

## County Information Here

[Date]

[Primary Addressee]  
[Address]  
[City], CA [ZIP Code]

Child's Name: [Child Name]  
Birth Date: [Birth Date]  
CCS: [Client Number]  
CIN#: [Client Index Number]  
County: [County Name]

### NOTICE OF ACTION (NOA)

Dear [Primary Addressee]:

This is a Notice of Action. We call it NOA for short. This NOA is to tell you that **[Child Name]'s referral to California Children's Services (CCS) is denied as of [Date].**

This will not affect [Child Name]'s Medi-Cal or Healthy Families benefits, if applicable.

Your child's health is important to us, but you have not met CCS program requirements, therefore, CCS eligibility cannot be approved.

[Select Reason from Pull Down List].

[Space for Free Text.]

**If you disagree with this decision, you may appeal.** The deadline to file your written appeal is **[Date]**, which is 30 days from this NOA. Read the enclosed information to learn more about your right to appeal.

If you have questions, or would like to give us more information, please call the **[Legal County]** County CCS office at **[County Office Phone Number]**.

Sincerely,

California Children's Services

Included with this letter:  
Appeal Process

We sent a copy of this letter to:  
**[Courtesy Copy Recipients]**

*This NOA is required by California Code of regulations, Title 22, Section 42701.*