

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____

Overpayment Amount Owed
(For Overpayments Occurring on or after 1-1-98 to 6-30-2011)

Overpayment Month and Year: _____

(A) Net Countable Income					
Total Self-Employment Income	\$	_____	_____	_____	_____
Self-Employment Expenses					
A. 40% Standard OR	-	_____	_____	_____	_____
B. Actual	-	_____	_____	_____	_____
Net Earnings from Self-Employment	=	_____	_____	_____	_____
Total Disability-Based Unearned Income (Assistance Unit (AU) + Non Assistance Unit (Non-AU) 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 (AU + Non-AU Members)	+	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____
(B) Correct Cash Aid Payment					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	()	_____	_____	_____	_____
Special Needs (AU + Non AU Members)	+	_____	_____	_____	_____
Net Countable Income	-	_____	_____	_____	_____
Subtotal A	=	=====	=====	=====	=====
Maximum Aid Payment (AU Only)	\$	_____	_____	_____	_____
Special Needs (AU Only)	+	_____	_____	_____	_____
Subtotal B	=	=====	=====	=====	=====
Correct Cash Aid Amount (Lesser of Subtotal A or B)	\$	_____	_____	_____	_____
(C) Child Support Penalty Adjustment					
25% Child Support Penalty	-	_____	_____	_____	_____
Subtotal C	=	=====	=====	=====	=====
(D) Adjustments					
a. Additional 25% Child Support Penalty	-	_____	_____	_____	_____
b. Overpayment	-	_____	_____	_____	_____
c. Cal-Learn Penalty	-	_____	_____	_____	_____
d. Cal-Learn Bonus	+	_____	_____	_____	_____
Adjusted Cash Aid:	Subtotal D	=	=====	=====	=====
(E) Overpayment					
Cash Aid Paid to You	\$	_____	_____	_____	_____
Correct Cash Aid Amount with Adjustments	-	_____	_____	_____	_____
Subtotal E	=	=====	=====	=====	=====
(F) Cash Aid Paid to You	\$	_____	_____	_____	_____
Support Payments Collected for You	-	_____	_____	_____	_____
Subtotal F	=	=====	=====	=====	=====
Amount of Overpayment for Each Month (Lesser of Subtotal E or F)	=	_____	_____	_____	_____

TOTAL OVERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.