

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 8, 2004

ALL COUNTY INFORMATION NOTICE NO. I-64-04

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CalWORKs PROGRAM SPECIALISTS
 ALL FOOD STAMP COORDINATORS
 ALL CAL-LEARN COORDINATORS
 ALL REFUGEE COORDINATORS
 ALL CONSORTIUM PROJECT MANAGERS

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation Change
 Court Order
 Clarification Requested by One or More Counties
 Initiated by CDSS

SUBJECT: ADDITIONAL/REVISED FORMS AND NOTICES OF ACTION (NOAs) FOR QUARTERLY REPORTING/PROSPECTIVE BUDGETING (QR/PB)

REFERENCE: All County Letter 03-18

The purpose of this All County Information Notice (ACIN) is to transmit additional/revise forms and Notices of Action (NOAs) to be used with the Quarterly Reporting/Prospective Budgeting (QR/PB) system. Included in this ACIN is a description of each form and NOA.

FORMS

The following forms were created from existing forms that needed substantial revisions to be used for QR/PB.

QR 29-Applicant Test (5/04). This form is the applicant test portion of the CW 30 and is used for determining applicant eligibility.

QR 30-CalWORKs Budget Worksheet (8/04). This form is the recipient budgeting worksheet for use in determining grant amounts and for reaveraging grant amounts after a mid-quarter report is made by the recipient.

QR 72-Sponsor's Quarterly Income and Resources Report (8/04). This form was modified from the CW 72 to work with the QR/PB system and must be sent to sponsored noncitizens along with the QR 7 each quarter.

QR 73-Senior Parent Quarterly Income Report (6/04). This form was modified from the CW 73 to work with the QR/PB system. The QR 73 must be sent along with the QR 7 to minor parents who are subject to senior parent deeming rules.

The following forms were created from existing forms that needed minor revisions to be used for QR/PB. References to monthly reporting have been changed to quarterly and references to the CW7/SAWS7 have been changed to QR 7.

QR 22 Coversheet-Sponsored Noncitizens Applying for or Receiving CalWORKs and/or Food Stamps (7/04)

QR 25A-Payee Agreement for Minor Parent (5/04)

QR 2103-Reminder for Teens Turning 18 (10/03)

REVISED FORMS

QR 2-Reporting Changes for Cash Aid and Food Stamps (6/04). This form has been revised to change the term “Assistance Unit” (AU) to “family” or “household” as appropriate.

CW 31-Receipt for Documents (5/04). This form has been revised to include the QR 7 on the list of documents.

NOTICES OF ACTION

The following NOA forms were created from existing NOA forms to be used with QR/PB. References to monthly have been changed to quarterly and references to the CW7/SAWS7 have been changed to QR7.

NA 960X QR-No QR 7 Received (7/04)

NA 960Y QR-Incomplete QR 7 (7/04)

NOA message M40-181C-QR (Balderas Reminder Notice) (7/04)

NA 1239-Budget for “No Change NOA.” (5/04). This NA form was created to be used with the “No Change NOA” that is used when a recipient submits a mid-quarter report that does not result in a change to the grant or when a change can not be made until the next quarter because the change would result in a decrease to the grant.

NOA message M44-316 (No Change NOA) (8/04). The No Change NOA message has been modified for clarity and updated to include the appropriate NA form and regulation cite information.

FORMS DESIGNATION AND MODIFICATION OF FORMS

The QR 22 Coversheet and NOA Message M40-181C-QR are designated as “Required Form-No Substitutes Permitted.” Therefore County Welfare Departments (CWDs) must not modify or make changes to this form or message. The QR 25A, QR 72, QR 73,

QR 2103, NA 960X QR, NA 960Y QR, and NA 1239 are designated as “Required Form-Substitutes Permitted.” CWDs must obtain prior approval from the California Department of Social Services (CDSS) before implementing a modification or substitution to these and other “Substitute Permitted” forms. For California Work Opportunity and Responsibility to Kids program forms, the procedures for submission of a change request are outlined in the Management and Office Procedures Regulations Section 23-400.2. The CW 31, QR 2, QR 29 and QR 30 are designated as “Recommended.” Forms in this category may be modified or substituted without prior approval from the CDSS.

CAMERA-READY COPIES AND TRANSLATIONS

If your office has internet access, you may obtain copies of the English NOAs from the CDSS web page at: www.dss.cahwnet.gov/cdssweb/On-lineFor_271.htm. For questions on the English NOAs, please call the Forms Management Unit at (916) 657-1907.

For copies of NOAs in other languages, including Spanish NOAs, you may go to the CDSS web page at: www.dss.cahwnet.gov/cdssweb/formsandPU_274.htm. Translated materials are posted on an ongoing basis as soon as they are completed. For questions on translated materials, please contact Language Services at (916) 445-6778.

STOCK

State produced stock of forms may be ordered from the CDSS Warehouse upon receipt of the Notice of Form Change (GEN 127), in accordance with the procedures in the County Forms Catalog.

CONTACTS

If you have any questions or need further information regarding this letter, CalWORKs forms and attachments, please contact Paulette Dreher at paulette.dreher@dss.ca.gov, or by calling (916) 654-3386.

Sincerely,

Original Signed By
Maria Hernandez on 9/8/04
for
CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CSAC
CWDA

APPLICANT TEST

CASE NAME	CASE NUMBER	CW NAME	DATE
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- Determine whose needs to consider in the MBSAC size and select the corresponding MBSAC amount.
- Use a best estimate of countable income from AU members (including penalized AU members), certain non-AU members and sanctioned/excluded members.
- Deduct \$90 from the gross earned income of each family member whose earnings are used on the QR 29.
- Compare the family's total countable income to the MBSAC plus special needs to determine financial eligibility.

MONTH AND YEAR _____

1. NUMBER OF FAMILY MEMBERS WHOSE NEEDS ARE CONSIDERED IN MBSAC	
2. CORRESPONDING MBSAC FOR FAMILY SIZE IN #1 ABOVE	\$
3. RECURRING SPECIAL NEEDS	+
4. TOTAL GROSS INCOME LIMIT	=
5. GROSS EARNINGS COMPUTATION	
a. Gross Earnings (Person 1)	\$
b. Disregard	- 90
c. SUBTOTAL	=
d. Gross Earnings (Person 2)	\$
e. Disregard	- 90
f. SUBTOTAL	=
g. Gross Earnings (Person 3)	\$
h. Disregard	- 90
i. SUBTOTAL	=
j. TOTAL (Line 5c, 5f and 5i)	\$
6. SOCIAL SECURITY BENEFITS	+
7. V.A. BENEFITS	+
8. UIB	+
9. CHILD/SPOUSAL SUPPORT RECEIVED (Less CSSD)	+
10. UA CONTRIBUTION (From CW 71)	+
11. UNEARNED IN-KIND (Total received)	+
12. ALL DISABILITY INCOME	+
13. OTHER (Specify)	+
14. TOTAL COUNTABLE INCOME (Line 5j through Line 13)	=
15. Is total countable income (Line 14) less than the total gross income limit (Line 4)?	
<input type="checkbox"/> YES; eligible, complete QR 30.	
<input type="checkbox"/> NO; ineligible.	

SELF-EMPLOYMENT INCOME CALCULATION		
EARNINGS FROM SELF-EMPLOYMENT	PERSON 1 Line 5a	PERSON 2 Line 5d
Gross earnings from self employment	\$	\$
Expenses <input type="checkbox"/> Actual <input type="checkbox"/> 40%	-	-
Net self-employment income (Include in line 5 for appropriate person)	\$	\$

MONTH 1: _____

QR INCOME WORKSHEET

CASE NAME:	CASE NUMBER:
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PERSON #	DBI, U or E	PAY 1	PAY 2	PAY 3	PAY 4	PAY 5	TOTAL	DIVIDE BY	AVERAGE	CONVERSION FACTOR *	TOTALS

MONTH 2: _____

PERSON #	DBI, U or E	PAY 1	PAY 2	PAY 3	PAY 4	PAY 5	TOTAL	DIVIDE BY	AVERAGE	CONVERSION FACTOR *	TOTALS

MONTH 3: _____

PERSON #	DBI, U or E	PAY 1	PAY 2	PAY 3	PAY 4	PAY 5	TOTAL	DIVIDE BY	AVERAGE	CONVERSION FACTOR *	TOTALS

QUARTER INCOME TOTALS

	MONTH 1	MONTH 2	MONTH 3	Quarter TOTAL (3 Months)	DIVIDE BY	AVERAGE MONTHLY GROSS INCOME (Enter on line 4 of Budget Worksheet)	
DBI							DBI
U							U
E							E

SPONSOR'S QUARTERLY INCOME AND RESOURCES REPORT

THIS REPORT IS FOR THE MONTH OF _____

GIVE THIS TO YOUR SPONSOR

COMPLETE, SIGN, DATE AND RETURN THIS FORM AFTER:

CASE NAME	CASE NUMBER
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SPONSOR'S INSTRUCTIONS

- You and your spouse (if living together or if spouse has signed an affidavit of support) must complete and sign this report and return it immediately to the noncitizen you sponsor.
- The noncitizen must complete, sign and date the form, and return it to the county by the 5th of the month. If a complete report, including verification, is not received by the 11th of the month, the noncitizen's Cash Aid may be delayed, lowered, or stopped.
- Call the county if you need help completing this form.
 - Noncitizen's Name and Address

WORKER: _____ PHONE: _____

① Sponsor's Name (First, Middle, Last) _____

Answer the following questions for your spouse if she/he is living with you OR has signed an affidavit of support.

② Sponsor's Spouse's Name (If Living Together) (First, Middle, Last) _____ Has sponsor's spouse signed an affidavit of support? YES NO

③ Do you and/or your spouse receive Cash Aid, such as California Work Opportunity and Responsibility to Kids (CalWORKs) or Supplemental Security Income (SSI)? YES NO
If YES, complete below.

CASE NAME	DATE OF BIRTH	TYPE OF CASH AID	COUNTY	STATE

④ During the report month did you and/or your spouse receive income, money or benefits, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment or disability insurance, interest, worker's compensation, SSI/SSP, child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc.? YES NO

If YES, list who received income, employer's name or other source of income, gross amount before deductions, and actual date received. Attach paystubs or other proof of earnings for the report month. Attach proof of any other income only when it starts and when it changes.

If self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

NAME	SOURCE	AMOUNT \$ DATE RECEIVED				

If both you and your spouse (who is living with you) receive Cash Aid, skip to Question 10 and complete the Certification Section.

⑤ Since your last quarterly report, did you or your spouse have any changes in personal and/or real property, such as: Receive, buy, sell or give away a motor vehicle, camper, boat, land or house, etc.? YES NO
If YES, explain the type of change, date of change and the amount, if applicable.

⑥ Did you or your spouse have a checking, savings or credit union account at the end of the report month? YES NO
If YES, complete below.

<input type="checkbox"/> Credit Union	Balance On Last Day of Report Month	Whose Account?	<input type="checkbox"/> Credit Union	Balance On Last Day of Report Month	Whose Account?
<input type="checkbox"/> Checking			<input type="checkbox"/> Checking		
<input type="checkbox"/> Savings			<input type="checkbox"/> Savings		
	\$			\$	

COUNTY USE ONLY _____ WORKER INITIALS _____ DATE _____

7 Since your last quarterly report, was there a change in the number of persons who are claimed as dependents for federal income tax purposes by you or your spouse? If YES, complete below. YES NO

NAME OF PERSON(S)	DOES PERSON LIVE WITH SPONSOR?	DATE OF CHANGE	EXPLAIN WHAT CHANGED
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

8 Since your last quarterly report, was there any change in payments made to persons who are claimed as federal tax dependents who are not living with you or your spouse? If YES, explain what changed, list the name of the person(s), amount paid and who paid: YES NO

9 During the report month, did you or your spouse pay any court-ordered support? If YES, enter the amount paid and attach receipts: \$ YES NO

10 Do you or your spouse have any other information to report such as: a new address, a change in the number of noncitizens that you sponsor and who will receive Cash Aid, recent or anticipated changes in income, etc.? If YES, explain the change and if it is expected to be temporary or permanent, and give the date of change. YES NO

CERTIFICATION SECTION

- I understand that the term for Sponsorship is normally an indefinite period of time.
- I understand that failure to report information or misrepresentation of facts for Cash Aid can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

SPONSOR'S CERTIFICATION

- I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct and is complete.

SIGNATURE OF SPONSOR	DATE
SIGNATURE OF SPONSOR'S SPOUSE (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

NONCITIZEN'S CERTIFICATION

- I have reviewed this signed and completed report from my sponsor(s). I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the information contained in this report is true and correct and is complete.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	CalWORKs Sponsor/Sponsor's Spouse Income Computation	Food Stamps Sponsor/Sponsor's Spouse Income Computation																																																																																	
<table border="0"> <tr> <td>A. ITEMS</td> <td>VALUE</td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>B. Total</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>C. Less: Food Stamp Deduction (\$1500)</td> <td>CW X FS \$1500</td> <td></td> </tr> <tr> <td>D. Subtotal</td> <td>= _____</td> <td></td> </tr> <tr> <td>E. Total number of sponsored noncitizens apply for/receiving CW/FS</td> <td></td> <td></td> </tr> <tr> <td>F. Divide D by E</td> <td>= _____</td> <td></td> </tr> <tr> <td>G. Total</td> <td></td> <td></td> </tr> </table> <p>Amount in G to be included in each noncitizen's property limits.</p>	A. ITEMS	VALUE		_____	\$ _____		_____	\$ _____		_____	\$ _____		_____	\$ _____		_____	\$ _____		B. Total	\$ _____		C. Less: Food Stamp Deduction (\$1500)	CW X FS \$1500		D. Subtotal	= _____		E. Total number of sponsored noncitizens apply for/receiving CW/FS			F. Divide D by E	= _____		G. Total			<table border="0"> <tr> <td>A. Earned Income</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>B. Unearned Income</td> <td>+ _____</td> <td></td> </tr> <tr> <td>C. Subtotal</td> <td>= _____</td> <td></td> </tr> <tr> <td>D. Total number of sponsored noncitizens applying for/receiving CalWORKs</td> <td>÷ _____</td> <td></td> </tr> <tr> <td>E. Subtotal (Divide C by D)</td> <td>= _____</td> <td></td> </tr> <tr> <td>F. Number of sponsored noncitizens in this AU</td> <td>_____</td> <td></td> </tr> <tr> <td>G. Total (Multiply E by F)</td> <td>= _____</td> <td></td> </tr> </table> <p>Amount in G to be deemed income for entire AU.</p>	A. Earned Income	\$ _____		B. Unearned Income	+ _____		C. Subtotal	= _____		D. Total number of sponsored noncitizens applying for/receiving CalWORKs	÷ _____		E. Subtotal (Divide C by D)	= _____		F. Number of sponsored noncitizens in this AU	_____		G. Total (Multiply E by F)	= _____		<table border="0"> <tr> <td>A. Earned Income</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>B. Less 20%</td> <td>- _____</td> <td></td> </tr> <tr> <td>C. Unearned Income</td> <td>+ _____</td> <td></td> </tr> <tr> <td>D. Gross Income Deduction for sponsor's household size</td> <td>- _____</td> <td></td> </tr> <tr> <td>E. Subtotal</td> <td>= _____</td> <td></td> </tr> <tr> <td>F. Total number of sponsored noncitizens applying for/receiving Food Stamps</td> <td>_____</td> <td></td> </tr> <tr> <td>G. Divide E by F</td> <td>÷ _____</td> <td></td> </tr> <tr> <td>H. Total</td> <td>= _____</td> <td></td> </tr> </table> <p>Amount in H to be deemed income for each sponsored noncitizen.</p>	A. Earned Income	\$ _____		B. Less 20%	- _____		C. Unearned Income	+ _____		D. Gross Income Deduction for sponsor's household size	- _____		E. Subtotal	= _____		F. Total number of sponsored noncitizens applying for/receiving Food Stamps	_____		G. Divide E by F	÷ _____		H. Total	= _____	
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H. Total	= _____																																																																																		

SENIOR PARENT QUARTERLY INCOME REPORT

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

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

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



COUNTY USE ONLY

SPONSORED NONCITIZENS APPLYING FOR OR RECEIVING CASH AID AND/OR FOOD STAMPS

Important Information For Noncitizens Sponsored By Individuals

As a noncitizen who is sponsored by an individual(s), you must meet special conditions to receive Cash Aid and/or Food Stamps.

The Special Conditions Are:

- Your sponsor's income and resources will have to be reviewed for you to receive benefits. Your sponsor must provide information on the attached form. Both you and your sponsor must sign this form.
- If your application is approved, you and your sponsor will have to complete quarterly income and resource reports for Cash Aid and Food Stamp benefits. If your sponsor does not provide this information, your benefits may be changed or stopped. Family members who are not sponsored and are otherwise eligible can get and continue to get their benefits.
- **You are the person responsible for getting all the information requested to the county welfare department for both you and your sponsor.**

Important Information For Sponsors

The noncitizen you sponsor has applied for Cash Aid and/or Food Stamps. If you completed an affidavit of support, State regulations require the county welfare department to evaluate your income, resources, and property in deciding whether or not the noncitizen applicant can get benefits. Sponsorship is normally for an indefinite period of time. This form must be completed and signed by you under penalty of perjury. If you are living with your spouse or your spouse has signed an affidavit of support, your spouse's income, resources, and property are also counted.

If the noncitizen's application for Cash Aid is approved, **each quarter** you will have to report your income, resources, and property on the Sponsor's Quarterly Income and Resources Report (QR 72). The noncitizen will provide you with the report form. Your report must be completed and returned to the noncitizen immediately to ensure the noncitizen's continued eligibility. Each quarter, resources and a portion of your income will be used to determine the noncitizen's continued eligibility and benefits.

If the noncitizen receives benefits to which he or she is not entitled because you failed to accurately report information, you and/or the noncitizen may have to repay these benefits.

SPONSOR'S STATEMENT OF FACTS INCOME AND RESOURCES

(Supplemental Application For Food Stamps And Cash Aid)

INSTRUCTIONS: PLEASE ANSWER THE FOLLOWING QUESTIONS FOR YOURSELF AND YOUR SPOUSE (IF LIVING TOGETHER OR IF SPOUSE HAS SIGNED AN AFFIDAVIT OF SUPPORT) AND RETURN IT TO THE NONCITIZEN IMMEDIATELY.

Noncitizen Name and Address

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Proof may be needed to verify answers to the following questions. Attach proof when the form asks for it.

① YOUR NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER ()
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	
MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)	

② YOUR SPOUSE'S NAME (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT) (FIRST, MIDDLE, LAST)	HAS SPONSOR'S SPOUSE SIGNED AN AFFIDAVIT OF SUPPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No
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③ Do you or your spouse get assistance such as: California Work Opportunity and Responsibility to Kids (CalWORKs), Food Stamps, or Supplemental Security Income (SSI)? If Yes, complete below: Yes No

Case Name	Date of Birth	Type of Assistance	County	State

If **both** you and your spouse get Assistance and the noncitizen is **not** applying for Food Stamps, complete only the Certification section on Page 3 and return the form. For all others, go to Question ④.

④ A. Have you or your spouse sponsored any other noncitizen's entry into the United States? Yes No
If Yes, complete below using the I-864, I-864A or the I-134:

Noncitizen Name	Noncitizen Address	Date of Admission to U.S.

B. Are any of the noncitizens listed in ④A receiving any type of assistance such as: CalWORKs, Food Stamps or SSI? Yes No
If Yes, complete below:

Type of Assistance	Date First Applied	County	State

⑤ Do you or your spouse have other persons who are claimed or could be claimed as dependents for federal income tax purposes? Yes No
If Yes, complete below:

Name of Person(s)	Does Person Live With Sponsor
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

COUNTY USE ONLY
CASE NAME: _____
CASE NO: _____
WORKER NO: _____

VERIFIED:

Letter on File

Verbal Communication

Other: _____

VERIFIED:

Affidavit of Support on File

I-864

I-864A

I-134

Other: _____

Verified

Verified

IRS Form 1040 Reviewed

Other: _____

Claimed Yes No

6 Are you or your spouse currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section below. Attach paystubs or other proof of earnings. If you or your spouse are self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.							COUNTY USE ONLY		
Name	Name of Employer	Gross Pay (Before Deductions)	How Often Paid (Weekly, Monthly, etc.)	Commissions or tips	Number of Tax Dependents Claimed	Check if Exempt	Enter Date Viewed		
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Stubs	Other	
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No			
7 Do you or your spouse receive or expect to receive any other income such as: Social Security, Unemployment/Disability Insurance, Child/Spousal Support, Veterans Benefits, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section below and attach proof of the income.									
Name	Type of Income	Amount	How Often Received	Check if Exempt	Specify Verification and Date Reviewed:				
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No					
8 Do you or your spouse have any of the following resources? Check each item. If Yes, explain below.									
Resource		Sponsor	Spouse	Resource		Sponsor	Spouse		
Checks or Money (At Home or Elsewhere)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Funds		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking, Savings, Credit Union Account		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, Bonds, Certificates		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes, Mortgages, Trust Deeds, Sales Contracts		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Specify below)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Resource	Owner	Current Value	Location (Home, Bank, Address, etc.)		Account Number	Check if Exempt			
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No			
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No			
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No			
9 Do you or your spouse own (or are you buying) any real property, such as: a house, land, building, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section below:									
Name	Type of Property	Address/Location	How Used? (Home, Rent, etc.)	Balance Owed	Value	Name of Mortgage Co.	Check if Exempt	Date Registration and Records Viewed	
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
10 Do you or your spouse own or use or are you buying any motor vehicles, such as: a car, truck, boat, trailer, van, camper, motorcycle, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section below:									
Name	Year, Make, Model	License Number and State of Registration	Amount of current License Fee	Balance Owed	Check if Exempt	Vehicle Valuation			
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
11 Do you or your spouse who receive income pay any court ordered support? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter the monthly amount \$_____ Who pays? _____							<input type="checkbox"/> Verified		
12 Do you or your spouse make support payments to other persons not living in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section below:							<input type="checkbox"/> Verified		
Who Pays				To Whom Paid (Name)		Amount Paid			
						\$			
						\$			
						\$			
						\$			
13 Do you or your spouse own or use personal property or resources such as: Jewelry, equipment, instruments, livestock, etc.? Do not list clothing, wedding rings, rugs, furniture, appliances, other household furnishings. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section below:									
Name	Name of Item	Date of Purchase	Purchase Price	Gift	Amount Owed	Net Market Value			
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No					

CERTIFICATION

- I understand that if on purpose I don't give the right facts or all the facts for the CalWORKs, Food Stamp or cash-based Medi-Cal Programs, I can be punished and I can be legally accused of the crime of fraud. If I am found guilty of committing fraud, I can be fined up to \$10,000 for CalWORKs and \$250,000 for Food Stamps. And, I can go to jail/prison for up to 5 years for CalWORKs and 20 years for Food Stamps. In the CalWORKs and Food Stamp Programs, my benefits can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years or forever.
- I understand that the information provided on this form may be verified by local, state and federal agencies.
- I understand that the noncitizen's case, including my statement, may be selected for an additional review to ensure that the noncitizen's eligibility was determined correctly.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

• If the noncitizen is applying for Cash Aid, both you and your spouse must sign the form. If the noncitizen is applying for Food Stamps only, either you or your spouse must sign the form.

SPONSOR'S CERTIFICATION:

- I understand that the term for Sponsorship is normally an indefinite period of time.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the above information contained on this statement of facts is true, correct, and complete.

SPONSOR'S SIGNATURE OR MARK	DATE
SPONSOR'S SPOUSE'S SIGNATURE OR MARK (IF LIVING WITH SPOUSE OR HAS SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

• If the noncitizen is applying for Cash Aid, the noncitizen must sign this form. If the noncitizen is applying for Food Stamps only, the form must be signed by the noncitizen, the head of household, a household member, or an authorized representative.

NONCITIZEN'S CERTIFICATION:

- I have reviewed this signed and completed form from my sponsor(s). I declare under penalty of perjury under the laws of the United States of America and the State of California that it is true, correct, and complete to the best of my knowledge.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	CalWORKs Sponsor/Sponsor's Spouse Income Computation	Food Stamp Sponsor/Sponsor's Spouse Computation																																																																																																			
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WORKER SIGNATURE	WORKER SUPERVISOR	DATE
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PAYEE AGREEMENT FOR MINOR PARENT

COUNTY USE ONLY	
CASE NAME:	
CASE NUMBER:	
WORKER NAME:	

If you do not return this form by _____ you will not get cash aid.

SECTION A: PREGNANT OR PARENTING MINOR AGREEMENT

I understand that any cash aid I am eligible to get for myself or dependent child(ren) will be paid to my parent, legal guardian, or other adult relative, with whom I live. I give permission to give this agreement to the person named below.

NAME OF PROPOSED PAYEE	RELATIONSHIP	
NAME OF MINOR	SIGNATURE OF MINOR	DATE

SECTION B: PAYEE RESPONSIBILITIES

The above-named minor has applied for California Work Opportunity and Responsibility to Kids (CalWORKs) for him/herself and/or his/her dependent child(ren). The minor has named you to serve as payee and receive cash aid payments. Payee responsibilities are listed below:

- I understand the payments I get for the person(s) in this case are to be used for their support. If I willfully and knowingly receive or use any part of the payment for any reason other than to support them, state law says I may be prosecuted for committing a misdemeanor.
- I understand that I am responsible to make sure the minor is given all information sent to me by the county for the minor such as quarterly report forms, notices of action and informing notices. It is the minor's responsibility to complete any necessary forms by the due date.
- I understand that if the minor moves out of my home, I should notify the county within 5 days and any payments received after the minor moves out should be returned to the county.
- I understand that if I do not agree to become the payee it does not affect the eligibility of the minor and/or his/her dependent child(ren).

SECTION C: PAYEE CERTIFICATION

Please check (✓) one of the boxes below:

- I understand the above facts and agree to act as the payee for the minor listed above.
- I refuse to act as the payee for the minor listed above.

PROPOSED PAYEE	PHONE NUMBER	DATE
----------------	--------------	------

REMINDER FOR TEENS TURNING 18 YEARS OLD

Give this notice right away to your child who will be turning 18 years old within the next 60 days.

If you are 18 years old and don't have children

You can still get cash aid as part of your parent's case after your 18th birthday ONLY if you:

Are a full-time student in high school, or in a vocational or technical training program, AND

Are expected to finish school before reaching 19 years old.

If you are 18 years old and have a child of your own and/or are pregnant

You have a choice...

① You can continue to get cash aid as part of your parent's case after your 18th birthday ONLY if you:

- Are a full-time student in high school, or in a vocational or technical training program, AND
- Are expected to finish school before reaching 19 years old.

If you decide to stay with your parent/caretaker's case, you do not have to do anything.

- OR -

② You can choose to start your own case. **Call your county worker right away if you want to start your own case.** That way you won't lose any cash aid you are eligible for.

Here are some things you need to know before starting your own case:

- You do NOT have to move out of your parent/caretaker's home to have your own case.
- Your CalWORKs time limits for getting cash aid will not start until you leave the Cal-Learn Program.
- As the head of your case, YOU must report certain changes to your county worker each quarter. There are also some things you must report within ten days of the change. You can ask your worker about the changes you have to report.
- If you start your own case, your parent or caretaker will get less cash aid. If you are the only child counted in your parent or caretaker's case, they will no longer get cash aid.
- If the Maximum Family Grant (MFG) rule was applied to your child while you were a dependent minor parent, your child can be counted in your cash aid payment when you are in your own case.
- If you have questions about whether you should start your own case, call the county welfare office or local legal services office.

REPORTING CHANGES FOR CASH AID AND FOOD STAMPS

CASE NAME:
CASE NUMBER:
WORKER:
WORKER NUMBER:

If you receive Cash Aid, what you MUST report even when it is not your report month.

Anytime your family's combined gross monthly income, both earned and unearned, is more than the Income Reporting Threshold (IRT) for your family size, you must report this information to the County within ten (10) days. You can report this information to the County by calling your worker or reporting it in writing.

Your family size is _____ your IRT is \$ _____.

The County will let you know each time your IRT changes.

Gross income means the amount of your income before any deductions, such as taxes, Social Security and retirement contributions, overpayment collections, wage garnishments or attachments, etc.

Failure to report when your income is more than the IRT limit for your family's size may result in your benefits being overpaid. Any overpaid benefits caused by your failure to report **MUST** be repaid. You may also be subject to fraud charges/penalties if you do not report required information to the County.

How to figure your family's gross income.

Each month, add all of your family's income both earned and unearned (wages or earnings, salary, disability income, unemployment, public benefits, etc.). If the total is more than the amount shown on this letter, you must report this income to the County. Families that only have unearned income or that only get Food Stamps will not be required to report income except on the Quarterly Report form.

If you receive Cash Aid, you MUST also report this information even when it is not your report month.

- Anyone in your household who has been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s), has become a fleeing felon or is in violation of a condition of probation or parole and you have not already reported it.
- Anytime you have an address change, you must report your new address to the County.

If you receive Food Stamps, you MUST report this information even when it is not your report month.

- If you are an Able Bodied Adult Without Dependents (ABAWD) Food Stamp recipient, you must report anytime the number of hours you work or are in training drop to less than 20 hours a week or 80 hours a month.
- Anytime you have an address change, you must report your new address to the County.

Voluntarily reporting information

You may report changes to the County anytime you think the change will result in your Cash Aid or Food Stamp benefits going up. For example.

- Your income stops or goes down;
- Someone who has income has moved out of your home;
- Someone moves into your home and has no income;
- Your minor child becomes pregnant and is eligible for Cal-Learn services;
- CalWORKs special needs that you or someone in your household may have such as, pregnancy special needs, a special diet prescribed by a doctor, etc;
- The birth of a child;
- For Food Stamps: Anyone in your household who is disabled or age 60 or older may report new medical costs that are not currently being used to figure your Food Stamp benefits.

At anytime, you can also ask the County to discontinue your entire case or any individual person who leaves the home or is not required to be in the assistance unit. You can also ask the County to stop other benefits, such as: Medi-Cal or Food Stamps. Receiving Medi-Cal and/or Food Stamps only will not count against your Cash Aid time limits.

RECEIPT FOR DOCUMENTS

CASE # (IF KNOWN) _____

COUNTY NAME	APPLICANT/RECIPIENT'S NAME	SOCIAL SECURITY NUMBER (OPTIONAL)
-------------	----------------------------	-----------------------------------

THIS COUNTY RECEIVED THE FOLLOWING:

- QR 3 _____ MONTH
- CW 7/ SAWS 7/QR 7/MC 176 _____ MONTH
- Birth Certificate(s)
- Social Security Card Number Verification
- Citizenship/Non-Citizen Records
- Pregnancy Verification
- Pay Stub(s):
- Other: _____
- Report Cards/School Attendance Records
- Dependent Care Verification
- Rent Receipt
- Utility Bills
- Medical Bills
- Immunization Records

RECEIVED BY	TITLE	DATE RECEIVED

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- Cash Aid
- Food Stamps

Here's why:

As of the 11th of this month, the County has not received your quarterly report (QR 7) due this month.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report no later than the FIRST WORKING DAY OF NEXT MONTH.

The information you give us may change or stop your cash aid.

YOU MUST RETURN THE QR 7 IF YOU WANT TO CONTINUE TO GET CalWORKs CASH AID.

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- you have earnings from a job, a business you started or a pay raise.
- you have started to receive or had an increase in child/spousal support payments.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep using your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22; Food Stamps: 63-103(n), 63-508.6.

Food Stamps Only:

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the quarterly report, the County will help you to do so. Please contact the County and ask for help.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- Cash Aid
- Food Stamps

Here's why:

The quarterly report (QR 7) that we got from you this quarter is not complete.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report by the FIRST WORKING DAY OF NEXT MONTH. You must send or bring in the following information:

- Complete the circled items on the enclosed report, and send or bring it to your worker.
- Send or bring to your worker the following:

The information you give us may change or stop your cash aid.

YOU MUST RETURN THE ENCLOSED QR 7 IF YOU WANT TO CONTINUE TO GET CalWORKs CASH AID.

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- you have earnings from a job, a business you started or a pay raise.
- you have started to receive or had an increase in child/spousal support payments.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep using your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22, 40-181.24. Food Stamps: 63-103.(n), 63-508.6.

Food Stamps – Additional Information Needed

In addition, you must give the county the following information so the amount of your food stamps can be figured. You must get this information to the county by the first working day of next month. If you were asked for proof of an expense and you do not give it, the expense will not be allowed. Also, if you do not give the County other information asked for, your food stamps may be decreased or stopped.

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the quarterly report, the County will help you to do so. Please contact the County and ask for help.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

State of California
Department of Social Services

Noa Msg Doc No.: M40-181C-QR Page 1 of 1
Action : Inform
Issue: QR 7
Title: Balderas Reminder Notice

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-181.22 (QR)

Use Form No. : None
Original Date : 4/02/87
Revision Date : 7/09/04

MESSAGE: YOUR QUARTERLY ELIGIBILITY/STATUS REPORT (QR 7) IS OVERDUE.

Your QR 7 was due on the fifth of this month.

[] I did not get it.

[] I got it but it was not complete.

I could not reach you by telephone, so I am sending you this reminder. You may either mail your completed QR 7 or bring it into your County Welfare Office.

If I do not get your completed QR 7 by the first working day of next month, you will not get a cash grant next month.

INSTRUCTIONS: Use a reminder notice to cases that have not submitted a complete QR 7. This notice must be sent no later than five days prior to the end of the month. This notice is required to be sent if the county cannot contact the client by telephone.

NOTE: THIS MESSAGE LANGUAGE CANNOT BE AMENDED BECAUSE THE LANGUAGE IS SET FORTH IN THE BALDERAS v. McMAHON COURT ORDER.

NOTICE OF ACTION

Continued

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
 Case Name : _____
 Number : _____
 Worker Name : _____
 Number : _____
 Telephone: _____
 Address : _____

You reported the following income for the quarter.

Month _____

Month _____

Month _____

Monthly Cash Aid Amount for the Period _____ through _____

Section A. Countable Income

Total Self-Employment Income \$ _____
 Self-Employment Expenses:
 a. 40% Standard - _____
 OR
 b. Actual - _____
 Net Earnings from Self-Employment = _____

Total Disability-Based Unearned Income
 (Assistance Unit + Non-Assistance Unit Members) \$ _____
 \$225 Disregard - _____
 Nonexempt Unearned Disability-Based Income = _____
 OR
 Unused Amount of \$225 Disregard = _____

Total Earned Income \$ _____
 Net Earnings from Self-Employment (from above) + _____
 Subtotal = _____
 Unused Amount of \$225 Disregard (from above) - _____
 Subtotal = _____
 Earned Income Disregard 50% - _____
 Subtotal = _____
 Nonexempt Unearned Disability-Based Income
 (from above). + _____
 Other Nonexempt Income (Assistance Unit + Non-
 Assistance Unit Members) + _____
 _____ + _____
Net Countable Income = _____

Section B. Your Cash Aid

1. Maximum Aid _____ Persons
 (Assistance Unit + Non-Assistance Unit Members) .. \$ _____
 2. Special Needs (Assistance Unit + Non-Assistant
 Unit Members) + _____
 3. Net Countable Income from Section A - _____
 4. Subtotal = _____
 5. Maximum Aid _____ Persons (Assistance Unit only)
 (Excluding MFG, or Penalized Persons) \$
 6. Special Needs (Assistance Unit only) + _____
 7. Maximum Aid Subtotal = _____
 8. **Full Month Aid Subtotal for the Period**
 (Lowest Amount on Line 4 or 7) =
 9. Line 8 Prorated for Part of Month = _____
 10. Adjustments: 25% Child Support Penalty(ies) - _____
 Overpayment - _____
 Cal-Learn Penalty(ies) - _____
 Cal-Learn Bonus + _____
 11. **Monthly Cash Aid Amount for the Period**
 (Line 8 or 9 Adjusted) = _____
 12. Current Cash Aid Amount (If This Amount Is more
 Than #11, You Cash Aid Will Not Change) = _____

State of California
Department of Social Services

Noa Msg Doc No.: M44-316 Page 1 of 1
Action : Change
Issue: Voluntary Reporting
Title: No change/mid-quarter
reporting

Auto ID No.:
Source :
Issued by : ACL 03-18
Reg Cite : 44-316.31(QR)

Use Form No. : NA 1239
Original Date : 04/03 New
Revision Date : 08/04

MESSAGE:

You recently told the County facts about your case. The County looked at these facts and has figured out that your cash aid will not change at this time.

The rule says that when you voluntarily report changes, the County can not lower your cash aid until the next quarter.

The County has refigured your cash aid using the information you reported and the cash aid amount did not go up.

The information you reported may cause your cash aid to go down, but the change will not happen until the next quarter. You will get another notice about any change.

You must report this information again on your next Quarterly Report (QR 7).

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

INSTRUCTIONS: Use this notice to inform clients that information reported during the quarter has resulted in no change to their benefit amount or would not cause the amount to increase. Use the NA 1239 as a continuation page to show budget calculation.

This message replaces MT40-001 dated 04/03.

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