

## **SAR Resources**

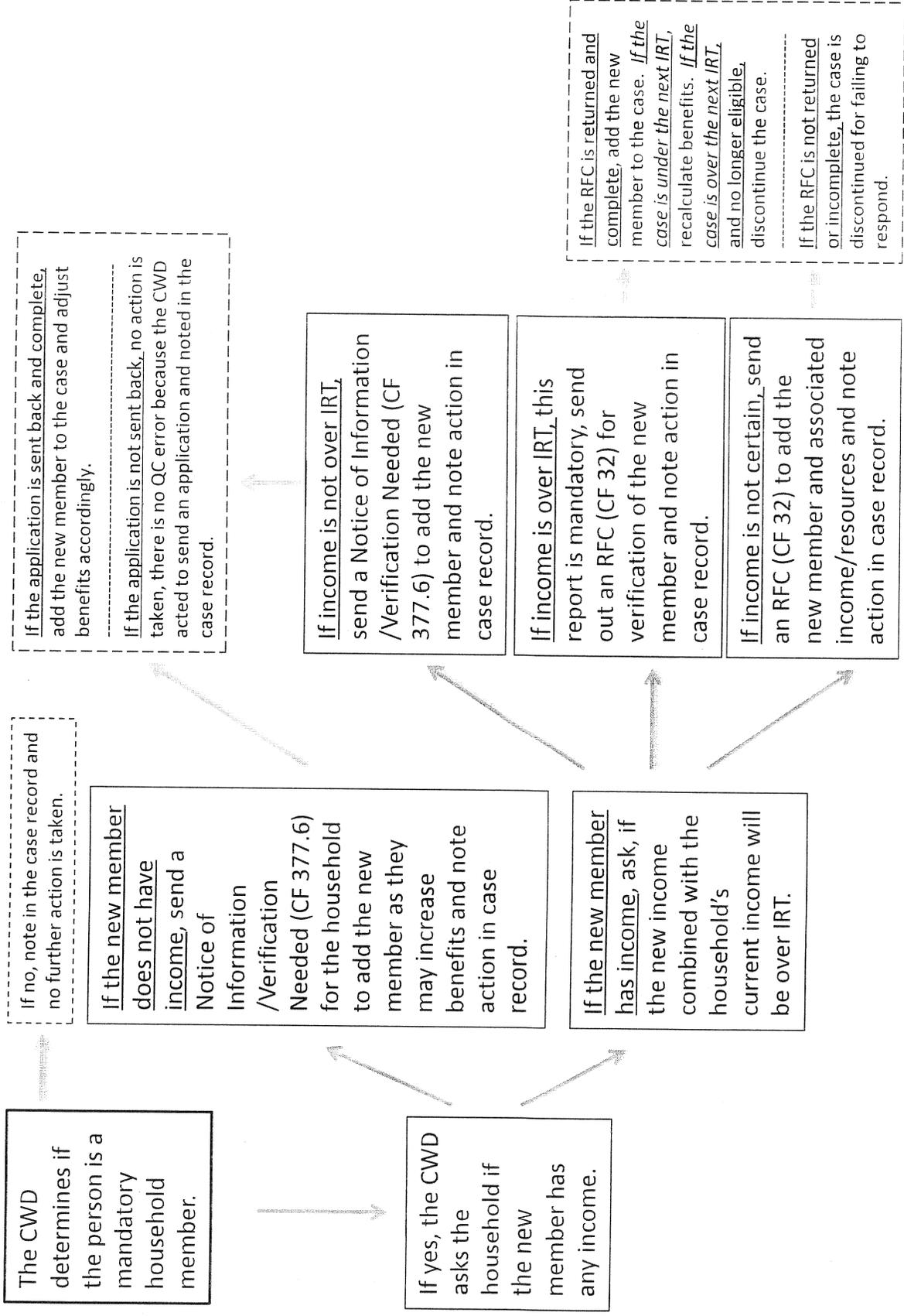
- ACL 12-25      Implementation of the Semi-Annual Reporting (SAR) System in CalWORKs and CalFresh Programs
- ACL 12-25E    (Coming soon)
- ACL 13-08      CalFresh Semi-Annual Reporting Waivers
- ACL 13-17      Updated Information for Semi-Annual Reporting Implementation for CalFresh
- ACL 13-57      CalFresh: New (and Revised) Forms for the Semi-Annual Reporting (SAR) System
- ACL 13-74      CalFresh: New (and Revised) Forms for the Semi-Annual Reporting (SAR) System
- ACIN I-58-13   CalFresh: Implementation of the Semi-Annual Reporting (SAR) System Questions and Answers (Q & A)
- ACL 12-59      CalWORKs and CalFresh Programs: New and Revised Forms and NOAs for the Semi-Annual Reporting (SAR) System
- ACL 13-26      CalWORKs and CalFresh Programs: New and Revised forms and NOAs for the Semi-Annual Reporting (SAR) System
- ACL 13-80      CalWORKs and CalFresh Programs: New and Revised forms and NOAs for the Semi-Annual Reporting (SAR) System

## Verified Upon Receipt

VUR means that the information provided is not questionable, the provider is the primary source of the information, and no further information is needed to take action.

- If secondary information is requested for verification in order to act on a change in another program (such as Medi-Cal), then by definition it is not VUR. Once verified, okay to act on change.
- Reported information is considered 'VUR' when the information is NOT questionable. Changes that cannot be verified by client statement alone are:
  - ✓ Income
  - ✓ Medical costs for a deduction
  - ✓ Legal obligations to pay child support and the amount paid
- Information **NOT** considered VUR includes (but is not limited to):
  - ✓ quarterly wage match data,
  - ✓ new hire matches,
  - ✓ unearned income matches from Internal Revenue Service,
  - ✓ wage data from the Social Security Administration.
- Examples of information from the primary source considered VUR:
  - ✓ BENDEX and SDX from the Social Security Administration
  - ✓ SAVE from the United States Citizenship and Immigration Services
  - ✓ Unemployment compensation from the state unemployment agency
  - ✓ Worker's compensation from the state agency
- Examples of internal agency information that is considered VUR:
  - ✓ State agency determination of an IPV
  - ✓ Actions taken by other programs within the county agency that affect CalFresh expenses
  - ✓ Information from a state, county or local work agency that a client failed to comply with work requirements (i.e., GR Work Project)
- A voluntary report of household (HH) composition change by the head of household or responsible adult HH member is considered VUR, and must be acted on.

# CWD action to a VUR mid-period report of a new household member



## REPORTING CHANGES FOR CASH AID AND CALFRESH

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

Because you get Cash Aid or CalFresh (formerly called Food Stamps), 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 on your SAR 7 all income you get during the Report Month, 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 might get more benefits than you should. You **must** repay any extra benefits you get. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime and/or may no longer get CalFresh for a period of time or life.

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

1. Anytime someone joins, or is in your household, who has a conviction for a drug related felony *that was not reported before*.
2. Anytime someone joins, or is in your household, who has been found by a court of law to be in violation of a condition of probation or parole.
3. Anytime someone joins, or is in your household, who is running from the law (has a warrant out for their arrest).
4. 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:

- Your income stops or goes down.
- Someone with income moves out of your home.
- Someone without income moves into your home.
- 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.
- The birth of a child.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.

**Note:** Some changes you report voluntarily may result in a decrease in your CalFresh benefits.

## CALFRESH BENEFITS

### HOW TO REPORT HOUSEHOLD CHANGES

Everyone who receives CalFresh benefits must report when their income or household situation changes. If you're not sure how to report changes, what changes to report, or what proof we need, be sure to ask your local county office. You are receiving this notice because:

- You have been approved for CalFresh benefits and will be reporting changes on a Semi-Annual basis.
- Your household was previously assigned Change Reporting status and will now be reporting on a Semi-Annual basis. Semi-Annual Reporting requirements are described below.

#### SEMI-ANNUAL REPORTING

As a semi-annual reporting household, you will need to turn in a completed Semi-Annual Report form (SAR 7) due by the 5th day of the 6th month after your most recent certification. If you do not turn in your completed SAR 7 by the end of the first working day of the next (7th) month, your benefits will stop.

Your worker will use the income and expense information reported on the SAR 7 to calculate your CalFresh benefits for the remainder of the certification period.

For example:

You completed your annual recertification in May. Your SAR 7 will be due 6 months later, on November 5th and you will report what income you had in October. You will also report any income changes you expect to have in December, January, February, March, April and May. You must turn in your completed SAR 7 by no later than the first working day in December or your benefits will stop. You will lose benefits unless you had a good reason for being late. Your annual recertification will be due in May six months later. Your next SAR 7 will be due for the following certification period six months later.

#### What you must report on a Semi-Annual Report (SAR 7):

- Earned income from any source;
- Unearned income of any kind;
- Anyone getting free rent or utilities;
- Anyone who has expenses that are paid by someone else;
- Reduced hours of work or training;
- Someone moves in/out of your home;
- If you move;
- Any real or personal property bought, sold or exchanged;
- Any change in legally obligated child support paid by a household member;
- Anyone's citizenship/immigration status changes or receives correspondence from the U.S. Citizenship and Immigration Services (USCIS) (formerly INS);
- Anyone reaches 60 years of age;
- Anyone gets a job or payments for training or school expenses;
- Anyone has a job, training or school costs such as for dependent care or supplies;
- If, since your last report, anyone in your home has been avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
- If, since your last report, anyone in your home has been convicted after August 22, 1996 of a drug-related felony for 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 the above activities.

#### REPORTING MANDATORY CHANGES DURING THE CERTIFICATION PERIOD

You must report the following changes within ten (10) days even if it is not your report month. You are to report:

- When your household's income is more than 130% of federal poverty level, for your household size (CalFresh IRT).
- If you are meeting the Able Bodied Adult Without Dependents (ABAWD) work rule by working and your work hours drop below 20 hours a week or 80 hours a month. CalFresh rules limit the receipt of CalFresh benefits to 3 months in a 3-year period for ABAWDs who are not working or participating in other allowable activities. You are excused from the ABAWD work rule and do not need to report a drop in your work hours if you are:
  - Living in a county where the ABAWD work rule is waived because of high unemployment rates;
  - Under 18 or 50 years of age or older;
  - Medically certified as physically or mentally unfit for employment;
  - Meeting the CalWORKs Welfare-To-Work rules;
  - Caring for an injured or sick person who will need help for more than 30 days;
  - Participating in an alcohol or drug treatment program that keeps you from working 30 hours or more per week;
  - Getting or have applied for Unemployment Insurance benefits.

#### REPORTING VOLUNTARY CHANGES

You may also report other information voluntarily, even when it is not your report month. Reporting information voluntarily may cause your household benefits to go up or down. See examples below. The county will take action within ten (10) 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 SAR 7 or recertification.**

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

- Loss of income;
- Member becomes disabled or 60 years old;
- Member begins to pay court-ordered child support;
- New household member in the home;
- Shelter/housing cost increases;
- Medical expenses.

(Continued on back)

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## REPORTING VOLUNTARY CHANGES - Continued

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

- Gain or increase of income that is less than your CalFresh IRT;
- Someone with no income moves out of your home;
- Someone in your home who had no income dies;
- Someone with income moves into your home;
- Shelter cost decrease.

You **MAY** report changes during your households certification period either by:

- Mail, telephone or in person at the county CalFresh office or by turning in a Mid-Certification Period Status Report or SAR 3.

## OTHER CHANGES

There are other circumstances that will require the county to decrease or discontinue your benefits during the certification period in which they happen. Here are some examples:

- A household member is sanctioned;
- Someone in your household receives benefits in another household;
- A California Food Assistance Program status changes.

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## TRANSITIONAL CALFRESH BENEFITS

California's Transitional CalFresh program provides CalFresh benefits for five months to households that leave CalWORKs.

If your household begins receiving transitional CalFresh benefits, you do not have to report while receiving these benefits.

If you are receiving Transitional CalFresh benefits, you may reapply to see if you can get more benefits. If you reapply and are approved for regular CalFresh benefits, then all normal reporting rules will apply.



# SAR 7 ELIGIBILITY STATUS REPORT

REPORT MONTH \_\_\_\_\_

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER \_\_\_\_\_ 1st AND RETURN IT BY \_\_\_\_\_ 5th  
SUBMIT MONTH SUBMIT MONTH

CASE NUMBER HERE \_\_\_\_\_

NEED HELP? (County Specific instructions w/county url)

Worker Name: \_\_\_\_\_ [DIST. ID HERE]

Worker Phone: \_\_\_\_\_

County: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

BAR CODE: \_\_\_\_\_

Check the box if you would like to STOP getting any of the following:  STOP my CalWORKs  STOP my CalFresh  
 STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported?  Yes  No (If Yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Have there been any changes to your address since you last reported?  Yes  No (If Yes, complete the section below)

New Address: \_\_\_\_\_ Date Moved: \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

3. If you have moved since you last reported please fill out the section below:

Your rent or mortgage per month now? \$ \_\_\_\_\_ If paid separately, your property taxes and home insurance per month now? \$ \_\_\_\_\_

Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:  
 Phone  Trash  Water  Electric/Gas  Other heating or cooling costs

4. CalWORKs only: Is anyone in your home:  
A. A felon whose conviction was drug-related?  
B. Running from an outstanding warrant?  
C. Found by a court to be in violation of probation or parole?  
 Yes  No (If Yes, complete the section below)

Name of person	A, B, or C from above	Where did the arrest or conviction happen?	Date of arrest and/or conviction

5. Medical Costs: If anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please complete the section below:

Who had the change? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported?  Yes  No If Yes, what was the amount paid in the Report Month? \$ \_\_\_\_\_  
Who paid support? \_\_\_\_\_  
If Yes, Attach proof.

7. Dependent or Child Care: If anyone who gets CalFresh and either works, is looking for work, or is going to school, had an increase in dependent care or child care costs since they last reported, please complete the section below and attach proof:  
What was the amount paid in the Report Month? \$ \_\_\_\_\_  
Who paid: \_\_\_\_\_ List child/children: \_\_\_\_\_

8. Did anyone: Get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, prior social security), or other property items since last reported?  
 Yes  No (If Yes, complete the section below. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount:	<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
				<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

9. Did anyone get income from employment in the Report Month?  Yes  No (If Yes, complete the section below and attach proof). The Report Month is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc.

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income:	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>
How often paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount of income they got in the report month:	\$ DATE RECEIVED:	\$ DATE RECEIVED:	\$ DATE RECEIVED:
Hours worked per month:			

Will there be any changes to your job or income in the next six months? Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid.  Yes  No (If Yes, explain): Use a separate piece of paper if needed:

10. Did anyone get money from any other source in the Report Month:  Yes  No (If Yes, complete the section below and attach proof.) The Report Month is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc.

Name	Source of income	One time payment or monthly	How much
			\$
			\$
			\$

Will there be any changes to this income in the next six months?  Yes  No  
Explain here:

11. CalWORKs only: Have any of the following happened to anyone in your home since you last reported?  Yes  No (If yes, check below and attach proof):

- Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- Disability (Became disabled or recovered from a disability or major illness?)
- 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 Support Services (Started or stopped getting services?)
- School Attendance
  - \*For Cash Aid Only- Student age 6-18 stopped or started attending school regularly?
  - \*For Age 16 or older student- started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- Someone paid for all of my housing, food, clothing or utility costs. (please explain) \_\_\_\_\_
- Other \_\_\_\_\_

Please read carefully, sign, and date.

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000, I may have to pay back benefits if I was not eligible to them, the first time I break the rules on purpose I will not be able to get CalFresh for one year, the second time two years, and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

### 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 \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the SAR 7 Eligibility Status Report for Cash Aid and CalFresh.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH 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, registered domestic partner, or the other parent (of cash-aided children) if living in the home. For CalFresh: 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, REGISTERED 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

# INFORMATION/VERIFICATION NEEDED

Notice Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Worker Hours: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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We recently received information about a change in your household. We need your help to figure out if this change will affect your benefits. We want you to have all the benefits for which you qualify. You will get a notice if this lowers or ends your benefits.

- You reported a change that could increase your benefits for the next month. To be sure your next benefits are right, please return the items listed below to us by \_\_\_\_\_. Please let us know before this date, if you need more time to return these items. If the listed items are received after this date, any increase in benefits will be delayed. If you need help getting any of these items, you can contact your county CalFresh office.

## CALFRESH REQUEST FOR CONTACT

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Worker:

Phone:

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We recently received information about a change in your household. In order for us to make sure you can still get CalFresh benefits, we need the following:

We need you to contact us by \_\_\_\_\_ to provide the information/documentations requested above.

**If you do not contact us by this date, your CalFresh benefits may be reduced or stopped.**