

**COUNTY MEDICAL SERVICES PROGRAM
NOTICE OF ACTION
DENIAL OF BENEFITS**



(County Stamp)

Case name: _____
 Case number: _____
 District: _____
 This affects: _____

 (Names)

The transfer of property for less than fair market value results in a period of ineligibility for the County Medical Services Program (CMSP). We have reviewed all information available to us about your circumstances, and find that you are ineligible for CMSP from _____ through _____
 (month, year) (month, year)

This is why:

The transfer of property you made on _____ of _____
 (date) (item/\$)
 with a fair market value of \$_____ was transferred for _____ in return.
 (item/\$/nothing)

The period of ineligibility was calculated as follows:

1. The fair market value of the item/money transferred was: _____
2. The amount you received in return was: _____
3. The amount transferred for less than fair market value is (line 1 minus line 2): _____
4. The value of your other countable property at the time of transfer was: _____
5. The total amount transferred for less than fair market value and your other countable property is: (line 3 plus line 4) _____
6. The CMSP property limit for _____ person(s) is: _____
7. The amount that was transferred to be eligible for CMSP is (line 5 minus line 6): _____
8. The monthly maintenance need for _____ person(s) is: _____

By dividing the amount you transferred to be eligible for CMSP (line 7) by the maintenance need (line 8), your period of ineligibility for CMSP is: _____ months.
 (number rounded down)

Eligibility Worker	Telephone number	Date
--------------------	------------------	------

Do not throw your plastic ID card away. You can use it again if you become eligible for CMSP or Medi-Cal. The authority that requires this action is in the CMSP Eligibility Manual sections 7-019, 7-020, 7-021.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.