

STATEMENT OF FACTS FOR DETERMINING CONTINUING ELIGIBILITY FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

If the name and address below or on attached letter are not correct, please cross out the part that is wrong and write in the correct information.

FOR OFFICIAL USE ONLY	
SOCIAL SECURITY NUMBER:	
SPOUSE'S NAME:	
<input type="checkbox"/> CAPI <input type="checkbox"/> SSI <input type="checkbox"/> Ineligible	
SPOUSE'S SOCIAL SECURITY NUMBER	
REVIEWER'S INITIALS	DATE RECEIVED

USE REMARKS SECTION ON PAGE 3 IF YOU NEED ADDITIONAL SPACE FOR ANY QUESTION

A. Do you have any physical or mental health problems? <i>(For example, high blood pressure, heart problems, diabetes, arthritis, osteoporosis, sight or vision, depression) if yes, please explain briefly:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Do you currently receive Medi-Cal? Do you currently receive Food Stamps? Do you currently receive SSI/SSP?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
C. If sponsored, is your sponsor deceased or disabled? If sponsored, is your sponsor <i>(or sponsor's spouse)</i> abusive to you?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

WHEN ANSWERING THE FOLLOWING QUESTIONS REFER TO THIS DATE 

1. Since the date above, has your immigrant status changed, or have you become a United States citizen? If yes, explain change and attach copies of new documents. Change: _____ Date of Change: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. A) Since the date above, have you been outside of the United States? If yes, complete below and attach a copy of passport, reentry permit, or other travel documents. Date(s) left: _____ Date(s) returned: _____ B) Since the date above, have you been outside California? If yes, Date(s) left: _____ Date(s) returned: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Since the date above, have you spent a full calendar month in a hospital, nursing home, or other institution? If yes, Type of institution: _____ Dates entered and left: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Since the date above, has anyone moved into or out of the place where you live? If yes, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Since the date above, have you moved? If yes, Date of move: _____ New Address: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Since the date above, has anyone given you <i>(or your spouse living with you)</i> any money, food, a free place to live, or helped pay your rent or household expenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO

TYPE OF HELP:	WHO GAVE YOU HELP	HOW OFTEN	AMOUNT \$

7. SINCE THE DATE ON PAGE 1, have you (or your spouse living with you) earned money from working, including self-employment? If yes, please give the following information and attach proof. YES NO

NAME OF WORKER	EMPLOYEE'S NAME, ADDRESS, AND PHONE NUMBER	GROSS WAGES		DATES OF EMPLOYMENT
		AMOUNT	HOW OFTEN PAID	
		\$		FROM: TO:
		\$		FROM: TO:

8. SINCE THE DATE ON PAGE 1, have you (or your spouse living with you) received payments from any source, including from outside the United States? For example: YES NO

- Interest/dividends
- Other cash payments or checks (gifts, support from relatives)
- Unemployment or disability benefits
- Veterans benefits
- Insurance benefits
- Rental income
- Pensions/Annuities
- Alimony or child support
- Social Security/SSI
- Any other money or benefits

If yes, give the following information and attach proof:

TYPE OF PAYMENT RECEIVED	PAYMENT AMOUNT	HOW OFTEN RECEIVED
	\$	
	\$	
	\$	

9. Do you (or your spouse living with you) have any checking or savings accounts or any other money in a financial institution? If yes, complete below and attach proof. Include any accounts where you have direct deposit of any money and any accounts inside or outside the United States. YES NO

NAME OF INSTITUTION AND ADDRESS	TYPE OF ACCOUNT	CURRENT BALANCE
		\$
		\$
		\$

10. Do you (or your spouse living with you) have any cash, stocks, bonds, notes, or certificates of deposit inside or outside the United States? If yes, give the following information and attach proof. YES NO

WHAT YOU HAVE	THE VALUE OF WHAT YOU HAVE
	\$
	\$

11. Do you (or your spouse living with you) own any land or buildings or does your name appear on any deed or mortgage of any property inside or outside the United States? If yes, give the following information and attach proof. YES NO

TYPE OF PROPERTY	LOCATION OF PROPERTY	VALUE
		\$
		\$
		\$

CHANGES TO REPORT

WHERE YOU LIVE - You must report to the County Welfare Department if:

- You move.
 - You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
 - You leave the United States for 30 days or more.
 - You are released from a hospital, nursing home, etc.
 - You are no longer a legal resident of the United States.
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HOW YOU LIVE - You must report to the County Welfare Department if:

- Someone moves into or out of your household.
 - The amount of money you pay toward household expenses changes.
 - Births and deaths of any people with whom you live.
 - Your marital status changes:
 - You get married, separated, divorced, or your marriage is annulled.
 - You separate from your spouse or start living together again after a separation.
 - You begin living with someone as husband and wife.
-

INCOME - You must report to the County Welfare Department if:

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
 - You start work or stop work.
 - Your earnings go up or down.
-

HELP YOU GET FROM OTHERS - You must report to the County Welfare Department if:

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
 - Someone stops helping you.
 - Someone starts helping you.
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THINGS OF VALUE THAT YOU OWN - You must report to the County Welfare Department if:

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
 - You sell or give any things of value away.
 - You buy or are given anything of value.
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YOU ARE BLIND OR DISABLED - You must report to the County Welfare Department if:

- Your condition improves or your doctor says you can return to work.
 - You go to work.
 - You stop going to or refuse any vocational rehabilitation services.
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UNMARRIED AND UNDER AGE 22 - A report to the County Welfare Department must be made if:

- If you are the parent of a child who receives CAPI benefits, you are to report if you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence.
 - If the child starts or stops school.
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YOUR IMMIGRATION AND NATURALIZATION SERVICES (INS) STATUS CHANGES - You must report any change to the County Welfare Department.