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Department of Social Services Noa Msg Doc No.: TEMP W&I 11004i

 Action: Overpayment Discharge

 Title: Notice of Overpayment Discharge

Auto ID No.: Use Form No.: NA 290

Source : Original Date: 02-21-2019

Issued by : ACL No. Revision Date: 10-XX-2019

Reg Cite : 44-350, WIC 11004

MESSAGE:

As of, \_\_\_\_\_Date\_\_\_\_\_\_, the County

found that you, \_\_\_\_\_\_(name)\_\_\_\_\_\_, have been off CalWORKs cash aid for 36 months in a row.

As a result, the following CalWORKs overpayment claim(s) have been discharged and collection will stop on these claims.

Claim #1: From \_\_(month/year)\_to\_(month/year)\_ = $(Total OP amount)

Total amount of payments you have made - $(Amount Paid/Intercepted)

Total amount of discharged overpayment = $(Amount of OP discharged)

Claim #2: From \_\_(month/year)\_to\_(month/year)\_ = $(Total OP amount)

Total amount of payments you have made - $(Amount Paid/Intercepted)

Total amount of discharged overpayment = $(Amount of OP discharged)

Claim #3: From \_\_(month/year)\_to\_(month/year)\_ = $(Total OP amount)

Total amount of payments you have made - $(Amount Paid/Intercepted)

Total amount of discharged overpayment = $(Amount of OP discharged)

This notice does not change any other overpayments you may have that are not listed on this notice. You will get a separate notice about other overpayments if they change. If you have any questions about the overpayments in this notice, call the county phone number listed above.

INSTRUCTIONS: Use to notify of a cash aid overpayment discharge per WIC 11004 once automated in the single CalSAWS. Enter the date of the action and the name of the liable party. Specify the amount for each overpayment claim. Specify the amount the county has collected through repayment agreement or tax intercept. Specify the remaining amount (if applicable) that will be discharged.