

NOTICE OF ACTION

COUNTY OF _____

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

(Continued)

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.