

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 7-1-2011)

Underpayment month and year: _____

Monthly Cash Aid Amount _____

Section A. Countable Income, Month of _____

- 1. Self-Employment Income \$ _____
 - 2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
 - 3. Net Earnings from Self-Employment = _____
 - 4. Total Disability-Based Unearned Income (DBI)
(Assistance Unit + Non-Assistance Unit Members) . \$ _____
 - 5. \$225 DBI Disregard (if #4 is greater than \$225) - _____
 - 6. Nonexempt Unearned Disability-Based Income = _____
 - OR
 - 7. Unused DBI Disregard (up to \$112) = _____
 - 8. Net Earnings from Self-Employment (from above) .. + _____
 - 9. Total Other Earned Income + _____
 - 10. Unused Amount of \$225 (from #7) or \$112
(whichever is less) - _____
 - 11. Subtotal = _____
 - 12. Earned Income Disregard 50% - _____
 - 13. Subtotal = _____
 - 14. Nonexempt Unearned Disability-Based Income
(from #6) + _____
 - 15. Subtotal = _____
 - 16. Other Nonexempt Income (Assistance Unit + Non-
Assistance Unit Members) + _____
- Net Countable Income** = _____

Section B. Your Cash Aid, Month of _____

- 1. Maximum Aid _____ Persons
(Assistance Unit + Non-Assistance Unit Members) . \$ _____
- 2. Special Needs (Assistance Unit + Non-Assistance
Unit Members) + _____
- 3. Net Countable Income from Section A (above) - _____
- 4. Subtotal = _____
- 5. Maximum Aid _____ Persons (Assistance Unit only)
(Excluding MFG, or Penalized Persons) \$ _____
- 6. Special Needs (Assistance Unit only) + _____
- 7. Maximum Aid Subtotal = _____
- 8. **Full Month Aid Subtotal**
(Lowest Amount on Line 4 or 7) = _____
- 9. Line 8 Prorated for Part of Month = _____
- 10. Adjustments: 25% Child Support Penalty(ies) - _____
 - Other Penalties - _____
 - Overpayment - _____
 - Child-Only Grant Cut (5%, 10%, 15%) . - _____
 - School Bonus (\$100 or \$500) + _____
- 11. **Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted) \$ _____
- Underpayment**
- Correct Cash Aid Amount \$ _____
- Cash Aid Paid To You - _____
- Subtotal** = _____
- Amount of Underpayment for Each Month** = _____

TOTAL UNDERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-340, SB 72 (Chapter 8, Statutes of 2011).

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