

# CalFresh Outreach Update Reporting Checklist



Client First Name and Last Initial: \_\_\_\_\_

Outreach Worker Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one of the following:

- QR 7
- Semi-Annual Report (SAR)
- Annual Recertification
- Other \_\_\_\_\_

Check off each item below before the client submits the required updates to the CalFresh office.

- \_\_\_ YES/NO questions are all answered
- \_\_\_ All information is complete
- \_\_\_ Required proof is attached as requested on the form
- \_\_\_ Required signatures are on the form
- \_\_\_ The form is signed and dated after the last day of the report month