

ERRATA

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: Deeming Computation Form Revisions (NA
271, 272, 276)

REFERENCE: ALL-COUNTY LETTER (ACL) 95-82, DATED 12/29/95

This Errata adds clarifying language to the attached revised deeming forms to accurately reflect the policy.

In computing the Needs Differential Standard, we added "plus special needs" to lines pertaining to the subtraction of MBSAC for the Assistance Unit. The words "special needs" were omitted from the forms sent with ACL 95-82 in error. To get the differential Standard, you subtract the MBSAC for the Assistance Unit plus any special needs from the MBSAC of the Assistance Unit and excluded persons plus any special needs.

We are sorry for the inconvenience.

Attachments

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____

DEEMED INCOME

	Income of an Unaided Stepparent, Sr. Parent	Income of an Ineligible Alien Parent	Income of an Excluded Person	Income of an Excluded Person (Sanctioned)
Name of Unaided Person:	_____	_____	_____	_____
Month:	_____	_____	_____	_____
Total Earned Income	\$ _____	\$ _____	\$ _____	\$ _____
Work Expense Disregard	- _____	- _____	- _____	- _____
Dependent Care Disregard			- _____	- _____
Other Countable Income (List Sources)				
_____	+ _____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____	+ _____
Court Ordered Support Paid to Child or Former Spouse not in the Home			- _____	- _____
Any Support Paid to Child or Former Spouse not in the Home	- _____	- _____		
Any Support Paid to Other Dependents Not in the Home	- _____	- _____		
Net Countable Income	= _____	= _____	= _____	= _____
MBSAC for Assistance Unit & Excluded Persons Plus Special Needs		_____	_____	
MBSAC for Assistant Unit Plus Special Needs		- _____	- _____	
MBSAC Differential Standard		= _____	= _____	
MBSAC for _____ Persons	- _____			
Net Countable Income		_____	_____	
MBSAC Differential Standard		- _____	- _____	
Income to the Assistance Unit	= _____	= _____	= _____	= _____

Rules: These rules apply; you may review them at your welfare office: MPP 44-133

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____

Income of an Aided Parent of Ineligible Alien Children

Name of Parent _____

Month: _____

Section A. Parent's Countable Income

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

Section B. Countable Income of Ineligible Children

Name of Child _____

Total Earned Income	\$	_____	_____	_____
Work Expense Disregard	-	_____	_____	_____
Other Countable Income (list sources)		_____	_____	_____
_____	+	_____	_____	_____
_____	+	_____	_____	_____
Net Countable Income - Ineligible Children	(B) =	_____	_____	(B)

Section C. MBSAC Differential Standard

MBSAC for Assistance Unit & Aided Parent's Ineligible Alien Children With Unmet Needs Plus Special Needs		_____	_____	_____
MBSAC for Assistant Unit Plus Special Needs	-	_____	_____	_____
MBSAC Differential Standard	(C) =	_____	_____	(C)

Section D. Deduction From Aided Parent's Countable Income

MBSAC Differential Standard (C)		_____	_____	_____
Net Countable Income of Ineligible Children (B)	-	_____	_____	_____
Parent's Deduction	(D) =	_____	_____	(D)

Section E. Aided Parent's Income to the Assistance Unit

Countable Income - Parent (A)		_____	_____	_____
Parent's Deduction (D)	-	_____	_____	_____
Income to Assistance Unit (not less than \$0)	(E) =	_____	_____	(E)

Rules: These rules apply; you may review them at your welfare office: MPP 44-113