

.4 (Continued)

- .42 For purposes of ~~long-term basic PRPP~~ cause determination, conciliation and sanctions (Sections ~~42-774/3/~~ 42-781 and 42-786), participants shall participate and maintain satisfactory progress in each assigned activity.
- .43 ~~The county's criteria for determining when concurrent participation is appropriate shall be subject to approval by CPSS.~~ Concurrent participation may be required if it is appropriate to the participant's abilities consistent with the participant's employment plan, and the activities can be concurrently scheduled.
- .44 Combined hours of participation in all assigned activities, including independent job search as required by Section 42-77~~3~~30.326 or .3~~3~~5, shall not exceed 40 hours per week.

.5 (Continued)

- .51 For purposes of Section 42-775.5, participants who maintain satisfactory progress in the educational activity, as specified in Section 42-772.~~51134~~, shall satisfy the 16-hour per week requirement.
- .511 If, in accordance with Section 42-772.~~5112~~, it is determined an evaluation determines that the parent is unable to maintain satisfactory progress, he/she shall be referred to one of the following: (Continued)
- .52 (Continued)
- .521 Only the hours of participation in an educational activity described in Section 42-775.5 and an employment activity described in Section 42-775.3 shall count toward the 16-hour per week requirement.
- .522 For purposes of ~~long-term basic PRPP~~ cause determination, conciliation and sanctions (Sections ~~42-774/3/~~ 42-781 and 42-786), participants shall participate and maintain satisfactory progress in each assigned activity. (Continued)
- .524 Combined hours of participation in all assigned activities, including independent job search as required by Section 42-77~~3~~30.326 or .335, shall not exceed 40 hours per week.

.53 (Continued)

- .531 Participation in the educational activity may continue beyond the semester or quarter provided the parent is participating in accordance with Section 42-775.3 or his/her spouse is participating in accordance with Section 42-775.3 or .5. (Continued)

Authority cited: Sections 10553, 10554, 10604, and 11325.2(c)(9), Welfare and Institutions Code.

Reference: Sections 11320.8(a), ~~11322.4(a)(1)~~ 11322.6(f)(2), 11322.8, ~~11322.8(a)(1) and (2)~~ ~~11323.1(b)~~ 11324.6, 11325, ~~11325.2(a)(1) and (2)~~ ~~11325.2(d)~~ 11325.22(f) and (h), ~~11325.8(b)~~ 11326, ~~11326.8~~ and 11327.4(a), Welfare and Institutions Code; 45 CFR 250.20(e)(2)(ii); 45 CFR 250.21(d)(5); 45 CFR 250.33; 45 CFR 250.41; 45 CFR 250.74(c)(1); 45 CFR 251.3; 42 U.S.C. 603(1)(4)(A) and (B)(i); 42 U.S.C. 682(d)(1)(A)(ii)(IV); 42 U.S.C. 684(c)(1), (2) and (3); JOBS-ACF-AT-93-7; and JOBS-ACF-AT-94-3.

Amend Sections 42-781.1, .2, .4, .5, .6, .7, and .8 to read:

42-781 CAUSE DETERMINATIONS AND CONCILIATION

42-781

.1 (Continued)

.11 Failing or refusing to comply with program requirements is limited to:  
(Continued)

.112 Failing or refusing to participate or provide required proof of satisfactory progress in any assigned program activity.

(a) For purposes of this section, "any assigned program activity" includes, but is not limited to, orientation, any of the job search, education or training activities identified in Section 42-730, an approved self-initiated program described in Section 42-772.4, or an appraisal, assessment, or reappraisal appointment. (Continued)

.2 (Continued)

.21 (Continued)

.211 The notice shall contain the following information: (Continued)

(i) (Continued)

(1) The notice shall explain that if a determination of no good cause is made in the individual's absence, the individual shall be subject to sanctions unless he/she contacts the county to establish good cause or reach agreement on a conciliation plan as specified in Section 42-781.41. (Continued)

.4 If the individual fails to respond to the cause determination appointment notice and the CWD determines that no good cause existed for the failure or refusal to comply with program requirements, the CWD shall issue a notice to impose sanctions in accordance with Sections 42-781.41 and 42-786.

.41 The notice shall inform the individual that a 20-calendar-day period of conciliation has begun and that sanctions will be imposed, unless the individual contacts the county and either establishes good cause for the noncompliance or reaches agreement on a conciliation plan within 20 calendar days from the date the notice required by Section 42-781.4 is issued. The notice shall be issued within ten working days of the no good cause determination, unless delayed by extenuating circumstances.

.411 The notice required by Section 42-781.4 shall be issued at least 20 calendar days prior to the effective date of the sanction and shall contain all of the following:

- (a) A statement that the individual has been determined to be without good cause for the failure or refusal to comply with program requirements.
- (b) A description of the program requirement(s) with which the individual failed or refused to comply.
- (c) A statement that the individual is being sanctioned for his/her failure to comply with program requirements.
- (d) A statement that the individual can avoid being sanctioned if he/she contacts the CWD within 20 calendar days from the date the notice required by Section 42-781.4 is issued and does one of the following:
  - (1) Presents evidence which leads to a reversal of the no good cause determination; or
  - (2) Agrees to fulfill the terms of a written conciliation plan.
- (e) A statement that the individual has entered a period of conciliation that shall not exceed 20 calendar days from the date the notice required by Section 42-781.4 is issued.
- (f) A statement that transportation and child care services are available if needed in order to meet with the county to present good cause evidence or agree on a conciliation plan.
- (g) A proposed conciliation plan which outlines the terms under which those who choose to participate may begin or resume program participation and bring the conciliation process to an end.
- (h) The individual's right to offer a counter-proposed conciliation plan, which the CWD may approve in whole or in part.
- (i) The names, telephone numbers, and addresses of the local legal services office and welfare rights office, or the Coalition of California Welfare Rights Organizations if there are no welfare rights or legal aid offices in the county, which could assist the individual with conciliation.
- (j) The date the sanction is scheduled to take effect if the individual fails to resolve the dispute.

.42 If the individual contacts the CWD as specified in Section 42-781.41, the following requirements shall apply.

.421 If the individual submits information which leads to a reversal of the no good cause determination, the CWD shall take necessary steps to assist the individual to resume participation in accordance with Sections 42-781.31 through .36.

.422 If the determination of no good cause is upheld, but the individual expresses a willingness to comply, the CWD shall conduct conciliation. Conciliation requirements at Sections 42-781.5 through 42-781.9 shall apply with the following exceptions:

(a) The conciliation appointment notice identified at Section 42-781.51 is not required.

(b) Conciliation shall begin on the date the notice required by Section 42-781.4 is issued.

.423 If the individual contacts the county and schedules a conciliation appointment, but fails to attend or reschedule the appointment, the CWD shall contact the individual by telephone or in writing, if necessary, to attempt to determine why the appointment was not kept.

.43 If the individual fails to contact the CWD as specified in Section 42-781.41, he/she shall be considered to have failed conciliation and a sanction shall be imposed in accordance with Section 42-786. The sanction shall take effect on the first day of the first payment month following the end of the 20-calendar-day period identified in Section 42-781.41.

.45 If the individual participates in the cause determination process and the CWD determines that no good cause existed for the failure or refusal to comply with program requirements, the CWD shall conduct conciliation.

.451 (Continued)

.4511 (Continued)

.4512 (Continued)

.4513 The appointment for conciliation specified in Section 42-781.451 may be held immediately following the cause determination interview specified in Section 42-781.21 if both of the following conditions exist: (Continued)

(b) The notice required in Section 42-781.451 is issued before the conciliation appointment begins.

.452 (Continued)

.453 (Continued)

144 The CWD shall attempt to contact by telephone those individuals who fail to attend the conciliation appointment to discuss those issues which have contributed to noncompliance and to reach agreement on program participation.

1441 The CWD shall issue a written notice in accordance with Section 42-781.44 to those individuals who do not have a telephone or who cannot be reached by phone.

.54 (Continued)

.541 (Continued)

.542 (Continued)

.6 The conciliation period shall not exceed 20 calendar days. (Continued)

.63 When the noncomplying individual is a parent in a family whose sole basis of deprivation is the unemployment of the principal earner and the spouse or second parent is not participating in GAIN, the spouse or second parent shall be notified in writing/ at the beginning of conciliation/ of his/her opportunity to participate in GAIN. The notice shall explain the impact of his/her participation on any financial sanction and shall be issued when the noncomplying parent is notified in accordance with Section 42-781.4 or .5, as appropriate.  
(Continued)

.7 (Continued)

.71 The conciliation plan shall specify that the individual must complete the agreed upon activity(ies) or participate for a period of three months, whichever is shorter. Agreed upon activities are which is limited to one of the following:

.711 Attending orientation, or appraisal, or reappraisal activities.  
(Continued)

.713 (Continued)

1441 A conciliation plan may require participation in a program component until the component is completed or for a period of two consecutive calendar weeks, whichever is shorter.  
(Continued)

.8 If the individual subsequently fails or refuses to fulfill the terms of an agreed-upon conciliation plan as specified in Section 42-781.7, the CWD shall give the individual an opportunity to demonstrate that attempt to contact the individual to determine if he/she had good cause for failing or refusing to fulfill the terms of the conciliation plan.

.81 The CWD shall make reasonable efforts to contact the individual to determine if the individual had good cause for failing or refusing to comply with the conciliation plan during a period of ten calendar days, beginning with the date the CWD discovered the individual's failure or refusal to comply with the conciliation plan. (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections ~~11323/15/~~ 11327.4, 11330.10(c), and 11333.7(b)(2)(A), Welfare and Institutions Code; 45 CFR 250.34(a); and FSA-JOBS-90-3 (Federal Action Transmittal).

Amend Section 42-782 to read:

42-782 GAIN GOOD CAUSE CRITERIA

42-782

.1 Good cause for failing or refusing to comply with program components as specified in Section 42-781.1 shall include any of the following: (Continued)

(a) through (m) (Continued)

(n) Any of the deferral criteria specified in Sections 42-761.3 and ~~4(a)~~ ~~through (d)~~, or the exemption criteria specified in Sections 42-789 through 42-799.

(1) Notwithstanding Section 42-782.1(n), a person who refuses to pursue the treatment required in Section 42-761.3(b)(1) as a condition for deferral, and who subsequently fails or refuses to comply with program requirements, shall not have good cause for noncompliance on the basis of his/her drug or alcohol dependence.

(o) (Continued)

.3 For purposes of "terminating employment or reducing earnings", good cause shall include any of the following: (Continued)

(d) Relocation of the family, which results in a commute time ~~which~~ that exceeds ~~that~~ the limits specified in Section 42-783.1(b). (Continued)

(g) The employer did not:

(1) (Continued)

(2) Make or withhold the unemployment insurance (UI) or state disability insurance (SDI) contributions as required by law.  
(Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11323.2(a), 11325, 11328~~(a)(1)(2)~~ ~~and (14)~~ ~~and (17)~~, 11328.1 and 11333.7(b)(2)(B), Welfare and Institutions Code; and 45 CFR 250.35(d) and 255.2(a).

Amend Section 42-783 to read:

42-783 CRITERIA FOR DETERMINING APPROPRIATENESS OF GAIN  
WORK AND TRAINING

42-783

- .1 For determining good cause, an assignment, job referral, job offer, or job is not considered appropriate work or training, as specified in Section 42-782, if it meets any of the following conditions: (Continued)
- (c) Involves conditions and responsibilities that impair the participant's physical or mental health, or tasks that are not related to the participant's is not capable of performing capability to perform the task on a regular basis.
  - (d) (Continued)
  - (e) Is not within the scope of the employment plan as specified contained in the contract as specified required in Section 42-7713.
  - (f) The employment or training program position was created in violation of the requirements criteria specified in Section 42-730.13, or .329, or .418 as applicable. (Continued)
  - (i) (Continued)
    - (1) The training program that would be interrupted is a PREP or AWEX assignment as specified in Section 42-730.32 or .33, respectively. (Continued)
  - (k) The participant is not receiving the supportive services specified agreed to in the participant contract entered into under Sections 42-7721 or 42-774.
  - NY Auxiliary expenses exceed the limit allowed in Section 42-750/41
  - (m) (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11328(a)(14) and 11333.7(b)(2)(B), Welfare and Institutions Code.

Amend Section 42-786.2 to read:

42-786 GAIN SANCTIONS (Continued)

42-786

.2 Financial sanctions shall be applied as follows:

.21 (Continued)

.211 If a sanction is subsequently rescinded, or an individual identified in Section 42-781.4 either demonstrates good cause or fulfills the terms of an agreed upon conciliation plan, the instance of non-compliance without good cause is disregarded.

.212 If an individual identified in Section 42-781.4 signs an agreed upon conciliation plan, but subsequently fails without good cause to fulfill the terms of the plan, only one instance of noncompliance is counted, even though two sanction notices are sent.

.22 The first instance of noncompliance without good cause shall result in a financial sanction which shall continue until the individual ~~agrees to participate by signing~~ a participant contract/ or ~~by participating~~ in the required activity(ies) in which he/she previously refused to participate.

.23 The second instance of noncompliance without good cause shall result in a financial sanction which shall continue for three months or until the individual ~~agrees to participate by signing~~ a participant contract or ~~by participating~~ in the required activity(ies) in which he/she previously refused to participate, whichever is longer.

.24 The third or subsequent instance of noncompliance without good cause shall result in a financial sanction which shall continue for six months, or until the individual ~~agrees to participate by signing~~ a participant contract or ~~by participating~~ in the required activity(ies) in which he/she previously refused to participate, whichever is longer. (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections ~~11327.15/~~ 11327.4(j)(d), (k), and (l), 11327.5(b), (c) and (d), and 11333.7(b)(1) and (2)(A), Welfare and Institutions Code; 45 CFR 250.30(b)(7); 45 CFR 250.34(c)(2) and (3); 45 CFR 255.2(h)(2); and 54 FR 42173, October 13, 1989; and JOBS-ACF-AT-92-5.

Amend Section 42-787 to read:

42-787 GAIN STATE HEARING AND FORMAL GRIEVANCE

42-787

Except as specified in Section 42-787. ~~22, .23, or .24 below~~, when a participant believes that any program requirement or assignment is in violation of, ~~the contract or is~~ inconsistent with, state law and regulations governing the GAIN program, the CWD shall inform him/her of the right either to request a state hearing/ ~~to file a formal grievance based on the procedures established in Section 5302 of the Unemployment Insurance Code/~~ or to file a formal grievance based on ~~the~~ procedures established by the county board of supervisors.

.1 State Hearing (Continued)

.15 The participant shall be permitted to request a state hearing to appeal the outcome of a formal grievance.

~~12~~ Formal Grievance (Section 5302 of the Unemployment Insurance Code)

~~121~~ The procedures established for a formal grievance by the Unemployment Insurance Code are the same as those required for a cause determination and conciliation as specified in Section 42-781. These procedures shall not exceed thirty (30) days.

~~.32~~ Formal Grievance Procedures (County Board of Supervisors)

~~.321~~ The procedures for a formal grievance established by the county board of supervisors and the duration of these procedures shall be specified in the county plan. ~~Refer to~~ See Section 42-720.347.

~~.4~~ ~~The participant shall be permitted to request a state hearing to appeal the outcome of a formal grievance/~~

~~15~~ .22 The sole issue for resolution through a formal grievance procedure shall be whether a program requirement or assignment is in violation of the contract or inconsistent with the program.

.23 The participant shall not be permitted to use ~~either of~~ the formal grievance procedures referred to in 12 or 13 above to appeal the outcome of a state hearing, the requirement to sign a ~~basic~~ contract, or the results of an assessment made according to Section 42-773.1.

~~.31~~ .231 Nothing in Section 42-787. ~~235~~ above shall be construed to exclude registrants who fail to sign a ~~basic~~ contract from the formal conciliation process specified in Section 42-781.

.24 The formal grievance shall not be available to a noncomplying individual who has already failed to successfully conciliate in accordance with Section 42-781. Under those circumstances, the registrant may request a state hearing to appeal a program requirement or assignment.

16 .25 The individual shall be subject to sanctions pending the outcome of the formal grievance procedure or any subsequent appeal only if he/she fails to participate during the period the grievance procedure is being processed. If the individual continues to participate in the program during the formal grievance process and wants to grieve a program requirement or assignment which he/she believes is inconsistent with the program or is in violation of the contract, aid will be continued and the participant shall not be subject to sanctions.

.61 If an individual has already unsuccessfully completed the formal conciliation under the Unemployment Insurance Code Section 3302 due to noncompliance nonparticipation (MPP Section 42781) and the individual wants to grieve a program requirement or assignment at this time, only the formal grievance procedure established by the county board of supervisors and/or the state hearing process will be available. Aid will be continued only if the individual begins to participate in the program prior to the commencement of sanctions and continues to participate for the duration of the grievance process.

162 If an individual files a grievance after the sanction commences, the sanction will not be suspended.

.73 The CWD shall address any complaints of discrimination based on race, color, national origin, religion, political affiliation, marital status, sex, age, or handicap which may arise through an applicant's/recipient's registration for, or participation in, GAIN in accordance with the provisions of MPP Division 21 - Nondiscrimination in State and Federally Assisted Programs.

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Section 11327.8, Welfare and Institutions Code; 45 CFR 205.10; and 45 CFR 255.2(h)(2).

Amend Section 42-788.31 to read:

42-788 EXEMPTIONS (Continued)

42-788

.3 Counties shall promptly notify such individuals when:

.31 Their status changes from exempt to mandatory (see Section 42-760.45);  
or (Continued)

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10553, 10554, ~~11310~~11320.3(b) and (c), 11320.4(a) and 11331.5(b), Welfare and Institutions Code; 45 CFR 250.30(a), (b) (5), and (c) (2); and 45 CFR 250.31.

Amend Section 42-796 to read:

42-796 EXEMPTION BASED ON THE CARE OF A CHILD UNDER  
THREE (CODE 08)

42-796

.1 The Exemption

The parent or other relative of a child under age three who is personally providing care for the child is exempt from GAIN registration except as provided in Sections 42-772.7, 42-788.3, 42-796.11, ~~and 42-796/12~~ .13, and .14.

.11 An individual shall be eligible for the exemption in Section 42-796.1 only one time during a continuous period of ~~continuous~~ eligibility for AFDC in the State of California.

.111 For purposes of the exemption in this section, A a "period of continuous eligibility for AFDC" means a period of time in which there has not been a break in aid shall be considered to be continuous until the individual has had a break in eligibility for aid of six consecutive calendar months or more. (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections ~~11310~~11320.3(b)(6), 11331.5(b) and 11334, Welfare and Institutions Code.

Amend Section 42-798 to read:

42-798 EXEMPTION BASED ON WORKING 30 HOURS PER WEEK  
(CODE 10)

42-798

.1 The Exemption (Code 10)

The individual is exempt when he/she is earning at least the state or federal minimum wage, whichever is higher, for working in unsubsidized employment ~~which~~ that is providing, or is expected to provide, work of 30 hours or more per week and ~~which~~ is expected to last at least 30 days.

.11 (Continued)

.12 The minimum wage requirement in Section 42-798.1 shall apply to the net earnings of self-employed individuals, and it shall not apply during the first six months of self-employment or employment that is compensated by commission. (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11320.3(b)(8), Welfare and Institutions Code.

## GAIN NOTICES OF ACTION (NOAS)

This attachment consists of new and updated sanction and supportive services NOA forms, NOA messages and instructions. A complete listing of the current and obsolete GAIN sanction NOAs and supportive services NOAs is also included in this attachment.

Existing sanction NOAs have been revised to include the option of "not going to a job interview" as an act of noncompliance which can lead to a determination of no good cause. The NOAs now also include updated budget computation language from the NA 200 (4/94), which was distributed in All County Letter (ACL) No. 94-44. The NA 840 - Sanction of Mandatory Registrant/Conciliation Notice and the NA 841 - Suspension of Volunteer/Conciliation Notice were created to implement the requirements of AB 1371.

Combined child care supportive services NOAs for the Cal-Learn, GAIN and the Non-GAIN Education and Training (NET) programs were previously distributed as an attachment to ACL No. 95-51. Updated versions of these NOAs are included. They have minor editing changes and corrected typographical errors.

As a result of combining the child care supportive services NOAs, existing supportive services NOAs containing language for both child care and transportation have been modified, and the child care language has been removed. In two cases, existing NOAs have been combined: transportation denial and discontinuance; and ancillary expenses approval and denial. This was accomplished by taking advantage of the two-column format and placing one action in the left column and the other action in the right column. Counties that do not currently use camera-ready copies of the NOAs and whose computer systems lack a two-column format capability, are permitted to issue each column as a separate NOA or delete the inappropriate options depending on the capabilities of their systems.

Additional language and options have been added, where appropriate, to some of the NOAs regarding the extension of supportive services to GAIN participants up to ninety days following the beginning of unsubsidized employment.

A new NOA, NA 842 - Discontinue Cost Reduction Priority Groups, is being issued for CWDs to use when they need to discontinue any GAIN participant(s) due to cost reduction. A revised M42-711E - Demo Notice - Exemption Child Under 3 is also included for use by the CWDs participating in the California Work Pays Demonstration Project.

The NOA form numbers for the sanction NOAs, and the supportive services NOAs have been changed from the M-series (temporary) to NA-series (permanent) designations.

## GAIN SANCTION NOAS

CURRENT NOAS:

The following is a complete listing of the current, updated GAIN sanction NOAs. Both NOA forms and messages are attached. Instructions for the use of each NOA follow each NOA message.

NA 815	(1/96)	Sanction of First Parent, Removal of Second Parent's Needs, AFDC-U [replaces M42-786D (1/94)]
NA 816	(1/96)	Removal of Second Parent's Needs, AFDC-U [replaces M42-786F (1/94)]
NA 817	(1/96)	Sanction of AFDC-U or AFDC-FG Registrant [replaces M42-786E (10/90)]
NA 818	(1/96)	Suspension of Volunteer, Target Group Member [replaces M42-786C (10/90)]
NA 819	(1/96)	Suspension of Volunteer, Non-Target Group Member [replaces M42-786C1 (10/90)]
NA 840	(1/96)	Sanction of Mandatory Registrant/Conciliation Notice
NA 841	(1/96)	Suspension of Volunteer/Conciliation Notice

The NA BACK 7 must be provided with these NOAs.

OBSOLETE NOAS:

The following NOAs are obsolete. CWDs are to discontinue using these obsolete NOAs, as well as any other revisions of these NOAs that they may be using.

M42-786C	(10/90)	Sanction of Volunteer, Target Group Member is replaced by NA 818 (1/96).
M42-786C1	(10/90)	Sanction of Volunteer, Non-Target Group Member is replaced by NA 819 (1/96).
M42-786D	(1/94)	Sanction of Both Parents - AFDC-U Case is replaced by NA 815 (1/96).
M42-786E	(10/90)	GAIN Sanction of Mandatory Registrant is combined with M42-786G and replaced by NA 817 (1/96).
M42-786F	(1/94)	Sanction of Second Parent is replaced by NA 816 (1/96).
M42-786G	(1/94)	Sanction of Mandatory AFDC-U Registrant is combined with M42-786E and replaced by NA 817 (1/96).
M42-786_		(This NOA was sent in message form only via ACL #94-12.)

The following GAIN sanction NOAs were made obsolete in ACL #90-98:

M42-786A	(7/89)
M42-786A1	(7/89)
M42-786B	(6/86)
M42-786C	(6/86)
M42-786D1	(7/89)
M42-786E1	(7/89)

## GAIN SUPPORTIVE SERVICES NOAS

CURRENT NOAS:

The following is a complete listing of the current, updated GAIN supportive service NOAs. Both NOA forms and messages are attached. Instructions for the use of each NOA follow each NOA message.

NA 820	(1/96)	Transportation Approval [replaces M42-750F (6/92)]
NA 821	(1/96)	Transportation Denial/Discontinuance [replaces M42-750E (7/92)]
NA 822	(9/95)	Transportation Change [replaces M42-750G (2/94)]
NA 823	(1/96)	Ancillary Expenses Approval/Denial [replaces M42-750K (7/92)]
NA 824	(1/96)	Extension of Transportation [replaces M42-750O (7/92)]
NA 825	(1/96)	Payment Adjustment, Transportation [replaces M42-750L (6/92)]
NA 826	(1/96)	Payment Adjustment Work Expense Disregard [replaces M42-750L.1 (1/94)]
NA 827	(9/95)	Recoupment of Unused Portion of Advance Payment [replaces M42-750P (2/91)]
NA 828	(9/95)	Transportation and Ancillary Expenses Overpayment-Payment Within Maximum [replaces M42-750Q (2/91)]
NA 832	(1/96)	Cal-Learn, GAIN, NET Child Care Approval [replaces M42-750B (9/95)]
NA 833	(1/96)	Cal-Learn, GAIN, NET Child Care Change [replaces M42-750C (9/95)]
NA 834	(1/96)	Cal-Learn, GAIN, NET Child Care Payment Denial [replaces M42-750D (9/95)]
NA 835	(1/96)	Cal-Learn, GAIN, NET Child Care Payment Discontinue [replaces M42-750E (9/95)]
NA 836	(1/96)	Cal-Learn, GAIN, NET Child Care Payment Reduction [replaces M42-750L (9/95)]
NA 837	(1/96)	Denial of NET Program [replaces M42-750N (9/95)]
NA 838	(1/96)	Cal-Learn, GAIN, NET Child Care Extension [replaces M42-750O (9/95)]
NA 839	(1/96)	Adjusted Child Care Payment for Advances [replaces M42-750Q (9/95)]

The EP 5, Your Hearing Rights, must be provided with these NOAs.

OBSOLETE NOAS:

The NOAs listed below are obsolete. CWDs are to discontinue using these obsolete NOAs, as well as any other revisions of these NOAs that they may be using.

M42-750B	(9/95)	Cal-Learn, GAIN, NET Child Care Approval is replaced by NA 832 (1/96).
M42-750C	(9/95)	Cal-Learn, GAIN, NET Child Care Change is replaced by NA 833 (1/96).
M42-750D	(9/95)	Cal-Learn, GAIN, NET Child Care Payment Denial is replaced by NA 834 (1/96).

## OBSOLETE NOAS (cont.)

M42-750E	(9/95)	Cal-Learn, GAIN, NET Child Care Payment Discontinuance is replaced by NA 835 (1/96).
M42-750E	(7/92)	Child Care and Transportation Discontinuance is combined with M42-750H and replaced by NA 821 (1/96).
M42-750F	(6/92)	Transportation Approval is replaced by NA 820 (1/96).
M42-750G	(2/94)	Transportation Change is replaced by NA 822 (9/95).
M42-750H	(7/92)	Transportation Denial is combined with M42-750E and replaced by NA 821 (1/96).
M42-750J	(6/92)	Ancillary Expenses Approval is combined with M42-750K and replaced by NA 823 (1/96).
M42-750K	(7/92)	Ancillary Expenses Denial is combined with M42-750E and replaced by NA 823 (1/96).
M42-750L	(9/95)	Cal-Learn, GAIN, NET Child Care Payment Reduction is replaced by NA 836 (1/96).
M42-750L	(6/92)	Payment Adjustment is replaced by NA 825 (1/96).
M42-750L.1	(1/94)	Payment Adjustment Work Expense Disregard is combined with GAIN SUPPLEMENT L.1 (1/94) and replaced by NA 826 (1/96).
<b>GAIN SUPPLEMENT</b>		
L.1	(1/94)	Payment Adjustment Work Expense Disregard worksheet is combined with M42-750L.1 and replaced by NA 826 (1/96).
M42-750N	(9/95)	Denial of NET Program is replaced by NA 837 (1/96).
M42-750O	(9/95)	Cal-Learn, GAIN, NET Child Care Extension Approval is replaced by NA 838 (1/96).
M42-750O	(7/92)	Extension of Child Care and/or Transportation is replaced by NA 824 (1/96).
M42-750P	(2/91)	Recoupment of Unused Portion of Advance Payment is replaced by NA 827 (1/96).
M42-750Q	(9/95)	Adjusted Child Care Payment for Advances is replaced by NA 839 (1/96).
M42-750Q	(2/91)	Supportive Services Overpayment Within Maximum is replaced by NA 828 (1/96).

The following GAIN supportive services NOAs were made obsolete in ACL #92-73:

M42-750I	(10/90)
M42-750M	(10/90)
M42-750N	(10/90)

## MISCELLANEOUS GAIN NOTICES OF ACTION

CURRENT NOAS

NA 842	(1/96)	Discontinue Cost Reduction Priority Groups
M42-711E	(1/96)	Demo Notice - Exemption Child Under 3 (all previous versions are obsolete)

The EP 5, Your Hearing Rights, must be provided with these NOAs.

**OBSOLETE NOAS:**

The NOAs listed below are obsolete. CWDs are to discontinue using these obsolete NOAs, as well as any other revisions of these NOAs that they may be using.

M42-711E	(2/94)	Demo Notice - Exemption Child Under 3 is replaced by M42-711E (1/96).
NA 830	(10/95)	Additional Services - Extenuating Circumstances is replaced by the GAIN 247 (1/96).
NA 831	(10/95)	Completion - Activities in Post-Assessment Employment Plan - One-Time-Through is replaced by the GAIN 247 (1/96).

# 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. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County is changing your cash aid from \$ \_\_\_\_\_ to \$ \_\_\_\_\_. Cash aid will stop for \_\_\_\_\_ and for \_\_\_\_\_.

Here's why:

\_\_\_\_\_ did not have a good reason for:

- not signing the GAIN contract.
- not participating or making good progress in the following assigned activity: \_\_\_\_\_
- not going to a job interview.
- not accepting a job.
- quitting your job.
- reducing your earnings.

\_\_\_\_\_ is not participating in the GAIN Program.

Since you are both off cash aid we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

COUNTY WORKER: \_\_\_\_\_  
STREET, CITY, ZIP: \_\_\_\_\_  
PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

You may get more cash aid again if you are eligible for it and:

- if \_\_\_\_\_ cooperates.
- after \_\_\_\_\_ if \_\_\_\_\_ cooperates.

To ask for your cash aid again, contact \_\_\_\_\_ at \_\_\_\_\_.

The family's second parent, \_\_\_\_\_, may get cash aid again at any time if \_\_\_\_\_

\_\_\_\_\_ signs an agreement to participate in GAIN, asks for cash aid again and is eligible for it.

We will not pay child care, transportation, or work or training related expenses while you are both off cash aid.

Your new cash aid amount is figured on this notice.

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. Keep your plastic Benefits Identification Card(s).

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-786.1, 42-786.2, 42-786.3, 42-760.83

## Monthly Cash Aid Amount

### Section A. Countable Income, Month of \_\_\_\_\_

Total Earned Income.....	\$ _____
Work Expense Disregard.....	- _____
\$30 and 1/3 Disregard.....	- _____
Dependent Care Disregard.....	- _____
Other Countable Income — Sources:	
.....	+ _____
.....	+ _____
Court Ordered Support You Paid.....	- _____
<b>Net Countable Income.....</b>	<b>= _____</b>

### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Basic Need, _____ Persons .....	\$ _____
2. Special Needs.....	+ _____
3. Net Countable Income from Section A.....	- _____
4. Basic need Subtotal .....	= <span style="border: 1px solid black; padding: 2px;">_____</span>
5. Maximum Aid, _____ Persons .....	\$ _____
6. Special Needs.....	+ _____
7. Maximum Aid subtotal.....	= <span style="border: 1px solid black; padding: 2px;">_____</span>
<b>8. Full Month Aid Subtotal</b> (Lowest Amount on Line 4 or 7).....	<b>= _____</b>
9. Line 8 Prorated for Part of Month.....	- _____
10. Adjustments: Collect Overpayment.....	- _____
10a. Cal-Learn Penalty .....	- _____
10b. Cal-Learn Bonus .....	+ _____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted).....	<b>= _____</b>

State of California  
Department of Social Services

Manual Msg. No.: NA 815  
Action : Change  
Reason:  
Title: Sanction of First Parent,  
Removal of Second Parent's  
Needs, AFDC-U

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-760.83, 42-786.1, 42-786.2, 42-786.3,  
Form No. : NA 200  
Effective Date : 01/01/96  
Revision Date :

MESSAGE: As of \_\_\_\_\_, the County is changing your cash aid from  
\$\_\_\_\_\_ to \$\_\_\_\_\_. Cash aid will stop for \_\_\_\_\_ and for  
\_\_\_\_\_.

Here's why:

- \_\_\_\_\_ did not have a good reason for:
- not signing the GAIN contract.
  - not participating or making good progress in the following assigned activity: \_\_\_\_\_
  - not going to a job interview.
  - not accepting a job.
  - quitting your job.
  - reducing your earnings.

\_\_\_\_\_ is not participating in the GAIN program.

Since you are both off cash aid, we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to: \_\_\_\_\_

You may get more cash aid again if you are eligible for it and:

- if \_\_\_\_\_ cooperates.
- after \_\_\_\_\_ if \_\_\_\_\_ cooperates.

To ask for your cash aid again, contact \_\_\_\_\_ at  
\_\_\_\_\_.

The family's second parent, \_\_\_\_\_ may get cash aid again at any time if \_\_\_\_\_ signs an agreement to participate in the GAIN program, asks for cash aid again and is eligible for it.

We will not pay child care, transportation, or work or training related expenses while you are both off cash aid.

Your new cash aid amount is figured on this notice.

NA 815 - Sanction of First Parent, Removal of Second Parent's Needs, AFDC-U

INSTRUCTIONS: Use to sanction an AFDC-U parent, who fails or refuses to comply with GAIN program requirements without good cause and conciliation efforts have failed, and to remove the second parent's needs from the grant in the AFDC-U case, when the second parent is not participating in GAIN, does not have good cause for not participating, and is not exempt or deferred.

At the top of the notice, put the effective date of the sanction and indicate the old and new cash aid amounts. Next, identify the parent who is sanctioned for GAIN non-cooperation and the second parent who is not participating in GAIN.

Under "Here's why:", identity the parent who is sanctioned and indicate the reason for the sanction. Identify the second parent who is not participating in GAIN.

Identify the CWD staff person who is to receive the payee information from the sanctioned individual. Include the CWD staff person's address and phone number.

Under "You may get more cash aid again...":

1. If this is the first sanction, check the first box and indicate the name of the sanctioned parent.
2. If this is the second or subsequent sanction, check the second box, fill in the appropriate date, and indicate the name of the sanctioned parent. (Reminder: Second sanctions last at least 3 months, and third and subsequent sanctions last at least 6 months.)

In the appropriate blanks, put the name and phone number of the CWD staff person who the sanctioned parent is to contact to ask for cash aid again.

Following "The family's second parent...", identify the family's second parent in the blanks.

In the right hand column, show the budget computation.

The NA BACK 7, Hearing Rights, must be provided with this notice.

# 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. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County is changing your cash aid from \$ \_\_\_\_\_ to \$ \_\_\_\_\_. Cash aid will stop for \_\_\_\_\_, the family's second parent.

Here's why:

- \_\_\_\_\_ did not have a good reason for:
  - not signing the GAIN contract.
  - not participating or making good progress in the following assigned activity: \_\_\_\_\_.
  - not going to a job interview.
  - not accepting a job.
  - quitting your job.
  - reducing your earnings.
- \_\_\_\_\_ is no longer exempt from participating and is not participating in the GAIN program.
- \_\_\_\_\_ did not have a good reason for not doing what GAIN asks and already got other notices telling him/her what he/she did not do: \_\_\_\_\_, the family's second parent, is not participating in the GAIN program.

Since you are both off cash aid we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

COUNTY WORKER: \_\_\_\_\_  
 STREET, CITY, ZIP: \_\_\_\_\_  
 PHONE: ( ) \_\_\_\_\_

You may get more cash aid again if you are eligible for it and:

- if \_\_\_\_\_ cooperates.
- after \_\_\_\_\_ if \_\_\_\_\_ cooperates.

To ask for your cash aid again, contact \_\_\_\_\_ at \_\_\_\_\_.

The family's second parent, \_\_\_\_\_, may get cash aid again at any time if \_\_\_\_\_ cooperates, asks for cash aid again and is eligible for it.

We will not pay child care, transportation, or work or training related expenses while you are both off cash aid.

Your new cash aid amount is figured on this notice.

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-786.1, 42-786.2, 42-786.3, 42-760.83

## Monthly Cash Aid Amount

### Section A. Countable Income, Month of \_\_\_\_\_

Total Earned Income..... \$ \_\_\_\_\_  
 Work Expense Disregard..... - \_\_\_\_\_  
 \$30 and 1/3 Disregard..... - \_\_\_\_\_  
 Dependent Care Disregard..... - \_\_\_\_\_  
 Other Countable Income — Sources:  
 ..... + \_\_\_\_\_  
 ..... + \_\_\_\_\_  
 Court Ordered Support You Paid..... - \_\_\_\_\_  
**Net Countable Income..... = \_\_\_\_\_**

### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Basic Need, \_\_\_\_\_ Persons ..... \$ \_\_\_\_\_  
 2. Special Needs..... + \_\_\_\_\_  
 3. Net Countable Income from Section A..... - \_\_\_\_\_  
 4. Basic need Subtotal..... =   
 5. Maximum Aid, \_\_\_\_\_ Persons ..... \$ \_\_\_\_\_  
 6. Special Needs..... + \_\_\_\_\_  
 7. Maximum Aid subtotal..... =   
**8. Full Month Aid Subtotal**  
 (Lowest Amount on Line 4 or 7)..... = \_\_\_\_\_  
 9. Line 8 Prorated for Part of Month..... - \_\_\_\_\_  
 10. Adjustment: Collect Overpayment..... - \_\_\_\_\_  
 10a. Cal-Learn Penalty..... - \_\_\_\_\_  
 10b. Cal-Learn Bonus..... + \_\_\_\_\_  
 11. Monthly Cash Aid Amount  
 (Line 8 or 9 Adjusted)..... = \_\_\_\_\_

State of California  
Department of Social Services

Manual Msg. No.: NA 816  
Action : Change  
Reason:  
Title: Removal of Second Parent's  
Needs, AFDC-U  
Form No. : NA 200  
Effective Date : 01/01/96  
Revision Date :  
Regulation Cite: 42-760.83, 42-786.1, 42-786.2, 42-786.3

MESSAGE: As of \_\_\_\_\_, the County is changing your cash aid from \$\_\_\_\_\_ to \$\_\_\_\_\_. Cash aid will stop for \_\_\_\_\_, the family's second parent.

Here's why:

- \_\_\_\_\_ did not have a good reason for:
  - not signing the GAIN contract.
  - not participating or making good progress in the following assigned activity: \_\_\_\_\_.
  - not going to a job interview.
  - not accepting a job.
  - quitting your job.
  - reducing your earnings.
- \_\_\_\_\_ is no longer exempt from participating and is not participating in the GAIN program.
- \_\_\_\_\_ did not have a good reason for not doing what GAIN asks and already got other notices telling him/her what he/she did not do; \_\_\_\_\_, the family's second parent, is not participating in the GAIN program.

Since both parents are off cash aid, we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to: \_\_\_\_\_

You may get more cash aid again if you are eligible for it and:

- if \_\_\_\_\_ cooperates.
- after \_\_\_\_\_ if \_\_\_\_\_ cooperates.

To ask for your cash aid again, contact \_\_\_\_\_ at \_\_\_\_\_.

The family's second parent, \_\_\_\_\_, may get cash aid again at any time if \_\_\_\_\_ cooperates, asks for cash aid again and is eligible for it.

We will not pay for child care, transportation, or work or training related expenses while you are both off cash aid.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use: 1) to remove the second parent's needs from the grant in an AFDC-U case when the second parent was participating in the GAIN Program, subsequently fails or refuses to comply with GAIN program requirements without good cause and is not exempt or deferred, and the first parent is under a financial sanction; 2) to remove the second parent's needs from the grant when the second parent is determined to no longer be exempt from GAIN participation, but does not participate while the first parent is under a financial sanction; 3) to remove the second parent's needs from the grant after the NA 840, Sanction of Mandatory Registrant/Conciliation Notice is sent to the first parent, in accordance with MPP Section 42-781.4; the first parent fails to conciliate; the sanction goes into effect; and the second parent does not respond to the GAIN 39, Notice to Other Parent.

At the top of the notice, put the effective date of the removal of the second parent's needs from the grant and indicate the old and new cash aid amounts. Next, identify the second parent.

Under "Here's why:", check the appropriate box:

1. If the second parent was participating in the GAIN program and subsequently fails or refuses to comply with GAIN program requirements without good cause and is not exempt or deferred, check the first box, place the second parent's name in the blank and indicate the reason for removing the second parent's needs.
2. If the second parent is no longer exempt from participating in GAIN and is not participating, check the second box and put the name of the second parent in the blank.
3. If the second parent fails to respond to the GAIN 39 and the first parent is sanctioned in accordance with MPP Sections 42-781.4 and 42-786, check the third box and put the name of the first parent in the first blank. Put the name of the second parent in the second blank.

Identify the CWD staff person who is to receive the payee information from the second parent. Include the CWD staff person's address and phone number.

Under "You may get more cash aid again...":

1. If this is the first sanction, check the first box and indicate the name of the sanctioned parent.
2. If this is the second or subsequent sanction, check the second box, fill in the appropriate date, and indicate the name of the sanctioned parent. (Reminder: Second sanctions last at least 3 months, and third and subsequent sanctions last at least 6 months.)

Identify the CWD staff person who the second parent is to contact to ask for cash aid again and include the phone number.

Following "The family's second parent...", indentify the family's second parent in the blanks.

In the right hand column, show the budget computation.

The NA BACK 7, Hearing Rights, must be provided with this notice.

# 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 how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County is changing your cash aid from \$ \_\_\_\_\_ to \$ \_\_\_\_\_. Cash aid will stop for \_\_\_\_\_.

Here's why:

\_\_\_\_\_ did not have a good reason for:

- not signing the GAIN contract.
- not participating or making good progress in the assigned activity: \_\_\_\_\_
- not going to a job interview.
- not accepting a job.
- quitting your job.
- reducing your earnings.

Since you are off cash aid, we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

COUNTY WORKER: \_\_\_\_\_

STREET, CITY, ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

We will not pay child care, transportation, or work or training related expenses while you are off cash aid.

Your cash aid may go up again if you are eligible for it and:

- if \_\_\_\_\_ cooperates.
- after \_\_\_\_\_ if \_\_\_\_\_ cooperates.

To ask for your cash aid again, contact \_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_.

Your new cash aid amount is figured on this notice

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply; you may review them at your welfare office. MPP 42-760.83, 42-786.1, 42-786.2, 42-786.3

## Monthly Cash Aid Amount

### Section A. Countable Income, Month of \_\_\_\_\_

Total Earned Income.....	\$	_____
Work Expense Disregard.....	-	_____
\$30 and 1/3 Disregard.....	-	_____
Dependent Care Disregard.....	-	_____
Other Countable Income -- Sources:		
_____	+	_____
_____	+	_____
Court Ordered Support You Paid.....	-	_____
<b>Net Countable Income.....</b>	=	_____

### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Basic Need, _____ Persons.....	\$	_____
2. Special Needs.....	+	_____
3. Net Countable Income from Section A.....	-	_____
4. Basic Need Subtotal.....	=	<input type="text"/>
5. Maximum Aid, _____ Persons.....	\$	_____
6. Special Needs.....	+	_____
7. Maximum Aid Subtotal.....	=	<input type="text"/>
<b>8. Full Month Aid Subtotal</b>		
(Lowest Amount on Line 4 or 7).....	=	_____
9. Line 8 Prorated for Part of Month.....	=	_____
10. Adjustments: Collect Overpayment.....	-	_____
10a. Cal-Learn Penalty.....	-	_____
10b. Cal Learn Bonus.....	+	_____
<b>11. Monthly Cash Aid Amount</b>		
(Line 8 or 9 Adjusted).....	=	_____

State of California  
Department of Social Services  
Reason:

Manual Msg. No.: NA 817  
Action : Change

Title: Sanction of AFDC-U or AFDC-FG  
Registrant

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-760.83, 42-786.1, 42-786.2, 42-786.3,  
Form No. : NA 200  
Effective Date : 01/01/94  
Revision Date : 01/01/96

MESSAGE: As of \_\_\_\_\_, the County is changing your cash aid from \$\_\_\_\_\_ to \$\_\_\_\_\_. Cash aid will stop for \_\_\_\_\_.

Here's why:

\_\_\_\_\_ did not have a good reason for:

- not signing the GAIN contract.
- not participating or making good progress in the following assigned activity: \_\_\_\_\_.
- not going to a job interview.
- not accepting a job.
- quitting your job.
- reducing your earnings.

Since you are off cash aid, we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to: \_\_\_\_\_.

We will not pay child care, transportation, or work or training related expenses while you are off cash aid.

Your cash aid may go up again if you are eligible for it and:

- if \_\_\_\_\_ cooperates
- after \_\_\_\_\_ if \_\_\_\_\_ cooperates.

To ask for your cash aid again, contact \_\_\_\_\_ at \_\_\_\_\_.

Your new cash aid amount is figured on this notice.

NA 817 - Sanction of AFDC-U or AFDC-FG Registrant

INSTRUCTIONS: Use to sanction a registrant who is either #1 or #2 below:

1. A mandatory AFDC-U registrant who fails or refuses to comply with GAIN program requirements, and the family's second parent is one of the following:
  - a. exempt from participating (Reminder: exemptions under MPP 42-795 and 42-796 do not apply to a second parent while the first parent is under sanction), or
  - b. deferred or has good cause for not participating, or
  - c. participating in the GAIN program.
2. A mandatory AFDC-FG registrant who fails or refuses to comply with GAIN program requirements.

At the top of the notice, put the effective date of the sanction and indicate the old and new cash aid amounts. Identify the individual who is being sanctioned.

Under "Here's why:", identify the individual who is sanctioned and indicate the reason for the sanction.

If the case is an AFDC-FG case, check the box to indicate the need for a payee and identify the CWD staff person who is to receive the payee information from the sanctioned individual. Include the CWD staff person's address and phone number.

If this is the first sanction, check the first box and indicate the name of the sanctioned individual. If this is the second or subsequent sanction, check the second box, fill in the appropriate date, and indicate the name of the sanctioned individual. (Reminder: Second sanctions last at least 3 months, and third and subsequent sanctions last at least 6 months.)

Identify the CWD staff person who the sanctioned individual is to contact to ask for cash aid again and include the phone number.

In the right hand column, show the budget computation.

The NA BACK 7, Hearing Rights, must be provided with this notice.

# 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 how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County is taking \_\_\_\_\_ out of the GAIN Program.

Here's why:

\_\_\_\_\_ did not have a good reason for:

- not signing the GAIN contract.
- not participating or making good progress in the following assigned activity: \_\_\_\_\_.
- not going to a job interview.
- not accepting a job.
- quitting your job.
- reducing your earnings.

We will not pay for child care, transportation, or work or training related expenses while you are not in GAIN. We will not change your cash aid amount.

You may be able to get in the GAIN Program again at a later date. To find out when you may be able to participate again and what must be done, contact \_\_\_\_\_ at \_\_\_\_\_.

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply; you may review them at your welfare office: MPP 42-786.71

State of California  
Department of Social Services

Manual Msg. No.: NA818  
Action : Change  
Reason:  
Title: Suspension of Volunteer,  
Target Group Member  
Form No. : NA 290  
Effective Date : 01/01/96  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-786.71

MESSAGE: As of \_\_\_\_\_, the County is taking \_\_\_\_\_ out of the GAIN Program.

Here's why:

- \_\_\_\_\_ did not have a good reason for:
- not signing the GAIN contract.
  - not participating or making good progress in the following assigned activity: \_\_\_\_\_.
  - not going to a job interview.
  - not accepting a job.
  - quitting your job.
  - reducing your earnings.

We will not pay for child care, transportation, or work or training related expenses while you are not in GAIN. We will not change your cash aid amount.

You may be able to get in the GAIN Program again at a later date. To find out when you may be able to participate again and what must be done, contact \_\_\_\_\_ at \_\_\_\_\_.

NA818 - Suspension of Volunteer, Target Group Member

INSTRUCTIONS: Use to preclude from participation a volunteer GAIN registrant who is a member of a target group and who fails or refuses to comply with GAIN Program requirements.

At the top of the notice, put the date that the volunteer is suspended and indicate the name of the volunteer.

Under "Here's why:", put the name of the volunteer and indicate the reason for the suspension.

Identify the CWD staff person who the volunteer is to contact to ask when he or she may be able to participate again and the process for doing so.

The NA BACK 7, Hearing Rights, must be provided with this notice.

# 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 how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County is taking \_\_\_\_\_ out of the GAIN Program.

Here's why:

\_\_\_\_\_ did not have a good reason for:

- not signing the GAIN contract.
- not participating or making good progress in the following assigned activity: \_\_\_\_\_.
- not going to a job interview.
- not accepting a job.
- quitting your job.
- reducing your earnings.

We will not pay for child care, transportation, or work or training related expenses while you are not in GAIN. We will not change your cash aid amount.

You may be able to get in the GAIN Program again after \_\_\_\_\_. To find out what must be done, contact \_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_.

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply; you may review them at your welfare office: MPP 42-786.72

## YOUR HEARING RIGHTS

### To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid  Food Stamps

### To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

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

### Other Information

**Child and/or Medical Support:** The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**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. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

Cash Aid  Food Stamps  Medi-Cal  Child Care  
 Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

I need a free interpreter.  
My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

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

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

My case number: \_\_\_\_\_

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

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

State of California  
Department of Social Services

Manual Msg. No.: NA 819  
Action : Change  
Reason:  
Title: Suspension of Volunteer,  
Non-Target Group Member  
Form No. : NA 290  
Effective Date : 01/01/96  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-786.72

MESSAGE: As of \_\_\_\_\_, the County is taking \_\_\_\_\_ out of the GAIN Program.

Here's why:

- \_\_\_\_\_ did not have a good reason for:
- not signing the GAIN contract.
  - not participating or making good progress in the following assigned activity: \_\_\_\_\_.
  - not going to a job interview.
  - not accepting a job.
  - quitting your job.
  - reducing your earnings.

We will not pay for child care, transportation, or work or training related expenses while you are not in GAIN. We will not change your cash aid amount.

You may be able to get in the GAIN Program again after \_\_\_\_\_.  
To find out what must be done, contact \_\_\_\_\_ at \_\_\_\_\_.

NA819 - Suspension of Volunteer, Non-Target Group Member

INSTRUCTIONS: Use to preclude from participation, for at least 6 months, a volunteer GAIN registrant who is not a member of a target group and who fails or refuses to comply with GAIN Program requirements.

At the top of the notice, put the date that the volunteer is suspended from participation and indicate the name of the volunteer.

Under "Here's why:", put the name of the volunteer and indicate the reason for the suspension.

Put the date that the 6-month suspension will expire in the appropriate blank. Identify the CWD staff person who the volunteer is to contact to ask when he or she may be able to participate again and the process for doing so.

The NA BACK 7, Hearing Rights, must be provided with this notice.

# NOTICE OF ACTION

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

As of \_\_\_\_\_, the County is changing your cash aid from \$ \_\_\_\_\_ to \$ \_\_\_\_\_. Cash aid will stop for \_\_\_\_\_.

**HERE'S WHY:**

- \_\_\_\_\_ did not have a good reason for:
- not signing the GAIN contract.
  - not participating or making good progress in the assigned activity: \_\_\_\_\_.
  - not going to a job interview.
  - not accepting a job.
  - quitting your job.
  - reducing your earnings.

If your cash aid stops, we will need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

County Worker: \_\_\_\_\_  
Street, City, Zip: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

We will not pay \_\_\_\_\_'s child care, transportation, or work or training related expenses while this person is off cash aid.

**YOUR CASH AID MAY STAY THE SAME IF** you are eligible for it, and \_\_\_\_\_, who has 20 calendar days, starting \_\_\_\_\_, to contact your GAIN worker, signs a written GAIN participation plan and agrees to do what it says, or gives a good reason for not doing what GAIN asks. This person has until \_\_\_\_\_, to take care of the participation problem.

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply; you may review them at your welfare office: MPP42-781.4, 42-786.1, 42-786.2, 42-786.3

**Monthly Cash Aid Amount**

**Section A. Countable Income, Month of \_\_\_\_\_**

Total Earned Income..... \$ \_\_\_\_\_  
Work Expense Disregard..... - \_\_\_\_\_  
\$30 and 1/3 Disregard ..... - \_\_\_\_\_  
Dependent Care Disregard..... - \_\_\_\_\_  
Other Countable Income -- Sources:  
..... + \_\_\_\_\_  
..... + \_\_\_\_\_  
Court Ordered Support You Paid..... - \_\_\_\_\_  
**Net Countable Income**..... = \_\_\_\_\_

**Section B. Your Cash Aid, Month of \_\_\_\_\_**

1. Basic Need \_\_\_\_\_ Persons..... \$ \_\_\_\_\_  
2. Special Needs ..... + \_\_\_\_\_  
3. Net Countable Income from Section A..... - \_\_\_\_\_  
4. Basic Need Subtotal..... = \_\_\_\_\_

5. Maximum Aid \_\_\_\_\_ Persons ..... \$ \_\_\_\_\_  
6. Special Needs ..... + \_\_\_\_\_  
7. Maximum Aid Subtotal ..... = \_\_\_\_\_

**8. Full Month Aid Subtotal**  
(Lower Amount on Line 4 or 7) ..... = \_\_\_\_\_

9. Line 8 Prorated for Part of Month ..... = \_\_\_\_\_

10. Adjustments: Collect Overpayment ..... - \_\_\_\_\_  
10a. Cal-Learn Penalty ..... - \_\_\_\_\_  
10b. Cal-Learn Bonus ..... + \_\_\_\_\_

**11. Monthly Cash Aid Amount**  
(Line 8 or 9 Adjusted) ..... = \_\_\_\_\_

# NOTICE OF ACTION

(Continued)

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

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

If this person does not take care of the participation problem by this date and your cash aid is lowered, your cash aid may go up again if you are eligible for it and:

if \_\_\_\_\_ cooperates.

after \_\_\_\_\_ if \_\_\_\_\_ cooperates.

To make an appointment to discuss this person's participation plan or to give us a good reason for not doing what GAIN asks, contact \_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_.

If this person had a good reason for not participating, we will work with him/her so that he/she is able to do what GAIN asks.

## PARTICIPATION PLAN

Our proposed plan for \_\_\_\_\_ to do what GAIN asks is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this person does not agree with our plan, he/she may suggest a plan below, and we will consider it. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

He/she can get free help with an appointment from:

Legal Aid Office: \_\_\_\_\_

Welfare Rights Office: \_\_\_\_\_

CCWRO: \_\_\_\_\_

CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF NEEDED TO HELP KEEP AN APPOINTMENT TO TALK ABOUT PARTICIPATION IN GAIN.

If help is needed with transportation or child care to keep an appointment to talk about or fill out the participation plan, call your GAIN worker.

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

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

State of California  
Department of Social Services

Manual Message Number: NA 840  
Action : Change  
Title: Sanction of Mandatory Registrant  
/Conciliation Notice

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite : 42-781.4, 42-786.1, 42-786.2, 42-786.3  
Form No. : NA 200, NA 270  
Effective Date : 01/01/96  
Revision Date :

MESSAGE:

As of \_\_\_\_\_, the County is changing your cash aid from \$\_\_\_\_\_ to \$\_\_\_\_\_. Cash aid will stop for \_\_\_\_\_.

Here's why:

On \_\_\_\_\_, we decided \_\_\_\_\_ did not have a good reason for:

- not signing the GAIN contract.
- not participating or making good progress in the following assigned activity: \_\_\_\_\_.
- not going to a job interview.
- not accepting a job.
- quitting a job.
- reducing your earnings.

If your cash aid stops, we will need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to: \_\_\_\_\_.

We will not pay \_\_\_\_\_'s child care, transportation, or work or training related expenses while this person is off cash aid.

YOUR CASH AID MAY STAY THE SAME IF you are eligible for it, and \_\_\_\_\_, who has 20 calendar days, starting \_\_\_\_\_, to contact your GAIN worker, signs a written GAIN participation plan and agrees to do what it says, or gives a good reason for not doing what GAIN asks. This person has until \_\_\_\_\_ to take care of the participation problem.

If this person does not take care of the participation problem by this date and your cash aid is lowered, your cash aid may go up again if you are eligible for it and:

- if \_\_\_\_\_ cooperates.
- after \_\_\_\_\_ if \_\_\_\_\_ cooperates.

To make an appointment to discuss this person's participation plan or to give us a good reason for not doing what GAIN asks, contact \_\_\_\_\_ at \_\_\_\_\_.

If this person had a good reason for not participating, we will work with him/her so that he/she is able to do what GAIN asks.

PARTICIPATION PLAN

Our proposed plan for \_\_\_\_\_ to do what GAIN asks is:

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If this person does not agree with our plan, he/she may suggest a plan below, and we will consider it.

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He/she can get free help with an appointment from:

Legal Aid  
Office

Welfare Rights  
Office

CCWRO

CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF NEEDED TO HELP KEEP AN APPOINTMENT TO TALK ABOUT PARTICIPATION IN GAIN.

If help is needed with transportation or child care to keep an appointment to talk about or fill out the participation plan, call your GAIN worker.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to sanction a mandatory registrant who fails to respond to the cause determination appointment notice (GAIN 43) and the county determines that no good cause existed for the failure or refusal to comply with program requirements. This notice also serves to inform the individual that he or she has a 20-calendar-day conciliation period beginning from the date of this notice, to correct the problem before the sanctions will be imposed. This notice shall be issued within 10 working days of the no good cause determination, unless delayed by extenuating circumstances.

If it is an AFDC-U case, the GAIN 39, Notice to Other Parent, must be sent to the other parent at the same time this NOA is sent.

At the top of the notice, put the effective date of the sanction and indicate the old and new cash aid amounts. (Reminder: Allow for the 20-day-conciliation period when calculating the effective date of the sanction.) Enter the name of the sanctioned individual.

Under "Here's why:", Enter the date the no good cause determination was made, the name of the individual who is being sanctioned, and the reason for the sanction.

If it is an AFDC-FG case and the family's parent is the sanctioned individual, check the box to indicate the need for a payee and identify the CWD staff person who is to receive the payee information from the sanctioned individual. Include the CWD staff person's address and phone number.

Enter the name of the sanctioned individual.

Enter the name of the sanctioned individual and the date the conciliation period begins. Enter the ending date of the conciliation period.

If this is the first sanction, check the first box and enter the name of the sanctioned individual. If this is the second or subsequent sanction, check the second box, fill in the appropriate date, and enter the name of the sanctioned individual. (Reminder: Second sanctions last at least 3 months, and third and subsequent sanctions last at least 6 months.)

Identify the CWD staff person who the sanctioned individual is to contact to schedule an appointment to discuss a conciliation plan or present good cause evidence, and include the phone number.

Enter the name of the sanctioned individual and the county's proposed conciliation plan.

Enter the names, addresses, and telephone numbers of the local legal services office and welfare rights office, or the Coalition of California Welfare Rights Organizations if there are no welfare rights or legal aid offices in the county, which can assist the individual with his/her participation plan and appointment.

In the right hand column, show the budget computation.

The NA BACK 7, Your Hearing Rights, must be provided with this notice.

# NOTICE OF ACTION

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)



Questions? Ask your Worker.

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

As of \_\_\_\_\_, the County is taking \_\_\_\_\_ out of the GAIN Program.

Here's why:

\_\_\_\_\_ did not have a good reason for:

- not signing the GAIN contract.
- not participating or making good progress in the following assigned activity: \_\_\_\_\_.
- not going to a job interview.
- not accepting a job.
- quitting your job.
- reducing your earnings.

We will not pay for \_\_\_\_\_'s child care, transportation, or work or training related expenses while this person is not in GAIN. We will not change your cash aid amount.

\_\_\_\_\_ **MAY BE ABLE TO STAY IN GAIN IF** he/she signs a written GAIN participation plan and agrees to do what it says, or gives a good reason for not doing what GAIN asks. This person has 20 calendar days, starting \_\_\_\_\_, to contact your GAIN worker. He/she has until \_\_\_\_\_ to take care of the participation problem.

If this person does not take care of the participation problem by this date and is taken out of the GAIN program, he/she may be able to get in again:

- at a later date.
- after \_\_\_\_\_.

To make an appointment to discuss this person's participation plan or to give us a good reason for not doing what GAIN asks, contact \_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_.

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply; you may review them at your welfare office: MPP 42-781.4, 42-786.7

If this person had a good reason for not participating, we will work with him/her so that he/she is able to do what GAIN asks.

### PARTICIPATION PLAN

Our proposed plan for \_\_\_\_\_ to do what GAIN asks is: \_\_\_\_\_

\_\_\_\_\_

If this person does not agree with our plan, he/she may suggest a plan below, and we will consider it. \_\_\_\_\_

\_\_\_\_\_

He/she can get free help with an appointment from:

Legal Aid Office: \_\_\_\_\_

Welfare Rights Office: \_\_\_\_\_

CCWRO: \_\_\_\_\_

**CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF NEEDED TO HELP KEEP AN APPOINTMENT TO TALK ABOUT PARTICIPATION IN GAIN.**

If help is needed with transportation or child care to keep an appointment to talk about or fill out the participation plan, call your GAIN worker.

State of California  
Department of Social Services

Manual Message Number: NA 841  
Action : Change  
Title: Suspension of Volunteer/  
Conciliation Notice

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite : 42-781.4, 42-786.7  
Form No. : NA 290  
Effective Date : 01/01/96  
Revision Date :

MESSAGE:

As of \_\_\_\_\_, the County is taking \_\_\_\_\_ out of the GAIN program.

Here's why:

On \_\_\_\_\_, we decided \_\_\_\_\_ did not have a good reason for:

- not signing the GAIN contract.
- not participating or making good progress in the following assigned activity: \_\_\_\_\_.
- not going to a job interview.
- not accepting a job.
- quitting a job.
- reducing your earnings.

We will not pay \_\_\_\_\_'s child care, transportation, or work or training related expenses while this person is not in GAIN. We will not change your cash aid amount.

\_\_\_\_\_ MAY BE ABLE TO STAY IN GAIN IF he/she signs a written GAIN participation plan and agrees to do what it says, or gives a good reason for not doing what GAIN asks. This person has 20 calendar days, starting \_\_\_\_\_, to contact your GAIN worker. He/she has until \_\_\_\_\_ to take care of the participation problem.

If this person does not take care of the participation problem by this date and is taken out of the GAIN program, he/she may be able to get in again:  
 at a later date.  
 after \_\_\_\_\_.

To make an appointment to discuss this person's participation plan or to give us a good reason for not doing what GAIN asks, contact \_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_.

If this person had a good reason for not participating, we will work with him/her so that he/she is able to do what GAIN asks.

PARTICIPATION PLAN

Our proposed plan for \_\_\_\_\_ to do what GAIN asks is:  
\_\_\_\_\_  
\_\_\_\_\_

If this person does not agree with our plan, he/she may suggest a plan below, and we will consider it.

He/she can get free help with an appointment from:

Legal Aid  
Office

Welfare Rights  
Office

CCWRO

CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF NEEDED TO HELP KEEP AN APPOINTMENT TO TALK ABOUT PARTICIPATION IN GAIN.

If help is needed with transportation or child care to keep an appointment to talk about or fill out the participation plan, call your GAIN worker.

INSTRUCTIONS: Use to preclude from participation a volunteer GAIN registrant who fails to respond to the cause determination appointment notice (GAIN 43) and the county determines that no good cause existed for the failure or refusal to comply with program requirements. This notice also serves to inform the individual that a 20 calendar day conciliation period has begun before the sanctions will be imposed. This notice shall be issued within 10 working days of the no good cause determination, unless delayed by extenuating circumstances.

At the top of the notice, put the date that the volunteer is suspended from participation and enter the name of the volunteer. (Reminder: Allow for the 20 day conciliation period when calculating the date of suspension.)

Under "Here's why:", enter the date the no good cause determination was made, the name of the volunteer, and the reason for the suspension.

Enter the name of the volunteer and the date the conciliation period begins. Enter the ending date of the conciliation period.

If the the volunteer is a member of a target group, check the first box "at a later date". If the volunteer is not a member of a target group, check the second box and fill in the appropriate date. (Reminder: The minimum period of suspension for a non-target group volunteer is 6 months.)

Identify the CWD staff person who the volunteer is to contact to schedule an appointment to discuss a conciliation plan or present good cause evidence, and include the phone number.

Enter the name of the volunteer and the county's proposed conciliation plan.

Enter the names, addresses, and telephone numbers of the local legal services office and welfare rights office, or the Coalition of California Welfare Rights Organizations if there are no welfare rights or legal aid offices in the county, which can assist the individual with his/her participation plan and appointment.

The NA BACK 7, Hearing Rights, must be provided with this notice.

# 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.

As of \_\_\_\_\_ until \_\_\_\_\_:

- The County has approved your transportation. The most we can pay is \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- The County has approved \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- The County has approved bus passes or tickets for a total of \_\_\_\_\_ per \_\_\_\_\_.
- The County will provide you with GAIN transportation.

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

The County may continue to pay for transportation for up to the first 90 days after you have started a job at which you are working 30 hours or more a week making at least minimum wage. We will pay only if you need it to keep your job and you cannot get the transportation costs from somewhere else (this includes the AFDC \$90.00 work disregard).

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 will be  Advanced to you  
 Paid back to you  Paid to your transportation provider  
 Other:

**YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.**

Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

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

**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

State of California  
Department of Social Services

Manual Msg. No.: NA 820 1 of 3  
Action : Approve  
Reason: Supportive Services  
Title: Transportation  
Approval

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.1, 42-750.4, 42-750.6  
Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

MESSAGE:

As of \_\_\_\_\_ until \_\_\_\_\_:

- The County has approved your transportation. The most we can pay is \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- The County has approved \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- The County has approved bus passes or tickets for a total of \_\_\_\_\_ per \_\_\_\_\_.
- The County will provide you with GAIN transportation.

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

The County may continue to pay for transportation for up to the first 90 days after you have started a job at which you are working 30 hours or more a week making at least minimum wage. We will pay only if you need it to keep your job and you cannot get the transportation costs from somewhere else (this includes the AFDC \$90.00 work disregard).

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 will be: Advanced to you Paid back to you Paid to your transportation provider Other:

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

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

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

Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

public transportation

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

your car's mileage

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

parking

\$ \_\_\_\_\_ [ ]month [ ]school term [ ]other

INSTRUCTIONS:

Use to approve transportation payments or services.

The authorization date is the date the activity begins; fill in this date and the end date.

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

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

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

Check the fourth box when the county GAIN program provides transportation such as GAIN vans for participants.

Fill in the participants' required GAIN activity in the blank space after "your approved GAIN activity: \_\_\_\_\_."

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

State of California  
Department of Social Services

Manual Msg. No.: NA 820 3 of 3  
Action : Approve  
Reason: Supportive Services  
Title: Transportation  
Approval

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

Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

Check the appropriate box for the transportation payment method (Advanced to you, etc.). If a two-party check is used, check the applicable box as well as the "other" box; in the "other" box, specify that it is a two-party check.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE...".

Check the last box when the activity will be less than 30 days.

The EP 5, Your Hearing Rights, must be provided with this notice.

# 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.

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As of \_\_\_\_\_:

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

Here's why:

- You are already getting as much as the County can pay because:
  - the maximum mileage rate is: \$ \_\_\_\_\_ per \_\_\_\_\_.
  - public transportation is available.
  - GAIN transportation is available.
- You are not in an approved GAIN activity.
- You need to travel less than one mile each way to get to your approved GAIN activity.
- The transportation you asked for is not needed to attend your approved GAIN activity: \_\_\_\_\_.
- Other:

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

As of \_\_\_\_\_:

Payment for your transportation will stop.

Here's why:

- You are no longer attending an approved GAIN activity.
- You moved out of this County.
- You went off cash aid.
- You got a job.
- You have been paid for all the days after you got a job that we said we would pay for.
- You quit your job.
- You have been deferred or exempted from participation in GAIN.
- You asked that transportation be stopped.
- You did not submit your attendance forms for \_\_\_\_\_. If this information is provided by \_\_\_\_\_, this proposed action will be stopped.
- Other:

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

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

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4, 22-022.2

State of California  
Department of Social Services

Manual Msg. No.: NA 821 1 of 3  
Action : Deny/Discontinue  
Reason: Supportive Services  
Title: Transportation  
Denial/Discontinuance

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

Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

MESSAGE: (left column)

As of \_\_\_\_\_:

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

Here's why:

You are already getting as much as the County can pay because:

the maximum mileage rate is: \$ \_\_\_\_\_ per \_\_\_\_\_.

public transportation is available.

GAIN transportation is available.

You are not in an approved GAIN activity.

You need to travel less than one mile each way to get to your  
approved GAIN activity.

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

Other:

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

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.1, 42-750.4, 22-022.2

Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

MESSAGE: (right column)

As of \_\_\_\_\_:

Payment for your transportation will stop.

Here's why:

- You are no longer attending an approved GAIN activity.
- You moved out of this County.
- You went off of cash aid.
- You got a job.
- You have been paid for all the days after you got a job that we said we would pay for.
- You quit your job.
- You have been deferred or exempted from participation in GAIN.
- You asked that transportation be stopped.
- You did not submit your attendance forms for \_\_\_\_\_.  
If this information is provided by \_\_\_\_\_, this proposed action will be stopped.
- Other:

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

**INSTRUCTIONS:**

Use to deny transportation payments or requests for increases in transportation payments, or to discontinue transportation payments. **USE ONE COLUMN ONLY. YOU MAY NOT DENY AND DISCONTINUE AT THE SAME TIME.**

Check the first box in the left column to deny payments or increases in payments. Enter the date the determination was made. Check the appropriate box for payment or increase. In the "Here's why" section, check all appropriate boxes and 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.: NA 821 3 of 3  
Action : Deny/Discontinue  
Reason: Supportive Services  
Title: Transportation  
Denial/Discontinuance

Auto ID No. :

Form No. : NA 801

Flow Chart No. :

Effective Date : 01/01/96

Source : GAIN

Revision Date :

Regulation Cite: 42-750.1, 42-750.4, 22-022.2

Check the first box in the right column to discontinue payments, and enter the date the determination was made. In the "Here's why" section, check the appropriate box and complete all other applicable information. When checking the "other" box specify the reason for the action. **THIS NOA MUST BE TIMELY.**

The EP 5, Your Hearing Rights, must be provided with this notice.

# 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.

As of \_\_\_\_\_ until \_\_\_\_\_:

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

Here's why:

- Your mileage rate changed.
- Your mileage changed.
- The public transportation rate changed.
- Public transportation is available which takes less than one hour to get you to your approved GAIN activity on time.
- You are in work or training assignment and get wages for this activity. The law says we must apply the AFDC work expense disregard to your request for transportation and/or work or training expenses.
- Other:

Your transportation payment limit is figured on this notice.

Mileage can be paid only if there is no public transportation available, or if driving your car 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, 42-750.7.

Your transportation payments will be  Advanced to you  Paid back to you  Paid to your transportation provider  Other:  
**YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.**

public transportation

\_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_

your car's mileage

\_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
X \_\_\_\_\_ miles  
= \$ \_\_\_\_\_

parking

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

your approved transportation payment limit for OJT or grant diversion assignments

\$ \_\_\_\_\_  
- \_\_\_\_\_ work expense disregard  
= \$ \_\_\_\_\_ your new approved transportation payment limit

Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

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

State of California  
Department of Social Services

Manual Msg. No.: NA 822 1 of 3  
Action : Change  
Reason: Supportive Services  
Title: Transportation  
Change

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.1, 42-750.4, 42-750.6, M42-750.7

Form No. : NA 801  
Effective Date : 09/01/95  
Revision Date :

MESSAGE:

As of \_\_\_\_\_ until \_\_\_\_\_:

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

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

Here's why:

- Your mileage rate changed.
- Your mileage changed.
- The public transportation rate changed.
- Public transportation is available which takes less than one hour to get you to your approved GAIN activity on time.
- You are in work or training assignment and get wages for this activity. The law says we must apply the AFDC work expense disregard to your request for transportation and/or work or training expenses.

Other:

Your transportation payment limit 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

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.1, 42-750.4, 42-750.6, M42-750.7

Form No. : NA 801  
Effective Date : 09/01/95  
Revision Date :

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 will be: Advanced to you Paid back to you Paid to your transportation provider Other:

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

public transportation

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

your car's mileage

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

parking

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

your approved transportation payment limit for OJT or grant diversion assignments

\$ \_\_\_\_\_  
\_\_\_\_\_ work expense disregard  
= \_\_\_\_\_ your new approved transportation payment limit for OJT or grant diversion assignments

Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

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

INSTRUCTIONS:

Use to change transportation payment maximums, number of bus tickets, or payment method, or change in method of transportation; e.g., from bus

State of California  
Department of Social Services

Manual Msg. No.: NA 822 3 of 3  
Action : Change  
Reason: Supportive Services  
Title: Transportation  
Change

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.1, 42-750.4, 42-750.6, M42-750.7

Form No. : NA 801  
Effective Date : 09/01/95  
Revision Date :

passes to GAIN transportation.

When the change is an increase, the authorization date is the date the change was approved. Enter the authorization date and the end date.

When the change is a decrease, the authorization date must allow for the ten-day timely notice period. Enter the effective date and the end date. **THIS NOA MUST BE TIMELY.**

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

Check the fifth box, if applicable, when changing the maximum transportation payment limit for individuals participating in on-the-job training, grant diversion, supported work or transitional employment assignments due to the application of the standard work expense disregard.

Under "Here's Why" check the appropriate box. When checking the "other" box, specify the reason for the action. Complete applicable computation(s) and repeat the computation if different rates are being 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 (Advanced to you, etc.). If a two-party check is used, check the applicable box as well as the "other" box; in the "other" box, specify that it is a two-party check.

Check the last box when the activity will be less than 30 days.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE...".

The EP 5, Your Hearing Rights, must be provided with this notice.



State of California  
Department of Social Services

Manual Msg. No.: NA 823 1 of 3  
Action : Approve/Deny  
Reason: Supportive Services  
Title: Ancillary Expenses  
Approval/Denial

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.1, 42-750.4, 42-750.5, 42-750.6

Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

MESSAGE:(Left column)

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

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

The County may continue to pay for work expenses for up to the first 90 days after you have started a job at which you are working 30 hours or more a week making at least minimum wage. We will pay only if you need it to keep your job and you cannot get the work expenses paid from somewhere else (this includes the AFDC \$90.00 work disregard).

Your payments will be: 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 is not necessary because: \_\_\_\_\_

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

We cannot pay for items needed for your Self-Initiated Program.

Other:

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.1, 42-750.4, 42-750.5, 42-750.6

Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

MESSAGE: (Right Column)

[ ] As of \_\_\_\_\_, the County has 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 are not in an approved GAIN activity.
- [ ] The cost is not necessary because: \_\_\_\_\_
- [ ] You do 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:

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

INSTRUCTIONS:

\*  
Use to approve ancillary payments and to include any items which were not approved or to deny a request for ancillary payments.

Check the the first box in the left column to approve ancillary expenses, and enter the authorization date, the items approved and their cost.

Check the method of payment (Advanced to you, etc.).

State of California  
Department of Social Services

Manual Msg. No.: NA 823 3 of 3  
Action : Approve/Deny  
Reason: Supportive Services  
Title: Ancillary Expenses  
Approval/Denial

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.1, 42-750.4, 42-750.5, 42-750.6

Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

Check the next box, if applicable, if there are items to be denied and enter the items denied.

In the "Here's why" section, check the first box when the item can be purchased for less and specify what the alternative item and cost is. Check the second box if the item requested is not needed for the activity or to get a job, and specify the reason the item is not necessary. Check the third box to deny ancillary expenses for an approved Self-Initiated Program (SIP). When checking the "other" box, specify the reason for the action.

Check the first box in the right column to deny ancillary expenses, and enter the date the determination was made and the items denied.

In the "Here's why" section, check the first box when the client is not in an approved GAIN activity, excluding SIPs. Check the second box when the item can be purchased for less and specify what the alternative item and cost is. Check the third box if the item requested is not needed for the activity or to get a job, and specify the reason the item is not necessary. Check the fourth box to deny ancillary expenses for an approved Self-Initiated Program (SIP). When checking the "other" box, specify the reason for the action.

The EP 5, Your Hearing Rights, must be provided with this notice.

# 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.

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Your transportation has been extended until \_\_\_\_\_.

Nothing about your approved transportation has changed except the date your payment ends.

- Because the extension is less than 30 days, this is the only notice you will get telling you about the extension.

Here's why:

- Your approved GAIN activity \_\_\_\_\_ is continuing.
- You need the transportation to keep your job.
- Other:

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

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

State of California  
Department of Social Services

Manual Msg. No.: NA 824 1 of 1  
Action : Approve  
Reason: Supportive Services  
Title: Extension of  
Transportation  
Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

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

Your transportation has been extended until \_\_\_\_\_.

Nothing about your transportation has changed except the date your payment ends.

[] Because the extension is less than 30 days, this is the only notice you will get telling you about the extension.

Here's why:

[] Your approved GAIN activity \_\_\_\_\_ is continuing.

[] You need the transportation to keep your job.

[] Other:

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

#### INSTRUCTIONS:

When an approved GAIN activity (such as ABE) is continuing, use this NOA to extend transportation services when the arrangements are exactly the same as those specified in the most recent NOA. In the first blank, fill in the date the transportation services has been extended to. If the extension is for less than 30 days, check the first box.

Under "Here's why" check the appropriate box. Fill in the name of the GAIN activity. When checking the "other" box, specify the reason for the action.

The EP 5, Your Hearing Rights, must be provided with this notice.

# NOTICE OF ACTION

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

Your payment for transportation for \_\_\_\_\_ is \$ \_\_\_\_\_. This amount is less than what you asked for.

Here's why:

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

Your 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.

### TRANSPORTATION:

public transportation

X \_\_\_\_\_ rate  
per \_\_\_\_\_  
= \$ \_\_\_\_\_

your car's mileage

X \_\_\_\_\_ rate  
per \_\_\_\_\_  
X \_\_\_\_\_ miles  
= \$ \_\_\_\_\_

parking

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

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

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

State of California  
Department of Social Services

Manual Msg. No.: NA 825 1 of 2  
Action : Other  
Reason: Supportive Services  
Title: Payment Adjustment,  
Transportation

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

Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

MESSAGE:

Your payment for transportation for \_\_\_\_\_ is \$ \_\_\_\_\_.  
This amount is less than what you asked for.

Here's why:

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

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

Other:

Your 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 the 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.

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

TRANSPORTATION:

public transportation

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

your car's mileage

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

parking

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

State of California  
Department of Social Services

Manual No.: NA 825 2 of 2  
Action : Other  
Reason: Supportive Services  
Title: Payment Adjustment,  
Transportation

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: M42-750.1, 42-750.4, 42-750.6

Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date :

INSTRUCTIONS:

Use to notify participants when the amount paid for regular, approved transportation is less than the amount claimed, but within the authorized maximum. This NOA is sent at the same time as the payment.

In the first blank, indicate the activity for which transportation is being paid. In the second blank, list the amount of the payment.

Under "Here's why" check the appropriate box. If the first box is checked, check either the GAIN activity or job box and either the days or hours box, as is appropriate. If the second box is checked, put the number of miles the participant has requested payment for, the number of miles the county is paying for, and the reason the county is paying for fewer miles than requested. When checking the "other" box specify the reason for the action.

In the computation 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 are being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured. Complete a separate computation for each time the service is requested.

The EP 5, Your Hearing Rights, must be provided with this notice.

# 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.**

Effective \_\_\_\_\_, your payment for:  transportation  
 work or training related expenses for \_\_\_\_\_ will be \$ \_\_\_\_\_. This amount is less than what you asked for.

**HERE'S WHY:**

- You are in a work or training assignment and get wages for this activity. The law says we must apply the AFDC work expense disregard to your request for transportation and/or work or training expenses.
- You were overpaid for your transportation and/or work or training expense. We applied the AFDC work expense disregard to your estimated earnings. When we got your CA 7 earnings report for that month and we applied the AFDC work expense disregard to your earnings, it shows that the amount you got was more than what we should have paid you. You must pay back what you owe.
- You did not attend your  approved GAIN activity  job on all the  days  hours you asked for GAIN payments.
- You asked for \_\_\_\_\_ miles, but we can only pay for \_\_\_\_\_ miles because: \_\_\_\_\_
- Other: \_\_\_\_\_

Your transportation payment is figured on this notice.

Mileage can be paid only if there is no public transportation available, or if driving your car 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: 42-750.4, 42-750.5, 42-750.6, 42-750.7, 42-751.

**A. AFDC WORK EXPENSE DISREGARD ADJUSTMENT**

Payment for your transportation and/or work or training related expenses is figured on this notice. Whole dollar amounts are used to figure your payments.

Your request for  transportation  work or training related expenses for the month of \_\_\_\_\_ has been adjusted as follows:

Your estimated earnings for the month of ..... \$ \_\_\_\_\_  
 Your GAIN expense request ..... \$ \_\_\_\_\_  
 Work expense disregard from estimated earnings. - \$ \_\_\_\_\_  
 GAIN payment for..... = \$ \_\_\_\_\_

**PUBLIC TRANSPORTATION**

trip(s) \_\_\_\_\_  
 rate x \_\_\_\_\_  
 total payment = \$ \_\_\_\_\_

**YOUR CAR'S MILEAGE**

trip(s) \_\_\_\_\_  
 miles x \_\_\_\_\_  
 total miles = \_\_\_\_\_  
 rate x \_\_\_\_\_  
 total payment = \$ \_\_\_\_\_

**parking**

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

**YOUR GAIN EXPENSE REQUEST**

transportation \_\_\_\_\_  
 work/training \_\_\_\_\_  
 expenses + \_\_\_\_\_  
 total GAIN expense = \$ \_\_\_\_\_  
 request

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

Questions? Ask your Worker.

**B. ADJUSTMENT AND OVERPAYMENT COMPUTATION**

- We paid you \$ \_\_\_\_\_ based on an estimate of the earnings for \_\_\_\_\_. Your CA 7 report for \_\_\_\_\_ shows you earned more than what was estimated. When we apply the AFDC work expense disregard to your actual earnings, it shows that the amount you got was more than what you should have been paid. The following shows how much you were paid, the amount you should have been paid and the amount you owe.
- We paid you \$ \_\_\_\_\_ for \_\_\_\_\_ that you did not use to pay for GAIN expenses. The following shows how much you were paid, the amount you should have been paid and the amount you owe.

**COMPUTATION**

Your estimated earnings for .....	\$ _____
GAIN expense request.....	\$ _____
Work expense disregard from estimated earnings.	-\$ _____
Amount you were paid for .....	= \$ _____
Your actual earnings for .....	\$ _____
GAIN expense for.....	\$ _____
Work expense disregard .....	-\$ _____
Amount you should have been paid.....	= \$ _____
GAIN expense payment for.....	\$ _____
Amount you should have been paid.....	-\$ _____
Amount of overpayment.....	= \$ _____

Your request for  transportation  work or training related expenses for the month of \_\_\_\_\_ has been adjusted as follows:

Your estimated earnings for .....	\$ _____
GAIN expense request for.....	\$ _____
Work expense disregard for .....	-\$ _____
GAIN payment for .....	= \$ _____
Overpayment for .....	-\$ _____
Adjusted GAIN payment for .....	= \$ _____
Amount you still owe .....	\$ _____

If this adjustment is not enough to repay all that you owe, the county will send you a notice that tells you how much you still owe and how you can pay back that amount.

Call your GAIN worker if this adjusted payment means you will not be able to stay in your GAIN activity, or if you will not be able to accept a job.

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

State of California  
Department of Social Services

Manual M No.: NA 826 1 of 5  
Action : Adjustment  
Reason: Supportive Services  
Title: Payment Adjustment  
Work Expense Disregard  
Form No. : NA 801, NA 803  
Effective Date : 01/01/96  
Revision Date :  
Regulation Cite: 42-750.4, 42-750.5, 42-750.6, 42-750.7, 42-751

MESSAGE:

Effective \_\_\_\_\_, your payment for:  transportation  work or training related expenses for \_\_\_\_\_ will be \$ \_\_\_\_\_. This amount is less than what you asked for.

Here's why:

You are in a work or training assignment and get wages for this activity. The law says we must apply the AFDC work expense disregard to your request for transportation and/or work or training expenses.

You were overpaid for your transportation and/or work or training expense. We applied the AFDC work expense disregard to your estimated earnings. When we got your CA7 earnings report for that month and we applied the AFDC work expense disregard to your earnings, it shows that the amount you got was more than what we should have paid you. You must pay back what you owe.

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

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

Other:

Your 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 the 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.

A. AFDC WORK EXPENSE DISREGARD ADJUSTMENT

Payment for your transportation and/or work or training related expenses is figured on this notice. Whole dollar amounts are used to figure your payments.

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.4, 42-750.5, 42-750.6, 42-750.7, 42-751

Form No. : NA 801, NA 803  
Effective Date : 01/01/96  
Revision Date :

Your request for  transportation  work or training related expenses for the month of \_\_\_\_\_ has been adjusted as follows:

\$ \_\_\_\_\_ Your estimated earnings for the month of \_\_\_\_\_.

\$ \_\_\_\_\_ Your GAIN expense request

- \$ \_\_\_\_\_ Work expense disregard from estimated earnings

= \$ \_\_\_\_\_ GAIN payment for \_\_\_\_\_

public transportation

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

your car's mileage

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

parking

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

your GAIN expense request

\$ \_\_\_\_\_ transportation  
+ \$ \_\_\_\_\_ work/training expenses  
= \$ \_\_\_\_\_ total GAIN expense request

(Page 2 of 2)

#### B. ADJUSTMENT AND OVERPAYMENT COMPUTATION

We paid you \$ \_\_\_\_\_ based on an estimate of the earnings for \_\_\_\_\_. Your CA7 report for \_\_\_\_\_ shows you earned more than what was estimated. When we apply the AFDC work expense disregard to your actual earnings, it shows that the amount you got was more than what you should have been paid. The following shows how much you were paid, the amount you should have been paid and the amount you owe.

We paid you \$ \_\_\_\_\_ for \_\_\_\_\_ that you did not use to pay for GAIN expenses. The following shows how much you were paid, the amount you should have been paid and the amount you owe.

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.4, 42-750.5, 42-750.6, 42-750.7, 42-751

Form No. : NA 801, NA 803  
Effective Date : 01/01/96  
Revision Date :

COMPUTATION

\$ \_\_\_\_\_ Your estimated earnings for \_\_\_\_\_  
\$ \_\_\_\_\_ GAIN expense request  
- \$ \_\_\_\_\_ Work expense disregard from estimated earnings  
= \$ \_\_\_\_\_ Amount you were paid for \_\_\_\_\_

\$ \_\_\_\_\_ Your actual earnings for \_\_\_\_\_  
\$ \_\_\_\_\_ GAIN expense for \_\_\_\_\_  
- \$ \_\_\_\_\_ Work expense disregard  
= \$ \_\_\_\_\_ Amount you should have been paid

\$ \_\_\_\_\_ GAIN expense payment for \_\_\_\_\_  
- \$ \_\_\_\_\_ Amount you should have been paid  
= \$ \_\_\_\_\_ Amount of overpayment

Your request for  transportation  work or training related expenses for the month of \_\_\_\_\_ has been adjusted as follows:

\$ \_\_\_\_\_ Your estimated earnings for the month of \_\_\_\_\_  
\$ \_\_\_\_\_ GAIN expense request for \_\_\_\_\_  
- \$ \_\_\_\_\_ Work expense disregard for \_\_\_\_\_  
= \$ \_\_\_\_\_ GAIN payment for \_\_\_\_\_  
- \$ \_\_\_\_\_ Overpayment for \_\_\_\_\_  
= \$ \_\_\_\_\_ Adjusted GAIN payment for \_\_\_\_\_

\$ \_\_\_\_\_ Amount you still owe

If this adjustment is not enough to repay all that you owe, the county will send you a notice that tells you how much you still owe and how you can pay back that amount.

Call your GAIN worker if this overpayment adjustment means you will not be able to stay in your GAIN activity, or if you will not be able to accept a job.

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

INSTRUCTIONS:

Use this NOA to provide notice to GAIN clients that the AFDC work expense disregard has been applied to the GAIN payment/request, and as a result, the transportation or ancillary expense payments will be reduced, or that an overpayment has occurred.

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.4, 42-750.5, 42-750.6, 42-750.7, 42-751

Form No. : NA 801, NA 803  
Effective Date : 01/01/96  
Revision Date :

Check the first box under "Here's why" when there is an adjustment to the transportation or work or training related expense request, based on the estimated earnings statement and the AFDC work expense disregard. Complete Section A only.

Check the first and second boxes under "Here's why" when it is determined there is both an overpayment from the previous month determined by the actual CA7 earnings report, and an adjustment is necessary in the current month. The adjustment to the current month's transportation or ancillary expense request is due to the AFDC work expense disregard amount which is based on the estimated earnings statement. Because of the overpayment from the previous month, the current month's expense payment is again adjusted. Check the first box in Section B and complete the computation.

Check the first and the third or fourth box, as appropriate, when it is determined there is an overpayment from the previous month because the transportation and/or ancillary expense paid was more than what was used. Check the second box in Section B and complete the computation.

COMPUTATIONS:

- o ROUND TO THE NEXT LOWER DOLLAR THE EARNINGS REPORTED BEFORE COMPUTING THE ADJUSTMENTS.

SECTION A

Complete this computation when an adjustment is necessary due to the work expense disregard. This information is based on estimated earnings for the month. On the first line, fill in the month. Complete the computation to show the adjusted payment the participant will receive after the application of the AFDC work expense disregard.

Check the appropriate box and complete the applicable computation when you have checked the third or fourth box under the "Here's why" section. This will inform the participant of the adjusted transportation payment and the new combined total expense request.

SECTION B

Check the first box when it is determined that in a previous month the actual earnings were more than what was estimated, resulting in an overpayment.

State of California  
Department of Social Services

Manual M No.: NA 826 5 of 5  
Action : Adjustment  
Reason: Supportive Services  
Title: Payment Adjustment  
Work Expense Disregard

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750.4, 42-750.5, 42-750.6, 42-750.7, 42-751

Form No. : NA801, NA803  
Effective Date :  
Revision Date : 01/01/96

Check the second box when it is determined that in a previous month the client's GAIN transportation expenses were less than the amount paid, resulting in an overpayment.

Complete the computation to determine the amount that was overpaid. In the second computation fill in the estimated earnings and the amount requested for the current month. Complete the computation to show the adjusted payment the participant should receive after application of the AFDC work expense disregard. Subtract the overpayment to determine the adjusted GAIN payment. Fill in the amount the participant still owes, if any. Complete a GAIN 58 for any remaining overpayment.

The EP 5, Your Hearing Rights, must be provided with this notice.

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750, 42-750.4, 42-750.5, 42-750.6, 42-751.44

Form No. : NA 801  
Effective Date : 09/01/95  
Revision Date :

Call your County worker if this adjusted payment means you will not be able to stay in your GAIN activity, or if you will not be able to accept a job.

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

#### INSTRUCTIONS:

Use this NOA to provide timely notice to GAIN clients when there is an unused portion of an advance payment, and as a result, one of the supportive services payments will be reduced as appropriate:

- The supportive services reimbursement payment for the month after the month for which the advance payment was made; or
- The supportive services advance payment for the second month after the month for which the advance payment was made.

Enter the effective date. Check the appropriate box for the supportive services the reduced payment is intended to cover. (If there are overpayments in more than one type of supportive service, i.e. transportation and ancillary, a separate NOA must be sent for each type of overpayment). Fill in the month or period of time the reduced payment is intended to cover. Fill in the amount of the reduced payment. **THIS NOA MUST BE TIMELY.**

Under "Here's why:," check the appropriate reason box. If the reduction is because proof of costs were received by the 10th of the month following the month the payment was intended to cover (the current month) but did not equal the amount of the payment, check the first box and fill in the appropriate month or period of time the payment was intended to cover.

If the reduction is because proof of costs was not received by the 10th of the current month, check the second box and describe the required information that was not provided.

If the reduction is for another reason, check the "Other" box and specify the reason for the action.

Check the box for the appropriate supportive services payment being computed.

Check the next box if a balance of the unused portion of the advance payment remains after this NOA is issued. Fill in the amount of the

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750, 42-750.4, 42-750.5, 42-750.6, 42-751.44

MESSAGE:

Effective \_\_\_\_\_, your payment for: [transportation work or training related expenses for \_\_\_\_\_ will be \$ \_\_\_\_\_. This amount is less than what you asked for.

Here's why:

You have to pay us back any money we give you that you do not use to pay for GAIN expenses.

- The proof of costs shows that you did not use all of your advance for \_\_\_\_\_.
- You failed to give us proof of costs by the 10th of this month. You must give us:\_\_\_\_\_.

If you give us this information, you may still get your payment up to your approved maximum payment, but it may be late.

Other:

Your [transportation payment work or training related expenses payment is figured on this notice.

You still have a balance of \$\_\_\_\_\_ for your unused advance. An amount will be taken out of your payment every month until the balance of the unused advance no longer exists. You will get a notice every month telling you about this.

Your payment of \$\_\_\_\_\_ for \_\_\_\_\_ will be adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_.  
- \$ \_\_\_\_\_ your actual costs for that month.  
= \$ \_\_\_\_\_ unused advance.

\$ \_\_\_\_\_ amount requested.  
- \$ \_\_\_\_\_ unused advance.  
= \$ \_\_\_\_\_ adjusted payment.

\$ \_\_\_\_\_ unused advance.  
- \$ \_\_\_\_\_ payment adjustment (amount requested - adjusted payment).  
= \$ \_\_\_\_\_ balance of unused advance.

# 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.

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Effective \_\_\_\_\_, your payment for  transportation  work or training related expenses for \_\_\_\_\_ will be \$ \_\_\_\_\_. This amount is less than you asked for.

Here's why:

You have to pay us back any money we advance to you that you do not use to pay for GAIN expenses.

- The proof of costs show that you did not use all of your advance for \_\_\_\_\_.
- You failed to give us proof of costs by the 10th of this month. You must give us \_\_\_\_\_.

If you give us this information, you may still get your payment up to your approved maximum payment, but it may be late.

Other:

Your  transportation payment  work or training related expenses payment is figured on this notice.

- You still have a balance of \$ \_\_\_\_\_ for your unused advance. An amount will be taken out of your payment every month until the balance of the unused advance no longer exists. You will get a notice every month telling you about this.

Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ will be adjusted effective \_\_\_\_\_ as follows:

- \$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_.
- \$ \_\_\_\_\_ your actual costs for that month.
- = \$ \_\_\_\_\_ unused advance.
- \$ \_\_\_\_\_ amount requested.
- \$ \_\_\_\_\_ unused advance.
- = \$ \_\_\_\_\_ adjusted payment.
  
- \$ \_\_\_\_\_ unused advance.
- \$ \_\_\_\_\_ payment adjustment (amount requested-adjusted payment).
- = \$ \_\_\_\_\_ balance of unused advance.

Call your GAIN worker if this adjusted payment means you will not be able to stay in your GAIN activity, or if you will not be able to accept a job.

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

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750, 42-750.4, 42-750.5, 42-750.6, 42-751.44

State of California  
Department of Social Services

Manual M No.: NA 827 3 of 3  
Action : Inform  
Reason: Unused Advance of  
Supportive Services  
Title: Recoupment of Unused  
Portion of Advance Payment  
Form No. : NA 801  
Effective Date : 09/01/95  
Revision Date :  
Regulation Cite: 42-750, 42-750.4, 42-750.5, 42-750.6, 42-751.44

In the right column, complete the computation. Fill in the amount of the current payment and the effective date of the payment adjustment. On the first line of the calculation, enter the total amount of the payment and the month for which the payment was intended. On the second line, enter the actual costs. On the third line, enter the amount that was unused (i.e., not supported by proof of costs). On the fourth line, enter the payment, before the adjustment is made, for the current month. On the fifth line, enter the same amount that was entered on line three of the computation. On the sixth line, fill in the reduced amount that will be issued in the current month.

Check the next box if a balance of the unused portion of the advance payment remains. On the first line, fill in the amount of the unused advance (the amount entered on lines three and five above). On the second line, fill in the difference between the amount requested and the amount of the adjusted payment (subtract the amount on line six from the amount on line four above). On the third line, fill in the amount of the balance remaining.

The EP 5, Your Hearing Rights, must be provided with this notice.

# NOTICE OF ACTION

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

Your payment for:  transportation  work or training related expenses for \_\_\_\_\_ is \$ \_\_\_\_\_. This amount is less than you asked for. Your payment limit has not changed.

### HERE'S WHY:

- You have to pay us back any money we advance to you that you do not use to pay for GAIN supportive services expenses. We subtracted that portion of your advance payment that was not used to pay for GAIN supportive services.
  - We subtracted the amount listed in your overpayment repayment agreement dated \_\_\_\_\_.
  - We subtracted the amount we figured we need to take to adjust your overpayment. We told you about this in your overpayment notice dated \_\_\_\_\_.
  - Other:
- Your  transportation payment  work or training related expenses 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.

- Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:
  - \$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_.
  - \$ \_\_\_\_\_ your actual costs for that month.
  - = \$ \_\_\_\_\_ unused advance.
  - \$ \_\_\_\_\_ amount requested for \_\_\_\_\_
  - \$ \_\_\_\_\_ unused advance.
  - = \$ \_\_\_\_\_ adjusted payment.
- Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:
  - \$ \_\_\_\_\_ amount you asked for.
  - \$ \_\_\_\_\_ amount collected because of an overpayment.
  - = \$ \_\_\_\_\_ adjusted payment.

Call your GAIN worker if this adjusted payment means you will not be able to stay in your GAIN activity, or if you will not be able to accept a job.

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

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750, 42-750.4, 42-750.5, 42-750.6, 42-751.

State of California  
Department of Social Services

Manual g. No.: NA 828 1 of 3  
Action : Inform  
Reason: Overpayment of  
Supportive Services  
Title: Transportation/Ancillary  
Expenses Overpayment-  
Payment Within Maximum

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750, 42-750.4, 42-750.5, 42-750.6, 42-751

Form No. : NA 801  
Effective Date : 09/01/95  
Revision Date :

MESSAGE:

Your payment for:  transportation  work or training related expenses for \_\_\_\_\_ is \$ \_\_\_\_\_. This amount is less than what you asked for. Your payment limit has not changed.

Here's why:

- You have to pay us back any money we advance to you that you do not use to pay for GAIN supportive services expenses. We subtracted that portion of your advance payment that was not used to pay for GAIN supportive services.
- We subtracted the amount listed in your overpayment repayment agreement dated \_\_\_\_\_.
- We subtracted the amount we figured we need to take to adjust your overpayment. We told you about this in your overpayment notice dated \_\_\_\_\_.
- Other:

Your  transportation payment  work or training related expenses payment is figured on this notice.

Mileage can only be paid if there is no public transportation available or it costs the same as or less than public transportation. Public transportation is available when it takes no more than two hours round trip for you to get from your home to your GAIN activity on time. You cannot count the time to go to and from 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 less.

Auto ID No. :

Form No. : NA 801

Flow Chart No. :

Effective Date : 09/01/95

Source : GAIN

Revision Date :

Regulation Cite: 42-750, 42-750.4, 42-750.5, 42-750.6, 42-751

Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_.  
- \$ \_\_\_\_\_ your actual costs for that month.  
= \$ \_\_\_\_\_ unused advance.

\$ \_\_\_\_\_ amount requested for \_\_\_\_\_.  
- \$ \_\_\_\_\_ unused advance.  
= \$ \_\_\_\_\_ adjusted payment.

Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ amount you asked for  
- \$ \_\_\_\_\_ amount collected because of an overpayment  
= \$ \_\_\_\_\_ adjusted payment

Call your GAIN worker if this adjusted payment means that you will not be able to stay in your GAIN activity, or if you will not be able to accept a job.

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

INSTRUCTIONS:

THIS NOA MUST BE SENT AT THE SAME TIME AS THE REDUCED PAYMENT.

Use this NOA to:

1. Recover an unused portion of an advance payment by adjusting a future supportive services payment after the M42-750P NOA has been sent and proof of costs has been received.
2. Recover a supportive services overpayment by adjusting a future supportive services payment, either automatically or in accordance with a signed REPAYMENT AGREEMENT (GAIN 57) after the GAIN OVERPAYMENT NOTICE (GAIN 58) has been sent.

This NOA MUST BE issued each time a payment adjustment is made.

# 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.

As of \_\_\_\_\_ until \_\_\_\_\_, the county has approved your child care for:

- Cal-Learn
- GAIN
- NET

Your child care payment limit is figured on this notice, and is based on the information you gave us. The most we will pay for each eligible child and eligible child care provider is:

Child's Name:	Provider's Name	Payment Limit:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- The rate is what your child care provider charges or the most we can pay based on your area's child care costs, which ever is less.
- Child care payment will be:  Paid to your provider  
 Paid back to you  Advanced to you  Other:  
\_\_\_\_\_
- Because your approved activity/program is less than 30 days, you will not get another notice telling you when your payments end.
- You have chosen a provider who is not licensed and must apply for Trustline registration. Payments for child care with this provider will stop on \_\_\_\_\_ unless the  
Date  
county gets proof that your provider has applied for Trustline registration. You will get no further notice.

If child care payments are paid back to you, you will get your payment about 20 days after you give us a request for child care payment form or receipt.

The county will only pay child care for the hours and days you are attending your approved activity/program.

**Rules:** These rules apply. You may review them at your welfare office: Miller v. Carlson, MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6, 42-765

**YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.**

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

Child care for children not listed here stay the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ hours  days  weeks  month

= \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

Child care for children not listed here stay the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ hours  days  weeks  month

= \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

Child care for children not listed here stay the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ hours  days  weeks  month

= \$ \_\_\_\_\_ per \_\_\_\_\_

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

State of California  
Department of Social Services

Manual Msg. No.: NA 828 3 of 3  
Action : Inform  
Reason: Overpayment of  
Supportive Services  
Title: Transportation/Ancillary  
Expenses Overpayment-  
Payment Within Maximum  
Form No. : NA 801  
Effective Date : 09/01/95  
Revision Date :  
Regulation Cite: 42-750, 42-750.4, 42-750.5, 42-750.6, 42-751

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750, 42-750.4, 42-750.5, 42-750.6, 42-751

When making payment adjustments, transportation can only be recovered from future transportation payments; work related expenses can only be recovered from future work related payments. (If there are overpayments in more than one type of supportive service, i.e. transportation and ancillary, a separate NOA must be sent for each type of overpayment).

Check the appropriate box for the supportive service the reduced payment is intended to cover. Fill in the month of the action; include the reduced payment amount.

Under "Here's why," check the appropriate reason box. If the reduction is due to an unused portion of an advance, check the first box. If the reduction is made in accordance with a signed REPAYMENT AGREEMENT (GAIN 57), check the second box and enter the date of the REPAYMENT AGREEMENT. If the reduction is due to an automatic payment adjustment (either five or ten percent), check the third box and enter the date of the OVERPAYMENT NOTICE, GAIN 58. If the reduction is due to a reason other than those listed, check the last box and specify the reason.

Check the box for the appropriate supportive services payment being computed. In the right column, complete the computation. Check the first box if you are recouping an unused portion of an advance payment. Fill in the amount of the current payment and the effective date of the payment adjustment. On the first line of the calculation, enter the total amount of the advance payment and the month for which the advance payment was intended. On the second line, enter the actual costs. On the third line, enter the amount that was unused. On the fourth line, enter the amount for the current month. On the fifth line, enter the same amount entered on line three of the computation. On the sixth line, fill in the adjusted payment for the current month.

Check the second box if you are recovering an overpayment after the GAIN 58 has been sent. Fill in the amount of the current payment, the month for which it is being made and the effective date of the payment adjustment. On the first line, enter the amount of the payment, before the adjustment is made, for the current month. On the second line, enter the amount of the overpayment being deducted from the current payment. On the third line, enter the reduced amount that is to be issued.

The EP 5, Your Hearing Rights, must be provided with this notice.

State of California  
Department of Social Services

Manual Msg. No: NA 832  
Action: Approval  
Reason: Approval of Child Care  
Title: Child Care Approval  
Form No:  
Effective Date: 09/01/95  
Revision Date: 01/01/96

Auto ID No.:  
Flow Chart No:  
Source: Miller v. Carlson, MPP  
42-750.1, 42-750.2, 42-750.3, 42-750.6,  
42-756.

As of \_\_\_\_\_ until \_\_\_\_\_, the county has approved your child care for:

- Cal-Learn
- GAIN
- NET

Your child care payment limit is figure on this notice, and is based on the information you gave us. The most we will pay for each eligible child and eligible child care provider is:

Child's Name:	Provider's Name:	Payment Limit:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.
- Child care payment will be:  Paid to your provider  Paid back to you  Advanced to you  
 Other:
- Because your activity/program is less than 30 days, you will not get another notice telling you when your payments end.
- You have chosen a provider who is not licensed and must apply for Trustline registration. Payments for child care with this provider will stop on \_\_\_\_\_ unless the county gets proof that your provider has applied for Trustline registration. You will get no further notice.

If child care payments are paid back to you, you will get your payment about 20 days after you give us a request for child care payment form or a child care receipt.

The county will only pay child care for the hours and days you are attending your approved activity/program.

**You must tell us before you change child care providers except in an emergency or we may not be able to approve and pay the new provider.**

You can also call your case manager/worker if you think this notice is wrong.

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

Child care for children not listed here stay the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_  hours  days  weeks  month

= \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

Child care for children not listed here stay the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_  hours  days  weeks  month

= \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

Child care for children not listed here stay the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_  hours  days  weeks  month

= \$ \_\_\_\_\_ per \_\_\_\_\_

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

INSTRUCTIONS for Cal-Learn, GAIN and NET Child Care Approval - NA  
832 (1/96)

Use to approve eligibility for child care payments in the Cal-Learn, GAIN, and NET programs.

On the "As of \_\_\_" line, enter the effective date and complete the ending date.

Check the appropriate child care program.

Fill out child care information and complete the applicable computation(s). Repeat the computation as many times as needed if different rates are being provided. Counties may use an alternative calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for the child care payment method. If a two-party check is used, check the applicable box as well as the "Other" box and specify that it will be a two-party check.

When the program will be less than 30 days, check the appropriate box.

Check the last box when an exempt provider is chosen and child care is approved only for 30 days while the provider is applying for Trustline registration.

# 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 how.

As of \_\_\_\_\_ until \_\_\_\_\_:

- The county has changed the payment limit for  Cal-Learn  GAIN  NET child care from \$ \_\_\_\_\_ per \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_.
- The county has changed your payment method for  Cal-Learn  GAIN  NET child care from \_\_\_\_\_ to \_\_\_\_\_.
- Your child care provider has changed. Your  Cal-Learn  GAIN  NET child care at \_\_\_\_\_ has been paid through \_\_\_\_\_. Payment for \_\_\_\_\_ starts after that date.

**HERE'S WHY:**

- Your child care rate changed
- Your child care provider changed.
- Your child's age has changed.
- Your child care hours changed.
- The State of California changed payment limits.
- You asked for this change.
- Other:

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

- Because your approved activity/program is less than 30 days, you will not get another notice telling you when your payments end.

If your child care payments are paid back to you, you will receive your payment about 20 days after you give us a copy of your child care payment form or receipt.

The county will only pay child care for the hours and days you are attending your approved activity/program.

**YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.**

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

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

\$ \_\_\_\_\_ 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: \_\_\_\_\_

Child care for children not listed here stay the same.

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

State of California  
Department of Social Services

Manual Msg. No: NA 833  
Action: Change  
Reason: Child care change  
Title: Child care change  
Form No:  
Effective Date: 09/01/95  
Revision Date: 01/01/96

Auto ID No. :  
Flow Chart No :  
Source : Miller v. Carlson,  
MPP 42-750.1, 42-750.2,  
42-750.3, 42-750.6.

As of \_\_\_\_\_ until \_\_\_\_\_ :

- The county has changed the payment limit for  Cal-Learn  GAIN  
 NET child care from \$\_\_\_\_\_ per \_\_\_\_\_ to \$\_\_\_\_\_ per  
\_\_\_\_\_.
- The county has changed your payment method for  Cal-Learn  GAIN  
 NET child care from \_\_\_\_\_ to \_\_\_\_\_.
- Your child care provider has changed. Your  Cal-Learn  GAIN  
 NET child care at \_\_\_\_\_ has been paid through  
\_\_\_\_\_. Payment for \_\_\_\_\_ starts  
after that date.

Here's Why:

- Your child care rate changed.  
 Your child care provider changed.  
 Your child's age has changed.  
 Your child care hours changed.  
 The State of California changed payment limits.  
 You asked for this change.  
 Other: \_\_\_\_\_.

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

- Because your approved activity/program is less than 30 days, you will not get another notice telling you when your payments end.

If your child care payments are paid back to you, you will receive your payment about 20 days after you give us a copy of your child care payment form or receipt.

The county will only pay child care for the hours and days you are attending your approved Cal-Learn, GAIN, or NET activity/program.

**YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.**

You can also call your case manager/worker if you think this notice is wrong.

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

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ [] hours [] days [] weeks [] month

= \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ [] hours [] days [] weeks [] month

= \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

Child care for children not listed here stay the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ [] hours [] days [] weeks [] month

= \$ \_\_\_\_\_ per \_\_\_\_\_

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

Child care for children not listed here stay the same.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is 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 : \_\_\_\_\_

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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.

As of \_\_\_\_\_:

- Your child care payment for  Cal-Learn  GAIN  NET is denied.
- Your request to raise your child care payment limit for  Cal-Learn  GAIN  NET is denied.
- Payment for your  Cal-Learn  GAIN  NET child care for your child, \_\_\_\_\_, is denied.

### HERE'S WHY:

- You are not in an approved activity/program.
- You cannot complete your approved activity/program within 24 months from the date your NET application was approved.
- You have not given us a class schedule so we can approve your child care hours that are near to your class time.
- You are already getting the most the county can pay based on your area's child care costs.
- The child care you asked for is not needed to attend your approved activity/program.
- Your child \_\_\_\_\_ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.
- Your child \_\_\_\_\_ is 13 or more years old, which is over the age we can pay for and is not disabled or under court supervision.
- The child care provider you wanted must have a license but does not have one.
- The child care provider you want does not have the legal right to work in the United States of America.
- The child care provider is not 18 years of age or older.
- The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.

- You have not given us proof that show your aided child, \_\_\_\_\_, has a physical or mental condition that needs special care.
- Your license-exempt child care provider had his/her application for Trustline denied.
- Your license-exempt child care provider has had his/her Trustline Registration revoked.
- Your license-exempt child care provider did not complete the Trustline application process so the Department of Justice closed the case.
- Other:

You can also call your worker/case manager if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: Miller v. Carlson, 42-750.1, 42-750.2, 42-750.3, 42-756.

Auto ID No.:  
Flow Chart No:  
Source: Miller v. Carlson,  
42-750.1, 42-750.2,  
42-750.3, 42-756.

MESSAGE:

As of \_\_\_\_\_:

- Your child care payment for  Cal-Learn  GAIN  NET is denied.
- Your request to raise your child care payment limit for  Cal-Learn  GAIN  NET is denied.
- Payment for your  Cal-Learn  GAIN  NET for your child, \_\_\_\_\_, is denied.

HERE'S WHY:

- You are not in an approved activity/program.
- You cannot complete your approved activity/program within 24 months from the date your NET application was approved.
- You have not given us a class schedule so we can approve your child care hours that are near to your class time.
- You are already getting the most the county can pay based on your area's child care costs.
- The child care you asked for is not needed to attend your approved activity/program..
- Your child \_\_\_\_\_ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.
- Your child \_\_\_\_\_ is 13 or more years old, which is over the age we can pay for and is not disabled or under court supervision.
- The child care provider you wanted must have a license but does not have one.
- The child care provider you want does not have the legal right to work in the United States of America.
- The child care provider is not 18 years of age or older.
- The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- You have not given us proof that shows your aided child, \_\_\_\_\_, has a physical or mental condition that needs special care.
- Your license-exempt child care provider had his/her application for Trustline denied.
- Your license-exempt child care provider has had his/her Trustline Registration revoked.
- Your license-exempt child care provider did not complete the Trustline application process so the Department of Justice closed the case.

Other:

You can also call your worker/case manager if you think this notice is wrong.

INSTRUCTIONS for Cal-Learn, GAIN, and NET Denial of Child Care  
Payments - NA 834 (1/96)

Use this NOA to deny a child care payment or request for a raise in the child care payment limit for the Cal-Learn, GAIN, and NET programs.

On the "As of \_\_\_\_" line, enter the date the determination was made.

If the first box is checked, note the specific reason why child care was denied under the "Here's Why" section.

If the second box is checked, then check the third box under "Here's Why."

When checking the "Other" box, specify the reason for the action. If the fifth box is checked and it is the only child needing care, use the NA 835. In Cal-Learn, the M42-766.67 must also be issued.

Complete all other applicable information.

# 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 how.

As of \_\_\_\_\_:

Your  Cal-Learn  GAIN  NET child care payment(s) will stop.

### HERE'S WHY:

- You are no longer attending an approved activity/program.
- You cannot complete your approved activity/program within 24 months from the date your NET application was approved.
- You are attending your activity/program less than full-time without a good reason.
- You are attending your approved activity/program less than half-time.
- You are not making satisfactory progress in your approved activity/program.
- You moved out of this county.
- You do not have to go to the Cal-Learn or GAIN activity/program right now.
- You went off cash aid.
- You are now eligible for or enrolled in the GAIN program.
- You got a job.
- You asked that your child care payments be stopped.
- Your child \_\_\_\_\_ is 13 or more years old, which is over the age we can pay for and is not disabled or under court supervision.
- Your child(ren) no longer need(s) child care.
- Your child \_\_\_\_\_ is no longer in the AFDC assistant unit and is not receiving federal foster care or SSI/SSP payments.

- Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- Your child care provider is no longer an eligible provider.
- Your license-exempt child care provider had his/her application for Trustline denied.
- Your license-exempt child care provider has had his/her Trustline Registration revoked.
- Your license-exempt child care provider did not complete the Trustline application process so the Department of Justice closed the case.
- Other

You can also call your worker/case manager if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: Miller v. Carlson, MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-765

State of California  
Department of Social Services

Manual Msg. No: NA 835  
Action: Payment Discontinue.  
Reason: Child care  
Title: Child Care Payment Discontinue  
Form No:  
Effective Date: 09/01/95  
Revision Date: 01/01/96

Auto ID No. :  
Flow Chart No :  
Source: Miller v. Carlson,  
MPP 42-750.1,  
42-750.2, 42-750.3,  
42-750.4, 42-765.

As of \_\_\_\_\_:

Your  Cal-Learn  GAIN  NET child care payment(s) will stop.

HERE'S WHY:

- You are no longer attending an approved activity/program.
- You cannot complete your approved activity/program within 24 months from the date your NET application was approved.
- You are attending your approved activity/program less than full-time without a good reason.
- You are attending your approved activity/program less than half-time.
- You are not making satisfactory progress in your approved activity/program.
- You moved out of this county.
- You went off cash aid.
- You do not have to take part in the Cal-Learn or GAIN program right now.
- You are now eligible for or enrolled in the GAIN program.
- You got a job.
- You asked that your child care payments be stopped.
- Your child \_\_\_\_\_ is 13 or more years old, which is over the age we can pay for.
- Your child(ren) no longer need(s) child care.
- Your child \_\_\_\_\_ is no longer in the AFDC assistant unit and is not receiving federal foster care or SSI/SSP payments.
- Your child care provider is your child's parent, legal guardian or a member of your AFDC assistance unit.
- Your child care provider is no longer an eligible provider.
- Your license-exempt child care provider had his/her application for Trustline denied.

- Your license-exempt child care provider has had his/her Trusline Registration revoked.
- Your license-exempt child care provider did not complete the Trustline application process so the Department of Justice closed the case.
- Other:

You can also call you worker/case manager if you think this notice is wrong.

INSTRUCTIONS for Cal-Learn, GAIN and NET Child Care Payment  
Discontinuance - NA 835 (1/96)

Use this NOA to discontinue child care payments in the Cal-Learn, GAIN, and NET programs. Enter the effective date of the action. Check the appropriate box. This NOA must be sent timely, unless requirements in MPP Section 22-022 are met.

Under the "Here's Why" section, check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

If the Cal Learn participant is no longer eligible for Cal-Learn, issue NOA M42-766.67.

# 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 how.

As of \_\_\_\_\_ your  Cal-Learn  GAIN  NET child care for \_\_\_\_\_ is \$ \_\_\_\_\_.

This amount is less than what you asked.

HERE'S WHY:

- You did not attend your approved activity/program on all of the  days  hours that you asked for a payment.
- You asked for payment for \_\_\_\_\_ child care hours but we can only pay for \_\_\_\_\_ child care hours because: \_\_\_\_\_.
- One of your child care provider is not eligible to get a child care payment, your provider must be 18 years old or older; not be a parent, legal guardian, or member of the assistance unit; have a day care license or not need one.
- One of your children is not eligible to get child care. To get child care for your child, your child must be under the age of 13, cannot care for him/herself, or under court supervision.
- Your request for the payment of registration, application, or service fee charged by your child care provider was denied.
- We subtracted the amount listed in your overpayment agreement notice dated \_\_\_\_\_.
- We subtracted the amount we figured we need to take to adjust your overpayment. We told you about this in your overpayment notice dated \_\_\_\_\_.
- Other

Your child care payment is figured on this notice.

**YOU MUST TELL US BEFORE YOU CHANGE YOUR CHILD CARE ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.**

You can also call your worker/casemanager if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: Miller v. Carlson, MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-750.6.

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

Child care for child(ren) not listed here stays the same.

\$ \_\_\_\_\_ amount requested

X \_\_\_\_\_ adjusted amount

= \$ \_\_\_\_\_ adjusted payment

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

\$ \_\_\_\_\_ amount requested

X \_\_\_\_\_ adjusted amount

= \$ \_\_\_\_\_ adjusted payment

State of California  
Department of Social Services

Manual Msg. No: NA 836  
Action: Payment reduction  
Reason: Child care  
Title: Child Care Payment Reduction  
Form No:  
Effective Date: 09/01/95  
Revision Date: 01/01/96

Auto ID No. :  
Flow Chart No :  
Source: Miller v. Carlson,  
MPP 42-750.1,  
42750.2, 42-750.3,  
42-750.4, 42-750.6,  
42-751.

As of \_\_\_\_\_, your payment for  GAIN  NET  CAL LEARN child care for  
\_\_\_\_\_ is \$\_\_\_\_\_.

This amount is less than what you asked for.

HERE'S WHY:

- You did not attend your approved activity/program on all of the  days  hours that you asked for a payment.
- You asked for payment for \_\_\_\_\_ child care hours but we can only pay for \_\_\_\_\_ child care hours because:  
\_\_\_\_\_.
- One of your child care providers is not eligible to get a child care payment, your provider must be 18 years old or older; not get a parent of legal guardian, or a member of the assistance unit; have a day care liense or not need one.
- One of your children is not eligible to get child care. To get child care for your child, your child must be under the age of 13, cannot care for him/herself, or under court supervision.
- Your request for the payment of the registration, application, or service fee charged by your child care provider was denied.
- We subtracted the amount listed in your overpayment agreement notice dated \_\_\_\_\_.
- We subtracted the amount we figured we need to take to adjust your overpayment. We told you abou this in your overpayment notice dated \_\_\_\_\_.
- Other

Your child care payment is figured on this notice.

Child care for children not listed here stays the same.

**YOU MUST TELL US BEFORE YOU CHANGE YOUR CHILD CARE ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW PROVIDER.**

You can also call your worker/case manager if you think this notice is wrong.

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

\$ \_\_\_\_\_ amount requested  
- \$ \_\_\_\_\_ adjusted amount  
= \$ \_\_\_\_\_ adjusted payment

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

\$ \_\_\_\_\_ amount requested  
- \$ \_\_\_\_\_ adjusted amount  
= \$ \_\_\_\_\_ adjusted payment

INSTRUCTIONS for Cal-Learn, GAIN and NET Child Care Payment  
Reduction - NA 836 (12/95)

Use this NOA when the amount issued for child care is less than the amount requested, but when it is within the authorized maximum. Use also to notify participant when payments made to temporary providers are less than the amount claimed.

In addition, use this NOA to recover an overpayment by adjusting the payment.

On the "As of \_\_\_\_" line, enter the date the determination was made. Enter the month and adjusted amount.

Under the "Here's Why" section, check the appropriate box.

When checking the third or fourth box, fill in the date of the overpayment agreement notice or standard notice.

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

Complete the computations as many times as needed.

This NOA is sent at the same time as the payment.

# NOTICE OF ACTION

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

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

(ADDRESSEE)

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Questions? Ask your Worker.

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

Your request for NET program benefits is denied.

### HERE'S WHY:

- Your program cannot be finished within 24 months from the date of your application.
- You already have a bachelor's or graduate degree.
- With your current skills you can earn at least two times the federal poverty level which is \$\_\_\_\_\_ a year.
- You did not ask within 10 working days for a chance to tell us your reason for not meeting the NET rules.
- Your education or training program is not needed to reach your job goal of \_\_\_\_\_.
- Your job goal, \_\_\_\_\_, is not in demand in this area.
- You have other child care assistance that meets your child care needs.
- You are eligible for and able to get GAIN services.
- Your child(ren) no longer need(s) child care.
- You must give us all the facts that we need to see if you can be in the NET program. You did not give us:\_\_\_\_\_.
- You did not have a good reason for not meeting the NET rules.
- We asked you to give us the following information:  
\_\_\_\_\_  
\_\_\_\_\_

Because you did not give us this information within three weeks we cannot tell whether you qualify for the NET program and we are denying your application for NET. You can reapply for NET at any time.

OTHER:

You can call your worker if you think this notice is wrong. Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson.

State of California  
Department of Social Services

Manual Msg. No: NA 837  
Action: Denial  
Reason: Child Care  
Title: NET Program Denial  
Form No:  
Effective Date: 09/01/95  
Revision Date: 01/01/96

Auto ID No.:  
Flow Chart No.:  
Source: Miller v. Carlson

MESSAGE:

Your request for NET program benefits is denied.

HERE'S WHY:

- Your program cannot be finished within 24 months from the date of your application.
- You already have a bachelor's or graduate degree.
- With your current skills you can earn at least two times the federal poverty level which is \$ \_\_\_\_\_ a year.
- You did not ask within 10 working days for a chance to tell us your reason for not meeting the NET rules.
- Your education or training program is not needed to reach your job goal of \_\_\_\_\_.
- Your job goal, \_\_\_\_\_, is not in demand in this area.
- You are getting other child care assistance that meets your child care needs.
- You are eligible for and able to get GAIN services.
- Your child(ren) no longer need(s) child care.
- You must give us all the facts that we need to see if you can be in the NET program. You did not give us: \_\_\_\_\_.
- You did not have a good reason for not meeting the NET rules.
- We asked you to give us the following information:  
  
\_\_\_\_\_

Because you did not give us this information within three weeks we cannot tell whether you qualify for the NET program and we are denying you application for NET. You can reapply for NET at any time.

Other: