

NOTICE OF ACTION
CalWORKs Approval

COUNTY OF ORANGE

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PAGE 02/03

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

Notice Date
 Case Name
 Case Number
 Worker Name
 Worker Number
 Telephone
 Worker Hours
 24Hour Informator
 Address

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.



The County has approved your cash aid and Medi-Cal. The cash aid payment for your first month of aid is \$516.00.

Your first day of cash aid is 01/01/2014. Your first day of Medi-Cal is the first day of the month you applied for aid, unless your case was transferred to this County; your first day of Medi-Cal is the first day of the month after the month it is stopped in the county you came from.

Your cash aid payment for your first month of aid is only for a part of a month if your first day of cash aid, shown above, is other than the first of the month. If nothing changes, next month's cash aid will be for a full month.

Your cash aid is figured on this page.

M40-171D CW/RCA Application Basic Approval

Monthly Cash Aid Amount

Section A.	Countable Income,		
Month of			JANUARY
1. Self-Employment Income	...	\$	0.00
2. Self-Employment Expenses:	...		
a. 40% Standard	...	-	0.00
OR			
b. Actual	...	-	0.00
3. Net Earnings from Self-Employment	...	=	0.00
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members)	...	\$	0.00
5. \$225 DBI Disregard (if Line 4 is greater than \$225)	...	-	225.00
6. Nonexempt Unearned Disability-Based Income	...	=	0.00
OR			
7. Unused DBI Disregard	...	=	225.00
8. Net Earnings from Self-Employment (from above)	...	+	0.00
9. Total Other Earned Income	...	+	0.00
10. Unused Amount of \$225 (from Line 7)	...	-	225.00
11. Subtotal	...	=	0.00
12. Earned Income Disregard 50%	...	-	0.00
13. Subtotal	...	=	0.00
14. Nonexempt Unearned Disability-Based Income (from Line 6)	...	+	0.00
15. Subtotal	...	=	0.00
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members)	...	+	0.00
Net Countable Income	...	=	0.00

Section B.	Your Cash Aid,		
Month of			JANUARY
1. Maximum Aid 2 Persons (Assistance Unit + Non-Assistance Unit Members)	...	\$	516.00

Rules: These rules apply. You may review them at your welfare office: MPP: 40-129, 40-171.2, 44-315, 44-317, 82-510.4

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(Continued)

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2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	...	+	0.00
3. Net Countable Income from Section A (above)	...	-	0.00
4. Subtotal	...	=	516.00
5. Maximum Aid 2 Persons (Assistance Unit Only) (Excluding MFG, or Penalized Persons)	...	\$	516.00
6. Special Needs (Assistance Unit only)	...	+	0.00
7. Maximum Aid Subtotal	...	=	516.00
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	...	=	516.00
9. Line 8 Prorated for Part of Month	...	=	516.00
10. Adjustments: 25% Child Support Penalty(ies)	...	-	0.00
Other Penalties	...	-	0.00
Overpayment	...	-	0.00
School Bonus (\$100 or \$500)	...	+	0.00
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	...	\$	516.00