NOTICE OF ACTION
(Continued)

COUNTY OF

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

APPLICANT - FINANCIAL ELIGIBILITY TEST

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

You are ineligible because your **Net Countable Income** is more than your **Family Needs**.

Family's Total Earned Income (Assistance Unit + Non-Assistance Unit Members) . . . . . $ _____
$90 Disregard for each employed person . . . . . - _____
Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) . . . . . + _____
Net Countable Income . . . . . = _____

Family Needs

Basic Need for _____ Persons (Assistance Unit + Non-Assistance Unit Members) . . . . . $ _____
Special Needs (Assistance Unit + Non-Assistance Unit Members) . . . . . + _____
Family Needs . . . . . = _____

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.1
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.