

NOTICE OF ACTION

COUNTY OF _____

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

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

(ADDRESSEE)

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Questions? Ask your Cal-Learn Case Manager.

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

As of _____, the county is taking you out of the Cal-Learn program.

Here's why:

You turned 20 years old of age and can no longer participate in the Cal-Learn program.

You have successfully graduated from high school or it's equivalent.

You have turned 19 years old and chose not to continue to participate in the Cal-Learn program.

You have turned 19 years old and are not eligible to volunteer to continue participating in the Cal-Learn program.

Your child is no longer in your CalWORKs assistance unit.

You are no longer getting cash aid.

Other

If you are receiving cash aid you must participate in Welfare to Work activities. To find out when you will begin participating and what must be done. Contact

Rules: These rules apply. You may review them at your welfare office: MPP 42-766.67.