.32	M41-604C	MPP 41-602.6; 41-604.2
(16) M41-441B	MPP 41-441.32	M41-440Z	MPP 41-440.23; 41-440.231

ATTACHMENT IV

NOA FORMS AND MESSAGE INSTRUCTIONS

(1) NOA Forms

Included are reproducible copies of the NA 201 (4/88) and the NA 202 (4/88). Counties who print their own forms may use these forms effective May 28, 1988. Counties who utilize the (5/87) version on or after May 28, 1988, must make the regulation cite changes through whichever method is most appropriate. Counties who order from the DSS warehouse should continue to utilize the (5/87) version with changes until the (4/88) version is available.

(2) NOA Messages

Included for your use are copies of the Handbook pages for the 16 NOA messages. Additional copies will be forwarded through the standard handbook updating process.

(3) Translations of the NOA Forms and Messages

Because the changes are only in the regulation cites there will be no updated translation packages at this time. Counties must make the appropriate regulation cite changes on their translated NOA forms and messages effective May 28, 1988.

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.

At this time your family does not meet the rules for AFDC-U (Federal AFDC Unemployed Parent Aid Program). This program has no time limit.

Read the rules about AFDC-U on Page 2. If something changes you may be able to get AFDC-U. Contact your worker if something does change.

The county has approved your application for short-term cash aid. This short-term cash aid will be State-U (State AFDC Unemployed Parent Aid Program.)

A family can only get State-U for three months in any 12 month period.

Your Cash Aid will begin: _____

It will end: _____

This is the only notice you will get that your cash aid will stop.

When your State-U ends you may be able to get General Assistance. You must apply for it at the County Welfare Office.

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 41-440.2, 41-440.4, 41-609

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	\$	_____

During the first month you will get: \$ _____
 During the last month, if nothing changes, you will get: \$ _____

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.

At this time your family does not meet the rules for AFDC-U (Federal AFDC Unemployed Parent Aid Program). This program has no time limit.

Read the rules about AFDC-U on Page 2. If something changes you may be able to get AFDC-U. Contact your worker if something does change.

The county has approved your application for short-term cash aid. This short-term cash aid will be EA (AFDC Emergency Assistance) or State-U (State AFDC Unemployed Parent Aid Program).

A family can get in any 12 month period:

- a) EA for up to 30 days only one time and
- b) State-U for two months.

Your Cash Aid will begin: _____

It will end: _____

This is the only notice you will get that your cash aid will stop.

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 41-440.2, 41-440.4, 41-500, 41-609

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	\$	_____

During the first month you will get: \$ _____

During the last month, if nothing changes, you will get: \$ _____

State of California
Department of Social Services

Manual Msg. No.: M41-600A
Action : Discontinue
Reason: Deprivation, State-U
Title: Principal Earner Fails to
Maintain EDD Registration
State-U, 30 day sanction
Form No. : NA290
Effective Date : 05/01/87
Revision Date : 04/08/88

Auto ID No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 41-600, 41-604.2, 41-605.3, 41-605.4.

MESSAGE: As of _____, the County is stopping your cash aid for 30 days

Here's why:

The principal earner in your family without a good reason:

- Refused a job referral.
- Refused or left a job.
- Did not answer EDD's call-in.
- Did not go to EDD's training.
- Other:

The principal earner named by you or the county is:

_____.

INSTRUCTIONS: Use to sanction for 30 days when the P.E. does not have good cause for the action specified. Check the box that explains the action.

Fill in the name of the principal earner.

State of California
Department of Social Services

Manual MS. No.: M41-600B
Action : Discontinue
Reason: Deprivation, State-U
Title: Principal Earner is Full
Time Employed

Auto ID No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 41-440.1(a), 41-440.7, 41-600, 41-602.6
Form No. : NA290
Effective Date : 05/01/87
Revision Date : 04/08/88

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid because your family's principal earner is working 100 hours or more a month.

The principal earner named by you or the county is: _____.

If this person works less than 100 hours a month, your cash aid may not have to stop. If so, call your worker.

INSTRUCTIONS: Use to discontinue when the principal earner is working full-time. Specify the name of the principal earner in the space provided.

This message is not appropriate for RCA and RDP NOAs.

State of California
Department of Social Services

Manual MS_ No.: M41-440C
Action : Discontinue
Reason: Deprivation, Fed-U
Title: Principal Earner, Full-
Time Employed

Auto ID No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 41-440.1(a), 41-440.1(c), 41-440.71

Form No. : NA290
Effective Date : 05/01/87
Revision Date : 04/08/88

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid because your family's principal earner is working 100 hours or more a month.

The principal earner is the parent who has earned the most money in the 24 months before your application for the Federal AFDC Unemployed Parent program.

The principal earner in your family is:_____.

If this person works less than 100 hours a month, your cash aid may not have to stop. If so, call your worker.

INSTRUCTIONS: Use to discontinue when the principal earner is working full-time. Specify the name of the principal earner in the space provided.

This message is not appropriate for use with RCA and RDP NOAs.

State of California
Department of Social Services

Manual Ms. No.: M41-606A
Action : Deny
Reason: Deprivation
Title: UIB

Auto ID No. : D0503A
Flow Chart No. :
Source : SAWS
Regulation Cite: 41-606.1, 41-606.2

Form No. : NA290
Effective Date : 04/01/87
Revision Date : 04/08/88

MESSAGE: The County has denied your application for cash aid dated _____.

Here's why:

The principal earner in your family could get Unemployment Insurance Benefits (UIB) but did not:

___ apply for them.

___ take them.

___ do all that EDD asked.

The principal earner named by you or the county is _____.

INSTRUCTIONS: Use to deny State only AFDC-U when the principal earner does not apply for, meet all conditions of eligibility or accept any UIB for which EDD determines he or she may be eligible..

Check the appropriate reason.

State of California
Department of Social Services

Manual Ms. No.: M41-440F*
Action : Deny
Reason: Deprivation, Fed-U
Title: 100 Hour Work Rule

Auto ID No. : D0501A
Flow Chart No. : IV G 18 #11
Source : SAWS
Regulation Cite: 41-401, 41-440.1(a), 41-440.1(c)

Form No. : NA290
Effective Date : 04/01/87
Revision Date : 04/08/88

MESSAGE: The County has denied your application for cash aid dated _____.

Here's why:

The principal earner in your family is working 100 hours or more a month.

A principal earner is the parent who has earned the most money in the 24 months before your application for the Federal AFDC Unemployed Parent program.

The principal earner in your family is _____.

If this person works less than 100 hours a month you may be able to get cash aid. If this happens you can apply again.

INSTRUCTIONS: Use to deny Federal AFDC-U when the family's principal earner is working or training more than 100 hours a month.

Fill in the name of the principal earner.

State of California
Department of Social Services.

Manual M No.: M41-440H*
Action : Deny
Reason: Deprivation, Fed-U
Title: Failure to Register
with EDD-JS

Auto ID No. : D0504A
Flow Chart No. : V, Wk reg, pg2 #19
Source : SAWS
Regulation Cite: 40-169.2, 41-440.1(c), 41-440.23, 42-625.2

Form No. : NA290
Effective Date : 04/01/87
Revision Date : 04/08/88

MESSAGE: The County has denied your application for cash aid dated
_____.

Here's why:

The principal earner in your family has not registered with EDD-JS.

A principal earner is the parent who has earned the most money in the 24 months before your application for the Federal AFDC Unemployed Parent program.

The principal earner in your family is _____.

INSTRUCTIONS: Use to deny Federal AFDC-U when the WIN or WIN-DEMO principal earner is exempt from WIN or WIN-DEMO registration due to remoteness and fails or refuses to register with EDD-JS.

Fill in the name of the principal earner.

State of California
Department of Social Services

Manual Msg No.: M41-440K
Action : Suspend
Reason: Deprivation, Fed-U
Title: Principal Earner Fails
to Maintain EDD-JS Registration
Form No. : NA290
Effective Date : 05/01/87
Revision Date : 04/08/88
Regulation Cite: 41-440.1(c), 41-440.23, 42-625.21, 42-636, 41-605

Auto ID No. :

Flow Chart No. :

Source : Turner

Regulation Cite: 41-440.1(c), 41-440.23, 42-625.21, 42-636, 41-605

MESSAGE: As of _____, the County is stopping
your cash aid for 30 days.

Here's why:

The principal earner in your family without a good reason:

- Failed to participate in Job Search.
- Refused a job referral.
- Refused or left a job.
- Did not answer EDD's call-in.
- Did not go to EDD's training.
- Other:

The principal earner is the parent who earned the most money in the
24 months before your application for the Federal AFDC unemployed parent
program. The principal earner in your family is:

_____.

INSTRUCTIONS: Use to sanction for 30 days when the principal earner who
is exempt from WIN Demo because of remoteness does not have good cause
for the action specified. Check the box that explains the action.

Fill in the name of the principal earner.

State of California
Department of Social Services

Manual Ms No.: M41-602A
Action : Discontinue
Reason: Deprivation, State-U
Title: Principal Earner will be
Full-Time Employed
Form No. : NA290
Effective Date : 05/01/87
Revision Date : 04/08/88

Auto ID No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 41-440.1(a), 41-440.7, 41-602.6

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid because your family's principal earner is expected to work 100 hours or more next month.

The principal earner named by you or the County is _____.

If this person's hours change, call your worker.

INSTRUCTIONS: Use to discontinue when the principal earner anticipates working 100 hours or more next month.

Fill in the name of the principal earner.

State of California
Department of Social Services

Manual Msg. No.: M41-604A
Action : Deny
Reason: Deprivation, State-U
Title: Refuse/Quit a Job

Auto ID No. : D0505A
Flow Chart No. : IV pg 3 #47,Link
Source : SAWS
Regulation Cite: 41-602.6, 41-604, 41-605.11, 41-605.13

Form No. : NA290
Effective Date : 04/01/87
Revision Date : 04/08/88

MESSAGE: The County has denied your application for cash aid dated _____.

Here's why:

During the last 30 days, the principal earner in your family, without a good reason:

- refused a job offer.
- quit a job.
- refused work related training.
- quit work related training.

The principal earner named by you or the county is _____.

You may be able to get cash aid after _____. You must apply again.

INSTRUCTIONS: Use to deny State-U when the principal earner refuses without good cause either a job offer or an employment related training program within 30 days prior to the date of this action.

Check the appropriate box.

Fill in the name of the principal earner and the end of the 30 day wait period.

State of California
Department of Social Services .

Manual Ms. No.: M41-440N
Action : Discontinue
Reason: Deprivation, Fed-U
Title: Principal Earner will be
Full-Time Employed
Form No. : NA290
Effective Date : 05/01/87
Revision Date : 04/08/88
Regulation Cite: 41-440.1(a), 41-440.1(c), 41-440.7

Auto ID No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 41-440.1(a), 41-440.1(c), 41-440.7

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid because your family's principal earner is expected to work 100 hours or more next month.

The principal earner is the parent who has earned the most money in the 24 months before your application for the Federal AFDC Unemployed Parent program.

The principal earner in your family is _____.

If this person's hours change, call your worker.

INSTRUCTIONS: Use to discontinue when the principal earner anticipates working 100 hours or more next month.

Fill in the name of the principal earner.

State of California
Department of Social Services

Manual Msg No.: M41-440U
Action : Approval
Reason: Deprivation, Fed-U
Title: Principal Earner Elig.
for State U, then Federal-U
Form No. : NA200
Effective Date : 05/01/87
Revision Date : 04/08/88

Auto ID No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 41-440.22, 41-600, 41-609

MESSAGE: As of _____ the county has approved your cash aid.

Your cash aid amount is figured on this notice.

You will be able to get Federal AFDC Unemployed Parent Aid (AFDC-U) because your family's principal earner is not working over 100 hours a month.

The principal earner is the parent who earned the most money in the 24 months before application for AFDC-U. That person in your family is _____.

To get AFDC-U, the principal earner must either have been off work or working less than 100 hours a month for at least 30 days. Your family's principal earner has not yet met this 30 day rule.

Therefore, your cash aid will first come from the State AFDC Unemployed Parent Aid program (State-U) and then from the AFDC-U program when State-U stops. A family can only get State-U for three months in any 12-month period. You will get State-U from _____ to _____.

Your AFDC-U will start _____.

There is no time limit to the AFDC-U program.

INSTRUCTIONS: Use to approve State-U then Federal-U for a case when the principal earner is eligible for Federal-U except for completing the 30 day waiting period and the case has already received EA in this 12 month period.

Fill in the:

- authorization date on the first blank.
- name of the principal earner on the second blank..
- starting and ending dates for State-U.
- starting date for Federal-U.

This message replaces M41-440U (01/05/87).

State of California
Department of Social Services

Manual Ms No.: M41-440Ut
Action : Approve
Reason: Deprivation, Fed-U
Title: Principal Earner Eligible
for EA then Federal-U
Form No. : NA 200
Effective Date : 05/01/87
Revision Date : 04/08/88

Auto ID No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 41-440.22, 41-500

MESSAGE: As of _____, the county has approved your cash aid.

Your cash aid amount is figured on this notice.

You will be able to get Federal AFDC Unemployed Parent Aid (AFDC-U) because your family's principal earner is not working over 100 hours a month.

The principal earner is the parent who earned the most money in the 24 months before application for AFDC-U. That person in your family is _____.

To get AFDC-U, the principal earner must either have been off work or working less than 100 hours a month for a least 30 days. Your family's principal earner has not yet met this 30 day rule.

Therefore, your cash aid will first come from the Emergency Assistance (EA) program and then from the AFDC-U program when EA stops. You can get EA for up to 30 days only one time in a 12 month period. You will get EA from _____ to _____.

Your AFDC-U will start _____.

There is no time limit to the AFDC-U program.

INSTRUCTIONS: Use to approve EA then Federal-U when the principal earner is eligible for Federal-U except for the 30 day waiting period.

Fill in the:

- authorization date on the first blank.
- name of the principal earner on the second blank..
- starting and ending dates for State-U.
- starting date for Federal-U.

This message replaces M41-440Ut (3/10/87)

NOTE: THIS MESSAGE IS TEMPORARY AND WILL NOT BE USED FOLLOWING THE EFFECTIVE DATE OF REGULATIONS CHANGES WHICH REPEAL THE EMERGENCY ASSISTANCE REGULATIONS, MPP 41-500.

State of California
Department of Social Services

Manual Ms No.: M41-602B
Action : Deny
Reason: Deprivation, State-U
Title: 100 Hour Work Rule

Auto ID No. : D0516A
Flow Chart No. : IV G.18 #10
Source : SAWS
Regulation Cite: 41-440.1(a), 41-602.6

Form No. : NA290
Effective Date : 04/01/87
Revision Date : 04/08/88

MESSAGE: The County has denied your application for cash aid dated
_____.

Here's why:

The principal earner in your family is working 100 hours or more a month.

The principal earner named by you or the county is _____.

INSTRUCTIONS: Use to deny State only AFDC-U when the family's principal earner is working or training 100 hours or more a month or is in a training program which is considered to be employment.

Fill in the name of the principal earner.

State of California
Department of Social Services

Manual Ms No.: M41-604B
Action : Deny
Reason: Deprivation, State-U
Title: Failure to Register
with EDD-JS

Auto ID No. : D0517A
Flow Chart No. : V C15 #172
Source : SAWS
Regulation Cite: 40-169.2, 41-602.6, 41-604.1, 41-604.4

Form No. : NA290
Effective Date : 04/01/87
Revision Date : 04/08/88

MESSAGE: The County has denied your application for cash aid dated
_____.

Here's why:

The principal earner in your family has not registered with EDD-JS.

The principal earner named by you or the county is
_____.

INSTRUCTIONS: Use to deny State only AFDC-U when the principal earner
is not exempt from work registration but has refused to register with
EDD-JS.

Fill in the name of the principal earner.

State of California
Department of Social Services

Manual M No.: M41-604C
Action : Discontinue
Reason: Deprivation, State-U
Title: Principal Earner Not
Registered with EDD
Form No. : NA290
Effective Date : 05/01/87
Revision Date : 04/08/88

Auto ID No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 41-602.6, 41-604.2

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

The principal earner in your family is no longer registered for work because he or she has not done what EDD asked.

The principal earner named by you or the County is _____.

INSTRUCTIONS: Use to discontinue when the P.E. has not maintained contact with EDD.

Fill in the name of the principal earner.

State of California
Department of Social Services

Manual M: No.: M41-440Z
Action : Discontinue
Reason: Deprivation, Fed-U
Title: Principal Earner Not
Registered with EDD
Form No. : NA290
Effective Date : 05/01/87
Revision Date : 04/08/88

Auto ID No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 41-440.23, 41-440.231

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

The principal earner in your family is no longer registered for work because he or she has not done what EDD asked.

The principal earner is the parent who earned the most money in the 24 months before your application for the Federal AFDC Unemployed Parent program. The principal earner in your family is: _____.

INSTRUCTIONS: Use to discontinue when the P.E. has not maintained contact with EDD.

Fill in the name of the principal earner.