

SUPPLEMENTAL STATEMENT OF FACTS - MINOR PARENT

The Minor Parent Rule says you can get cash aid if you are under 18 years of age and have never been married and are pregnant or have a dependent child in your care, **only** if you and your child live with your parent(s), legal guardian, other adult relative, in a group home, or in a maternity home. Your cash aid will be paid to that adult.

The Minor Parent Rule may not apply if you meet one of the following conditions:

- 1) A child protective services worker determines that it's not physically or emotionally safe for you to live with your parent(s) or legal guardian; or
- 2) Your parent(s) or legal guardian is dead; or you don't know where they live; or they won't let you live with them; or
- 3) You have lived apart from your parent(s) or legal guardian for at least one year before the birth of your child or application for cash aid; or
- 4) You are legally emancipated.

- If you are living apart from your parent(s) or legal guardian, and one of the listed conditions applies, your case will be referred for minor parent services.
- For cash aid and food stamps, the county will require that you and certain household members be fingerprint and photo imaged. Your benefits may be denied or stopped if you do not cooperate.

Complete the questions below. If you need more space, attach another sheet of paper. If you need help, ask your worker.

<small>YOUR NAME (FIRST, MIDDLE INITIAL, LAST)</small>	<small>DATE OF BIRTH</small>	<small>SOCIAL SECURITY NUMBER</small>	COUNTY USE ONLY
<small>CURRENT ADDRESS (NUMBER, STREET NAME (AVENUE, BLVD, ETC.), APT. NO.)</small>		<small>PHONE NUMBER</small>	<small>CASE NAME</small>
<small>CITY</small>	<small>ZIP CODE</small>	<small>MESSAGE PHONE NUMBER</small>	<small>CASE NUMBER</small>
<small>DO YOU LIVE WITH YOUR PARENT(S), OR A LEGAL GUARDIAN, OR IN A GROUP OR MATERNITY HOME?</small>			<small>EW NAME AND NUMBER</small>
<small>YES If "YES", list who and relationship to you, and sign and date item in the Certification Section.</small>			<small>PHONE NUMBER</small>
<small>NO If "NO", explain why not and for how long, and complete items through .</small>			<small>REFERRAL FOR</small>
			<small>RISK ASSESSMENT FOR SAFETY ISSUE</small>
			<small>CalWORKs IMMEDIATE NEED</small>
			<small>MINOR PARENT MEETS THE FOLLOWING EXEMPTION(S):</small>
			<small>No living parent(s)/legal guardian</small>
			<small>Parent(s)/legal guardian's whereabouts unknown.</small>
			<small>Has lived on own for 12 mo.</small>
			<small>Emancipated</small>
			<small>Not allowed to live at home</small>
<small>NAME OF YOUR MOTHER (FIRST, MIDDLE INITIAL, LAST)</small>			<small>CONTACT PHONE NUMBER</small>
<small>CURRENT ADDRESS</small>	<small>NUMBER, STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP CODE</small>
<small>NAME OF YOUR FATHER (FIRST, MIDDLE INITIAL, LAST)</small>			<small>CONTACT PHONE NUMBER</small>
<small>CURRENT ADDRESS</small>	<small>NUMBER, STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP CODE</small>
<small>DOES THE OTHER PARENT OF YOUR CHILD(REN) OR UNBORN CHILD LIVE WITH YOU? YES NO</small>			
<small>OTHER PARENT'S NAME (FIRST, MIDDLE, LAST)</small>		<small>DATE OF BIRTH</small>	<small>PHONE NUMBER</small>
<small>CURRENT ADDRESS</small>	<small>NUMBER, STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP CODE</small>
<small>LIST EVERYONE LIVING IN THE HOME. IF YOU ARE PREGNANT, LIST CHILD AS "UNBORN" AND GIVE DUE DATE.</small>			
<small>NAME OF YOUR CHILD</small>		<small>DATE OF BIRTH OR DUE DATE</small>	<small>SOCIAL SECURITY NUMBER</small>
<small>NAME</small>	<small>RELATIONSHIP TO YOU</small>	<small>NAME</small>	<small>RELATIONSHIP TO YOU</small>
<small>NAME</small>	<small>RELATIONSHIP TO YOU</small>	<small>NAME</small>	<small>RELATIONSHIP TO YOU</small>
CERTIFICATION			
<ul style="list-style-type: none"> • I understand I must meet the minor parent rule or an exemption to the rule to get cash aid. • I authorize the county to check and verify the facts I provided on this statement of facts. • I declare under penalty of perjury under the laws of the United States and the State of California that the information in this statement of facts is true, correct, and complete. 			
<small>YOUR SIGNATURE</small>		<small>DATE</small>	<small>CWS SUPERVISOR</small> <small>DATE</small>
<small>SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT</small>		<small>DATE</small>	<small>CWS WORKER NAME/NUMBER</small>
			<small>CWS PHONE NUMBER</small>