

SUPPLEMENTAL STATEMENT OF FACTS - MINOR PARENT

The Minor Parent Rule says you can get cash aid if you are under 18 years of age and have never been married and are pregnant or have a dependent child in your care, **only** if you and your child live with your parent(s), legal guardian, other adult relative, in a group home, or in a maternity home. Your cash aid will be paid to that adult.

The Minor Parent Rule may not apply if you meet one of the following conditions:

- 1) A child protective services worker determines that it's not physically or emotionally safe for you to live with your parent(s) or legal guardian; or
- 2) Your parent(s) or legal guardian is dead; or you don't know where they live; or they won't let you live with them; or
- 3) You have lived apart from your parent(s) or legal guardian for at least one year before the birth of your child or application for cash aid; or
- 4) You are legally emancipated.

- If you are living apart from your parent(s) or legal guardian, and one of the listed conditions applies, your case will be referred for minor parent services.
- For cash aid and food stamps, the county will require that you and certain household members be fingerprint and photo imaged. Your benefits may be denied or stopped if you do not cooperate.

Complete the questions below. If you need more space, attach another sheet of paper. If you need help, ask your worker.

① YOUR NAME (FIRST, MIDDLE INITIAL, LAST)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	COUNTY USE ONLY
CURRENT ADDRESS (NUMBER, STREET NAME (AVENUE, BLVD, ETC.), APT. NO.)	PHONE NUMBER		CASE NAME
CITY	ZIP CODE	MESSAGE PHONE NUMBER	CASE NUMBER
② DO YOU LIVE WITH YOUR PARENT(S), OR A LEGAL GUARDIAN, OR IN A GROUP OR MATERNITY HOME? <input type="checkbox"/> YES If "YES", list who and relationship to you, and sign and date item ⑦ in the Certification Section. <input type="checkbox"/> NO If "NO", explain why not and for how long, and complete items ③ through ⑦.			EW NAME AND NUMBER
			PHONE NUMBER
			REFERRAL FOR
			<input type="checkbox"/> RISK ASSESSMENT FOR SAFETY ISSUE <input type="checkbox"/> CalWORKs IMMEDIATE NEED
			<input type="checkbox"/> MINOR PARENT MEETS THE FOLLOWING EXEMPTION(S):
			<input type="checkbox"/> No living parent(s)/legal guardian
			<input type="checkbox"/> Parent(s)/legal guardian's whereabouts unknown.
			<input type="checkbox"/> Has lived on own for 12 mo.
			<input type="checkbox"/> Emancipated
			<input type="checkbox"/> Not allowed to live at home
③ NAME OF YOUR MOTHER (FIRST, MIDDLE INITIAL, LAST)			CONTACT PHONE NUMBER
CURRENT ADDRESS	NUMBER, STREET	CITY	STATE ZIP CODE
④ NAME OF YOUR FATHER (FIRST, MIDDLE INITIAL, LAST)			CONTACT PHONE NUMBER
CURRENT ADDRESS	NUMBER, STREET	CITY	STATE ZIP CODE
⑤ DOES THE OTHER PARENT OF YOUR CHILD(REN) OR UNBORN CHILD LIVE WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER PARENT'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	PHONE NUMBER	
CURRENT ADDRESS	NUMBER, STREET	CITY	STATE ZIP CODE
LIST EVERYONE LIVING IN THE HOME. IF YOU ARE PREGNANT, LIST CHILD AS "UNBORN" AND GIVE DUE DATE.			
NAME OF YOUR CHILD	DATE OF BIRTH OR DUE DATE	SOCIAL SECURITY NUMBER	
NAME	RELATIONSHIP TO YOU	NAME	RELATIONSHIP TO YOU
NAME	RELATIONSHIP TO YOU	NAME	RELATIONSHIP TO YOU
CERTIFICATION			
• I understand I must meet the minor parent rule or an exemption to the rule to get cash aid.			
• I authorize the county to check and verify the facts I provided on this statement of facts.			
• I declare under penalty of perjury under the laws of the United States and the State of California that the information in this statement of facts is true, correct, and complete.			
⑦ YOUR SIGNATURE			DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT			DATE
			CWS SUPERVISOR
			DATE
			CWS WORKER NAME/NUMBER
			CWS PHONE NUMBER
CWS: DOES SAFETY ISSUE EXIST? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RETURNED TO EW ON _____ COMMENTS:			