

APPLICATION FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)

(Non-Needy Caretaker Relative With Relative Foster Child)

INSTRUCTIONS: Fill out this form if you want cash aid for a relative foster child. Complete all of the questions to the left of the heavy black line and sign the Certification section. If you need more space, attach another sheet of paper. Use one form for each child.

1. Caretaker Relative's Name	Phone ()
Address	

2. Give us all the facts for this child.

Child's Name (First, Middle, Last)	Birthplace (City/State/Country)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
Birthdate (Month, Day, Year)	Blind, Deaf, or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number	If child is under age 6, are immunization shots up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not under age 6	
Citizen/Noncitizen Status	<input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Noncitizen: Sponsored <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship of Child to the Caretaker Relative		

3. A. Is the child pregnant or a teen parent? Yes No
 If "YES", check status: Pregnant Teen Parent

SCHOOL STATUS:
 Has a High School Diploma Has a GED Currently Attending School
 Not attending school (explain): _____
 Other (explain): _____

B. Has the child received a cash bonus or sanction, or help with child care, transportation, etc., from the Cal-Learn Program? Yes No
 If "YES", complete below:

Where (County)	Date(s) Received
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4. Did the child get cash aid or CalFresh this month? Yes No
 If "YES", complete below:

TYPE OF AID <input type="checkbox"/> Cash Aid <input type="checkbox"/> CalFresh <input type="checkbox"/> Approved Relative Caregiver (ARC)	Where (County, State)
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5. Does the child have Medi-Cal or health insurance, such as Blue Cross, Kaiser, CHAMPUS, etc., which is paid for by a parent or parent's employer? Yes No
 If "YES", list policy number and company name:

COUNTY USE ONLY	
CASE NAME	
CASE NUMBER	
WORKER NAME AND NUMBER	
DATE RECEIVED	
Verification	
<input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> SSN <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Immunization	
Alien Reg. No.: _____	
D.O.E.: _____	
Verified:	
<input type="checkbox"/> Referred to Cal-Learn Program	
<input type="checkbox"/> Verification provided	
<input type="checkbox"/> Verification provided	
<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Fee for Service	

<p>6. Does the child get or expect to get any income, such as: Earnings, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Social Security Benefits, Child Support, Foster Care Payment, Veterans Benefits, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", complete below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">TYPE OF INCOME</th> <th style="width:25%;">AMOUNT (Before deductions, if any) \$</th> <th style="width:25%;">WHEN</th> <th style="width:25%;">HOW OFTEN</th> </tr> <tr> <td colspan="4">Will this income continue? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="4">If "NO", explain any known changes: _____</td> </tr> </table>	TYPE OF INCOME	AMOUNT (Before deductions, if any) \$	WHEN	HOW OFTEN	Will this income continue? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "NO", explain any known changes: _____				<p>COUNTY USE ONLY</p> <p><input type="checkbox"/> Verification provided</p> <p><input type="checkbox"/> Eligible for higher MAP</p>												
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<p>7. Has the parent(s) of this child been in the United States (U.S.) military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", complete below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">NAME OF PARENT</th> <th style="width:15%;">PARENT A U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No</th> <th style="width:15%;">BRANCH OF SERVICE</th> <th style="width:15%;">DATES OF SERVICE</th> <th style="width:15%;">HONORABLE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No</th> </tr> </table>	NAME OF PARENT	PARENT A U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	BRANCH OF SERVICE	DATES OF SERVICE	HONORABLE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>CW 5 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Initiated _____</p>																			
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<p>8. Does the child own any property or have resources, such as: cash, land, auto, motorcycle, bank accounts, trust funds, savings bonds, Native American per capita payments or trust funds, or other items? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", complete below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">TYPE OF RESOURCE</th> <th style="width:20%;">ACCOUNT/POLICY NUMBER</th> <th style="width:30%;">NAME, ADDRESS OF BANK, ETC.</th> <th style="width:30%;">CURRENT VALUE \$</th> </tr> </table>	TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE \$	<p><input type="checkbox"/> Verification provided</p> <p><input type="checkbox"/> Restricted account</p> <p><input type="checkbox"/> Exempt</p>																				
TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE \$																						
<p>9. Does the child have a medical condition(s) or situation(s) that requires any of the following?</p> <p>Check (✓) each item YES or NO:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:5%;">YES</th> <th style="width:5%;">NO</th> <th style="width:60%;"></th> <th style="width:5%;">YES</th> <th style="width:5%;">NO</th> </tr> </thead> <tbody> <tr> <td>Special diet--prescribed by a doctor</td> <td></td> <td></td> <td>Very high use of utilities</td> <td></td> <td></td> </tr> <tr> <td>Special transportation need</td> <td></td> <td></td> <td>Special laundry service</td> <td></td> <td></td> </tr> <tr> <td>Special telephone or other equipment</td> <td></td> <td></td> <td>Other (specify):</td> <td></td> <td></td> </tr> </tbody> </table> <p>If "YES", explain: _____</p>		YES	NO		YES	NO	Special diet--prescribed by a doctor			Very high use of utilities			Special transportation need			Special laundry service			Special telephone or other equipment			Other (specify):			<p>Verified:</p> <p>Special Need: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amount \$ _____</p>
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<p>10. If the child has been charged as an adult with a felony, is the child hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for that felony crime or attempted felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																									
<p>11. Has the child been found by a court of law to be in violation of probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																									
<p>12. A. If the child can get cash aid, the child may be able to get some health examinations through the Child Health and Disability Prevention Program (CHDP).</p> <p>Do you want more facts about CHDP services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you want free CHDP medical or dental services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you need help making appointments or getting the child to the doctor or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Do you want more facts about immunization services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Do you want facts about non-discrimination, alcohol/drug counseling, past medical expenses, and other special needs for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> CHDP brochure and explanation given</p> <p style="padding-left: 20px;"><input type="checkbox"/> CHDP Referral</p> <p style="padding-left: 20px;"><input type="checkbox"/> Date:</p> <p><input type="checkbox"/> Referred for immunization</p> <p><input type="checkbox"/> Other services referral <input type="checkbox"/> Pregnant</p> <p><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 info given</p> <p>Date referred: _____</p>																								

			COUNTY USE ONLY
D. Does the pregnant child need to find a doctor, get medical transportation, and/or other help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
E. Is the child breastfeeding? If "YES" , was the birth within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
F. Does the child want to get facts or services from a Family Planning Clinic to help plan family size and prevent unplanned pregnancies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

CERTIFICATION

I understand that:

- **If I give wrong facts or fail to report all facts or situations on purpose that affect the child’s eligibility and CalWORKs payments, I may be fined, jailed/imprisoned, or both. I can be sent to jail/prison for up to 5 years. And benefits can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.**
- The child’s case can be picked for reviews to prove eligibility; and I must cooperate fully with county, state, and federal personnel in any quality control review.
- The facts I give will be checked out by local, state, and federal personnel.
- The county will send facts to the U.S. Citizenship and Immigration Services (USCIS) for proof of immigration status.
- The facts the county gets from USCIS may affect the child’s eligibility for CalWORKs.
- The facts I give will be checked with tax, welfare, employment agencies, school districts, and the Social Security Administration to prove the child’s eligibility for CalWORKs and to prove that I am getting the right amount of CalWORKs. The social security number will be matched with law enforcement agency records for arrest warrants.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true, correct, and complete.

SIGNATURE OF CARETAKER RELATIVE	DATE
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COUNTY USE ONLY

<input type="checkbox"/> INELIGIBLE (Reason)				Immunization <input type="checkbox"/> Informing (CW 101)
<input type="checkbox"/> ELIGIBLE	Eligibility Conditions Met – Date:	Authorization Date:	Effective Date of Aid:	Regs Met: <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of County Worker	DATE
Signature of Supervisor	DATE