

NOTICE OF ACTION

CALWORKS STAGE 1 CHILD CARE

Notice Date:
Case Name:
Case Number:
Staff Name:
Staff Signature:
Agency:
Telephone:
Address:

(ADDRESSEE)

Questions? Call staff at the above agency. You may also call if you think this notice is wrong.

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

TERMINATION OF CHILD CARE SERVICES

As of _____ ; we are stopping your child care services.

HERE'S WHY:

We received notice from the Department of Public Social Services that you are being sanctioned because you failed to comply with your Welfare-to-Work plan and you do not work. However, once you comply or you go to work you are eligible for child care.

We received notice from the Department of Public Social Services that you are in non-compliance because you failed to comply with your Welfare-to-Work plan and you do not work. However, once you comply or you go to work you are eligible for child care.

Your CalWORKs activity has ended and you are not eligible for child care at this time.

You did not give the following information we asked for:

You moved out of Los Angeles County.

You asked us to stop paying your child care provider.

Your child _____ is _____ or more years old, which is over the age we can pay for and he/she is not disabled or under court supervision.

You requested child care services from another child care agency. Effective your case was forwarded to the following agency:

Phone number:

Other:

Rules: These rules apply. You may review them at your welfare office: Education Codes: 8350-8353, 8357; Welfare and Institutions Code 11322.9, 11323.6, 11323.8 and 11323.4