

SENIOR PARENT SEMI-ANNUAL INCOME REPORT

CASE NAME:
CASE NUMBER:
REPORT MONTH:

(Supplement to the SAR 7 - Use for unaided senior parent.)

The rules say that when a minor parent (up to age 18) gets cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it with your Semi-Annual Eligibility/Status Report (SAR 7) by the 5th day of the submission month. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete report by the 11th day of the submission month, your cash aid and cash-based Medi-Cal may be **delayed, changed** or **stopped**.
- If you have questions, ask your worker or call the county.

1. During the Report Month did your parent(s) get income, money, or benefits, such as: earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; In-Home Supportive Services (IHSS); interest or dividends from stocks, bonds, savings account; child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc? YES NO

If "YES", list who got the money, the source, gross amount before deductions, and actual date they got it in the Report Month. Attach paystubs or other proof of your parent's earnings in the Report Month. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses in the Report Month. Proof for any self-employment income or other income is needed only when it starts and when it changes.

WHO GOT THE INCOME	SOURCE OF INCOME	GROSS AMOUNT					
			\$	\$	\$	\$	\$
		ACTUAL DATE THEY GOT IT					

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			\$	\$	\$	\$	\$
		ACTUAL DATE THEY GOT IT					

2. Will there be any changes to this income in the next six months? YES NO
 If "YES", list below what change is expected. Attach any proof they may have such as, a letter from an employer, benefit award letter, etc.

WHOSE INCOME WILL CHANGE?	WHAT INCOME WILL CHANGE?	HOW AND WHEN WILL IT CHANGE?

CERTIFICATION

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I received more than \$950 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
- I understand that the facts I report may result in my benefits being changed or stopped.
- I understand that I have the right to a State Hearing on any proposed action by the County Welfare Department.
- 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 are complete.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH OR IT WILL BE INCOMPLETE.

SIGNATURE OF CASH AIDED MINOR PARENT 	DATE SIGNED
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COUNTY USE ONLY