

NOTICE OF ACTION 48-MONTH TIME LIMIT (Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____

ADULT REACHED CalWORKS 48-MONTH TIME LIMIT - DISCONTINUE

Section A. Net Countable Income

1. Total Business Income \$ _____
 2. Business Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
 3. Net Earnings from Self-Employment = _____
 4. Total Disability-Based Unearned Income (DBI)
(Assistance Unit + Non-Assistance Unit Members) . . \$ _____
 5. \$225 DBI Disregard (if #4 is greater than \$225) . . . - _____
 6. Nonexempt Unearned Disability-Based Income . . . = _____
 - OR
 7. Unused DBI Disregard = _____
 8. Net Earnings from Self-Employment (from above) . . + _____
 9. Total Other Earned Income + _____
 10. Unused Amount of \$225 (from #7) - _____
 11. Subtotal = _____
 12. Earned Income Disregard 50%. - _____
 13. Subtotal = _____
 14. Nonexempt Unearned Disability-Based Income
(from #6) + _____
 15. Subtotal = _____
 16. Other Nonexempt Income (Assistance Unit + Non-
Assistance Unit Members) + _____
 17. Child Support collected by County, except for
Maximum Family Grant child
(for financial eligibility only) + _____
- Section B. Net Countable Income** = _____

1. Maximum Aid _____ Persons
(Assistance Unit + Non-Assistance Unit Members) . . \$ _____
2. Special Needs (Assistance Unit + Non-Assistance
Unit Members) + _____
3. Net Countable Income from Section A (above) - _____
4. Maximum Aid Payment = _____

EXEMPT MONTHS

The following _____ months did not count toward your CalWORKS
48-month time limit:

Year _____ -	Jan	Feb	Mar	Apr	May	June
	July	Aug	Sept	Oct	Nov	Dec
Year _____ -	Jan	Feb	Mar	Apr	May	June
	July	Aug	Sept	Oct	Nov	Dec