

بيان وقائع لشخص إضافي

(ájó flóYÉtē Y f'üē dŌ Wh ÉWäHfHj) «áµl Ö W)

تعليمات: إذا كنت تحصل على الإعانة المالية... إذا كنت تحصل على كوبونات طعام... رجاء استعمال قلم حبر عند الكتابة

لاستعمال الكاونتي فقط

CASE NAME, CASE NUMBER, WORKER NAME, WORKER NUMBER, DATE RECEIVED

CA FS (1) ...

VERIFIED: YES NO, SSN, FS ID, Blind/Deaf/Disabled, Residency, DFA 285-C Comp., Referred to Cal-Learn, CW 25 Completed, CW 25 A Completed, Referred to WTW, Citizen, Eligible Non-citizen, Sponsored, SAVE, Date of Entry to U.S., Excluded HH Member Code, Work/Training/WTW Code

CA FS (2) ...

Form with checkboxes and text for section 2, including fields for residence, citizenship, and other status indicators.

CA FS (3) ...

Form with checkboxes and text for section 3, including fields for name and other identifiers.

CA (4) ...

Form with checkboxes and text for section 4, including fields for deprivation and other status indicators.

VERIFIED: Deprivation YES NO

CA (5) ...

Form with checkboxes and text for section 5, including fields for date initiated and other identifiers.

CW 5 YES NO, Date Initiated

CA (6) ...

Form with checkboxes and text for section 6, including fields for other identifiers.

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .A (7) CA FS		<b>لاستعمال الكاوتني فقط</b> <input type="checkbox"/> CalWORKs and FC Eligible/ CR Chooses: Child: <input type="checkbox"/> CalWORKs <input type="checkbox"/> FC CR: <input type="checkbox"/> CalWORKs <input type="checkbox"/> None	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .B			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .A (8) CA FSE		VERIFIED: School Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No FS Eligible Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .B CA FSE		VERIFIED: Expenses <input type="checkbox"/> Yes <input type="checkbox"/> No Financial Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .A (9) CA FS			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .A (10) CA FS			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .A (11) CA FS			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .A (12) FS		Separate household eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .A (13) FS		Separate household eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .A (14) FS		Household Elects BOARDER <input type="checkbox"/> HH MEMBER <input type="checkbox"/> ROOMER <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		? ðæd>a çj'ûç'áññáññ( ðWQ ðW>g/fg g .A (15) FS			

<input type="checkbox"/> <input type="checkbox"/>		ÜGed; E PEø«N«døj; üG ON a@HhAöNGTbaj/™baj hGEM»g/fg a@ g (16) CA FS NöCaHhEwe EöZ hCañ«üCaehQYhaQE Løj : HOGaHhNca aµ Løj,z@Q{ .(èPj«adGG;Hè UHbhá äue aèøU Y a@CaE of Os Løj, Hèüed a@ äac PEa(Möe)		<b>لاستعمال الكاونتي فقط</b> <input checked="" type="checkbox"/> if Exempt <input type="checkbox"/> CA <input type="checkbox"/> FS Adult <input type="checkbox"/> FS Child FS S/E Farmer <input type="checkbox"/> Yes <input type="checkbox"/> No Verification(s) on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <input type="checkbox"/>		E/d-d aünaj aM Eè cüi THCYE dhcui THCOWajEodE cüi ud'adl/™døj g .A (17) CA FS ? aYøY cüa dGGjQa dHC a@dUEödG : HOGaHhNca aµ Løj,z@Q{ ÜGed; E PE		Child Care Informing Given to Client: Trustline Informing (CCP 2) Health & Safety Certification (CCP 5) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent Care Eligible CA FS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <input type="checkbox"/>		jöUHCjób E«øj»ad «ñad a«uhb? ØE dajEQaøµ øY E/d-™döc°aj g .B CA FS èèHh jöWøY hCaVÉedG a@dCUÖfdCaHhEHC«@dGQÖHC : HOGaHhNca aµ Løj,z@Q{ ÜGed; E PEid,CAAP,SCC,WTW,NET,TCC,Cal-Learn			
<input type="checkbox"/> <input type="checkbox"/>		?a«VÉdEj 60 dG ON OjQa dHC a@GøY »g/fg ctaQHc bñ g (18) CA FS : HOGaHhNca aµ Løj,z@Q{ ÜGed; E PE		YES NO Emp. Statement Good Cause Determ Voluntary Quit <input type="checkbox"/> CA: 30 days <input type="checkbox"/> FS: 60 days	
<input type="checkbox"/> <input type="checkbox"/>		? a@GøY aH«Te/ÜøTe »g/fg g (19) CA FS : HOGaHhNca aµ Løj,z@Q{ ÜGed; E PE		Striker Regs Apply CA FS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <input type="checkbox"/>		?aLhr/èhRHC ØE d«E lófEue »g/fg™døj g (20) FS FS : HOGaHhNca aµ Løj,z@Q{ ÜGed; E PE		Court Order on File <input type="checkbox"/> Yes <input type="checkbox"/> No Amount Ordered \$	
<input type="checkbox"/> <input type="checkbox"/>		á«VÉdGGj T12 dG ON™hæ...C Yâ üM/ üMHC füe dO fH»g/fg ó J g (21) CA FS ,Aéó dG«HÉ«d«hæ,èhR/ ØE d lófEue,á«E aHÉ«abEYzadE Hø«E.»YÉ«LÇ;ÉV: æ .idGAP«d«Hh;µG æ a«Ee™hæ.»HÉ«øU«S : HOGaHhNca aµ Løj,z@Q{ ÜGed; E PE		(✓) if Exempt CA FS	



<input type="checkbox"/> <input type="checkbox"/>	<p>á HÉudÇÓadÇoj TCG ÓN hÇoj uÇGog áed/á«NEdáed»ÇG Y »g/fg °üM g (29) CA          ?òj uÇGjd          : HÇGá HÉNÇá aµ ABLQ, z°Çl ÜÇedÇ; É PE</p>	<p>لاستعمال الكاونتي فقط          Retro Medi-Cal          Requested <input type="checkbox"/> Yes <input type="checkbox"/> No          Approved <input type="checkbox"/> Yes <input type="checkbox"/> No</p>															
<table border="1"> <tr> <td>MEDI-CAL</td> <td>ojj g</td> <td>oy</td> <td>ajÉvodÇoj TCGY</td> <td>ajÉvodÇoj Y °UÉedÇut uÇ°SG</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	MEDI-CAL	ojj g	oy	ajÉvodÇoj TCGY	ajÉvodÇoj Y °UÉedÇut uÇ°SG												
MEDI-CAL	ojj g	oy	ajÉvodÇoj TCGY	ajÉvodÇoj Y °UÉedÇut uÇ°SG													
<input type="checkbox"/> <input type="checkbox"/>	<p>0«á dÇoeCC»dhÇC a«ÇOMEU, òeCC»dhøe »è°U ø«E...ÇEjjód/-jód g (30) CA          : HÇGá HÉNÇá aµ ABLQ, z°Çl ÜÇedÇ; É PE? -NW°aj °d</p>	<input type="checkbox"/> DHS 6155															
<table border="1"> <tr> <td>°HódÇoVÇe</td> <td>S°u d</td> <td>ø«EÇacó T°SG</td> </tr> <tr> <td></td> <td>Q HO</td> <td></td> </tr> <tr> <td></td> <td>Q HO</td> <td></td> </tr> </table>	°HódÇoVÇe	S°u d	ø«EÇacó T°SG		Q HO			Q HO			<p>VERIFIED:          Higher/Lower MAP <input type="checkbox"/> Yes <input type="checkbox"/> No          Special Need <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> DFA 285-C</p>						
°HódÇoVÇe	S°u d	ø«EÇacó T°SG															
	Q HO																
	Q HO																
<input type="checkbox"/> <input type="checkbox"/>	<p>?°j uÇGjd HájÉÇHC a«Ço; «Y O°ü dÇoe Çej ÇOMHÇEUEÇNü HabEVE ÇEjjód/-jód g (31) CA          : HÇGá HÉNÇá aµ ABLQ, z°Çl ÜÇedÇ; É PE</p>	<p>VERIFIED:          CA <input type="checkbox"/> Yes <input type="checkbox"/> No          FS <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> DFA 285-C</p>															
<table border="1"> <tr> <td>°HódÇoVÇe</td> <td>á µ°ü dÇoHijÇE</td> <td>á µ°ü dÇo ff</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	°HódÇoVÇe	á µ°ü dÇoHijÇE	á µ°ü dÇo ff				<p>: HÇ°«HIÖÉ c Y (✓) ò«TÉÇ Løj?» dÇGoe ...ÇÖ fál á«W°ÉVHÇC°Vhøe »g/fg »HÉj g.A (32) CA          FS</p>	<p>CA Special Need <input type="checkbox"/> Yes <input type="checkbox"/> No          Amount \$ _____          VERIFIED:          CA <input type="checkbox"/> Yes <input type="checkbox"/> No          FS <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> DFA 285-C</p>									
°HódÇoVÇe	á µ°ü dÇoHijÇE	á µ°ü dÇo ff															
<input type="checkbox"/> <input type="checkbox"/>	<p>?(IHSS) á«NÇ»a IóÉÉe áÉóN Y »g/fg °üéj g .B CA          Q HO ?òj uÇG»a »g/fg »Çoj ...òdÇ N°dÇg É, z°Çl ÜÇedÇ; É PE FS</p>	<input type="checkbox"/> DFA 285-C															
<table border="1"> <tr> <td>°HódÇoVÇe</td> <td>á µ°ü dÇoHijÇE</td> <td>á µ°ü dÇo ff</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	°HódÇoVÇe	á µ°ü dÇoHijÇE	á µ°ü dÇo ff				<p>á«gÇ Y òKÇodá HÉÇGÇaÇoe Óba ...Çoy HÇ° uÇf øY á ASCÇ og Y áHLEÇ. á«HÇaÉóí dÇoafál (33) CA          : HÇ°«HIÖÉ c Y (✓) ò«TÉÇ Løj          °HÉH HÉNÇGáé°U èÉfóH jöWøY ÉjNWóay á HÉY áé°U ájÉPM»a IóYÉr° dájOÉY áÉU fea óafál .A          .21 ø°SáEJ á HÉY øe ø«g°ÇGAE°Y Oç (CHDP) áBÉYÉÇ          ..... ?CHDP áÉóN øY áÉfÇ° Y füedÇ»a ÖZól g .          ..... ?á«NÉÇCHDP áÉóN Y füedÇójoJ g .          ..... ?; ÉSCÇáé°ü dCHDP áÉóN Y füedÇójoJ g .          ..... ?CHDP áÉóN Y füe dáO°UG°d Çoe ÉHÇG°Y fe ójóÉJ »a IóYÉr° dÉÉJ g .</p> <p>á«WÇG Y füedÇGÇ«WÖÉjÉIóYÉr°Ç Y füedÇ ap°j, eÉMa HÉÇGÇaÇGMC; É PE .B          ?áÇYÉr°Ç og ÇUfui HÇüi T°M° páÇójoJ g .IóYÉr°Ç ÇHCoe ÉgöZhájö°Ç</p> <p>..... ? ÖW ÉVÇHá HÉÇGÇaÇoe óMC fÇj g .C          ..... ?á«VÉÇÇoj T12 dÇ ÓN IO° fÇá°üM g, z°Çl ÜÇedÇ; É PE</p> <p>ájö°dÇéÉfóHÉgöafj »dÇaÉóí dÇ Y füe dÓÇÉj Çjúlób, áHÇÜ 34 ÇDÇ Y z°Çl Háo°TCPE          .(WIC) HÉNÇHóÉdÇóÇg°dHÁÉr°dá°UÉ dÇá«µpáÇ</p> <p>¿É PE? á°Çí æ áØpáH» HÉY S«ÉI J áÉóN, Y füedÇ»a á HÉÇ»a f°Y ...ÇHCafÇÓZól g .D          ...OÇÇ N°WHS°é°ü d æÉÇá°USPH °üÇ, z°Çl ÜÇedÇ          , áÉfÇ°Çá°Ufui HájóÉ°Ç» HÉÇS«ÉI áÇáÇÓY°BÇH°HÉÇ Y füe d.HÇ          .1-800-942-1054 »HÉ°dÇ°bódH °üJÇ</p>	<p><input type="checkbox"/> CHDP Brochure and Explanation Given          Date: _____  <input type="checkbox"/> Referral</p> <p><input type="checkbox"/> Pregnant  <input type="checkbox"/> Parent or Guardian of child under 5</p> <p><input type="checkbox"/> Breastfeeding  <input type="checkbox"/> Postpartum</p> <p><input type="checkbox"/> WIC referral</p> <p><input type="checkbox"/> Family Planning Information Given  <input type="checkbox"/> Referred Date _____</p>									
°HódÇoVÇe	á µ°ü dÇoHijÇE	á µ°ü dÇo ff															

