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

October 29, 1997

ALL COUNTY LETTER 97-66

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTOR S
ALL AFDC PROGRAM SPECIALISTS

SUBJECT: IMPLEMENTATION OF FINANCIAL PROVISIONS - CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM

REFERENCE: AB 1542, Chapter 270, Statutes of 1997
AB 1260, Chapter 284, Statutes of 1997

The purpose of this letter is to provide counties with implementation instructions for the following CalWORKs program areas: 1) property/resource limits; 2) restricted accounts; 3) transfer of assets; 4) overpayment recoupment; and 5) voucher/vendor payments for sanctions. The changes contained in this letter are effective January 1, 1998. AB 1542 authorizes the California Department of Social Services (CDSS) to implement the statute initially through the All County Letter (ACL) process in order to meet the January 1, 1998 implementation date. The CDSS will adopt emergency regulations, where required, no later than July 1, 1998. The CDSS will issue additional ACLs to provide instructions for implementation of other provisions of AB 1542.

PROPERTY/RESOURCE LIMITS (WIC Section 11155)

Effective January 1, 1998, the rules governing property and resource limits have been modified to be the same as those currently in use in the Food Stamp program. Counties shall determine the value of personal property and automobiles in conformance with the methods currently used in the Food Stamp program. All existing regulations governing property and resources in Section 42-200 of the Eligibility and Assistance Standards (EAS) Manual will be repealed. Current Food Stamp regulations governing property and resources can be found at Sections 63-501, 63-506, and 63-507 of the Food Stamp Manual.

RESTRICTED ACCOUNTS (WIC Section 11155.2)

AB 1542 modifies the rules governing qualified withdrawals from restricted accounts. Effective January 1, 1998, funds withdrawn from restricted accounts may be used for any education or job training expenses for the account holder or his/her dependents. Formerly, funds withdrawn from restricted accounts could be used only for postsecondary education and training expenses for a child(ren). The law retained the rules that funds withdrawn from restricted accounts could be used for starting a business or purchasing a home.

TRANSFER OF ASSETS (WIC Section 11157.5)

AB 1542 prohibits recipients of aid from transferring assets in order to qualify for aid. There is no transfer of assets rule for applicants. Receipt of aid does not limit or restrict a recipient's right to sell, exchange, or change the form of property holdings provided the recipient receives fair market value for the property. However, a transfer of assets at less than fair market value results in a period of ineligibility. AB 1542 also provides that the period of ineligibility is calculated by dividing the difference between the fair market value of the asset and the amount received by the recipient in the transfer by the need standard for the family. The result is then rounded down to the next lower whole number to provide the number of months of ineligibility.

OVERPAYMENT RECOUPMENT (WIC Section 11004)

AB 1542 changes some of the rules governing recoupment of overpayments. Effective in the January 1998 payment month, CalWORKs overpayments shall be recouped at a rate of five percent of the maximum aid payment (MAP) for the assistance unit (AU) when overpayments are caused by agency error. The rate is ten percent of the MAP for the AU when overpayments are caused by any other reason. The income and resources of the AU are no longer considered when determining the correct amount for grant adjustment. The new law does allow overpayment adjustment in excess of these adjustment rates, but only at the recipient's request.

The rate of recoupment for overpayments that are in collection on January 1, 1998, must be changed in accordance with the new law. CDSS will be modifying EAS Manual Section 44-352.4 and adopting revised regulations for this rule no later than July 1, 1998. No other rules regarding overpayments and the collection of overpayments have changed. Grant adjustment will continue to be the very last step in the grant computation process. This means that all sanctions and penalties, except for those for Cal-Learn, are applied prior to a grant adjustment for the recoupment of an overpayment.

VOUCHER/VENDOR PAYMENTS (WIC Sections 11251.3, 11274, and 11453.2)

AB 1542 requires the issuance of mandatory voucher or vendor payments for at least rent and utility payments to any AU in which any parent or caretaker relative is sanctioned for at least three consecutive months. A "sanction" occurs when the adult is taken out of the AU. This provision means that the sanction must be known in advance to be of at least three months in duration. Sanctions imposed on a "month by month" basis, (e.g. related to immunization or school attendance), do not fall under this provision. However, this provision would apply when a recipient is sanctioned for the second or third time for not complying with program requirements associated with their Welfare to Work Plan. The voucher/vendor payments shall continue until the parent/caretaker relative is no longer subject to the sanction.

There are also mandatory voucher/vendor payments for families in which the adult is ineligible because of a drug-related felony conviction (AB 1260, WIC Section 11252.3). Information regarding the treatment of drug felons is provided in ACL 97-65, Implementation of Certain Eligibility Provisions.

Information regarding sanctions for non-compliance with a Welfare to Work Plan is provided in the CalWORKs Welfare to Work ACL. Additionally, a chart presenting the various sanctions and penalties with the vendor/voucher payment requirements will be provided in the near future via All County Information Notice.

NOTICES OF ACTION

Notice of Action (NOA) messages have been revised and developed to conform with the changes in program policy outlined in this ACL (Attachment 1).

For all NOA's, CWDs should cite the appropriate county directives, instructions or procedures when applicable.

INFORMING REQUIREMENT

Attachment 2 provides suggested informing language that has been developed by CDSS for each of the subject areas discussed in this ACL. Counties may reformat or reword the language to meet their county's needs.

TRANSLATIONS

Counties should call the Forms Management Bureau for camera-ready copies of any form, NA form, NOA messages or informing language in any language. However, counties that have provided Language Services Bureau with a county contact and the specific languages needed in their county (Spanish, Chinese, Cambodian, and Vietnamese) will automatically be sent those languages as soon as the document (form/NA form/NOA messages/informing language) is translated.

CONTACTS

If you have any questions regarding this letter or need additional information, please contact the following staff:

Subject	Contact Person	Telephone Number
Property/ Resource Limits	Henry Puga	(916) 654-1068 or CALNET 464-1068
Restricted Accounts	Henry Puga	(916) 654-1068 or CALNET 464-1068
Transfer of Assets	Henry Puga	(916) 654-1068 or CALNET 464-1068
Overpayment Recoupment	Joelyn Walters	(916) 654-1803 or CALNET 464-1803
Voucher/ Vendor Payments	Dennis Ragasa	(916) 654-1063 or CALNET 464-1063
Informing Language	Donna Morgan Elizabeth Allred	(916) 657-5709 or CALNET 437-5709 (916) 657-3350 or CALNET 437-3350
NOA Messages	Pam Kian	(916) 654-1801 or CALNET 464-1801
Camera-ready Versions	Forms Management Unit	(916) 657-1984 or CALNET 437-1984

Sincerely,

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

ATTACHMENT 1a

NOA MESSAGES

Action	Type	Revision	NOA #
Approve	Property - 9 Month Time Limit	Obsolete	M42-213E1
Approve	Sidwell - Property	Obsolete	M42-213E4
Deny	Property	Changed “$1,000" to “$2,000" and reworded for clarity.	M42-207A
Deny	Property	Obsolete	M42-213E3
Deny	Transfer of Property	Obsolete - No longer applies to applicants	M42-221I
Rescind	Property - 9 Month Time Limit	Obsolete	M42-213E2
Suspend	Transfer of Property	New - Based of old M42-221I Insert in CalWORKS NOA Handbook.	M42-221K
Discontinue	Property	Changed “$1,000" to “$2,000" and reworded for clarity.	M42-213F
Discontinue	Transfer of Property	New - Based off old M42-221I Insert in CalWORKS NOA Handbook.	M42-221J
Discontinue	Property	Reworded for clarity.	M89-501
Discontinue	Restricted Account	Reworded for clarity.	M89-503

State of California
Department of Social Services

Noa Msg Doc No.: M42-207A
Action : Deny
Issue: Property
Title: $2,000 Property Limit

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-207.1

Use Form No. : NA 219
Original Date : 04-01-87
Revision Date : 01-01-98

MESSAGE:

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

Here's why:

You can not get cash aid if your total countable property is more than $2,000.

[ ] If the County figured your car or other vehicle was worth more than you think it’s worth, you can give the County proof that it is worth less. Ask the County how. If you can prove it is worth less you may get cash aid.

Your countable property is figured on this page.

INSTRUCTIONS: Use to deny cash aid when the family’s property value exceeds $2,000. Check the box if a vehicle is included in the property computation.

This message replaces M42-207A dated 11-01-92.

file: pkian/MSERIES/prop.42207a

State of California
Department of Social Services

Noa Msg Doc No.: M42-221K
Action : Suspend
Issue: Property
Title: Transfer w/out Fair Consideration

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-221.1, .2, .3, .4

Use Form No. : NA 214
Original Date : 11-06-86
Revision Date : 01-01-98

MESSAGE:

The County is stopping your cash aid for the month of _____.

Here’s why:

You had property that you sold, traded or gave away without getting fair market value for it.

Because you got less than the fair market value, you are not eligible for one month.

INSTRUCTIONS: Use to suspend cash aid for one month when the recipient transferred property for less than fair consideration for the market value in order to qualify for cash aid.

This message replaces M42-221I dated 04-01-87.

file: pkian/MSERIES/prop.42221k

State of California
Department of Social Services

Noa Msg Doc No.: M42-213F
Action : Discontinue
Issue: Property
Title: Property Not Sold

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-213.12

Use Form No. :NA 219
Original Date : 06-20-86
Revision Date : 01-01-98

MESSAGE:

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

Here's why:

You own property that is worth more than the $2,000 limit. We must use the value of all the countable real property you own other than your home. The value of this property now counts against you.

Your countable property is figured on this page.

INSTRUCTIONS: Use to discontinue cash aid when the real property is now accessible to the recipient and must be counted in the property limits.

This message replaces M42-213F dated 05-01-87.

file: pkian/MSERIES/prop.42213f

State of California
Department of Social Services

Noa Msg Doc No.: M42-221J
Action : Discontinue
Issue: Property
Title: Transfer w/out Fair Consideration

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-221.1, .2, .3, .4

Use Form No. : NA 214
Original Date : 11-06-86
Revision Date : 01-01-98

MESSAGE:

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

Here’s why:

You had property that you sold, traded or gave away without getting fair market value for it.

Because you got less than the fair market value, you are not eligible for a number of months.

The number of months are figured on this page.

INSTRUCTIONS: Use to discontinue cash aid when the recipient transferred property for less than fair consideration for the market value in order to qualify for cash aid.

This message replaces M42-221I dated 04-01-87.

file: pkian/MSERIES/prop.42221j

State of California
Department of Social Services

Noa Msg Doc No.: M89-501
Action : Discontinue
Issue: Property
Title: Exceeds Property Limit

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-501, 89-502, 89-503

Use Form No. : NA 219
Original Date : 05-01-87
Revision Date : 01-01-98

MESSAGE:

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

Here's why:

You can not get cash aid if the total countable value of your property is more than $2,000.

[ ] If the County figured the value of your car or other vehicle more than you think, you can give the County proof that the value is lower. If you can prove a lower value, you may still get cash aid. Ask the County how.

Your countable property is figured on this page.

INSTRUCTIONS: Use to discontinue cash aid when countable property value exceeds $2,000.

This message replaces M89-501 dated 01-01-94.

file: pkian/MSERIES/prop.89501

State of California
Department of Social Services

Noa Msg Doc No.: M89-503
Action : Discontinue
Issue: Non-qualified Withdrawal
Title: Restricted Account

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-504 (g), (h)

Use Form No. : NA 290
Original Date : 01-01-94
Revision Date : 01-01-98

MESSAGE:

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

Here's why:

[ ] You got money from your restricted account. Then, within 30 days of the time you got the money, you didn't:

- [ ] Spend the money.
- [ ] Put back into the account the part of the money that wasn't needed for your allowable expense.
- [ ] Give the County proof of the amount you took out of the account.
- [ ] Give the County proof of the balance in the account before you took out the money.
- [ ] Give the County proof of what you did with the money.

[ ] You got money from your restricted account and spent some or all of it on expenses that are not allowed.

[ ] Interest was paid out on your restricted account.

If any boxes above are checked, it is because you were late and missed a deadline. To stop this county action (and restart your cash aid before the end of the time period), you must prove to the County that you had a good reason for being late. Let your worker know right away.

1. Restricted Account(s) Total..... $_____
2. Spending Allowed..... -_____
3. Subtotal..... =_____

4. Basic Need, ___Persons..... $_____
5. Special Needs..... +_____
6. Basic Need Subtotal..... =_____
7. Period of Months..... =_____

INSTRUCTIONS: Use to discontinue cash aid and apply penalty period when there has been misuse of a restricted account. Fill in the effective date of the discontinuance. Fill in the date of the end of the period of ineligibility. Check the applicable box(es). Print the computation on the right hand side of the NA 290 and fill in the computation section.

This message replaces M89-503 dated 01-01-94.

file: pkian/MSERIES/restr.89503

ATTACHMENT 1b

NOA MESSAGES

Action	Type	Revision	NOA #
Change	Overpayment	Reworded for clarity and changed “AFDC” to “CalWORKS”.	M44-350A
Change	Overpayment	Reworded for clarity, changed “AFDC” to “CalWORKS” and “1,000" to blank.	M44-350E
Change	Overpayment	Reworded for clarity, changed “AFDC” to “CalWORKS” and “1,000" to blank.	M44-350G
Change	Overpayment	Reworded for clarity and changed “AFDC” to “CalWORKS”.	M44-352C
Change	Overpayment	Reworded for clarity and changed “AFDC” to “CalWORKS”.	M44-352D
Discontinue	Overpayment	Obsolete - Not necessary	M44-352H
Discontinue	Overpayment	Obsolete - Not necessary	M44-352J
Demand	Overpayment	Reworded for clarity, changed “AFDC” to “CalWORKS” and “1,000" to blank.	M44-350F
Demand	Overpayment	Reworded for clarity, changed “AFDC” to “CalWORKS” and “1,000" to blank.	M44-350H
Demand	Overpayment	Reworded for clarity and changed “AFDC” to “CalWORKS”.	M44-352A
Demand	Overpayment	Reworded for clarity and changed “AFDC” to “CalWORKS”.	M44-352G
Other	Overpayment	Obsolete - Superceded by NA 279	M44-350D
Other	Overpayment	Obsolete - Superceded by NA 280	M44-350J
Other	Overpayment	Obsolete - Not necessary	M44-350Kt
Other	Overpayment	Obsolete - Not necessary	M44-350Lt

State of California
Department of Social Services

Noa Msg Doc No.: M44-350A
Action : Change
Issue: U/O Payment
Title: Overpayment Adjustment

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-350.13, 44-352.4

Use Form No. : NA 200
Original Date : 05-01-87
Revision Date : 01-01-98

MESSAGE:

As of _____, the County is changing your cash aid from $_____ to $_____. You were overpaid $_____.

Here's why:

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

The next page(s) show how much cash aid you should have had for each month you were overpaid, the total amount you owe, and how much will be taken out of each month's cash aid amount.

Your new cash aid amount is figured on this page.

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

INSTRUCTIONS: Use to notify of an overpayment and subsequent grant adjustment. Specify the amount owed and the reason for the overpayment and the appropriate reg cites.

Attach the appropriate Continuation Page (NA 274 B, C, D or E) to show the overpayment computation. Attach the NA 275 to show the grant adjustment amount.

This message replaces M44-350A dated 01-01-90.

file: pkian/MSERIES/op.44350a

State of California
Department of Social Services

Noa Msg Doc No.: M44-350E
Action : Change
Issue: U/O Payment
Title: Excess Property O/P and adjustment (W/O Good Faith)

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-350.122, 44-352.116, .41, 42-207.1

Use Form No. : NA 200
Original Date : 05-01-86
Revision Date : 01-01-98

MESSAGE:

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

Here's why:

You were overpaid $_____.

You owned property worth more than $_____ while you were on aid. All the cash aid you got while you owned the property is an overpayment because you knew you could not get cash aid while you owned it.

We will adjust your monthly cash aid until the overpayment is paid back. You do not have to use any Social Security or SSI benefits you get to repay this overpayment. The next page(s) show the month(s) you owned too much property, the total amount you owe, and how much will be taken out of each month's cash aid amount.

Your new cash aid amount is figured on this page.

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

INSTRUCTIONS: Use to notify of an overpayment and subsequent grant adjustment due to excess property without good faith. Specify the amount owed. Attach the appropriate Continuation Page NA 280 to show the overpayment computation. Attach the NA 275 to show the grant adjustment amount.
This message replaces M44-350E dated 01-01-90.

file: pkian/MSERIES/op.44350e

State of California
Department of Social Services

Noa Msg Doc No.: M44-350G
Action : Change
Issue: U/O Payment
Title: Excess Prop O/P Adjustment
(With Good Faith)

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-350.122, 44-352.115,
44-352.41

Use Form No. : NA 200
Original Date : 05-01-86
Revision Date : 01-01-98

MESSAGE:

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

Here's why:

You were overpaid $_____.

You owned property worth more than $_____ while you were on aid. When you honestly get cash aid while you have property worth more than the limit, we look only at the month you had the most property.

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

You do not have to use any Social Security or SSI benefits you get to repay this overpayment. The next page(s) shows the month(s) you owned too much property, the total amount you owe, and how much will be taken out of each month's cash aid amount.

Your new cash aid amount is figured on this page.

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

INSTRUCTIONS: Use to notify ongoing cases that their aid will be reduced by grant adjustment because of an overpayment due to excess property when the county has determined there was good faith. Attach Continuation Page NA 279 to show the amount of the overpayment. Attach the NA 275 to show the grant adjustment amount.
This message replaces M44-350G dated 01-01-90.

file: pkian/MSERIES/op.44350g

Action : Change
Issue: U/O Payment
Title: Overpayment Recovery

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-350.313, .314

Use Form No. : NA 200
Original Date : 05-01-87
Revision Date : 01-01-98

MESSAGE:

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

_____ was overpaid in another case. That overpayment amount was $_____.

Here's why:

Because the person is now a member of your family, the amount owed must be taken out of your cash aid amount.

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

The next page(s) show the amount owed and how much will be taken out of each month's cash aid amount.

Your new cash aid amount is figured on this page.

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

INSTRUCTIONS: Use to grant adjustment for an overpayment from another case.
Specify the name of the member being added to the case. Specify the amount, reason for the overpayment and the appropriate reg cites.
Attach the appropriate Continuation Page (NA 274 B, C, D or E) to show the overpayment computation. Attach the NA 275 to show the grant adjustment amount.

This message replaces M44-352C dated 01-01-90.

file: pkian/MSERIES/op.44352c

Action : Change
Issue: U/O Payment
Title: Overpayment Recovery

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-350.13, 44-352.3, .4

Use Form No. :NA 200
Original Date : 02-01-96
Revision Date : 01-01-98

MESSAGE:

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

Here's why:

_____ was the caretaker relative when the assistance unit was overpaid.

[ ] This person is no longer in your assistance unit. At this time we are stopping collection of the amount owed.
If we can not collect from this person, we may start taking out the amount owed from your cash aid again.

[ ] The amount owed is being taken from your cash aid because the County can no longer collect from this person. The next page(s) shows the amount owed and what will be taken out of your cash aid.

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

Your new cash aid amount is figured on this page.

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

INSTRUCTIONS: Use to stop/start grant adjustment for an overpayment when the caretaker relative is no longer in the AU and either the overpayment can still be recouped from the caretaker relative, or can not be recouped from the caretaker relative. When 2nd checkbox marked, attach the appropriate continuation page (NA 274 B, C, D or E) and NA 275.

This message replaces M44-352D dated 02-01-96.

file: pkian/MSERIES/op.44352d

Action : Demand
Issue: U/O Payment
Title: Excess Prop O/P (W/O Good Faith)

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-352.116, .43, 42-207.1

Use Form No. : NA 290
Original Date : 05-01-86
Revision Date : 01-01-98

MESSAGE:

While you were aided, you were overpaid. After the County stopped your cash aid, we found that you owe us for an overpayment. You owe $_____.

Here's why:

You owned property worth more than $_____ while you were on aid. All the cash aid you got while you owned the property is an overpayment because you knew you could not get cash aid while you owned it.

The amount you owe is now due. You must pay back the money or show the County your plan for paying it back before _____. If you do not, the County can take action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment. The next page(s) show the month(s) you owned too much property and the total amount you owe.

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

If you pay with cash, pay in person and be sure to ask for a numbered receipt with the County's name on it.

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

INSTRUCTIONS: Use to demand repayment of former recipients overpayment due to excess property when the county determines there has not been good faith.

Fill in the deadline date for paying or submitting a plan for repayment, the total amount owed and the county address.

Attach Continuation Page NA 280 to show the amount of the overpayment.

This message replaces M44-350F dated 01-01-90.

file: pkian/MSERIES/op.44350f

Action : Demand
Issue: U/O Payment
Title: Excess Prop O/P (With Good Faith)

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-350.122, 44-352.115, .43, 42-207.1

Use Form No. : NA 290
Original Date : 05-01-86
Revision Date : 01-01-98

MESSAGE:

While you were aided, you were overpaid. After the County stopped your cash aid, we found that you owe us for an overpayment. You owe $_____.

Here's why:

You owned property worth more than $_____ while you were on aid. When you honestly get cash aid while you have property worth more than the limit, we look only at the month you had the most property.

The amount you owe is now due. You must pay back the money or show the County your plan for paying it back before _____. If you do not, the County can take action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment. The next page(s) show the month(s) you owned too much property and the total amount you owe.

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

If you pay with cash, pay in person and be sure to ask for a numbered receipt with the County's name on it.

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

INSTRUCTIONS: Use to demand repayment of former recipients overpayment due to excess property when the county determines there was good faith.

Fill in the deadline date for paying or submitting a plan for repayment, the total amount owed and the county address.

Attach Continuation Page NA 279 to show the amount of the overpayment.

This message replaces M44-350H dated 01-01-90.

file: pkian/MSERIES/op.44350h

State of California
Department of Social Services

Noa Msg Doc No.: M44-352A
Action : Demand
Issue: U/O Payment
Title: Notice of O/P and Demand

Auto ID No.:
Source :
Issued by :
Reg Cite : 44.352.43

Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 01-01-98

MESSAGE:

While you were aided, you were overpaid. Though the County stopped your cash aid, you still owe us for your overpayment. You owe $_____.

Here's why:

The amount you owe is now due. You must pay back the money or show the County your plan for paying it back before _____. If you do not, the County can take action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment. The next page(s) show the cash aid you were paid and what you should have been paid for each month of overpayment.

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

If you pay with cash, pay in person and be sure to ask for a numbered receipt with the County's name on it.

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

INSTRUCTIONS: Use to notify and demand repayment of former recipients of an overpayment. Specify the amount owed, the reason and the appropriate reg cites. Fill in the deadline date for paying or submitting a plan for repayment, and the county address. Attach Continuation Page (NA 274 B, C, D, or E) to show the overpayment computation.

This message replaces M44-352A dated 01-01-90.

file: pkian/MSERIES/op.44352a

Action : Demand
Issue: U/O Payment
Title: Demand Overpayment

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-352.43

Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 01-01-98

MESSAGE:

While you were aided, you were overpaid. Though the County stopped your cash aid, you still owe us for your overpayment.

Before your cash aid was stopped, you were paying back what you owe. The amount you still owe is $_____.

The amount you owe is now due. You must pay back the money or show the County your plan for paying it back before _____. If you do not, the County can take action to collect.

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

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

If you pay with cash, pay in person and be sure to ask for a numbered receipt with the County's name on it.

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

INSTRUCTIONS: Use to demand repayment of the balance of an overpayment that was being recouped when the case went off aid. Specify the balance owed, the deadline date for paying or submitting a plan for repayment, and the county address.

This message replaces M44-352G dated 01-01-90.

file: pkian/MSERIES/op.44352g

ATTACHMENT 1c

- NA 214 (1/98) Discontinue/Suspend - Transfer of Property
- NA 219 (1/98) Deny/Discontinue - Property
- NA 274E (1/98) Continuation Page - Overpayment Computations (1/1/98 and after)
- NA 275 (1/98) Continuation Page - Overpayment Adjustment Computation
- NA 277 (1/98) Continuation Page - Optional Persons Transfer of Property
- NA 278 (1/98) Discontinue/Suspend - Optional Persons Transfer of Property
- NA 279 (1/98) Continuation Page - Overpayment Excess Property With Good Faith
- NA 280 (1/98) Continuation Page - Overpayment Excess Property Without Good Faith

Holder of the CalWORKS NOA Handbook

Insert the NA forms and instructions in Section 5 of the NOA Handbook.

INSTRUCTIONS

NA 214 (1/98) Transfer of Property

This form must be backed with the current NA Back.

List the fair market value of the property. Subtract the amount received for the property. Enter the difference on Line A. Enter the number of persons in the assistance unit to determine the basic need amount. Add in any special needs. The total is entered on Line B.

Divide Line A by Line B to get the number of months the assistance unit is ineligible. Round down to the next whole number.

Revision Date: 1/98 NEW
file: pkian/NAFORMS/214.instr

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.

Fair Market Value . . . . . $ _____
Amount Received . . . . . – _____
(A) Transfer of Property Amount . . . . . = _____

Family Needs
Basic Need for _____ Persons . . . . . $ _____
Special Needs . . . . . + _____
(B) Family Needs . . . . . = _____

☐ Ineligibility for the Family
Your transfer of property amount **(A)** divided by the family needs **(B)** equals the number of ineligible months: . . . _____
(# OF MONTHS)

SAMPLE

Rules: These rules apply; you may review them at your Welfare Office: MPP

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 CalWORKs Child Care 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: _____

SAMPLE

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : _____

Nombre del caso : _____
Número : _____

Nombre del trabajador : _____
Número : _____

Teléfono : _____

Dirección : _____
: _____
_____

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador.

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

Valor justo en el mercado . . . . . $ _____
Cantidad que se recibió . . . . . – _____
(A) Cantidad por la transferencia de propiedad . . . . = _____

Necesidades de la familia
Necesidades básicas para _____ personas $ _____
Necesidades especiales . . . . . + _____
(B) Necesidades de la familia . . . . . = _____

☐ La familia no reúne los requisitos.
La cantidad por la transferencia de propiedad **(A)** dividida entre las necesidades de la familia **(B)** da el número de meses en los que no reúne los requisitos: . . . . . _____
(NO. DE MESES)

SAMPLE

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene mucho menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus beneficios de Medi-Cal (Programa de Asistencia Médica de California) permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus beneficios de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños) para el cuidado de niños **NO** permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

☐ Asistencia monetaria ☐ Estampillas para comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoramiento legal gratuito llamando al teléfono de información del estado.

Número gratuito: 1-800-952-5253

Si es sordo y usa TDD: 1-800-952-8349
(aparato de telecomunicaciones para las personas sordas)

Es posible que pueda obtener asesoramiento legal gratuito en la oficina local de asesoramiento legal *(legal aid)* o del grupo para la defensa de los derechos relacionados a la asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento en relación al cuidado de la salud: La Oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades atrasadas de mantenimiento que cobren para pagar lo que se le debe al condado.

Planificación familiar: Su oficina de bienestar público le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar público, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

Su trabajador le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamar al 1-800-952-5253. Si es sordo y usa TDD, llame al 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar Público del Condado de _____ , acerca de mi(s)

☐ Asistencia monetaria ☐ Estampillas para comida

☐ Medi-Cal ☐ Cuidado de niños

☐ Otro (anote) _____

La razón es la siguiente: _____

☐ Marque aquí y agregue otra hoja si necesita más espacio.

☐ Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

☐ Necesito un intérprete sin costo para mí.
Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

SAMPLE

INSTRUCTIONS

NA 219 (1/98) Property

This form must be backed with a current NA Back.

List all items and the value of each item. Used for NOA messages when denying or discontinuing cash aid due to excess property.

Revision Date: 1/98 NEW
file: pkian/NAFORMS/219.instr

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.

Property	Countable Value
	$
Total Countable Value	$

SAMPLE

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

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.

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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 CalWORKs Child Care 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.

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☐ Cash Aid ☐ Food Stamps

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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.

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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: _____

SAMPLE

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación: _____

Nombre del caso : _____

Número : _____

Nombre del trabajador : _____

Número : _____

Teléfono : _____

Dirección : _____

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador.

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

Propiedad	Valor contable
	$
Valor contable total	$

SAMPLE

Medi-Cal: Esta notificación NO cambia ni suspende sus beneficios de Medi-Cal (Programa de Asistencia Médica de California). **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene mucho menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus beneficios de Medi-Cal (Programa de Asistencia Médica de California) permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus beneficios de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños) para el cuidado de niños **NO** permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

☐ Asistencia monetaria ☐ Estampillas para comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoramiento legal gratuito llamando al teléfono de información del estado.

Número gratuito: 1-800-952-5253

Si es sordo y usa TDD: 1-800-952-8349
(aparato de telecomunicaciones para las personas sordas)

Es posible que pueda obtener asesoramiento legal gratuito en la oficina local de asesoramiento legal *(legal aid)* o del grupo para la defensa de los derechos relacionados a la asistencia pública.

Otra información

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Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar público, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

Su trabajador le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamar al 1-800-952-5253. Si es sordo y usa TDD, llame al 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar Público del Condado de _____ , acerca de mi(s)

☐ Asistencia monetaria ☐ Estampillas para comida

☐ Medi-Cal ☐ Cuidado de niños

☐ Otro (anote) _____

La razón es la siguiente: _____

☐ Marque aquí y agregue otra hoja si necesita más espacio.

☐ Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

☐ Necesito un intérprete sin costo para mí.
Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

SAMPLE

INSTRUCTIONS

NA 274 E (1/98) Continuation Page - Overpayment Computations (for 1-1-98 and after)

Manual form, continuation page, cannot be used alone. This form is used only for overpayments that occurred from 1-1-98 through present. Use as a second page to the NA 200 to first notify a current recipient of an overpayment. Use as a second page to the NA 290 to first notify a former recipient of an overpayment.

The entire computation must be completed for each month of the overpayment. Attach additional NA 274 Es as needed to show all the months for the same overpayment. A separate NA 274 E must be used each time a subsequent overpayment is discovered and a notice sent.

Section A - Family Gross Income
When the assistance unit's (AU's) gross income is greater than 185% of the AU's Basic Need Amount, skip Section B and enter $0 on the Correct Cash Aid Amount under Section C.

Section B - Net Countable Income
Subtract either a 40% deduction or actual expenses from the total business income. The remainder will be entered further down in net countable income calculation. The income of both AU and Non-AU members is used when computing the net countable income. Subtract $225 from the Unearned Disability-Based Income, enter the amount in the next line titled "Nonexempt Unearned Disability-Based Income". When the $225 disregard is greater than the Unearned Disability-Based Income, carry the amount down to the second line titled "Unused Amount of $225 Disregard". These amounts will be used further in the net countable income calculation.

Section C - Correct Cash Aid Payment
The first computation with "Maximum Aid Payment (MAP) persons and amount", factors in all family members: AU and Non-AU. This also applies to Special Needs (SN). In the comparison, the second MAP and SN only consider the AU members.

Section D - Overpayment
Subtract the correct cash aid amount from the cash aid paid. Then subtract the support payment amount from the cash aid paid and the overpayment is the lesser of the two subtotals.

Revision Date: 1/98 NEW
file: pkian/NAFORMS/274e.instr

NOTICE OF ACTION

(Continued)

Overpayment Amount Owed
(For Overpayments Occurring on or after 1-1-98)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____

Overpayment Month and Year: _____ _____ _____ _____ _____

(A) Family Gross Income

_____	$					
_____	+					
Total Gross Income (1)	=					
Basic Need for _____ Persons	$					
Special Needs +						
Total Needs	=					
	X	1.85				
185% of Needs (2)	=					

If (1) is larger than (2), you were not eligible in that month and all the cash aid you got is an overpayment. The amount of your overpayment is figured below.

(B) Net Countable Income						
Total Business Income	$					
Business Expenses						
a. 40% Standard	–					
OR						
B. Actual	–					
Net Earnings from Self Employment	=					
Total Disability-Based Unearned Income of (Assistance Unit + Non Assistance Unit Members)	$					
$225 Disregard	–					
Nonexempt Unearned Disability-Based Income	=					
OR						
Unused Amount of $225 Disregard	=					
Total Earned Income	$					
Net Earnings from Self-Employment (from above)	+					
Subtotal	=					
Unused Amount of $225 Disregard	–					
Earned Income Disregard 50%	–					
Nonexempt Unearned Disability-Based Income (from above)	+					
Other Nonexempt Income of Assistance	+					
Unit + Non-Assistance Unit Member(s)	+					
Net Countable Income	=					
(C) Correct Cash Aid Payment						
Maximum Aid Payment (# persons) $ Amount (Assistance Unit + Non-Assistance Unit Members)		( )	( )	( )	( )	( )
Special Needs (Assistance Unit + Non-Assistance Unit Members)	+					
Net Countable Income	–					
Subtotal A	=					
Maximum Aid Payment (MAP) (Assistance Unit Only)	$					
Special Needs (Assistance Unit only)	+					
Subtotal B	=					
Correct Cash Aid Amount **(Lesser of Subtotal A or B)**	$					
(D) Overpayment						
Cash Aid Paid to You	$					
Correct Cash Aid Amount	–					
Subtotal C	=					
Cash Aid Paid to You	$					
Support Payments Collected for You	–					
Subtotal D	=					
Amount of Overpayment for Each Month (Lesser of Subtotal C or D)	=					

TOTAL OVERPAYMENT (All Months) $ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352.12

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

SAMPLE

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

(continuación)

Fecha de la notificación: _____

Nombre del caso : _____

Número : _____

Cantidad que debe por pagos excesivos
(Para pagos excesivos ocurridos en o después del 1º de enero de 1998)

Mes y año de los pagos excesivos: _____ _____ _____ _____ _____

(A) Ingresos brutos de la familia

_____	$					
_____	+					
Total de ingresos brutos (1)	=					
Necesidades básicas para _____ personas	$					
Necesidades especiales	+					
Total de necesidades	=					
	X	1.85				
185% de las necesidades (2)	=					

Si (1) es mayor que (2), usted no reunía los requisitos ese mes y toda la asistencia monetaria que recibió es un pago excesivo. A continuación se calcula la cantidad de su pago excesivo.

(B) Ingresos netos contables

Total de ingresos provenientes de un negocio	$					
Gastos del negocio						
a. Estándar del 40%	–					
b. O gastos verdaderos	–					
Ingresos netos provenientes de trabajo por cuenta propia	=					
Total de ingresos no ganados basados en incapacidad/discapacidad (unidad de asistencia + personas que no son parte de la unidad de asistencia)	$					
Deducción de $225	–					
Ingresos no ganados basados en incapacidad/ discapacidad que no están exentos O	=					
Cantidad que no se usó de la deducción de $225	=					
Total de ingresos ganados	$					
Ingresos netos provenientes de trabajo por cuenta propia (de la parte de arriba)	+					
Subtotal	=					
Cantidad que no se usó de la deducción de $225	–					
Deducción del 50% de los ingresos ganados	–					
Ingresos no ganados basados en incapacidad/ discapacidad que no están exentos (de la parte de arriba)	+					
Otros ingresos no exentos (unidad de asistencia + personas que no son parte de la unidad de asistencia)	+					
Ingresos netos contables	=					

(C) Pago correcto de asistencia monetaria

Cantidad del pago máximo de asistencia (Nº de personas)$ (unidad de asistencia + personas que no son parte de la unidad de asistencia)		( )$	( )$	( )$	( )$	( )$
Necesidades especiales (unidad de asistencia + personas que no son parte de la unidad de asistencia)	+					
Ingresos netos contables	–					
Subtotal A	=					
Pago máximo de asistencia (MAP) (unidad de asistencia solamente)	$					
Necesidades especiales (unidad de asistencia solamente)	+					
Subtotal B	=					
Cantidad correcta de asistencia monetaria **(Cantidad menor entre los subtotales A y B)**	$					

(D) Pago excesivo

Asistencia monetaria que se le pagó a usted	$					
Cantidad correcta de asistencia monetaria	–					
Subtotal C	=					
Asistencia monetaria que se le pagó a usted	$					
Pagos de mantenimiento que se cobraron a su nombre	–					
Subtotal D	=					
Cantidad del pago excesivo de cada mes (Cantidad menor entre los subtotales C y D)	=					

TOTAL DE LOS PAGOS EXCESIVOS (de todos los meses) $ _____

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP 44-352.12

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

SAMPLE

INSTRUCTIONS

NA 275 (1/98) Continuation Page - Overpayment Adjustment

Manual form, continuation page, cannot be used alone. Use as a second page to the NA 200 to notify a recipient that a grant adjustment amount will change.

Use as a third page to the NA 200 to notify a client that a grant adjustment to recoup the overpayment described in that notice will start. (This is used with either the NA 274 B, C, D or E as the second page.)

Enter the Maximum Aid Payment (MAP) amount for the assistance unit. Multiply that amount by .10 if the overpayment was not caused by the county and by .05 if the overpayment was caused by the county. The overpayment adjustment will be that amount, the cash aid or the total overpayment whichever is less.

When the grant adjustment amount has been established, the NA 275 does not need to be used again unless or until that amount changes.

When the overpayment is recouped and the grant adjustment stops, use an NA 200 to change the grant back to the full amount.

These instructions replace those issued 7/96.

Revision Date: 1/98
file: pkian/NAFORMS/275.instr

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____

Overpayment Adjustment:
Amount to be Taken From Monthly Payment

	NOT CAUSED BY COUNTY ERROR	CAUSED BY COUNTY ERROR
Maximum Aid Payment (MAP)	$ _____	$ _____
Adjustment Factor	x.10	x.05
TOTAL	= _____	= _____
Your overpayment adjustment amount is: [This is the highest adjustment allowed, or the total overpayment owed, or the cash aid Subtotal (from page 1), whichever is less.]	$ _____	$ _____

SAMPLE

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352.41.
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

NOTIFICACION DE ACCION
(Continuación)

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación: _____

Nombre del caso: _____

Número: _____

Ajuste por pago excesivo:
Cantidad que se restará del pago mensual

		NO CAUSADO POR ERROR DEL CONDADO		CAUSADO POR ERROR DEL CONDADO
Pago máximo de asistencia (MAP)	$	_____	$	_____
Factor de ajuste		x.10		x.05
TOTAL	=	_____	=	_____
Su cantidad de ajuste debido al pago excesivo es: [Este es el ajuste máximo permitido, el total que se debe por pagos excesivos, o el subtotal de asistencia monetaria (de la página 1), el que sea menor.]	$	_____	$	_____

SAMPLE

Reglas: Las siguientes reglas, las cuales puede consultar en la oficina de bienestar público del condado, son pertinentes: MPP 44-352.41
Audiencia con el estado: Si cree que esta acción está equivocada, puede pedir una audiencia. En la parte de atrás de la primera hoja se le indica cómo hacerlo.

INSTRUCTIONS

NA 277 (1/98) Continuation Page - Optional Persons Transfer of Property

Manual form, continuation page, cannot be used alone. Use as a second page for combined assistance units (Aus) to show how the transfer of property period is calculated for optional persons.

List the fair market value of the property. Subtract the amount received for the property. Enter the difference on Line A. Enter the number of persons in the assistance unit to determine the basic need amount. Add in any special needs. The total is entered on Line B.

Enter the number of persons in the optional persons unit to determine the basic need amount. Add in any special needs. The total is entered on Line C.

Subtract Line C from Line B to get the differential on Line D. Subtract the transfer of property amount on Line A by the differential on Line D and divide that amount by the optional persons needs on Line C to get the number of ineligible months for the optional person(s).

Fill in the page number and the number of pages at the bottom of the page.

These instructions replace those issued 4/96.

Revision Date: 1/98
file: pkian/NAFORMS/277.instr

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____

Case Name : _____
Number : _____

Worker Name : _____
Number : _____

Telephone : _____

Address : _____
: _____
_____

Optional Persons
Transfer of Property

Fair Market Value . . . . . $ _____
Amount Received . . . . . – _____
(A) Transfer of Property Amount . . . . . = _____

Family Needs
Basic Need for _____ Persons . . . . . $ _____
Special Needs . . . . . + _____
(B) Family Needs . . . . . = _____

Optional Person(s) Needs
Basic Need for _____ Persons . . . . . $ _____
Special Needs . . . . . + _____
(C) Optional Person(s) Needs . . . . . = _____

Differential
Family Needs . . . . . _____
Optional Person(s) Needs . . . . . - _____
(D) Differential . . . . . = _____

☐ Ineligibility for Optional Persons
Your transfer of property amount **(A)**
minus the differential **(D)**
divided by the optional person(s) needs **(C)**
equals the number of ineligible months: . . . _____
(# OF MONTHS)

SAMPLE

Rules: These rules apply; you may review them at your Welfare Office: MPP
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

NOTIFICACION DE ACCION
(Continuación)

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : _____

Nombre del caso : _____

Número : _____

Nombre del trabajador : _____

Número : _____

Teléfono : _____

Dirección : _____

Personas opcionales
Transferencia de propiedad

Valor justo en el mercado . . . . . $ _____

Cantidad recibida . . . . . – _____

(A) Cantidad que se cuenta por la transferencia de la propiedad . . . . . = _____

Necesidades de la familia

Necesidades básicas para _____ personas $ _____

Necesidades especiales . . . . . + _____

(B) Necesidades de la familia . . . . . = _____

Necesidades de las personas opcionales

Necesidades básicas para _____ personas $ _____

Necesidades especiales . . . . . + _____

(C) Necesidades de las personas opcionales = _____

Diferencia

Necesidades de la familia . . . . . $ _____

Necesidades de las personas opcionales . . . – _____

(D) Diferencia . . . . . = _____

☐ Inelegibilidad de las personas opcionales
La cantidad que se cuenta por la transferencia de propiedad **(A)**
menos la diferencia **(D)**,
dividida entre las necesidades de las personas opcionales **(C)**
equivale al número de meses de inelegibilidad: _____
(Nº. DE MESES)

SAMPLE

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP

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

INSTRUCTIONS

NA 278 (1/98) Optional Persons Transfer of Property

This form must be backed with the current NA Back.

List the fair market value of the property. Subtract the amount received for the property. Enter the difference on Line A. Enter the number of persons in the assistance unit to determine the basic need amount. Add in any special needs. The total is entered on Line B.

Enter the number of persons in the optional persons unit to determine the basic need amount. Add in any special needs. The total is entered on Line C.

Subtract Line C from Line B to get the differential on Line D. Subtract the transfer of property amount on Line A by the differential on Line D and divide that amount by the optional persons needs on Line C to get the number of ineligible months for the optional person(s).

Fill in the page number and the number of pages at the bottom of the page.

These instructions replace those issued 4/96.

Revision Date: 1/98
file: pkian/NAFORMS/278.instr

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.

Fair Market Value . . . . . $ _____
Amount Received . . . . . – _____
(A) Transfer of Property Amount . . . . . = _____

Family Needs
Basic Need for _____ Persons . . . . . $ _____
Special Needs . . . . . + _____
(B) Family Needs . . . . . = _____

Optional Person(s) Needs
Basic Need for _____ Persons . . . . . $ _____
Special Needs . . . . . + _____
(C) Optional Person(s) Needs . . . . . = _____

Differential
Family Needs . . . . . _____
Optional Person(s) Needs . . . . . - _____
(D) Differential . . . . . = _____

☐ Ineligibility for Optional Persons
Your transfer of property amount **(A)**
minus the differential **(D)**
divided by the optional person(s) needs (**C**)
equals the number of ineligible months: . . . _____
(# OF MONTHS)

SAMPLE

Rules: These rules apply; you may review them at your Welfare Office: MPP

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 CalWORKs Child Care 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: _____

SAMPLE

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación: _____

Nombre del caso : _____

Número : _____

Nombre del trabajador : _____

Número : _____

Teléfono : _____

Dirección : _____

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador.

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

Valor justo en el mercado . . . . . $ _____

Cantidad recibida . . . . . – _____

(A) Cantidad que se cuenta por la transferencia de la propiedad . . . . . = _____

Necesidades de la familia

Necesidades básicas para _____ personas $ _____

Necesidades especiales . . . . . + _____

(B) Necesidades de la familia . . . . . = _____

Necesidades de las personas opcionales

Necesidades básicas para _____ personas $ _____

Necesidades especiales . . . . . + _____

(C) Necesidades de las personas opcionales = _____

Diferencia

Necesidades de la familia . . . . . $ _____

Necesidades de las personas opcionales . . – _____

(D) Diferencia . . . . . = _____

☐ Inelegibilidad de las personas opcionales
La cantidad que se cuenta por la transferencia de propiedad **(A)** menos la diferencia **(D)**,
dividida entre las necesidades de las personas opcionales **(C)**
equivale al número de meses de inelegibilidad: _____
(Nº DE MESES)

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP

SAMPLE

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene mucho menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus beneficios de Medi-Cal (Programa de Asistencia Médica de California) permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus beneficios de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños) para el cuidado de niños **NO** permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

☐ Asistencia monetaria ☐ Estampillas para comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoramiento legal gratuito llamando al teléfono de información del estado.

Número gratuito: 1-800-952-5253

Si es sordo y usa TDD: 1-800-952-8349
(aparato de telecomunicaciones para las personas sordas)

Es posible que pueda obtener asesoramiento legal gratuito en la oficina local de asesoramiento legal *(legal aid)* o del grupo para la defensa de los derechos relacionados a la asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento en relación al cuidado de la salud: La Oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades atrasadas de mantenimiento que cobren para pagar lo que se le debe al condado.

Planificación familiar: Su oficina de bienestar público le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar público, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

Su trabajador le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamar al 1-800-952-5253. Si es sordo y usa TDD, llame al 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar Público del Condado de _____ , acerca de mi(s)

☐ Asistencia monetaria ☐ Estampillas para comida

☐ Medi-Cal ☐ Cuidado de niños

☐ Otro (anote) _____

La razón es la siguiente: _____

☐ Marque aquí y agregue otra hoja si necesita más espacio.

☐ Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

☐ Necesito un intérprete sin costo para mí.
Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

SAMPLE

INSTRUCTIONS

NA 279 (1/98) Continuation Page - Excess Property Overpayment With Good Faith

Use to show the overpayment amount for cases in which good faith has been determined. Fill in all the appropriate information for each month the recipient was overpaid. Insert the total amount of cash aid paid for all the overpayment months on Line “A”.

Mark the month(s) of the highest property value with an asterisk (*). Fill in the amount of the (one) highest value month on Line “B”. Fill in the lesser of “A” or “B” on Line “C”. The amount on Line “C” is the amount of the overpayment.

This NA form replaces message M44-350D dated 03-18-87.

Revision Date: 1/98 NEW
file: pkian/NAFORMS/279.instr

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____

EXCESS PROPERTY
(WITH GOOD FAITH)

Payment Month	Cash Aid Paid	Support Collection by the County		Net Cash Aid Paid	Value of Property Over the Limit
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$
	$		=		$

A. Total Net Cash Paid $ _____

B. Highest Value of Property Over the Limit $ _____

C. The Smaller of A or B $ _____

Rules: These rules apply; you may review them at your welfare office. MPP 44-352.115

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

SAMPLE

NOTIFICACION DE ACCION
(Continuación)

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación _____

Nombre del caso _____

Número _____

EXCESO DE PROPIEDAD
(DETERMINADO DE BUENA FE)

Mes del pago	Asistencia monetaria que se pagó	Mantenimiento que el condado cobró	Asistencia monetaria neta que se pagó	Valor de la propiedad que vale más de lo que permite el límite
	$		=	$
	$		=	$
	$		=	$

INSTRUCTIONS

NA 280 (1/98) Continuation Page - Excess Property Overpayment Without Good Faith

Use to show the overpayment amount for cases in which good faith was not determined. Fill in the appropriate information for each month the recipient was overpaid. Insert the total amount of cash aid paid for all of the overpayment months on the total line. This is the amount of the overpayment.

This NA form replaces message M44-350J dated 10-15-86.

Revision Date: 1/98 NEW
file: pkian/NAFORMS/280.instr

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____

EXCESS PROPERTY
(WITHOUT GOOD FAITH)

Payment Month	Cash Aid Paid		Support Collection by the County		Net Cash Aid Paid	Value of Property You Had on the First of the Month
	$			=		$
	$			=		$
	$			=		$

NOTIFICACION DE ACCION
(Continuación)

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación: _____

Nombre del caso : _____

Número : _____

EXCESO DE PROPIEDAD
(NO DETERMINADO DE BUENA FE)

Mes del pago	Asistencia monetaria que se pagó	Mantenimiento que el condado cobró		Asistencia monetaria neta que se pagó	Valor de la propiedad que usted tenía el primer día del mes
	$		=		$
	$		=		$
	$		=		$

ATTACHMENT 1d

NOA MESSAGES

Action	Type	Revision	NOA #
Deny	Lump Sum	Obsolete	M4-207R1
Deny	Lump Sum	Obsolete	M44-207S
Change	Lump Sum (Optional Persons)	Obsolete	M44-207R3
Change	Lump Sum (Optional Persons)	Obsolete	M44-207R4
Suspend	Lump Sum	Obsolete	M44-207R2
Suspend	Lump Sum	Obsolete	M44-207R2a
Discontinue	Lump Sum	Obsolete	M44-207R
Discontinue	Lump Sum (Optional Persons)	Obsolete	M44-207R5
Recalculation	Lump Sum	Obsolete	M44-207U

PROPERTY/RESOURCE LIMITS
Informing Language

Effective January 1, 1998, the property and resource limits for applicants and recipients for cash aid will be changed. The property/resource limits will be the same as those for applicants and recipients of food stamps.

PROPERTY LIMIT

There is a $2000 limit on the amount of property (such as bank accounts, stocks, real estate, motor vehicles, etc.) an applicant or recipient household can have and still get cash aid. There is a $3000 limit if the household has at least one member who is 60 years of age or older.

MOTOR VEHICLES

The property rules for motor vehicles say that:

- Any fair market value of a **licensed** motor vehicle(s) over $4,650 will count toward the $2000/$3000 property limit unless:
    - the household has only one vehicle and it is licensed and its fair market value is less than $4,650
    - the household uses the vehicle for certain activities, such as:
        - for work, self-support, or self-employment
        - when necessary to transport a physically disabled household member
        - their home
        - to get the household's fuel or water, etc.
- For all other vehicles, the fair market value over $4,650 or the equity value, whichever is higher, is counted toward the property limit. (Equity value is the market value of the vehicle, less the amount the household owes on it.)

RESTRICTED ACCOUNTS
Informing Language

Recipients will be able to make a qualifying withdrawal from their restricted accounts to pay for any educational and job training costs for any member of the AU. Recipients can continue to make qualifying withdrawals for starting a business and for the purchase of a home. But the rules say:

- The recipient **must** sign a new Agreement before he/she can make a qualifying withdrawal for education and job training expenses.
- The recipient **can only** make a qualifying withdrawal on or after the date he/she signs the new Agreement.

TRANSFER OF ASSETS RULE
Informing Language

On and after January 1, 1998, recipients can sell, exchange, or change the form of their property holdings if they get fair market value for their property. If they do not get fair market value for the asset, the family will get a period of ineligibility. The period of ineligibility is figured by subtracting the amount received from the fair market value of the asset and then dividing that amount by the need standard for the family. The amount is rounded down to the next lower whole number. For example, if you sell an automobile with a fair market value of $6000 for $4000 and the maximum need standard for your family is $800, your period of ineligibility will be for two months.

$6000 - $4000 = $2000 divided by $800 = 2.5 months.
(The AU is ineligible for two months because we rounded down.)

OVERPAYMENT COLLECTION
Informing Language

Effective January 1, 1998, the law changes the amount the county can collect from you when you are overpaid cash aid. If the overpayment is due to county error, the county can collect by lowering your cash aid by five percent of your maximum aid payment. If the overpayment is due to any other reason, the county can collect by lowering your cash aid by ten percent of your maximum aid payment. You have the option of repaying any overpayment more quickly. Tell the county if you want to repay faster.

VOUCHER/VENDOR PAYMENTS
Informing Language

The rules say that when a parent or caretaker relative has been sanctioned for three or more months in a row, the county must issue voucher/vendor payments for at least your rent and utilities. This means part of your aid payment to pay your rent and utilities is sent directly to your landlord and utility company. Your cash aid payment is lowered by the money paid by the county for your rent and utilities.

Other facts you need to know are that:

- A parent/caretaker relative who is sanctioned is taken out of the assistance unit.

- Vendor/voucher payments continue until the parent/caretaker relative is no longer sanctioned.