

County Self-Support
11000 MAGNOLIA AVE
MIRAMONTE, CA 90005-3047

COUNTY OF RIVERSIDE

NOTICE OF ACTION

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

Notice Date: October 12, 2018
Case Name: [REDACTED]
Case Number: [REDACTED]
TDD - For the Hearing Impaired: [REDACTED]
Worker Name: [REDACTED]
Worker Number: [REDACTED]
Worker Telephone: [REDACTED]
Office Hours: Mon - Thurs: 7:30am to 5:30pm; Fri: 8

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

As of October 12, 2018, the County has denied your application for Immediate Need dated October 04, 2018.

Here's why:

On the date of the last time limit notice, December 01, 2018, the County determined that you, [REDACTED], have used a total of 48 months of your lifetime 48-month time limit of CalWORKs cash aid.

Beginning July 1, 2011, State Law changed the CalWORKs time limit from 60 months to 48 months.

As of October 2018, you, [REDACTED], used your total 48 months of CalWORKs cash aid so you can no longer get cash aid.

Here's why:

(Since the last Time Limit notice, the number of months you used has changed.)

The additional months used: 0 months.

The total number used is now 48 months.

If you were exempt, the month(s) did not count toward the CalWORKs 48-month time limit.

No child support was collected for children in your AU.

You, [REDACTED], may have months that are exempt because of child support collection in the future. The county will let you know of these months if your family is still on CalWORKs.

Determine why CIV 4/18/19
Organizes the denial
Notices this way -
all "other" info first,
then the denial reason
last.
Can this be changed
so the denial reason
is first?
If not, why?

Rules: These rules apply. You may review them at your local welfare office. EASs 40-129-534(g), 22-001 (a), (1), 22-001(i)

HEARING RIGHTS the tight to ask nearing if
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COUNTY OF RIVERSIDE

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

Notice Date
Case Name
Case Number

Your new cash aid amount is figured on this Notice of Action

The following 23 month(s) did not count towards your CalWORKs 48-month time limit

July 2008 through October 2008
August 2009 through February 2011

You can't get an Immediate Need when you are already getting regular cash aid

NOTICE OF ACTION

La Sierra Self Sufficiency
11000 MAGNOLIA AVE
RIVERSIDE, CA 92505-3047

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

Notice Date: October 12, 2018
Case Name: [REDACTED]
Case Number: [REDACTED]
TDD - For the Hearing Impaired: [REDACTED]
Worker Name: [REDACTED]
Worker Number: [REDACTED]
Worker Telephone: [REDACTED]
Office Hours: Mon-Thurs: 7:30am to 5:30pm; Fri: 8:00am to 5:00pm

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

As of October 12, 2018, the County has approved your CalFresh.
You have been approved for Modified Categorical Eligibility.
Your first day of CalFresh is October 04, 2018.

Your monthly CalFresh amount is \$410.00. The certification period is October 04, 2018 to September 30, 2019.

The following individuals are eligible for CalFresh:

	Type Of Aid
[REDACTED]	CalFresh
[REDACTED]	CalFresh
[REDACTED]	CalFresh

You have a balance on an overissuance. We will keep \$46.00 to repay what you owe. We will adjust your monthly aid payment until your overissuance is paid back.

This benefit includes an overissuance adjustment of \$46.00.

Call your worker if you have questions about getting your card.

\$410.00 can be used now with Electronic Benefit Transfer (EBT).

Your CalFresh will be available through Electronic Benefit Transfer (EBT) the 7th of each month.

The benefit amount for your first month of aid is only for a part of the month. It is for the time from your first day of CalFresh, shown above, through the end of the month. If nothing changes, next month's benefit amount will be for a full month.

Part 1 - Gross Income Eligibility effective: October 01, 2018

Earned Income	\$0.00
Unearned Income	+\$459.00
Total Gross Nonexempt Income	=\$459.00

Part 2 - Gross Income Eligibility effective: October 01, 2018

Adjusted Gross Earned Income	\$0.00
Gross Unearned Income	\$459.00
Total Deductions	-\$104.00
Preliminary Adjusted Income	=\$331.00

Excess Shelter Costs	\$990.50
Maximum Allowance for Shelter	\$662.00
Allowable Shelter Deduction	=\$552.00
Net Monthly Income	=\$50.00

Net Income Test

Household Size	2
Maximum Net Income	\$0.00
Net Income Eligible	Yes

Benefits

Full Month Allotment	\$605.00
Prorated Allotment	\$459.12
Final Allotment	\$459.00
Allotment Adjustments	-\$459.00

Authorized Allotment Amount \$410.00

Rules: These rules apply. You may review them at your local welfare office. MPPs 63-801, 10-215, 10-105, 63-505, 2, 22-501, (a)(1), 63-301.1, 63-501, 63-502, 63-503, 63-504.1, 63-504.22; ACLs 12-25, 12-25E, 13-17, 13-08, 14-77; ACINs I-58-12, I-58-13E, C-IV, NOA



19 Sierra Self Sufficiency
1700 MAGNIN AVE
RIVERSIDE, CA 92505-3147

COUNTY of RIVERSIDE

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

Notice Date
Case Name
Case Number
TDD - For the Hearing (mp)
Worker Name
Worker Number
Worker Telephone
Office Hours Mon-Thurs 7:30am to 5:30pm Fri 8

NOTICE OF ACTION

DRAFT

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

As of October 12, 2018 the County has approved your CalWORKs.
 Your first day of Cash Aid is October 04, 2018.
 Your Medi-Cal begins as of the month you applied for aid.
 Your monthly Cash Aid amount is \$441.00.

The following individuals are eligible for CalWORKs:

Name	Type Of Aid
[Redacted]	Cash Aid/Medi-Cal
[Redacted]	Cash Aid/Medi-Cal

The following individual's have been denied for CalWORKs:

Name	Type of Aid
[Redacted]	Cash Aid/Medi-Cal

Here's why:

On the date of the last time limit notice, December 01, 2016, the County determined that you, [Redacted], have used a total of 49 months of your lifetime 48-month time limit of CalWORKs cash aid.

Beginning July 1, 2011, State Law changed the CalWORKs time limit from 60 months to 48 months.

As of October 2018, you, [Redacted], used your total 48 months of CalWORKs cash aid so you can no longer get cash aid.

Here's why:

Since the last Time Limit notice, the number of months you used has changed:

The additional months used: 0 months.

Rules: These rules apply. You may review them at your local welfare office. MPPs 44-352.41, 16-215, 40-107.147, 42-302, 42-302.21, 42-712, 22-001(a)(1), ACLs 12-49, 11-33.

C-IV NOA

Page 1 of 4

Monthly Cash Aid Amount	
Section A. Countable Income, Month Of October	
1. Total Self-Employment Income	\$0.00
2. Self-Employment Expenses	-\$0.00
a. 40% Standard	\$0.00
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 #4 is greater than \$225)	\$0.00
6. Nonexempt Unearned Disability-Based Income	-\$0.00
7. Unused DBI Disregard	-\$0.00
8. Net Earnings from Self-Employment from above	-\$0.00
9. Total Other Earned Income	+\$0.00
10. Unused Amount of \$225 (from #7)	-\$0.00
11. Subtotal	-\$0.00
12. Earned Income Disregard 50%	\$0.00
13. Subtotal	-\$0.00
14. Nonexempt Unearned Disability-Based Income (from #6)	+\$0.00
15. Subtotal	-\$0.00
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members)	+\$0.00
17. Other Nonexempt Income Disregard	\$0.00
Net Countable Income	-\$0.00
Section B. Your Cash Aid, Month Of October	
1. Maximum Aid (Assistance Unit + Non-Assistance Unit Members)	2 Payments: \$549.00
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	+\$0.00
3. Net Countable Income from Section A (above)	-\$0.00
4. Subtotal	-\$549.00
5. Maximum Aid (Assistance Unit Only) (Excluding Penalized Persons)	2 Payments: \$549.00
6. Special Needs (Assistance Unit only)	+\$0.00
7. Maximum Aid Subtotal	+\$549.00
8. Full Month Aid Subtotal	+\$549.00
(Lowest Amount on Line 4 or 7)	+\$441.00
9. Line 8 Prorated for Part of Month	+\$441.00
10. Adjustments: 25% Child Support Penalties	-\$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)	\$441.00

YOUR HEARING RIGHTS

You have the right to ask for a hearing if any county action, You have only 90 days to ask for a hearing. The 90 days started the day the County or mailed you this notice. you have Good cause as to why you were not eligible for a hearing. Within the 90 days still for a hearing you have good cause. a hearing may still be scheduled.

you ask for a hearing if you take an action on Cash Aid. CIF reshi Or Child Canz place:

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want a hearing
 • Your benefits will be the same until you ask for a hearing.

TO ASK FOR A HEARING:

Send us your request on this page to:

- toll free: 1-800052-5253
1-000-952-009

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OF RIVERSIDE

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

Notice Date
Case Name
Case Number

OF

The total number used is now 49 months.

If you were exempt, the month(s) did not count toward the CalWORKs 48-month time limit.

No child support was collected for children in your AU.

You may have months that are exempt because of child support collection in the future. The county will let you know of these months if your family is still on CalWORKs.

Your new cash aid amount is figured on this Notice of Action.

The following 23 month(s) did not count towards your CalWORKs 48-month time limit:

July 2008 through October 2008
August 2009 through February 2011

This benefit includes an overpayment adjustment of \$54.00.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of the first page of this notice tells how. If you stay on aid, the County can collect an overpayment by lowering your monthly grant. If you go off aid before the overpayment is paid back, the County may take what you owe out of your state income tax refund or take other legal action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

Call your worker if you have questions about getting your card.

Your CalWORKs will be available through Electronic Benefit Transfer (EBT) the 2nd of each month.

The benefit amount for your first month of aid is only for a part of the month. It is for the time from your first day of CalWORKs, shown above, through the end of the month. If nothing changes, next month's benefit amount will be for a full month.

You will receive your Benefits Identification Card (BIC) soon. **Do not throw this card away.** Take this BIC to your doctor or other Medi-Cal provider when you request medical

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

Notice Date
Case Name
Case Number



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