

CALFRESH MID-CERTIFICATION PERIOD STATUS REPORT

INSTRUCTIONS:

Because you get CalFresh, you must report within 10 days when your household's total monthly income increases to more than the CalFresh Income Reporting Threshold (IRT) as well as when Able-Bodied Adult Without Dependents (ABAWD) work hours drop below 20 hours a week or 80 hours a month.

Use this form to report an income increase to more than the CalFresh IRT which is 130% of the Federal Poverty Level (FPL) per household size and changes in ABAWD work hours that have occurred since your last Semi-Annual Report (SAR 7).

Use this form to report changes you think will increase your CalFresh benefits. Please provide proof, such as, pay stubs, copies of checks, letters from agencies, etc.

If you are reporting changes in expenses, please provide proof such as, receipts, canceled checks, paid invoices, etc.

Worker:

Phone:

MANDATORY REPORT OF INCOME OVER IRT

YOUR HOUSEHOLD IS ONLY REQUIRED TO REPORT CHANGES WHEN YOUR HOUSEHOLD'S TOTAL MONTHLY GROSS INCOME EXCEEDS 130% OF THE FEDERAL POVERTY LEVEL. Your gross income means all of the money your household receives including wages before taxes or other deductions, Social Security, SSI, cash contributions, unemployment compensation, child support, worker's compensation, etc. **This change must be reported within 10 days of when the change occurred. Failure to report this change may result in an overpayment of CalFresh benefits which you will have to repay.**

You were told your IRT when your case was approved. If you are unsure of your household's IRT, contact your local county office. To review a chart of gross income per household at 130% of the federal poverty level, visit: <http://www.CalFresh.ca.gov/PG3221.htm>

To report a change, you may: Complete this form, **sign it on the other side** and return it to your local county office or contact your local county office. If you need assistance in completing this form you may contact your local county office.

I want to report that:

My household's gross monthly income is over 130% of the federal poverty level.

List the monthly income by each type received:

Source of Money	Who gets it?	How much each month?	Is this new income to your household?	When did it start?

Total gross monthly income is: \$ _____.

Do you expect the changes in income you have reported will remain the same? Yes No

If you answer no, please explain: _____

MANDATORY ABAWD INFORMATION

I want to report changes in Able-Bodied Adult without Dependents (ABAWD) hours for my household.

The number of hours worked or in training dropped from 20 hours a week or 80 hours a month to _____ hours a week or _____ hours a month.

In the week(s) of _____

In the month(s) of _____

Name of Person(s) _____ Relationship to You _____

Explain What Happened _____

VOLUNTARY INFORMATION (All households)

I would like to report the following information: _____

CERTIFICATION

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I understand I may be charged with committing a felony if more than \$950 in CalFresh benefits is wrongly paid out.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW:

Head of household, household member or the household's authorized representative.

Signature or Mark		Date Signed	Home Phone	Contact Phone
Signature of Spouse or other Adult Household Member or Authorized Representative	Date Signed	Signature of Witness to Mark, interpreter or other person completing form		Date Signed