| ☐ Your case had a rate increase effective | efined in AB 403 and WIC section 11461. | e decrease. |
|---|---|---|
| ☐ Your case had a rate decrease effective . | Your case had a rate increase. | |
| ☐ Your case has been issued an Infant Supplemental Payr | Your case had a rate decrease. | issued an Infant Supplemental Payment. |
| effective | Your case has been issued an Infant Supplemental Payn | ı issued a Supplemental Care Increment. |
| ☐ Your case has been issued a Special Care Increment | Your case has been issued a Special Care Increment. | able income. |
| effective . Option 1 | The child has countable income. Option 2 | State Version |
| ☐ The child has countable income. | for a | for |

