

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA 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.]

\$ _____

\$ _____

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.