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

September 4, 1992

ALL-COUNTY LETTER NO. 92-78

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

[X] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[ ] Initiated by SDSS

SUBJECT: INFORMING REQUIREMENTS FOR A ROLLBACK IN AFDC, RCA AND ECA GRANT LEVELS.

The State Budget has been passed with a Cash Aid Maximum Aid Payment (MAP) rollback to reduce welfare costs. For purposes of this letter, Cash Aid means the AFDC, RCA and ECA programs.

You are to notify Cash Aid recipients of the MAP rollback using the forms described below and attached.

Cash Aid MAP Rollback

The Cash Aid MAP levels have been reduced by 4.5 percent effective October 1, 1992. Because of the short implementation timeframe, recipient overpayments will result unless you can give timely notice of the MAP change or adjust the October 15th warrant with timely notice.

As you know, there will be a corresponding decrease in maximum RISP and Permanent Homeless Assistance payments which are based on 80 percent of MAP. Also, when Cash Aid is reduced, Food Stamp benefits are usually increased.

Food Stamps

Adjustments to Food Stamp benefits made as a result of the reduction in Cash Aid levels shall be handled as a mass change as specified in M.S. 63-504.392. The general mass informing notice (Attachment I) contains the Food Stamp information necessary to inform recipients of the changes. An individual Notice of Increased Benefits (DFA 377.4) is not required.

General Mass Informing Notice

In order to mitigate the impact on the Cash Aid population and you, we have developed the attached general mass informing notice

(Attachment I) to give advance warning. It is highly recommended that you utilize this stuffer to alert Cash Aid recipients of the MAP rollback, to enable them to both plan ahead and to address their questions to the State. The notice has the State's special toll free number. Based on last year's rollback experience, the toll free number worked effectively. This should reduce your workload associated with inquiries about the rollback.

The stuffer can be sent with the warrants, CA 7s, Notices of Action (NOAs) or by separate mailing. The usefulness of the stuffer will be diminished if it does not precede the actual NOA which reduces Cash Aid. However, even if you are only able to send out the stuffer with the timely NOA to reduce the grant, you should do so.

AFDC Payment Standard Table

Attachment II is the AFDC Payment Standard Table containing the new payment levels.

AFDC NOAs

Attachment III contains three AFDC NOAs with implementing instructions for the MAP Rollback.

Translations

Attachment IV contains the translated versions of the mass informing notice and the NOAs in Spanish. Camera ready copies of the mass informing notice and the NOAs in Spanish, Vietnamese, Lao, Cambodian and Chinese will be forwarded under separate cover by the Language Services Bureau.

Other AFDC Budget Changes

Other changes in the Budget affecting AFDC are contingent on Federal waivers. Information on these and other Budget changes will be provided more fully in forthcoming All County Information Notices.

Contacts

If you have any AFDC Program questions, you may contact Dennis Ragasa at (916) 654-1063. If you have any AFDC NOA questions, you may contact John Honeycutt at (916) 654-1077. If you have any Refugee Program questions, you may contact Betts Smith at (916) 324-8415. If there are any Food Stamp Program questions, you may contact Suzanne McNamee at (916) 657-3815. If you have any questions on the translations, you may contact Armand Herra of the Language Services Bureau at (916) 654-1286.

MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachments

ATTACHMENT I

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

IMPORTANT NOTICE FOR CASH AID RECIPIENTS PLEASE READ

MAXIMUM AID PAYMENT CHANGE

As of October 1, 1992, State law lowers the Maximum Aid Payment (MAP) that a family can get by 4.5 percent. See the Table to the right, to find out the most your cash aid may change.

If we are not able to lower your October cash aid right away, you will be overpaid and will have to pay this money back. You will get another notice about your overpayment.

You need to plan for this change. If cash aid is your only income, you will have less money to meet your family's needs. But, if you go to work, even part-time, you can keep more money to meet your family's needs.

FOOD STAMP CHANGE

Most families will get more Food Stamps when their cash aid goes down.

TO GET MORE INFORMATION

Please call toll free: 1-800-925-8960

or

TDD for hearing impaired 1-800-952-8349

TEMP NA 3 (9/92) INFORMING NOTICE

CASH AID MAP TABLE

Persons on Aid	Old MAP	New MAP	Decrease
1	$ 326	$ 311	$15
2	535	511	24
3	663	633	30
4	788	753	35
5	899	859	40
6	1,010	965	45
7	1,109	1,059	50
8	1,209	1,155	54
9	1,306	1,247	59
10 or more	1,403	1,340	63

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

IMPORTANT NOTICE FOR CASH AID RECIPIENTS PLEASE READ

MAXIMUM AID PAYMENT CHANGE

As of October 1, 1992, State law lowers the Maximum Aid Payment (MAP) that a family can get by 4.5 percent. See the Table to the right, to find out the most your cash aid may change.

If we are not able to lower your October cash aid right away, you will be overpaid and will have to pay this money back. You will get another notice about your overpayment.

You need to plan for this change. If cash aid is your only income, you will have less money to meet your family's needs. But, if you go to work, even part-time, you can keep more money to meet your family's needs.

FOOD STAMP CHANGE

Most families will get more Food Stamps when their cash aid goes down.

TO GET MORE INFORMATION

Please call toll free: 1-800-925-8960

or

TDD for hearing impaired 1-800-952-8349

TEMP NA 3 (9/92) INFORMING NOTICE

CASH AID MAP TABLE

Persons on Aid	Old MAP	New MAP	Decrease
1	$ 326	$ 311	$15
2	535	511	24
3	663	633	30
4	788	753	35
5	899	859	40
6	1,010	965	45
7	1,109	1,059	50
8	1,209	1,155	54
9	1,306	1,247	59
10 or more	1,403	1,340	63

Estimates Branch
May 1992

AFDC PAYMENT STANDARDS
Effective October 1, 1992

ASSISTANCE UNIT SIZE	MAXIMUM AID PAYMENT	MBSAC	185% OF MBSAC	IN-KIND INCOME HOUSING	UTILITIES	FOOD	CLOTHING	80% OF MAP
1	311	345	638	155	33	87	27	248 x
2	511	567	1,048 x	209	38	184	50	408 x
3	633	703	1,300 x	228	41	235	76	506
4	753	834	1,542 x	239	42	290	101	602
5	859	952	1,761	239	42	350	128	687
6	965	1,070	1,979 x	239	42	406	151	772
7	1,059	1,175	2,173 x	239	42	453	180	847
8	1,155	1,281	2,369 x	239	42	496	202	924
9	1,247	1,388	2,567 x	239	42	544	230	997 x
10	1,340	1,508	2,789 x	239	42	589	252	1,072
More than 10	1,340	Add $14 for each additional person						
Reference	44-315.311	44-315.311	44-207.113	44-115.311				44-402.1 44-211.531

x - Rounded down to the next lower whole dollar in accordance with 45 CFR Ch. II Sec. 233.20(a)(2)(iv).

ATTACHMENT II

ATTACHMENT III

AFDC NOTICES OF ACTION

Every AFDC case in which cash aid is changed as a result of the rollback must receive a timely and adequate Notice of Action (NOA) explaining the change. Reproducible copies of three alternative change NOAs are attached for use when you implement the MAP rollback, which is effective October 1, 1992.

TIME FRAMES

Each alternative NOA covers a different set of circumstances, depending on how soon the county can mail the NOA. If you have sufficient lead time before September 20, you must use the first NOA, RBK-1t, and mail it on or before that date. If you cannot meet that date, but can mail the change NOA by October 4, use the second NOA, RBK-2t, and mail it on or before October 4. If you cannot mail a NOA by that date, use the third NOA, RBK-3.1t with continuation page RBK-3.2t, and mail them as soon after that date as feasible:

- RBK-1t (8/92) - Change. If feasible, must be mailed by September 20. This is a simple NOA providing timely and adequate notice of the October 1 change.

- RBK-2t (8/92) - Change Midmonth. If used, must be mailed during the period of September 21 thru October 4. Changes monthly aid as of October 1 and changes midmonth warrant to avoid an overpayment.

- RBK-3.1t and RBK-3.2t (8/92) - Change Incl. O/P (2 pages). If used, is to be mailed as soon after October 4 as feasible. Changes monthly aid as of November 1 and deals with October overpayment. This NOA is provided for those situations in which it is not feasible to mail a NOA earlier.

These NOAs are designed for situations where the rollback is the only action on the notice. The three Page 1 NOAs are each to be used with the standard NA BACK 6. For cases in which you have other actions to combine with the rollback action, combine the actions on an appropriate NA form according to standard procedures.

In the numbering of the attached NOAs, "RBK" stands for "rollback" and the "t" indicates that the NOA is temporary. It is not intended that these NOAs be filed in the AFDC NOA Handbook. They will not be listed in the Handbook index.

SPECIAL DSS PHONE LINES FOR CLIENT INQUIRIES AND APPEALS ABOUT THE ROLLBACK

We have installed special phone lines to provide information to clients who want more information about the State law change. Appeal requests on the rollback will also be accepted on these lines. Information about these phones is included on the enclosed NOAs.

All NOAs that you prepare for rollback must include this information. When preparing your own NOA forms, be sure to include this information as a part of the NOA message.

SPECIAL TREATMENT OF ROLLBACK-ONLY STATE HEARING REQUESTS RECEIVED BY MAIL

We will provide special handling of mailed requests for a State hearing for cases in which the ONLY reason for the change in aid is the rollback.

Special mailing instructions are included immediately below the standard "State Hearing" section on the right hand side of each attached Page 1 NOA:

> **If you want a hearing, send your request to:**
> State Dept. of Social Services
> Administrative Adjudications Div.
> 744 P St., M.S. 19-98
> Sacramento, CA 95814
> **rather than to the address on the back.**
> **This will allow quicker handling of your appeal.**

(Los Angeles County will substitute in the address, "M.S. 19-99" for "M.S. 19-98.)

When preparing County NOA forms for rollback, include this language ONLY on forms intended for rollback-only use. When you prepare NOA forms for mixed use, that is, rollback plus some other action, do NOT include this special message.

INSTRUCTIONS FOR COMPLETING ATTACHED ROLLBACK NOAS

All NOAS:

- Fill in the "from" and "to" amounts.
- Fill in Sections A and B with applicable months and amounts.

RBK-1t (8/92) - Change:

- This is the preferred alternative.
- For mailing by September 20, when you can still give timely notice of the rollback effective October 1.

RBK-2t (8/92) - Change Midmonth:

- This is the first backup alternative.
- For mailing during period of September 21 thru October 4, when you can still give timely notice of a change to the Mid-October warrant.

RBK-3.1t and RBK-3.2t (8/92) - Change Incl. O/P

- This is the second backup alternative. This timing results in an overpayment for October and a great deal of extra work. Avoid it if you can.
- For mailing after October 4, while you can still give timely notice of the rollback for November 1.

- Page 1 - Fill in amount overpaid for October.
- Page 1, Section B, Line 10 - Include the amount of the overpayment adjustment, if any, being collected from the November grant.

- Page 2 - This page must be sent with Page 1.
- Page 2 - Check the appropriate box about collection of the overpayment.

- NA 274C (7/91) - OVERPAYMENT COMPUTATIONS - Fill in and attach to show the computation of the overpayment.

- NA 275 (7/91) - OVERPAYMENT ADJUSTMENT COMPUTATION - If grant adjusting for the overpayment in November, fill in and attach to show the amount of overpayment that can be collected in November.

- Complete the page numbers on each page.

SUMMARY

Three reproducible Page 1 change NOAs and a Continuation Page NOA are attached. Use the Page 1 forms with the NA BACK 6. The Page 1 NOAs contain a special State Hearing address and special phone numbers. The attached NOAs can be used as-is for rollback-only notification.

All rollback NOAs must provide timely and adequate notice.

The NOAs are designed for use during the exclusive time periods specified above.

When you prepare your own NOA forms for rollback:

- Start with a standard NA form, most likely, the NA 200.
- For NOAs to be used exclusively for rollback, include the special State Hearing address.
- For rollback NOAs that include one or more additional messages, do NOT include the special address.
- Include the special telephone numbers on ALL rollback NOAs.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

Questions? Ask your Worker.

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

If you want a hearing, send your request to:
State Dept. of Social Services
Administrative Adjudications Div.
744 P St., M.S. 19-98
Sacramento, CA 95814
rather than to the address on the back. This will allow quicker handling of your appeal.

As of October 1, 1992, the County is changing your cash aid from $_____ to $_____.

Here's why:

On October 1, 1992, a change in State law will lower the Maximum Aid amount that you can get by 4.5 percent.

Your new cash aid amount is figured on this notice.

If you want to know more about this State law change, or want to ask for a State Hearing only on the law change, the fastest way is to call toll-free:

1-800 925-8960

TDD for hearing impaired:

1-800 952-8349

Rules: These rules apply; you may review them at your welfare office: MPP 44-315; W & I Code Section 11450

Monthly Cash Aid Amount

Section A Your Countable Income in _____ (MONTH)

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

Section B Your Cash Aid In _____ (MONTH)

1.	Basic Need for _____ Persons	$	_____
2.	Special Needs	+	_____
3.	Subtotal	=	_____
4.	Net Countable Income	-	_____
5.	Subtotal A	=	_____
6.	Maximum Aid for_____ Persons	$	_____
7.	Special Needs	+	_____
8.	Subtotal B	$	_____
9.	Cash Aid Amount (Lesser of Subtotal A or B)	$	_____
10.	Overpayment adjustment (separate page)	-	_____
11.	Monthly Cash aid Amount	$	_____

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

Questions? Ask your Worker.

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

If you want a hearing, send your request to:
State Dept. of Social Services
Administrative Adjudications Div.
744 P St., M.S. 19-98
Sacramento, CA 95814
rather than to the address on the back. This will allow quicker handling of your appeal.

As of October 1, 1992, a change in State law lowers the Maximum Aid amount that you can get by 4.5 percent. Because of this law change, your monthly cash aid is being figured on the new lower Maximum Aid amount, starting on that date.

Therefore, as of October 1, 1992, the County is changing your cash aid from $_____ to $_____.

This does not change your first October cash aid check, but your October midmonth check will be lower, so you won't be overpaid. If we waited until November, you would be overpaid and would have to pay money back.

This is how your October midmonth check is figured:

> Your new monthly cash aid amount (shown above), LESS the amount of your first October aid check, EQUALS the amount of your midmonth check.

Your new cash aid amount is figured on this notice.

If you want to know more about this State law change, or want to ask for a State Hearing only on the law change, the fastest way is to call toll-free:

1-800 925-8960

TDD for hearing impaired:

1-800 952-8349

Rules: These rules apply; you may review them at your welfare office.

Monthly Cash Aid Amount

Section A Your Countable Income in _____ (MONTH)

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

Section B Your Cash Aid In _____ (MONTH)

1.	Basic Need for _____ Persons	$	_____
2.	Special Needs	+	_____
3.	Subtotal	=	_____
4.	Net Countable Income	-	_____
5.	Subtotal A	=	_____
6.	Maximum Aid for _____ Persons	$	_____
7.	Special Needs	+	_____
8.	Subtotal B	$	_____
9.	Cash Aid Amount (Lesser of Subtotal A or B)	$	_____
10.	Overpayment adjustment (separate page)	-	_____
11.	Monthly Cash aid Amount	$	_____

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

Questions? Ask your Worker.

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

If you want a hearing, send your request to:
State Dept. of Social Services
Administrative Adjudications Div.
744 P St., M.S. 19-98
Sacramento, CA 95814
rather than to the address on the back. This will allow quicker handling of your appeal.

As of November 1, 1992, the County is changing your cash aid from $_____ to $_____ . You are being overpaid $_____ for October.

Here's why:

As of October 1, 1992, a change in State law lowered the monthly Maximum Aid amount that you can get by 4.5 percent. This change to your cash aid is required by the new law.

Your new cash aid amount is figured on this notice.

If you want to know more about this State law change, or want to ask for a State Hearing only on the law change, the fastest way is to call toll-free:

1-800 925-8960

TDD for hearing impaired:

1-800 952-8349

Rules: These rules apply; you may review them at your welfare office: MPP 44-315; W & I Code Section 11450

Monthly Cash Aid Amount

Section A Your Countable Income in _____ (MONTH)

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

Section B Your Cash Aid In _____ (MONTH)

1.	Basic Need for _____ Persons	$	_____
2.	Special Needs	+	_____
3.	Subtotal	=	_____
4.	Net Countable Income	-	_____
5.	Subtotal A	=	_____
6.	Maximum Aid for_____Persons	$	_____
7.	Special Needs	+	_____
8.	Subtotal B	$	_____
9.	Cash Aid Amount (Lesser of Subtotal A or B)	$	_____
10.	Overpayment adjustment (separate page)	-	_____
11.	Monthly Cash aid Amount	$	_____

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____

YOUR OVERPAYMENT

Because, in October, we were not able to make the change required by the State law, you are being overpaid in October.

When there is an overpayment, monthly aid is lowered until the amount owed is paid back. We take less money out of your monthly aid payment when an overpayment is caused by a County mistake. We have decided that your overpayment was caused by the County.

☐ We will collect this overpayment at a later date. You will get another notice when we start to collect.

☐ The overpayment that we are collecting from your November cash aid is the entire amount that you were overpaid. If there is no other change, your aid will go up in December. You will get another notice before your aid goes up.

If you go off cash aid before your overpayment is paid back, the County can take action to collect.

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

The next pages show how we figured the amount of your overpayment. They also show how we figured the amount of any overpayment adjustment that we take from next month's aid.

Your new cash aid amount is figured on this notice.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of Page 1 tells how. If you stay on aid, the County can collect an AFDC overpayment by lowering your monthly grant. It can lower your food stamps to collect an overissuance unless it was the County's fault. If you go off aid before the overpayment or overissuance is paid back, the County may take what you owe out of your State income tax refund.

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

ATTACHMENT IV

SPANISH TRANSLATIONS

- Mass Informing Notice
- AFDC NOA RBK-1t
- AFDC NOA RBK-2t
- AFDC NOA RBK 3.1t, 3.2t

AVISO IMPORTANTE
PARA BENEFICIARIOS DE ASISTENCIA MONETARIA
POR FAVOR LEALO

CAMBIO EN EL PAGO MAXIMO DE ASISTENCIA MONETARIA

A partir del 1 de octubre de 1992, la ley estatal reduce en un 4.5 por ciento, el Pago Máximo de Asistencia (MAP) que puede recibir una familia. Vea la tabla al lado derecho para enterarse de lo máximo que su asistencia monetaria puede cambiar.

Si no podemos reducir su asistencia monetaria correspondiente a octubre de inmediato, usted recibirá un pago excesivo y tendrá que reembolsar este dinero. Usted recibirá otra notificación concerniente a su pago excesivo.

Usted necesita hacer planes con respecto a este cambio. Si la asistencia monetaria es su único ingreso, usted tendrá menos dinero para cubrir las necesidades de su familia. Pero si trabaja aunque sea parte del tiempo, puede quedarse con más dinero para cubrir las necesidades de su familia.

CAMBIOS EN LAS ESTAMPILLAS PARA COMIDA

La mayoría de las familias recibirán más estampillas para comida cuando su asistencia monetaria sea reducida.

PARA OBTENER MAS INFORMACION

Por favor, llame al número gratuito: 1-800-925-8960
o al
TDD para las personas sordas 1-800-952-8349

TABLA DE MAP PARA ASISTENCIA MONETARIA

Pers. que reciben ayuda	MAP anterior	MAP nuevo	Reducción
1	$ 326	$ 311	$15
2	535	511	24
3	663	633	30
4	788	753	35
5	899	859	40
6	1,010	965	45
7	1,109	1,059	50
8	1,209	1,155	54
9	1,306	1,247	59
10 o más	1,403	1,340	63

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

AVISO IMPORTANTE
PARA BENEFICIARIOS DE ASISTENCIA MONETARIA
POR FAVOR LEALO

CAMBIO EN EL PAGO MAXIMO DE ASISTENCIA MONETARIA

A partir del 1 de octubre de 1992, la ley estatal reduce en un 4.5 por ciento, el Pago Máximo de Asistencia (MAP) que puede recibir una familia. Vea la tabla al lado derecho para enterarse de lo máximo que su asistencia monetaria puede cambiar.

Si no podemos reducir su asistencia monetaria correspondiente a octubre de inmediato, usted recibirá un pago excesivo y tendrá que reembolsar este dinero. Usted recibirá otra notificación concerniente a su pago excesivo.

Usted necesita hacer planes con respecto a este cambio. Si la asistencia monetaria es su único ingreso, usted tendrá menos dinero para cubrir las necesidades de su familia. Pero si trabaja aunque sea parte del tiempo, puede quedarse con más dinero para cubrir las necesidades de su familia.

CAMBIOS EN LAS ESTAMPILLAS PARA COMIDA

La mayoría de las familias recibirán más estampillas para comida cuando su asistencia monetaria sea reducida.

PARA OBTENER MAS INFORMACION

Por favor, llame al número gratuito: 1-800-925-8960
o al
TDD para las personas sordas 1-800-952-8349

TABLA DE MAP PARA ASISTENCIA MONETARIA

Pers. que reciben ayuda	MAP anterior	MAP nuevo	Reducción
1	$ 326	$ 311	$15
2	535	511	24
3	663	633	30
4	788	753	35
5	899	859	40
6	1,010	965	45
7	1,109	1,059	50
8	1,209	1,155	54
9	1,306	1,247	59
10 o más	1,403	1,340	63

TEMP NA 3 (SP) (9/92) INFORMING NOTICE

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : _____
Nombre del caso : _____
Número : _____
Nombre del trabajador(a) : _____
Número : _____
Teléfono : _____
Dirección : _____

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador(a).

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

Si desea una audiencia, en vez de enviar su petición a la dirección en el reverso, envíela a:

State Department of Social Services
Administrative Adjudications Division
744 P Street, M.S. 19-98
Sacramento, CA 95814

Esto acelerará el trámite de su apelación

A partir del 1 de octubre de 1992, el condado cambiará su asistencia monetaria de $_____ a $_____.

La razón es la siguiente:

El 1 de octubre de 1992, un cambio en la ley estatal reduce en un 4.5 por ciento, la cantidad máxima de asistencia que usted puede recibir.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

Si usted desea saber más acerca de este cambio en la ley estatal, o desea pedir una audiencia con el estado solamente con respecto al cambio en la ley, la manera más rápida es llamando gratuitamente al:

1-800-925-8960

TDD para los sordos:

1-800-952-8349

Reglamentos. Estos ordenamientos aplican; usted puede consultarlos en su oficina de bienestar: MPP 44-315; sección 11450 del Código de Bienestar e Instituciones (W&IC)

Cantidad de la asistencia monetaria mensual

Sección A Sus ingresos contables en _____ (MES)

Total de ingresos ganados	$	_____
Deducción por gastos de trabajo	-	_____
Deducción de $30	-	_____
Deducción de $30 y 1/3	-	_____
Deducción por cuidado de personas a su cargo	-	_____
Otros ingresos contables (enumere las fuentes)		
_____	+	_____
_____	+	_____
_____	+	_____
Mantenimiento pagado ordenado por la corte	-	_____
Ingresos netos contables	=	_____

Sección B Su asistencia monetaria en _____ (MES)

1.	Nec. básicas para _____ personas	$	_____
2.	Necesidades especiales	+	_____
3.	Subtotal	=	_____
4.	Ingresos netos contables	-	_____
5.	Subtotal A	=	_____
6.	Asist. máxima para _____ personas	$	_____
7.	Necesidades especiales	+	_____
8.	Subtotal B	$	_____
9.	Cantidad de asistencia monetaria (Lo que sea menos de Subtotal A o B)	$	_____
10.	Ajuste por pago excesivo (hoja por separado)	-	_____
11.	Cant. de la asist. monetaria mensual	$	_____

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : _____
Nombre del caso : _____
Número : _____
Nombre del trabajador(a) : _____
Número : _____
Teléfono : _____
Dirección : _____

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador(a).

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

Si desea una audiencia, en vez de enviar su petición a la dirección en el reverso, envíela a:

State Department of Social Services
Administrative Adjudications Division
744 P Street, M.S. 19-98
Sacramento, CA 95814

Esto acelerará el trámite de su apelación

A partir del 1 de octubre de 1992, un cambio en la ley estatal reduce en un 4.5 por ciento, la cantidad máxima de asistencia que usted puede recibir. A causa de este cambio en la ley, se está calculando su asistencia monetaria mensual en conformidad con la nueva Cantidad Máxima de Asistencia, la cual es más baja, comenzando en esa fecha.

Por lo tanto, a partir del 1 de octubre de 1992, el condado está cambiando su asistencia monetaria de $_____ a $_____.

Esto no afecta su primer cheque de asistencia monetaria para octubre, pero su cheque para mediados de octubre será menos, para que no vaya usted a recibir un pago excesivo. Si hubiéramos esperado hasta noviembre, usted recibiría un pago excesivo, y tendría que reembolsar el dinero.

Su cheque para mediados de octubre se calcula de esta manera:

Su nueva cantidad mensual de asistencia monetaria (se muestra arriba), MENOS la cantidad de su primer cheque de asistencia para el mes de octubre, RESULTA en la cantidad de su cheque para mediados del mes.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

Si usted desea saber más acerca de este cambio en la ley estatal, o desea pedir una audiencia con el estado solamente con respecto al cambio en la ley, la manera más rápida es llamando gratuitamente al:

1-800-925-8960

TDD para los sordos:

1-800-952-8349

Reglamentos. Estos ordenamientos aplican; usted puede consultarlos en su oficina de bienestar: MPP 44-315; sección 11450 del Código de Bienestar e Instituciones (W&IC)

Cantidad de la asistencia monetaria mensual

Sección A Sus ingresos contables en _____ (MES)

Total de ingresos ganados	$	_____
Deducción por gastos de trabajo	-	_____
Deducción de $30	-	_____
Deducción de $30 y 1/3	-	_____
Deducción por cuidado de personas a su cargo	-	_____
Otros ingresos contables (enumere las fuentes)		
_____	+	_____
_____	+	_____
_____	+	_____
Mantenimiento pagado ordenado por la corte	-	_____
Ingresos netos contables	=	_____

Sección B Su asistencia monetaria en _____ (MES)

1.	Nec. básicas para _____ personas	$	_____
2.	Necesidades especiales	+	_____
3.	Subtotal	=	_____
4.	Ingresos netos contables	-	_____
5.	Subtotal A	=	_____
6.	Asist. máxima para _____ personas	$	_____
7.	Necesidades especiales	+	_____
8.	Subtotal B	$	_____
9.	Cantidad de asistencia monetaria (Lo que sea menos de Subtotal A o B)	$	_____
10.	Ajuste por pago excesivo (hoja por separado)	-	_____
11.	Cant. de la asist. monetaria mensual	$	_____

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : _____
Nombre del caso : _____
Número : _____
Nombre del trabajador(a) : _____
Número : _____
Teléfono : _____
Dirección : _____

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador(a).

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

Si desea una audiencia, en vez de enviar su petición a la dirección en el reverso, envíela a:

State Department of Social Services
Administrative Adjudications Division
744 P Street, M.S. 19-98
Sacramento, CA 95814

Esto acelerará el trámite de su apelación

A partir del 1 de noviembre de 1992, el condado cambiará su asistencia monetaria de $_____ a $_____.
Se le están pagando $_____ en exceso en octubre.

La razón es la siguiente:

A partir del 1 de octubre de 1992, un cambio en la ley estatal reduce en un 4.5 por ciento, la cantidad máxima de asistencia que usted puede recibir. La nueva ley requiere este cambio en su asistencia monetaria.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

Si usted desea saber más acerca de este cambio en la ley estatal, o desea pedir una audiencia con el estado solamente con respecto al cambio en la ley, la manera más rápida es llamando gratuitamente al:

1-800-925-8960

TDD para los sordos:

1-800-952-8349

Reglamentos. Estos ordenamientos aplican; usted puede consultarlos en su oficina de bienestar: MPP 44-315; sección 11450 del Código de Bienestar e Instituciones (W&IC)

Cantidad de la asistencia monetaria mensual

Sección A Sus ingresos contables en _____ (MES)

Total de ingresos ganados	$	_____
Deducción por gastos de trabajo	-	_____
Deducción de $30	-	_____
Deducción de $30 y 1/3	-	_____
Deducción por cuidado de personas a su cargo	-	_____
Otros ingresos contables (enumere las fuentes)		
_____	+	_____
_____	+	_____
_____	+	_____
Mantenimiento pagado ordenado por la corte	-	_____
Ingresos netos contables	=	_____

Sección B Su asistencia monetaria en _____ (MES)

1.	Nec. básicas para _____ personas	$	_____
2.	Necesidades especiales	+	_____
3.	Subtotal	=	_____
4.	Ingresos netos contables	-	_____
5.	Subtotal A	=	_____
6.	Asist. máxima para _____ personas	$	_____
7.	Necesidades especiales	+	_____
8.	Subtotal B	$	_____
9.	Cantidad de asistencia monetaria (Lo que sea menos de Subtotal A o B)	$	_____
10.	Ajuste por pago excesivo (hoja por separado)	-	_____
11.	Cant. de la asist. monetaria mensual	$	_____

NOTIFICACION DE ACCION
(Continuación)

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación: _____
Nombre del caso: _____
Número: _____

SU PAGO EXCESIVO

A causa de que en octubre no pudimos hacer el cambio requerido por la ley estatal, usted está recibiendo un pago excesivo en octubre.

Cuando hay un pago excesivo, se reduce la asistencia mensual, hasta que se termine de reembolsar la cantidad que se debe. Cuando el pago excesivo es causado por un error de la dependencia, tomamos menos dinero de su pago mensual de asistencia. Hemos decidido que el pago excesivo suyo fue causado por la dependencia.

☐ Cobraremos este pago excesivo en una fecha posterior. Usted recibirá otra notificación cuando comencemos a cobrar.

☐ El pago excesivo que estamos cobrando de su asistencia monetaria para el mes de noviembre, es la cantidad total que usted recibió en exceso. Si no hay otros cambios, su asistencia subirá en diciembre. Usted recibirá otra notificación antes que su asistencia suba.

Si usted deja de recibir asistencia antes que reembolse su pago excesivo, el condado puede ejercitar una acción de cobranza.

Usted no tiene que utilizar beneficios del Seguro Social o de SSI que usted recibe, para reembolsar este pago excesivo.

Las páginas siguientes muestran la manera en que calculamos su pago excesivo. También muestran la manera en que calculamos la cantidad del ajuste de cualquier pago excesivo que tomamos del siguiente mes en que reciba asistencia.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

ADVERTENCIA: Si cree que esta notificación está equivocada, esta es su última oportunidad de pedir una audiencia. En el reverso de la página 1, se le indica cómo hacerlo. Si sigue recibiendo asistencia, el condado puede cobrar un pago excesivo reduciendo su pago mensual. Puede reducir sus estampillas para comida para cobrar una emisión excesiva, a menos que sea error del condado. Si deja de recibir asistencia antes que se reembolse el pago excesivo o la emisión excesiva, el condado puede tomar lo que usted debe de su devolución de impuestos sobre los ingresos.

Audiencia con el estado. Si cree que esta acción está equivocada, puede pedir una audiencia. En el reverso de la página 1 se le explica cómo hacerlo.