

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

April 7, 1982



ALL-COUNTY INFORMATION NOTICE I-43-82

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SPONSORED ALIENS IN THE AFDC PROGRAM

REFERENCE: ALL COUNTY WELFARE DIRECTORS' LETTER DATED MARCH 25, 1982

Attached are the forms required for implementation of the Sponsored Alien provisions of recently filed AFDC regulations. These forms are:

1. CA 22 (Alien Sponsor's Statement of Facts Regarding Income and Resources) and CA 22 coversheet, and
2. CA 72 (Alien Sponsor's Monthly Income and Resources Report).

The CA 22 is for use at the initial eligibility determination and at annual redetermination to collect information on the sponsor's income and resources. The CA 72 is for monthly reporting of changes in the sponsor's income and resources.

Regular supplies of these two forms should be available in mid-June. To ensure timely delivery of a supply of these forms when they become available, we request that you place your order now using the Form Order (GEN 727B) procedure. Spanish translations of these two forms should be available within a month of the English. Counties that want reproducible copies of the Spanish translations should contact the AFDC Forms Coordinator. The CA 22 and CA 72 are mandatory forms, no substitute permitted.

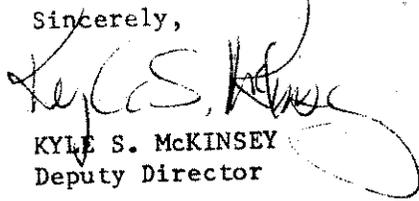
The CA 22 and CA 72 were developed on an expedited basis with assistance from the AFDC Forms Advisory Committee. Since a revision of these forms is likely in the near future, we suggest you keep your supplies limited. We also request

that you provide us any comments or suggestions for improvements to these forms. Please forward any comments and/or suggestions to:

AFDC Forms Coordinator
AFDC Program Systems Bureau
744 P Street, M.S. 16-31
Sacramento, CA 95814

If you have any questions about the CA 22 or CA 72, contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,



KYLE S. MCKINSEY
Deputy Director

Attachments

cc: CWDA

Aliens Applying for or Receiving Aid to Families with Dependent Children (AFDC)

If you are an alien, you will have to meet special conditions to receive AFDC if:

- You first applied for AFDC after September 30, 1981, and
- It is less than three years since the date of your entry into the United States, and
- You were sponsored by an individual who completed an affidavit of support.

Your sponsor's income and resources will have to be reviewed. To receive aid, you and your sponsor have to provide the information on the attached form. Once your application is approved, you and your sponsor will have to complete monthly income and resource reports. If your sponsor does not provide the information these forms ask for, you will not be eligible. However, other family members who are not sponsored aliens and are otherwise eligible can receive aid. **You are the person responsible for getting all the information requested to the welfare department both for you and your sponsor.**

Alien's Sponsors - What You Have to Do and Why

If an alien you sponsored has applied for Aid to Families with Dependent Children (AFDC). If you completed an affidavit of support or similar agreement, welfare regulations require the welfare department to evaluate your income, resources, and property in deciding whether or not the alien applicant can receive AFDC. This form must be fully completed and signed by you under penalty of perjury. If you are living with your spouse, your spouse's income, property and resources are counted and your spouse must also sign this form.

Also, if the application of the alien you sponsor is approved, you will have to report changes to your income, resources and property on the Sponsor's Monthly Income and Resources Report (CA 72) each month. The alien you sponsor will provide you with the report form. Your report must be completed and returned to the sponsored alien as soon as possible to ensure the alien's continued eligibility.

If the alien you sponsor receives aid to which he or she is not entitled as a result of your failing to accurately report information needed to determine eligibility, a demand for repayment may be made to you as well as to the alien.

These requirements remain in effect for three years from the date the alien entered the United States.

ALIEN SPONSOR'S MONTHLY INCOME AND RESOURCES REPORT

THIS REPORT IS FOR THE MONTH OF:

ALIEN'S NAME

CASE NUMBER

WORKER NO.

WORKER PHONE NO.

You are required to report changes in your income, resources, and property each month. This report must be completed in ink, and returned to the sponsored alien as soon as possible. The alien should send it to the county by the 5th of the month, so that it is received by the county by the 11th. If it is not received on time, it may affect the alien's eligibility.

• Alien's Name and Address

① SPONSOR'S NAME (FIRST, MIDDLE, LAST)

② SPONSOR'S SPOUSE'S NAME (IF LIVING TOGETHER) (FIRST, MIDDLE, LAST)

③ Is the sponsor or sponsor's spouse receiving Public Welfare Assistance, such as Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI)? Yes No

If Yes, complete below:

Who	Type of Assistance	County	State
1.			
2.			

If both the sponsor and sponsor's spouse receive assistance, complete only the certification section ⑧ and return the form by the 11th of the month.

④ A. Did the sponsor or sponsor's spouse receive any income, money, or benefits in the month, such as: Earnings, Social Security/Railroad Retirement, Unemployment/Disability Insurance, Spousal Support (Alimony), Loans, Tax Refunds, Contributions, Free Housing/Utilities, Etc.? Yes No

If "Yes", complete below:

[ATTACH ALL PAY STUBS FOR EARNED INCOME]

Who Received Income, Money or Benefits?	Source (If Earnings, List Employer)	Enter Dollar Amount and Actual Date(s) Received. If Earnings, Enter Gross Amount Before Deductions.				
		1st Pay Period	2nd Pay Period	3rd Pay Period	4th Pay Period	5th Pay Period
1.		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
		\$	\$	\$	\$	\$
		DATE	DATE	DATE	DATE	DATE
2.		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
		\$	\$	\$	\$	\$
		DATE	DATE	DATE	DATE	DATE

Example:

AMOUNT	\$123.50
DATE	10/31

B. Did anyone listed above pay child/spousal support in the month? Yes No If Yes, enter amount \$ _____ Who pays: _____

NOTE: If self-employed list and explain business expenses on a separate sheet of paper and attach to this form.

⑤ A. Was there a change in the number of persons living with the sponsor or sponsor's spouse who are claimed as tax dependents? Yes No

If "Yes", explain what changed, list name of person(s), relationship, and date of change:

B. Was there a change in payments made to persons who are claimable as tax dependents who are not living with the sponsor or sponsor's spouse? Yes No

If "Yes", explain what changed, list name of person(s), relationship, amount paid and who paid:

6 Did the sponsor or sponsor's spouse have any personal and/or real property changes in the month such as: Receive, buy, sell, or give away a motor vehicle, camper, boat, land, house, open or close a checking or savings account, etc? Yes No

If Yes, explain the type of change, date of change and the amount if applicable:

7 Does the sponsor or sponsor's spouse have other information to report, such as: A new address, a change in the number of aliens receiving AFDC, etc.? Yes No

If Yes, explain the type of change and the date the change occurred.

8 Sponsor's Certification

- I/We understand that misrepresentation of the above statements can result in legal prosecution with penalties of a fine, imprisonment, or both.
- I/We understand that if I/we fail to accurately report information, I/we may be required to repay any aid the alien receives to which he or she is not entitled.

After answering all questions, the alien's sponsor and sponsor's spouse must sign this form. If a mark is made, a witness must also sign below. An interpreter or someone else completing this form must also sign.

I declare under penalty of perjury that the above statements are true and correct.

SPONSOR'S SIGNATURE OR MARK ▶	DATE	SPONSOR'S SPOUSE'S SIGNATURE OR MARK (IF LIVING WITH SPOUSE) ▶	DATE
COUNTY WHERE SIGNED		COUNTY WHERE SIGNED	
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON COMPLETING FORM FOR THE ALIEN'S SPONSOR(S) ▶			DATE

Alien's Certification

I have reviewed this signed and completed form from my sponsor(s). I declare under penalty of perjury that it is true and correct to the best of my knowledge.

ALIEN'S OR DECLARANT'S SIGNATURE OR MARK ▶	DATE	COUNTY WHERE SIGNED
SIGNATURE OF WITNESS TO ALIEN'S OR DECLARANT'S MARK ▶		DATE

COUNTY USE ONLY

ALIEN SPONSOR'S STATEMENT OF FACTS REGARDING INCOME AND RESOURCES

COUNTY USE ONLY	
Alien's Name:	_____
Case No.:	_____
Worker No.:	_____

INSTRUCTIONS: COMPLETE ALL QUESTIONS IN INK.
SIGN, DATE, AND RETURN TO THE APPLICANT OR RECIPIENT.

Applicant's Name and Address

Documentation may be required to verify answers to the following questions.

① SPONSOR'S NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER
_____	_____

HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)

SPONSOR'S SPOUSE'S NAME (IF LIVING TOGETHER) (FIRST, MIDDLE, LAST)

③ Is the sponsor or sponsor's spouse receiving Public Welfare Assistance, such as: Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI)? Yes No

If Yes, complete below:

Who	Type of Assistance	County	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____

If both the sponsor and sponsor's receive assistance, complete only the certification section ⑭ and return the form immediately.

④ A. Has the sponsor or sponsor's spouse sponsored any other alien's entry into the United States? Yes No

If Yes, complete below:

Alien's Name	Alien's Address	Date of Admission to U.S.
1. _____	_____	_____
2. _____	_____	_____

B. Are any of the aliens listed above receiving any type of Public Welfare Assistance? Yes No

If Yes, complete below:

Type of Assistance	Date First Applied	County	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____

⑤ Does the sponsor or sponsor's spouse have other persons living in his/her home who are claimed or could be claimed as dependents for Federal Income Tax purposes? Yes No

If Yes, complete below:

Name of Person(s)	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

VERIFIED:

Letter on File

Verbal Confirmation

Other: _____

VERIFIED:

Affidavit of Support on File

Other: _____

Verified

Verified

IRS Form 1040 Viewed

Other: _____

Claimed Yes No

Claimed Yes No

Claimed Yes No

Claimed Yes No

6 Does the sponsor or sponsor's spouse make payments to other persons not living in his/her home? (Include child/spousal support in item 8) Yes No
 If Yes, complete below:

COUNTY USE ONLY

Who Pays?	To Whom Paid (Relationship)	Amount Paid	Claimable as a Dependent for income Tax Purposes?
		\$	<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

7 Is the sponsor or the sponsor's spouse currently employed? Yes No
 If Yes, complete below. If self-employed, list and explain business expenses on a separate sheet of paper.

EARNINGS AND EXPENSES VERIFIED:

A NAME OF SPONSOR _____ NAME OF EMPLOYER _____

How many dependents are claimed for income tax purposes? _____

How often is the person working paid? (Check and indicate gross amount)

Monthly \$ _____ Every two weeks \$ _____
 Twice a month \$ _____ Other (explain) \$ _____
 Weekly \$ _____

- Self Employed
- Wage Stubs Viewed
- Tips expected: \$ _____

Does the sponsor receive any other money, such as tips, commissions, etc.?
 Yes No If Yes, explain: _____

How much \$ _____ Per _____

B NAME OF SPONSOR'S SPOUSE _____ NAME OF EMPLOYER _____

How many dependents are claimed for income tax purposes? _____

How often is the person working paid? (Check and indicate gross amount)

Monthly \$ _____ Every two weeks \$ _____
 Twice a month \$ _____ Other (explain) \$ _____
 Weekly \$ _____

- EARNINGS AND EXPENSES VERIFIED:
- Self Employed
- Wage Stubs Viewed:
- Tips expected: \$ _____

Does the sponsor's spouse receive any other money, such as tips, commissions, etc.?
 Yes No If Yes, explain: _____

How much \$ _____ Per _____

8 Does either person listed above pay child or spousal support? Yes No
 If Yes, enter monthly amount \$ _____ Who pays: _____

9 Is the sponsor or sponsor's spouse receiving or expecting to receive income from any of the following listed below:
 Check each item Yes or No.

		Yes	No			Yes	No
A.	Public Assistance (SSI, (Gold Checks)), or AFDC	<input type="checkbox"/>	<input type="checkbox"/>	J.	Rental of land, buildings, vehicles (attach explanation and details)	<input type="checkbox"/>	<input type="checkbox"/>
B.	Spousal support (alimony)	<input type="checkbox"/>	<input type="checkbox"/>	K.	Payments on sale of property (Trust Deeds)	<input type="checkbox"/>	<input type="checkbox"/>
C.	Unemployment or Disability Insurance/ Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	L.	Loans, payments (on sponsor's behalf)	<input type="checkbox"/>	<input type="checkbox"/>
D.	Veteran's or GI benefits, Military Allotments	<input type="checkbox"/>	<input type="checkbox"/>	M.	Tax Refunds	<input type="checkbox"/>	<input type="checkbox"/>
E.	Social Security, Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	N.	Public Retirement, Vacation Pay	<input type="checkbox"/>	<input type="checkbox"/>
F.	Retirement Pensions	<input type="checkbox"/>	<input type="checkbox"/>	O.	Legal or accident settlements pending	<input type="checkbox"/>	<input type="checkbox"/>
G.	Self-employment or farm (attach explanation)	<input type="checkbox"/>	<input type="checkbox"/>	P.	Strike benefits	<input type="checkbox"/>	<input type="checkbox"/>
H.	Training allowance	<input type="checkbox"/>	<input type="checkbox"/>	Q.	Money for care of foster child	<input type="checkbox"/>	<input type="checkbox"/>
I.	Contributions	<input type="checkbox"/>	<input type="checkbox"/>	R.	Interest, dividends, royalties	<input type="checkbox"/>	<input type="checkbox"/>
				S.	Scholarships, grants, loans for school	<input type="checkbox"/>	<input type="checkbox"/>
				T.	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- Viewed Court Order
- Amount of Order \$ _____
- Date of Order _____
- County, State _____
- Petition to Court 44-113.9

INCOME/BENEFITS VERIFIED:

For any item checked Yes, explain below:

Name of Person Receiving Income	Source of Income	Date Received (or expected)	Amount	How Often? (Weekly, Mo.)

Total \$ _____

10 Does the sponsor or sponsor's spouse have any of the resources listed below?
Check each item Yes or No.

	Yes	No		Yes	No
A. Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	F. Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>
B. Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	G. Stocks, Bonds, or Certificates	<input type="checkbox"/>	<input type="checkbox"/>
C. Credit Union Account	<input type="checkbox"/>	<input type="checkbox"/>	H. Other resources which can be quickly changed into cash (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
D. Checks or Money (at home or elsewhere)	<input type="checkbox"/>	<input type="checkbox"/>	I. Cash Surrender Value of Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>
E. Notes, Mortgages, Trust Deeds, Sales Contracts	<input type="checkbox"/>	<input type="checkbox"/>			

COUNTY USE ONLY

VERIFIED:

Subtotal \$ _____

For any item checked Yes, explain below:

Type of Resource	Owner	Current Value	Name and Address of Banks, Etc.	Account Number

11 Does the sponsor or sponsor's spouse own or lease any motor vehicle? Yes No
If Yes, complete the following:

Owner of Vehicle	Year, Make and Model	State of Registration	Monthly Payment	Balance Owed
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

EXEMPT NET MARKET VALUE OF ONE CAR UP TO \$1500

Net Market Value: \$ _____

Net Market Value: \$ _____

Net Market Value: \$ _____

Excess : \$ _____

12 Does the sponsor or sponsor's spouse own personal property which costs at least \$100 each or is now worth at least \$100 each? Yes No
If Yes, list such things as mobile homes, boats, campers, recreational equipment, farm equipment, tools, livestock, trailers, musical equipment, jewelry, etc. Do not list: clothing, wedding rings, rugs, furniture, appliances, televisions, other household furnishings.

Name of Item	Owner	Date of Purchase	Purchase Price (If a Gift Check <input checked="" type="checkbox"/> Box)	Amount Owed
			\$ _____ Gift <input type="checkbox"/>	
			\$ _____ Gift <input type="checkbox"/>	
			\$ _____ Gift <input type="checkbox"/>	

Subtotal \$ _____

Live-in: Yes No

Exempt? Yes No

Other

13 Does the sponsor or sponsor's spouse own or are in the process of buying real estate? Yes No
If Yes, list all land, buildings (including your home) that you own, have title to or share title in.

Type (Land, House, Mobile Home, Apartment, Etc.)	Use (Home, Income, Investment)	Address or Location	Owner(s)	Name of Mortgage Co.	Amt. Owed

Total \$ _____

14 Sponsor's Certification:

- I/We understand that misrepresentation of the above statements can result in legal prosecution with penalties of a fine, imprisonment, or both.
- I/We understand that if I/we fail to accurately report information, I/we may be required to repay any aid the alien receives to which he or she is not entitled.
- I/We, understand that the statements made on this form are subject to investigation. I/we are also aware that the alien's case and the sponsor's statements may be selected for an additional review to ensure that the alien's eligibility was determined correctly.

After answering all questions, the alien's sponsor and sponsor's spouse must sign this form. If a mark is made, a witness must also sign below. An interpreter or someone else completing this form must also sign.

I declare under penalty of perjury that the above statements are true and correct.

SPONSOR'S SIGNATURE OR MARK	DATE	SPONSOR'S SPOUSE'S SIGNATURE OR MARK (IF LIVING WITH SPOUSE)	DATE
COUNTY WHERE SIGNED		COUNTY WHERE SIGNED	
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON COMPLETING FORM FOR THE ALIEN'S SPONSOR(S)			DATE

Applicant's Certification:

I have reviewed this signed and completed form from my sponsor(s). I declare under penalty of perjury that it is true and correct to the best of my knowledge.

ALIEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE	COUNTY WHERE SIGNED
SIGNATURE OF WITNESS TO ALIEN'S OR DECLARANT'S MARK		DATE