

[] The cash aid payment for your first month of aid has a 25 percent penalty for not helping us or the local child support agency collect child support. This amount will be subtracted from your cash aid payment each month until you help us or the local child support agency collect child support.

[] You got a diversion payment of \$_____ on _____. **OR** You got diversion service(s) of _____ on _____ at the value of \$_____. You have agreed to repay the diversion payment/service(s). \$_____ will be subtracted from your cash aid payment for __ month(s) until paid in full.

Your cash aid is figured on the next page.

INSTRUCTIONS: Use for approvals and restorations after a client has previously timed out and is now eligible to receive cash aid. **Do not use for refusal to assign child/spousal support rights cases.** Check the applicable box(es). When you check the immediate need (IN) box, you do not need to send another NOA denying the IN request.

file: cmigueli/MSERIES/40107j1