

February 2, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 24-06

The purpose of this All County Letter is to provide guidance regarding implementation of [Assembly Bill 79 \(Chapter 11, Statutes of 2020\)](#), which requires use of a prepopulated Semi Annual Report 7 Eligibility Status Report for CalFresh, California Food Assistance Program, California Work Opportunity and Responsibility to Kids, Refugee Cash Assistance, Trafficking and Crime Victims Assistance Program, and Entrant Cash Assistance. This letter also releases a blank version of the new Semi Annual Report 7, referred to as the SAR 7B.



KIM JOHNSON
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

February 2, 2024

ALL COUNTY LETTER NO. 24-06

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL CALWORKS PROGRAM SPECIALISTS
ALL CONSORTIA PROJECT MANAGERS
ALL QUALITY CONTROL PROGRAM COORDINATORS

SUBJECT: IMPLEMENTATION OF ASSEMBLY BILL 79: PREPOPULATED
SAR 7 ELIGIBILITY STATUS REPORT

REFERENCE: [ASSEMBLY BILL \(AB\) 79 SECTIONS 37 AND 38 \(CHAPTER 11, STATUTES OF 2020\); AB 2030 \(CHAPTER 485, STATUTES OF 2018\); AB 6 \(CHAPTER 501, STATUTES OF 2011\); WELFARE AND INSTITUTIONS CODE \(WIC\) SECTIONS 11265.1, 11265.15, 11262, AND 11275.10\(b\); GOVERNMENT CODE SECTIONS 6205-6210; TITLE 7 CODE OF FEDERAL REGULATIONS \(7 CFR\) SECTIONS 273.12\(A\)\(5\)\(III\), 273.11\(R\)\(2\)\(II\), 273.12\(A\)\(1\)\(I\)\(D\), 273.2\(F\)\(6\), AND 273.8\(B\); MANUAL OF POLICY AND PROCEDURES \(MPP\) SECTIONS 40-107, 40-115.22, 40-188.13, 40-157.2; 40-181.23; 40-181.231; 41-450; 42-715.13; 42-715.4; 44-316.32, 63-504.142, 63-508.642, 69-201.4, 69-301, 70-105, AND 82-812; ALL COUNTY LETTER \(ACL\) NOS. 12-25, 12-49, 13-17, 14-26, 15-90, 15-94, 19-19, 20-48, 20-135, 21-24, 21-78, 22-15, AND 22-51; ALL COUNTY INFORMATION NOTICE NO. I-45-11, AND I-60-09; U.S. DEPARTMENT OF AGRICULTURE, FOOD AND NUTRITION SERVICE, EMPLOYMENT AND TRAINING OPPORTUNITIES IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, FINAL RULE.](#)

The purpose of this All County Letter (ACL) is to provide guidance regarding the implementation of [Welfare and Institutions Code \(WIC\) section 11265.15](#), which requires the development and use of a prepopulated SAR 7 Eligibility Status Report form (SAR 7). Effective the date automation in the Statewide Automated Welfare System (SAWS) is complete, County Welfare Departments (CWDs) must provide a prepopulated SAR 7 to recipients of the following programs who are required to report semiannually:

- CalFresh,
- California Food Assistance Program (CFAP),
- California Work Opportunity and Responsibility to Kids (CalWORKs),
- Refugee Cash Assistance (RCA),
- Trafficking and Crime Victims Assistance Program (TCVAP), and
- Entrant Cash Assistance (ECA)

In addition to the prepopulated SAR 7, the California Department of Social Services (CDSS) has developed a blank version of the new SAR 7 to be made available in CWD lobbies and online for recipients to access on demand, as well as corresponding instructions for both the prepopulated and blank versions of the new SAR 7. For cash aid recipients, a newly developed Domestic Abuse Addendum must be provided any time a cash aid recipient requests or is provided with a SAR 7. Below is a list of each of the forms released with this letter:

New prepopulated SAR 7 forms:

- SAR 7 Eligibility Status Report (SAR 7)
- SAR 7 Eligibility Status Report Instructions (SAR 7A)

New blank SAR 7 forms:

- SAR 7 Eligibility Status Report (SAR 7B)
- SAR 7 Eligibility Status Report Instructions (SAR 7AB)

Other new forms:

- Domestic Abuse Addendum (SAR 7DA)

The term “household” is used in this letter generally to refer to CalFresh households, CalWORKs assistance units, and recipients of other cash aid and food benefits.

BACKGROUND

[Assembly Bill \(AB\) 6 \(Chapter 501, Statutes of 2011\)](#) implemented the Semi Annual Reporting (SAR) system for CalFresh, CFAP, and CalWORKs households, and was extended to other cash aid recipients such as RCA, TCVAP, and ECA pursuant to the [Manual of Policies and Procedures \(MPP\) section 69-201.4](#), [MPP section 69-301](#), and

[MPP section 70-105](#). Under SAR requirements, specified households are generally required to submit a periodic report six months after their initial certification/application and six months after completing their recertification/redetermination. The SAR 7 is the required periodic report form.

For some CalFresh households, a SAR 7 is not required six months after certification. This includes elderly and/or disabled and Elderly Simplified Application Project (ESAP) households. Elderly and/or disabled households who receive earned income, certified as Semi Annual Reporting Annually (SARA), will continue to receive a prepopulated SAR 7 twelve months after certification or recertification, per [MPP section 63-504.142](#). ESAP households are not required to submit a SAR 7 during the 36 month certification period, see [ACL No. 22-15](#) for more information on ESAP households.

For information on CalFresh reporting requirements, see [Title 7 Code of Federal Regulations \(CFR\) 273.12\(a\)\(5\)\(iii\)](#) and [ACL No. 12-25](#). For information on CalWORKs and other cash aid SAR reporting requirements, see [ACL No. 12-25](#).

CalWORKs annual reporting/child only (AR/CO) households are not required to complete a SAR 7 report. For more information on AR/CO households, please see [ACL No. 12-49](#).

SAR 7 AND SAR 7B OVERVIEW

Both the SAR 7 and SAR 7B contain a total of 11 sections and the Domestic Abuse Addendum (SAR 7DA). The CWD must mail a copy of the SAR 7, SAR 7A, and SAR 7DA to each household prior to their periodic report due date. Any time a cash aid household requests a copy of their SAR 7, a copy of the SAR 7DA must also be provided. Completion of the SAR 7DA is optional and will not affect the completeness of the SAR 7.

The following chart illustrates which sections of the SAR 7 and SAR 7B are required to meet completeness criteria:

Sections	CalWORKs or other cash aid	CalFresh/CFAP
Stop My Benefits and Disability	Optional	Optional
Contact Information	Required	Required
Household Members	Required	Required
Income	Required	Required
Resources	Not applicable	Required when applicable
Expenses	Not applicable	Required when applicable

Sections	CalWORKs or other cash aid	CalFresh/CFAP
Gambling or Winning the Lottery	Required when applicable ¹	Required
CalFresh Work Requirement for Able-Bodied Adults Without Dependents	Not applicable	Optional
Outstanding Warrant/Probation or Parole Violation	Required	Not applicable
Life Events	Required	Not applicable
Signature and Date	Required	Required
SAR 7DA	Optional	Not applicable

The Stop My Benefits question is optional and will not affect benefits unless it is selected. Timely notice is not required when a household requests to stop benefits in writing; however, the CWD must send adequate notice no later than the effective date of the discontinuance.

For CalFresh households, changes in immigration status, student status, fleeing felon status, or a violation in probation or parole are not required to be reported at their SAR period; as such, the SAR 7 does not ask households to report this information.

For CalWORKs and other cash aid households, effective the date the prepopulated SAR 7 is automated, property and/or resources will cease to be evaluated at SAR 7. Moving forward, property and resources will be evaluated only at application and annual redetermination.

CalFresh Work Requirement for Able-Bodied Adults Without Dependents (ABAWDs)

Federal rules require that CWDs screen Able-Bodied Adults Without Dependents (ABAWDs) for an exemption when applicable and request verification(s) should the household report an exemption. To assist CWDs with identifying ABAWDs and screen for exemptions from the time limit, the CalFresh Work Requirement for ABAWDs section has been added to the SAR 7.

The CalFresh Work Requirement for ABAWDs section will generate on a SAR 7 whenever there is an ABAWD subject to the time limit identified in the household. The names of ABAWDs subject to the time limit in the household will prepopulate, regardless of a county, area, or state ABAWD waiver. Households will be encouraged to select any of the applicable exemptions for the listed ABAWD.

¹ Required only when payments are received monthly and are therefore reasonably anticipated. In this instance, CalWORKs households should report monthly winning payments in the "Income" section.

The CalFresh Work Requirement for ABAWDs section is optional and will not affect the completeness of the SAR 7 should a household decline to complete the section or provide verification of the reported exemption. See [ACL No. 19-93](#) for more information regarding ABAWDs and participation tracking.

Domestic Abuse and Disability Disclosure

[WIC section 11262](#) requires any revision of the SAR 7 to include questions that enable households to disclose disabilities, any need for accommodations due to disabilities, and any experiences of domestic abuse (DA). As a result of this requirement, a disability question was added to the SAR 7/SAR 7B, and a Domestic Abuse Addendum (SAR 7DA) was developed to accompany the SAR 7/SAR 7B.

SAR 7DA

The SAR 7DA is a stand-alone form to prevent unintentional sharing and protect the privacy of individuals who report experiences of DA. The SAR 7DA has its own barcode and must be filed or imaged separately from the SAR 7. The SAR 7DA must be provided to CalWORKs and other cash aid households any time the SAR 7 is sent or requested. Although the SAR 7DA must be provided, its completion is optional; a SAR 7 is not considered incomplete if the household fails to return the SAR 7DA or has returned it incomplete. To assure confidentiality, CWDs must exclude the SAR 7DA when a copy of a submitted or completed SAR 7 is requested, reviewed, or returned to a household.

The SAR 7DA allows households to disclose any history of DA in order to receive applicable services or assistance. CalWORKs regulations at [MPP section 42-715.13](#) require CWDs to provide opportunities in a safe and private physical space to confidentially self-identify or disclose DA as well as provide information and resource materials. Additionally, those that have disclosed DA must be given the opportunity to decide how to receive communications and correspondence from the CWD and any alternative requirements must be documented pursuant to [MPP section 42-715.4](#), including use of a [Safe at Home](#) address in lieu of a residential or other mailing address, pursuant to [Government Code sections 6205 through 6210](#). Information regarding those who disclose DA and their dependents must not be released to any outside party, governmental agency, or to any employee of the CWD who is not directly involved in the household unless the information is required to be disclosed by law or the participant provides written authorization, pursuant to [MPP section 42-715.3](#). All efforts must be made to protect and preserve recipients' disclosure of DA.

When an individual completes the SAR 7DA, CWDs must privately contact the individual who reported to provide any relevant information, resources, or needed accommodations. CWDs must not contact or inform any other members of the household of the DA report.

The SAR 7DA can only be released as part of the ICT process by the sending county if the recipient has signed a WTW 37 form in either the sending or receiving county. This is especially true if the SAR 7DA includes information on domestic abuse waivers that the recipient has been granted, domestic abuse services that the recipient is receiving, and requests for waivers and services that have yet to be assessed by the sending county. See [ACIN I-60-09](#) for more information regarding ICTs involving domestic abuse issues.

Disability

The disability question within the SAR 7/SAR 7B allows households to disclose a disability or request assistance due to a disability. The Americans with Disabilities Act requires states and local governments to provide reasonable accommodations allowing disabled persons full and equal opportunity to participate in state and local government programs. When households initially report having a disability or indicate that they require assistance due to a disability on the SAR 7/SAR 7B, CWDs are required to contact the household to assist and provide any relevant information, resources, or needed accommodations.

For CalFresh, please see [ACL No. 21-78](#) for additional guidance on ensuring equal and meaningful access and accommodations while offering appropriate assistance.

SAR 7 FIELDS

The first page of the prepopulated SAR 7 contains instructions for households as well as prepopulated county- and household- specific information. The following fields will be populated on the first page (see table below):

Eligibility Status Report (SAR 7)	Prepopulated Fields
County Office Return Address	The CWD's physical address
Household Name/Address	The household name and the household's mailing address
Date, household Name & Number	The date the form was printed, full name, and the household file number for the household
Worker Name, ID & Phone Number	The name of the worker assigned to the household's household, the identification number assigned to the worker, and the phone number to contact the worker assigned
County Phone Number and teletypewriter (TTY) Number	The CWD's phone number and the TTY phone number
QR Code	Upon scanning the QR code households will be directed to www.BenefitsCal.com
Submit Month	The sixth (submit) month when the form is due

Eligibility Status Report (SAR 7)	Prepopulated Fields
Report Month	The fifth (data) month of a household's reporting period
County Fax Number	The CWD's fax number
County Phone Number	The CWD's phone number
County Office Name, Address, & Hours of Operation	The name of the county office, the county office address, and their hours of operation

The following SAR 7 form fields will be prepopulated with the most current, relevant, and applicable household information available in CalSAWS when the form is triggered by the system (see table below):

Eligibility Status Report (SAR 7)	Prepopulated Fields
Contact Information	Household's Home Address, City, State, Zip Code
Contact Information	Household's Mailing Address, City, State, Zip Code
Contact Information	Phone Number – Home, Cell, Other
Contact Information	Email Address
Household Members	Names of all individuals listed as in the household
Household Members	Date of Birth of all individuals listed as in the household
Household Members	The relationship to the head of the household of all individuals listed as in the household
Household Members	The name of the head of household, 'In relation to [Head of Household]'
Household Members	Yes or No marked checkbox indicating whether the individuals listed as in the household were reported to purchase and prepare food with the head of household
Income	The report month, the fifth month of a household's reporting period
Income	Name of the household members with earned or unearned income
Income	The employer or source of income of the household member
Income	The pay frequency of the income
Income	The total gross income the household member last reported
Income	The number of hours worked by the household member in that specific employment
Income	The unearned income threshold for reporting changes; unearned income under the listed amount is disregarded when reported at SAR 7. The threshold will be indexed over time as required by 7 CFR 273.12(a)(1)(i)(D)

Eligibility Status Report (SAR 7)	Prepopulated Fields
Income	The report month, the fifth month of a household's reporting period
Resources	The name of household members with reported resources
Resources	The type of resource reported
Resources	The value of the resource reported
Resources	The total dollar amount that is being counted for the household from the resource reported
Expenses	The name of household members with reported expenses
Expenses	The type of expense reported
Expenses	The dollar amount of the expense reported
Expenses	Frequency of payments, how often the expense is paid
Expenses	The report month, the amount they paid for an expense during their report month (within the Dependent/Child Care, Child Support, and Medical Costs sub-sections)
Gambling or Winning the Lottery	The threshold amount for reporting winnings. The threshold will be indexed over time as required by 7 CFR 273.111(2)(ii)
CalFresh Work Requirement for Able-Bodied Adults without Dependents	The full names of household members identified as ABAWDs

Within the Contact Information section, households may check the “I am homeless” checkbox to report if they are currently experiencing homelessness and do not have a permanent home address. When this box is checked, CWDs are strongly encouraged to screen households for homeless assistance or other available services, as well as identify eligibility for an ABAWD exemption when necessary.

In addition to having information prepopulated, the SAR 7 will be tailored to household type, with sections and information omitted or added based on the benefits the household receives. The household types are as follows:

- CalFresh/CFAP only (CF),
- CalWORKs or other cash aid only (CW),
- CalWORKs or other cash aid and CalFresh/CFAP (CW/CF), and
- CalFresh/CFAP with AR/CO (CF AR/CO).

The following sections and information will be added or omitted based on benefit type:

Household Type Associated with Section/Information	Eligibility Status Report (SAR 7) Section/Information
CF, CF AR/CO, CW/CF <i>Omitted for CW</i>	Household Members – The “Regularly buy and make food together?” column
CW CW/CF <i>Omitted for CF, CF AR/CO</i>	Income – The following information: “Note: If you check ‘No’ you still need to send us proof of your income. If you don’t have proof or need help getting proof, let the county know.”
CF CF AR/CO <i>Omitted for CW, CW/CF</i>	Income – The following information: “Note: If you check no, you do not need to submit proof.”
CF CF AR/CO <i>Omitted for CW, CW/CF</i>	Income – The following question: “Did your unearned income increase by more than \$_____ within the last 6 months?” <input type="checkbox"/> Yes, fill in below <input type="checkbox"/> No
CF CW/CF CF AR/CO <i>Omitted for CW</i>	Resources section – This section is <u>only</u> generated under the following circumstances (and is otherwise omitted): <ul style="list-style-type: none"> • Household is non-Modified Categorical Eligible/Categorically Eligible • A member has an Intentional Program Violation (IPV), or • The Head of Household is not following work requirements
CF CF AR/CO CW/CF <i>Omitted for CW</i>	Expenses section
CF CF AR/CO CW/CF <i>Omitted for CW</i>	Gambling or Winning the Lottery section
CF	CalFresh ABAWD Time Limit section

Household Type Associated with Section/Information	Eligibility Status Report (SAR 7) Section/Information
<i>Omitted for CW, CW/CF, CF AR/CO</i>	This section is only generated when a household member is identified as an ABAWD subject to the time limit, regardless of a waiver for the county, area, or state.
CW CW/CF <i>Omitted for CF, CF AR/CO</i>	Outstanding Warrant/Probation or Parole Violation section
CW CW/CF <i>Omitted for CF, CF AR/CO</i>	Life Events section

The Contact Information, Household Members, Income, and Signature and Date sections will generate for all household types.

For households who report a change in household composition, whether at application/certification, SAR 7, or recertification/redetermination, CWDs are reminded to ‘file-clear’ all individuals added to the household and verify an individual is not erroneously listed as ‘in the home’ on another household. It is important to verify that household information is not erroneously populated when a member is no longer residing in the home and especially in cases where DA is reported.

SAR 7A FIELDS

The following information will be prepopulated on the SAR 7A:

Eligibility Status Report Instructions (SAR 7A)	Populated Fields
County Fax Number	The CWD’s fax number
County Phone Number	The CWD’s phone number
County Office Name, Address, & Hours of Operation	The name of the county office, the county office address, and their hours of operation
Income	The unearned income threshold for reporting changes, unearned income under the listed amount is disregarded when reported at SAR 7. This threshold is to be indexed over time as required by 7 CFR 273.12(a)(1)(i)(D)
Resources	The CalFresh resource limit as indexed over time, per 7 CFR 273.8(b)

Eligibility Status Report Instructions (SAR 7A)	Populated Fields
Gambling or Winning the Lottery	The threshold amount to report winnings, indexed over time as required by 7 CFR 273.111(2)(ii)

Similar to the prepopulated SAR 7, households will receive a SAR 7A tailored to their household type, with sections and information omitted or added based on the benefits the household receives.

The following questions and information will be added or omitted based on benefits received:

Household Type Associated with Section/Information	Eligibility Status Report Instructions (SAR 7A) Section/Information
CF CF AR/CO <i>Omitted for CW, CW/CF</i>	Income – The following information: “For CalFresh only households, if you check ‘No’, you do not have to submit proof of your income.”
CF CF AR/CO <i>Omitted for CW, CW/CF</i>	Income – The following information: If your unearned income has increased by more than \$_____ within the last 6 months, check “Yes, fill in below” and tell us the change(s) and remember to attach proof or let us know if you don’t have proof or need help getting proof. If you check “No”, then move on to the next question/section.
CF CF AR/CO CW/CF <i>Omitted for CW</i>	Resources section– The section will generate for households when the household is determined to be non-MCE/CE, contains a household member with an Intentional Program Violation (IPV), or the head of household is not following work requirements.
CF CF AR/CO CW/CF <i>Omitted for CW</i>	Expenses section
CF CF AR/CO CW/CF <i>Omitted for CW</i>	Gambling or Winning the Lottery section
CF	CalFresh Time Limit section

Household Type Associated with Section/Information	Eligibility Status Report Instructions (SAR 7A) Section/Information
<i>Omitted for CW, CW/CF, CF AR/CO</i>	This section is only generated when a household member is identified as an ABAWD subject to the time limit, regardless of a waiver for the county, state, or area.
CW CW/CF <i>Omitted for CF, CF AR/CO</i>	Outstanding Warrant/Probation or Parole Violation section
CW CW/CF <i>Omitted for CF, CF AR/CO</i>	Life Events section

The Contact Information, Household Members, Income, and Signature and Date sections will generate for all household types.

SAR 7B AND SAR 7AB

Unlike the prepopulated SAR 7, the blank SAR 7B will not be tailored based on the benefits received by the household. In order to inform households of required versus optional questions, text has been included under each section to help determine which questions are required. The SAR 7B and SAR 7AB will be available on the [CDSS Forms Website](#), www.BenefitsCal.com, and hardcopies must be made available in CWD lobbies. Similarly, CWDs must provide copies of the SAR 7DA in their lobbies with the SAR 7B and SAR 7AB for CalWORKs and other cash aid households.

Availability of the SAR 7B does not replace the requirement to mail copies of the prepopulated SAR 7 to households. CWDs are required to make every effort to provide a household with a prepopulated SAR 7, by mail, electronically, or in person. Households must receive their prepopulated SAR 7 via mail on the 5th month of their SAR payment period, which they can complete and return via mail, in person, online at www.BenefitsCal.com, fax, or phone. The SAR 7B is beneficial in instances in which a household member wishes to print or pick up a copy of their SAR 7 and does not have access to the prepopulated version online or the CWD lobby.

Despite the availability of the SAR 7B and SAR 7AB, counties, assistors, and advocates should encourage the use of the prepopulated form in an effort to capture the most accurate information and simplify the reporting process for customers.

CalFresh Indexed Reporting Thresholds

The blank SAR 7B and SAR 7AB do not contain the CalFresh indexed threshold amounts for the income, resources, or gambling or lottery winnings section. That said,

the most recent reporting thresholds must be applied when processing any SAR 7, including when a household submits a complete SAR 7B. Annual changes to the indexed reporting thresholds are provided in the annual CalFresh Cost-of-Living Adjustments (COLA) All County information Notice (ACIN).

REQUIRED FORMS, NO SUBSTITUTES PERMITTED

The forms released with this letter are “Required, no substitutes permitted,” to ensure statewide consistency and avoid unnecessary costs for the upkeep of multiple versions. CWDs must use the prepopulated SAR 7 and SAR 7A once CalSAWS confirms completion of automation, at which time previous [SAR 7 \(12/14\)](#), [SAR 7 Addendum \(4/13\)](#), and [SAR 7A \(12/14\)](#) forms will become obsolete.

COPIES AND TRANSLATIONS

Forms referenced in this letter are available on the [CDSS Forms-Brochures web page](#).

When CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications web page](#). When made available by CDSS, forms translated into an individual’s preferred language must be provided to the individual pursuant to [MPP section 21-115.2](#). For questions on translated materials, please contact Language Services at (916) 651-8876. If translations are not available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

Per California Code Section 7290, et seq., the CWDs must ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the applicant/recipient. If CDSS does not provide translations of a form, it is the county’s responsibility to read and interpret the form if an applicant or recipient requests it.

Additionally, the CWDs must provide auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in [MPP section 21-115](#) and [ACL 19-45](#) issued May 16, 2019.

Please direct questions or request additional guidance regarding the information in this letter with the appropriate CDSS contact:

- CalFresh Policy and Employment Bureau: CalFreshPolicy@dss.ca.gov.
- CalWORKs: CWEligibilityPolicy@dss.ca.gov.
- RCA, ECA, and TCVAP: RefugeePolicy@dss.ca.gov.
- CFAP: CFAP@dss.ca.gov.

Sincerely,

Original Document Signed By

ALEXIS FERNÁNDEZ GARCIA
Deputy Director
Family Engagement and Empowerment Division

Attachments

Notice Date : _____
 Case Name : _____
 Case Number : _____
 Worker Name : _____
 Worker ID : _____
 Worker Phone Number : _____



SAR 7 Eligibility Status Report

You can get this form in another language or accessible format of your choice. To ask for help in your language, call: _____ (TTY: _____).



SCAN ME
to complete
your SAR 7
online.




**To keep your
benefits coming
on time please
submit this form
by: _____ 5th.**

Here is what you need to know:

- 1** Need more information to fill out this form? See the SAR 7 Eligibility Status Report Instructions (SAR 7A) included with this form. If you need a SAR 7A, contact your county agency.
- 2** Check 'Yes' or 'No' for each question. If you check 'Yes' and had any changes in _____, fill out the form with the changes about your household. If you check 'No' for any question, you can move on to the next question.
 - CalWORKs or other cash aid (such as ECA, RCA or TCVAP) questions have a dollar sign  symbol.
 - CalFresh questions have a spoon and fork  symbol.
- 3** If you need more space for your answers, write on a separate sheet of paper. Send the extra sheet of paper with your SAR 7 form.
- 4** Sign and date the form on the last page. Attach any required proof. If you need help getting proof, contact or visit your county.

Easy ways to submit your form and proof:

-  **Online:** visit www.BenefitsCal.com or scan the QR code above.
-  **In person:** to _____ at _____

 in the lobby of the agency's drop box or mail slot.
-  **By Mail:** in the envelope that came with this form.
-  **By fax:** at _____.
-  **By phone:** at _____.
- They are open Monday through Friday,
 _____ a.m. to _____ p.m.

? Do you need help or have questions? Call us at _____.

Stop My Benefits

You do not need to answer this question.

If you want your benefits to STOP, check the box for the program that you want to stop. Then sign and date the form and return it. If you choose to STOP your benefits, you will get a notice telling you that your benefits have stopped. Check all that apply:

- ☐ STOP my CalWORKs or other cash aid
- ☐ STOP my CalFresh
- ☐ STOP my Medi-Cal

Disability

You do not have to answer these questions, but they may help you get other services or help.

Is anyone in your household disabled? (This includes anyone who is disabled, becoming disabled, recovering from a disability or major illness, or is no longer disabled.)

- ☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Explain

Does anyone in your household need help due to a disability? (This can include help with activities such as filling out forms, getting benefits, or doing work activities.)

- ☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Explain

Contact Information

Review what we have for your contact information below. Tell us if anything changed. You need to answer this section to keep your benefits.

Since you last reported, has your contact information changed?

☐ Yes, fill out the right side of the table with your new information ☐ No

Current Home Address:	Update Home Address <div> <div>Street</div> <div>Apartment #</div> </div> <div> <div>City</div> <div>State</div> <div>Zip</div> </div> <input type="checkbox"/> I am homeless
Current Mailing Address:	Update New Mailing Address - Physical or PO Box <i>(if different from home address)</i> <div> <div>Street</div> <div>Apartment #</div> </div> <div> <div>City</div> <div>State</div> <div>Zip</div> </div> <input type="checkbox"/> I would like to keep my current mailing address the same If you are homeless, check one of the following: <input type="checkbox"/> I have a mailing address and have added it above <input type="checkbox"/> I would like to use the County Welfare Department's mailing address (Note: You need to contact your county office to set this up.) <input type="checkbox"/> I would like to use General Delivery. Write the ZIP Code of post office here: _____ (Note: Make sure the post office in your ZIP Code accepts General Delivery. You will need to contact the post office to set this up.)
Current Phone Number:	Update Phone Number(s): Home: _____ Cell: _____ Other: _____ Do you want to get text messages from the county about your benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Email Address:	Update Email Address: Email: _____ Do you want to get email notices from the county about your benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No

Household Members (1 of 2)  

Tell us about you and every member of your household. You need to answer this section to keep your benefits.

Here is what we know:

Review what we have for your household.

Household member name	Date of birth	Relation to _____	Regularly buy and make food together?
			<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
			<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

Household Members (2 of 2)

Update or add new household members:

Has your household size changed since you last reported, or will it change within the next six months? (For example: newborn children, someone moved into or out of your home, you adopted a child, someone started or stopped buying and making food with you, etc.)

☐ Yes, fill in below ☐ No


Household member name (first, middle, last)	Date of birth (month, day, year)	Relation to	What is the change?	Regularly buy and make food together?
			<input type="checkbox"/> Moved In <input type="checkbox"/> Birth <input type="checkbox"/> Moved Out <input type="checkbox"/> Death <input type="checkbox"/> Temporary absence <input type="checkbox"/> Other: _____ Explain: _____ Date of change (month, day, year): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Moved In <input type="checkbox"/> Birth <input type="checkbox"/> Moved Out <input type="checkbox"/> Death <input type="checkbox"/> Temporary absence <input type="checkbox"/> Other: _____ Explain: _____ Date of change (month, day, year): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Moved In <input type="checkbox"/> Birth <input type="checkbox"/> Moved Out <input type="checkbox"/> Death <input type="checkbox"/> Temporary absence <input type="checkbox"/> Other: _____ Explain: _____ Date of change (month, day, year): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income (1 of 3)  

Tell us about all income that was paid to every member in your household in _____. All income includes earned (money from a job) and unearned (money you get that does not come from a job). Examples of unearned income can be unemployment benefits, Social Security, disability benefits, SSI/SSP, gifts, child support, or worker’s compensation. See the SAR 7 Eligibility Status Report Instructions (SAR 7A) for more examples of earned and unearned income. You need to answer this section to keep your benefits.

Here is what we know:

Review what we have for your household.

 **If you need to add more people or information in any of the sections, please write it on a separate sheet of paper. Send the extra page with your SAR 7 form.**

Household member name (first, middle, last)	Source of income/ employer name	How often paid?	Total gross income received	Hours worked per month

Income (2 of 3)  **Update or add new income:**

Has your earned or unearned income changed since you last reported, or will it change within the next six months? (For example: someone started, stopped, or changed jobs; had a change in social security or unemployment benefits; lottery winning installments; and/or the household started or stopped getting housing or utilities for free or in exchange for work).

☐ Yes, fill in below ☐ No

NOTE: If you check 'No' you still need to send us proof of your income. If you don't have proof or need help getting proof, let the county know.

NOTE: If you check no, you do not need to submit proof.

Did your total unearned income for all household members combined increase by more than \$ _____ within _____ ?

☐ Yes, fill in below ☐ No

*If your income fluctuates (changes) every month, check the SAR 7 Eligibility Status Report Instructions (SAR 7A) for more information on how to report it.

Household member name (first, middle, last)	What is the change?	Source of income/ employer name	How often paid?	Total gross income received in	If employed, hours worked per month
	<input type="checkbox"/> Income started <input type="checkbox"/> Income stopped <input type="checkbox"/> Income changed Explain: Date of change (month, day, year):	<input type="checkbox"/> From a job Employer name: <input type="checkbox"/> Not from a job Type of income: 	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other	Amount received: \$ _____ Date(s) received (month, day, year): 	
	<input type="checkbox"/> Income started <input type="checkbox"/> Income stopped <input type="checkbox"/> Income changed Explain: Date of change (month, day, year):	<input type="checkbox"/> From a job Employer name: <input type="checkbox"/> Not from a job Type of income: 	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other	Amount received: \$ _____ Date(s) received (month, day, year): 	

Income (3 of 3)

Household member name (first, middle, last)	What is the change?	Source of income/ employer name	How often paid?	Total gross income received in	If employed, hours worked per month
	<input type="checkbox"/> Income started <input type="checkbox"/> Income stopped <input type="checkbox"/> Income changed Explain: Date of change (month, day, year):	<input type="checkbox"/> From a job Employer name: <input type="checkbox"/> Not from a job Type of income: 	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other	Amount received: \$ _____ Date(s) received (month, day, year): 	
	<input type="checkbox"/> Income started <input type="checkbox"/> Income stopped <input type="checkbox"/> Income changed Explain: Date of change (month, day, year):	<input type="checkbox"/> From a job Employer name: <input type="checkbox"/> Not from a job Type of income: 	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other	Amount received: \$ _____ Date(s) received (month, day, year): 	

Did you attach proof for the income change(s) listed above?

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Did you or any household members stop working because of a strike?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Gross income before going on strike
	Gross Income: \$ _____

Resources (1 of 2) 

Tell us about the resources for you and every member of your household. Resources include cash on hand, money in checking or savings accounts, stocks or bonds, land, or personal resources. See the SAR 7 Eligibility Status Report Instructions (SAR 7A) for more information on what you have to tell us.

Here is what we know:

Review what we have for your household.

Household member name (first, middle, last)	Type of resource	Value

Total amount of resources applied to your case: \$_____

Resources (2 of 2) **Update or add new resources:**

Resources include cash on hand, money in checking or savings accounts, stocks or bonds, land, or personal resources. Vehicles are not counted for CalFresh. You do not need to report a change in vehicle or a new vehicle.

Have your resources changed since you last reported, or do you have new resources?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Type of resource	Value	Date(s) received (month, day, year)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

What happened to your resource?

- | | |
|--|---|
| <input type="checkbox"/> Bought | <input type="checkbox"/> Traded |
| <input type="checkbox"/> Sold | <input type="checkbox"/> Won |
| <input type="checkbox"/> Gave away | <input type="checkbox"/> Open/close (example: bank account) |
| <input type="checkbox"/> Got as a gift | <input type="checkbox"/> Other (Explain): _____ |

Did you attach proof for the resource change(s) listed above?

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Expenses (1 of 3) 

Telling us if you have any of the expenses below may increase your benefits.

Here is what we know:

Review what we have for your household.

Household member name (first, middle, last)	Type of expense	Amount of expense	How often is expense paid?

Expenses (2 of 3)

Update or add new expenses:

Have your expenses changed? (This is an optional question; your benefits will not stop if you don't answer this question.)

☐ Yes, tell us your expenses below. ☐ No

Rent and Utilities

Has your address changed?

☐ Yes. You must report your new housing and utility expenses below. ☐ No

What is your monthly rent or mortgage payment? \$ _____

If you don't have a permanent home address, do you spend money on temporary housing such as hotels/motels, campsites, lodging, or shared housing?

☐ Yes ☐ No

Do you pay any of the following costs? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Phone (including cell) | <input type="checkbox"/> Property tax: \$ _____ |
| <input type="checkbox"/> Electric/Gas | <input type="checkbox"/> Home/Renter's insurance: \$ _____ |
| <input type="checkbox"/> Water | <input type="checkbox"/> Homeowner's Association (HOA) fees: \$ _____ |
| <input type="checkbox"/> Trash | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Mobile home lot rent | |

Dependent/Child Care

Who paid for dependent/child care? _____

Amount paid for dependent/child care in _____: \$ _____

Names of dependents/ children: _____

Child Support

This question is asking if anyone in your household paid someone else not in your household for child support.

Who paid for child support? _____

Amount of child support you or a household member paid in _____: \$ _____

Please provide proof if you have it.

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Expenses (3 of 3) 

Medical Costs (This applies to anyone in your household who is age 60 or older, or is disabled, and has new medical costs, a change in the amount of medical costs paid, or medical costs not reported before.)

Who paid for medical costs?

Amount paid for medical costs in _____: \$ _____

Please provide proof if you have it.

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Gambling or Winning the Lottery 

You need to answer this question to keep your CalFresh benefits. **Please send us proof.**

Did anyone in your household win \$ _____ or more from gambling or playing the lottery within the last six months?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Date of winning (month, day, year)	Amount won
		\$
		\$

Did you attach proof for the changes listed above?

☐ I have attached proof ☐ I do not have proof/I need help getting proof

CalFresh Work Requirement for Able-Bodied Adults Without Dependents

The names below are considered **Able-Bodied Adult(s) Without Dependents (ABAWDs)**. This is an optional question. You do not need to answer this question, but it can help you keep getting benefits.

Household member name (first, middle, last)

ABAWDs are persons aged 18-54 without dependent children. ABAWDs must meet the work requirement or be excused from meeting the work requirement to get CalFresh for more than 3 months. For the person(s) listed above, check all the boxes that apply. Checking one or more boxes may help you to keep getting CalFresh.

- ☐ Has a physical or mental health issue that may stop them from working 20 hours per week for a total of 80 hours per month. Name of ABAWD: _____
- ☐ Is caring for a child under age 6 (The child does not need to live with you).
Name of ABAWD: _____
- ☐ Is caring for a person with a disability (The person does not need to live with you).
Name of ABAWD: _____
- ☐ Is pregnant (any stage of pregnancy). Name of ABAWD: _____
- ☐ Is going to school or training at least half time. Name of ABAWD: _____
- ☐ Is getting or has applied for unemployment benefits
Name of ABAWD: _____
- ☐ Is in a drug or alcohol treatment program, or experiencing a drug or alcohol problem.
Name of ABAWD: _____
- ☐ Is participating in an Office of Refugee Resettlement (ORR) training program for at least half time.
Name of ABAWD: _____
- ☐ Lives with a child in the home under age 18, even if the child under 18 is not receiving CalFresh benefits. Name of ABAWD: _____
- ☐ Is experiencing homelessness (this means the person lacks a fixed and regular nighttime residence).
- ☐ Is a veteran (a person who served in the United States Armed Forces, including reserve, and discharged or released, regardless of the condition of discharge or release).
- ☐ Is 24 years of age or younger and was in foster care on the day they turned 18.

Please provide proof if you have it.

- ☐ I have attached proof ☐ I do not have proof/I need help getting proof

Outstanding Warrant/Probation or Parole Violation

You need to answer this question to keep your CalWORKs or other cash aid benefits.

Does anyone in your household currently have an outstanding felony warrant or have been found to be in violation of their parole or probation?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Warrant or violation?	Date of warrant or violation (if you know):	In which state did the warrant or violation occur?
	<input type="checkbox"/> Outstanding Warrant <input type="checkbox"/> Parole/Probation Violation		

Life Events

Tell us if any of the situations below changed since you last reported. Check all that apply and **send us proof**. You need to answer this section to keep your CalWORKs or other cash aid benefits.

- ☐ **No Changes** (Check this box if none of the below happened to your household.)
- ☐ **Family Changes** (This includes getting married, separated, divorced, entering or ending a California Registered Domestic Partnership [RDP], or a non-California Domestic Partnership [DP], ending a DP or RDP, becoming pregnant, or no longer pregnant, adopting a child, and/or fostering a child.)
- ☐ **Immigration Changes** (This includes a change in citizenship or immigration status, or expiration or date change on immigration card or document.)
- ☐ **Custody Changes** (You need to report if you no longer have custody, or have custody less than 50 percent of the time, or if your custody time has increased.)
- ☐ **In-Home Supportive Services (IHSS) Changes** (This includes starting or stopping IHSS services.)
- ☐ **School/College Attendance Changes** (For students aged 18 or older who started or stopped attending school or college.)
- ☐ **Other Changes** (Explain): _____

Please provide proof if you have it.

- ☐ I have attached proof ☐ I do not have proof/I need help getting proof

Explain the change(s) in the space below and send us proof. If you need more space for your answers, write them on a separate sheet of paper. Send the extra sheet of paper with your SAR 7 form.

Explain: _____

Sign and Date

You need to sign and date this form, or it will be considered incomplete.

CERTIFICATION – FRAUD WARNING:

Who must sign below:

- **For CalWORKs or other cash aid:** You and your aided spouse, registered domestic partner, or other parent (of cash-aided children) if living in the home. (For two-parent households, a signature and date is required from both parents).
- **For CalFresh:** The head of household, a responsible household member, or the household's authorized representative.

I understand that:

If I don't report all facts or give wrong information on purpose about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in cash aid and/or CalFresh is wrongly paid out because of such an action.

I have received a copy of the SAR 7 Eligibility Status Report Instructions (SAR 7A).

I declare that:

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, correct, and complete.

*Signature of the head of household, responsible household member,
parent, caretaker, or authorized representative of the household*

Date

*Signature of spouse, registered domestic partner, or other parent
living in the home (if applicable)*

Date

*Signature of witness to mark, interpreter, or other person completing
form (if applicable)*

Date



Remember to attach all proof if required, and all additional copies or extra pages. Contact your county if you need help, the county may be able to help you get proof if you need it.

SAR 7 Eligibility Status Report Instructions (SAR 7A)



Save this guide to help you fill out your SAR 7 Eligibility Status Report. If you have questions or need help filling out your report, you can contact or visit your county agency's office.

Tips for completing your SAR 7



Reminder: You can complete your SAR 7 online at www.Benefitscal.com or scan the QR code with your smartphone to complete your SAR 7.

Scan to
complete
your
SAR 7
online.

- You need to fill out your SAR 7 to keep getting benefits.
- **Your completed SAR 7 is due on the 5th day of your 'submit month'.**
Your 'submit month' is listed at the top of your SAR 7 the county sends you.
- Your benefits can be delayed, changed, or stopped if the county gets your SAR 7 after the 11th of the submit month, if you do not submit a complete report, or do not attach required proof. (You can request good cause if your SAR 7 is submitted late 'by telling the county if you have a good reason why your SAR 7 is late.)
- Your benefits may go up, down, or stop based on the information you provide on your report.
- When you submit your SAR 7, attach proof if it is needed. If you need help getting proof or don't have proof, check the box that says 'I need help getting proof/I don't have proof' or call the county, they can help.
- CalWORKs or other cash aid (such as ECA, RCA, or TCVAP) questions have a dollar sign  symbol. CalFresh questions have a spoon and fork  symbol.
- Attach a separate sheet of paper if you need more space to answer any question or to explain an answer.

Common Questions and Answers

Read the answers for common questions asked when filling out the SAR 7.

When do I complete my SAR 7?

You need to submit a SAR 7 once a year. Depending on your household type your SAR 7 will be due at the 6th or 12th month after your application/annual renewal.

- **Submit Month:** The month you must provide the SAR 7 to the county.
- **Report/Data Month:** The month before the submit month. The information you report on your SAR 7 should be from your report/data month.

Did you know? You can see when your SAR 7 is due and other information about your SAR 7 by making an account at www.Benefitscal.com.

When is my SAR 7 due?

Your completed SAR 7 is due on the 5th day of your “submit month.” Your “submit” month is listed at the top of the SAR 7 the county sends you. Please see important reminders below to keep your benefits on time:

- Turn in your completed SAR 7 by the 5th day of your “submit” month to get your benefits on time.
 - Your SAR 7 is considered late after the 11th day of your “submit” month
 - You have until the first working day following your submit month to turn in your SAR 7. If we get your SAR 7 after that date you may not get your benefits on time.
 - If you miss these deadlines, you may not get your full benefits, or your benefits may stop. If your benefits stop, you will need to reapply.
-

How do I fill out my SAR 7?

To fill out your SAR 7 you need to make sure to:

- Review pre-printed information.
- Answer all the required questions.
- Fill in all the information for any changes you report.
- Attach all proof when the form asks for it (ask the county if you need help getting proof).
- Sign and date the form.

Pre-printed information: Some sections on the SAR 7 will already have information you reported in the past under **“Here is what we know.”**

- You will need to review the information we have about you and every member of your household and then answer the question(s) asked under the **“Update or add new”** sub-sections.
- If you check “Yes, fill in below” you will need to write in the updated or new information.
- If you check “No” then go to the next question or section.

Attaching proof. If asked to provide proof:

- Check “I have attached proof” and turn in your SAR 7 with the proof.
- If you do not have proof or need help getting proof, check “I don’t have proof/I need help getting proof”.
- There are different types of proof you can submit. If you are not sure if you have proof, contact the county, they can help give you options of different proof you can submit.

Your benefits may be late or stopped if your SAR 7 is not complete when you turn it in. We will tell you which questions you need to answer and/or what proof you need to turn in.

You can ask the county for help if:

- You are not sure how to answer a question.
- You need help filling out the SAR 7.
- You need help getting proof.

Who do I report on my SAR 7?

For CalWORKs or other cash aid: Everyone in your Assistance Unit (AU). Your AU includes:

- All children (under 19 years of age) – Natural, adopted, and stepchildren (including newborns).
- All parents – Natural, adoptive, and stepparent.
- Other aided relatives in the child's case.
- You and your spouse or registered domestic partner.
- Anyone who is temporarily absent from the home. A temporary absence happens when a member of your AU is out of the home for less than one full calendar month. You must report them in your SAR 7 even if the parent/child is not getting their own CalWORKs or other cash aid.

For CalFresh (with or without cash aid): Everyone in your household. Your household includes:

- All children under 22 years of age.
 - All related adults.
 - All other people in the household who regularly buy and prepare food with you.
-

Who must sign my SAR 7?

For CalWORKs or other cash aid: You and your aided spouse, registered domestic partner, or the other parent (of cash- aided children) if they live in your home.

Cash aid includes:

- **CalWORKs** (California Work Opportunity and Responsibility to Kids)
- **Refugee Cash Assistance** (RCA)
- **Trafficking and Crime Victim Assistance Program** (TCVAP)
- **Entrant Cash Assistance** (ECA)

In your SAR 7, the term 'household' may be used to refer to both CalWORKs or other cash aid AUs and CalFresh households.

For CalFresh: Only the head of household, authorized representative, or a responsible household member. A responsible household member is someone over the age of 18 who can make decisions for the household.

How do I submit my SAR 7?

You can submit your SAR 7 and attached proof using one of the options below.

- **Online** at www.Benefitscal.com or Scan the QR code above.
 - **By mail** in the envelope that came with this form.
 - **By Fax** at _____.
 - **By phone** at _____.
 - **In person** to _____ at _____, _____.
- They are open Monday through Friday, ____ a.m. to ____ p.m.

You can also submit your SAR 7 in the county agency's drop box or mail slot.

How to Answer Each Section in your SAR 7

This section will tell you how to answer each question in your SAR 7.

Stop My Benefits

Complete only if you want your benefits to STOP.

If you want your benefits to STOP, check the box for the program that you want to stop. Then sign and date the form and return it. If you choose to STOP your benefits, you will get a notice telling you that your benefits have stopped. If you only want to stop some of your benefits and keep others, you must fill out the rest of the SAR 7.

- If you return your SAR 7 asking for your CalWORKs or other cash aid benefits to STOP, you may be able to keep getting CalFresh benefits for 5 months. This is called transitional CalFresh. **If you do not return your SAR 7 you will not be eligible for Transitional CalFresh benefits.**
- If you ask to stop your CalWORKs or other cash aid, you may be eligible for no cost or low-cost health coverage even if you are now employed. Your Medi-Cal may be stopped or changed, or you may have to pay a share-of-cost. If you have questions about your Medi-Cal after stopping CalWORKs or cash aid, contact your county.

Disability

Answering these questions is optional but can help you get other services or help. If you choose not to answer these questions you will still get your benefits.

There are two questions in the disability section:

- **The first question** is to find out who has a disability. If anyone in your household is disabled, becoming disabled, recovering from a disability or major illness, or is no longer disabled, check "Yes, fill in below." In the space provided list their name(s) and tell us what type of disability they have or no longer have.
 - **The second question** is asking you to tell us if anyone in your household needs help because of a disability, such as needing support to fill out forms, the eligibility process, participating in work activities, housing, or anything else related to benefits. If anyone needs help because of a disability, check "Yes, fill in below." In the space provided, list their name(s) and tell us what type of help they need.
-

Contact Information

The section to the left will show what we have for your household. You need to review this information. If there has been a change in your contact information, check “Yes, fill in the right side of the table” and provide your new contact information in the section to the right. If there have been no changes, check “No” and move to the next section.

For households without a permanent home address or experiencing homelessness, check “I am homeless” in the section to the right and write the best mailing address for your household. The county may contact you about possible homeless services. If you are a homeless CalWORKs applicant or recipient, you have the option to submit the CW 42 form to apply for CalWORKs Homeless Assistance.

If you do not have a permanent mailing address, there may be some alternative drop-in mail service options for your household, depending on the county you live in. To check whether these options are available in your county contact your county or call 211.

Alternative mailing address options include:

- **Friends or family**
- **Post Office (PO) Box**
- **Community-Based Organization(s):** If you choose this option, you will need to contact your Community-Based Organization to set this up.
- **Your county welfare department’s mailing address:** If you choose this option, you will need to contact your county welfare department to find out how to collect your mail.
- **General Delivery:** Check with your post office to see if the service is offered. You will need to contact your post office to set this up.
- **Shelter mailing address:** If you choose this option, you will need to contact your shelter to set this up.

Get text messages

If you would like to get text messages from the county about your benefits, check “Yes” after you write your phone number. Data and messaging rates may apply.

Get electronic notices

If you would like to get electronic notices from the county about your benefits, check “Yes” after writing your email address. The county may follow up with this request.

View case information and notices online

You can also sign up for a BenefitsCal account at www.MyBenefitsCal.com where you can view your case information and notices through the app or online.

Household Members

Here is what we know:

This section shows what we have about you and every member of your household. You need to review this.

Update or add new household members:

If there have been changes since you last reported or there will be a change within the next 6 months to your household, check “Yes, fill in below” and tell us the change(s). If you check “No”, then move on to the next section.

Write the **(1)** name, **(2)** date of birth, **(3)** how they are related to you or the head of household, **(4)** what the change is, and for CalFresh only, **(5)** if they regularly buy and make food with you.

Examples of changes: Newborn children, people who are temporarily absent from the home, getting married or divorced, any household members who moved into or out of the home, an adopted child, anyone who died, entered, or left a hospital or institution (including jail or prison), someone started or stopped buying and making food with you.

- **For CalWORKs** or other cash aid, a temporary absence typically happens when a member of your cash aid assistance unit is out of the home for less than one full calendar month.
- **For CalFresh**, a temporary absence happens when someone in your household is out of the home but plans to come back within a year.

If you or someone in your household is temporarily absent from the home, **(1)** write the name of the person who is temporarily absent in the box under “Household member name”, **(2)** fill out their date of birth, **(3)** fill out how they are related to the head of household, **(4)** check “Temporary absence”, **(5)** under “explain” tell us when they moved out and when they are going to return (if you know), and **(6)** check if they regularly buy and make food with the head of household.

If you are not sure who to report, please refer to “Common Questions and Answers” under the sub-section “Who do I report on my SAR 7” on page 2.

Income  **Here is what we know:**

This section shows what we have about you and every member of your household. You need to review this.

Update or add new income:

If there has been a change since you last reported or there will be a change within the next 6 months to your earned or unearned income, check “Yes, fill in below” and tell us the change(s). If you check “No”, move on to the next question.

To report a change that will happen in the next 6 months, like starting a new job, you must know how much money you will be getting and how often you’ll get it. If you don’t know this, you do not have to report it on your SAR 7. You must report when your income goes over the Income Reporting Threshold (IRT), even if you did not have to report the change.

List all earned and unearned income you got in the report month. Write **(1)** the name of who got the income, **(2)** what the change is and the date of the change, **(3)** where they got the income from **(4)** how often paid, **(5)** the total gross amount they got and date(s) got it, **(6)** the number of hours worked in the month if employed, **(7)** attach proof of the income you reported.

For CalFresh only: if you check “No”, you do not have to submit proof of your income.

- **How often paid** is how often you got a payment, such as every week (weekly), every other week (biweekly), twice a month (semi-monthly), or every month (monthly). If paid differently than what is listed, mark "Other" and tell us when you are paid.
- **Gross income** means the amount you get before deductions are taken out, including taxes, Social Security or other retirement contributions, health care plan premiums, garnishments, etc.
- **Date received** is the day you were paid by your employer or the day you got payment.
- **Provide information** about any source of earned income, unearned income, or money that has stopped since you last reported.
- **Attach proof.** Check "I have attached proof" at the bottom of the section if you are giving us proof of your income with your SAR 7. Check "I do not have proof/I need help getting proof" if you need help getting proof. The county may be able to help you get proof.

Earned income is money from a job and includes a paycheck, wages, cash, strike benefits, vacation pay, tips, training allowances, benefits, bonuses, money from self-employment, temporary job or training income, rental income, IHSS income, etc.

- **If self-employed**, you can get a 40% standard deduction for expenses without proof. If your expenses are higher and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof of those expenses if you are using actual expenses.
- **Proof of earned income** includes but is not limited to check stubs, copies of checks or statements from the employer, or receipts or proof of earnings if self-employed.
- **Proof of the change** can be a letter from the employer or a signed written statement from you.
 - The county needs to know if the earned income you or anyone in your household got will continue over the next 6 months or if there will be a change
 - If you know your income will change, tell us when and how much. For example, if someone has been offered a job and knows their hourly wage and schedule, you must report this even if they have not started working or been paid yet.
 - If anyone is working on-call or has a work schedule that changes, including overtime, tell us in this section.
- **Fluctuating income** is income that changes month-to-month or even week-to-week and is not expected to stay the same. If your income changes so much that you cannot tell us what you expect your income to be in future months and believe that it will be different from the amount you got during your report/data month (the month before your submit month), report that on your SAR 7. Here are a few ways you can report fluctuating income:
 - If you expect a minimum amount of income for future months, list that on your SAR 7. In the table **(1)** write the name of the household member that has fluctuating income, **(2)** write "fluctuating income" under Explain, **(3)** check if the income is from a job or not and who you got the income from, **(4)** check how often you usually get the income, **(5)** write in how much money you expect to get next month, and **(6)** write in how many hours you will work next month, if you know.
 - If you don't have a minimum amount you expect to make for future months and cannot be sure about your future income, tell us on the SAR 7. In the table **(1)** write the name of the

household member that has fluctuating income, **(2)** write “fluctuating income” under Explain, **(3)** check if the income is from a job or not and who you got the income from, **(4)** check how often you usually get the income, **(5)** write \$0 where it asks “Amount received”, and **(6)** If you’re not sure if you will be working any hours next month, write 0. If you are not sure how to report your fluctuating income, call your county office, they can help guide you on how to report your income on your SAR 7.

Unearned income is money you get that does not come from a job. Unearned income can be unemployment benefits, Social Security, disability benefits, Supplemental Security Income/State Supplementary Payment (SSI/SSP), child support, gifts, or worker’s compensation. For CalWORKs only, you need to report if your household gets rent or utilities for free or in exchange for work. For example, you work for your landlord for free rent, or work for a job that gives you housing or utilities.

- **Disability or Retirement** income includes SSI/SSP, Social Security, Veteran’s disability benefits, railroad retirement, worker’s compensation, or any private or other disability/retirement payments.
- **Unemployment insurance benefit (UIB)** income provides partial wage replacement to workers who have lost their job and meet the program’s eligibility requirements.
- **Other:** insurance or legal settlements; interest or dividends, strike benefits, tax refunds, gifts or loans, scholarships, financial aid, tax refund, rental income, rental assistance, free housing/ utilities/clothing/food (or if someone paid all these costs for you), child support, guaranteed income payment, or lottery/gambling winning payments.
- **Child support payment:** The payment you receive for your child or stepchild. Include payments received by a stepparent living in your home.
- **Proof of unearned income** can be check stubs, copies of the checks, award letters from the agency you got the money from, etc.
- **Proof of the change** can be a letter from the benefit provider, UIB award letter, or a signed written statement from you.
 - The county needs to know if the unearned income anyone in your household got will continue over the next 6 months or if there will be a change.
 - If you know your income will change, tell us when it will change and how much.

If your unearned income has increased by more than \$ _____ within the last 6 months, check “Yes, fill in below” and tell us the change(s) and remember to attach proof or let us know if you don’t have proof or need help getting proof. If you check “No”, then move on to the next question.

If you or anyone in your household stopped working because of a strike, check “Yes, fill in below” and tell us who stopped working and what the gross income was before going on strike. If you check “No”, then move on to the next section.

Resources



Here is what we know:

This section shows the resources we have for you and every member of your household. You need to review this.

Update or add new resources:

If there have been changes since you last reported or know there will be a change within the next 6 months to your resources, check “Yes, fill in below” and tell us the change(s). If you check “No”, then move on to the next section.

List anyone who bought, sold, gave away, got as a gift/inherited, traded, or won resources, got a tax refund/credit, opened/closed an account, or had any other change in resources. Write **(1)** who got the resource, **(2)** the type of resource, **(3)** the amount/value of the resource, and **(4)** when it was received.

Check the box to tell us what happened with the resource you listed – check if the resource was bought, sold, gave away, got as a gift, traded, won, refunded, or credited, open or closed, or other. If you check “Other” tell us what happened in the space provided.

Attach proof. Check “I have attached proof” at the bottom of the section if you are giving us your SAR 7 with proof of the resource or change. Check “I do not have proof/I need help getting proof” if you need help getting proof. The county may be able to help you get proof.

Examples of resources: Cash on hand, money in checking or savings accounts, stocks or bonds, buildings, land, or personal resources.

Vehicles are not counted for CalFresh. You do not need to report a change in vehicle or a new car.

Excluded resources: There are some resources that are not counted for CalFresh, such as but not limited to your primary home, household goods, personal affects, cash value of life insurance policies, burial plots per household member, resources important to help with your employment or self-employment, or any resources that have cash value and are not accessible to the household. If you are not sure if your resources must be counted, contact your county.

CalFresh resource limit: Households can have up to \$_____ in countable resources or \$_____ in countable resources if at least one member of the household is age 60 or older or is disabled. Households with more than the listed amount of resources may not be eligible for continued CalFresh benefits.

If you or anyone in your home got money from other sources, such as:

- selling something
- a lawsuit settlement
- getting a gift
- winning money
- from an inheritance

and the new total value of your resources is over \$_____ (or \$_____ if you or someone in your household is aged 60 or older or disabled), and you spent some or all that money, you will need to complete the table under “Update or add new resources.”

Tell us **(1)** who got it, **(2)** the type of resource, **(3)** when they got it, and **(4)** how much. You will then check what happened to the resource: bought, sold, gave away, got as a gift, traded, won, refunded, or credited, open or closed, or other. **Attach proof.**

If you have any questions or are unsure if you need to report resources, call your county, they can help.

Expenses

Here is what we know:

This section shows what we have about you and every member of your household. You need to review this.

Update or add new expenses:

This question is optional, you do not have to answer this question, but if you answer this question, it may help you get more benefits.

If your expenses have changed since you last reported, check “Yes” and tell us your expenses below. If you check “No”, you can move on to the next question under **“Rent and Utilities”**.

Rent and Utilities: If your address has changed since you last reported, check “Yes”. If your address has changed, you must tell us what your rent and utilities are. If you check “No”, you can move on to the next section.

If you choose to tell us about your expenses or have a new address that you must tell us, tell us about your housing costs like rent, utilities, mortgage, renter’s or homeowner’s insurance, property taxes, and garbage/trash collection fees. If your costs have increased because you moved, be sure to list the amounts. Also, list the actual costs of property taxes and homeowner’s/ renter’s insurance. Providing these costs may increase your CalFresh food benefits. Tell us about your other household expenses. This information may lower the income we count and increase your benefits.

- Report new costs or changes to costs for child or adult care needed for work or training.
- If anyone pays child support, report any changes in the amount paid and provide proof.
- For people aged 60 and older or who are disabled, report any changes to out-of-pocket medical costs. Attach proof to see if you can get more benefits.

Examples of Expenses: Medical expenses, health insurance premiums, child care, dependent care or adult care, college tuition and supplies, mandatory school fees, child/spousal support, transportation, room and board, and housing costs such as electric/gas, water, and mobile home lot rent.

You can also report your self-employment expenses here. If you are self-employed and have expenses, let us know if you want to claim a standard deduction of 40% or actual expenses. You can do this by writing on your SAR 7 next to your self-employment income that you want to claim the 40% standard deduction. If you choose the 40% standard deduction, we will deduct 40% of your reported self-employment. For example, if you report in the income section you got \$100 in your self-employment, and choose the standard deduction of 40%, we will only count \$60 out of the \$100 you reported as income; the other \$40 will be considered expenses. If you believe your expenses are more than what the standard deduction of 40% will count, you can claim your actual expenses. If you claim your actual expenses, you must provide proof of your actual expenses, such as receipts or bills with your SAR 7. If you report actual expenses in your SAR 7 but don’t give use proof, no expenses will be deducted.

If you don't have permanent housing, tell us if you spend money on temporary housing like hotels/motels, shelters, campsites, shared housing, or lodging.

Gambling or Winning the Lottery

The county needs to know if anyone got money from gambling, lottery, or casino winnings.

If you or anyone in your household won \$ _____ or more from gambling or playing the lottery, check "Yes, fill in below." Then tell us (1) the name of the person who won, (2) when they won, (3) and how much they won.

If you check "No", then move on to the next section.

Attach proof. Check "I have attached proof" at the bottom of the section if you are giving us proof with your SAR 7. Check "I do not have proof/I need help getting proof" if you need help getting proof. The county may be able to help you get proof.

CalFresh Work Requirement for Able-Bodied Adults Without Dependents

This question applies to anyone determined to be an Able-Bodied Adult Without Dependents (ABAWD). This question is optional, you do not have to answer, but it may help you keep getting benefits.

The table shows the names of the members of your household who have been determined to be an ABAWD.

Checking any of the checkboxes may excuse the individual(s) listed above from the ABAWD work requirement. If there is more than one ABAWD in the home, provide information on a separate sheet of paper and attach it to your SAR 7 form.

Outstanding Warrant/Probation or Parole Violation

If you or anyone in your household is currently running from a warrant for a felony crime or is found to be in violation of parole or probation check "Yes, fill in below." Then tell us (1) the name of the person, (2) check if they are running from an outstanding felony warrant or if they are violating their probation or parole, (3) when the warrant or violation happened (if you know), and (4) the state where it happened.

If you check "No", then move on to the next section.

Outstanding Warrant: Running from an outstanding warrant means a person is avoiding or running from law enforcement. Or it could mean that an arrest has been issued for a felony crime and the person should have known that law enforcement was looking for them.

Parole/Probation Violation: Being in violation of parole or probation means a court has found you to be in violation of the terms of your probation or parole. The original crime for which parole or probation was ordered could be a felony or misdemeanor.

Life Events

You will need to complete this section to keep your CalWORKs or other cash aid benefits.

This section applies to anyone already living with you who had any of these things happen since you last reported.

If there has been a change, select what has changed and provide your explanation under “Explain” at the bottom of the section. If you check “No Changes”, then move on to the next section.

- **No Changes:** Check this box if none of the above happened to your household.
- **Family Changes:** This includes getting married, separated, divorced, entering or ending a California Registered Domestic Partnership (RDP), or a non-California Domestic Partnership (DP), becoming pregnant, or no longer pregnant, adopting a child and/or fostering a child.
- **Immigration Changes:** This includes changing citizenship or immigration status, obtaining a work permit, or when your card/document expiration date has changed.
- **Custody Changes:** This means you should report if you no longer have custody or if your custody or the amount of time you spend with the child(ren) has been increased or reduced to less than 50 percent.
- **In-Home Supportive Services Changes:** This includes stopping or starting services.
- **School/College Attendance Changes:** You may be able to claim costs for books, school transportation, etc.
- **Other Changes:** Check this box for other changes that are not listed. Tell us the change in the space provided.

Attach proof. Check “I have attached proof” at the bottom of the section if you are giving us proof with your SAR 7. Check “I do not have proof/I need help getting proof” if you need help getting proof. The county may be able to help you get proof.

Signature and Date

You need to sign and date the SAR 7 “under penalty of perjury.” This means that you swear (promise) that the responses or answers you give are true, correct, and complete.

Perjury is a felony crime. It means you swore (promised) to tell the truth and then you were dishonest.

Reminders about CalWORKs or other cash aid fraud:

CalWORKs or other cash aid fraud is when you fail to report information or report the wrong information, on purpose, in order to try to get more benefits. Fraud is a crime.

Penalties for CalWORKs or other cash aid fraud:

If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, you may lose your share of the CalWORKs or cash aid. How long you will lose it depends on what the crime was and whether you had committed fraud before. You may also have to pay a fine up to \$10,000 and/or be sent to jail or prison for up to 3 years.

Your CalWORKs or other cash aid can be stopped:

- For not reporting all facts or for giving wrong facts on purpose: your CalWORKs or other cash aid can be stopped for 6 months for the first time, 12 months for the second time, or forever for the

third time you do not report all facts or give wrong facts on purpose.

- For turning in more than one application to get aid for the same family members in a different case in the same time period: your CalWORKs or other cash aid can be stopped for 2 years for the first conviction, 4 years for the second conviction, and **forever** for the third conviction.
- For conviction of felony welfare fraud, the penalties are: 2 years for extra benefits under \$2,000; 5 years for amounts of \$2,000 through \$4,999; and **forever** for amounts of \$5,000 or more.
- **Forever:** For giving the county false proof of residency in order to get aid in two or more counties or states at the same time; intentionally (on purpose) giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court or an administrative hearing.

Penalties for CalFresh fraud:

If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, your CalFresh can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail or prison for 20 years.

Your CalFresh can be stopped if you are found guilty in any court of law or administrative disqualification hearing because:

- You traded or sold CalFresh benefits for firearms, ammunition, or explosives. Your CalFresh benefits can be stopped **forever** for the first violation.
- You traded or sold CalFresh benefits for controlled substances. Your CalFresh benefits can be stopped for 24 months for the first violation and **forever** for the second.
- You traded or sold CalFresh benefits that were worth \$500 or more. Your CalFresh benefits can be stopped **forever** for the first violation.
- You gave the county false identity or residence information to try to get CalFresh benefits in more than one case at the same time. Your CalFresh benefits can be stopped for 10 years.

Reminder - Who Must Sign your SAR 7?

You must sign **AND** date your SAR 7, answer all required questions, and attach proof if needed for your SAR 7 to be considered complete.

For CalWORKs or other cash aid: You and your aided spouse, registered domestic partner, or the other parent (of cash- aided children) if they live in your home. (For two-parent households, a signature and date is required from both parents).

Cash aid includes:

- **CalWORKs** (California Work Opportunity and Responsibility to Kids)
- **Refugee Cash Assistance** (RCA)
- **Trafficking and Crime Victim Assistance Program** (TCVAP)
- **Entrant Cash Assistance** (ECA)

For CalFresh: Only the head of household, authorized representative, or a responsible household member.

 **Remember to attach all proof if required, and all additional copies or extra pages.**

If you need help answering a question or getting proof, the county can help. Call your county using the number on the first page of your SAR 7.

Household Name : _____ Date: : _____
Street Address : _____ Case Name: : _____
City/Town : _____ Case Number : _____
Zip Code : _____

SAR 7 Eligibility Status Report



To get this form in another language or accessible format of your choice, contact your county agency.

You can also visit
www.BenefitsCal.com
to complete your SAR 7
online.

To keep your benefits
coming on time, submit
this form by the 5th:

*Write Your Submit
Month Here*

Here is what you need to know:

- 1** Need more information to fill out this form? See the SAR 7 Eligibility Status Report Instructions (SAR 7A) included with this form.
- 2** Check 'Yes' or 'No' for each question. If you check 'Yes' and had any changes in _____, fill out the form with the changes about your household. If you check 'No' for any question, you can move on to the next question.
 - CalWORKs or other cash aid (such as ECA, RCA, or TCVAP) questions have a dollar sign  symbol.
 - CalFresh questions have a spoon and fork  symbol.
- 3** If you need more space for your answers, write on a separate sheet of paper. Send the extra sheet of paper with your SAR 7 form.
- 4** Sign and date the form on the last page. Attach any required proof. If you need help getting proof, contact or visit your county.

Ways to submit your form and proof:

You can submit your SAR 7 and proof online at www.BenefitsCal.com, or to your county by mail, fax, phone, or in person.



Do you need help or have questions? Call your county office.

Stop My Benefits

You do not need to answer this question.

If you want your benefits to STOP, check the box for the program that you want to stop. Then sign and date the form and return it. If you choose to STOP your benefits, you will get a notice telling you that your benefits have stopped. Check all that apply:

- ☐ STOP my CalWORKs or other cash aid
- ☐ STOP my CalFresh
- ☐ STOP my Medi-Cal

Disability

You do not have to answer these questions, but they may help you get other services or help.

Is anyone in your household disabled? (This includes anyone who is disabled, becoming disabled, recovering from a disability or major illness, or is no longer disabled.)

- ☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Explain

Does anyone in your household need help due to a disability? (This can include help with activities such as filling out forms, getting benefits, or doing work activities.)

- ☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Explain

Contact Information  

If you get CalFresh, CalWORKs or other cash aid, you must answer this section, or your SAR 7 will be incomplete.

Give us your contact information below.

Home Address

Street

Apartment #

City

State

Zip

☐ I am homeless**Mailing Address - Physical or PO Box** *(if different from home address)*

Street

Apartment #

City

State

Zip

☐ I would like to keep my current mailing address the same**If you are homeless, check one of the following:**☐ I have a mailing address and have added it above☐ I would like to use the County Welfare Department's mailing address
(**Note:** You need to contact your county office to set this up.)☐ I would like to use General Delivery.
Write the ZIP Code of post office here: _____
(**Note:** Make sure the post office in your ZIP Code accepts General Delivery. You will need to contact the post office to set this up.)**Phone Number(s):**

Home: _____

Cell: _____

Other: _____

Do you want to get text messages from the county about your benefits?

☐ Yes ☐ No**Email Address:** If you do not have an email address, check here: ☐

Email: _____

Do you want to get email notices from the county about your benefits?

☐ Yes ☐ No

Household Members

If you get CalFresh, CalWORKs or other cash aid, you must answer this section, or your SAR 7 will be incomplete.

Report and/or update household members:

Has anyone moved into or out of your home or did you move in with someone since you last reported? (For example: newborn children, someone moved into or out of your home, you adopted a child, someone started or stopped buying and making food with you, etc.)

☐ Yes, fill in below

☐ No

Household member name (first, middle, last)	Date of birth (month, day, year)	Relation to Head of Household	What is the change?	<u>For CalFresh only:</u> Regularly buy and make food together?
			<input type="checkbox"/> Moved In <input type="checkbox"/> Birth <input type="checkbox"/> Moved Out <input type="checkbox"/> Death <input type="checkbox"/> Temporary absence <input type="checkbox"/> Other: _____ Explain: _____ Date of change (month, day, year): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Moved In <input type="checkbox"/> Birth <input type="checkbox"/> Moved Out <input type="checkbox"/> Death <input type="checkbox"/> Temporary absence <input type="checkbox"/> Other: _____ Explain: _____ Date of change (month, day, year): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



If you need to add more people or information in any of the sections, please write it on a separate sheet of paper. Send the extra page with your SAR 7 form.

Income (1 of 3)  

If you get CalFresh, CalWORKs or other cash aid, you must answer this section, or your SAR 7 will be incomplete. See the SAR 7 Eligibility Status Report Instructions (SAR 7A) for examples of earned and unearned income.

Report, update or add new income:

Did anyone in your household get earned or unearned income for your report month, or does anyone expect to have a change in earned or unearned income within the next six months?

(For example: someone started, stopped, or changed jobs; had a change in social security or unemployment benefits; lottery installment payments; and/or the household started or stopped getting housing or utilities for free or in exchange for work).

☐ Yes, fill in below ☐ No

For CalFresh only, did your total unearned income for all household members increase within your report month?

☐ Yes, fill in below ☐ No

*If your income fluctuates (changes) every month, follow the SAR 7 Eligibility Status Report Instructions (SAR 7AB) for more information on how to report it.

Household member name (first, middle, last)	What happened?	Source of income/ employer name	How often paid?	Total gross income received in report month	If employed, hours worked per month
	<input type="checkbox"/> Income received during report month <input type="checkbox"/> Income started <input type="checkbox"/> Income stopped <input type="checkbox"/> Income changed Explain: Date of change (month, day, year): 	<input type="checkbox"/> From a job Employer name: <input type="checkbox"/> Not from a job Type of income: 	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other	Amount received: \$ _____ Date(s) received (month, day, year): _____ _____ _____	

Income (2 of 3)

Household member name (first, middle, last)	What happened?	Source of income/ employer name	How often paid?	Total gross income received in report month	If employed, hours worked per month
	<input type="checkbox"/> Income received during report month <input type="checkbox"/> Income started <input type="checkbox"/> Income stopped <input type="checkbox"/> Income changed Explain: <hr/> <hr/> Date of change (month, day, year): <hr/>	<input type="checkbox"/> From a job Employer name: <hr/> <hr/> <input type="checkbox"/> Not from a job Type of income: <hr/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other	Amount received: \$ _____ Date(s) received (month, day, year): <hr/> <hr/>	
	<input type="checkbox"/> Income received during report month <input type="checkbox"/> Income started <input type="checkbox"/> Income stopped <input type="checkbox"/> Income changed Explain: <hr/> <hr/> Date of change (month, day, year): <hr/>	<input type="checkbox"/> From a job Employer name: <hr/> <hr/> <input type="checkbox"/> Not from a job Type of income: <hr/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other	Amount received: \$ _____ Date(s) received (month, day, year): <hr/> <hr/>	

Income (3 of 3)

Household member name (first, middle, last)	What happened?	Source of income/ employer name	How often paid?	Total gross income received in report month	If employed, hours worked per month
	<input type="checkbox"/> Income received during report month <input type="checkbox"/> Income started <input type="checkbox"/> Income stopped <input type="checkbox"/> Income changed Explain: <hr/> <hr/> Date of change (month, day, year): <hr/>	<input type="checkbox"/> From a job Employer name: <hr/> <hr/> <input type="checkbox"/> Not from a job Type of income: <hr/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other	Amount received: \$ _____ Date(s) received (month, day, year): _____ _____	

Did you attach proof for the income change(s) listed above?

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Did you or any household members stop working because of a strike?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Gross income before going on strike
	Gross Income: \$ _____

Resources (1 of 2) 

This section is for CalFresh only. Read below to see if you must answer this section.

Report, update or add new resources:

If you:

- Are a household that is non-Modified Categorical Eligibility (MCE) or Categorical Eligibility (CE),
- Have a household member who has an Intentional Program Violation (IPV), or
- The Head of Household in your household is not following the work requirements.

You **must** report any change in resources or if you have new resources since the last time you reported. If you are not sure if you must report your resources, contact your county, they can help find out if you have to report.

Resources include cash on hand, money in checking or savings accounts, stocks or bonds, land, or personal resources. Vehicles are not counted for CalFresh. You do not need to report a change in vehicle or a new vehicle. See the SAR 7 Eligibility Status Report Instructions (SAR 7A) for more information on what you must tell us.

Has anyone in your household had a change in resources or new resources since the last time you reported?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Type of resource	What happened to your resource?	Value	Date(s) Received (month, day, year)
		<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave away <input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Open/close (example: bank account) <input type="checkbox"/> Other (Explain):	\$	

Resources (2 of 2) 

Household member name (first, middle, last)	Type of resource	What happened to your resource?	Value	Date(s) Received (month, day, year)
		<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave away <input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Open/close (example: bank account) <input type="checkbox"/> Other (Explain):	\$	
		<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave away <input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Open/close (example: bank account) <input type="checkbox"/> Other (Explain):	\$	

Did you attach proof for the resource change(s) listed above?

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Expenses (1 of 2)

This section is for CalFresh only. Telling us if you have any of the expenses below could increase your benefits. If you have had a change in address since you last reported, you **must** complete this section and tell us your new housing and utility expenses. If your address has not changed, you do not have to complete this section, but completing this section could help you get more benefits.

Report, update or add new expenses:

Have your expenses changed?

☐ Yes, tell us your expenses below. ☐ No

Has your address changed?

☐ Yes. You must report your new housing and utility expenses below. ☐ No

What is your monthly rent or mortgage payment? \$ _____

If you don't have a permanent home address, do you spend money on temporary housing such as hotels/motels, campsites, lodging, or shared housing?

☐ Yes ☐ No

Do you pay any of the following costs? Check all that apply.

☐ Phone (including cell)

☐ Electric/Gas

☐ Water

☐ Trash

☐ Mobile home lot rent

☐ Property tax: \$ _____

☐ Home/Renter's insurance: \$ _____

☐ Homeowner's Association (HOA) fees: \$ _____

☐ Other (please specify): \$ _____

Dependent/Child Care

Who paid for dependent/child care? _____

Amount paid for dependent/child care in the report month: \$ _____

Names of dependents/children: _____

Child Support

This question is asking if anyone in your household paid someone else not in your household for child support.

Who paid for child support? _____

Amount of child support you or a household member paid in the report month: \$ _____

Please provide proof if you have it.

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Expenses (2 of 2) **Medical Costs**

This applies to anyone in your household who is age 60 or older, or is disabled, and has new medical costs, a change in the amount of medical costs paid, or medical costs not reported before.

Who paid for medical costs? _____

Amount paid for medical costs in the report month: \$ _____

Please provide proof if you have it.

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Gambling or Winning the Lottery 

If you get CalFresh, you must answer this section, or your SAR 7 will be considered incomplete.

Did anyone in your household win money from gambling or playing the lottery within the last six months?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Date of winning (month, day, year)	Amount won
		\$

Did you attach proof for the changes listed above?

☐ I have attached proof ☐ I do not have proof/I need help getting proof

CalFresh Work Requirement for Able-Bodied Adults Without Dependents (ABAWDs)

This section is for CalFresh only. This is an optional question. You do not need to answer this section but answering it can help the ABAWD keep getting benefits.

ABAWDs are persons aged 18-54 without dependent children. ABAWDs must meet the work requirement or be excused from meeting the work requirement to get CalFresh for more than 3 months. check all the boxes that apply. If you know you have an ABAWD in your household, checking one or more boxes could help them keep getting CalFresh. If you are not sure if there is an ABAWD in your household, contact your county, they can help.

- ☐ Has a physical or mental health issue that may stop them from working 20 hours per week for a total of 80 hours per month. Name of ABAWD: _____
- ☐ Is caring for a child under age 6 (The child does not need to live with you).
Name of ABAWD: _____
- ☐ Is caring for a person with a disability (The person does not need to live with you).
Name of ABAWD: _____
- ☐ Is pregnant (any stage of pregnancy). Name of ABAWD: _____
- ☐ Is going to school or training at least half time. Name of ABAWD: _____
- ☐ Is getting or has applied for unemployment benefits
Name of ABAWD: _____
- ☐ Is in a drug or alcohol treatment program, or experiencing a drug or alcohol problem.
Name of ABAWD: _____
- ☐ Is participating in an Office of Refugee Resettlement (ORR) training program for at least half time.
Name of ABAWD: _____
- ☐ Lives with a child in the home under age 18, even if the child under 18 is not receiving CalFresh benefits. Name of ABAWD: _____
- ☐ Is experiencing homelessness (this means the person lacks a fixed and regular nighttime residence).
- ☐ Is a veteran (a person who served in the United States Armed Forces, including reserve, and discharged or released, regardless of the condition of discharge or release).
- ☐ Is 24 years of age or younger and was in foster care on the day they turned 18.

Please provide proof if you have it.

- ☐ I have attached proof
- ☐ I do not have proof/I need help getting proof

Outstanding Warrant/Probation or Parole Violation

If you get CalWORKs or other cash aid, you must answer this section, or your SAR 7 will be incomplete. See the SAR 7AB for more information.

Does anyone in your household currently have an outstanding felony warrant or have been found to be in violation of their parole or probation?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Warrant or violation?	Date of warrant or violation (if you know):	In which state did the warrant or violation occur?
	<input type="checkbox"/> Outstanding Warrant <input type="checkbox"/> Parole/Probation Violation		

Life Events

Tell us if any of the situations below changed since you last reported. Check all that apply and **send us proof**. You need to answer this section to keep your CalWORKs or other cash aid benefits.

- ☐ **No Changes** (Check this box if none of the below happened to your household.)
- ☐ **Family Changes** (This includes getting married, separated, divorced, entering or ending a California Registered Domestic Partnership (RDP) or a non-California Domestic Partnership (DP), becoming pregnant, or no longer pregnant, adopting a child, and/or fostering a child.)
- ☐ **Immigration Changes** (This includes a change in citizenship or immigration status, or expiration or date change on immigration card or document.)
- ☐ **Custody Changes** (You need to report if you no longer have custody, or have custody less than 50 percent of the time, or if your custody time has increased.)
- ☐ **In-Home Supportive Services (IHSS) Changes** (This includes starting or stopping IHSS services.)
- ☐ **School/College Attendance Changes** (For students aged 18 or older who started or stopped attending school or college.)
- ☐ **Other Changes** (Explain): _____

Please provide proof if you have it.

- ☐ I have attached proof ☐ I do not have proof/I need help getting proof

Explain the change(s) in the space below and send us proof. If you need more space for your answers, write them on a separate sheet of paper. Send the extra sheet of paper with your SAR 7 form.

Sign and Date

You need to sign and date this form, or it will be considered incomplete.

CERTIFICATION – FRAUD WARNING:

Who must sign below:

- **For CalWORKs or other cash aid:** You and your aided spouse, registered domestic partner, or other parent (of cash-aided children) if living in the home. (For two-parent households, a signature and date is required from both parents).
- **For CalFresh:** The head of household, a responsible household member, or the household's authorized representative.

I understand that:

If I don't report all facts or give wrong information on purpose about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in cash aid and/or CalFresh is wrongly paid out because of such an action.

I have received a copy of the SAR 7 Eligibility Status Report Instructions (SAR 7A).

I declare that:

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, correct, and complete.

*Signature of the head of household, responsible household member,
parent, caretaker, or authorized representative of the household*

Date

*Signature of spouse, registered domestic partner, or other parent
living in the home (if applicable)*

Date

*Signature of witness to mark, interpreter, or other person completing
form (if applicable)*

Date



Remember to attach all proof if required, and all additional copies or extra pages. Contact your county if you need help, the county may be able to help you get proof if you need it.



SAR 7 Eligibility Status Report Instructions (SAR 7AB)

Save this guide to help you fill out your SAR 7 Eligibility Status Report. If you have questions or need help filling out your report, you can contact or visit your county agency's office.

Tips for completing your SAR 7



Reminder: You can complete your SAR 7 online at www.Benefitscal.com.

- You need to fill out your SAR 7 to keep getting benefits.
- **Your completed SAR 7 is due on the 5th day of your *submit* month. Your *submit* month is listed at the top of your SAR 7 the county sends you. If completing the SAR 7 form for the first time, or if you do not know your *submit* month, contact your local county agency's office.**
- Your benefits can be delayed, changed, or stopped if the county gets your SAR 7 after the 11th of your *submit* month, if you do not submit a complete report, or do not attach required proof. (You can request good cause if your SAR 7 is submitted late by telling the county if you have a good reason why your SAR 7 is late.)
- Your benefits may go up, down, or stop based on the information you provide on your report.
- When you submit your SAR 7, attach proof if it is needed. If you need help getting proof or don't have proof, check the box that says 'I need help getting proof/I don't have proof' or call the county, they can help.
- CalWORKs or other cash aid (such as ECA, RCA, or TCVAP) questions have a dollar sign  symbol. CalFresh questions have a spoon and fork  symbol.
- Attach a separate sheet of paper if you need more space to answer any question or to explain an answer.

Common Questions and Answers

Read the answers for common questions asked when filling out the SAR 7.

When do I complete my SAR 7?

You need to submit a SAR 7 once a year. Depending on your household type your SAR 7 will be due at the 6th or 12th month after your application/annual renewal.

- **Submit Month:** The month you must provide the SAR 7 to the county.
- **Report/Data Month:** The month before the submit month. The information you report on your SAR 7 should be from your *report/data* month.

Did you know? You can see when your SAR 7 is due and other information about your SAR 7 by making an account at www.Benefitscal.com.

When is my SAR 7 due?

Your completed SAR 7 is due on the 5th day of your *submit* month. Your *submit* month is listed at the top of the SAR 7 the county sends you. If completing the SAR 7 form for the first time, or if you do not know your submit month, contact your local county agency's office.

Please see important reminders below to keep your benefits on time:

- Turn in your completed SAR 7 by the 5th day of your *submit* month to get your benefits on time.
 - Your SAR 7 is considered late after the 11th day of your *submit* month. If your SAR 7 is late, you may not get your benefits on time.
 - You have until the first working day following your submit month to turn in your SAR 7. If we get your SAR 7 after that date you may not get your benefits on time.
 - If you miss these deadlines, your benefits may stop. If your benefits stop, you may need to reapply.
-

How do I fill out my SAR 7?

To fill out your SAR 7 you need to make sure to:

- Review pre-printed information.
- Answer all the required questions.
- Fill in all the information for any changes you report.
- Attach all proof when the form asks for it (ask the county if you need help getting proof).
- Sign and date the form.

Attaching proof. If asked to provide proof:

- Check "I have attached proof" and turn in your SAR 7 with the proof.
- If you do not have proof or need help getting proof, check "I don't have proof/I need help getting proof".
- There are different types of proof you can submit. If you are not sure if you have proof, contact the county, they can help give you options of different proof you can submit.

Your benefits may be late or stopped if your SAR 7 is not complete when you turn it in. We will tell you which questions you need to answer and/or what proof you need to turn in.

You can ask the county for help if:

- You are not sure how to answer a question.
- You need help filling out the SAR 7.
- You need help getting proof.

Who do I report on my SAR 7?

For CalWORKs or other cash aid: Everyone in your Assistance Unit (AU). Your AU includes:

- All children (under 19 years of age) – Natural, adopted, and stepchildren (including newborns).
- All parents – Natural, adoptive, and stepparent.
- Other aided relatives in the child's case.
- You and your spouse or registered domestic partner.
- Anyone who is temporarily absent from the home. A temporary absence happens when a member of your AU is out of the home for less than one full calendar month. You must report them in your SAR 7 even if the parent/child is not getting their own CalWORKs or other cash aid.

For CalFresh (with or without cash aid): Everyone in your household. Your household includes:

- All children under 22 years of age.
 - All related adults.
 - All other people in the household who regularly buy and prepare food with you.
-

Who must sign my SAR 7?

For CalWORKs or other cash aid: You and your aided spouse, registered domestic partner, or the other parent (of cash- aided children) if they live in your home.

Cash aid includes:

- **CalWORKs** (California Work Opportunity and Responsibility to Kids)
- **Refugee Cash Assistance** (RCA)
- **Trafficking and Crime Victim Assistance Program** (TCVAP)
- **Entrant Cash Assistance** (ECA)

In your SAR 7, the term 'household' may be used to refer to both CalWORKs or other cash aid AUs and CalFresh households.

For CalFresh: Only the head of household, authorized representative, or a responsible household member. A responsible household member is someone over the age of 18 who can make decisions for the household.

How do I submit my SAR 7?

You can submit your SAR 7 and proof online at www.BenefitsCal.com, or to your county by mail, fax, phone, or in person. Contact your county if you need help submitting your SAR 7 and proof.

How to Answer Each Section in your SAR 7

This section will tell you how to answer each question in your SAR 7.

Stop My Benefits

Complete only if you want your benefits to STOP.

If you want your benefits to STOP, check the box for the program that you want to stop. Then sign and date the form and return it. If you choose to STOP your benefits, you will get a notice telling you that your benefits have stopped. If you only want to stop some of your benefits and keep others, you must fill out the rest of the SAR 7.

- If you return your SAR 7 asking for your CalWORKs or other cash aid benefits to STOP, you may be able to keep getting CalFresh benefits for 5 months. This is called transitional CalFresh. **If you do not return your SAR 7 you will not be eligible for Transitional CalFresh benefits.**
 - If you ask to stop your CalWORKs or other cash aid, you may be eligible for no cost or low-cost health coverage even if you are now employed. Your Medi-Cal may be stopped or changed, or you may have to pay a share-of-cost. If you have questions about your Medi-Cal after stopping CalWORKs or cash aid, contact your county.
-

Disability

Answering these questions is optional but can help you get other services or help. If you choose not to answer these questions you will still get your benefits.

There are two questions in the disability section:

- **The first question** is to find out who has a disability. If anyone in your household is disabled, becoming disabled, recovering from a disability or major illness, or is no longer disabled, check "Yes, fill in below." In the space provided list their name(s) and tell us what type of disability they have or no longer have.
 - **The second question** is asking you to tell us if anyone in your household needs help because of a disability, such as needing support to fill out forms, the eligibility process, participating in work activities, housing, or anything else related to benefits. If anyone needs help because of a disability, check "Yes, fill in below." In the space provided, list their name(s) and tell us what type of help they need.
-

Contact Information

If you get CalFresh, CalWORKs, or other cash aid, you must answer this section, or your SAR 7 will be considered incomplete.

Write down your current contact information. Including home address, mailing address, best phone number to contact you, and email, if you have one.

For households without a permanent home address or experiencing homelessness, check “I am homeless” in the section to the right and write the best mailing address for your household. The county may contact you about possible homeless services. If you are a homeless CalWORKs applicant or recipient, can submit the CW 42 form to apply for CalWORKs Homeless Assistance.

If you do not have a permanent mailing address, there may be some alternative drop-in mail service options for your household, depending on the county you live in. To check whether these options are available in your county contact your county or call 211.

Alternative mailing address options include:

- **Friends or family**
- **Post Office (PO) Box**
- **Community-Based Organization(s):** If you choose this option, you will need to contact your Community-Based Organization to set this up.
- **Your county welfare department’s mailing address:** If you choose this option, you will need to contact your county welfare department to find out how to collect your mail.
- **General Delivery:** Check with your post office to see if the service is offered. You will need to contact your post office to set this up.
- **Shelter mailing address:** If you choose this option, you will need to contact your shelter to set this up.

Get text messages

If you would like to get text messages from the county about your benefits, check “Yes” after you write your phone number. Data and messaging rates may apply.

Get electronic notices

If you would like to get electronic notices from the county about your benefits, check “Yes” after writing your email address. The county may follow up with this request.

View case information and notices online

You can also sign up for a BenefitsCal account at www.MyBenefitsCal.com where you can view your case information and notices through the app or online.

Household Members

If you get CalFresh, CalWORKs or other cash aid, you must answer this section, or your SAR 7 will be considered incomplete.

Report, update or add new household members:

If there have been changes since you last reported or there will be a change within the next 6 months to your household, check “Yes, fill in below” and tell us the change(s). If you check “No”, then move on to the next section.

Write the **(1)** name, **(2)** date of birth, **(3)** how they are related to you or the head of household, **(4)** what the change is, and for CalFresh only, **(5)** if they regularly buy and make food with you.

Examples of changes: Newborn children, people who are temporarily absent from the home, getting married or divorced, any household members who moved into or out of the home, an adopted child, anyone who died, entered, or left a hospital or institution (including jail or prison), someone started or stopped buying and making food with you.

- **For CalWORKs** or other cash aid, a temporary absence typically happens when a member of your cash aid assistance unit is out of the home for less than one full calendar month.
- **For CalFresh**, a temporary absence happens when someone in your household is out of the home but plans to come back within a year.

If you or someone in your household is temporarily absent from the home, **(1)** write the name of the person who is temporarily absent in the box under “Household member name”, **(2)** fill out their date of birth, **(3)** fill out how they are related to the head of household, **(4)** check “Temporary absence”, **(5)** under “explain” tell us when they moved out and when they are going to return (if you know), and **(6)** check if they regularly buy and make food with the head of household.

If you are not sure who to report, please refer to “Common Questions and Answers” under the sub-section “Who do I report on my SAR 7” on page 2.

Income

If you get CalFresh, CalWORKs or other cash aid, you must answer this section, or your SAR 7 will be considered incomplete.

Report, update or add new income:

If anyone in the household has gotten income during the report month or knows there will be a change within the next 6 months to their earned or unearned income, check “Yes, fill in below” and tell us the change(s). If you check “No”, move on to the next question.

To report a change that will happen in the next 6 months, like starting a new job, you must know how much money you will be getting and how often you’ll get it. If you don’t know this, you do not have to report it on your SAR 7. You must report when your income goes over the Income Reporting Threshold (IRT), even if you did not have to report the change.

List all earned and unearned income you got in the report month. Write **(1)** the name of who got the income, **(2)** what the change is and the date of the change, **(3)** where they got the income from **(4)** how often paid, **(5)** the total gross amount they got and date(s) got it, **(6)** the number of hours worked in the month if employed, **(7)** attach proof of the income you reported.

For CalFresh only: if you check “No”, you do not have to submit proof of your income.

- **How often paid** is how often you got a payment, such as every week (weekly), every other week (biweekly), twice a month (semi-monthly), or every month (monthly). If paid differently than what is listed, mark “Other” and tell us when you are paid.
- **Gross income** means the amount you get before deductions are taken out, including taxes, Social Security or other retirement contributions, health care plan premiums, garnishments, etc.
- **Date received** is the day you were paid by your employer or the day you got payment.
- **Provide information** about any source of earned income, unearned income, or money that has stopped since you last reported.
- **Attach proof.** Check “I have attached proof” at the bottom of the section if you are giving us proof of your income with your SAR 7. Check “I do not have proof/I need help getting proof” if you need help getting proof. The county may be able to help you get proof.

Earned income is money from a job and includes a paycheck, wages, cash, strike benefits, vacation pay, tips, training allowances, benefits, bonuses, money from self-employment, temporary job or training income, rental income, IHSS income, etc.

- **If self-employed**, you can get a 40% standard deduction for expenses without proof. If your expenses are higher and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof of those expenses if you are using actual expenses.
- **Proof of earned income** includes but is not limited to check stubs, copies of checks or statements from the employer, or receipts or proof of earnings if self-employed.
- **Proof of the change** can be a letter from the employer or a signed written statement from you.
 - The county needs to know if the earned income received by anyone in your household got will continue over the next 6 months or if there will be a change.
 - If you know your income will change, tell us when and how much. For example, if someone has been offered a job and knows their hourly wage and schedule, you must report this even if they have not started working or been paid yet.
 - If anyone is working on-call or has a work schedule that changes, including overtime, tell us in this section.
- **Fluctuating income** is income that changes month-to-month or even week-to-week and is not expected to stay the same. If your income changes so much that you cannot tell us what you expect your income to be in future months and believe that it will be different from the amount you got during your report/data month (the month before your submit month), report that on your SAR 7. Here are a few ways you can report fluctuating income:
 - If you expect a minimum amount of income for future months, list that on your SAR 7. In the table **(1)** write the name of the household member that has fluctuating income, **(2)** write

“fluctuating income” under Explain, **(3)** check if the income is from a job or not and who you got the income from, **(4)** check how often you usually get the income, **(5)** write in how much money you expect to get next month, and **(6)** write in how many hours you will work next month, if you know.

- If you don't have a minimum amount you expect to make for future months and cannot be sure about your future income, tell us on the SAR 7. In the table **(1)** write the name of the household member that has fluctuating income, **(2)** write “fluctuating income” under Explain, **(3)** check if the income is from a job or not and who you got the income from, **(4)** check how often you usually get the income, **(5)** write \$0 where it asks “Amount received”, and **(6)** If you're not sure if you will be working any hours next month, write 0. If you are not sure how to report your fluctuating income, call your county office, they can help guide you on how to report your income on your SAR 7.

Unearned income is money you get that does not come from a job. Unearned income can be unemployment benefits, Social Security, disability benefits, Supplemental Security Income/State Supplementary Payment (SSI/SSP), child support, gifts, or worker's compensation. For CalWORKs only, you need to report if your household gets rent or utilities for free or in exchange for work. For example, you work for your landlord for free rent, or work for a job that gives you housing or utilities.

- **Disability or Retirement** income includes SSI/SSP, Social Security, Veteran's disability benefits, railroad retirement, worker's compensation, or any private or other disability/retirement payments.
- **Unemployment insurance benefit (UIB)** income provides partial wage replacement to workers who have lost their job and meet the program's eligibility requirements.
- **Other:** insurance or legal settlements; interest or dividends, strike benefits, tax refunds, gifts or loans, scholarships, financial aid, tax refund, rental income, rental assistance, free housing/ utilities/clothing/food (or if someone paid all these costs for you), child support, guaranteed income payment, or lottery/gambling winning payments.
- **Child support payment:** The payment you receive for your child or stepchild. Include payments received by a stepparent living in your home.
- **Proof of unearned income** can be check stubs, copies of the checks, award letters from the agency you got the money from, etc.
- **Proof of the change** can be a letter from the benefit provider, UIB award letter, or a signed written statement from you.
 - The county needs to know if the earned income you or anyone in your household got will continue over the next 6 months or if there will be a change.
 - If you know your income will change, tell us when it will change and how much.

If your unearned income has increased within the last 6 months, check “Yes, fill in below” and tell us the change(s) and remember to attach proof or let us know if you don't have proof or need help getting proof. If you check “No”, then move on to the next question.

If you or anyone in your household stopped working because of a strike, check “Yes, fill in below” and tell us who stopped working and what the gross income was before going on strike. If you check “No”, then move on to the next section.

Resources

This section is for CalFresh only.

Report, update or add new resources:

For CalFresh only, you **must** report your resources if you:

- Are a household that is non-Modified Categorical Eligibility (MCE) or Categorical Eligibility (CE),
- Have a household member who has an Intentional Program Violation (IPV), or
- The head of household in your household is not following the work requirements.

If one of the above applies to your household, you must report **if anyone in your household has had a change in resources or new resources since the last time you reported**. If you check “Yes, fill in below”, tell us the change(s). If you check “No”, then move on to the next section.

List anyone who bought, sold, gave away, got as a gift/inherited, traded, or won resources, got a tax refund/credit, opened/closed an account, or had any other change in resources. Write **(1)** who got the resource, **(2)** the type of resource, **(3)** the amount/value of the resource, and **(4)** when it was received.

Check the box to tell us what happened with the resource you listed – check if the resource was bought, sold, gave away, got as a gift, traded, won, refunded, or credited, open or closed, or other. If you check “Other” tell us what happened in the space provided.

Attach proof. Check “I have attached proof” at the bottom of the section if you are giving us your SAR 7 with proof of the resource or change. Check “I do not have proof/I need help getting proof” if you need help getting proof. The county may be able to help you get proof.

Examples of resources: Cash on hand, money in checking or savings accounts, stocks or bonds, buildings, land, or personal resources.

Vehicles are not counted for CalFresh. You do not need to report a change in vehicle or a new car.

Excluded resources: There are some resources that are not counted for CalFresh, such as but not limited to your primary home, household goods, personal affects, cash value of life insurance policies, burial plots per household member, resources important to help with your employment or self-employment, or any resources that have cash value and are not accessible to the household. If you are not sure if your resources must be counted, contact your county.

If you or anyone in your home got money from other sources, such as:

- selling something
- a lawsuit settlement
- getting a gift
- winning money
- from an inheritance

and you spent some or all that money, you will need to complete the table under “Update or add new resources.”

Tell us **(1)** who got it, **(2)** the type of resource, **(3)** when they got it, and **(4)** how much. You will then check what happened to the resource: bought, sold, gave away, got as a gift, traded, won, refunded, or credited, open or closed, or other. **Attach proof.**

If you have any questions or are unsure if you need to report resources, call your county, they can help.

Expenses

This section is for CalFresh only.

If you have had a change in address since you last reported, you **must** complete this section and tell us your new rent and utilities.

If your address has not changed, you do not have to complete this section, but completing this section could help you get more benefits by telling us about a change in expenses or any new expenses.

Report, update or add new expenses:

If your expenses have changed since you last reported, check “Yes” and tell us your expenses below. If you check “No”, you can move on to the next question.

Rent and Utilities: If your address has changed since you last reported, check “Yes”. If your address has changed, you must tell us what your rent and utilities are. If you check “No”, you can move on to the next section.

If you choose to tell us about your expenses or have a new address that you must tell us, tell us about your housing costs like rent, utilities, mortgage, renter’s or homeowner’s insurance, property taxes, and garbage/trash collection fees. If your costs have increased because you moved, be sure to list the amounts. Also, list the actual costs of property taxes and homeowner’s/ renter’s insurance. Providing these costs may increase your CalFresh food benefits. Tell us about your other household expenses. This information may lower the income we count and increase your benefits.

- Report new costs or changes to costs for child or adult care needed for work or training.
- If anyone pays child support, report any changes in the amount paid and provide proof.
- For people aged 60 and older or who are disabled, report any changes to out-of-pocket medical costs. Attach proof to see if you can get more benefits.

Examples of Expenses: Medical expenses, health insurance premiums, child care, dependent care or adult care, college tuition and supplies, mandatory school fees, child/spousal support, transportation, room and board, and housing costs such as electric/gas, water, and mobile home lot rent.

You can also report your self-employment expenses here. If you are self-employed and have expenses, let us know if you want to claim a standard deduction of 40% or actual expenses. You can do this by writing on your SAR 7 next to your self-employment income that you want to claim the 40% standard deduction. If you choose the 40% standard deduction, we will deduct 40% of your reported self-employment. For example, if you report in the income section you got \$100 in your self-employment, and choose the standard deduction of 40%, we will only count \$60 out of the \$100 you reported as income; the other \$40 will be considered expenses. If you believe your expenses are more than what the standard deduction of 40% will count, you can claim your actual expenses. If you

claim your actual expenses, you must provide proof of your actual expenses, such as receipts or bills with your SAR 7. If you report actual expenses in your SAR 7 but don't give use proof, no expenses will be deducted.

If you don't have permanent housing, tell us if you spend money on temporary housing like hotels/motels, shelters, campsites, shared housing, or lodging.

Gambling or Winning the Lottery

If you get CalFresh, you must answer this section, or your SAR 7 will be considered incomplete.

The county needs to know if anyone got money from gambling, lottery, or casino winnings

If you or anyone in your household won money from gambling or playing the lottery, check "Yes, fill in below." Then tell us (1) the name of the person who won, (2) when they won, (3) and how much they won.

If you check "No", then move on to the next section.

Attach proof. Check "I have attached proof" at the bottom of the section if you are giving us proof with your SAR 7. Check "I do not have proof/I need help getting proof" if you need help getting proof. The county may be able to help you get proof.

CalFresh Work Requirement for Able-Bodied Adults Without Dependents

This question applies to anyone determined to be an Able-Bodied Adult Without Dependents (ABAWD). **This question is optional**, you do not have to answer, but it may help you keep getting benefits.

This question asks if any of the checkboxes apply to anyone in your household who is an ABAWD.

Checking any of the checkboxes may excuse the individual from the ABAWD work requirement. If one of the excuses listed applies to someone in your household who is an ABAWD, check the box and write the name of the ABAWD where it says, 'Name of ABAWD'.

If you are not sure if you have an ABAWD in your household, call your county, they can help.

Outstanding Warrant/Probation or Parole Violation

If you get CalWORKs or other cash aid, you must answer this section, or your SAR 7 will be considered incomplete.

If you or anyone in your household is currently running from a warrant for a felony crime or is found to be in violation of parole or probation check "Yes, fill in below." Then tell us (1) the name of the person, (2) check if they are running from an outstanding felony warrant or if they are violating their probation or parole, (3) when the warrant or violation happened (if you know), and (4) the state where it happened.

If you check "No", then move on to the next section.

Outstanding Warrant: Running from an outstanding warrant means a person is avoiding or running from law enforcement. Or it could mean that an arrest has been issued for a felony crime and the person should have known that law enforcement was looking for them.

Parole/Probation Violation: Being in violation of parole or probation means a court has found you to be in violation of the terms of your probation or parole. The original crime for which parole or probation was ordered could be a felony or misdemeanor.

Life Events

If you get CalWORKs or other cash aid, you must answer this section, or your SAR 7 will be considered incomplete.

You will need to complete this section to keep your CalWORKs or other cash aid benefits.

This section applies to anyone already living with you who had any of these things happen since you last reported.

If there has been a change, select what has changed and provide your explanation under “Explain” at the bottom of the section. If you check “No Changes”, then move on to the next section.

- **No Changes:** Check this box if none of the above happened to your household.
- **Family Changes:** This includes getting married, separated, divorced, entering or ending a California Registered Domestic Partnership (RDP) or non-California Domestic Partnership (DP), becoming pregnant, or no longer pregnant, adopting a child and/or fostering a child.
- **Immigration Changes:** This includes changing citizenship or immigration status, obtaining a work permit, or when your card/document expiration date has changed.
- **Custody Changes:** This means you should report if you no longer have custody or if your custody or the amount of time you spend with the child(ren) has been increased or reduced to less than 50 percent.
- **In-Home Supportive Services Changes:** This includes stopping or starting services.
- **School/College Attendance Changes:** You may be able to claim costs for books, school transportation, etc.
- **Other Changes:** Check this box for other changes that are not listed. Tell us the change in the space provided.

Attach proof. Check “I have attached proof” at the bottom of the section if you are giving us proof with your SAR 7. Check “I do not have proof/I need help getting proof” if you need help getting proof. The county may be able to help you get proof.

Signature and Date

You need to sign and date your SAR 7, or your SAR 7 will be considered incomplete.

You need to sign and date the SAR 7 “under penalty of perjury.” This means that you swear

(promise) that the responses or answers you give are true, correct, and complete.

Perjury is a felony crime. It means you swore (promised) to tell the truth and then you were dishonest.

Reminders about CalWORKs or other cash aid fraud:

CalWORKs or other cash aid fraud is when you fail to report information or report the wrong information, on purpose, in order to try to get more benefits. Fraud is a crime.

Penalties for CalWORKs or other cash aid fraud:

If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, you may lose your share of the CalWORKs or cash aid. How long you will lose it depends on what the crime was and whether you had committed fraud before. You may also have to pay a fine up to \$10,000 and/or be sent to jail or prison for up to 3 years.

Your CalWORKs or other cash aid can be stopped:

- For not reporting all facts or for giving wrong facts on purpose: your CalWORKs or other cash aid can be stopped for 6 months for the first time, 12 months for the second time, or forever for the third time you do not report all facts or give wrong facts on purpose.
- For turning in more than one application to get aid for the same family members in a different case in the same time period: your CalWORKs or other cash aid can be stopped for 2 years for the first conviction, 4 years for the second conviction, and **forever** for the third conviction.
- For conviction of felony welfare fraud, the penalties are: 2 years for extra benefits under \$2,000; 5 years for amounts of \$2,000 through \$4,999; and **forever** for amounts of \$5,000 or more.
- **Forever:** For giving the county false proof of residency in order to get aid in two or more counties or states at the same time; intentionally (on purpose) giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court or an administrative hearing.

Penalties for CalFresh fraud:

If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, your CalFresh can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail or prison for 20 years.

Your CalFresh can be stopped if you are found guilty in any court of law or administrative disqualification hearing because:

- You traded or sold CalFresh benefits for firearms, ammunition, or explosives. Your CalFresh benefits can be stopped **forever** for the first violation.
- You traded or sold CalFresh benefits for controlled substances. Your CalFresh benefits can be

stopped for 24 months for the first violation and **forever** for the second.

- You traded or sold CalFresh benefits that were worth \$500 or more. Your CalFresh benefits can be stopped **forever** for the first violation.
- You gave the county false identity or residence information to try to get CalFresh benefits in more than one case at the same time. Your CalFresh benefits can be stopped for 10 years.

Reminder - Who Must Sign your SAR 7?

You must sign **AND** date your SAR 7, answer all required questions, and attach proof if needed for your SAR 7 to be considered complete.

For CalWORKs or other cash aid: You and your aided spouse, registered domestic partner, or the other parent (of cash- aided children) if they live in your home. (For two-parent households, a signature and date is required from both parents)

Cash aid includes:

- **CalWORKs** (California Work Opportunity and Responsibility to Kids)
- **Refugee Cash Assistance** (RCA)
- **Trafficking and Crime Victim Assistance Program** (TCVAP)
- **Entrant Cash Assistance** (ECA)

For CalFresh: Only the head of household, authorized representative, or a responsible household member.



Remember to attach all proof if required, and all additional copies or extra pages.

DOMESTIC ABUSE ADDENDUM TO THE SAR 7

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker ID : _____
Worker Phone Number : _____

Answering the question on this form is optional. If you choose not to answer or if you choose not to submit this form, you will still get your benefits.

Please note once this form is submitted, a copy **will not** be sent back to you for security reasons.

DOMESTIC ABUSE

You do not have to answer this question, but it may help you get other services or help.

Is anyone in your household being abused or has anyone in your household been abused in the past? Abuse can include, but is not limited to, physical, emotional, or sexual harm caused by another person. Abuse also includes stalking, threatening, and other controlling behaviors.

☐ Yes, fill in below ☐ No

Household member's full name (optional) _____

Please provide your contact phone number or email (optional) _____

Check all that apply (optional)

Due to the abuse:

- ☐ I need a Welfare to Work waiver
☐ I am afraid of someone who lives in my home
☐ I am afraid of someone who lives outside my home
☐ I need domestic abuse resources
☐ I need mental health services
☐ I need housing assistance
☐ Other, please explain: _____
☐ I do not want services or support at this time. I understand I can request domestic abuse services or support at any time.

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief. I am aware that it is unlawful to give false information.

Signature:

Date: