

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 9, 1992

<u>Reason for this Transmittal</u>	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law Change
<input checked="" type="checkbox"/>	Court Order or Settlement Agreement
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input type="checkbox"/>	Initiated by SDSS

ALL COUNTY LETTER NO. 92-70

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY GAIN COORDINATORS

SUBJECT: WINDLEY V. McMAHON COURT ORDER

REFERENCES: ALL COUNTY LETTER (ACL) NO. 90-102, MPP 42-750

On April 6, 1992, the Superior Court for the County of Sacramento approved the Consent Decree for the Windley v. McMahon lawsuit. The prospective portion of this lawsuit was implemented on November 1, 1990 with ACL No. 90-102.

The purpose of this ACL is to implement the retroactive portion of the Windley Consent Decree effective August 1, 1992. The Consent Decree identifies Windley class members as all participants in the Greater Avenues for Independence (GAIN) Program who did not receive adequate written notice of any county action approving, denying, changing or terminating their supportive services under GAIN. The retroactive period runs from October 12, 1986 through April 1, 1991.

This letter provides counties with specific instructions and materials necessary for the implementation of the retroactive portion of the Windley settlement. Enclosed are the following materials:

- o A draft copy of the emergency regulations to be used for implementation.
- o Reproducible copies of the Review Request Form [TEMP GAIN 77 (7/92)] in English and Spanish.

- o Reproducible copies of Notices of Action (NOA) and NOA messages with instructions.
- o A photocopy of the Informing Card Stuffer [TEMP GAIN 63 (7/72)] for counties' information.
- o Statistical Reporting Form GEN 1172 (3/91).

To plan and prepare for the August 1, 1992 date, counties are to follow the enclosed draft of the emergency regulations. Counties will receive an adopted copy of the Windley regulations approved by the State Office of Administrative Law as soon as they are available.

Counties will use NOAs to inform class members whether the actions taken by counties during the retroactive period were correct or in error.

The Department has developed two sets of NOA messages because regulatory changes became effective during the retroactive period. The first set of NOA messages covers the period from October 12, 1986 through September 30, 1990 and the second set reflects regulations effective for the period of October 1, 1990 through April 1, 1991. For your convenience, regulation changes are underlined in the second set of NOA messages.

Enclosed are both sets of NOA messages. The NOA messages for the period of October 12, 1986 through September 30, 1990 are identified by the number "1" after the letter that identifies the NOA message, for example: the Child Care Approval NOA is M50-022B1. The camera ready NOA messages for the October 1, 1990 through April 1, 1991 period are identified with the number "2," for example: the Child Care Approval NOA is M50-022B2.

The NOA messages translated into Spanish and the four standard Asian languages will be sent to counties by Language Services Bureau under separate cover.

#### Notification

As a part of the notification process, the Department will send a Windley TEMP GAIN 63 (7/92) to all current Aid to Families with Dependent Children (AFDC) and medically-needy-only Medi-Cal recipients.

To notify former GAIN participants no longer receiving aid, counties will be furnished posters [TEMP GAIN 76 (8/92)] in English and Spanish with bullets in Laotian, Vietnamese, Chinese and Cambodian. The posters will be sent under separate cover on or before July 15, 1992. The posters are to be displayed in Food

Stamp outlets, GAIN offices and welfare offices from August 1, 1992 through October 30, 1992. In addition, counties are directed to provide posters to community colleges, State colleges, State universities and child care resource and referral agencies. The Department will distribute posters to legal and welfare rights organizations selected by plaintiffs counsel.

#### Review Request Processing

Counties will give or mail a TEMP GAIN 77 to any person upon request. After receiving a verbal or written request, counties will have seven working days to mail the TEMP GAIN 77 to the requester.

Counties will make every reasonable effort to assist potentially eligible persons in determining if an individual is a class member. If it is determined that the county receiving a TEMP GAIN 77 is not the responsible county, the receiving county shall forward the TEMP GAIN 77 to the responsible county for processing if the receiving county can determine which is the responsible county.

The responsible county shall review the TEMP GAIN 77 to determine whether an individual is a class member. If the individual is not a class member, the county shall issue NOA M50-022N within 30 days explaining the county's finding.

If a county needs additional information or clarification to complete processing a TEMP GAIN 77, the county shall first try to resolve any issues by telephone. If unable to do so, the county shall issue NOA M50-022M within 30 days after receipt of TEMP GAIN 77 requesting the needed information.

If the individual is a class member, the county shall issue a NOA (M50-022B, C, D, E, F, G, H, J, K, L or O) within 60 days explaining the county's action, reason for the action, and the applicable calculations.

If the county determines that the class member was underpaid, the county shall issue NOA M50-022A within 60 days explaining the county's action, the calculations used to arrive at the corrective payment and when payment can be expected.

If the county determines that the class member was overpaid, the county shall send NOA M50-022AA with a TEMP GAIN 58 (2/91) within 60 days explaining the county's action, the calculations used to arrive at the overpayment and county's collection procedures.

Counties should preprint the GAIN 50 (6/92) to the back of the Page 1 NOAs. If counties are unable to preprint the GAIN 50 on the back of the NOA, then it must be attached to the NOAs. The GAIN 50 (6/92) will explain to the requester/class member his/her right to a hearing if they do not agree with the action taken by a county.

Reproducible copies of the NOA forms can be obtained by calling the Department's Forms Management Section at (916) 657-1907 or (CALNET) 8-437-1907.

#### AFDC/Food Stamps

For the purpose of the AFDC Program, any retroactive GAIN supportive services payments made pursuant to this Court Order are not to be considered as income or as a resource in the month paid nor in the following month as specified in the Manual of Policy and Procedures (MPP) 44-340.6.

For purposes of the Food Stamp Program, any retroactive GAIN supportive services payments made to Food Stamp households pursuant to this Court Order, will be considered nonrecurring lump sum payments and, as such, will be excluded from income [MPP 63-502.2(j)]. However, these payments will be counted as a resource in the month received in accordance with MPP 63-501.111. If you have any questions about the impact of these GAIN payments on the Food Stamp Program, please call Ms. Suzanne McNamee at (916) 657-3815 or (CALNET) 8-437-3815.

#### Overpayments

Before issuing any retroactive underpayments, counties must review each case to confirm that class members do not have any existing overpayment(s). Retroactive payments to class members must be offset against any outstanding overpayments in accordance with MPP 42-751.

#### Fiscal Claiming

Detailed claiming instructions for the retroactive portion of the Windley Court Order will follow shortly in a separate County Fiscal Letter. If there are any questions about fiscal claiming for the Windley Court Order, please call the Fiscal Policy and Procedures Bureau, Administrative Policy Unit, at (916) 657-3440 or (CALNET) 8-437-3440.

If you have any questions or need any assistance regarding the retroactive provisions of the Windley v. McMahon Court Order or the enclosed materials, please contact Ms. Pat Loader at (916) 654-1770 or (CALNET) 8-464-1770.

  
for MICHAEL C. GENEST  
Deputy Director  
Welfare Programs Division

Enclosures

cc: CWDA

HANDBOOK BEGINS HERE

## .1 Background.

On October 12, 1989, the Windley v. McMahon lawsuit was filed with the Sacramento County Superior Court challenging the State Department of Social Services' (SDSS) policy of not requiring county welfare department Greater Avenues for Independence (GAIN) Program offices (counties) to provide adequate and timely notice to GAIN registrants and participants of supportive services actions being taken by counties and of their right to a state hearing. SDSS agreed it is SDSS' responsibility to monitor and instruct counties to provide adequate and timely written Notices of Actions (NOAs) to GAIN registrants and participants. SDSS also agreed counties must inform registrants and participants of their right to a state hearing. On April 6, 1992, the Stipulation of Settlement and Consent Decree was signed in Sacramento County Superior Court. SDSS and counties must provide written notice of all actions related to GAIN supportive services in accordance with the provisions stipulated in the Windley Consent Decree.

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## .2 Definitions.

For the purpose of these regulations:

- a. "ABCDM 228 (10/78)" means the Release of Information Form which is used to obtain documentation when the requester does not have the necessary information or is unable to provide such information.
- b. "Class member" means any current or former GAIN participant who:
  1. Had their supportive services approved, denied, changed or terminated;  
and
  2. Did not receive an adequate written notice telling them why;  
and/or
  3. Were not told of their right to a state hearing if they did not agree with the county's action.
- c. "Five standard languages" means Spanish, Vietnamese, Laotian, Chinese and Cambodian.
- d. "GAIN 50 (6/92)" means the GAIN Hearing Rights Form which is used to explain to people their rights to a hearing if they do not agree with the action taken by a county.

- e. "GEN 1172 (3/91)" means the Statistical Reporting Form used to gather data regarding the request to review case records resulting from this lawsuit.
- f. "NOA" means a Notice of Action that meets the adequacy requirements of MPP 22-022. A requester is considered to be informed of the outcome of a request to have his/her case file reviewed when he/she is provided a NOA.
- g. "Receiving county" means the county which the TEMP GAIN 77 (7/92) is mailed to or given to for processing. The receiving county may not be the responsible county.
- h. "Responsible county" means the county that denied, reduced or terminated supportive services and did not provide adequate written notice explaining the reason for such an action.
- i. "Retroactive period" means the period of time between October 12, 1986 to April 1, 1991.
- j. "Request period" means the time period in which a person may file a request to have their case file reviewed which is from August 1, 1992 through October 30, 1992.
- k. "TEMP GAIN 58 (2/91)" means the GAIN Supportive Services Overpayment Notice Form which is used to explain to a person his/her responsibilities and pay any corrective overpayments.
- l. "TEMP GAIN 63 (7/92)" is the Informing Card mailed with the Medi-Cal card to current AFDC and Medically Needy Only recipients.
- m. "TEMP GAIN 76 (8/92) is the Informing Poster used to notify former and current GAIN participants of the Windley settlement.
- n. "TEMP GAIN 77 (7/92)" is the Review Request Form provided by counties to potentially eligible persons to use to request to have their case files reviewed.

.3 Informing of Case Review.

TEMP GAIN 63 (7/92) shall be mailed to all current AFDC and medically-needy-only Medi-Cal recipients. TEMP GAIN 76 (8/92) shall be provided to all colleges, universities, community colleges, child care resource/referral agencies, and legal aid and welfare rights organizations. TEMP GAIN 76 (8/92) shall be placed in all county welfare offices, GAIN offices and Food Stamp outlets. The TEMP GAIN 77 (7/92) shall be provided by counties to any person upon request.

.31 SDSS Responsibilities.

SDSS shall:

- .311 Include TEMP GAIN 63 (7/92) with the Medi-Cal card issued to current AFDC and medically-needy-only recipients the month of August 1992.
  - (a) The TEMP GAIN 63 (7/92) shall be printed in English on one side with bullets in the five standard languages on the other.
- .312 Provide counties with a reproducible copy of TEMP GAIN 77 (7/92) in English and Spanish with bullets in Vietnamese, Laotian, Chinese and Cambodian.
- .313 Provide counties with a supply of the TEMP GAIN 76 (8/92) in English and Spanish with bullets in Vietnamese, Laotian, Chinese and Cambodian.
  - (a) Instructions shall request counties to display the TEMP GAIN 76 (8/92) from August 1, 1992 through October 30, 1992.
- .314 Provide counties with reproducible copies of NOA messages in English and the five standard languages.
- .315 Mail copies of the TEMP GAIN 76 (8/92) to legal aid and welfare rights organizations of the plaintiffs' choice.
  - (a) Plaintiffs counsel shall provide SDSS with mailing labels for distribution to these organizations.
- .316 Make available \$30,000 for a summary of the court settlement to be published in newspapers or other media of plaintiffs' choice.
  - (a) Announcements and/or news releases shall be provided to the media two weeks before the beginning of the request period and two weeks before end of the period.

.32 County Responsibilities.

Counties shall:

- .321 Give or mail a TEMP GAIN 77 (7/92) to anyone upon request.
  - (a) A TEMP GAIN 77 (7/92) shall be mailed within seven (7) work days after receipt of verbal or written request.
  - (b) If the request is received the last week of the request period, the county shall advise the requester of the final filing date.

- .322 Place TEMP GAIN 76 (8/92) in conspicuous locations in all welfare offices, GAIN offices and Food Stamp outlets [Section 50-022.313].
- .323 Issue TEMP GAIN 76 (8/92) to:
  - (a) Child care resources and referral agencies requesting that the TEMP GAIN 76 (8/92) be displayed in conspicuous locations.
  - (b) All community colleges, State colleges and State universities requesting that the TEMP GAIN 76 (8/92) be displayed in conspicuous locations.
    - (1) It is recognized and agreed that SDSS and counties cannot require educational institutions to display the TEMP GAIN 76 (8/92).
- .324 Reproduce an adequate supply of the TEMP GAIN 77 (7/92) in English and Spanish.

.4 Review Request Form.

Potentially eligible persons shall receive a TEMP GAIN 63 (7/92) in the mail or see a TEMP GAIN 76 (8/92). A potentially eligible person may request a TEMP GAIN 77 (7/92) by mail or in person from any county.

.41 Requester Responsibilities.

Requester shall:

- .411 Complete and sign TEMP GAIN 77 (7/92) [Section 50-022.521]. The TEMP GAIN 77 (7/92) shall be signed under penalty of perjury.
- .412 Submit TEMP GAIN 77 (7/92) to responsible county.
  - (a) Submit TEMP GAIN 77 (7/92) on or before end of request period. If mailed, postmark must be no later than October 30, 1992.
  - (b) Requester shall be permitted to resubmit a previously denied request during the request period.
- .413 Provide to counties additional information, documentation or clarification of the TEMP GAIN 77 (7/92) upon request [Section 50-022.55].
  - (a) Examples of types of information or clarification that may be requested or reasons for a request: person's name if different while in GAIN; illegible handwriting; wrong social security number; missing social security number; no county listed.

.42 Counties Responsibilities.

Counties shall:

- .421 Stamp the TEMP GAIN 77 (7/92) with the date it is received.
- .422 Retain envelopes that are postmarked after October 30, 1992 [Section 50-022.412].
  - (a) If the date cannot be determined by either postmark or date stamp, the date the requester signed the TEMP GAIN 77 (7/92) shall be used to determine when the request was received.
- .423 Issue NOA M50-022N within 30 days denying request if request is postmarked after request period [Section 50-022.534].
- .424 Maintain all records which contain documentation relative to this court order for three years after the final legal claim has been submitted for federal reimbursement [MPP 23-353].
  - (a) Records include those used to determine eligibility for the class (including denials) and those used to determine the amount of any corrective over/underpayments.
  - (b) Records which are pertinent to this court order may include case records, payment records, assistance claims and reimbursement claims.
- .425 Determine the responsible county.
  - (a) Process the TEMP GAIN 77 (7/92) within 60 days when the receiving county is the responsible county and the requester is a class member [Section 50-022.54].
  - (b) Process the TEMP GAIN 77 (7/92) within 30 days when the receiving county is the responsible county and the requester is not a class member [Section 50-022.53].
  - (c) If the receiving county determines that the TEMP GAIN 77 (7/92) has been submitted to the wrong county (county named on TEMP GAIN 77 (7/92) is not the county which received the request), the receiving county shall issue NOA M50-022N denying the request and forward the TEMP GAIN 77 (7/92) to the responsible county.
    - (1) Preprint on the back of the NOA M50-022N, or attach copy of, the GAIN 50.

- (2) Forward the TEMP GAIN 77 (7/92) to the responsible county within 15 calendar days after receipt.
  - (3) Issue NOA M50-022N within 30 days. Inform the requester in the NOA that the TEMP GAIN 77 (7/92) has been forwarded to the responsible county for processing.
  - (4) The date the TEMP GAIN 77 (7/92) was submitted to the receiving county shall be the date of the request.
- (d) If the receiving county cannot determine which is the responsible county (no record of the requester having been in the GAIN Program and there is no other county listed on the TEMP GAIN 77 (7/92), issue NOA M50-022N denying the request telling the requester to resubmit the TEMP GAIN 77 (7/92) to the responsible county.
- (1) Preprint on the back of the NOA M50-022N, or attach copy of, the GAIN 50.
  - (2) The receiving county shall issue the denial NOA M50-022N within 30 work days after receipt of request [Section 50-022.536].
  - (3) Receiving county shall tell requester to resubmit the TEMP 77 (7/92) within the request period or 30 calendar days from the date on the NOA, whichever is longer.

.5 Request Processing.

The responsible county shall determine whether the requester is a class member and take appropriate action.

Counties shall:

- .51 Complete processing the TEMP GAIN 77 (7/92) to the extent possible without requiring the requester to come in person to the county.
- .52 Review each TEMP GAIN 77 (7/92) to determine if the requester has provided the information needed in order to locate the appropriate case record [Section 50-022.425].
  - .521 For the purpose of this determination, the TEMP GAIN 77 (7/92) shall be considered complete when all of the following questions are completed:

- (a) Qualifying class member questions.
- (b) County of residence during retroactive period.
- (c) Requester's case name during retroactive period.
- (d) Requester's social security number.
- (e) Requester's date of birth.
- (f) Requester's signature.

.522 The following information shall be provided in the TEMP GAIN 77 (7/92) to the extent possible:

- (a) The approximate date(s) requester participated in the GAIN Program and the action(s) that were taken by the county(ies).
- (b) Requester's telephone number.
- (c) Requester's current address.

.53 Requester is not a class member.

Issue NOA M50-022N within 30 days of the receipt of the TEMP GAIN 77 (7/92) stating the reason for the action [Section 50-022.425(b)]. Attach a GAIN 50 which explains the class members right to a hearing.

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The following are some examples of reasons for denial which are listed on the NOA:

- .531 Requester was not in the GAIN Program during the retroactive period; or
- .533 Requester received an adequate written notice and was told of his/her right to a hearing if he/she did not agree with the county's action.
  - (a) Counties shall attach a copy of the original NOA to the denial NOA M50-022N.
- .533 Requester did not receive supportive services during the retroactive period; or
- .534 Requester did not submit TEMP GAIN 77 (7/92) within request period [Section 50-022.412(a)]
- .535 Requester did not return NOA M50-022M within 30 days as requested.

- .536 Requester did not submit TEMP GAIN 77 (7/92) to the responsible county and the receiving county could not determine from the TEMP GAIN 77 (7/92) which county was responsible [Section 50-022.425(d)(1)].

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- .54 Requester is a class member.

- .541 Action taken was correct.

Within 60 days, issue appropriate NOA (M50-022B, C, E, F, G, H, J, K, L, or O) specifying the action, reason for the action and the formula used to arrive at the decision.

- (a) Preprint on the back of each NOA, or attach a copy of, the GAIN 50.

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- (b) NOAs ending with the number "1" are for the retroactive period of October 12, 1986 through September 30, 1990.
- (c) NOAs ending with the number "2" are for the retroactive period of October 1, 1990 through April 1, 1991.

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- .542 Requester was underpaid.

Within 60 days, issue NOA M50-022A explaining the action, the formula used to arrive at the corrective payment and when payment can be expected [MPP 42-751.11].

- (a) Preprint on the back of NOA M50-022A, or attach a copy of, the GAIN 50.
- (b) If the county has the capability to include the warrant with the NOA, the county shall do so.
- (1) For the AFDC Program, a corrective underpayment is not to be considered as income or a resource for AFDC grant calculation in the month received and the following month [MPP 44-340.6].
- (2) For the Food Stamp Program, a corrective underpayment shall be counted as a resource but excluded as income in the month received [MPP 63-501.111 and 63-502.2(j)].

(3) Interest shall not be paid on the corrective underpayment.

(c) The County shall ensure that corrective underpayments for this court order are not considered a part of the AFDC grant calculations even when reported on the monthly reporting document.

.543 Requester was overpaid.

Within 60 days, issue NOA M50-022AA with TEMP GAIN 58 (2/91) explaining the action, the formula used to arrive at the overpayment and county collection procedures [MPP 42-751.2].

(a) Preprint on the back of NOA M50-022AA, or attach a copy of, the GAIN 50.

(b) County shall offset any corrective underpayment against any outstanding recoupable overpayments in accordance with MPP 42-751.4.

(c) For requesters no longer on AFDC, counties shall offset the retroactive underpayment for supportive services against any outstanding overpayment in accordance with MPP 42-751.5.

.55 Request additional information (NOA M50-022M).

.551 Conduct a thorough review of the requester's case file to search for the absence of an adequate written notice or to find evidence of the action referred to by the requester [Section 50-022.553].

(a) The county shall work with the requester to clarify the action taken by the county.

.552 Attempt to resolve issue(s) by telephone first if the TEMP GAIN 77 (7/92) is inconsistent with the case record or needs clarification (e.g., name of school or vocational training site, child care provider).

.553 Within 30 days, issue NOA M50-022M within 30 days requesting the documentation, additional information or clarification needed to complete processing request if unable to resolve issue(s) by telephone.

(a) Preprint on the back of the NOA M50-022M, or attach a copy of, the GAIN 50.

(b) Requester shall have 30 days from the date of NOA M50-022M to respond to the request for clarification, additional information or verification.

(c) If response is not received within the 30 days, request for review of case file shall be denied.

.554 Ask the requester to supply documentation when necessary in support of the TEMP GAIN 77 (7/92) if such documentation is in the requester's possession [Section 50-022.413].

(a) If requester does not have the documentation, ask the requester to sign an ABCDM 228, or the county's equivalent form, to allow the county to obtain documentation on behalf of the requester, or

(b) Inform the requester that if he/she is unable to provide the needed documentation, a declaration signed under penalty of perjury affirming the information shall be accepted in lieu of the documentation, unless there is conflicting evidence in the case record or conflicting information known to the county.

.555 Complete processing TEMP GAIN 77 (7/92) within 30 days after receiving the additional information, verification, clarification or declaration signed under penalty of perjury from potentially eligible person.

.56 If a TEMP GAIN 77 (7/92) for a specific action is filed under this court order and a claim for the same action is filed again under a subsequent court order or settlement, only the first request will be processed for the action and any subsequent claims shall be denied.

.6 Statistical Reporting.

.61 Counties shall submit the GEN 1172 (3/91) no later than April 1, 1993 to the Statistical Services Bureau.

.62 Report shall include the number of:

.621 TEMP GAIN 77s counties mailed or handed to potentially eligible persons.

.622 TEMP GAIN 77s received by counties to request to have case files reviewed.

.623 TEMP GAIN 77s approved as class members.

.624 TEMP GAIN 77s denied because:

(a) TEMP GAIN 77 was submitted after the request period.

(b) TEMP GAIN 77 was incomplete and county was unable to get the information needed from requester to complete review of case file.

- (c) Requester was not a member of the class.
  - (d) County receiving the TEMP GAIN 77 was not the responsible county. Receiving county forwarded TEMP GAIN 77 to the responsible county.
  - (e) County receiving the TEMP GAIN 77 was not the responsible county. Receiving county could not determine the responsible county.
  - (f) Other denials.
- .625 Total corrective overpayments identified.
- (a) Total corrective overpayment amount.
- .626 Total corrective underpayments paid.

WINDLEY vs MCMAHON

REVIEW REQUEST FORM

GAIN MAY NEED TO REVIEW YOUR CASE!

We must give GAIN participants an adequate written notice when a child care, transportation or ancillary payment is approved, denied, lowered or stopped. A notice must be given 10 days before GAIN takes an action that will lower or stop payment. The notice must tell why the action is being taken and how to ask for a hearing if you do not agree with us.

Fill out this FORM the best you can. You should Send the FORM to the county where you were in GAIN when the action took place. You must give this FORM to the county by October 30, 1992. If it is late, it will be denied.

At any time between October 12, 1986 and April 1, 1991:

YES NO

- Were you in the GAIN Program?
Was your child care, transportation or ancillary payment denied, lowered or stopped but we did not give you an adequate written notice that you could understand telling why and that you have a right to a hearing?
Did you believe the action was wrong?

If you answer YES to ALL THREE questions, complete this FORM so we can review your case.

"Si usted estuvo en el Programa GAIN y se negó, redujo, o paró su pago de cuidado de niños, transporte, o pago relacionado, pero no le dimos notificación adecuada por escrito que usted pudiera entender, diciéndole la razón, pídanos que revisemos su caso. Llame a su oficina de GAIN, o al 1-800-756-2785 si desea más datos".

"Nếu quý vị đã có ở trong Chương Trình GAIN và cấp khoản về gửi giữ trẻ, di chuyển hay cấp khoản phụ thuộc của quý vị đã bị bác, bị giảm xuống hoặc bị ngưng nhưng chúng tôi đã không gửi cho quý vị một thông báo thích đáng bằng văn bản để giải thích để quý vị hiểu rõ lý do tại sao, thì quý vị có thể yêu cầu chúng tôi duyệt xét lại trường hợp của quý vị. Xin gọi điện thoại cho Văn Phòng Chương Trình GAIN của quý vị ở số điện thoại miễn phí 1-800-952-5253 để được biết thêm về các sự kiện."

"បើលោកអ្នកនៅក្នុងកម្មវិធីហ្គេន(GAIN)ហើយយើងបានដកថវិកា, បន្ថយ ឬ បញ្ឈប់ការបង់ប្រាក់, យានដឹកនាំ ឬ ប្រាក់ចំណូលដែលជាប់ទាក់ទងរបស់លោកអ្នក ដូច្នោះយើងបានផ្តល់សេចក្តីប្រកាសជាលាយលក្ខណ៍អក្សរជូនលោកអ្នកឲ្យបានយល់គ្រប់គ្រាន់ថាមកពីហេតុអ្វី លោកអ្នកអាចស្នើសុំឲ្យយើងពិនិត្យសំណុំរឿងរបស់លោកអ្នកឡើងវិញ ។ សូមទូរស័ព្ទទៅការិយាល័យនៃកម្មវិធីហ្គេនរបស់លោកអ្នក ឬតាមលេខ 1-800-952-5253 បើលោកអ្នកចង់បានព័ត៌មានបន្ថែម ។"

"ຖ້າທ່ານວ່າທ່ານຢູ່ໃນໂຄງການ GAIN ແລະການຈ່າຍສໍາລັບການດູແລແກ່ເດັກ, ຍາມພາຫະນະ ຫລືການຈ່າຍສິ່ງບຸກຄົນຂອງທ່ານໃດຖືກປະຕິເສດ, ຫລຸດລົງ, ຫລືຖືກຢຸດ ແຕ່ວ່າພວກຂ້າພະເຈົ້າຢູ່ໃດເອົາຫນັງສືເປັນລາຍລັກອັກສອນແຈ້ງໃຫ້ທ່ານຊາບຢ່າງພຽງພໍ ເພື່ອໃຫ້ທ່ານເຂົ້າໃຈວ່າ ດ້ວຍເຫດໃດຈຶ່ງເອົາຫນັງສືດັ່ງກ່າວນັ້ນ, ທ່ານສາມາດຍົກເລີກພວກຂ້າພະເຈົ້າພົບຫວນເບິ່ງກໍ່ຈະມີຂອງທ່ານ. ຖ້າທ່ານວ່າທ່ານຕ້ອງການຄວາມຈິງເພີ່ມເຕີມນັ້ນ ໃຫ້ໂທຫາຫ້ອງການ GAIN ຫລືໂທໂທໂປນັ້ງ 1-800-952-5253."

"假如你參加過擴展自立樓會計劃(GAIN)項目, 而你的托兒照顧, 交通或補助付款被拒絕, 削減或停止, 但是我們沒有適當地以書面通知告訴你為何這樣的話, 你可以要求我們審查你的案件. 假如你需要更多事實資料的話, 可以打電話給(GAIN)辦事處, 或者打電話號碼: 1-800-952-5253."

If you need more facts, call 1-800-756-2785.

YOUR NAME
Name you used while in the GAIN program
Date of Birth
Social Security Number
Telephone Number

CURRENT ADDRESS NUMBER/STREET
CITY / STATE / ZIP CODE

FILL OUT AS MANY SPACES AS YOU CAN:
COUNTY(IES) WHERE YOU WERE IN GAIN PROGRAM.

Address where you lived while you were in GAIN program:
ADDRESS NUMBER / STREET
CITY / STATE ZIP CODE

Approximate dates your child care, transportation or ancillary payment was denied, lowered or stopped and what happened. For example: Around September of 1989 my child care was lowered. I never got a notice, my worker told me over the phone. When I asked why she said it was a new rule.

If you file this form, you will get a written notice telling you the county's decision. If you do not agree with the county, you can ask for a hearing.

You must give your social security number. We cannot approve your claim without it. We will use your number to get facts from other public agencies.

SOCIAL SECURITY ACT, SECTION 402(a)(25)
I declare under penalty of perjury under the laws of the United States of America and the State of California that to the best of my knowledge the facts in this statement are true, correct and complete.

SIGNATURE
DATE

WINDLEY vs MCMAHON

FORMA PARA PEDIR UNA REVISION
¿ES POSIBLE QUE GAIN NECESITE REVISAR SU CASO!

Tenemos que dar a los participantes de GAIN notificación adecuada por escrito cuando se aprueben, nieguen, reduzcan o paren los pagos de cuidado de niños, transporte, u otros pagos relacionados.

Llene esta FORMA lo mejor que pueda. Debería mandar la FORMA al condado en donde estaba en GAIN cuando la acción tuvo lugar.

En cualquier momento entre el 12 de octubre de 1986 y el 1 de abril de 1991:

- SI NO
¿Estuvo usted en el Programa GAIN?
¿Se le negó, redujo, o paró su pago de cuidado de niños, transporte, o pago relacionado, pero no le dimos notificación adecuada por escrito que usted pudiera entender, diciéndole la razón, y que usted tiene el derecho a una audiencia?
¿Creyó usted que esta acción estaba equivocada?

Si contestó SI a LAS TRES preguntas, complete esta FORMA para poder revisar su caso.

"If you were in the GAIN Program and your child care, transportation or ancillary payment was denied, lowered or stopped but we did not give you an adequate written notice that you understood telling why, ask us to review your case. Call your GAIN Office or 1-800-756-2785 if you want more facts".

"Nếu quý vị đã có ở trong Chương Trình GAIN và cấp khoản về gửi giữ trẻ, di chuyển hay cấp khoản phụ thuộc của quý vị đã bị bác, bị giảm xuống hoặc bị ngưng nhưng chúng tôi đã không gửi cho quý vị một thông báo thích đáng bằng văn bản để giải thích để quý vị hiểu rõ lý do tại sao, thì quý vị có thể yêu cầu chúng tôi duyệt xét lại trường hợp của quý vị. Xin gọi điện thoại cho Văn Phòng Chương Trình GAIN của quý vị ở số điện thoại miễn phí 1-800-952-5253 để được biết thêm về các sự kiện."

"បើលោកអ្នកនៅក្នុងកម្មវិធីរ៉ោន (GAIN) ហើយយើងបានបដិសេធ, បន្ថយ ឬ បញ្ឈប់កិច្ចថែទាំក្មេង ក្រែង, ធានាដឹកនាំ ឬ ប្រាក់ចំណូលដែលជាប់ទាក់ទងរបស់លោកអ្នក បើយើងមិនបានផ្តល់សេចក្តីប្រកាសជាលាយលក្ខណ៍អក្សរជូនលោកអ្នកឲ្យបានយល់គ្រប់គ្រាន់ថាមកពីហេតុអ្វី លោកអ្នកអាចស្នើសុំឲ្យយើងពិនិត្យស្តុករឿងរបស់លោកអ្នកឡើងវិញ ។ សូមទូរស័ព្ទទៅការិយាល័យនៃកម្មវិធីរ៉ោនរបស់លោកអ្នក ឬតាមលេខ 1-800-952-5253 បើលោកអ្នកចង់បានព័ត៌មានបន្ថែម ។"

"ถ้าหากว่าท่านอยู่ในโครงการ GAIN และท่านจ่ายค่าบริการดูแลแก่เด็ก, ยานพาหนะและค่าใช้จ่ายอื่น ๆ ที่เกี่ยวข้องของโครงการไม่ได้ถูกปฏิเสธ, ลดลงหรือหยุด แต่เราไม่ได้แจ้งให้คุณเข้าใจว่าทำไมถึงเป็นอย่างนั้น เราขอให้คุณแจ้งให้เราทราบถึงสาเหตุของเรื่องนี้ เราสามารถดำเนินการขอข้อมูลเกี่ยวกับเรื่องนี้ได้หากท่านต้องการทราบ. กรุณาโทรหาสำนักงานความจิงเพิ่มเติมกับเราที่โทรหาทางโครงการ GAIN หมายเลขโทรไปอยู่ 1-800-952-5253."

"假如你参加过扩展自立社会计划(GAIN)项目, 而你的托儿照顾, 交通或辅助付款被拒绝, 削减或停止, 但是我们没有适当地以书面通知告诉你为何这样做的话, 你可以要求我们审查你的案件. 假如你需要更多事实资料的话, 可以打电话给(GAIN)办事处, 或者打电话号码: 1-800-952-5253."

Si necesita más detalles, llame al 1-800-756-2785.

SU NOMBRE
Nombre que usó mientras estaba en el Programa GAIN

Fecha de nacimiento

Número del Seguro Social

Número de teléfono

DIRECCION ACTUAL NUMERO/CALLE

CIUDAD/ESTADO/ZONA POSTAL

LLENE TANTOS ESPACIOS COMO PUEDA:

CONDADO(S) DONDE ESTUVO EN EL PROGRAMA GAIN

Dirección donde vivía mientras estaba en el Programa GAIN:

DIRECCION NUMERO/CALLE

CIUDAD/ESTADO/ZONA POSTAL

Fechas aproximadas en que se negó, redujo o paró su pago de cuidado de niños, transporte, o pago relacionado, y lo que pasó. Por ejemplo: Aproximadamente en septiembre de 1989 me redujeron mi pago de cuidado de niños. Nunca recibí una notificación; mi trabajador(a) me lo dijo por teléfono. Cuando le pregunté la razón, me dijo que era una regla nueva.

Si presenta esta forma, recibirá una notificación por escrito informándose la decisión del condado. Si no está de acuerdo con el condado, puede pedir una audiencia.

Tiene que dar su número del Seguro Social. No podemos aprobar su reclamo si él. Usaremos su número para obtener datos de otras dependencias públicas.

SECCION 402(a)(25) DEL DECRETO DEL SEGURO SOCIAL
Declaro bajo pena de perjurio, en conformidad con las leyes de los Estados Unidos de América, y del Estado de California, que según mi leal saber y entender, los datos en esta declaración son verdaderos, correctos y completos.

FIRMA FECHA

**WINDLEY V MCMAHON  
RETROACTIVE RELIEF  
NOTICES OF ACTION**

These NOA forms and NOA messages are used to inform individuals of denial of their Windley review request; request additional information; approve corrective underpayments; and notice of overpayment.

1. M 50-022M (7/92) Request for Information
2. M 50-022N (7/92) Retroactive Denial
3. M 50-022A (7/92) Approval, Corrective Underpayment  
M 50-022AC(7/92) Continuation page, worksheet
4. M 50-022AA(7/92) Approval, Overpayment  
Temp GAIN 58(2/91) Overpayment Notice
5. GAIN 50 (6/92) Your GAIN Hearing Rights

Counties must use the language contained in the NOA message documents enclosed. NOA message documents are not ready for use in this format. The message must be copied or transcribed from these documents in the appropriate NOA form and then be completed with client-specific information.

The headings and instructions portions of the NOA message documents contain information for SDSS and county use only. Heading and instructional language for SDSS and counties must not be printed on NOAs to clients.

Counties can issue individuals completed copies of the reproducible NOA forms (two-column) enclosed.

The GAIN 50 must be preprinted on the back of all Page 1 NOAs or attached to the NOAs. The county must insert the name, address and phone number of their local legal aid or welfare rights office, or the California Coalition of Welfare Rights Organizations (CCWRO) 800 number (1-800-729-2909) if no legal aid or welfare rights office is available locally in the blank space provided on the left side of the form.

All NOAs shall be provided to clients in duplicate.

# 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.

The County needs more facts on your Windley v. McMahon request form you gave us on \_\_\_\_\_.

Fill in the circled parts of the attached form.

Send or bring the completed form to the

\_\_\_\_\_ Office

at \_\_\_\_\_  
ADDRESS

by \_\_\_\_\_  
DATE

If we don't have it by this date, your request will be denied.

Rules: These rules apply. You may review them at your GAIN office: MPP 50-022, Windley v. McMahon.

# 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.

We have denied your request to have your case received.

Here is why:

Between October 12, 1986 through April 1, 1991.

- You were not in GAIN.
- You got an adequate written notice for:
  - Transportation on \_\_\_\_\_ See attached notice;
  - Child care on \_\_\_\_\_ See attached notice.
  - Ancillary cost(s) on \_\_\_\_\_ See attached notice.
- You did not get supportive services while you were in GAIN.
- You did not give us your request by October 30, 1992.
- You did not return a completed request form by \_\_\_\_\_ as we asked in our out Notice of Action dated \_\_\_\_\_.
- You were not in the GAIN Program in this County.
- This request must go to the county where you got supportive services between October 12, 1986 through April 1, 1991.
  - You must send your request to the right County by October 30, 1992 or 15 days from the date of this notice, whichever is later.
  - We have sent your request \_\_\_\_\_ County. You will get another notice from them.
- Other:

**Rules:** These rules apply. You may review them at your GAIN office: MPP 50-022, Windley v. McMahon.

Page \_\_\_\_ of \_\_\_\_

# 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.

As of \_\_\_\_\_, the County has approved your back payment of \$ \_\_\_\_\_.

Here is why:

This notice is being sent to you because you asked the County to review your case because you did not receive an adequate written notice when your GAIN child care, transportation or ancillary payment was approved, denied, lowered or stopped. The County review of your case is a result of the Windley v. McMahon court order. We have found that we owe you money. This notice tells you how much GAIN owes you.

Your back payment is figured on the next page.

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

This check will not be counted as income if you are on cash aid.

If you get Food Stamps, we will count it as a resource.

- You will get another notice from Food Stamps.

**Rules:** These rules apply. You may review them at your GAIN office: MPP 50-022, Windley v. McMahon.

Page \_\_\_\_ of \_\_\_\_

# NOTICE OF ACTION (continued)

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

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

Your payment adjustment is figured as follows:

Your child care adjustment is figured below:

<b>MONTH &amp; YEAR</b>	_____	_____	_____	_____
Amount you should have been paid	\$ _____	\$ _____	\$ _____	\$ _____
Amount we paid you	- \$ _____	\$ _____	\$ _____	\$ _____
Amount we owe you	= \$ _____	\$ _____	\$ _____	\$ _____

Your transportation adjustment is figured below:

<b>MONTH &amp; YEAR</b>	_____	_____	_____	_____
Amount you should have been paid	\$ _____	\$ _____	\$ _____	\$ _____
Amount we paid you	- \$ _____	\$ _____	\$ _____	\$ _____
Amount we owe you	= \$ _____	\$ _____	\$ _____	\$ _____

Your ancillary adjustment is figured below:

<b>MONTH &amp; YEAR</b>	_____	_____	_____	_____
Amount you should have been paid	\$ _____	\$ _____	\$ _____	\$ _____
Amount we paid you	- \$ _____	\$ _____	\$ _____	\$ _____
Amount we owe	= \$ _____	\$ _____	\$ _____	\$ _____

# 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 you how.

You were overpaid for  child care  transportation  
 ancillary costs for the month(s) of \_\_\_\_\_.

Here is why:

This notice is being sent to you because you asked the County to review your case because you did not receive an adequate written notice when your GAIN child care, transportation or ancillary payment(s) was approved, denied, lowered or stopped. The County review of your case is a result of the Windley v. McMahon court order. We have found that we overpaid you. The attached overpayment notice worksheet tells you how much you owe GAIN and how you can pay us back.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-022, Windley v. McMahon

Page \_\_\_\_\_ of \_\_\_\_\_

### YOUR GAIN HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in GAIN, your GAIN activity, or your GAIN supportive services.
- Asking for a GAIN hearing will not affect your AFDC cash aid.
- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

### WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your GAIN status or your GAIN activity:

- You do not have to participate in GAIN.
- You cannot come into the GAIN program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You can keep going or start going to an activity different from the one we referred you to if the activity is open to non-GAIN participants, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to GAIN participants only.

To get any GAIN supportive services payments, you must go to the GAIN activity the County has asked you to go to.

If you disagree with the County's decision about your supportive services payments, and you attend your approved GAIN activity, the County will pay supportive services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your GAIN activity.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

### HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department

of \_\_\_\_\_ County about my

GAIN Status  GAIN Activity  GAIN Supportive Services

Other (list) \_\_\_\_\_

Here's why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I will bring this person to the hearing to help me (name and address, if known):

\_\_\_\_\_

\_\_\_\_\_

I need an interpreter at no cost to me. My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_ (Print)

Address: \_\_\_\_\_

My signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**GAIN SUPPORTIVE SERVICES OVERPAYMENT NOTICE**

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

ADDRESSEE: \_\_\_\_\_

NOTICE DATE
CASE NAME
CASE NUMBER
WORKER'S NAME

You were overpaid for the following Supportive Services(s) for the month(s) of \_\_\_\_\_

- Child Care                     
  Transportation expenses                     
  Work/training related expenses

**HERE'S WHY:**

- You did not have good reason for not participating in the following assigned activity \_\_\_\_\_ and were not eligible for supportive services.  
 You were paid an advance payment for \_\_\_\_\_ that you did not use to pay for GAIN expenses.  
 Other: \_\_\_\_\_

The following shows how much you were paid or what the County paid for you, the amount that should have been paid and the total amount you owe.

AMOUNT PAID.....	\$	\$	\$	\$
LESS AMOUNT YOU SHOULD HAVE BEEN PAID.....	-\$	-\$	-\$	-\$
OVERPAYMENT AMOUNT.....	=\$	=\$	=\$	=\$
TOTAL OVERPAYMENT (YOU OWE) FROM THIS NOTICE.....				=\$
PLUS TOTAL PREVIOUS UNCOLLECTED OVERPAYMENT.....				+\$
NEW TOTAL AMOUNT YOU OWE.....				=\$

**ONLY THE BOXES THAT ARE CHECKED BELOW APPLY TO YOU:**

- You must pay back what you owe. You have 10 days from the date this notice was mailed to you to:
- pay in full what you owe,  complete and return the enclosed repayment agreement or,
  - call your county at \_\_\_\_\_ to discuss a repayment agreement with the County.
- If you don't pay what you owe or contact your County within 10 days after the date this notice was mailed to you, the County will collect the overpayment by lowering your supportive services payment.

The amount collected will be 5% of your supportive services payment if the overpayment was caused by the County or 10% of your supportive services payment if the overpayment was caused by you.

The overpayment collection will continue for each month you request a payment until the amount you owe is paid back. This means that your next supportive services payment of up to \$\_\_\_\_\_ will be lowered by no more than \$\_\_\_\_\_.

- not have enough money to pay for child care, transportation, and or work/training related expenses to be in GAIN and/or
- have to change the child care arrangements you have now.

- Call your worker to have your repayment delayed, if either of the reasons above apply to you.
- You have told the County before that you cannot begin to repay the overpayment while you are in GAIN. The County will delay this repayment.

**CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR GAIN HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.**

If you go off aid before the overpayment is paid back and you do not continue to repay, the County may take what you owe out of your state income tax refund or take other action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order send or bring it to:

Address: \_\_\_\_\_

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County's name on it.

**RULES:** These rules apply: MPP 42-751. You may review them at your welfare office.

State of California  
Department of Social Services

Manual Msg. No.: M50-022M  
Action: Request for Information  
Reason: Windley v. McMahon  
Title: Retro. Benefits  
Form No. :  
Effective Date : 08/01/92  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750

**MESSAGE:**

The County needs more facts on your Windley v. McMahon request form dated \_\_\_\_\_.

Fill in the circled parts of the attached form.

Send or bring the completed form to the \_\_\_\_\_ Office

---

Address

by \_\_\_\_\_. If we do not have it by this date, your request will be denied.

You can call your GAIN worker if you think this notice is wrong.

**INSTRUCTIONS:**

This message is to be used by a county in the Windley v. McMahon lawsuit to request additional information, verification or documentation from a potential class member which is necessary for the county to locate a case file or make a determination that the action taken by a county was appropriate.

This message can be used for the entire retroactive period (October 12, 1986 through April 30, 1991).

grghuer/RETRO/42750M1

State of California  
Department of Social Services

Manual Msg. No.: M50-022N  
Action : Deny  
Reason: Windley v. McMahon  
Title: Retro. Benefits Denial  
Form No. :  
Effective Date : 08/01/92  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 22-022, 42-750

**MESSAGE:**

We have denied your request to have your case file reviewed under the Windley v. McMahon Court Order.

Here's why:

Between October 12, 1986 and April 30, 1991:

- You were not in the GAIN Program.
- You did not receive supportive services.
- You got an adequate written notice for:
  - Transportation on \_\_\_\_\_ . See attached notice.
  - Child care on \_\_\_\_\_ . See attached notice.
  - Ancillary cost on \_\_\_\_\_ . See attached notice.
- You did not give us your Request for Review Form by October 30, 1992.
- You did not return a completed form by \_\_\_\_\_ as we asked in our notice to you dated: \_\_\_\_\_ .
- You were not in the GAIN Program in this County.
- This request must go to the County where you were in the GAIN Program between October 12, 1986 through April 30, 1991.
  - You must send your claim to the right County by October 30, 1992 or 15 days from the date of this notice, whichever is later.
  - We have sent your request to \_\_\_\_\_ County. You will get another notice from them.
- Other:

You can call your GAIN worker if you think this notice is wrong.

**INSTRUCTIONS:**

This message is to inform people who submit a TEMP GAIN 77 in the Windley v. McMahon lawsuit that they are not a class member and the reason the decision was made. This message is also to be used to inform a potentially eligible person that their TEMP GAIN 77 has been forwarded to the correct county for processing.

Check appropriate box(es) and enter date of NOA sent by county. Attach the appropriate NOA according to which box(es) is checked. You can attach more than one NOA if there is more than one action being addressed.

If the TEMP GAIN 77 is being forwarded to the responsible county, fill in the name of the county.

When checking the "Other box, specify the reason for the action.

This message can be used for the entire retroactive period (October 12, 1986 through April 30, 1991).

grghuer/RETRO/42750N1

State of California  
Department of Social Services

Man . Msg. No.:50-022A  
Action: Approval  
Reason: Windley v. McMahon  
Title: Retro. Benefits  
Form No.:  
Effective Date: 08/01/92  
Ending Date :  
Regulation Cite.: 50-022, 42-750.2, 42-750.3, 42-750.4, 42-750.6

Auto ID No.:  
Source: GAIN

MESSAGE:

As of \_\_\_\_\_, the County has approved your back payment for: [ ] child care [ ] transportation [ ] ancillary cost(s) for \$\_\_\_\_\_.

Here's why:

This notice is being sent to you because you asked the County to review your case because you did not receive an adequate written notice when your GAIN child care, transportation or ancillary payment was approved, denied, lowered or stopped. The county review of your case is a result of the Windley v. McMahon Court Order. We have found that we owe you money. This notice tells you how much GAIN owes you.

Your payment is figured on this notice.

[ ] A check will be sent soon.

[ ] A check is enclosed.

This check will not be counted as income if you are on cash aid.

If you get Food Stamps, we will count it as a resource.

[ ] You will get another notice from Food Stamps.

Your child care adjustment is figured below:

MONTH & YEAR	_____	_____	_____	_____
Amount you should have been paid	\$ _____	\$ _____	\$ _____	\$ _____
Amount we paid you	- \$ _____	\$ _____	\$ _____	\$ _____
Amount we owe you	= \$ _____	\$ _____	\$ _____	\$ _____

Your transportation adjustment is figured below:

MONTH & YEAR	_____	_____	_____	_____
Amount you should have been paid	\$ _____	\$ _____	\$ _____	\$ _____
Amount we paid you	- \$ _____	\$ _____	\$ _____	\$ _____
Amount we owe you	= \$ _____	\$ _____	\$ _____	\$ _____

Your ancillary adjustment is figured below:

MONTH & YEAR	_____	_____	_____	_____
Amount you should have been paid	\$ _____	\$ _____	\$ _____	\$ _____
Amount we paid you	- \$ _____	\$ _____	\$ _____	\$ _____
Amount we owe you	= \$ _____	\$ _____	\$ _____	\$ _____

You can call your GAIN Worker if you think this notice is wrong.

#### INSTRUCTIONS:

Use this message to inform a class member in the Windley v. McMahon court order of the result of the case review and amount of corrective underpayment. This message can be used for the entire retroactive period (October 12, 1986 through April 1, 1991).

Enter the date the determination was made and the total amount of the underpayment. Check the appropriate boxes and complete all other applicable information. In the calculation section, enter the day/week/month/year of the underpayment, amount that should have been paid, amount paid and amount owed. Repeat the calculation as many times as needed.

grghuer/RETRO/anoa2

State of California  
Department of Social Services

Manual Msg. No.: M50-022AA  
Action : Inform  
Reason: Windley v. McMahon  
Title: Retro. Overpayment  
Form No. :  
Effective Date : 08/01/92  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750

**MESSAGE:**

you were overpaid for [ ] child care [ ] transportation [ ] ancillary costs for the month(s) of \_\_\_\_\_.

Here's why:

This notice is being sent to you because you asked the County to review your case because you did not receive an adequate written notice when your GAIN child care, transportation or ancillary payment was approved, denied, lowered or stopped. The County review of your case is a result of the Windley v. McMahon Court Order. We have found that we have overpaid you. The attached overpayment notice worksheet tells you how much you owe GAIN and how you can pay us back.

**INSTRUCTIONS:**

This message is to inform class members in the Windley v. McMahon lawsuit that their case file has been reviewed. This message is to be used to inform the class member that the county has determined from the review of the case file that the class member had been overpaid. Use this message with the GAIN Supportive Services Overpayment Notice (TEMP GAIN 58).

This message can be used for the entire retroactive period (October 12, 1986 through April 1, 1991).

grghuer/RETRO/anoa3

**WINDLEY V MCMAHON  
RETROACTIVE RELIEF  
NOTICES OF ACTION**

These NOA forms and NOA messages are used to inform clients of actions taken during the retroactive period covering 10/12/86 through 9/30/90.

1. M 50-022B1 (7/92) Child Care Approval
2. M 50-022C1 (7/92) Child Care Change
3. M 50-022D1 (7/92) Child Care Denial
4. M 50-022E1 (7/92) Child Care/Transportation  
Discontinuance
5. M 50-022F1 (7/92) Transportation Approval
6. M 50-022G1 (7/92) Transportation Change
7. M 50-022H1 (7/92) Transportation Denial
8. M 50-022J1 (7/92) Ancillary Expenses Approval
9. M 50-022K1 (7/92) Ancillary Expenses Denial
10. M 50-022L1 (7/92) Payment Adjustment

# 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The County approved your GAIN child care. The most we paid was \$ \_\_\_\_\_ per \_\_\_\_\_.

The county only paid child care for days you attended your approved GAIN activity: \_\_\_\_\_.

Your child care payment limit is figured on this notice.

Child care payments were:

- Paid to your provider
- Paid back to you
- Advanced to you
- Other

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.  
\$ \_\_\_\_\_ rate  
x \_\_\_\_\_  hours  days  weeks  month  
= \$ \_\_\_\_\_ per \_\_\_\_\_  
Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.  
\$ \_\_\_\_\_ rate  
x \_\_\_\_\_  hours  days  weeks  month  
= \$ \_\_\_\_\_ per \_\_\_\_\_  
Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.  
\$ \_\_\_\_\_ rate  
x \_\_\_\_\_  hours  days  weeks  month  
= \$ \_\_\_\_\_ per \_\_\_\_\_  
Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.  
\$ \_\_\_\_\_ rate  
x \_\_\_\_\_  hours  days  weeks  month  
= \$ \_\_\_\_\_ per \_\_\_\_\_  
Provider name: \_\_\_\_\_

The rate is what your child care provider charged or the most we could pay based on your area's child care costs, whichever was less.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.2, 42-750.6

# 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

- The County changed the payment limit for your GAIN child care from \$ \_\_\_\_\_ per \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_.
- The County changed your payment method from \_\_\_\_\_ to \_\_\_\_\_.
- Your child care provider changed.

The county only paid child care for days you attended your approved GAIN activity: \_\_\_\_\_.

Here's why:

- Your child care rate changed.
- Your child care hours changed.
- Your child \_\_\_\_\_ was over 12 years old (which is over the age we could pay for).
- You asked for this change.
- Other

Your child care payment limit is figured on this notice.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.2, 42-750.6

Child(ren): \_\_\_\_\_  
 Child care for children not listed here stayed the same.  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_  
 Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
 Child care for children not listed here stayed the same.  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_  
 Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
 Child care for children not listed here stayed the same.  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_  
 Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
 Child care for children not listed here stayed the same.  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_  
 Provider name: \_\_\_\_\_

The rate is what your child care provider charged or the most we could pay based on your area's child care costs, whichever was less.

# 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_ :

- Payment for your child care with \_\_\_\_\_ was denied.
- Your request to raise your child care payment limit was denied.

Here's why:

- You were not in an approved GAIN activity.
- You were already getting the most the County could pay based on your area's child care costs.
- The GAIN child care you asked for was not needed to attend your approved GAIN activity  
\_\_\_\_\_
- Your child \_\_\_\_\_ was 12 or more years old (which is over the age we could pay for).
- The child care provider you wanted must have a license but did not have one.
- The child care provider was not 18 years of age or older.
- Other:

**Rules:** These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.2

# 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 you how.

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_ :

- Payment for your GAIN child care stopped.
- Payment for your transportation stopped.

Here's why:

- You were no longer attending an approved GAIN activity.
- You moved out of this county.
- You went off cash aid.
- Your child \_\_\_\_\_ was 12 or more years old, which is over the age we could pay for.
- Your child(ren) no longer needed child care.
- You got a job.
- Other:

**Rules:** These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.2, 42-750.3

# NOTICE OF ACTION

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Worker 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 you how.

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_ :

- The County approved your transportation. The most we could pay was \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- The County approved \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- The County approved bus passes or tickets for a total of \_\_\_\_\_ per \_\_\_\_\_.

The County only paid for transportation while you attended your approved GAIN activity: \_\_\_\_\_.

Your transportation payment limit is figured on this notice:

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

- Your transportation payments were:  Advanced to you  
 Paid back to you  Paid to your transportation provider  
 Other:

**Rules:** These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.3, 42-750.6

public transportation  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_ per \_\_\_\_\_  
 = \$ \_\_\_\_\_

your car's mileage  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_ per \_\_\_\_\_  
 x \_\_\_\_\_ miles  
 = \$ \_\_\_\_\_

- parking  
 \$ \_\_\_\_\_  month  school term  other

# 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 you how.

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

- The County changed your transportation payment limit from \$\_\_\_\_\_ to \$\_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- The County changed your payment limit from \$\_\_\_\_\_ to \$\_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- The County changed your bus tickets from \_\_\_\_\_ to \_\_\_\_\_ per \_\_\_\_\_.
- The County changed your payment method from \_\_\_\_\_ to \_\_\_\_\_.

The County only paid transportation while you attended your approved GAIN activity: \_\_\_\_\_.

Here's why:

- Your mileage rate changed.
- Your mileage changed.
- The public transportation rate changed.
- Public transportation was available which took less than one hour to get you to your approved GAIN activity on time.
- Other:

Your transportation payment limit is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.3, 42-750.6

- public transportation  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_
- your car's mileage  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
x \_\_\_\_\_ miles  
=\$ \_\_\_\_\_
- parking  
\$ \_\_\_\_\_  month  school term  other

Your transportation payments were:  Advanced to you  Paid back to you  Paid to your transportation provider  Other:

# NOTICE OF ACTION

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Worker 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The GAIN transportation:  payment  increase you asked for was denied.

Here's why:

- You were already getting as much as the County could pay because:
  - the maximum mileage rate was: \$ \_\_\_\_\_ per \_\_\_\_\_.
  - public transportation was available.
  - GAIN transportation was available.
- You were not in an approved GAIN activity.
- The transportation you asked for was not needed to attend your approved GAIN activity: \_\_\_\_\_.
- Other:

**Rules:** These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.3

# 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 you how.

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_, the County approved your request for payment of the following items needed for your approved GAIN activity or to get a job:

Item	Cost	Item	Cost
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total \$	_____

Your payment(s) was:  Advanced to you  Paid back to you

Paid to the store  Paid to the school  Other

The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

Here's why:

The cost was not necessary because: \_\_\_\_\_

You did not need \_\_\_\_\_ for your GAIN activity or to get a job because: \_\_\_\_\_

Other: \_\_\_\_\_

**Rules:** These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.4, 42-750.6

# NOTICE OF ACTION

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

┌ \_\_\_\_\_ ┐  
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┌ \_\_\_\_\_ ┐  
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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 you how.

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_, the County denied your request for payment of the following items for your approved GAIN activity or to get a job:

Item	Item
_____	_____
_____	_____
_____	_____

Here's why:

- You were not in an approved GAIN activity.
- The cost was not necessary because: \_\_\_\_\_  
\_\_\_\_\_
- You did not need these items for your GAIN activity or to get a job because: \_\_\_\_\_  
\_\_\_\_\_
- Other:

**Rules:** These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.4

# 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

Your payment for:  child care  transportation for \_\_\_\_\_ was \$ \_\_\_\_\_. This amount was less than what you asked for.

Here's why:

- You did not attend your GAIN approved activity on all the  days  hours you asked for GAIN payments.
- You asked for payment for \_\_\_\_\_ child care hours, but we could only pay for \_\_\_\_\_ child care hours because: \_\_\_\_\_.
- You asked for \_\_\_\_\_ miles, but we could only pay for \_\_\_\_\_ miles because: \_\_\_\_\_.
- Other: \_\_\_\_\_.

Your  child care  transportation payment is figured on this notice.

Mileage can be paid only if there is no public transportation available or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6

Child(ren); \_\_\_\_\_  
 Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren); \_\_\_\_\_

\$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren); \_\_\_\_\_

\$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

The rate is what your child care provider charged or the most we could pay based on your area's child care costs, whichever was less.

public transportation  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_ per \_\_\_\_\_  
 = \$ \_\_\_\_\_

your car's mileage  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_ per \_\_\_\_\_  
 x \_\_\_\_\_ miles  
 = \$ \_\_\_\_\_

parking  
 \$ \_\_\_\_\_  month  school term  other

State of California  
Department of Social Services

Manual Msg. No.: M50-022B1  
Action : Approve  
Reason: Windley v. McMahon  
Title: Child Care Approval  
Form No. :  
Effective Date : 08/01/92  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.2, 42-750.6

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The County approved your GAIN child care. The most we paid was \$ \_\_\_\_\_ per \_\_\_\_\_.

The county only paid child care for days you attended your approved GAIN activity: \_\_\_\_\_.

Your child care payment limit is figured on this notice.

Child(ren): \_\_\_\_\_

\$ \_\_\_\_\_ rate  
x \_\_\_\_\_ [ ] hours [ ] days [ ] weeks [ ] month  
= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider's name: \_\_\_\_\_.

The rate is what your child care provider charged or the most we could pay based on your area's child care costs, whichever was less.

Child care payments were: [ ] Paid to your provider [ ] Paid back to you [ ] Advanced to you [ ] Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show the approval of child care payments.

Enter the date the action was approved.

Include the maximum payment amount and time period (e.g., per hour, day, week, month).

Fill in the participant's approved GAIN activity.

Complete applicable computation(s) and repeat the computation if different rates were provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for child care payment method. If a two-party check was issued, check the applicable box as well as the "Other" box. In the "Other" box, specify that it was a two-party check.

Complete all other applicable information.

grghuer/RETRO/42750B1

EFFECTIVE 10/12/86 - 9/30/90

State of California  
Department of Social Services

Manual Msg. No.: M50-022C1  
Action : Change  
Reason: Windley v. McMahon  
Title: Child Care Change  
Form No. :  
Effective Date : 08/01/92  
Revision Date :  
Regulation Cite: 50-022, 42-750.1, 42-750.2, 42-750.6

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.2, 42-750.6

MESSAGE:

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_ :

- The County changed the payment limit for your GAIN child care from \$ \_\_\_\_\_ per \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_.
- The County changed your payment method from \_\_\_\_\_ to \_\_\_\_\_.
- Your child care provider changed.

The County only paid child care for the days you attended your approved GAIN activity: \_\_\_\_\_.

Here's why:

- Your child care rate changed.
- Your child care hours changed.
- Your child \_\_\_\_\_ was 12 years old which is over the age we could pay for child care.
- You requested this change.
- Other:

Your new child care payment limit is figured on this notice.

Child(ren): \_\_\_\_\_

Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
 x \_\_\_\_\_ [ ]hours [ ]days [ ]weeks [ ]month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider's name: \_\_\_\_\_.

The rate is what your child care provider charged or the most we could pay based on your area's child care costs, whichever was less.

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result in their case review.

Use this message to show a change of child care payment maximum(s); a payment method to the approved child care provider; an approval of child care payments when the client requested a new provider and the new provider met regulatory approved criteria; or the removal of a child from payment.

If the child was removed because the child no longer needed child care, use the NOA message M50-022E1.

When the change was an increase, the date is the date the action was approved.

When the change was a decrease, the date is the date the decrease took effect.

Fill in the approved GAIN activity.

Check the first box when there was a change in the maximum. Include the payment amount and time period (e.g., per hour, day, week or month).

Check the second box when there was a change in the method of payment (e.g., vendor payments instead of advance payments directly to the client).

Check the third box when there was a change in providers.

Under "Here's why," check the appropriate box. When you check the third box, fill in the name of the 12-year-old child. When you check the "Other" box, specify the reason for the action.

Complete a separate computation for every child who had a change in child care. The county does not have to complete a calculation for payments that were not changed.

Repeat the computation if different rates were being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

Complete all other applicable information.

grghuer/RETRO/42750C1

State of California  
Department of Social Services

Manual Msg. No.: M50-022D1  
Action : Deny  
Reason: Windley v. McMahon  
Title: Child Care Denial  
Form No. :  
Effective Date : 08/01/92  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.2

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

- Payment for your child care with \_\_\_\_\_ was denied.
- Your request to raise your child care payment limit was denied.

Here's why:

- You were not in an approved GAIN activity.
- You were already getting the most the County could pay based on your area's child care costs.
- The GAIN child care you asked for was not needed to attend your approved GAIN activity: \_\_\_\_\_
- Your child \_\_\_\_\_ was 12 or more years old which is over the age we could pay for child care.
- The child care provider you wanted must have a license but did not have one.
- The child care provider was not 18 years of age or older.
- Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show denial of child care payments.

Enter the date the action was denied. Enter the name of the child care provider. Check all appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

grghuer/RETRO/42750D1

State of California  
Department of Social Services

Manual Msg.No. : M50-022E1  
Action : Disc.  
Reason: Windley v. McMahon  
Title: Child Care and  
Transportation  
Discontinuance

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.2, 42-750.3

Form No. :  
Effective Date : 08/01/92  
Revision Date :

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong you can ask for a hearing.

On \_\_\_\_\_:

- Payment for your GAIN child care stopped.
- Payment for your transportation stopped.

Here's why:

- You were no longer attending an approved GAIN activity.
- You moved out of this County.
- You went off cash aid.
- You got a job.
- Your child \_\_\_\_\_ was 12 or more years old which is over the age we could pay for child care.
- Your child(ren) no longer needed child care.
- Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show a discontinuance of child care and/or transportation payments.

Enter the date the action was discontinued. Check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

grghuer/RETRO/42750E1

State of California  
Department of Social Services

Manual Msg. No.: M50-022F1  
Action : Approve  
Reason: Windley v. McMahon  
Title: Transportation  
Approval

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.3, 42-750.6

Form No. :  
Effective Date : 08/01/92  
Revision Date :

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

[ ] The County approved your transportation. The most we could pay was \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.

[ ] The County approved \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.

[ ] The County approved bus passes or tickets for a total of \_\_\_\_\_ per \_\_\_\_\_.

The County only paid for transportation while you are attending your approved GAIN activity: \_\_\_\_\_.

Your transportation payment limit is figured on this notice:

[ ] public transportation

\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_

[ ] your car's mileage

\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
x \_\_\_\_\_ miles  
= \$ \_\_\_\_\_

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you to and from your GAIN activity on time. You cannot count the time to take your child to and from school or child care. If you drove a car even though public transportation was available, you will be paid at the public transportation rate or the county mileage rate, whichever was lower.

parking

\$ \_\_\_\_\_  month  school term  other

Your transportation payments was:  Advanced to you  Paid back to you  Paid to your transportation provider  other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show approval of transportation payments or services.

Enter the date the action was approved.

Check the first box, if applicable, and complete the total transportation amount and the corresponding number of miles and time period (e.g., days, weeks, month).

Check the second box, if applicable, and complete the amount and applicable time period (e.g., days, weeks, month).

Check the third box, if applicable, and fill in the number of bus passes or tickets per time period (e.g., days, weeks, month).

Check the fourth box when the county GAIN Program provided transportation (e.g., GAIN vans for participants to use).

Fill in the approved GAIN activity.

Complete all applicable computation(s) and repeat the computation if different rates were provided. The County may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for the transportation payment method. If a two-party check was used, check the applicable box, as well as the "other" box; in the "other" box, specify that it was a two-party check.

Complete all other applicable information.

grghuer/RETRO/42750F1

State of California  
Department of Social Services

Manual Msg. No.: M50-022G1  
Action : Change  
Reason: Windley v. McMahon  
Title: Transportation  
Change

Auto ID No. :  
Flow Chart No. :  
Source : GAIN

Form No. :  
Effective Date : 08/01/92  
Revision Date :

Regulation Cite: 50-022, 42-750.1, 42-750.3, 42-750.6

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_ :

- The County changed your transportation payment limit from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- The County changed your payment limit from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- The County changed your bus tickets from \_\_\_\_\_ to \_\_\_\_\_ per \_\_\_\_\_.
- The County changed your payment method from \_\_\_\_\_ to \_\_\_\_\_.

The County only paid transportation while you attended your approved GAIN activity: \_\_\_\_\_.

Here's why:

- Your mileage rate changed.
- Your mileage changed.
- The public transportation rate changed.
- Public transportation was available which took less than two hours to get you to and from your approved GAIN activity on time. This does not count the time to go to and from your child's school or child care.
- Other:

Your transportation payment limit is figured on this notice:

public transportation

x \_\_\_\_\_ rate  
 \_\_\_\_\_ per \_\_\_\_\_  
 = \$ \_\_\_\_\_

your car's mileage

\_\_\_\_\_ days  
 \_\_\_\_\_ per \_\_\_\_\_  
 \_\_\_\_\_ miles  
 \_\_\_\_\_

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

parking

\$ \_\_\_\_\_  month  school term  other

Your transportation payment(s) was:  Advanced to you  Paid back to you  Paid to your transportation provider  Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show changes in transportation payment maximums, number of bus tickets/passes, payment method, or change in method of transportation, e.g., from bus pass to GAIN transportation.

When the change was an increase, the date is the date the action was approved.

When the change was a decrease, the date is the date the decrease took effect.

Check the first box, if applicable, and fill in amounts, total number of miles, and corresponding time period (e.g., days, weeks, month).

Check the second box, if applicable, and fill in amounts and time period (e.g., days, weeks, month).

Check the third box, if applicable, and fill in number of bus passes or tickets changed.

Check the fourth box, if applicable, when there was a method of payment change and fill in changes, e.g., change from public transportation rate to actual bus tickets; change from public transportation to mileage reimbursement at public transportation rate.

Fill in the approved GAIN activity.

Under "Here's Why" check the appropriate reason box. When checking the "Other" box, specify the reason for the action. Use the "other" box to explain why the County changed its County GAIN transportation.

Complete applicable computation(s) and repeat the computation if different rates were provided. The County may use alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for the transportation payment method. If a two-party check was used, check the applicable box as well as the "other" box and specify that it is a two-party check.

Complete all other applicable information.

grghuer/RETRO/42750G1

State of California  
Department of Social Services

Manual Msg. No.: M50-022H1  
Action : Deny  
Reason: Windley v. McMahon  
Title: Transportation Denial  
Form No. :  
Effective Date : 08/01/92  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.3

**MESSAGE:**

Because the County did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The GAIN transportation:  payment  increase you asked for was denied.

Here's why:

You were already getting as much as the County could pay because:

- The maximum mileage rate was: \$ \_\_\_\_\_ per \_\_\_\_\_.
- Public transportation was available.
- GAIN transportation was available.

You were not in an approved GAIN activity.

The transportation you asked for was not needed to attend your approved GAIN activity: \_\_\_\_\_.

Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show the denial of transportation payments or requests for increases.

Enter the date the action was denied.

Check the appropriate box(es) complete all other applicable information. When checking the "Other" box, specify the reason for the action.

State of California  
Department of Social Services

Manual Msg. No.: M50-022J1  
Action : Approve  
Reason: Windley v. McMahon  
Title: Ancillary Expenses  
Approval

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.4, 42-750.6

Form No. :  
Effective Date : 08/01/92  
Revision Date :

MESSAGE:

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The County approved your request for payment of the following items needed for your approved GAIN activity or to get a job:

<u>Item</u>	<u>Cost</u>	<u>Item</u>	<u>Cost</u>
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	\$ _____

Your payment(s) was: [ ] Advanced to you [ ] Paid back to you [ ] Paid to the store [ ] Paid to the school [ ] Other:

[ ] The following items you asked for were not approved for payment:

<u>Item</u>	<u>Item</u>
_____	_____
_____	_____
_____	_____
_____	_____

Here's why:

[ ] The cost was not necessary because: \_\_\_\_\_.

[ ] You did not need \_\_\_\_\_  
for your GAIN activity or to get a job because: \_\_\_\_\_.

[ ] Other:

**INSTRUCTIONS:**

This message is to inform class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show approval of ancillary payments and to include any items which were not approved.

Enter the date the action was approved.

List items approved and amounts.

Check the method of payment.

Check the box if there were items denied and complete applicable information and amounts.

In the "Here's why" section, check the first box when the item could be purchased for less and specify what was the alternative item and cost.

Check the second box if the item requested was not needed for the activity or to get a job, and specify the reason the item was not necessary. When checking the "Other" box, specify the reason for the action.

grghuer/RETRO/42750J1

State of California  
Department of Social Services

Manual Msg. No.: M50-022K1  
Action : Deny  
Reason: Windley v. McMahon  
Title: Ancillary Expenses  
Denial

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.4

Form No. :  
Effective Date : 08/01/92  
Revision Date :

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The County denied your request for payment of the following items for your approved GAIN activity or to get a job:

Item(s)	Item(s)
_____	_____
_____	_____
_____	_____

Here's why:

- You were not in an approved GAIN activity.
- The cost was not necessary because: \_\_\_\_\_
- You did not need these items for your GAIN activity or to get a job because: \_\_\_\_\_
- Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show a denial of a request for ancillary payments.

Enter the date the action was denied. List items denied.

In the "Here's why" section, check the first box if the client was not in an approved GAIN activity, excluding SIPs. Check the second box when the item(s) could be purchased for less specifying the alternative item(s) and cost(s). Check the third box if the item(s) requested was not needed for the activity or to get a job. specify the reason the item(s) was not necessary.

State of California  
Department of Social Services

Manual Msg. No.: M50-022L1  
Action : Adjustment  
Reason: Windley v. McMahon  
Title: Child Care/Trans.  
Payment Adjustment

Auto ID No. : Form No. :  
Flow Chart No. : Effective Date : 08/01/92  
Source : GAIN Revision Date :  
Regulation Cite: 50-022, 42-750.1, 42-750.2, 42-750.3, 42-750.6,  
Windley v. McMahon

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong you can ask for a hearing.

Your payment for:  child care  transportation  
for \_\_\_\_\_ was \$ \_\_\_\_\_. This amount was less than what you asked for.

Here's why:

You did not attend your GAIN approved activity on all the:  
 days  hours you asked for GAIN payment.

You asked for payment for \_\_\_\_\_ child care hours, but we could only pay for \_\_\_\_\_ child care hours because: \_\_\_\_\_

You asked for \_\_\_\_\_ miles, but we could only pay for \_\_\_\_\_ miles because: \_\_\_\_\_

Other:

**CHILD CARE:**

Your child care payment is figured on this notice. Child care for children not listed here stays the same.

Child(ren): \_\_\_\_\_. Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
x \_\_\_\_\_ [ ] hours [ ] days [ ] weeks [ ] month  
= \$ \_\_\_\_\_ per \_\_\_\_\_

TRANSPORTATION:

Your transportation payment is figured on this notice.

public transportation

x \_\_\_\_\_ rate  
per \_\_\_\_\_  
= \$ \_\_\_\_\_

your car's mileage

x \_\_\_\_\_ rate  
per \_\_\_\_\_  
= \_\_\_\_\_

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes less than two hours to and from your home to get you to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drove a car, even though public transportation is available, you will be paid at the public transportation rate or the county mileage rate, whichever is lower.

parking

\$ \_\_\_\_\_  month  school term  other

INSTRUCTIONS:

Use this message to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show the adjustment in the amount paid for regular, approved child care and/or transportation when the amount claimed was within the authorized maximum. Use also to notify class members when payments made to temporary providers were less than the amount claimed.

The county may use separate NOAs for child care and transportation.

Check the first box if the amount paid to the regular provider was less than the amount claimed, but within the authorized maximum. Fill in the month of the action and include the payment amount. Check this box if amounts paid for temporary child care were less than amounts claimed, regardless of the authorized maximum for the regular provider. Even if the temporary provider charged more than the approved maximum, this is not considered a request for an increase because no change in payments or providers was requested. "Temporary" means one calendar month or less. If regular services did not resume within one calendar month, change NOAs to approve new services must be issued.

Under "Here's why," when the "other" box is checked, specify the reason for the action.

In the CHILD CARE section:

Complete all applicable computation(s) and repeat the computation if different rates were being provided. The county may use alternate calculation when the standard computation does not explain how the payment limit was figured.

In the TRANSPORTATION section:

Check the appropriate box for the method of transportation (public, mileage, etc.) and complete all applicable computation(s) and repeat the computation if different rates were being provided. The county may use alternate calculation when the standard computation does not explain how the payment limit was figured.

Complete all other applicable information.

grghuer/RETRO/42750L1

WINDLEY V MCMAHON  
RETROACTIVE RELIEF  
NOTICES OF ACTION

These NOA forms and NOA messages are used to inform clients of actions taken during the retroactive period covering 10/1/90 through 4/1/91.

1. M 50-022B2 (7/92) Child Care Approval
2. M 50-022C2 (7/92) Child Care Change
3. M 50-022D2 (7/92) Child Care Denial
4. M 50-022E2 (7/92) Child Care/Transportation  
Discontinuance
5. M 50-022F2 (7/92) Transportation Approval
6. M 50-022G2 (7/92) Transportation Change
7. M 50-022H2 (7/92) Transportation Denial
8. M 50-022J2 (7/92) Ancillary Expenses Approval
9. M 50-022K2 (7/92) Ancillary Expenses Denial
10. M 50-022L2 (7/92) Payment Adjustment
11. M 50-022O2 (7/92) Extension of Child  
Care/Transportation

# 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The County approved your GAIN child care. The most we paid was \$ \_\_\_\_\_ per \_\_\_\_\_.

The county only paid child care for days you attended your approved GAIN activity: \_\_\_\_\_.

Your child care payment limit is figured on this notice.

Child care payments were:

- Paid to your provider
- Paid back to you
- Advanced to you
- Other:

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

The rate is what your child care provider charged or the most we could pay based on your area's child care costs, whichever was less.

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6

# 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

- The County changed the payment limit for your GAIN child care from \$ \_\_\_\_\_ per \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_.
- The County changed your payment method from \_\_\_\_\_ to \_\_\_\_\_.
- Your child care provider changed. Your child care at \_\_\_\_\_ was paid through \_\_\_\_\_. Payment for \_\_\_\_\_ started after that date.

The county only paid child care for days you attended your approved GAIN activity: \_\_\_\_\_.

Here's why:

- Your child care rate changed.
- Your child care hours changed.
- Your child \_\_\_\_\_ was 13 years old (which is over the age we could pay for).
- You asked this change.
- Other:

Your child care payment limit is figured on this notice.

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
x \_\_\_\_\_  hours  days  weeks  month  
= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
x \_\_\_\_\_  hours  days  weeks  month  
= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
x \_\_\_\_\_  hours  days  weeks  month  
= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
x \_\_\_\_\_  hours  days  weeks  month  
= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

The rate is what your child care provider charged or the most we could pay based on your area's child care costs, whichever was less.

# 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

- Payment for your child care with \_\_\_\_\_ was denied.
- Your request to raise your child care payment limit was denied.

Here's why:

- You were not in an approved GAIN activity.
- You were already getting the most the County could pay based on your area's child care costs.
- The GAIN child care you asked for was not needed to attend your approved GAIN activity: \_\_\_\_\_.
- Your child \_\_\_\_\_ was not in your AFDC assistance unit and was not receiving federal foster care, or SSI/SSP payments.
- Your child \_\_\_\_\_ was 13 or more years old, which is over the age we could pay for.
- The child care provider you wanted must have a license but did not have one.
- The child care provider was your child's parent, legal guardian, or a member of your assistance unit.
- You did not provide us records that showed your aided child \_\_\_\_\_ had a physical or mental condition that required special care.
- Your aided child \_\_\_\_\_, was not under court supervision for a behavior or legal problem.
- The child care provider was not 18 years of age or older.
- Other:

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3.

# 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 you how.

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

- Payment for your GAIN child care stopped.
- Payment for your transportation stopped.

Here's why:

- You were no longer attending an approved GAIN activity.
- You moved out of this County.
- You went off cash aid.
- You got a job.
- Your child \_\_\_\_\_ was 13 or more years old, which is over the age we could pay for.
- Your child \_\_\_\_\_ was no longer in the AFDC assistance unit.
- Your child care provider as your child's parent, legal guardian, or a member of your AFDC assistance unit.
- Your child(ren) no longer needed child care.
- Other:

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4.

# 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 you how.

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

- The County approved your transportation. The most we could pay was \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- The County approved \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- The County approved bus passes or tickets for a total of \_\_\_\_\_ per \_\_\_\_\_.

The County only paid for transportation while you attended your approved GAIN activity: \_\_\_\_\_.

Your transportation payment limit is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your care even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments were:  Advanced to you  Paid back to you  Paid to your transportation provider  Other:

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4, 42-750.6.

public transportation  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

your car's mileage  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
x \_\_\_\_\_ miles  
=\$ \_\_\_\_\_

parking  
\$ \_\_\_\_\_  month  school term  other

# 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

- The County changed your transportation payment limit from \$\_\_\_\_\_ to \$\_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- The County changed your payment limit from \$\_\_\_\_\_ to \$\_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- The County changed your bus tickets from \_\_\_\_\_ to \_\_\_\_\_ per \_\_\_\_\_.
- The County changed your payment method from \_\_\_\_\_ to \_\_\_\_\_.

The County only paid transportation while you attended your approved GAIN activity: \_\_\_\_\_.

Here's why:

- Your mileage rate changed.
- Your mileage changed.
- The public transportation rate changed.
- Public transportation was available which took less than one hour to get you to your approved GAIN activity on time.
- Other:

Your transportation payment limit is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4, 42-750.6.

- public transportation  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_
- your car's mileage  
\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
x \_\_\_\_\_ miles  
=\$ \_\_\_\_\_
- parking  
\$ \_\_\_\_\_  month  school term  other

Your transportation payments were:  Advanced to you  Paid back to you  Paid to your transportation provider  Other:

# 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 : \_\_\_\_\_  
\_\_\_\_\_  
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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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The GAIN transportation:  payment  increase you asked for was denied.

Here's why:

- You were already getting as much as the County could pay because:
  - the maximum mileage rate was:  
\$ \_\_\_\_\_ per \_\_\_\_\_.
  - public transportation was available.
  - GAIN transportation was available.
- You were not in an approved GAIN activity.
- The transportation you asked for was not needed to attend your approved GAIN activity: \_\_\_\_\_.
- Other:

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4.

# NOTICE OF ACTION

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Worker Number : \_\_\_\_\_  
 Worker Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
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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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_, the County approved your request for payment of the following items needed for your approved GAIN activity or to get a job:

Item	Cost	Item	Cost
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
		Total: \$	_____

Your payment(s) was:  Advanced to you  Paid back to you  
 Paid to the store  Paid to the school  Other:

The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

Here's why:

- The cost was not necessary because: \_\_\_\_\_
- You did not need \_\_\_\_\_ for your GAIN activity or to get a job because: \_\_\_\_\_
- We cannot pay for items needed for your self-initiated program.
- Other:

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.5, 42-750.6.

# 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 you how.

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_, the County denied your request for payment of the following items needed for your approved GAIN activity or to get a job:

Item	Item
_____	_____
_____	_____
_____	_____

Here's why:

- You were not in an approved GAIN activity.
- The cost was not necessary because: \_\_\_\_\_  
\_\_\_\_\_
- You did not need these items for your GAIN activity or to get a job because: \_\_\_\_\_  
\_\_\_\_\_
- We cannot pay for items needed for your self-initiated program.
- Other:

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.5.

# 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

Your payment for:  child care  transportation for \_\_\_\_\_ was \$ \_\_\_\_\_. This amount was less than what you asked for.

Here's why:

- You did not attend your GAIN approved activity on all the  days  hours you asked for GAIN payment.
- You asked for payment for \_\_\_\_\_ child care hours, but we could only pay for \_\_\_\_\_ child care hours because: \_\_\_\_\_
- You asked for \_\_\_\_\_ miles, but we could only pay for \_\_\_\_\_ miles because: \_\_\_\_\_
- Other:

Your  child care  transportation payment is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.5, 42-450B, 42-750.4, 42-750.6

Child(ren): \_\_\_\_\_  
 Child care for children not listed here stayed the same.  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
 Child care for children not listed here stayed the same.  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_  
 Child care for children not listed here stayed the same.  
 \$ \_\_\_\_\_ rate  
 x \_\_\_\_\_  hours  days  weeks  month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

The rate is what your child care provider changed or the most we could pay based on your area's child care costs, whichever was less.

public transportation  
 \$ \_\_\_\_\_ rate  
 = \$ \_\_\_\_\_ per \_\_\_\_\_  
 = \$ \_\_\_\_\_

your car's mileage  
 \$ \_\_\_\_\_ rate  
 = \$ \_\_\_\_\_ per \_\_\_\_\_  
 = \$ \_\_\_\_\_

parking  
 x \_\_\_\_\_  month  school term  other

# 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 you how.**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

- Your child care was extended until \_\_\_\_\_.
- Your transportation was extended until \_\_\_\_\_.

Nothing about your approved supportive services changed except the date your payment ended.

Here's why:

- Your approved GAIN activity \_\_\_\_\_ continued.
- We paid for your child care space so that it would be there when your next approved GAIN activity started.
- Other:

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4.

State of California  
Department of Social Services

Manual Msg. No.: M50-022B2  
Action : Approve  
Reason: Windley v. McMahon  
Title: Child Care Approval

Auto ID No. :

Form No. :

Flow Chart No. :

Effective Date : 08/01/92

Source : GAIN

Revision Date :

Regulation Cite: 50-022, 42-750.1, 42-750.2, 42-750.3, 42-750.6

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The County approved your GAIN child care. The most we paid was \$ \_\_\_\_\_ per \_\_\_\_\_.

The county only paid child care for days you attended your approved GAIN activity: \_\_\_\_\_.

Your child care payment limit is figured on this notice.

Child(ren): \_\_\_\_\_

\$ \_\_\_\_\_ rate  
x \_\_\_\_\_ [ ] hours [ ] days [ ] weeks [ ] month  
= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider's name: \_\_\_\_\_.

The rate is what your child care provider charged or the most we could pay based on your area's child care costs, whichever was less.

Child care payments were: [ ] Paid to your provider [ ] Paid back to you [ ] Advanced to you [ ] Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show the approval of child care payments.

Enter the date the action was approved.

Include the maximum payment amount and time period (e.g., per hour, day, week, month).

Fill in the participant's approved GAIN activity.

Complete applicable computation(s) and repeat the computation if different rates were provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for child care payment method. If a two-party check was issued, check the applicable box as well as the "Other" box. In the "Other" box, specify that it was a two-party check.

Complete all other applicable information.

grghuer/RETRO/42750B2

State of California  
Department of Social Services

Manual Msg. No.: M50-022C2  
Action : Change  
Reason: Windley v. McMahon  
Title: Child Care Change

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.2, 42-750.3, 42-750.6  
Form No. :  
Effective Date : 08/01/92  
Revision Date :

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_ :

- The County changed the payment limit for your GAIN child care from \$ \_\_\_\_\_ per \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_.
- The County changed your payment method from \_\_\_\_\_ to \_\_\_\_\_.
- Your child care provider changed. Your child care at \_\_\_\_\_ was paid through \_\_\_\_\_. Payment for \_\_\_\_\_ started after that date.

The County only paid child care for the days you attended your approved GAIN activity: \_\_\_\_\_.

Here's why:

- Your child care rate changed.
- Your child care hours changed.
- Your child \_\_\_\_\_ was 13 years old which is over the age we could pay for child care.
- You requested this change.
- Other:

Your new child care payment limit is figured on this notice.

Child(ren): \_\_\_\_\_

Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
 x \_\_\_\_\_ [ ]hours [ ]days [ ]weeks [ ]month  
 = \$ \_\_\_\_\_ per \_\_\_\_\_

Provider's name: \_\_\_\_\_.

The rate is what your child care provider charged or the most we could pay based on your area's child care costs, whichever was less.

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result in their case review.

Use this message to show a change of child care payment maximum(s); a payment method to the approved child care provider; an approval of child care payments when the client requested a new provider and the new provider met regulatory approved criteria; or the removal of a child from payment.

If child a is removed because the child no longer needed child care, use the NOA message M50-022E1.

When the change was an increase, the date is the date the action was approved.

When the change was a decrease, the date is the date the decrease took effect.

Fill in the approved GAIN activity.

Check the first box when there was a change in the maximum. Include the payment amount and time period (e.g., per hour, day, week or month).

Check the second box when there was a change in the method of payment (e.g., vendor payments instead of advance payments directly to the client).

Check the third box when there was a change in providers.

Under "Here's why," check the appropriate box. When you check the third box, fill in the name of the 13 year old child. When you check the "Other" box, specify the reason for the action.

Complete a separate computation for every child who had a change in child care. The county does not have to complete a calculation for payments that were not changed.

Repeat the computation if different rates were being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

Complete all other applicable information.

grghuer/RETRO/42750C2

State of California  
Department of Social Services

Manual Msg. No.: M50-022D2  
Action : Deny  
Reason: Windley v. McMahon  
Title: Child Care Denial

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.2, 42-750.3

Form No. :  
Effective Date : 08/01/92  
Revision Date :

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

[ ] Payment for your child care with \_\_\_\_\_ was denied.

[ ] Your request to raise your child care payment limit was denied.

Here's why:

[ ] You were not in an approved GAIN activity.

[ ] You were already getting the most the County could pay based on your area's child care costs.

[ ] The GAIN child care you asked for was not needed to attend your approved GAIN activity: \_\_\_\_\_

[ ] Your child \_\_\_\_\_ was not in your AFDC assistance unit and was not receiving federal foster care, or SSI/SSP payments/.

[ ] Your child \_\_\_\_\_ was 13 or more years old which is over the age we could pay for child care.

[ ] The child care provider you wanted must have a license but did not have one.

[ ] The child care provider was your child's parent, legal guardian, or a member of your assistance unit.

[ ] You did not provide us records that showed your aided child has a physical or mental condition that required special care.

[ ] Your aided child \_\_\_\_\_, was not under court supervision for a behavior or legal problem.

[ ] The child care provider was not 18 years of age or older.

[ ] Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show denial of child care payments.

Enter the date the action was denied. Enter the name of the child care provider. Check all appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

grghuer/RETRO/42750D2

State of California  
Department of Social Services

Manual Msg.No. : M50-022E2  
Action : Disc.  
Reason: Windley v. McMahon  
Title: Child Care & Transportation Discontinuance

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.2, 42-750.3, 42-750.4

Form No. :  
Effective Date : 08/01/92  
Revision Date :

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong you can ask for a hearing.

On \_\_\_\_\_:

- Payment for your GAIN child care stopped.
- Payment for your transportation stopped.

Here's why:

- You were no longer attending an approved GAIN activity.
- You moved out of this County.
- You went off cash aid.
- You got a job.
- Your child \_\_\_\_\_ was 13 or more years old which is over the age we could pay for child care.
- Your child \_\_\_\_\_ was no longer in the AFDC assistance unit.
- Your child care provider was your child's parent, legal guardian, or a member of your AFGDC assistance unit.
- Your child(ren) no longer needed child care.
- Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show a discontinuance of child care and/or transportation payments.

Enter the date the action was discontinued. Check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

grghuer/RETRO/42750E2

State of California  
Department of Social Services

Manual Msg. No.: M50-022F2  
Action : Approve  
Reason: Windley v. McMahon  
Title: Transportation  
Approval

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.4, 42-750.6

Form No. :  
Effective Date : 08/01/92  
Revision Date :

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

- The County approved your transportation. The most we could pay was \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- The County approved \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- The County approved bus passes or tickets for a total of \_\_\_\_\_ per \_\_\_\_\_.

The County only paid for transportation while you are attending your approved GAIN activity: \_\_\_\_\_.

Your transportation payment limit is figured on this notice:

public transportation

\_\_\_\_\_ rate  
 x \_\_\_\_\_ per \_\_\_\_\_  
 = \$ \_\_\_\_\_

your car's mileage

\_\_\_\_\_ rate  
 x \_\_\_\_\_ per \_\_\_\_\_  
 x \_\_\_\_\_ miles  
 = \$ \_\_\_\_\_

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you to and from your GAIN activity on time. You cannot count the time to take your child to and from school or child care. If you drove a car even though public transportation was available, you will be paid at the public transportation rate or the county mileage rate, whichever was lower.

parking

\$ \_\_\_\_\_  month  school term  other

Your transportation payments was:  Advanced to you  Paid back to you  Paid to your transportation provider  other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show approval of transportation payments or services.

Enter the date the action was approved.

Check the first box, if applicable, and complete the total transportation amount and the corresponding number of miles and time period (e.g., days, weeks, month).

Check the second box, if applicable, and complete the amount and applicable time period (e.g., days, weeks, month).

Check the third box, if applicable, and fill in the number of bus passes or tickets per time period (e.g., days, weeks, month).

Check the fourth box when the county GAIN Program provided transportation (e.g., GAIN vans for participants to use).

Fill in the approved GAIN activity.

Complete all applicable computation(s) and repeat the computation if different rates were provided. The County may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for the transportation payment method. If a two-party check was used, check the applicable box, as well as the "other" box; in the "other" box, specify that it was a two-party check.

Complete all other applicable information.

grghuer/RETRO/42750F2

State of California  
Department of Social Services

Manual Msg. No.: M50-022G2  
Action : Change  
Reason: Windley v. McMahon  
Title: Transportation  
Change

Auto ID No. :  
Flow Chart No. :  
Source : GAIN

Form No. :  
Effective Date : 08/01/92  
Revision Date :

Regulation Cite: 50-022, 42-750.1, 42-750.4, 42-750.6

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_ :

- The County changed your transportation payment limit from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- The County changed your payment limit from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- The County changed your bus tickets from \_\_\_\_\_ to \_\_\_\_\_ per \_\_\_\_\_.
- The County changed your payment method from \_\_\_\_\_ to \_\_\_\_\_.

The County only paid transportation while you attended your approved GAIN activity: \_\_\_\_\_.

Here's why:

- Your mileage rate changed.
- Your mileage changed.
- The public transportation rate changed.
- Public transportation was available which took less than two hours to get you to and from your approved GAIN activity on time. This does not count the time to go to and from your child's school or child care.
- Other:

Your transportation payment limit is figured on this notice:

public transportation

x \_\_\_\_\_ rate  
per \_\_\_\_\_  
= \$ \_\_\_\_\_

your car's mileage

x \_\_\_\_\_ days  
per \_\_\_\_\_  
x \_\_\_\_\_ miles  
= \_\_\_\_\_

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

parking

\$ \_\_\_\_\_  month  school term  other

Your transportation payment(s) was:  Advanced to you  Paid back to you  Paid to your transportation provider  Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show changes in transportation payment maximums, number of bus tickets/passes, payment method, or change in method of transportation (e.g., from bus passes to GAIN transportation).

When the change was an increase, the date is the date the action was approved.

When the change was a decrease, the date is the date the decrease took effect.

Check the first box, if applicable, and fill in amounts, total number of miles, and corresponding time period (e.g., days, weeks, month).

Check the second box, if applicable, and fill in amounts and time period (e.g., days, weeks, month).

Check the third box, if applicable, and fill in number of bus passes or tickets changed.

Check the fourth box, if applicable, when there was a method of payment change and fill in changes, e.g., change from public transportation rate to actual bus tickets; change from public transportation to mileage reimbursement at public transportation rate.

Fill in the approved GAIN activity.

Under "Here's Why" check the appropriate reason box. When checking the "Other" box, specify the reason for the action. Use the "other" box to explain why the County changed its County GAIN transportation.

Complete applicable computation(s) and repeat the computation if different rates were provided. The County may use alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for the transportation payment method. If a two-party check was used, check the applicable box as well as the "other" box and specify that it is a two-party check.

Complete all other applicable information.

grghuer/RETRO/42750G2

State of California  
Department of Social Services

Manual Msg. No.: M50-022H2  
Action : Deny  
Reason: Windley v. McMahon  
Title: Transportation Denial  
Form No. :  
Effective Date : 08/01/92  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.4

**MESSAGE:**

Because the County did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The GAIN transportation: [ ] payment [ ] increase you asked for was denied.

Here's why:

[ ] You were already getting as much as the County could pay because:

- [ ] The maximum mileage rate was: \$ \_\_\_\_\_ per \_\_\_\_\_.
- [ ] Public transportation was available.
- [ ] GAIN transportation was available.

[ ] You were not in an approved GAIN activity.

[ ] The transportation you asked for was not needed to attend your approved GAIN activity: \_\_\_\_\_.

[ ] Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show the denial of transportation payments or requests for increases.

Enter the date the action was denied.

Check the appropriate box(es) complete all other applicable information. When checking the "Other" box, specify the reason for the action.

grghuer/RETRO/42750H2

State of California  
 Department of Social Services

Manual Msg. No.: M50-022J2  
 Action : Approve  
 Reason: Windley v. McMahon  
 Title: Ancillary Expenses  
 Approval

Auto ID No. :  
 Flow Chart No. :  
 Source : GAIN  
 Regulation Cite: 50-022, 42-750.1, 42-750.5, 42-750.6

Form No. :  
 Effective Date : 08/01/92  
 Revision Date :

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The County approved your request for payment of the following items needed for your approved GAIN activity or to get a job:

<u>Item</u>	<u>Cost</u>	<u>Item</u>	<u>Cost</u>
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	\$ _____

Your payment(s) was:  Advanced to you  Paid back to you  Paid to the store  Paid to the school  Other:

The following items you asked for were not approved for payment:

<u>Item</u>	<u>Item</u>
_____	_____
_____	_____
_____	_____
_____	_____

Here's why:

- The cost was not necessary because: \_\_\_\_\_
- You did not need \_\_\_\_\_  
 for your GAIN activity or to get a job because: \_\_\_\_\_
- We cannot pay for items needed for your self-initiated program.
- Other:

**INSTRUCTIONS:**

This message is to inform class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show approval of ancillary payments and to include any items which were not approved.

Enter the date the action was approved.

List items approved and amounts.

Check the method of payment.

Check the box if there were items denied and complete applicable information and amounts.

In the "Here's why" section, check the first box when the item could be purchased for less and specify what was the alternative item and cost.

Check the second box if the item requested was not needed for the activity or to get a job, and specify the reason the item was not necessary. When checking the "Other" box, specify the reason for the action.

grghuer/RETRO/42750J2

State of California  
Department of Social Services

Manual Msg. No.: M50-022K2  
Action : Deny  
Reason: Windley v. McMahon  
Title: Ancillary Expenses  
Denial

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.5

Form No. :  
Effective Date : 08/01/92  
Revision Date :

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong, you can ask for a hearing.

On \_\_\_\_\_:

The County denied your request for payment of the following items for your approved GAIN activity or to get a job:

Item(s)	Item(s)
_____	_____
_____	_____
_____	_____
_____	_____

Here's why:

- You were not in an approved GAIN activity.
- The cost was not necessary because: \_\_\_\_\_
- You did not need these items for your GAIN activity or to get a job because: \_\_\_\_\_
- We cannot pay for items needed for your self-initiated program.
- Other:

**INSTRUCTIONS:**

This message is to inform a class member in the Windley v. McMahon lawsuit of the result of their case review. Use this message to show a denial of a request for ancillary payments.

Enter the date the action was denied. List items denied.

In the "Here's why" section, check the first box if the client was not in an approved GAIN activity, excluding SIPs. Check the second box when the item(s) could be purchased for less specifying the alternative item(s) and cost(s). Check the third box if the item(s) requested was not needed for the activity or to get a job. specify the reason the item(s) was not necessary.

Check the fourth box to show denial of ancillary expenses for approved Self-Initiated Program (SIP).

grghuer/RETRO/42750K2

State of California  
Department of Social Services

Manual Msg. No.: M50-022L2  
Action : Adjustment  
Reason: Windley v. McMahon  
Title: Child Care/Trans.  
Payment Adjustment

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 50-022, 42-750.1, 42-750.2, 42-750.3, 42-750.4,  
42-750.6, Windley v. McMahon  
Form No. :  
Effective Date : 08/01/92  
Revision Date :

**MESSAGE:**

Because the county did not send you an adequate written notice at the time, you are now getting a notice telling you the action we took and why. If you think the action was wrong you can ask for a hearing.

Your payment for: [ ] child care [ ] transportation  
for \_\_\_\_\_ was \$ \_\_\_\_\_. This amount was less than what you asked for.

Here's why:

[ ] You did not attend your GAIN approved activity on all the:  
[ ] days [ ] hours you asked for GAIN payment.

[ ] You asked for payment for \_\_\_\_\_ child care hours, but we could only pay for \_\_\_\_\_ child care hours because: \_\_\_\_\_

[ ] You asked for \_\_\_\_\_ miles, but we could only pay for \_\_\_\_\_ miles because: \_\_\_\_\_

[ ] Other:

**CHILD CARE:**

Your child care payment is figured on this notice. Child care for children not listed here stays the same.

Child(ren): \_\_\_\_\_. Child care for children not listed here stayed the same.

\$ \_\_\_\_\_ rate  
x \_\_\_\_\_ [ ] hours [ ] days [ ] weeks [ ] month  
= \$ \_\_\_\_\_ per \_\_\_\_\_

Under "Here's why," when the "other" box is checked, specify the reason for the action.

In the CHILD CARE section:

Complete all applicable computation(s) and repeat the computation if different rates were being provided. The county may use alternate calculation when the standard computation does not explain how the payment limit was figured.

In the TRANSPORTATION section:

Check the appropriate box for the method of transportation (public, mileage, etc.) and complete all applicable computation(s) and repeat the computation if different rates were being provided. The county may use alternate calculation when the standard computation does not explain how the payment limit was figured.

Complete all other applicable information.

grghuer/RETRO/42750L2

Check the first box to show an extension of approved child care. Check the second box to show an extension of approved transportation. Fill in the date(s).

Under "Here's Why," check the appropriate box, and complete with the name of the approved activity or other reason for the extension.

grghuer/RETRO/4275002

JAN 30 1991

STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

**WINDLEY vs MCMAHON NOTICE-GAIN MAY NEED TO REVIEW YOUR CASE!**

GAIN must give GAIN participants a written notice when a child care, transportation or ancillary payment is approved, denied, lowered or stopped. A notice must be given at least 10 days before GAIN takes an action. The notice must tell you why the action was taken and how to ask for a hearing if you do not agree with GAIN. Please answer the following questions:

- Were you in the GAIN Program on or after October 12, 1986?
- Was your child care, transportation or ancillary payment denied, lowered or stopped but you did not get a written notice telling you why and that you have a right to a hearing?
- Did you believe the action was wrong?

If you answer YES to all three questions, you can ask GAIN to review your case. To ask for a review, go to your GAIN Office and file a REVIEW REQUEST FORM or call your GAIN Office and have the FORM mailed to you. If you file the FORM, you will get a written notice telling you the decision. If you do not agree with the action, you can ask for a hearing.

You must file the REVIEW REQUEST FORM between July 1 and September 30, 1992. If it is late, it will be denied. If you need more facts call 1-800\_\_\_\_\_.

# STATISTICAL REPORT

SEND ONE COPY TO: Department of Social Services  
Statistical Services Bureau  
744 P Street, M.S. 19-81  
Sacramento, California 95814  
(916) 322-2230

**WINDLEY V. MCMAHON**

NAME OF COUNTY SUBMITTING REPORT	THIS REPORT IS DUE ON OR BEFORE <b>APRIL 1, 1993</b>
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THIS REPORT IS

ORIGINAL  REVISION \_\_\_\_\_

CLAIM PERIOD

FROM: AUGUST 1, 1992

TO: OCTOBER 30, 1992

- 1. Total request forms mailed/handed out ..... \_\_\_\_\_
- 2. Total number of request forms received ..... \_\_\_\_\_
- 3. Total number of requests approved as class members ..... \_\_\_\_\_
- 4. Total number of requests denied:
  - a. Untimely ..... \_\_\_\_\_
  - b. Incomplete..... \_\_\_\_\_
  - c. Requester was not a member of the class..... \_\_\_\_\_
  - d. Wrong County w/referral ..... \_\_\_\_\_
  - e. Wrong County ..... \_\_\_\_\_
  - f. Other denials..... \_\_\_\_\_
- 5. Total corrective overpayments identified ..... \_\_\_\_\_
  - a. Total corrective overpayment amount ..... \_\_\_\_\_
- 6. Total corrective underpayments paid..... \_\_\_\_\_

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE
---	------------------	------