

# 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 : \_\_\_\_\_

**Underpayment Amount Owed**  
**(For Underpayments Occurring on or after 1-1-98 thru 6-30-2011)**

**Underpayment Month and Year:** \_\_\_\_\_

<b>(A) Net Countable Income</b>					
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)	+	_____	_____	_____	_____
<b>Subtotal</b>	=	_____	_____	_____	_____
Unused Amount of \$225 Disregard	-	_____	_____	_____	_____
<b>Subtotal</b>	=	_____	_____	_____	_____
Earned Income Disregard 50%	-	_____	_____	_____	_____
<b>Subtotal</b>	=	_____	_____	_____	_____
Nonexempt Unearned Disability-Based Income (from above)	+	_____	_____	_____	_____
Other Nonexempt Income (AU + Non-AU Members)	+	_____	_____	_____	_____
<b>Net Countable Income</b>	=	_____	_____	_____	_____
<b>(B) Correct Cash Aid Payment</b>					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	( )	_____	_____	_____	_____
Special Needs (AU + Non-AU Members)	+	_____	_____	_____	_____
Net Countable Income From Section A	-	_____	_____	_____	_____
<b>Subtotal A</b>	=	_____	_____	_____	_____
Maximum Aid Payment (MAP) (AU Only)	\$	_____	_____	_____	_____
Special Needs (AU only)	+	_____	_____	_____	_____
<b>Subtotal B</b>	=	_____	_____	_____	_____
Correct Cash Aid Amount <b>(Lesser of Subtotal A or B)</b>	\$	_____	_____	_____	_____
<b>(C) Child Support Penalty Adjustment</b>					
25% Child Support Penalty	-	_____	_____	_____	_____
<b>Subtotal C</b>	=	_____	_____	_____	_____
<b>(D) Adjustments</b>					
a. Additional 25% Child Support Penalty	-	_____	_____	_____	_____
b. Overpayment	-	_____	_____	_____	_____
c. Cal-Learn Penalty	-	_____	_____	_____	_____
d. Cal-Learn Bonus	+	_____	_____	_____	_____
Adjusted Cash Aid: <b>Subtotal D</b>	=	_____	_____	_____	_____
<b>(E) Underpayment</b>					
Correct Cash Aid Amount	\$	_____	_____	_____	_____
Cash Aid Paid To You	-	_____	_____	_____	_____
<b>Subtotal E</b>	=	_____	_____	_____	_____
<b>Amount of Underpayment for Each Month</b>	=	_____	_____	_____	_____

**Rules:** These rules apply; you may review them at your Welfare Office: MPP 44-340.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

**TOTAL UNDERPAYMENT (All Months)** \$ \_\_\_\_\_