

NOTICE OF FORM CHANGE NO. 04-214

DATE

07-26-2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE **QR 72 (5/04) English and Spanish
Sponsor's Quarterly Income and Resources Report**

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 5/04	REPLACES	<input type="checkbox"/> Obsolete

REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:
**Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788**

Other:

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective _____

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, 2 sided.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

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, give it to sponsor 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 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	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED
NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

④ 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

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 or application, 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 or application, 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 expected 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																																																																																							
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REPORTE TRIMESTRAL DE INGRESOS Y RECURSOS DEL PATROCINADOR

ESTE REPORTE ES PARA EL MES DE: _____

DELE ESTE FORMULARIO A SU PATROCINADOR.

COMPLETE, FIRME, PONGA LA FECHA, Y DEVUELVA ESTE FORMULARIO DESPUES DE:

NOMBRE DEL CASO

NUMERO DEL CASO

INSTRUCCIONES PARA EL PATROCINADOR

- Usted y su esposo(a) (si viven juntos o si su esposo(a) ha firmado una declaración jurada de mantenimiento) tienen que completar y firmar este reporte y devolvérselo inmediatamente a la persona no ciudadana que usted patrocina.
- La persona no ciudadana tiene que completar, firmar, y poner la fecha en el formulario y luego dárselo a su patrocinador para el día 5 del mes. Si no se recibe un reporte completo, incluyendo la verificación, para el día 11 del mes, es posible que la asistencia monetaria de la persona no ciudadana se atrase, se reduzca, o se descontinúe.
- Llame al condado si necesita ayuda para completar este formulario.

(Noncitizen's name and address)

TRABAJADOR: _____

TELEFONO: _____

① Nombre del patrocinador (Nombre, nombre que usa en medio, apellido)

Conteste las siguientes preguntas para su esposo(a) si él/ella vive con usted O si ha firmado una declaración jurada de mantenimiento.

② Nombre del esposo(a) del patrocinador (si viven juntos). (Nombre, nombre que usa en medio, apellido) ¿Ha firmado una declaración jurada de mantenimiento el esposo(a) del patrocinador? SI NO

③ ¿Recibió usted y/o su esposo(a) ingresos, dinero, o beneficios durante el mes de reporte tal como: ingresos ganados, pagos por entrenamiento, crédito por ingresos ganados, beneficios por huelga, seguro social, beneficios de jubilación del ferrocarril, seguro contra desempleo o incapacidad, intereses, compensación por lesiones de trabajo, beneficios del Programa de Ingresos Suplementales de Seguridad/Pagos Suplementarios del Estado (SSI/SSP), mantenimiento de hijos/esposa(o), préstamos, subvenciones, devoluciones de impuestos, regalos de dinero, vivienda/servicios públicos y municipales gratuitos, etc.?

SI NO

Si la respuesta es "SI", anote quién recibió los ingresos, el nombre del empleador u otra fuente de los ingresos, la cantidad bruta antes de las deducciones, y la fecha exacta en que se recibieron. Adjunte talones de los cheques de pago u otras pruebas de los ingresos ganados para el mes de reporte. Adjunte pruebas de cualesquier otros ingresos sólo cuando empiecen o cambien.

Si trabaja por cuenta propia, anote los gastos de negocio en una hoja por separado y adjunte pruebas de los ingresos y los gastos.

NOMBRE	FUENTE	CANTIDAD \$	FECHA EN QUE SE RECIBIO	CANTIDAD \$	FECHA EN QUE SE RECIBIO	CANTIDAD \$	FECHA EN QUE SE RECIBIO	CANTIDAD \$	FECHA EN QUE SE RECIBIO	CANTIDAD \$	FECHA EN QUE SE RECIBIO

④ ¿Recibe usted y/o su esposo(a) asistencia monetaria tal como beneficios del Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños (CalWORKs) o Ingresos Suplementales de Seguridad (SSI)? Si la respuesta es "SI", complete lo siguiente.

SI NO

NOMBRE DEL CASO	FECHA DE NACIMIENTO	CLASE DE ASISTENCIA MONETARIA	CONDADO	ESTADO

Si usted y su esposo(a) (que vive con usted) ambos reciben asistencia monetaria, sigue con la Pregunta número 10 y complete la Sección de Certificación.

⑤ Desde su último reporte trimestral o solicitud, ¿hubo un cambio en los bienes o bienes raíces de usted o de su esposo(a)? Por ejemplo, ¿recibió, compró, vendió, o regaló un vehículo motorizado, vehículo para acampar, lancha, terreno, casa, etc.? Si la respuesta es "SI", explique qué clase de cambio y dé la fecha del cambio y la cantidad si es pertinente.

SI NO

⑥ ¿Tenía abierta usted o su esposo(a) una cuenta de cheques, de ahorros, o de una unión de crédito a fines del mes de reporte? Si la respuesta es "SI", complete lo siguiente.

SI NO

<input type="checkbox"/> Unión de crédito	Saldo en el último día del mes de reporte	¿De quién es la cuenta?	<input type="checkbox"/> Unión de crédito	Saldo en el último día del mes de reporte	¿De quién es la cuenta?
<input type="checkbox"/> Cheques			<input type="checkbox"/> Cheques		
<input type="checkbox"/> Ahorros	\$		<input type="checkbox"/> Ahorros	\$	

SOLO PARA USO DEL CONDADO

WORKER INITIALS

DATE

7 Desde su último reporte trimestral, ¿hubo un cambio en el número de personas a las cuales usted o su esposo(a) declara como dependientes para fines de los impuestos federales? Si la respuesta es "SI", complete lo siguiente. SI NO

NOMBRE DE LA PERSONA	¿VIVE LA PERSONA CON EL PATROCINADOR?	FECHA DEL CAMBIO	EXPLIQUE LO QUE CAMBIO
	<input type="checkbox"/> SI <input type="checkbox"/> NO		
	<input type="checkbox"/> SI <input type="checkbox"/> NO		

8 Desde su último reporte trimestral, ¿hubo un cambio en los pagos a las personas que no viven con usted ni con su esposo(a) a las cuales usted o su esposo(a) declara como dependientes para fines de los impuestos federales? Si la respuesta es "SI", explique lo que cambió, anote el nombre de cada persona, la cantidad que se pagó, y quién pagó. SI NO

9 Durante el mes de reporte, ¿Pagó usted o su esposo(a) mantenimiento ordenado por la corte? Si la respuesta es "SI", anote la cantidad pagada y adjunte recibos. \$ SI NO

10 ¿Tiene usted o su esposo(a) cualquier otra información que reportar tal como: una nueva dirección, un cambio en el número de personas no ciudadanas a las cuales patrocinan y que recibirán asistencia monetaria, cambios recientes o esperados en cuanto a ingresos, etc.? Si la respuesta es "SI", explique el cambio, indique si se espera que este cambio sea temporal o permanente, y dé la fecha del cambio. SI NO

SECCION DE CERTIFICACION

- Entiendo que el término de patrocinio es normalmente un período indefinido de tiempo.
- Entiendo que el no reportar información o la representación fraudulenta de datos para recibir asistencia monetaria puede resultar en enjuiciamiento legal con sanciones de una multa, encarcelamiento, o ambos.
- Entiendo que es posible que se me requiera que reembolse cualquier cantidad de beneficios que se me pague en exceso debido a información incorrecta o incompleta que haya sido reportada.

CERTIFICACION DEL PATROCINADOR

- Yo declaro, bajo pena de perjurio en conformidad con las leyes del Estado de California, que la información que contiene este reporte es verdadera, correcta, y completa.

FIRMA DEL PATROCINADOR	FECHA
FIRMA DEL ESPOSO(A) DEL PATROCINADOR (SI VIVEN JUNTOS O SI EL ESPOSO(A) HA FIRMADO UNA DECLARACION JURADA DE MANTENIMIENTO)	FECHA
FIRMA DEL TESTIGO A LA MARCA, DEL INTERPRETE, O DE OTRA PERSONA QUE COMPLETE EL FORMULARIO	FECHA

CERTIFICACION DE LA PERSONA NO CIUDADANA

- He revisado este reporte que ha sido firmado y completado por mi(s) patrocinador(es). Yo declaro bajo pena de perjurio en conformidad con las leyes del Estado de California que, según mi leal saber y entender, la información que contiene este reporte es verdadera, correcta, y completa.

MARCA O FIRMA DE LA PERSONA NO CIUDADANA O DEL DECLARANTE	FECHA
FIRMA DEL TESTIGO A LA MARCA, DEL INTERPRETE, O DE OTRA PERSONA QUE COMPLETE EL FORMULARIO	FECHA

SOLO PARA USO DEL CONDADO

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																																																																																							
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A. Earned Income	\$ _____																																																																																								
B. Unearned Income	+ _____																																																																																								
C. Subtotal	= _____																																																																																								
D. Total number of sponsored noncitizens applying for/receiving CalWORKs	÷ _____																																																																																								
E. Divide C by D	_____																																																																																								
F. Subtotal	= _____																																																																																								
G. Number of sponsored noncitizens in this AU	_____																																																																																								
H. Multiply E by F	x _____																																																																																								
I. Total	= _____																																																																																								
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	= _____																																																																																								