



# Semi-Annual Reporting (SAR) Overview

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# Agenda

- I. SAR Overview
- II. Mandatory Reporting Requirements
- III. Voluntary Mid-Period Reports
- IV. Verified Upon Receipt (VUR)
- V. Income Budgeting
- VI. Q & A's

# SAR Overview

- ❑ AB 6 requires counties to replace the current Quarterly Reporting/Prospective Budgeting (QR/PB) system with a Semi-Annual Reporting (SAR) System for the CalWORKs (CW) and CalFresh (CF) programs.
- ❑ All counties will be required to implement SAR in both the CW and CF programs.
- ❑ California is the last state to implement SAR.
- ❑ Benefits will be “frozen” for the six months of the semi-annual period, except under specified circumstances.
- ❑ One report form required (SAR 7) at six months to maintain or adjust benefits.

# SAR Terminology

- ❑ The **SAR Data Month** is the month for which the recipient reports all information necessary to determine eligibility—it is the fifth month of the semi-annual period.
- ❑ The **SAR Submit Month** is the month in which the SAR 7 or the RC is required to be submitted to the county. This is the month after the *SAR Data Month*, and is the sixth month of each semi-annual period.
- ❑ The **SAR Payment Period** is the period during which benefits are issued and is the six-month period immediately following the SAR submit month. This is the six month period after initial application, RC, or submittal of the SAR 7.

# What has changed

- ❑ Income that will continue throughout the payment period will be budgeted over the certification period, rather than a 3 month period
- ❑ SAR 7 is NOT required at Recertification (RC)
- ❑ AR/CO Change Reporting HH that were QR Public Assistance CalFresh (PACF) cases are now SAR
- ❑ New income reporting threshold (IRT) for CalFresh
- ❑ 3 IRTs in SAR, 2 CalWORKs IRT's impact on PACF cases
- ❑ Address Change—(CalFresh only) is not a mandatory mid-period report

## County Action Under SAR

Generally in SAR, benefits are frozen for the SAR period except,

### **Counties must act on:**

- Mandatory mid-period reports
- Changes reported on the SAR 7
- Reports considered Verified Upon Receipt (VUR)
- Changes that result in a mid-period increase in benefits
- County-initiated actions
- Household requests for discontinuance

# SAR 7 Form

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**WORK PAYS** CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

## SAR 7 ELIGIBILITY STATUS REPORT

REPORT MONTH \_\_\_\_\_

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER \_\_\_\_\_ 1st AND RETURN IT BY \_\_\_\_\_ 5th

CASE NUMBER HERE: \_\_\_\_\_

NEED HELP? (County Specific instructions who unity unit)

Worker Name: \_\_\_\_\_ (LAST ID HERE)

Worker Phone: \_\_\_\_\_

County: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

BAR CODE: \_\_\_\_\_

Check the box if you would like to STOP getting any of the following:  STOP my CalWORKs  STOP my CalFresh  STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported?  Yes  No (If Yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
In <input type="checkbox"/> Out <input type="checkbox"/>	/ /	/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
In <input type="checkbox"/> Out <input type="checkbox"/>	/ /	/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
In <input type="checkbox"/> Out <input type="checkbox"/>	/ /	/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Have there been any changes to your address since you last reported?  Yes  No (If Yes, complete the section below)

New Address: \_\_\_\_\_ Date Moved: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

3. If you have moved since you last reported please fill out the section below:

Your rent or mortgage per month now? \$ \_\_\_\_\_ If paid separately, your property taxes and home insurance per month now? \$ \_\_\_\_\_

Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:  
 Phone  Trash  Water  Electric/Gas  Other heating or cooling costs

4. CalWORKs only: Is anyone in your home:  
 A. A felon whose conviction was drug-related?  
 B. Running from an outstanding warrant?  
 C. Found by a court to be in violation of probation or parole?  
 Yes  No (If Yes, complete the section below)

Name person	A, B, or C from above	Where did the arrest or conviction happen?	Date of arrest and/or conviction

5. Medical Costs: If anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please complete the section below:

Who had the change? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported?  Yes  No If Yes, what was the amount paid in the Report Month? \$ \_\_\_\_\_

Who paid support? \_\_\_\_\_  
 If Yes, Attach proof.

7. Dependent or Child Care: If anyone who gets CalFresh and either works, is looking for work, or is going to school, had an increase in dependent care or child care costs since they last reported, please complete the section below and attach proof: What was the amount paid in the Report Month? \$ \_\_\_\_\_

Who paid: \_\_\_\_\_ List child/children: \_\_\_\_\_

8. Did anyone: Get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, prior social security), or other property items since last reported?  
 Yes  No (If Yes, complete the section below. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount:	<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
				<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

SAR 7 (R13) ELIGIBILITY STATUS REPORT - FOR CASH AID AND CALFRESH - REQUIRED FORM - SUBSTITUTES PERMITTED

9. Did anyone get income from employment in the Report Month?  Yes  No (If Yes, complete the section below and attach proof.) The Report Month is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc.

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income:	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>
How often paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount of income they got in the report month:	\$ _____ DATE RECEIVED: _____	\$ _____ DATE RECEIVED: _____	\$ _____ DATE RECEIVED: _____
Hours worked per month:			

Will there be any changes to your job or income in the next six months? Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid.  Yes  No (If Yes, explain): Use a separate piece of paper if needed.

10. Did anyone get money from any other source in the Report Month?  Yes  No (If Yes, complete the section below and attach proof.) The Report Month is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc.

Name	Source of Income	One time payment or monthly	How much
			\$ _____
			\$ _____
			\$ _____

Will there be any changes to this income in the next six months?  Yes  No  
 Explain here: \_\_\_\_\_

11. CalWORKs only: Have any of the following happened to anyone in your home since you last reported?  Yes  No (If yes, check below and attach proof):

- Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- Disability (Became disabled or recovered from a disability or major illness?)
- Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- Custody (Any change in the amount of time you care for/have custody of your children?)
- In-Home Support Services (Started or stopped getting services?)
- School Attendance
  - \*For Cash Aid Only- Student age 6-18 stopped or started attending school regularly?
  - \*For Age 18 or older student- started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
  - Someone paid for all of my housing, food, clothing or utility costs. (please explain) \_\_\_\_\_
  - Other \_\_\_\_\_

Please read carefully, sign, and date.

By signing this form:  
 I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000, I may have to pay back benefits if I was not eligible to them, the first time I break the rules on purpose I will not be able to get CalFresh for one year, the second time two years, and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

**CERTIFICATION - FRAUD WARNING**

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the SAR 7 Eligibility Status Report for Cash Aid and CalFresh.

**YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.** I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

**WHO MUST SIGN BELOW:** For Cash Aid: You and your aided spouse, registered domestic partner, or the other parent (of cash-aided children) if living in the home. For CalFresh: The head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OF MARK	DATE SIGNED	HOME PHONE	CONTRACT CELL PHONE
		( )	( )

SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH-AIDED CHILDREN

SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED

SAR 7 (R13) ELIGIBILITY STATUS REPORT - FOR CASH AID AND CALFRESH - REQUIRED FORM - SUBSTITUTES PERMITTED

# Mandatory Reporting Requirements



# Mandatory Reporting Requirements

## CalFresh Households Must Report the Following Changes Mid-Period:

- ❑ CalFresh IRT- The amount of income exceeds 130 percent of the federal poverty level (FPL) for the household size
- ❑ ABAWD work hours

HHs are required to report income that exceeds the IRT within 10 days of when the change becomes known to the household, such as:

- The date the HH becomes aware of the new employment or an increase in pay.
- The start date of employment.
- When the HH first received the income exceeding the IRT.

# CalFresh IRT - 130% FPL

Household Size	Income Reporting Threshold
1	\$1,245
2	\$1,681
3	\$2,116
4	\$2,552
5	\$2,987
6	\$3,423
7	\$3,858
8	\$4,294
Each additional member	+436

Eff. 10/1/13 – 9/30/14

## SAR 2

## CF 23 SAR

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

REPORTING CHANGES FOR CASH AID  
AND CALFRESH

CASE NAME	
CASE NUMBER	
WORKER NUMBER	

Because you get Cash Aid or CalFresh (formerly called Food Stamps), you must report within 10 days when your TOTAL income reaches a certain level. You must report anytime your household's total monthly income is more than your current Income Reporting Threshold (IRT).

Your family size is	_____
Your current income is \$	_____
Your IRT is \$	_____

## How to report?

If your total income is over the IRT amount listed above, you must report this to the County within 10 days. You can report this information to the County by calling the county or reporting it in writing.

## By "total monthly income" we mean:

- ⇒ Any money you get (both earned and unearned).
- ⇒ The amount before any deductions are taken out. (Examples of deductions are: taxes, Social Security or other retirement contributions, garnishments, etc.)

## What will happen?

- ⇒ Your benefits may be lowered or stopped based on income over your IRT.
- ⇒ Your IRT may change when your income changes or when someone moves in or out of your home.
- ⇒ The County will let you know in writing each time your IRT changes.
- ⇒ You also need to report on your SAR 7 all income you get during the Report Month, even if you already reported that money.

## Penalty for not reporting.

If you do not report when your income is more than your household's IRT limit you might get more benefits than you should. You must repay any extra benefits you get. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime and/or may no longer get CalFresh for a period of time or life.

If you get Cash Aid, you **MUST ALSO** report the things below within 10 days of when they happen:

1. Anytime someone joins, or is in your household, who has a conviction for a drug related felony that was not reported before.
2. Anytime someone joins, or is in your household, who has been found by a court of law to be in violation of a condition of probation or parole.
3. Anytime someone joins, or is in your household, who is running from the law (has a warrant out for their arrest).
4. Anytime you have an address change.

If you get CalFresh, you **MUST ALSO** report the things below within 10 days of when they happen:

1. Income over your IRT.
2. If you are an Able Bodied Adult Without Dependents (ABAWD), you must report anytime your work or training hours drop to less than 20 hours a week or 80 hours a month.

## Voluntarily reporting information

You may also voluntarily report changes to the County anytime. Reporting some changes may get you more benefits. For example:

- Your income stops or goes down.
- Someone with income moves out of your home.
- Someone without income moves into your home.
- Someone in the house becomes pregnant.
- Someone on cash aid has a special need, such as: a pregnancy, a special diet prescribed by a doctor, household emergency, etc.
- The birth of a child.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.

Note: Some changes you report voluntarily may result in a decrease in your CalFresh benefits.

SAR 2 (8/15) RECOMMENDED FORM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CALFRESH BENEFITS  
HOW TO REPORT HOUSEHOLD CHANGES

Everyone who receives CalFresh benefits must report when their income or household situation changes. If you're not sure how to report changes, what changes to report, or what proof we need, be sure to ask your local county office. You are receiving this notice because:

- You have been approved for CalFresh benefits and will be reporting changes on a Semi-Annual basis.
- Your household was previously assigned Change Reporting status and will now be reporting on a Semi-Annual basis. Semi-Annual Reporting requirements are described below.

## SEMI-ANNUAL REPORTING

As a semi-annual reporting household, you will need to turn in a completed Semi-Annual Report form (SAR 7) due by the 5th day of the 6th month after your most recent certification. If you do not turn in your completed SAR 7 by the end of the first working day of the next (7th) month, your benefits will stop.

Your worker will use the income and expense information reported on the SAR 7 to calculate your CalFresh benefits for the remainder of the certification period.

## For example:

You completed your annual recertification in May. Your SAR 7 will be due 6 months later, on November 5th and you will report what income you had in October. You will also report any income changes you expect to have in December, January, February, March, April and May. You must turn in your completed SAR 7 by no later than the first working day in December or your benefits will stop. You will lose benefits unless you had a good reason for being late. Your annual recertification will be due in May six months later. Your next SAR 7 will be due for the following certification period six months later.

What you must report on a  
Semi-Annual Report (SAR 7):

- Earned income from any source;
- Unearned income of any kind;
- Anyone getting free rent or utilities;
- Anyone who has expenses that are paid by someone else;
- Reduced hours of work or training;
- Someone moves in/out of your home;
- If you move;
- Any real or personal property bought, sold or exchanged;
- Any change in legally obligated child support paid by a household member;
- Anyone's citizenship/immigration status changes or receives correspondence from the U.S. Citizenship and Immigration Services (USCIS) (formerly INS);
- Anyone reaches 60 years of age;
- Anyone gets a job or payments for training or school expenses;
- Anyone has a job, training or school costs such as for dependent care or supplies;
- If, since your last report, anyone in your home has been avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
- If, since your last report, anyone in your home has been convicted after August 22, 1996 of a drug-related felony for manufacturing, sale, or distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities.

(Continued on back)

CF 23 SAR (8/15) REQUIRED FORM - SUBSTITUTE PERMITTED

# CalWORKs IRT

## ***TIER 1:***

- ❑ \$875- plus the amount of earned and unearned income last used to calculate the CalWORKs grant. This IRT level will be different for each AU/household depending on their current income.

## ***TIER 2:***

- ❑ The amount likely to render a CalWORKs AU ineligible for CalWORKs benefits.

**PACF** While the CalWORKs IRTs are not mandatory reports for CalFresh, the resulting changes to the CalWORKs grant will, in general, trigger changes to the associated CalFresh allotment.

**TCF** If a CalWORKs case is discontinued at the tier 2 IRT, Transitional CalFresh will be established.

## CalWORKs IRT (Tier 1)

**Example: Tier One of the CalWORKs IRT based on various income amounts**

<b>Monthly Income</b>	<b>IRT (\$875 + income)</b>
\$0	\$875 ( $\$875 + \$0 = \$875$ )
\$50	\$925 ( $\$875 + \$50 = \$925$ )
\$100	\$975 ( $\$875 + \$100 = \$975$ )
\$200	\$1,075 ( $\$875 + \$200 = \$1,075$ )
\$500	\$1,375 ( $\$875 + \$500 = \$1,375$ )
\$750	\$1,675 ( $\$875 + \$750 = \$1,675$ )
\$1,000	\$1,875 ( $\$875 + \$1000 = \$1,875$ )
\$1,500	\$2,375 ( $\$875 + \$1500 = \$2,375$ )

## CalWORKs IRT (Tier 2)

**Tier 2: The level likely to render an AU ineligible for CalWORKs benefits**

<b>Assistance Unit Size</b>	<b>*Maximum Earned Income Limit Non-Exempt</b>	<b>*Maximum Earned Income Limit Exempt</b>
0	\$ 113	\$ 113
1	\$ 746	\$ 814
2	\$1,144	\$1,266
3	\$1,389	\$1,540
4	\$1,636	\$1,810
5	\$1,844	\$2,044
6	\$2,056	\$2,284
7	\$2,250	\$2,496
8	\$2,440	\$2,714
9	\$2,628	\$2,922
10 or more	\$2,814	\$3,132

**The level likely to render an AU ineligible for CalWORKs benefits  
(Example: Non-exempt MAP for an AU of three is \$638  
 $\$638 \times 2 + \$113 = \$1,389$ )**

# Voluntary Mid-Period Reports

## Voluntary Mid-Period Reports

- ❑ For both programs, recipients may voluntarily report changes in income and circumstances that may increase or decrease benefits any time during the semi-annual period.
  
- ❑ Examples of changes that when reported, might increase or decrease benefits include, but are not limited to the following:
  - 1) When the household's income changes
  - 2) When someone moves into or out of the home
  - 3) When allowable CalFresh deductions increase or decrease



## Voluntary Mid-Period Reports

- ❑ Voluntarily reported changes may result in an increase in benefits for one program, while decreasing benefits for the other program. For example an increase in CalWORKs could result in a decrease in CalFresh benefits.
- ❑ Increases, due to decreased **income**, are effective the first of the month in which the change occurs or is reported, whichever is later.
- ❑ Increases, due to the addition of **new household members**, are effective the first of the month following the report of the change.

## Voluntary Mid-Period Reports

- ❑ Any time a voluntary mid-period report does not result in a change to the benefit amount, the CWD is to send a “**no-change NOA**” informing the AU/household that the voluntarily reported information did not increase their benefits.
- ❑ This includes changes of income, household composition, property or any other voluntarily mid-period report.

# Shelter Expenses

- ❑ Shelter costs will be determined at application and recertification and shall remain fixed at the determined amount unless the household reports a change.
- ❑ CalFresh households are NOT required to report mid-period changes of address. However, the accompanying shelter costs must be verified if the change in address is voluntarily reported.
- ❑ If shelter costs are not verified, benefits will be calculated without the shelter deduction.

## Address Change Example

- ❑ A HH, with a Jan. to Dec. certification period, reports they have moved and their rent has increased from \$500/mo. to \$600/mo.
  
- ❖ Is this report mandatory?
- ✓ No, but the report is VUR
- ❖ What action must the CWD take?
- ✓ When the HH reports a change in address, they must verify the associated change in shelter costs.

# Verified Upon Receipt (VUR)

## Verified Upon Receipt (VUR)

- ❑ VUR means that the information provided is not questionable, the provider is the primary source of the information, and no further information is needed to take action.
- ❑ If secondary information is requested for verification in order to act on a change in another program (such as Medi-Cal), then by definition it is not VUR. Once verified, okay to act on change.
- ❑ A voluntary report of household (HH) composition change by the head of household or responsible adult HH member is considered VUR, and must be acted on.

## VUR Example

- ❑ A mom calls and reports one of her children has left the home.
- If the HH is CF only, act on the change and reduce the HH size and send out a notice of action.
- If the HH is a PACF case, CWs considers this report a voluntary report and does not act, for CalFresh, this report is considered VUR and must be acted on. Reduce the HH size and send out a notice of action.

## VUR Example

- A HH voluntarily reports mid period that a new HH member with income has moved in. For CalFresh, this report is considered VUR. The CWD will inquire if total income is over IRT.
- If income is under IRT, the CWD will send out a Notice of Information/Verification Needed (CF 377.6) requesting the HH for information to add the new HH member to the case.
- If income is over the IRT, send out a Request for Contact (CF 32) requesting the HH for information to add the new HH member to the case .



# Income Budgeting

# Income Budgeting

## Prospective Budgeting

- ❑ Counties are required to use income that the applicant or recipient anticipates with reasonable certainty will be received in the certification period.
- ❑ Income from the SAR Data Month, as well as any reasonably anticipated changes in income and expenses shall be used for the upcoming SAR Payment Period.
- ❑ For quality control purposes, reviewers will rely heavily on case comments when reviewing case files to determine if benefits have been issued in the correct amounts.

## Reasonably Anticipated Income

- ❑ Income is “reasonably anticipated” when the recipient and County determine it is reasonably certain that the recipient will receive a specified amount of monthly income in the SAR Payment Period. If the amount of income that will be received or when it will be received is uncertain, it shall not be counted.
- ❑ Under SAR, recipients will be required to provide information for the Data Month and any anticipated changes in the six months following the Submit Month.
- ❑ The income received in the Data Month will be considered reasonably anticipated and will be used in the budget calculation unless the recipient reports that they anticipate a change in the upcoming SAR Period.

# Income Budgeting

- ❑ If the HH anticipates receipt of new income from a new source such as a new job or UI benefits, this income shall only be considered reasonably anticipated if the county determines that:
  1. The HH verifies that the income has been or will be approved or authorized within the certification period, or the household is otherwise reasonably certain that the income will be received within the certification period
  2. The anticipated amount of the income is known and verified
  3. The start date of the income is known and verified

# Questions and Answers