

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) INDIGENCE EXCEPTION DETERMINATION

<input type="checkbox"/> Initial Claim
<input type="checkbox"/> Redetermination

County of _____

NAME OF APPLICANT/RECIPIENT	DATE OF BIRTH	CASE NUMBER
NAME OF APPLICANT/RECIPIENT (SPOUSE)	DATE OF BIRTH	CASE NUMBER
NAME OF APPLICANT/RECIPIENT'S SPONSOR		
NAME OF APPLICANT/RECIPIENT'S SPONSOR		

SECTION A: Living Arrangements

Check One: 1. Lives with sponsor 2. Does **NOT** live with sponsor

Check One: 3. Lives with others and pays for room and board 4. Lives independently (use Section D to describe how food and shelter is obtained)

5. Lives with others and receives *free* room and board

6. Homeless

*If box #1 or #5 is checked, skip down to Section D. Applicant is **not** eligible for the indigence exception. MPP §49-037.42*

SECTION B: Monthly Income

Redeterminations Only:

Current monthly CAPI payment received: \$ _____

All Cases:

Total cash and in-kind contributions from sponsor(s) \$ _____

Total cash and in-kind contributions from others* \$ _____

Total of recipient's/applicant's other income (including spouse's, if living together) \$ _____

Total of income from all sources \$ _____

Federal SSI rate \$ _____

*Includes all non-CAPI public benefits (GA/GR, CalFresh, CalWORKs, etc.) MPP §49-03.441

SECTION C: Resources

Sponsor(s)' resources available to applicant/recipient \$ _____

Applicant's/recipient's own resources (including spouse's, if living together) \$ _____

Total resources available to applicant/recipient \$ _____

Federal SSI resource limit (\$2,000 for an individual, \$3,000 for a couple) \$ _____

SECTION D: Comments

(enter a brief narrative describing the circumstances surrounding this request)

Based on the information summarized on this form, it is determined that the indigence exception: (check 1 box)

does **does not** **apply to the applicant(s)/recipient(s) named above.**

ELIGIBILITY WORKER'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE	DATE

CAPI is a public assistance program funded by the State of California. Forward a copy of this form to:

Office of Program and Regulation Development
U.S. Citizenship and Immigration Services
20 Massachusetts Avenue NW
Washington, DC 20529-0001

AND

California Department of Social Services
Adult Programs Branch
744 P Street, M.S. 9-7-96
Sacramento, CA 95814-6413
or email to: soc813@dss.ca.gov