

# SENIOR PARENT QUARTERLY INCOME REPORT

(Supplement to the QR 7 - Use for unaided senior parent.)

CASE NAME:
CASE NUMBER:
THIS REPORT IS FOR THE MONTH OF:

The rules say that when a minor parent (up to age 18) gets cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

**INSTRUCTIONS:**

- Fill in this form and return it with your Quarterly Eligibility/Status Report (QR 7) by the 5th day of the submission month. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete report by the 11th day of the submission month, your cash aid and cash-based Medi-Cal may be **delayed, changed or stopped**.
- If you have questions, ask your worker.

1. During the report month did your parent(s) get income, money, or benefits, such as: earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; interest or dividends from stocks, bonds, savings account; child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc?  YES  NO

If YES, list who received the money, the source, gross amount before deductions, and actual date received in the report month. Attach paystubs or other proof of your parent's earnings in the report month. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses in the report month. Proof for any self-employment income or other income is needed only when it starts and when it changes.

WHO GOT THE INCOME	SOURCE OF INCOME	GROSS AMOUNT	\$	\$	\$	\$	\$
		ACTUAL DATE RECEIVED					
WHO GOT THE INCOME	SOURCE OF INCOME	GROSS AMOUNT	\$	\$	\$	\$	\$
		ACTUAL DATE RECEIVED					

2. Do your parent(s) expect any changes in income in the next three months?  YES  NO  
If "YES", list below what change is expected. Attach any proof they may have such as, a letter from an employer, benefit award letter, etc.

Who's income will change?	List the source or type of income that will change.	How will the income change?	What do you expect the total amount of income to be in each of the three months?		
			Month _____	Month _____	Month _____

**CERTIFICATION**

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I received more than \$400 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
- I understand that the facts I report may result in my benefits being changed or stopped.
- I understand that I have the right to a State Hearing on any proposed action by the County Welfare Department.
- 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 are complete.

**YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH OR IT WILL BE INCOMPLETE.**

SIGNATURE OF CASH AIDED MINOR PARENT

DATE SIGNED



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