

DEPARTMENT OF SOCIAL SERVICES

744 P Street, CA 95814



March 2, 1987

ALL COUNTY INFORMATION NOTICE NO. 1-15-87

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR ASSISTANCE
FORM (CA 2)

This letter provides you with an advance copy of the CA 2 (1/87) in English. Copies of the CA 2 in Spanish will follow under separate cover.

The CA 2 was extensively revised to provide clients with a clear, concise and readable format which incorporates the requirements of law and regulations. The revisions are detailed in an attached listing. Butte, Los Angeles, San Luis Obispo and Sutter counties field tested a prototype CA 2 with clients. Comments from the staff in those counties plus numerous working meetings with the members of the CWDA Forms Subcommittee were involved in arriving at the revision.

Regular supplies of the CA 2 (1/87) should be stocked in the DSS Warehouse by mid-May 1987. When warehouse supplies of the Spanish CA 2 (1/87) are available, counties will be notified through the GEN 127 process.

The January 1987 version of the CA 2 should be in use by all counties no later than August 1, 1987. Counties may continue to use the current version of the CA 2 (9/84) until that date or until supplies are exhausted, whichever occurs first.

The AFDC and Food Stamp Policy Implementation Bureau is receptive to any suggestions or recommendations for improving AFDC forms. Should you have any comments on the revised CA 2, you may forward them to M.S. 16-31 for consideration during the next revision. If you have any questions regarding the CA 2, please contact Dennis Ragasa of the AFDC and Food Stamp Policy Implementation Bureau at (916) 324-2658.


ROBERT A. HOREL
Deputy Director

Attachment

cc: CWDA

Important Information for Applicants and Recipients of AFDC and Other Cash Aid Programs

Read the following before you complete the attached CA 2 form. It explains your rights and responsibilities.

The county needs the information on the CA 2 to determine your eligibility for Cash Aid and Food Stamps.

Cash Aid means AFDC (Aid to Families with Dependent Children), RCA (Refugee Cash Assistance), RDP (Refugee Demonstration Project), and ECA (Entrant Cash Assistance).

Your Rights

Applicant

- To have an interview within 7 days after you apply unless there are extenuating circumstances.
- To have your eligibility for cash aid determined within 45 days.
- To apply for an immediate need payment at any time while your application is being processed if you have an emergency.
- To be notified in writing when your application is approved or denied.
- To have the county help you get proof needed to determine your eligibility if you can't get it.

Recipient

- To be notified in writing before your aid changes or stops.
- To apply for extra money if your income drops or stops.
- To have your aid transferred to another California county when you move if you remain eligible.

Applicant or Recipient

- To be treated with courtesy, consideration and respect.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap or age. You may file a complaint if you feel you have been discriminated against.
- To have your records kept confidential by the county unless there is a felony arrest warrant issued for you or as otherwise provided by law.
- To be informed of your rights and responsibilities.
- To discuss your case with the county.
- To ask for a state hearing if you disagree with any action taken by the county.
- To register for employment services.
- To apply for payments for housing or essential household items lost or damaged due to sudden and unusual circumstances which the county determines to be beyond your control.

Please See Reverse Side

You Reporting Responsibilities

You must report all changes to the county. You have 5 days to report any changes and you must also report them on your Monthly Eligibility Report (CA 7). You must report when:

- You get **any** money (including lump sums) from work, relatives, social security, veterans' benefits, tax refunds or **any** other source.
- You start or stop work or training.
- You receive free rent/utilities.
- Your income changes, starts or stops.
- You get or dispose of real property, such as a home, land, buildings, etc.
- You get or dispose of personal property, such as a bank account, a motor vehicle, a boat, etc.
- Your child(ren) age 16, 17 or 18 starts or drops out of school or training.
- You or your spouse end a pregnancy for which you are receiving benefits.
- Anyone leaves the home to live or visit for more than 30 days (including children).
- Anyone moves into the home to live or visit.
- You move to another address. If you move to another county, you must notify the county paying you aid and apply for a redetermination in the new county.
- You marry, separate or divorce.
- Your spouse or an absent parent returns to the home.

If you receive too much aid, even if it is the county's fault, you may have to pay it back.

Aid Under the Federal AFDC-U Program

If you are applying for Federal AFDC-U (unemployed parent), the county will determine a principal earner (PE). The PE is the parent who has the most earnings in the past 24 months. To be eligible for AFDC-U, the PE must have a connection with the labor force or have been eligible to receive UIB in the past 12 months. On page 4 of this form, show all work history for anyone listed. Show all work such as part-time, farm labor, odd jobs, etc. Also, list any work in other countries. Show any month in which anyone participated in WIN, WIN Demo, CWEP or GAIN programs.

Social Security Number

You must provide a Social Security Number (SSN) or apply for an SSN for each applicant for aid. Giving the SSN to the county is a condition of eligibility required by Section 402(a)(25) of the Social Security Act. The number will be used to check identity, to prevent duplicate participation and to verify your eligibility and benefits. Also, the SSN will be matched with records from the Social Security Administration, tax, welfare and employment agencies. Any differences can be checked with third parties. If you cannot furnish an SSN for all persons for whom you are applying, you must cooperate in securing a number(s) by applying directly to the Social Security Administration, providing proof of application and providing the number(s) to the county when received.

CERTIFICATION

I certify that I have been informed of my rights and responsibilities as stated above, and am aware of the possibilities of criminal penalties for making false statements or failing to report information or situations which may affect my eligibility or aid payment.

Signature of Applicant

Date

Signature of Spouse or Other Parent

Date

I certify that I have informed the applicant or recipient of his or her rights and responsibilities as stated above and of the possibilities of criminal penalties for making false statements or failing to report information or situations which affect his or her eligibility or aid payment.

The applicant or recipient appears to understand his or her rights and responsibilities.

Eligibility Worker's Signature

Eligibility Worker's Number

Date

COUNTY USE

IMPORTANT NOTICE

TO: All people on AFDC or Refugee Assistance

If you receive lump sum income in the future, you may lose your federal cash aid. Read this notice so that you will know about the lump sum rule resulting from a change in the law.

Lump sum income is money you may get just one time or only once in a while. Lump sums can be past due Social Security, Workers' Compensation or personal injury court awards, lottery winnings, inheritances and the like. There are now very few exceptions.

If you get lump sum income while you are on aid, you will have to live on that money instead of your cash aid. The more you get, the longer you will have to live on it. You will not be able to get federal cash aid even if you have used up the lump-sum money before your cash aid can start again.

Here is how the lump sum rule works. We will divide the amount of your lump-sum income by the maximum cash grant for your family. So if, for example, you get aid for yourself and two children, and if you get a lump sum of \$6,170, you won't be able to get federal cash aid for 10 months (\$6,170 divided by \$617).

There is a state program that does not have the lump sum rule. If your federal cash aid stops for more than one month because of the lump sum rule, this program may help you if you are otherwise eligible. However, you can only get cash aid under this state program for three months a year.

If you receive lump sum income during a month when you are not on cash aid, then the lump sum rule may not apply. In that case, you could reapply for federal cash aid once you had less than \$1,000.

To avoid problems, don't spend a lump sum until you talk to your worker.

If you have any questions, contact your worker for more information. You may also contact your Legal Aid Office.

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR ASSISTANCE

INSTRUCTIONS: *Print all answers in ink (black preferred). If you have any problems with any questions, your eligibility worker will help you. Use receipts and records to help you answer questions, and bring them with you to the interview to support your answers.*

1 Name of person applying, or caretaker relative of child(ren) for whom aid is wanted.		PHONE () () ()	CHILDREN NEED AID BECAUSE OF PARENTS (Check (<input checked="" type="checkbox"/>) below)				COUNTY USE ONLY						
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)			DEATH	DISABILITY	ABSENCE	UNEMPLOYMENT	STANDARD FILING UNIT	ASSISTANCE UNIT	DEPRIVATION VERIFICATION	FED./NON-FED	WORK REGISTRATION STATUS	CITIZENSHIP/ ALIEN STATUS VERIFICATION	AGE VERIFICATION
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)													
2 List each child for whom you want aid, also include all of their brothers, sisters, half brothers or half sisters living in the home. List unborn in 4													
CHILD'S NAME (FIRST, MIDDLE, LAST)			MOTHER'S NAME										
SOCIAL SECURITY NUMBER		SEX (<input checked="" type="checkbox"/>)	FATHER'S NAME										
		<input type="checkbox"/> M <input type="checkbox"/> F											
BIRTHPLACE (CITY STATE)		BIRTHDATE	STATUS (<input checked="" type="checkbox"/>)										
			<input type="checkbox"/> US CITIZEN <input type="checkbox"/> LEGAL ALIEN										
DO YOU WANT AID FOR THIS CHILD?		IS CHILD LIVING IN YOUR HOME?		SPONSORED? <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"/> UNDOCUMENTED ALIEN									
CHILD'S NAME (FIRST, MIDDLE, LAST)			MOTHER'S NAME										
SOCIAL SECURITY NUMBER		SEX (<input checked="" type="checkbox"/>)	FATHER'S NAME										
		<input type="checkbox"/> M <input type="checkbox"/> F											
BIRTHPLACE (CITY STATE)		BIRTHDATE	STATUS (<input checked="" type="checkbox"/>)										
			<input type="checkbox"/> US CITIZEN <input type="checkbox"/> LEGAL ALIEN										
DO YOU WANT AID FOR THIS CHILD?		IS CHILD LIVING IN YOUR HOME?		SPONSORED? <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"/> UNDOCUMENTED ALIEN									
CHILD'S NAME (FIRST, MIDDLE, LAST)			MOTHER'S NAME										
SOCIAL SECURITY NUMBER		SEX (<input checked="" type="checkbox"/>)	FATHER'S NAME										
		<input type="checkbox"/> M <input type="checkbox"/> F											
BIRTHPLACE (CITY STATE)		BIRTHDATE	STATUS (<input checked="" type="checkbox"/>)										
			<input type="checkbox"/> US CITIZEN <input type="checkbox"/> LEGAL ALIEN										
DO YOU WANT AID FOR THIS CHILD?		IS CHILD LIVING IN YOUR HOME?		SPONSORED? <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"/> UNDOCUMENTED ALIEN									
CHILD'S NAME (FIRST, MIDDLE, LAST)			MOTHER'S NAME										
SOCIAL SECURITY NUMBER		SEX (<input checked="" type="checkbox"/>)	FATHER'S NAME										
		<input type="checkbox"/> M <input type="checkbox"/> F											
BIRTHPLACE (CITY STATE)		BIRTHDATE	STATUS (<input checked="" type="checkbox"/>)										
			<input type="checkbox"/> US CITIZEN <input type="checkbox"/> LEGAL ALIEN										
DO YOU WANT AID FOR THIS CHILD?		IS CHILD LIVING IN YOUR HOME?		SPONSORED? <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"/> UNDOCUMENTED ALIEN									
CHILD'S NAME (FIRST, MIDDLE, LAST)			MOTHER'S NAME										
SOCIAL SECURITY NUMBER		SEX (<input checked="" type="checkbox"/>)	FATHER'S NAME										
		<input type="checkbox"/> M <input type="checkbox"/> F											
BIRTHPLACE (CITY STATE)		BIRTHDATE	STATUS (<input checked="" type="checkbox"/>)										
			<input type="checkbox"/> US CITIZEN <input type="checkbox"/> LEGAL ALIEN										
DO YOU WANT AID FOR THIS CHILD?		IS CHILD LIVING IN YOUR HOME?		SPONSORED? <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"/> UNDOCUMENTED ALIEN									

3 List the parent(s) and stepparent(s) living in the home with the children in 2 or unborn in 4. Also, complete for a related caretaker of the child(ren) if he/she wants aid.

PARENT OR CARETAKER'S NAME (FIRST, MIDDLE, LAST)		CITIZENSHIP (✓)	
SOCIAL SECURITY NUMBER		<input type="checkbox"/> US CITIZEN <input type="checkbox"/> REFUGEE <input type="checkbox"/> LEGAL ALIEN <input type="checkbox"/> UNDOCUMENTED ALIEN <input type="checkbox"/> SPONSORED <input type="checkbox"/> YES <input type="checkbox"/> NO	
SEX (✓)	MARITAL STATUS (✓)		
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> WIDOWED		
BIRTHPLACE (CITY/STATE)	BIRTHDATE		
DO YOU WANT AID FOR THIS PERSON?		RELATIONSHIP TO CHILD(REN) LISTED IN 2 (PARENT, UNCLE, AUNT, ETC.)	
<input type="checkbox"/> YES <input type="checkbox"/> NO			

COUNTY USE ONLY				
STANDARD FILING UNIT	ASSISTANCE UNIT	FED/NON-FED EP	WORK REG. STATUS	CITIZENSHIP/ALIEN STATUS VERIFICATION

4 Do any of the persons listed in 2 or 3 want aid because of pregnancy? If "YES", complete below.

WHO IS PREGNANT?	EXPECTED DATE OF BIRTH	FATHER OF THE UNBORN	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHECK (✓) THE BOXES THAT APPLIES TO THE FATHER OF THE UNBORN			
<input type="checkbox"/> DECEASED	<input type="checkbox"/> DISABLED	<input type="checkbox"/> ABSENT	<input type="checkbox"/> UNEMPLOYED

- Date of Verif. Special Need Eff _____
- WIC Referral
- CA 2.1 DA Referral

5 Does any parent of a child or unborn listed in 2 or 4 not live in the home? If "YES", list the parent(s) and explain (Example: Mary's Father, Jim Smith, is in the Navy and stationed in Florida; Donna's Mother, Roberta Jones, moved out):

YES NO

6 Are there other persons living in your home besides those listed in 2 and 3? If "YES", list them below.

NAME (First, Middle, Last)	RELATIONSHIP TO CHILDREN IN 2 OR UNBORN IN 4	DOES THIS PERSON HAVE INCOME?
		<input type="checkbox"/> YES SOURCE: _____ <input type="checkbox"/> NO
		<input type="checkbox"/> YES SOURCE: _____ <input type="checkbox"/> NO
		<input type="checkbox"/> YES SOURCE: _____ <input type="checkbox"/> NO
		<input type="checkbox"/> YES SOURCE: _____ <input type="checkbox"/> NO
		<input type="checkbox"/> YES SOURCE: _____ <input type="checkbox"/> NO
		<input type="checkbox"/> YES SOURCE: _____ <input type="checkbox"/> NO

Verif./Status (UAM, Stepparent, etc.)

COMPLETE THE REST OF THIS FORM FOR ALL PERSONS LISTED IN 2 AND 3

7 Does everyone listed in 2 and 3 live in California and intend to continue living here?

8 Has anyone listed in 2 and 3 ever applied for or received aid anywhere? Include: Cash Aid, (AFDC, RCA, RDP and ECA) Food Stamps, Medi-Cal, General Assistance, or any other benefits. If "YES", complete below.

NAME	WHERE (CITY, COUNTY, STATE)	DATE APPLIED	DATE LAST RECEIVED	TYPE OF AID

9 Is anyone listed in 2 and 3 16 years of age or older and enrolled in school or a training program? YES NO
 If "YES", complete below.

COUNTY USE ONLY

Verified:

NAME	AGE	NAME OF SCHOOL OR TRAINING PROGRAM	ENROLLED FULL-TIME?	EXPECTED DATE OF GRADUATION	EMPLOYED?
			<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		<input type="checkbox"/> YES <input type="checkbox"/> NO

10 Has anyone listed in 2 and 3 been in the military service or is anyone in 2 and 3 the spouse, parent, or child of a person who has been in the service? YES NO
 If "YES", explain.

CA 5

11 Has anyone listed in 2 and 3 stopped work or training or refused a job or training in the last 30 days? YES NO
 If "YES", complete below.

Employer Statement

PERSON	HOURS OF WORK TRAINING	LAST PAYCHECK RECEIVED	CHECKS OR BENEFITS EXPECTED?
	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	DATE: \$	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND ADDRESS OF EMPLOYER TRAINING PROGRAM		LAST DAY OF WORK/TRAINING	REASON FOR LEAVING JOB TRAINING

Good Cause Determination Required

PERSON	HOURS OF WORK TRAINING	LAST PAYCHECK RECEIVED	CHECKS OR BENEFITS EXPECTED?
	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	DATE: \$	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND ADDRESS OF EMPLOYER TRAINING PROGRAM		LAST DAY OF WORK/TRAINING	REASON FOR LEAVING JOB TRAINING

12 Is anyone listed in 2 and 3 participating in a labor strike? YES NO
 If "YES", complete below.

Striker Regulations Apply

NAME OF STRIKER	NAME AND ADDRESS OF EMPLOYER/ TRAINING PROGRAM
NAME OF UNION	
DATE WENT ON STRIKE	

13 Has anyone listed in 2 and 3 applied for or received unemployment or disability insurance benefits in the last 12 months? YES NO
 If "YES", complete below.

NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED

14 For anyone listed in 3 : List all work and training in the past 5 years.

- Include all work done outside the U . S.
Include work done in exchange for something besides money, such as rent, food, utilities or anything else.

A. First person listed in 3 : Name: Has this person worked or been in training in the past 5 years? YES NO
If "YES", complete below. Begin with this person's most recent job or training.

Table with 6 columns: Name and Address of Employer or Training Program, When Employed (From/To), Amount Paid, Name and Address of Employer or Training Program, When Employed (From/To), Amount Paid. Includes checkboxes for Work or Training.

B. Second person listed in 3 : Name: Has this person worked or been in training in the past 5 years? YES NO
If "YES", complete below. Begin with this person's most recent job or training.

Table with 6 columns: Name and Address of Employer or Training Program, When Employed (From/To), Amount Paid, Name and Address of Employer or Training Program, When Employed (From/To), Amount Paid. Includes checkboxes for Work or Training.

COUNTY USE ONLY

PRINCIPAL EARNER DATE OF APPLICATION QUARTER OF APPLICATION

PE* eligible to receive UIB in last 12 months? YES NO

Redetermination - Federal eligibility was determined per CA 2 dated

Grid for tracking work and training by quarter. Columns include YEAR, QUARTER, WORK (\$50), TRAINING (ICWEP WIN DEMO/GAIN).

Are there 6 quarters of work and/or training within any one of the 13 consecutive quarter periods? YES NO

The last day PE worked? Case is Non-Fed Fed effective

*Principal Earner - the parent who earned the most income in the last 24 months prior to the month of application.

COUNTY USE ONLY

Principal earner/UIB requirements

Earnings from month prior to month of application

App Date:

Earnings from to

MO MO MO MO

Total earnings:

UIB:

- Must apply for
Currently Receiving
Ineligible/Reason:
Verif. on file

15 Does anyone listed in (2) or (3) receive or has anyone applied for money from any source listed below?
 Check (✓) each item YES or NO.

COUNTY USE ONLY

	YES	NO		YES	NO
• Welfare money (from anywhere) AFDC/General Assistance/etc.			• Legal settlements/court actions pending		
• SSI/SSP			• Financial aid - loans, grants, or scholarships		
• Child or spousal support			• Training allowances		
• Unemployment benefits			• Strike benefits		
• Disability benefits			• Rental income from property		
• Social Security			• Money for care of a foster child		
• Railroad Retirement			• Interest, dividends, royalties		
• Other retirement benefits			• Sale of property - contracts, trust deeds, promissory notes, etc.		
• Veteran's benefits, GI Bill or military allotments			• Vacation pay or any money coming from previous employment		
• Loans, gifts or contributions			• Winnings (lottery, prizes, bingo, etc.)		
• Tax refunds/earned income credit			• Other (specify):		

Casualty Unit Notified
 Verif. on File
 Explain Anticipation:

IF "YES", COMPLETE THIS SECTION BELOW

PERSON RECEIVING OR APPLYING FOR INCOME	SOURCE	DATE RECEIVED OR APPLIED	AMOUNT	HOW OFTEN?
			\$	
			\$	
			\$	

16 Does anyone listed in (2) or (3) receive any of the items listed below free or in exchange for work?
 If "YES", complete below.

YES NO

In-Kind Income
 Verif. on file

ITEM RECEIVED	WHO RECEIVES THE ITEM?	VALUE	WHO PROVIDES THE ITEM?
A. Housing or rent <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
B. Utilities <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
C. Food <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
D. Clothing <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	

Partial Full
 Earned Unearned

17 Is anyone listed in (2) and (3) working or expecting to work in the next two months?
 If "YES", complete below.

YES NO

Earnings and Expenses

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

PERSON WORKING	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME	OCCUPATION
DAYS: HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS? <input type="checkbox"/> YES - Amount: \$ <input type="checkbox"/> NO
PERSON WORKING	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME	OCCUPATION
DAYS: HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS? <input type="checkbox"/> YES - Amount: \$ <input type="checkbox"/> NO

Verif. on File

Verif. on File

18 Does anyone listed in (2) or (3) who works, pay for care of a child or disabled adult?
 If "YES", complete below.

YES NO

Verif. on File

WHO RECEIVES THE CARE?	WHO PAYS?	AMOUNT/WHEN
		\$ every

19 Does anyone listed in (2) or (3) pay child or spousal support?
 If "YES", complete below.

YES NO

Court Order on File
 Amount Ordered \$

WHO PAYS?	FOR WHOM?	AMOUNT PER MONTH
		\$

Court Petitioned

20 Is anyone listed in **2** or **3** buying or the owner of any land and/or buildings in any state or country? YES NO
 If "YES", complete below. Include all land you own, have title to, or share title in.

TYPE (LAND, HOUSE, APARTMENT, ETC.)	USE (HOME, RENTAL, ETC.)	ADDRESS OR LOCATION	OWNER(S)	AMOUNT OWED
				\$
				\$

COUNTY USE ONLY
 Home Exempt
 Other Real Property
 Market Value \$ _____
 Amount Owed \$ _____
 Net Value \$ _____

21 Does anyone listed in **2** or **3** own, use or have their name on the registration of any motor vehicles (even if not running)? YES NO
 If "YES", complete below.

OWNER OF VEHICLE	NAME OF PERSON WHO USES VEHICLE	YEAR, MAKE AND MODEL	LICENSE NO./STATE OF REGISTRATION	MONTHLY PAYMENT	BALANCE OWED
				\$	\$
				\$	\$
				\$	\$

Lien Applicable
 Class _____
 Year _____
 Value _____
 Amt Owed _____
 Net Value _____
 \$1500 Exempt
 1 MV Only _____
 Tot. Value _____
 Excess Val. = \$ _____

22 Does anyone listed in **2** or **3** have any of the resources listed below? Check () each item either "YES" or "NO".
 • Include all resources owned, used, controlled, shared or held jointly with or for another person(s).
 • Include resources on which persons listed in **2** and **3** are named (even for convenience only).
 • The county will determine whether or not these resources count.

	YES	NO		YES	NO
• Cash (on hand or elsewhere)			• Trust Funds (whether or not available)		
• Uncashed checks (on hand or elsewhere)			• Notes, Mortgages, Trusts, Deeds, Contract of Sales, etc.		
• Saving Accounts - Children's and Adult's			• IRA or Keogh Plans		
• Checking Accounts - Whether or not they are used			• Retirement Funds (such as PERS) which are available if you stop work		
• Credit Union Accounts			• Employee Deferred Compensation Plans		
• Stocks, Bonds, Certificates of Deposit, Money Market Accounts, etc.			• Other (type):		

Trust Fund Not Court Ordered
 Court Petitioned
 Date: _____
 Resources Verif. Explain How:
 Total Value = \$ _____

IF "YES", COMPLETE THE SECTION BELOW

TYPE OF RESOURCE	OWNER	ACCOUNT NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE
				\$
				\$
				\$

23 Is anyone listed in **2** or **3** the owner of life insurance policies or burial plans? YES NO
 If "YES", complete below.

NAME OF INSURANCE CO.	POLICY NO.	WHO PAYS PREMIUM?

Verif. on File
 Total Value = \$ _____

24 Does anyone listed in **2** or **3** own or use personal belongings which cost at least \$100 or are now worth at least \$100? List any: YES NO
 • Recreational equipment (boats, 3-wheelers, offroad vehicles, snowmobiles, guns, sporting goods, etc.)
 • Mobile home, campers, trailers, etc.
 • Jewelry, artwork, antiques, collections, musical equipment (pianos, guitars, amplifiers, etc.), cameras (including video cameras), etc.
 • Tools, computers, equipment, pets, livestock, etc.

ITEM	DATE BOUGHT	PURCHASE PRICE (IF A GIFT, CHECK (<input checked="" type="checkbox"/>) AND LIST CURRENT VALUE)	AMOUNT OWED	ITEM	DATE BOUGHT	PURCHASE PRICE (IF A GIFT, CHECK (<input checked="" type="checkbox"/>) AND LIST CURRENT VALUE)	AMOUNT OWED
		\$ <input type="checkbox"/> Gift	\$			\$ <input type="checkbox"/> Gift	\$
		\$ <input type="checkbox"/> Gift	\$			\$ <input type="checkbox"/> Gift	\$
		\$ <input type="checkbox"/> Gift	\$			\$ <input type="checkbox"/> Gift	\$

Total Value \$ _____
 Total of #s 20-24 \$ _____

25 Has anyone listed in (2) or (3) sold, spent, or given away any real or personal property in the last 2 years such as a house, land, cars, bank accounts, money from a legal or accident insurance settlement, or anything else?
 If "YES", explain what and when: YES NO

COUNTY USE ONLY

26 Is anyone listed in (2) or (3) covered by health or dental insurance or prepaid health plans (such as Kaiser, Ross-Loos, Blue Cross, Champus, etc.)? Include any coverage whether or not you pay for it. If "YES", complete below. YES NO

NAME OF INSURANCE COMPANY	WHO IS COVERED?

Dual Choice.
 Explanation Given
 Referral _____
 NA _____
 HRB 2A

27 Has anyone listed in (2) or (3) incurred any medical expenses in the last 4 months?
 If "YES", does that person(s) wish to apply for Medi-Cal coverage for that period? YES NO YES NO

MC 210A

28 Does anyone listed in (2) or (3) want to apply for food stamps? YES NO

FS Application

29 Does anyone listed in (2) or (3) have a medical or special condition which requires the following?
 Check () each item.

	YES	NO		YES	NO
Special Diet - Prescribed by a doctor			Very high use of utilities		
Special transportation need			Special laundry service		
Special telephone equipment			Other (specify): _____		
Housework (No one in the home can do it)					

30 Due to sudden and unusual circumstances such as a fire or flood, does the household want to apply for a special need payment for housing or essential household items lost or damaged?
 If "YES", explain below what the circumstance is. YES NO

31 SOCIAL SERVICES

The following services are free of charge, if you are eligible for cash aid. Your answers to these questions will not affect your eligibility.

- A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.
1. Do you want more information about CHDP services? YES NO
2. Do you want CHDP medical or dental services? YES NO
- B. Do you want information about services which may be available to you or about any of the following: Discrimination, family problems, other living arrangements, alcoholism, drug addiction, or mental/emotional problems, special services for blind or visually impaired children and adults, child care, etc. YES NO
- C. Family planning services may be available to help you voluntarily limit family size, decide when you want to have children and prevent unwanted pregnancies. Do you or any member of your family want family planning information? YES NO

CHDP Brochure and Explanation Given
 Refused
 Referred
 Date _____

Other Service Referral
 Referred
 Date _____

Family Planning Information Given
 Referred
 Date _____

CERTIFICATION

COUNTY USE ONLY

- I have read and received a copy of the coversheet attached to this form.
- I am aware of, understand and agree to meet all my responsibilities as described on the coversheet.
- I have read and received a copy of the lump sum informing notice.
- I understand that all of the statements, including benefit and income information, that I have made on this form are subject to investigation and verification.
- I understand that to insure that my eligibility and grant determination is correct, benefit and income information will be regularly requested from the Social Security Administration, tax, welfare and employment agencies to verify the information that I have reported.
- I am also aware that my case may be selected for an additional review to ensure that my eligibility was correctly determined.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true and correct.

Rights and Reporting Responsibilities Explained

Copy of Coversheet Given to Client

Lump Sum Informing Notice Given

When the form is complete, persons listed in (3) or the caretaker relative must sign below.

- If you make a mark, a witness must also sign.
- If someone helped you complete this form, the person who completed the form must also sign.

SIGNATURE OR MARK OF FIRST PERSON LISTED IN (3)	DATE SIGNED
SIGNATURE OF SECOND PERSON LISTED IN (3)	DATE SIGNED
SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON COMPLETING FORM FOR PERSON LISTED IN (3)	DATE SIGNED

COUNTY USE ONLY

REQUIREMENTS MET?	YES	NO	REQUIREMENTS MET?	YES	NO
Residency			Social security number(s)		
Deprivation			Income - Gross and financial eligibility		
Age			Property - Within limits and verified/amount \$		
Citizenship			Work registration		
School enrollment			Sponsored alien		
Pregnancy verified			Federal participation established (If NO, explain):		

INELIGIBLE (reason) _____

<input type="checkbox"/> ELIGIBLE	ELIGIBILITY CONDITIONS MET - DATE	AUTHORIZATION DATE	EFFECTIVE DATE OF AID
SIGNATURE OF ELIGIBILITY WORKER	DATE		
SIGNATURE OF SUPERVISOR	DATE		