

REPORTING CHANGES FOR CalWORKs AND CALFRESH

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

Because you get CalWORKs, 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 during your annual redetermination/recertification (RD/RC) all income the RD/RC form asks about, 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 may get more benefits than you should. You **must** repay any extra benefits you get based on income you do not report. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime.

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

1. Anytime someone moves into or out of your household.
2. Anytime someone joins, or is in your household, who has a conviction for a drug related felony *that was not reported before*.
3. Anytime someone joins, or is in your household, who is in violation of a condition of probation or parole.
4. Anytime someone joins, or is in your household, who is running from the law.
5. 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. All mandatory reports required for CalWORKs, other than IRT (see 1-5 above).
2. You have a change in the source of income including starting, stopping or changing jobs;
3. Earned income changes by more than \$100.
4. Unearned income changes by more than \$50 (except for CalWORKs or General Assistance).
5. Rent or utility costs change (only if you move).
6. Any change in the amount of any court-ordered child support.
7. If you are an Able Bodied Adult Without Dependents (ABAWD), you must report any time 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:

- 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.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.

**REPORTING CHANGES FOR CalWORKs
AND CALFRESH**

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

Because you get CalWORKs, 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 during your annual redetermination/recertification (RD/RC) all income the RD/RC form asks about, 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 may get more benefits than you should. You **must** repay any extra benefits you get based on income you do not report. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime.

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

1. Anytime someone moves into or out of your household.
2. Anytime someone joins, or is in your household, who has a conviction for a drug related felony *that was not reported before*.
3. Anytime someone joins, or is in your household, who is in violation of a condition of probation or parole.
4. Anytime someone joins, or is in your household, who is running from the law.
5. 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:

- 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.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.

MID-YEAR STATUS REPORT**For CalWORKs and CalFresh**

RECIPIENT'S NAME:	CASE NUMBER (IF KNOWN):	SOCIAL SECURITY NUMBER (OPTIONAL)

Use this form to report mandatory or voluntary changes that have occurred since your last redetermination/recertification (RD/RC).

If you are reporting income information, please provide proof, such as, pay stubs; copies of checks; letters from agencies, etc.

If you are reporting changes in expenses, please provide proof, such as, receipts; canceled checks, paid invoices; etc.

If you are reporting an address change, please provide proof of expenses such as, a copy of your new rental agreement or lease; rent receipt for your new address; copies of utility deposits; etc.

MANDATORY INFORMATION

If you receive CalWORKs, report the information marked CW. If you receive CalFresh, report the information marked CF. The change of address and voluntary information sections are for all households/assistance units.

CW My combined household income is more than the limit for my household size.
In the month of _____, the total combined income for my household is \$ _____.

CW/CF Someone in my household is a convicted drug felon.
Name of person _____
Date of felony conviction _____

CW/CF Someone in my household is running from the law to avoid a felony conviction; running from the law, to avoid custody or confinement after a felony conviction; or is in violation of probation or parole.
Name of person _____

CW/CF Someone moved into or out of my household. (Attach a separate sheet for additional persons.)

1. Did the person move In or Out? (circle one)
2. Name (First, Middle, Last) _____
3. Date of Birth (mm/dd/yyyy) _____
4. Relationship to you _____
5. Regularly purchase and prepare together? Yes/No (circle one)

CW/CF I have moved, changed my phone number or have a new mailing address.
New home address _____

New mailing address (if different from your home address) _____
New phone number (_____) _____

- I receive free rent at this new address. I receive free utilities at this new address.
 My rent amount is \$ _____ per month. My utilities are \$ _____ per month.

MANDATORY INFORMATION - continued

- CF I have had a change in income (check one):
- Total monthly income has stopped.
 - Earned income changed by more than \$100.
 - Unearned income changed by more than \$50.
 - Source of income changed.
 - New income started.

CF A change has occurred in the amount of court-ordered child support.

CF Complete this section to report reduced work or training hours for Able-Bodied Adults Without Dependents:

The number of hours worked or in training dropped below 20 hours a week or 80 hours a month to _____ hours per week or _____ hours per month.

Name of person(s) _____

Relationship to you _____

Explain what happened _____

Date of change _____

VOLUNTARY INFORMATION (All households/Assistance Units)

I would like to report the following information:

CERTIFICATION

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. And, I may be charged with committing a felony if more than \$950 in cash aid and/or CalFresh is wrongly paid out.

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 for the entire report month.

WHO MUST SIGN BELOW:

For CalWORKs: you, your aided spouse, CA Domestic Partner or the other parent (of cash aided children) if living in the home.
For CalFresh: the head of household, responsible household member or the household's authorized representative.

Signature or Mark	Date Signed	Home Phone	Contact Phone
Signature of Spouse, Registered Domestic Partner, or Other Parent of Cash Aided Children	Date Signed	Signature of Witness to Mark, interpreter or other person completing form	Date Signed

R E P E A L

**SENIOR PARENT
STATEMENT OF FACTS**

(Supplement to the SAWS 2)

CASE NAME
CASE NUMBER

The rules say that when a minor parent (up to age 18) applies for cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete form, your cash aid and cash-based Medi-Cal may be **changed or stopped**.
- If you have questions, ask your worker.

1. Does your parent(s) get income, money, or benefits, such as: earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; interest or dividends from stocks, bonds, savings accounts; child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc.? YES NO

NAME	SOURCE	AMOUNT RECEIVED \$	HOW OFTEN
NAME	SOURCE	AMOUNT RECEIVED \$	HOW OFTEN

2. Does your parent(s) support other persons living in the home and claim them as Federal tax dependents? If YES, list name of person(s) and relationship. YES NO

NAME	RELATIONSHIP	NAME	RELATIONSHIP

3. Does your parent(s) support anyone not living in the home and claim or could claim that person as a Federal tax dependent? If YES, give name of person(s), amount paid and ATTACH proof. YES NO

NAME	AMOUNT PAID \$	NAME	AMOUNT PAID \$
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CERTIFICATION

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I get more than \$400 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
- I understand that failing to report information or true facts can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that I must call my worker to report any unexpected changes which may affect my eligibility for or the amount of my Cash Aid within 5 days of the change. If I am unsure about needing to report any changes, I must contact my worker.
- I understand that the facts I report may result in my benefits being denied, lowered or stopped.
- I understand that I have the right to request a State Hearing on any proposed action by the County Welfare Department.
- 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 are complete for the entire report month.

YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE INCOMPLETE

SIGNATURE OF CASH AIDED MINOR PARENT

DATE SIGNED



COUNTY USE ONLY

Client Name _____
 Case Number _____
 Date _____
 County _____
 County Phone Number _____

Your CalWORKs Reporting Rules Have Changed.
Please Read This Carefully.

As of _____ (date), your CalWORKs case will change from Semi-Annual Reporting to Annual Reporting. This is because your case no longer includes aid for an adult. You will no longer have to complete the SAR 7 once a year. You will now only have to report once per year on your annual redetermination form (SAWS 2).

This won't be new as these were on-going SAR cases.

This notice has details on the Annual Reporting requirements. Ask your worker or call the County if you have questions about what to report and when.

You will get a separate notice about any changes to your CalFresh reporting requirements.

Reporting Rules

Under Annual Reporting you have no form you have to fill out and return other than the annual redetermination.

You still will get an appointment letter in the mail when your redetermination is due. Your aid will stop if you miss your redetermination appointment and don't make it up by the end of the month.

Example: On March 18, you get an appointment letter from the county that says your redetermination appointment is on April 4. If you miss the appointment and don't make it up by the end of the April, your case will be discontinued April 30th.

Income Reporting Threshold (IRT) Rules

You still need to report within 10 days if your total monthly income is more than the IRT amount. You have to report the income to the County **within 10 days**. By "total monthly income" we mean **any** money you get. Any time your IRT amount changes, the County will tell you in writing what the new income level is.

Under Annual Reporting, when you report income over your IRT, the County may lower or stop your benefits.

Example: If your IRT is \$900 and you get income of \$800 you do not have to report the change until your next redetermination. If you get income of \$901 or more, you must report it to the county within 10 days. Your benefits will go down or stop. The County will give you a notice 10 days before the change. If your benefits are lowered, the County will also tell you your new IRT amount.

Mandatory Reporting Rules

Under Annual Reporting, you must report anytime someone moves into or out of your home. Annual Reporting rules say you **MUST** report the following mid-year changes, verbally or in writing, within 10 days of the change:

- income over the IRT;
- someone moves into or out of your household;
- address changes;
- drug felony convictions;
- fleeing felon status; or
- a court finding that anyone violated a condition of probation or parole.

Voluntary Reporting Rules

There is no change to CalWORKs voluntary reporting rules under Annual Reporting. You may voluntarily report any information (such as a decrease in income) that may increase your grant amount.

Welfare-to-Work Reporting Rules

If you get Welfare-to-Work services, you must continue to turn in all other reports and verifications required by the county. You need to turn in this proof to keep getting services like child care, transportation, and money for books.

Client Name _____
 Case Number _____
 Date _____
 County _____
 County Phone Number _____

The Rules for Your CalWORKs Case Have Changed.
Please Read This Carefully.

As of _____ (date), your CalWORKs case will change from Annual Reporting to Semi-Annual Reporting because your case now includes aid for an eligible adult. Under Semi-Annual Reporting, you are required to report two times per year instead of one time per year. One of those reports will be your annual redetermination/recertification form (SAWS 2). Six months after you complete your SAWS 2, a semi-annual eligibility status report (SAR 7) will be mailed to you and will tell you when it is due. You do not have to report when someone moves into or out of your home until your next report (SAWS 2 or SAR 7) is due. The Income Reporting Threshold (IRT) rules are the same under Semi-Annual Reporting: when you report income over your IRT, the county can decrease or stop your benefits.

This notice has details on the Semi-Annual Reporting requirements. Ask your worker or call the county if you have questions about what to report and when.

You will receive a separate notice about any changes to your CalFresh reporting requirements.

Reporting Rules

Under Annual Reporting, you were only required to complete a yearly redetermination of benefits. Under Semi-Annual Reporting, in addition to the annual redetermination, you are required to turn in a SAR 7 once a year (6 months after your annual redetermination). The SAR 7 will be sent to you in the mail.

Just like Annual Reporting, you will receive an appointment letter in the mail when your redetermination is due. If you miss your redetermination appointment and don't make it up by the end of the month, your aid will stop.

Example: On March 18, you receive an appointment letter from the county that says your redetermination appointment is on April 4. If you miss the appointment and don't make it up by the end of April, your case will be discontinued April 30th.

Income Reporting Threshold (IRT) Rules

The amount of income that you have to report within 10 days will remain the same under Semi-Annual Reporting. If your total monthly income is more than your IRT amount, you have to report the income to the county within 10 days. By "total monthly income" we mean any money you get. The county will tell you what your IRT is. Under Semi-Annual Reporting, the IRT is still based on your total income and the number of people in your household. Going over IRT can result in a decrease to your grant or your aid being stopped.

Example: If your IRT is \$1000 and you get income of \$800 you do not have to report the change until your next report (SAR 7 or SAWS 2). If you get income of \$1001 or more you must report it to your worker within 10 days. If the income will continue, your cash aid benefits will be lowered or stopped with 10 day notice.

Mandatory Reporting Rules

Most CalWORKs mandatory reporting rules are the same under Semi-Annual Reporting as under Annual Reporting. Semi-Annual Reporting rules say you **MUST** report the following changes, verbally or in writing, within 10 days of the change:

- income over the IRT;
- address changes;
- drug felony convictions;
- fleeing felon status; or
- violations of conditions of probation or parole.

Voluntary Reporting Rules

There is no change to CalWORKs voluntary reporting rules under Semi-Annual Reporting. You may voluntarily report any information (such as a decrease in income or someone without income moving into your home) that may increase your grant amount. If you report something voluntarily that would result in a decrease to your grant amount, the county will not reduce your aid until you report the information on your next mandatory report.

Welfare-to-Work Reporting Rules

If you get Welfare-to-Work services, you must continue to turn in all other reports and verifications required by the county. You need to turn in this proof to keep getting services like child care, transportation, and money for books.

R E P E A L

REPORTING CHANGES FOR CASH AID AND FOOD STAMPS

CASE NAME:
CASE NUMBER:
WORKER:
WORKER NUMBER:

If you receive Cash Aid, what you MUST report even when it is not your report month.

Anytime your family's combined gross monthly income, both earned and unearned, is more than the Income Reporting Threshold (IRT) for your family size, you must report this information to the County within ten (10) days. You can report this information to the County by calling your worker or reporting it in writing.

Your family size is _____ your IRT is \$ _____.

The County will let you know each time your IRT changes.

Gross income means the amount of your income before any deductions, such as taxes, Social Security and retirement contributions, overpayment collections, wage garnishments or attachments, etc.

Failure to report when your income is more than the IRT limit for your family's size may result in your benefits being overpaid. Any overpaid benefits caused by your failure to report **MUST** be repaid. You may also be subject to fraud charges/penalties if you do not report required information to the County.

How to figure your family's gross income.

Each month, add all of your family's income both earned and unearned (wages or earnings, salary, disability income, unemployment, public benefits, etc.). If the total is more than the amount shown on this letter, you must report this income to the County. Families that only have unearned income or that only get Food Stamps will not be required to report income except on the Quarterly Report form.

If you receive Cash Aid, you MUST also report this information even when it is not your report month.

- Anyone in your household who has been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s), has become a fleeing felon or is in violation of a condition of probation or parole and you have not already reported it.
- Anytime you have an address change, you must report your new address to the County.

If you receive Food Stamps, you MUST report this information even when it is not your report month.

- If you are an Able Bodied Adult Without Dependents (ABAWD) Food Stamp recipient, you must report anytime the number of hours you work or are in training drop to less than 20 hours a week or 80 hours a month.
- Anytime you have an address change, you must report your new address to the County.

Voluntarily reporting information

You may report changes to the County anytime you think the change will result in your Cash Aid or Food Stamp benefits going up. For example.

- Your income stops or goes down;
- Someone who has income has moved out of your home;
- Someone moves into your home and has no income;
- Your minor child becomes pregnant and is eligible for Cal-Learn services;
- CalWORKs special needs that you or someone in your household may have such as, pregnancy special needs, a special diet prescribed by a doctor, etc;
- The birth of a child;
- For Food Stamps: Anyone in your household who is disabled or age 60 or older may report new medical costs that are not currently being used to figure your Food Stamp benefits.

At anytime, you can also ask the County to discontinue your entire case or any individual person who leaves the home or is not required to be in the assistance unit. You can also ask the County to stop other benefits, such as: Medi-Cal or Food Stamps. Receiving Medi-Cal and/or Food Stamps only will not count against your Cash Aid time limits.

R E P E A L

**MID-QUARTER STATUS REPORT
For Cash Aid and Food Stamps**

RECIPIENT'S NAME:	CASE NUMBER (IF KNOWN):
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Use this form to report mandatory or voluntary changes that have occurred since your last Quarterly Report (QR 7/SAWS QR 7).

If you are reporting income information, please provide proof, such as, pay stubs; copies of checks; letters from agencies, etc.

If you are reporting changes in expenses, please provide proof, such as, receipts; canceled checks, paid invoices; etc.

If you are reporting an address change, please provide proof of expenses such as, a copy of your new rental agreement or lease; rent receipt for your new address; copies of utility deposits; etc.

MANDATORY INFORMATION

If you receive Cash Aid, report the information marked CA. If you receive Food Stamps, report the information marked FS. The change of address and voluntary information sections are for all households/assistance units.

CA My combined household income is more than the limit for my household size.
In the month of _____, the total combined income for my household is \$ _____.

CA Someone in my household is a convicted drug felon.
Name of person _____
Date of felony conviction _____

CA Someone in my household is running from the law to avoid a felony conviction; running from the law, to avoid custody or confinement after a felony conviction; or is in violation of probation or parole.
Name of person _____

CA/FS I have moved, changed my phone number or have a new mailing address.
New home address _____
New mailing address (if different from your home address) _____
New phone number (_____) _____

- | | |
|---|---|
| <input type="checkbox"/> I receive free rent at this new address. | <input type="checkbox"/> I receive free utilities at this new address. |
| <input type="checkbox"/> My rent amount is \$ _____ per month. | <input type="checkbox"/> My utilities are \$ _____ per month. |
| <input type="checkbox"/> I share the rent (explain) | I have: <input type="checkbox"/> Heating <input type="checkbox"/> Cooling |
| | <input type="checkbox"/> Water <input type="checkbox"/> Sewer |
| | <input type="checkbox"/> Garbage <input type="checkbox"/> Telephone |
| | <input type="checkbox"/> Other |

See other side

MANDATORY INFORMATION - continued

FS Complete this section to report reduced work or training hours for Able-Bodied Adults without Dependents (ABAWDs):

The number of hours worked or in training dropped below 20 hours a week or 80 hours a month to _____ hours per week or _____ hours per month.

Name of person(s) _____

Relationship to you _____

Explain what happened _____

Date of change _____

VOLUNTARY INFORMATION (All households/Assistance Units)

I would like to report the following information:

CERTIFICATION

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. And, I may be charged with committing a felony if more than \$400 in cash aid and/or food stamps is wrongly paid out.

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, your aided spouse or CA Domestic Partner and the other parent (of cash aided children) if living in the home.
For Food Stamps: the head of household, household member or the household's authorized representative.

Signature or Mark	Date Signed	Home Phone	Contact Phone
Signature of Spouse or CA Domestic Partner or other Parent of Cash Aided Children	Date Signed	Signature of Witness to Mark, interpreter or other person completing form	Date Signed

R E P E A L



ELIGIBILITY/STATUS REPORT

PLEASE SIGN THE FORM AFTER _____ 1ST AND RETURN IT BY THE 5TH OF THE MONTH.
SUBMIT MONTH

NEED HELP? CALL YOUR WORKER.

Worker Name:

Worker Phone:

BAR CODE:

Please Stop My Benefits For: Cash Aid Food Stamps Medi-Cal at the end of this month. Sign and date the last page. Return the form to your worker. You can reapply at any time.

PART 1: Please tell us what happened in _____

REPORT MONTH

YEAR

1. Did you or anyone get any income or money from any source this MONTH? If "YES", list below and ATTACH PROOF. YES NO

Earnings: Babysitting, interest or dividends, rental income, salary, self-employment, sick pay, tips, vacation pay, etc. Any Government Benefits: State Disability Indemnity (SDI), Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), other government disability or retirement, rental assistance, unemployment, veteran's retirement, Worker's Compensation (UIB), etc. Other Benefits: Child/spousal support, insurance or legal settlements, other private disability or retirement, railroad retirement, strike benefits, etc. Other: Cash, gifts, loans, scholarships, etc. Income In-Kind: Such as earned housing, free housing/utilities/clothing/food, etc.

Table with 7 columns: Who got the income?, From?, Gross amount, \$, \$, \$, \$, \$, Date received

1a. Number of hours worked or in training in this MONTH:

Table with 6 columns: Who worked?, Where?, Total Hours, Who trained?, Where?, Total Hours

1b. If the income or money reported above will change in the next three months after the SUBMIT MONTH, please explain and ATTACH PROOF.

Table with 4 columns: Name of person, Source of income or money, Why will it change?, How much will you get? (First Month, Second Month, Third Month)

Questions 2, 3, 4, and 5 may help you get more Food Stamps

2. Medical Costs: Did anyone who gets Food Stamps and is disabled or 60 years or older pay medical costs? If "YES", list the amount paid below and ATTACH PROOF of payment. YES NO

Table with 3 columns: Who paid?, Who gets care?, Amount \$

3. Dependent Care: Did anyone who gets Food Stamps pay for the care of a child, disabled person, or other dependent while working, seeking work, or attending school or training? If "YES", list the amount paid below and ATTACH PROOF of payment. YES NO

Table with 3 columns: Who paid?, Who gets care?, Amount \$

COUNTY USE SECTION

4. **Child Support: Did anyone who gets Food Stamps pay court-ordered child support?** YES NO
 If "YES", list the amount paid below and ATTACH PROOF of payment.

Who paid?	Amount \$	Who paid?	Amount \$
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5. **If the information in Question 2, 3, or 4 will change in the next three months after the SUBMIT MONTH, check the box(es) below, please explain and ATTACH PROOF.**

Medical Costs <input type="checkbox"/>	Who pays?	Amount \$	Who gets care?	What changed?	When will it change?
Dependent Care <input type="checkbox"/>	Who pays?	Amount \$	Who gets care?	What changed?	When will it change?
Court-Ordered Child Support <input type="checkbox"/>	Who pays?	Amount \$	For whom?	Attach new court order	When will it change?

PART 2: What Has Happened SINCE Your Last Report?

6. **Did anyone get, buy, sell, trade, or give away any property [land, home, cars, bank accounts, money payments (such as: lottery or casino winnings, retroactive social security, tax refunds), other]?** If "YES", list all items below and ATTACH PROOF. YES NO

Who owns, sold, traded, or gave away?	Type of Property	When?	Value \$	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Won
				<input type="checkbox"/> Gift Received	<input type="checkbox"/> Traded	<input type="checkbox"/> Gave Away
Checking Account <input type="checkbox"/> Opened <input type="checkbox"/> Closed Balance \$	Savings Account <input type="checkbox"/> Opened <input type="checkbox"/> Closed Balance \$					

7. **Has anyone moved into or out of your home, or did you move in with someone else?** YES NO
 If "YES", complete below.

Full name of person	Relationship to you	Moved in or out?	When?

8. **Has anyone in your family been convicted of a drug related felony for possession, use, or distribution; avoiding or running from any felony prosecution, custody, or confinement; or in violation of probation or parole?** YES NO

If "YES", name: _____ Where convicted? _____ Date of conviction: _____

9. **Have any of the following or any other changes happened to anyone in your home?** YES NO
 If "YES", check the box(es) below and ATTACH PROOF.

- Family Change** (Married, divorced, separated, registered a California Domestic Partnership (DP), have a non-California DP, ended a DP, became pregnant, had a baby, or no longer pregnant?)
- Disability** (Became disabled or recovered from a disability or major illness?)
- Work** (Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?)
- 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 Supportive Services** (Started or stopped getting services?)
- School Attendance**
 - For Cash Aid Only - Student age 6 - 18 stopped or started attending school regularly?
 - Age 16 or older student started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- Other**

If you checked "YES" for any of these, please fill out below. Attach a separate sheet of paper if needed:

Name of person(s)	Relationship to you	What happened?	When

ADDRESS CHANGE

Fill in this section **ONLY** if you have moved or have a new mailing address. If you are getting Food Stamps, you may be asked to provide proof of your new shelter costs.

NEW Home Address (Number, Street Name, Avenue, Blvd., Etc.) Apt. No	City	State	Zip Code	New Phone Number ()
Date Moved	NEW Mailing Address (If different from Home Address)	City	State	Zip Code

Do you have housing costs at this new address? YES NO If yes, how much? \$ _____
 Do you have to pay heating/cooling costs separate from your housing cost? YES NO If yes, how much? \$ _____

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 \$400 in Cash Aid, and/or Food Stamps is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the Eligibility/Status Report for Cash Aid and Food Stamps.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH THIS REPORT IS FOR 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, domestic partner, and the other parent (of cash-aided children) if living in the home. For Food Stamps: the head of household, a responsible household member, or the household's authorized representative.		
SIGNATURE OR MARK	DATE SIGNED	HOME PHONE ()	CONTACT/CELL PHONE ()
SIGNATURE OF SPOUSE, DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED

HOW TO FILL OUT YOUR QR 7 QUARTERLY ELIGIBILITY/STATUS REPORT

For Cash Aid and Food Stamps

- Save this notice to help you fill out your QR 7 (Quarterly Eligibility/Status Report) if you need help filling out your report, tell your worker.
- If you do not send in a complete report including, but not limited to, answering all questions on the QR 7 and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Changes that may affect your eligibility for Cash Aid or Food Stamps that you are required to report, must be reported within 10 days.
- Facts you report may result in your benefits going up, down, or being stopped.



INSTRUCTIONS

HOW OFTEN YOU MUST COMPLETE THE QR 7

For Cash Aid and Food Stamps you must turn in a complete QR 7 once every quarter (every three months). The County will tell you when you are supposed to turn in your completed QR 7.

REPORTING FOR PEOPLE WHO ARE LIVING IN YOUR HOME

If your family gets Cash Aid (no Food Stamps), report facts for:

- All children-natural, adopted, and stepchildren.
- All parents-natural, adoptive, and stepparent.
- Other aided relatives of the child.
- Yourself and your spouse or registered domestic partner.
- Anyone who is temporarily absent from the home.

If your family gets Cash Aid and Food Stamps you must also report facts for:

- All related adults.
- Others who buy and prepare food with you.

If your family gets Food Stamps only, you must report facts for:

- All children.
- All related adults.
- Others who buy and prepare food with you.

REQUEST TO STOP BENEFITS

- If you ask to have your Cash Aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or you may have to pay a share of cost of it.
- On the QR 7, complete the request to stop benefits section only if you want to stop any of your benefits. Check the benefits you want stopped and sign and date the QR 7. If you only want to stop some of your benefits and keep others, you must fill out the rest of the QR 7.
- You can also request to stop your benefits by calling your worker.

FACTS YOU MUST REPORT FOR EACH QUESTION

Part 1: Questions 1 (except for question 1b) through 4 are about what happened in the report month.

Question number:

- ① Any earnings, training allowances, or other money anyone got. Such as wages, vacation pay, cash bonuses, In-Home Supportive Services (IHSS) pay, child or spousal support; Social Security; Supplemental Security Income/State Supplementary payment (SSI/SSP); Unemployment/Disability Insurance; worker's compensation; any other type of disability or retirement; lottery winnings; insurance or legal settlements; rental income or assistance; free housing/utilities/clothing/food; or anything else. List the name of the person(s) who got the money, where they got the money from, the date the person(s) actually got the money, and the gross amount they got (this means the amount before any taxes or deductions). Attach proof such as, check stubs, copies of checks or statements from the employer, award letters from the agency you got the money from, etc. If self-employed, and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof such as, receipts or paid invoices, etc. If you want to figure your business costs by using the standard 40 percent deduction of your verified income, you do not need to list your business expenses.

- 1e List the name of anyone who worked or trained, where, and the total hours for the month.

- 1b Any income or money you expect will change in the next three months after the submit month. List the name of the person whose income or money will change, the source, why it will change, and the total gross amount for each month. Attach proof.
- ② If anyone who gets Food Stamps and is disabled or 60 years or older paid medical costs, list the name of the person who paid it, who got the medical care, and the amount they paid. Attach proof of payment.
- ③ If anyone who gets Food Stamps paid for the care of a child, disabled person, or other dependent while working, looking for work, or while they were in school or training during the report month, list the name of the person who paid it, who received the care, and the amount they paid. Attach proof of payment.
- ④ If anyone who gets Food Stamps paid court-ordered child support, list the name of the person who paid it and the amount they paid. Attach proof of payment.
- ⑤ If the expenses in Questions 2, 3, and 4 will change in the next three months after the submit month, list the medical expenses for someone who is age 60 or older; child/dependent care; and child support. List the name of the person who paid it, the amount they paid, who received the care or the child who got the support, what changed, and when will it change. Attach proof of payment.

Part 2: Questions 6 through 9 are about what has happened since your last quarterly report.

- ⑥ Anyone who got, bought, sold, trade, or gave away any of the following property: land, home, cars, bank accounts, money payments (lottery or casino winnings, retroactive social security, tax refunds), etc. List who owns or owned the property, the type of property, when it changed, the value of the property, and what happened. Attach proof.
- ⑦ Anyone who moved into or out of your home or if you moved in with someone else. This includes; newborns; people who are temporarily absent from your home; anyone who died, entered or left a hospital or institution (including a penal institution), etc. List the name of the person who moved in or who you moved in with, their relationship to you, what happened, and the date it happened.
- ⑧ Anyone in your home who has been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) or who is avoiding or running from the law to avoid felony prosecution, custody, or confinement or is in violation of probation or parole. List the name of the person, where they were convicted, and date they were convicted. If you have previously reported the information to the County on a past quarterly report, you do not need to report the same information each quarter.
- ⑨ Other facts that could change your eligibility or the amount of your benefits: marriage, divorce, separation, a California Domestic Partnership (DP), other state DP, ended a DP, became pregnant, had a baby, no longer pregnant; became disabled or recovered from a disability/major illness; starting or stopped working, refused a job or training, hours worked or trained changed, went on strike; citizenship or immigration status changed or got new documentation from USCIS; started, stopped, or changed health, MEDICARE, dental, or life insurance benefits; any change in time of care or custody of your children; started or stopped getting In-Home Supportive Services; student ages 6 - 18 stopped or started attending school regularly; student ages 16 or older stopped or started attending school/college.

SEE OTHER SIDE FOR MORE INFORMATION

ADDRESS CHANGE

Give us the facts about any changes in your address or phone number. If you are getting Food Stamps you may be asked to give proof of new housing costs like rent and utilities. If your housing costs increased because of the move be sure to list the new amounts.

WHO MUST SIGN THE QR 7

- **For Cash Aid:** You and your aided spouse, registered domestic partner, and the other parent of the aided child(ren) if they live in your home.
- **For Food Stamps:** The head of household, an adult household member or the household's Authorized Representative.
- **And:** Any other person who fills out the report, an interpreter or the witness to your mark.

WHAT WE MEAN WHEN WE SAY

AVOIDING OR RUNNING FROM THE LAW TO AVOID PROSECUTION, CUSTODY OR CONFINEMENT: A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts that the law was looking for them.

CASH AID: CalWORKs (California Work Opportunity and Responsibility to Kids) and Refugee Cash Assistance.

CONTROLLED SUBSTANCE: Any drug whose availability is restricted by federal or state law, including but not limited to, narcotics, stimulants, depressants, hallucinogens and marijuana.

COMPLETE QR 7: A QR 7 is "complete" only when:

- All of the YES/NO questions are answered, and
- All of the information is filled in, and
- All of the proof is attached when the form asks for it, and
- All of the required signatures are on the form, and
- The form is signed and dated after the last day of the report month.

COURT ORDERED CHILD SUPPORT: The payment a legal document or court of law says you must make to a person for a child who is not in your home. Include payments made by a stepparent.

GROSS AMOUNT: The amount of your paycheck before deductions are taken out for taxes, social security, etc.

IN VIOLATION OF PROBATION OR PAROLE: Probation or parole was revoked or an arrest warrant was issued. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

REPORT MONTH: The month shown in Part 1 of the QR 7.

SUBMIT MONTH: The month shown in the header at the top of the QR 7.

CERTIFICATION SECTION

- You must sign the QR 7 "under penalty of perjury." This means that you swear under oath that the facts you give us are true, correct and complete.
- Perjury and fraud are crimes punishable by law.

PENALTIES FOR CASH AID WELFARE FRAUD: If on purpose you do not follow Cash Aid rules, your Cash Aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

Your Cash Aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second offense, or forever for the third.
- For submitting one or more application to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.00; and forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

PENALTIES FOR FOOD STAMP FRAUD: If you purposely do not follow Food Stamp rules, your Food Stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

- **If you are found guilty in any court of law or administrative hearing because:**
- You traded or sold Food Stamps for firearms, ammunition, or explosives, your Food Stamps can be stopped forever for the first violation.
- You traded or sold Food Stamps for controlled substances, your Food Stamps can be stopped for 24 months for the first violation and forever for the second.
- You traded or sold Food Stamps that were worth \$500 or more, your Food Stamps can be stopped forever.
- You gave the county false identify or residence information, so you can get Food Stamps in more than one case at the same time, your Food Stamps can be stopped for 10 years.

DO NOT FORGET:

- **If your report is late, not complete or not turned in, your benefits may be late, changed or stopped.**
- **If your report is not complete when you turn it in, you will be asked to complete it again.**
- **If you sign and date your report before the last day of the report month, you will be asked to sign and date it again.**
- **If you are not sure how to report, what to report or what proof you need to send in, ask your worker.**
- **If your Cash Aid stops, you may still be eligible for Food Stamp benefits even if you are now employed.**
- **If your Cash Aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.**

SPONSORED NONCITIZENS APPLYING FOR OR RECEIVING CASH AID AND/OR FOOD STAMPS

Important Information For Noncitizens Sponsored By Individuals

As a noncitizen who is sponsored by an individual(s), you must meet special conditions to receive Cash Aid and/or Food Stamps.

The Special Conditions Are:

- Your sponsor's income and resources will have to be reviewed for you to receive benefits. Your sponsor must provide information on the attached form. Both you and your sponsor must sign this form.
- If your application is approved, you and your sponsor will have to complete quarterly income and resource reports for Cash Aid and Food Stamp benefits. If your sponsor does not provide this information, your benefits may be changed or stopped. Family members who are not sponsored and are otherwise eligible can get and continue to get their benefits.
- **You are the person responsible for getting all the information requested to the county welfare department for both you and your sponsor.**

Important Information For Sponsors

The noncitizen you sponsor has applied for Cash Aid and/or Food Stamps. If you completed an affidavit of support, State regulations require the county welfare department to evaluate your income, resources, and property in deciding whether or not the noncitizen applicant can get benefits. Sponsorship is normally for an indefinite period of time. This form must be completed and signed by you under penalty of perjury. If you are living with your spouse or your spouse has signed an affidavit of support, your spouse's income, resources, and property are also counted.

If the noncitizen's application for Cash Aid is approved, **each quarter** you will have to report your income, resources, and property on the Sponsor's Quarterly Income and Resources Report (QR 72). The noncitizen will provide you with the report form. Your report must be completed and returned to the noncitizen immediately to ensure the noncitizen's continued eligibility. Each quarter, resources and a portion of your income will be used to determine the noncitizen's continued eligibility and benefits.

If the noncitizen receives benefits to which he or she is not entitled because you failed to accurately report information, you and/or the noncitizen may have to repay these benefits.

**SPONSOR'S STATEMENT OF FACTS
INCOME AND RESOURCES**

(Supplemental Application For Food Stamps And Cash Aid)

INSTRUCTIONS: PLEASE ANSWER THE FOLLOWING QUESTIONS FOR YOURSELF AND YOUR SPOUSE (IF LIVING TOGETHER OR IF SPOUSE HAS SIGNED AN AFFIDAVIT OF SUPPORT) AND RETURN IT TO THE NONCITIZEN IMMEDIATELY.

Noncitizen Name and Address

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Proof may be needed to verify answers to the following questions. Attach proof when the form asks for it.

① YOUR NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER ()
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	
MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)	

② YOUR SPOUSE'S NAME (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT) (FIRST, MIDDLE, LAST)	HAS SPONSOR'S SPOUSE SIGNED AN AFFIDAVIT OF SUPPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No
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③ Do you or your spouse get assistance such as: California Work Opportunity and Responsibility to Kids (CalWORKs), Food Stamps, or Supplemental Security Income (SSI)? If Yes, complete below: Yes No

Case Name	Date of Birth	Type of Assistance	County	State

If **both** you and your spouse get Assistance and the noncitizen is **not** applying for Food Stamps, complete only the Certification section on Page 3 and return the form. For all others, go to Question ④.

④ A. Have you or your spouse sponsored any other noncitizen's entry into the United States? Yes No
If Yes, complete below using the I-864, I-864A or the I-134:

Noncitizen Name	Noncitizen Address	Date of Admission to U.S.

B. Are any of the noncitizens listed in ④A receiving any type of assistance such as: CalWORKs, Food Stamps or SSI? Yes No
If Yes, complete below:

Type of Assistance	Date First Applied	County	State

⑤ Do you or your spouse have other persons who are claimed or could be claimed as dependents for federal income tax purposes? Yes No
If Yes, complete below:

Name of Person(s)	Does Person Live With Sponsor
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

COUNTY USE ONLY
CASE NAME: _____
CASE NO: _____
WORKER NO: _____

VERIFIED:

Letter on File

Verbal Communication

Other: _____

VERIFIED:

Affidavit of Support on File

I-864

I-864A

I-134

Other: _____

Verified

Verified

IRS Form 1040 Reviewed

Other: _____

Claimed Yes No

Claimed Yes No

Claimed Yes No

Claimed Yes No

Claimed Yes No

6 Are you or your spouse currently employed? Yes No
 If Yes, complete section below. Attach paystubs or other proof of earnings. If you or your spouse are self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

COUNTY USE ONLY

Name	Name of Employer	Gross Pay (Before Deductions)	How Often Paid (Weekly, Monthly, etc.)	Commissions or tips	Number of Tax Dependents Claimed	Check if Exempt	Enter Date Viewed
		\$		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Stubs Other
		\$		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

7 Do you or your spouse receive or expect to receive any other income such as: Social Security, Unemployment/Disability Insurance, Child/Spousal Support, Veterans Benefits, etc? Yes No
 If Yes, complete section below and attach proof of the income.

Name	Type of Income	Amount	How Often Received	Check if Exempt	Specify Verification and Date Reviewed:
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

8 Do you or your spouse have any of the following resources? Check each item. If Yes, explain below.

Resource	Sponsor	Spouse	Resource	Sponsor	Spouse
Checks or Money (At Home or Elsewhere)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checking, Savings, Credit Union Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, Bonds, Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes, Mortgages, Trust Deeds, Sales Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Specify below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Resource	Owner	Current Value	Location (Home, Bank, Address, etc.)	Account Number	Check if Exempt
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

9 Do you or your spouse own (or are you buying) any real property, such as: a house, land, building, etc. If Yes, complete section below: Yes No

Name	Type of Property	Address/Location	How Used? (Home, Rent, etc.)	Balance Owed	Value	Name of Mortgage Co.	Check if Exempt
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

10 Do you or your spouse own or use or are you buying any motor vehicles, such as: a car, truck, boat, trailer, van, camper, motorcycle, etc. If Yes, complete section below: Yes No

Name	Year, Make, Model	License Number and State of Registration	Amount of current License Fee	Balance Owed	Check if Exempt
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

11 Do you or your spouse who receive income pay any court ordered support? Yes No
 If Yes, enter the monthly amount \$ _____ Who pays? _____

12 Do you or your spouse make support payments to other persons not living in your home? Yes No
 If Yes, complete section below: Yes No

Who Pays	To Whom Paid (Name)	Amount Paid
		\$
		\$
		\$
		\$

13 Do you or your spouse own or use personal property or resources such as: Jewelry, equipment, instruments, livestock, etc.? Do not list clothing, wedding rings, rugs, furniture, appliances, other household furnishings. If Yes, complete section below: Yes No

Name	Name of Item	Date of Purchase	Purchase Price	Gift	Amount Owed	Net Market Value
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		1. _____
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		2. _____
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		3. _____
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		4. _____

CERTIFICATION

- I understand that if on purpose I don't give the right facts or all the facts for the CalWORKs, Food Stamp or cash-based Medi-Cal Programs, I can be punished and I can be legally accused of the crime of fraud. If I am found guilty of committing fraud, I can be fined up to \$10,000 for CalWORKs and \$250,000 for Food Stamps. And, I can go to jail/prison for up to 5 years for CalWORKs and 20 years for Food Stamps. In the CalWORKs and Food Stamp Programs, my benefits can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years or forever.
- I understand that the information provided on this form may be verified by local, state and federal agencies.
- I understand that the noncitizen's case, including my statement, may be selected for an additional review to ensure that the noncitizen's eligibility was determined correctly.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

- If the noncitizen is applying for Cash Aid, both you and your spouse must sign the form. If the noncitizen is applying for Food Stamps only, either you or your spouse must sign the form.

SPONSOR'S CERTIFICATION:

- I understand that the term for Sponsorship is normally an indefinite period of time.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the above information contained on this statement of facts is true, correct, and complete.

SPONSOR'S SIGNATURE OR MARK	DATE
SPONSOR'S SPOUSE'S SIGNATURE OR MARK (IF LIVING WITH SPOUSE OR HAS SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

- If the noncitizen is applying for Cash Aid, the noncitizen must sign this form. If the noncitizen is applying for Food Stamps only, the form must be signed by the noncitizen, the head of household, a household member, or an authorized representative.

NONCITIZEN'S CERTIFICATION:

- I have reviewed this signed and completed form from my sponsor(s). I declare under penalty of perjury under the laws of the United States of America and the State of California that it is true, correct, and complete to the best of my knowledge.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	CalWORKs Sponsor/Sponsor's Spouse Income Computation	Food Stamp Sponsor/Sponsor's Spouse Computation																																																																																																												
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WORKER SIGNATURE	WORKER SUPERVISOR	DATE
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R E P E A L

PAYEE AGREEMENT FOR MINOR PARENT

COUNTY USE ONLY	
CASE NAME:	
CASE NUMBER:	
WORKER NAME:	

If you do not return this form by _____
you will not get cash aid.

SECTION A: PREGNANT OR PARENTING MINOR AGREEMENT

I understand that any cash aid I am eligible to get for myself or dependent child(ren) will be paid to my parent, legal guardian, or other adult relative, with whom I live. I give permission to give this agreement to the person named below.

NAME OF PROPOSED PAYEE		RELATIONSHIP
NAME OF MINOR	SIGNATURE OF MINOR	DATE

SECTION B: PAYEE RESPONSIBILITIES

The above-named minor has applied for California Work Opportunity and Responsibility to Kids (CalWORKs) for him/herself and/or his/her dependent child(ren). The minor has named you to serve as payee and receive cash aid payments. Payee responsibilities are listed below:

- I understand the payments I get for the person(s) in this case are to be used for their support. If I willfully and knowingly receive or use any part of the payment for any reason other than to support them, state law says I may be prosecuted for committing a misdemeanor.
- I understand that I am responsible to make sure the minor is given all information sent to me by the county for the minor such as quarterly report forms, notices of action and informing notices. It is the minor's responsibility to complete any necessary forms by the due date.
- I understand that if the minor moves out of my home, I should notify the county within 5 days and any payments received after the minor moves out should be returned to the county.
- I understand that if I do not agree to become the payee it does not affect the eligibility of the minor and/or his/her dependent child(ren).

SECTION C: PAYEE CERTIFICATION

Please check (✓) one of the boxes below:

- I understand the above facts and agree to act as the payee for the minor listed above.
- I refuse to act as the payee for the minor listed above.

PROPOSED PAYEE	PHONE NUMBER	DATE
----------------	--------------	------

R E P E A L

APPLICANT TEST

CASE NAME	CASE NUMBER	CW NAME	DATE
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- Determine whose needs to consider in the MBSAC size and select the corresponding MBSAC amount.
- Use a best estimate of countable income from AU members (including penalized AU members), certain non-AU members and sanctioned/excluded members.
- Deduct \$90 from the gross earned income of each family member whose earnings are used on the QR 29.
- Compare the family's total countable income to the MBSAC plus special needs to determine financial eligibility.

MONTH AND YEAR _____

1. NUMBER OF FAMILY MEMBERS WHOSE NEEDS ARE CONSIDERED IN MBSAC	
2. CORRESPONDING MBSAC FOR FAMILY SIZE IN #1 ABOVE	\$
3. RECURRING SPECIAL NEEDS	+
4. TOTAL GROSS INCOME LIMIT	=
5. GROSS EARNINGS COMPUTATION	
a. Gross Earnings (Person 1)	\$
b. Disregard	- 90
c. SUBTOTAL	=
d. Gross Earnings (Person 2)	\$
e. Disregard	- 90
f. SUBTOTAL	=
g. Gross Earnings (Person 3)	\$
h. Disregard	- 90
i. SUBTOTAL	=
j. TOTAL (Line 5c, 5f and 5i)	\$
6. SOCIAL SECURITY BENEFITS	+
7. V.A. BENEFITS	+
8. UIB	+
9. CHILD/SPOUSAL SUPPORT RECEIVED (Less CSSD)	+
10. UA CONTRIBUTION (From CW 71)	+
11. UNEARNED IN-KIND (Total received)	+
12. ALL DISABILITY INCOME	+
13. OTHER (Specify)	+
14. TOTAL COUNTABLE INCOME (Line 5j through Line 13)	=
15. Is total countable income (Line 14) less than the total gross income limit (Line 4)?	
<input type="checkbox"/> YES; eligible, complete QR 30.	
<input type="checkbox"/> NO; ineligible.	

SELF-EMPLOYMENT INCOME CALCULATION		
EARNINGS FROM SELF-EMPLOYMENT	PERSON 1 Line 5a	PERSON 2 Line 5d
Gross earnings from self employment	\$	\$
Expenses <input type="checkbox"/> Actual <input type="checkbox"/> 40%	-	-
Net self-employment income (Include in line 5 for appropriate person)	\$	\$

R E P E A L

CALWORKS BUDGET WORKSHEET

Use the worksheet on the back of the QR 30 to calculate average income for the quarter.

CASE NAME: _____		CASE NUMBER: _____		SECTION C: GRANT COMPUTATION	
DATA MONTH _____		PAYMENT QUARTER _____		18. Maximum Aid Payment for _____	
<input type="checkbox"/> STANDARD MAP		<input type="checkbox"/> EXEMPT MAP		Family Member (A & C). \$	
WORKER NAME: _____					
WORKER #: _____		DATE: _____		a. Net nonexempt income (enter amount from line 11 or 15). -	
				b. Special needs other than HA, (A, C, D) +	
				c. Potential Grant \$	
				19. Maximum Aid Payment for _____	
				persons. (A) \$	
				a. Special Need other than HA (A & D). +	
				b. Subtotal \$	
				c. Aid Payment (lesser of 18c or 19b). \$	
				20. Proration figure	
				Date: _____ X	
				21. Prorated Aid Payment \$	
				22. Other adjustments imposed upon the AU:	
				a. Child Support non-co-op (25% of Aid Payment) -	
				b. Overpayment adjustment -	
				c. Other penalties -	
				d. School bonus +	
				23. Adjusted Aid Payment \$	
SECTION A: DISABILITY BASED INCOME (DBI)					
1. Total Average DBI of A, B, C, D, E		\$			
2. Minus \$225 DBI disregard (If #1 is \$225 or more) or		-			
3. Minus DBI disregard (If #1 is less than \$225)		-			
4. DBI Remainder (#1 - #2)		-			
5. Unused DBI disregard (\$225 - #3)		-			
SECTION B: EARNED INCOME (EI)					
1. Average monthly earnings from Self-Employment of A, B, C, D, E		\$			
2. Minus Self-Employment expenses Actual <input type="checkbox"/> or 40% <input type="checkbox"/>		-			
3. Subtotal		=			
4. Other EI of A, B, C, D, E, (From income worksheet)		\$			
5. Total Gross EI (#3 + #4)		=			
6. Unused DBI Disregard (Section A, #5 or \$112, whichever is less)		-			
7. Subtotal		=			
8. 50% EI Disregard (#7 divided by 2)		=			
9. Subtotal: Net Nonexempt Income (#7 - #8)		=			
10. Nonexempt DBI (Section A, #4)		+			
11. Other Nonexempt Income of A, B, C, D, E including child/spousal support for C, E (but not A, B, D)		+			
12. Subtotal: Net Nonexempt income for grant computation (#9 + #10 + #11)		\$			
13. Child/Spousal Support for A, B (but not C, D, E)		=			
14. Minus child/spousal support disregard (up to \$50)		-			
15. Total Countable child/spousal support (#13 - #14)		=			
16. Value of Income in Kind		=			
17. Total Net Nonexempt Income (#12 + #15 + #16)		\$			
18. MAP for A & C + special needs for A, C, D		=			
19. Family meets recipient test if #17 is less than #18 If yes, then continue with Grant Computation		<input type="checkbox"/> YES <input type="checkbox"/> NO			
SECTION D: BUDGET RECOMPUTATION					
24. Actual Cash Aid Paid		\$			
a. Adjusted Aid Payment (amount from line 23).		\$			
b. Subtotal		=			
25. Overpayment Amount (line 24b)		\$			
26. Underpayment if line 23 is greater than line 24.		\$			

MONTH 1: _____

CASE NAME: _____ CASE NUMBER: _____

QR INCOME WORKSHEET

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY	CONVERSION FACTOR *	AVERAGE	INCOME IN KIND***	TOTALS

*Deduct either 40% or Actual expenses **BI-WEEKLY = 2.167, WEEKLY = 4.33 ***See MPP 44-115

MONTH 2: _____

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY	CONVERSION FACTOR *	AVERAGE	INCOME IN KIND***	TOTALS

*Deduct either 40% or Actual expenses **BI-WEEKLY = 2.167, WEEKLY = 4.33 ***See MPP 44-115

MONTH 3: _____

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY	CONVERSION FACTOR *	AVERAGE	INCOME IN KIND***	TOTALS

*Deduct either 40% or Actual expenses **BI-WEEKLY = 2.167, WEEKLY = 4.33 ***See MPP 44-115

	MONTH 1	MONTH 2	MONTH 3	QUARTER TOTAL	DIVIDE BY	AVERAGE MONTHLY GROSS INCOME
DBI						DBI =
U						U =
E						E =

*Bi-Weekly = x 2.167, Weekly = 4.33

R E P E A L

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SPONSOR'S QUARTERLY INCOME AND RESOURCES REPORT

THIS REPORT IS FOR THE MONTH OF _____

GIVE THIS TO YOUR SPONSOR

COMPLETE, SIGN, DATE AND RETURN THIS FORM AFTER:

CASE NAME _____

CASE NUMBER _____

SPONSOR'S INSTRUCTIONS

- You and your spouse (if living together or if spouse has signed an affidavit of support) must complete and sign this report and return it immediately to the noncitizen you sponsor.
- The noncitizen must complete, sign and date the form, and return it to the county by the 5th of the month. If a complete report, including verification, is not received by the 11th of the month, the noncitizen's Cash Aid may be delayed, lowered, or stopped.
- Call the county if you need help completing this form.
 - Noncitizen's Name and Address _____

WORKER: _____

PHONE: _____

① Sponsor's Name (First, Middle, Last) _____

Answer the following questions for your spouse if she/he is living with you OR has signed an affidavit of support.

② Sponsor's Spouse's Name (If Living Together) (First, Middle, Last) _____ Has sponsor's spouse signed an affidavit of support? YES NO

③ Do you and/or your spouse receive Cash Aid, such as California Work Opportunity and Responsibility to Kids (CalWORKs) or Supplemental Security Income (SSI)? YES NO
If YES, complete below.

CASE NAME	DATE OF BIRTH	TYPE OF CASH AID	COUNTY	STATE

④ During the report month did you and/or your spouse receive income, money or benefits, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment or disability insurance, interest, worker's compensation, SSI/SSP, child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc.? YES NO

If YES, list who received income, employer's name or other source of income, gross amount before deductions, and actual date received. Attach paystubs or other proof of earnings for the report month. Attach proof of any other income only when it starts and when it changes.

If self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

If both you and your spouse (who is living with you) receive Cash Aid, skip to Question 10 and complete the Certification Section.

⑤ Since your last quarterly report, did you or your spouse have any changes in personal and/or real property, such as: Receive, buy, sell or give away a motor vehicle, camper, boat, land or house, etc.? YES NO
If YES, explain the type of change, date of change and the amount, if applicable.

⑥ Did you or your spouse have a checking, savings or credit union account at the end of the report month? YES NO
If YES, complete below.

Credit Union	Balance On Last Day of Report Month	Whose Account?	Credit Union	Balance On Last Day of Report Month	Whose Account?
<input type="checkbox"/>	\$		<input type="checkbox"/>	\$	
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

COUNTY USE ONLY

WORKER INITIALS

DATE

7 Since your last quarterly report, was there a change in the number of persons who are claimed as dependents for federal income tax purposes by you or your spouse? If YES, complete below. YES NO

NAME OF PERSON(S)	DOES PERSON LIVE WITH SPONSOR?	DATE OF CHANGE	EXPLAIN WHAT CHANGED
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

8 Since your last quarterly report, was there any change in payments made to persons who are claimed as federal tax dependents who are not living with you or your spouse? If YES, explain what changed, list the name of the person(s), amount paid and who paid: YES NO

9 During the report month, did you or your spouse pay any court-ordered support? If YES, enter the amount paid and attach receipts: \$ YES NO

10 Do you or your spouse have any other information to report such as: a new address, a change in the number of noncitizens that you sponsor and who will receive Cash Aid, recent or anticipated changes in income, etc.? If YES, explain the change and if it is expected to be temporary or permanent, and give the date of change. YES NO

CERTIFICATION SECTION

- I understand that the term for Sponsorship is normally an indefinite period of time.
- I understand that failure to report information or misrepresentation of facts for Cash Aid can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

SPONSOR'S CERTIFICATION

- I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct and is complete.

SIGNATURE OF SPONSOR	DATE
SIGNATURE OF SPONSOR'S SPOUSE (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

NONCITIZEN'S CERTIFICATION

- I have reviewed this signed and completed report from my sponsor(s). I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the information contained in this report is true and correct and is complete.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	CalWORKs Sponsor/Sponsor's Spouse Income Computation	Food Stamps Sponsor/Sponsor's Spouse Income Computation												
<p>A. ITEMS VALUE</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>B. Total \$ _____</p> <table border="1"> <tr> <td>C. Less: Food Stamp Deduction (\$1500)</td> <td>CW NA</td> <td>FS \$1500</td> </tr> <tr> <td>D. Subtotal</td> <td>=</td> <td>_____</td> </tr> <tr> <td>E. Total number of sponsored noncitizens applying for/receiving CW/FS</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>F. Total (Divide D by E) =</td> <td>_____</td> <td>_____</td> </tr> </table> <p>Amount in F to be included in each noncitizen's property limits.</p>	C. Less: Food Stamp Deduction (\$1500)	CW NA	FS \$1500	D. Subtotal	=	_____	E. Total number of sponsored noncitizens applying for/receiving CW/FS	_____	_____	F. Total (Divide D by E) =	_____	_____	<p>A. Earned Income \$ _____</p> <p>B. Unearned Income + _____</p> <p>C. Subtotal = _____</p> <p>D. Total number of sponsored noncitizens applying for/receiving CalWORKs _____</p> <p>E. Divide C by D = _____</p> <p>F. Number of sponsored noncitizens in this AU _____</p> <p>G. Total (Multiply E by F) = _____</p> <p>Amount in G to be deemed income for entire AU.</p>	<p>A. Earned Income \$ _____</p> <p>B. Less 20% - _____</p> <p>C. Unearned Income + _____</p> <p>D. Gross Income Deduction for sponsor's household size - _____</p> <p>E. Subtotal = _____</p> <p>F. Total number of sponsored noncitizens applying for/receiving Food Stamps _____</p> <p>G. Total (Divide E by F) = _____</p> <p>Amount in G to be deemed income for each sponsored noncitizen.</p>
C. Less: Food Stamp Deduction (\$1500)	CW NA	FS \$1500												
D. Subtotal	=	_____												
E. Total number of sponsored noncitizens applying for/receiving CW/FS	_____	_____												
F. Total (Divide D by E) =	_____	_____												

R E P E A L

SENIOR PARENT QUARTERLY INCOME REPORT

(Supplement to the QR 7 - Use for unaided senior parent.)

CASE NAME:
CASE NUMBER:
THIS REPORT IS FOR THE MONTH OF:

The rules say that when a minor parent (up to age 18) gets cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it with your Quarterly Eligibility/Status Report (QR 7) by the 5th day of the submission month. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete report by the 11th day of the submission month, your cash aid and cash-based Medi-Cal may be **delayed, changed or stopped**.
- If you have questions, ask your worker.

1. During the report month did your parent(s) get income, money, or benefits, such as: earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; interest or dividends from stocks, bonds, savings account; child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc? YES NO

If YES, list who received the money, the source, gross amount before deductions, and actual date received in the report month. Attach paystubs or other proof of your parent's earnings in the report month. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses in the report month. Proof for any self-employment income or other income is needed only when it starts and when it changes.

WHO GOT THE INCOME	SOURCE OF INCOME	GROSS AMOUNT	\$	\$	\$	\$	\$
		ACTUAL DATE RECEIVED					
WHO GOT THE INCOME	SOURCE OF INCOME	GROSS AMOUNT	\$	\$	\$	\$	\$
		ACTUAL DATE RECEIVED					

2. Do your parent(s) expect any changes in income in the next three months? YES NO
 If "YES", list below what change is expected. Attach any proof they may have such as, a letter from an employer, benefit award letter, etc.

Who's income will change?	List the source or type of income that will change.	How will the income change?	What do you expect the total amount of income to be in each of the three months?		
			Month _____	Month _____	Month _____

CERTIFICATION

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I received more than \$400 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
- I understand that the facts I report may result in my benefits being changed or stopped.
- I understand that I have the right to a State Hearing on any proposed action by the County Welfare Department.
- 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 are complete.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH OR IT WILL BE INCOMPLETE.

SIGNATURE OF CASH AIDED MINOR PARENT	DATE SIGNED
--------------------------------------	-------------

COUNTY USE ONLY

REMINDER FOR TEENS TURNING 18 YEARS OLD

Give this notice right away to your child who will be turning 18 years old within the next 60 days.

If you are 18 years old and don't have children and/or are not pregnant

You can still get cash aid as part of your parent/caretaker's case after your 18th birthday ONLY if you:

- Are a full-time student in high school, or in a vocational or technical training program, and are expected to finish school/program before reaching 19 years old, or
- Are a full-time student in high school, or in a vocational or technical training program, and have been or are considered disabled, and meet the disability criteria pursuant to the CalWORKs regulations, or
- Are a foster child living with an approved relative and are completing high school or an equivalency program, enrolling in post-secondary or vocational school, participating in a program or activity that promotes or removes barriers to employment, employed at least 80 hours per month, or unable to participate in school or employment due to a documented medical condition.

Call your county worker right away if you think you meet any of these situations. If you are eligible to stay on cash aid, you may need to have a fingerprint and photo image taken by the county.

If you are 18 years old and have a child of your own and/or are pregnant

1. You can continue to get cash aid as part of your parent/caretaker's case after your 18th birthday ONLY if you:

- Are a full-time student in high school, or in a vocational or technical training program, and are expected to finish school/program before reaching 19 years old, or
- Are a full-time student in high school, or in a vocational or technical training program, and have been or are considered disabled, and meet the disability criteria pursuant to the CalWORKs regulations, or
- Are a foster child living with an approved relative and are completing high school or an equivalency program, enrolling in post-secondary or vocational school, participating in a program or activity that promotes or removes barriers to employment, employed at least 80 hours per month, or unable to participate in school or employment due to a documented medical condition.

- OR -

2. You can choose to start your own case. Call your county worker right away if you want to start your own case. Here are some things you need to know before starting your own case:

- You do NOT have to move out of your parent/caretaker's home to be in your own case.
- Your time limits for getting cash aid will start.
- As the head of your case, YOU must report all changes to your county worker each Quarter.
- If you start your own case, your parent or caretaker may get less cash aid or if you are the only child their cash aid may be stopped.
- As of July 1, 2011, if you are pregnant and don't have other children, you will not be able to get cash aid until your third trimester. If you were granted cash aid prior to your third trimester before July 1, 2011, you will be eligible to continue to receive aid.
- If the Maximum Family Grant (MFG) rule was applied to your child while you were a dependent minor parent, your child can be counted in your cash aid payment when you are in your own case.

If you are under your own case or are a part of your parent/caretaker's case, to be eligible to stay on cash aid, you may need to have a fingerprint and photo image taken by the county. If you have questions about whether you should start your own case, call the county welfare office or local legal services office.



RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

For the Cash Aid and CalFresh Programs, and/or Medi-Cal/34-County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, CalFresh benefits, and/or Medi-Cal/34-County CMSP and to figure how much you will get if you are eligible. If you need more information or have questions, ask your worker.

Cash Aid includes California Work Opportunity and Responsibility to Kids (CalWORKs) and Refugee Cash Assistance (RCA).

Medi-Cal/34-County CMSP includes Full Medi-Cal/34-County CMSP benefits and Restricted Medi-Cal/34-County CMSP emergency and pregnancy related care only.

YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you have been discriminated against by first speaking with your county's designated civil rights representative or by writing to the

State Civil Rights Bureau
744 P Street, MS 8-16-70
P.O. Box 944243
Sacramento, CA 94244-2430

or by calling toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.
2. To get help applying for or continuing to receive cash aid, benefits and services if you have a disability. If you need help because of a disability, tell the county.
3. To ask for help to complete your application for any other cash aid, CalFresh, or Medi-Cal/34-County CMSP form.
4. To ask for an interpreter and to have forms and notices translated if you don't speak or read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and Medi-Cal/34-County CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for CalFresh benefits.
7. To discuss your case with the county and to review your case yourself when you request to do so.
8. To be told the rules for getting cash aid right away. If we think you might be eligible, you will get an interview within one day.
9. To be told the rules for getting CalFresh benefits right away. If we think you might be eligible to get them right away, you will get an interview immediately and get CalFresh benefits within three days.
10. To get Medi-Cal/34-County CMSP as soon as possible if you have a medical emergency or are pregnant, if eligible.
11. To continue getting cash aid and Medi-Cal benefits without a break if you move from one county to another if you stay eligible.
12. To be told the rules for retroactive Medi-Cal eligibility.
13. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal.
14. To choose prepaid health plan (PHP), fee-for-service coverage (if available), Health Maintenance Organization (HMO), or Medi-Cal when eligible for Medi-Cal.
15. To ask to have your Medi-Cal Benefits Identification Card (BIC), or EBT card replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible.
16. To ask for extra money if your income drops or stops (cash aid only).
17. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (cash aid only).
18. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc. (cash aid only).
19. To be notified in writing when your application is approved, denied, or when your benefits change or stop.
20. To have your records kept confidential by the county and state, unless you are getting cash aid or CalFresh benefits and there is a felony arrest warrant issued for you, or as otherwise provided by law.
21. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
22. To ask for a State Hearing within 90 days of the county's action for cash aid, CalFresh benefits and Medi-Cal.
23. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in Item 21 above.
24. To appeal all 34-County CMSP eligibility issues, you can **only write** to your county.
25. To be represented at a State Hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.
26. To have reasonable access to a location where you can withdraw your cash benefits with minimal or no costs.
27. To get a brochure that will tell you how to use your EBT card and how to get your cash benefits at minimal or no costs.
28. To get a list of surcharge-free ATMs and stores where you can get cash back at no cost when you make a purchase with your EBT card. You can get a list of these locations from your county worker or at www.ebt.ca.gov.

YOUR RESPONSIBILITIES

Citizenship/Immigration Status

To sign under penalty of perjury that each member applying for cash aid and CalFresh benefits is a U.S. citizen, U.S. national or has lawful immigration status. Information you give us on immigration status will be checked with the U.S. Citizenship and Immigration Services (USCIS). Information we get from USCIS may affect your eligibility. (Manual of Policies and Procedures Section 42-433).

If you want Medi-Cal/34-County CMSP, you must provide a declaration of citizenship/immigration status under penalty of perjury. If you say you are a noncitizen with lawful permanent residence (LPR) in the U.S., an amnesty alien with a valid and current I-688 or a noncitizen permanently residing under color of law (PRUCOL), your immigration status will be checked with the USCIS. The information the USCIS receives to verify the immigration status of the applicant can only be used to determine Medi-Cal/34-County CMSP eligibility, and cannot be used for immigration enforcement unless you are committing fraud.

Fingerprint/Photo Imaging

All eligible adult household members for cash aid and/or CalFresh benefits must be fingerprint/photo imaged. If anyone who is required to cooperate with these rules does not get fingerprint/photo imaged, no benefits will be issued to the entire household. (Manual of Policies and Procedures Section 40-105.3).

The fingerprint/photo images are confidential and can only be used to prevent or prosecute welfare fraud.

Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for cash aid, CalFresh and Medi-Cal/34-County CMSP may result in repayment of benefits and/or criminal or civil action.

Cash Aid and CalFresh Benefits: You must give us the SSN for each applicant or recipient of cash aid and/or CalFresh. If you refuse to give us either a SSN or proof of application for a SSN, you will not be able to get cash aid or CalFresh benefits. For cash aid, you must give proof of application for a SSN within 30 days of application for cash aid and give the SSN to the county when you get it. (Manual of Policies and Procedures Section 40-105.2).

Each applicant for Medi-Cal/34-County CMSP, who says he/she is a U.S. citizen, a U.S. national, LPR in the U.S., an amnesty alien with a valid and current I-688, or PRUCOL, will be disqualified from getting Medi-Cal if he/she refuses to give either a SSN or proof of application for a SSN. Any noncitizen who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or a LPR or PRUCOL, can still get restricted Medi-Cal/34-County CMSP if he/she meets all eligibility rules, including California residency.

Verification(s)

To give proof to support your eligibility. If you can't get proof, you will need to give the name of some other person or agency we may contact to get the proof. We will help you get proof when you can't get it. (Manual of Policies and Procedures Sections 40-105.1; 40-157.212; 40-157.213)

Cooperation

To cooperate with county, state and federal staff. For cash aid, a county worker can come to your home at an arranged time to check out your facts, including seeing each family member. You may not get benefits or your benefits may be stopped if you don't cooperate.

CASH AID AND MEDI-CAL

To apply for any benefits or income anyone is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

Child/Spousal and Medical Support

To cooperate with the county and the Local Child Support Agency to:

- identify and locate any absent parent in your case;
- tell the county or the Local Child Support Agency anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- obtain medical support money from any absent parent and, if you get cash aid, obtain child support money;
- give the Local Child Support Agency any medical support money and, any child/spousal support money you get;
- tell the county about medical coverage or money for medical services paid by the absent parent.

Your cash aid will be lowered if you don't cooperate. (Manual of Policies and Procedures Sections 40-157.212; 40-157.213).

MEDI-CAL

Benefits Identification Card (BIC)

- To sign your BIC when you get it and to use it only to get necessary health care services.
- **To never throw your BIC away** (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- To take the BIC to your medical provider when you or a family member is sick or has an appointment.
- To take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.

Health Care Coverage/Insurance

- To tell the county and any health care provider of any health care coverage/insurance you or a family member have.
- To retain any health insurance available to you and your family at no or reasonable cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal/34-County CMSP, unless the plan does not offer the medical service needed. You need to use them because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.
- To enroll and stay enrolled in an employment-related group health plan when Medi-Cal approves payment of plan premiums by the State of California.

YOUR REPORTING RESPONSIBILITIES

You must report certain information to the county. If you're not sure how to report, what to report, or what proof we need, ask your worker. If you get CalFresh benefits, your worker will tell you if you are a quarterly or change reporting household. If you get Medi-Cal/34-County CMSP, the county will tell you when you must report. (Manual of Policies and Procedures Section 40-181).

HOW YOU MUST REPORT

For Cash Aid and CalFresh Quarterly Reporting, you must turn in a Quarterly Eligibility Report (QR 7) by the fifth day of the month following your report months and report all required changes to the county within 10 days.

For CalFresh Change Reporting, you must report all changes within 10 days:

- by mail, telephone, or in person at the county CalFresh office; OR
- on a DFA 377.5, CalFresh Household Change Report

For Medi-Cal, you must report all changes within 10 days AND turn in a complete Status Report by the 5th of the month when the county sends or gives it to you.

WHEN YOU MUST REPORT

For Cash Aid and CalFresh Quarterly Reporting

Quarterly reporting rules say that you must report things at certain times. You will be assigned a "report month" for each quarter (three month period). This will be the second month of each quarter. For example, if your quarter is January, February and March, February would be your "report month" and your report would be due by the 5th day of March. The report is always due by the 5th day of the month following your "report month" and will be considered late if not received by the 11th day of the month. If your Quarterly Eligibility Report (QR 7) is late you will have to pay back any cash aid or CalFresh that you were not supposed to get. You will have to report gross income, changes in the number of people in your household, property bought or sold by people in your household and other information for that report month as well as any changes in your gross income that you expect to happen in the next quarter. If you do not turn in a completed Quarterly Eligibility Report (QR 7) by the end of the first working day of the month after the month your report is due, your household's benefits will be stopped.

What you must report on the Quarterly Report:

1. **Earned Income:** All gross earned income received by you or anyone in your household in the report month. This includes wages; tips; vacation pay; cash bonuses; money from self employment or from a training program; also any income in kind in exchange for work, such as free rent, clothing or food.

2. **Unearned or Disability Based Income:** All other income received by you or anyone in your household in the report month. This includes Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, state disability indemnity, veterans or railroad retirement, or other private or government disability or retirement; rental income and rental assistance; free housing/utilities/ clothing/food; or any other type of money received.
3. You must also report on your Quarterly Report any changes in income that you expect to happen during the next quarter. This includes earned, unearned and disability based income changes.
4. **Property:** Any property including, motor vehicles; bank accounts; savings bonds; insurance policies; a home or land; trust; EBT cash balance, etc. that you or anyone in your household has received since your last Quarterly Report and still has, whether it was bought, obtained through a trade or as a gift. The county will use this information to determine if your household exceeds the property limit. You must also report if you or anyone sold, traded or gave away any property since your last Quarterly Report.
5. **If You Move or Someone Moves Into or Out of Your Home:** Anyone (including newborns) who moved into your home since your last Quarterly Report and is still there. You must also report anyone who moved out of your home or who has died since your last Quarterly Report.
6. **Convicted Drug Felons, Fleeing Felons and Probation/ Parole Violators:** The name of anyone in your household who is either avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole. You must also report any household member who has been convicted of a drug felony for possession, use, 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 these activities. For CalFresh you must report felonies since August 22, 1996 and for cash aid list convictions that happened after January 1, 1998.
7. **Reduced Hours of Work:** If you are an Able-Bodied Adult Without Dependents (ABAWD), you must report when your hours of work drop below 20 hours a week or 80 hours a month. You must also report if you expect your work hours to drop below these limits during the next three months.

For Medi-Cal/34-County CMSP, you must report when:

1. Anyone enters or leaves a nursing home or long term care facility.
2. Anyone applies for disability benefits, such as SSI/SSP, Social Security, Veterans, or Railroad Retirement.
3. Anyone gets health care services that result from an accident or injury due to someone else's action or failure to act.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

For Non-Assistance CalFresh Quarterly Reporting

If you only get CalFresh benefits you must report when:

1. Anyone in the household moves to another address, plans to move or gets a new mailing address.
2. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

For CalWORKs you must report certain changes at other times:

In certain circumstances you will be required to report things (within ten days of the change) even if it is not your "report month" such as:

1. Anytime that your family's combined gross income (both earned and unearned) is more than the Income Reporting Threshold (IRT) for a family of your size. Your county worker will tell you the IRT limit for a family of your size. If your family only gets unearned income or only gets CalFresh benefits, you will only be required to report income on your Quarterly Eligibility Report (QR 7).
2. Anytime that someone in your household is convicted of a drug related felony, becomes a fleeing felon or is in violation of probation or parole.
3. Anytime you move you must report your address change so that the county will know where to send your benefits, Quarterly Report forms and notices.

Reporting information voluntarily for CalWORKs and CalFresh Quarterly Reporting:

You may also report other information voluntarily even when it is not your "report month." Reporting information voluntarily may cause your household's benefits to go up. If the information reported causes your benefits to go up, the county will take action within ten days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the county will take action to increase benefits the first of the month after you provide verification. Even if you have already reported something to the County, you must also report it on your next Quarterly Report (QR 7).

Some examples of voluntary reporting that may cause your benefits to go up include:

- Your income stops or drops.
- Someone who has little or no income moves into your home (including a newborn).
- Someone who has income moves out of your home.
- You believe that you or someone in your household is eligible for a CalWORKs Special Needs payment, such as pregnancy special needs or a qualifying special diet.

Additional examples for CalFresh only:

- A household member begins to pay court ordered child support for a child not living in the home.
- A household member is 60 or older.
- Any member who is disabled or 60 years of age or older has changes in or new medical expenses (if verified your CalFresh can be refigured).

Additional Information for CalFresh Only Households

If you receive CalFresh benefits and you voluntarily report income that has increased, and it is above the gross income level for your household size, your benefits may be discontinued.

Note that if you receive only CalFresh benefits: (1) you do not have to report any increases in income during the quarter; and, (2) when you report changes to the county or in between written quarterly reports, you must also report the change on your next QR 7.

At anytime you can ask the county to discontinue your entire case or any individual person who has left the home or is not required to be in the assistance unit. You can also ask the county to discontinue certain benefits, such as: Medi-Cal or CalFresh. Receiving Medi-Cal/or CalFresh only will not count against your cash aid time limits.

Other changes for quarterly reporting:

There are other changes that will cause the county to decrease or discontinue your benefits during the quarter in which they happen. Here are some examples:

- An adult in the household reaches the CalWORKs 48-month time limit;
- A household member is sanctioned/penalized;
- A child reaches the age of 18 (and will not graduate from high school before the age of 19);
- Someone in your household begins receiving benefits in another household;
- An eligible child is placed in Foster Care;
- Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

CALFRESH CHANGE REPORTING

For CalFresh Change Reporting, you must report when:

1. Your total monthly income starts, stops, or changes by more than \$50.
2. Anyone's source of income changes.
3. Anyone moves into or out of your home.
4. Anyone joins or leaves your household.
5. You move or you get a new address.
6. Your rent and utility costs **only** if you move.
7. Anyone buys, gets, sells, or gives away a licensed motor vehicle.
8. If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.
9. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.
10. Any member of your household is avoiding or running from the law to avoid any felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
11. Any household member convicted of a drug-related felony after August 22, 1996, for manufacturing, sale or distribution of a controlled substance(s), or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities.

For CalFresh Change Reporting, you may report when:

1. Anyone's physical or mental illness begins or ends.
2. Anyone's citizenship/immigration status changes or anyone gets a letter, form or new card from the USCIS.
3. You have changes in your dependent care costs.
4. Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
5. Any household member starts to pay court ordered child support for a child not living in the home.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

IMPORTANT INFORMATION CASH AID ONLY

Unemployed Parent

If you are applying for cash aid as an unemployed parent, the principal earner (PE) must:

- be unemployed and not have worked in the preceding 4 weeks
- apply for and accept any unemployment insurance you are eligible to receive

The PE is the parent who has the most earnings in the past 24 months.

Homeless Assistance

You may be eligible for money to help pay for temporary shelter, permanent housing or to prevent eviction. This is a once-in-a-lifetime payment unless you meet an exemption. If you have already received homeless assistance and need it again, your worker will tell you if you are eligible.

School Attendance and Immunizations

You must provide proof when requested by the county that:

- all school-age children are attending school, and
- children under the age of 6 have received age appropriate immunizations. (Manual of Policies and Procedures Sections 40-105.4; 40-105.5).

Maximum Aid Payment (MAP)

There are two levels of Maximum Aid Payment (MAP). Most families getting cash aid get the lower MAP level. Families may get the higher MAP level if each parent or caretaker in the Assistance Unit (AU):

- is disabled and getting Supplemental Security Income/ State Supplemental Payments (SSI/SSP), or In-Home Supportive Services (IHSS), or State Disability Insurance (SDI), or Temporary Workers Compensation (TWC), or Temporary Disability Indemnity (TDI) benefits
- is caring for an aided child(ren) who is not their child and the caretaker does not get cash aid.

Also eligible for the higher MAP:

- a family who gets Refugee Cash Assistance (RCA) if each adult meets an exception.

If all the adults in the household meet at least one of these exemptions, ask your worker about applying for an exemption.

Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of your gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

Maximum Family Grant (MFG) Rule

The MFG rule applies to any child born after August 31, 1997. The MFG rule says that your maximum aid payment (MAP) will not go up to include a child born to your family, if your family got cash aid for the 10 months in a row right before the child's birth. There are exemptions to the rule. Your worker will give you a copy of the MFG rules and answer your questions. Then you will sign a copy that says you understand the rules.

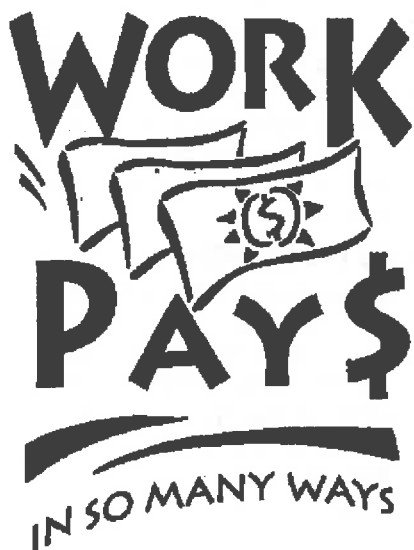
Proof of Facts

If you ask for cash aid within one year of the date it stopped, the county must look at your prior case file to see if it already has the proof needed to determine your eligibility when:

- you cannot get the proof, or
- there is a cost to you to get the proof, or
- processing your application would be delayed because it would take too long for you to get the proof.

If you ask for cash aid within one year of the date it stopped AND, if the county doesn't have the proof it needs, then you will have to provide proof.

If you have new changes since you last got cash aid, the county will need new proof.



Here's how **Work Pays**:

- Gives you more \$\$\$\$ to help support your family
- Builds a better life for you and your family
- Develops job skills
- Builds self-esteem
- Gives you personal satisfaction

You can work and still get cash aid:

- ✓ In most cases, when you work, your gross earnings (earnings before deductions) are not subtracted dollar for dollar from your cash aid payment. You may be eligible for **work related deductions**. When you add it up, you have more \$\$\$\$ for your family.
- ✓ When you have a **grant-based on the job training (OJT)** assignment, all or part of your cash aid payment is used by your employer to help pay your wages. You do not get work related deductions for grant based OJT wages.
- ✓ Either way, you may be eligible for child care costs that are paid to your provider.

See page 7 for facts about work and training rules, work incentives, including child care programs. Ask your worker for more facts about **Work Pays** and how **grant-based OJT** can work for you.

Remember, you can work and still get cash aid as long as you stay eligible and meet reporting rules in a timely manner.

Work and Training Rules

Your worker will tell you what cash aid and/or CalFresh work rules you need to follow before and after your application is approved. You may be required to be in work, training or education activities to keep getting your cash aid, CalFresh, or both. More than one member of a household can be required to follow cash aid and/or CalFresh work rules. If anyone becomes ineligible for not following work or training rules, other members of their household can still get cash aid or CalFresh, as long as they remain eligible. But, the amount of cash aid or CalFresh they get may change.

Cash Aid Work Rules

If you get cash aid and CalFresh benefits or just get cash aid, you will need to take part in certain Welfare-to-Work activities to keep getting your cash aid and CalFresh benefits. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules. Welfare-to-Work activities include, but are not limited to, subsidized or unsubsidized work, work experience, community service, adult basic education, vocational training, and job search. Subsidized means that the county or some other funding source pays your employer for part of your wages.

The cash aid work rules also say you must:

- Sign a Welfare-to-Work plan;
- Take a suitable job that is offered to you;
- Not quit a job or reduce your earnings.

Sanctions for Not Meeting Cash Aid Work Rules

Any time you don't meet cash aid work rules for a good reason, your cash aid will be stopped until you do what you should do. After your cash aid is stopped or reduced, you can only get it back again if you meet the work rules that you had stopped meeting or you become excused. If your cash aid is stopped, your CalFresh benefits may also be stopped or reduced.

CalFresh Work Rules for Persons Not Receiving Cash Aid

If you only get CalFresh benefits, you may need to take part in certain employment and training activities to keep getting your CalFresh benefits. These activities include job search, workfare, adult basic education, and vocational training. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules.

The CalFresh work rules also say you must:

- Answer questions about your job experience and ability to work;
- Check on a possible job we tell you about and take a suitable job that is offered to you;
- Not quit a job or reduce the number of hours you work to less than 30 hours per week.

CalFresh Only Penalties

If you don't meet CalFresh work rules and you don't have a good reason, your CalFresh benefits will be denied or stopped for one, three, or six months, depending on the number of times you stop meeting the rules. After your CalFresh benefits are stopped, you can only get them again at the end of the penalty or sooner if you become excused.

Work Requirement for Able-Bodied Adults Not Receiving Cash Aid

If you only receive CalFresh benefits and you don't have minor children, there is another work rule which you also may need to meet. You do not have to meet this work rule if you are under age 18, over age 49, pregnant, or you are part of a CalFresh household with a minor child. You may be excused for other reasons that your county worker can explain. The work rule says that if you are an able-bodied adult, you must work at least 20 hours a week or 80 hours a month in paid employment, take part in a workfare project for the required number of hours, or take part in an approved training activity for at least 20 hours per week or 80 hours per month. During a period of 36 months, CalFresh benefits will stop if there are three months in which you do not meet the work rule. If you stop meeting the work rule a second time for reasons such as being laid off, you may be able to get CalFresh benefits for three months in a row without having to meet the rule. After that you can only get CalFresh benefits if you meet the work rule or get excused.

CalWORKs Income Disregards

The total amount of cash aid your family receives is based on your family size and any other income you may have. The law allows for some income to be disregarded when the total amount of cash aid you will receive is calculated.

- If your family gets more than \$225 a month of Disability Income (DI), only the first \$225 is disregarded.
- If your family gets \$225 a month or less of DI, none of it will be counted as income and if you also have Earned Income (EI), any remaining amount of the \$225 disregard, up to \$112, will not be counted as income.
- In addition, 50 percent of any other EI will be disregarded.
- The remainder is your net countable income and is the amount that will be used to figure your cash aid.

Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

CalWORKs Child Care Program

Child care benefits are available to recipients who need child care to work or participate in county-approved welfare-to-work activities such as attending education or job training programs.

California Department of Education (CDE) Child Care

Child care benefits are also available from CDE. Contact your local Resource and Referral Agency for more information.

Transitional Medi-Cal (TMC)

You may get Medi-Cal for up to 12 months if you go off cash aid because you are working. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. To get more than six months of TMC, your income must be under certain limits and you must meet TMC reporting rules.

OTHER IMPORTANT INFORMATION

CASH AID AND CALFRESH QUARTERLY REPORTING HOUSEHOLDS

Budgeting Rules

The amount of cash aid and/or CalFresh benefits you can get depends on your income and allowable expenses. You will get a Quarterly Eligibility Report (QR 7) to fill out every three months. On the QR 7, you will need to report what income and expenses you had in the last month and what income and expenses you think you will have in the three months after you turn in your report. The income and expenses you expect to have in the next three months will be used to figure the amount of cash aid and/or CalFresh benefits you can get for those three months. Information that you put on the QR 7 about the past month will be used for the next three months if you don't expect your income or expenses to change.

For example, if you turn in a QR 7 in March, you will report what income you had in February. You will also report any income changes you expect to have in April, May and June. If the income from February will stay the same, your cash aid and/or CalFresh benefits for April, May, and June will be figured using that same income and expenses for each of those months. If your income and expenses will change, your worker will use the new income amounts you think you'll get in April, May, and June to figure your cash aid and/or CalFresh benefit amount for those months. This method is called prospective budgeting.

Property Limit

CalWORKS:

There is a \$2000 limit on the value of the property (e.g. bank accounts, stocks, etc.) that your family can own and be eligible to receive CalWORKS benefits. If someone in your family is at least 60 years of age the limit is \$3000. Your residence and furniture are not part of the limit. You may own a vehicle worth up to \$4650. If your registered vehicle is worth more than \$4650, any value over that limit will count as part of your property limit unless the vehicle is used by your family for certain special reasons. Ask your worker what those reasons are. Any vehicle you have, that cannot be sold for more than \$1500, will not count towards your property limit. Your worker can explain to you how to figure the value of any vehicle.

CalFresh:

If you only get CalFresh benefits and do not get cash aid there is no property limit. For recipients who get both cash aid and CalFresh benefits, the CalWORKS property limits (above) will apply.

CASH AID ONLY

48-Month Time Limit

As of July 1, 2011 a parent or caretaker relative is not eligible for cash aid when he/she has received cash aid for a total of 48 months. All cash aid received from CalWORKS and/or cash aid received from Tribal TANF or any other state counts toward the 48-month total. Only cash aid received on or after January 1, 1998 counts toward the 48-month total. There are exceptions to this time limit and the limit does not apply to children.

Resources/Electronic Benefits Transfer (EBT)

Any balance remaining in the EBT account at the end of the month will be considered an available resource and could make your household ineligible for cash aid if your total countable resources are more than the allowable resource limits.

Transfer of Assets Rule

Recipients can sell, exchange or change the form of their property holdings, if they get fair market value for the property (asset). If they do not get fair market value for the asset, the family will get a period of ineligibility. The period of ineligibility is figured by subtracting the amount received from the fair market value of the asset and then dividing that amount by the need standard for the family. The amount is rounded down to the next lower whole number.

CALFRESH ONLY

Utility Allowances

You will be allowed a Standard Utility Allowance (SUA) deduction if you have heating and cooling costs. If you have utility costs other than heating or cooling, such as water, sewer and garbage, you will be given a Limited Utility Allowance (LUA) deduction. If you only have a telephone cost, you will be given a Telephone Utility Allowance (TUA) deduction. The SUA, LUA and TUA are used to reduce your income, which helps you get more benefits.

MEDI-CAL/34-COUNTY CMSP ONLY

Spending Down Excess Property

- If you get or apply for Medi-Cal/34-County CMSP Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. For Medi-Cal you may spend your excess property in any manner you want. But you may not be eligible for nursing facility level of care for a period of time if you sell or give away any property for less than its worth, and you apply for or receive Medi-Cal nursing facility level of care within 30 months of the transfer.
- You may not be eligible for 34-County CMSP if you sell or give away any property for less than it is worth.

Resources And Property

- All Medi-Cal benefits received after age 55 are subject to recovery from a deceased Medi-Cal recipient's estate. However, recovery may not exceed the value of the estate. Recovery may not occur if the beneficiary is survived by a spouse. The state may not claim the proportionate share of an estate left to a minor child or a totally disabled adult child. In addition if recovery would cause an undue hardship for any other heirs and that hardship can be demonstrated, recovery may be waived in full or in part.
- If you are institutionalized and your home or former home is not exempt, the state may record a lien against your property to repay the cost of medical care covered by Medi-Cal.

AVAILABLE SERVICES

Women, Infants and Children (WIC) Supplemental Nutrition Program: The WIC Program is only for pregnant and breast feeding women, infants and children under age 5, who are at medical-nutritional risk. For more facts about WIC, call your local county health department or the phone number for "WIC" in the telephone book.

Voter Registration: If you want to register to vote, ask your worker to send you a registration form. If you need help filling it out, ask your worker. You can mail the form yourself. Your eligibility for aid will not be affected whether or not you register. Your worker will not tell you how to vote.

PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, CalFresh benefits, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or CalFresh benefits.

Disqualification Penalties

Cash Aid and CalFresh

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or CalFresh overissuance.

Cash Aid Penalties

If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

CalFresh Only

If your household receives CalFresh benefits, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting CalFresh benefits.
- Don't trade or sell your EBT card.
- Don't alter your EBT card to get CalFresh benefits you are not entitled to get.
- Don't use CalFresh benefits to buy ineligible items such as alcoholic drinks, tobacco, paper, or cleaning products.
- Don't use someone else's EBT card for your household.

CalFresh Penalties

If you do not follow CalFresh rules, your benefits can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years. If you are found guilty in any court of law or administrative hearing because:

- you traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped forever for the first violation;
- you traded or sold CalFresh benefits for controlled substance, your benefits can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever;
- you filed two or more applications for CalFresh benefits at the same time and gave the county false identity or residence information, your CalFresh benefits can be stopped for 10 years.

APPLICANT/RECIPIENT CERTIFICATION

- I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, clothing.
- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A QR).

- I also certify that, if I applied for or get cash aid, I got a copy of the following:
 - Welfare to Work Informing Notice (WTW 5)

(APPLICANT/RECIPIENT'S INITIALS)

- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.

ELIGIBILITY WORKER'S CERTIFICATION

I certify that the applicant/recipient appears to understand:

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or CalFresh, and/or share of cost for Medi-Cal/34-County CMSP

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (SAWS 2A QR)

- For cash aid:
 - Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, CalFresh Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)

Date

Signature (Other Parent Living in the Home, Registered Domestic Partner)

Witness, if You Signed With An "X"

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date

PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, CalFresh benefits, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or CalFresh benefits.

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- you traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever;
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APPLICANT/RECIPIENT CERTIFICATION

- I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, clothing.
- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A QR).

- I also certify that, if I applied for or get cash aid, I got a copy of the following:

Welfare to Work Informing Notice (WTW 5)

(APPLICANT/RECIPIENT'S INITIALS)

- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.

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I certify that the applicant/recipient appears to understand:

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or CalFresh, and/or share of cost for Medi-Cal/34-County CMSP

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (SAWS 2A QR)

- For cash aid:

Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, CalFresh Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)

Date

Signature (Other Parent Living in the Home, Registered Domestic Partner)

Witness, if You Signed With An "X"

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date

IMPORTANT INFORMATION

New Reporting Requirements for CalWORKs and CalFresh

The county is changing your case from Quarterly Reporting to Annual Reporting. Below are the changes that are effective October 1, 2012.

Reporting Rules

Before, you turned in a QR 7 every 3 months. **As of October 1, 2012, you will only need to complete an annual redetermination/recertification (RD/RC). If you have earned income and you receive CalFresh benefits, then you have an RC every 6 months.**

Just like Quarterly Reporting, you will receive an appointment letter in the mail when your RD/RC is due. If you miss your RD/RC appointment and don't make it up by the end of the month, **your aid will stop.**

Example: On March 18, 2013, you receive an appointment letter from the county that says your RD/RC appointment is on April 4, 2013. If you miss the appointment and don't make it up by the end of the month, your case will be discontinued.

Welfare to Work Reporting Rules

Although you no longer have to submit a QR 7, you may still have to submit other reports to the county. For example: If you are working and report your work hours to the county, you will still have to do that if the county asks you to.

Changes to the Income Reporting Threshold (IRT) Rules

The IRT is the amount of total monthly income that you have to report **within 10 days**. By "total monthly income" we mean any money your household gets. The County will tell you your IRT amount and any time your IRT changes, the county will let you know in writing.

For CalWORKs: The amount of income that you have to report within 10 days is changing. The IRT is based on your total income and the number of people in your household. Before, we would stop your benefits if your total income was over the IRT. Under the new rule, when you report income over your IRT, the county may lower or stop your benefits.

Example: If your IRT is \$900 and you get income of \$800 you do not have to report the change until your next RD/RC. If you get income of \$901 or more you must report it to your worker within 10 days. Your benefits will go down or stop. If your benefits go down, the county will give you a new IRT.

For CalFresh: Before, you did not have an IRT. Effective October 1, 2012, you will have to report within 10 days anytime your source of income changes, anytime your total monthly income starts or stops, anytime your earned income changes by more than \$100, or anytime your unearned income changes by more than \$50.

Mandatory Reporting Rules

For CalWORKs, mandatory reporting rules are the same as under Quarterly Reporting, with one addition: you must report within ten days anytime someone moves into or out of your household.

For CalFresh, in addition to the income reporting requirements, you must also report within 10 days anytime you move, changes to your rent or utility costs (**only** if you move), any change in the amount of any court-ordered child support, or anytime someone moves into or out of your household.

Voluntary Reporting Rules are the same.

Voluntary reports may increase your benefits.

**IMPORTANT INFORMATION - PLEASE READ
NEW REPORTING REQUIREMENTS FOR CalWORKs AND
FOOD STAMP RECIPIENTS**

The State of California is changing the way you report things that affect your eligibility for Cash Aid and Food Stamps. Instead of reporting changes every month, you will now have to report most changes every three months.

You will be assigned a "report month" for each quarter (three months). This is the second month of each quarter. For example, if your quarter is January, February and March, February is your "report month" and your quarterly report is due by the 5th day of March.

FOR EXAMPLE:

If your quarter begins in	Your "Report Month" is	Your QR 7 is Due by the 5th of
January	February	March
April	May	June
July	August	September
October	November	December

The Quarterly Report (QR 7) is always due by the 5th day of the month following your "report month" and will be considered late if not received by the 11th day of the month. If your Quarterly Report (QR 7) is late, you may be overpaid. If you are overpaid, you will have to pay back any Cash Aid or Food Stamp benefits that you were not supposed to get.

For your report to be complete, you must answer all the questions, sign and date it after the last day of your report month and attach proof if the form asks for it. If you do not turn in a completed QR 7 by the end of the first working day of the month after your report is due, your household's Cash Aid and/or Food Stamps will be stopped.

What you must report on the Quarterly Report (QR 7):

Earned Income:

All gross income received in the report month by you or anyone in your household. This includes wages; tips; vacation pay; cash bonuses; money from self employment or from a training program; also any work done in exchange for free rent, clothing or food.

Unearned or Disability Based Income:

All other income received in the report month by you or anyone in your household. This includes child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, state disability indemnity, veterans or railroad retirement, or other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or any other type of money received.

You must also report on your Quarterly Report any changes in income that you expect to happen during the next quarter (three months). This includes earned, unearned and disability based income changes.

Property:

Any property including, motor vehicles; bank accounts; savings bonds; insurance policies; a home or land; trust; EBT cash balance, etc. that you or anyone in your household has received since your last Quarterly Report and still has, whether it was bought, obtained through a trade or as a gift. The county will use this information to determine if your household exceeds the property limit. You must also report if you or anyone sold, traded or gave away any property since your last Quarterly Report.

You move or someone moves into or out of your home:

Anyone (including newborns) who moved into your home since your last Quarterly Report and is still there. You must also report anyone who moved out of your home or who has died since your last Quarterly Report.

Someone becomes pregnant:

Anyone (including minor children) who becomes pregnant since your last Quarterly Report. Pregnant members in your home may be eligible for a pregnancy special needs payment. Also, if your minor child has not completed high school or its equivalent and becomes pregnant, she may be eligible for additional services under the Cal-Learn Program.

Convicted Drug Felons, Fleeing Felons and Probation/Parole Violators:

The name of anyone in your household who is either avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole. You must also report anyone in your household who has been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s). Once you have reported this information on your Quarterly Report, you do not need to report this information about the same person every quarter.

Reduced hours of work:

If you are an Able-Bodied Adult Without Dependents (ABAWD) Food Stamp recipient, you must report when your hours of work or training drop below 20 hours a week or 80 hours a month. You must also report if you expect your work or training hours to drop below these limits during the next three months.

Other things that happened since your last report.

Some other things that you will need to report include, Job/Training (started, stopped, quit, refused a job or training, the number of hours worked or in training went up or down, or went out on strike); Citizenship/Immigration Status (a citizenship or immigration status change or anyone got a new card, form or letter from the INS); Babies (became pregnant, had a baby, aborted or miscarried); Marital status (married, divorced or separated); Disability (became disabled or recovered from a disability/major illness); Insurance (started, stopped, or changed life, dental or health insurance benefits including MEDICARE coverage); IHSS (started or stopped getting In-Home Supportive Services); School-Ages 6 through 17 (**For Cash Aid Only:** stopped or started attending school regularly); School-Age 16 or older (started or stopped school or college. Cost of tuition, school transportation, etc.).

Changes you must report at other times:

There are times that you must report changes (within ten (10) days of the change) even if it is not your "report month" such as:

- If you receive Cash Aid, you must report anytime that your family's combined gross income (both earned and unearned) is more than the Income Reporting Threshold (IRT) for a family of your size. Your county worker will tell you the IRT for a family of your size. **Families that only have unearned income or that only get Food Stamps will not be required to report income except on the Quarterly Report form.**
- If you receive Cash Aid, you must report anytime that someone in your household is convicted of a drug related felony for possession, use or distribution of a controlled substance(s), becomes a fleeing felon or is in violation of a condition of probation or parole.
- If you receive Cash Aid and/or Food Stamps, you must report your address change so that the County will know where to send your benefits, Quarterly Report forms and notices.
- If you are an Able Bodied Adult Without Dependents (ABAWD) Food Stamp recipient, you must report anytime the number of hours you work or are in training drop to less than 20 hours a week or 80 hours a month.

Some information you are required to report will cause your benefits to go down or stop (such as having too much income or convicted drug felons and fleeing felons or probation/parole violators).

Changes you may report:

You can also report other information voluntarily even when it is not your "report month." Reporting information voluntarily may cause your household's benefits to go up. If the information voluntarily reported causes your benefits to go up, the county will take action within ten days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the County will take action to increase benefits the first of the month after you provide verification. **Even if you have already voluntarily reported something to the County, you must also report it on your next Quarterly Report (QR 7).**

Some examples of voluntary reporting that may cause some of your benefits to go up include:

- Someone who has no income moves into your home (including a newborn).
- Someone (including minor children) becomes pregnant.
- Someone who has income moves out of your home.
- You believe that you or someone in your household is eligible for a CalWORKs Special Needs payment, such as pregnancy special needs or a qualifying special diet.
- Someone in your household is disabled or aged 60 or older and reports new medical expenses that you would like to use to figure your Food Stamp benefits.

If the change you report will cause any of your benefits to go down, it will happen in the new quarter.

At anytime, you can ask the County to discontinue your entire case or any individual person who has left the home or is not required to be in the assistance unit. You can also ask the County to stop certain benefits, such as: Medi-Cal or Food Stamps. Receiving Medi-Cal and/or Food Stamps only will not count against your Cash Aid time limits.

Other changes that will cause the County to lower or stop your benefits during the quarter in which they happen.

Here are some examples:

- An adult in the household reaches the CalWORKs 60-month time limit;
- A household member is sanctioned/penalized;
- A child (who is not pregnant or who is not a parent) reaches the age of 18 (and will not graduate from high school before the age of 19);
- Someone in your household starts getting benefits in another household;
- An eligible child is placed in Foster Care.
- An Able Bodied Adult Without Dependents (ABAWD) Food Stamp recipient's number of hours worked or training drops to less than 20 hours per week or 80 hours per month.

How the County will figure your Cash Aid and Food Stamps:**New budgeting rules**

The amount of Cash Aid and/or Food Stamps you can get depends on your income and allowable expenses. The income and expenses you expect to have in the next three months will be used to figure the amount of Cash Aid and/or Food Stamps you can get for those three months. Information that you put on the QR 7 will be used to figure the amount of your Cash Aid and/or Food Stamps for the next quarter (three months).

For example, if you turn in a QR 7 in March, you will report what income you had in February. You will also report any income and expense changes you expect to have in April, May, and June. If your income and/or expenses from February are expected to stay the same, your Cash Aid and/or Food Stamps for April, May, and June will be figured using February's income and expenses. If your income and/or expenses are expected to change, your worker will use the new income and/or expense amounts you think you'll get in April, May, and June to figure your Cash Aid and/or Food Stamp amount for those months. This is called prospective budgeting.

Failure to report and/or purposely reporting false or inaccurate information:

Failure to report the required information or purposely reporting false or inaccurate information may result in your benefits being overpaid. Any overpaid benefits caused by your failure to report or purposely reporting false or inaccurate information **MUST** be repaid. You may also be subject to fraud charges/penalties if you do not report required information to the County.