



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

September 26, 2013

ALL COUNTY LETTER NO. 13-80

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL CALFRESH PROGRAM SPECIALISTS
ALL COUNTY REFUGEE COORDINATORS
ALL CONSORTIA MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CalWORKs) AND CALFRESH PROGRAMS: NEW AND REVISED NOTICE OF
ACTION (NOA) MESSAGES AND FORMS FOR THE SEMI-ANNUAL
REPORTING (SAR) SYSTEM

REFERENCE: Assembly Bill (AB) 6 (Chapter 501, Statutes of 2011), All County Letter (ACL)
No. 12-25, ACL No. 12-59, and ACL No. 13-26.

The purpose of this ACL is to transmit the third and final set of forms and NOA messages to be used under SAR. ACL 12-25, dated May 17, 2012, issued new policy instructions to the County Welfare Departments (CWDs) for the implementation of SAR in CalWORKs and CalFresh. ACL 12-59, dated October 29, 2012, issued the first set of new and revised forms and NOAs to be used in conjunction with the new SAR policies. ACL 13-26, dated April 8, 2013, issued the second set of new and revised SAR forms. This ACL includes revised versions of the following forms that were previously released in ACL 12-59:

- SAR 2
- SAR 7
- SAR 7A
- TEMP SAR 1

In addition, this ACL includes the AR 2 SAR form. CWDs must begin using the new and revised forms, NOAs, and NOA messages upon implementation of SAR in each county. Changes to required forms, other than adding the county name, logo and contact information must be approved by CDSS prior to making the change unless instructed otherwise.

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

New and Revised NOA Messages

- 1) **M40-181:** Use this NOA message to discontinue cash aid when the CalWORKs redetermination (RD) SAWS 2 form has not been received by the CWD by the 15th of the month or was received but was not complete. CWDs must also use this NOA message when an RD interview has not been completed. If the SAWS 2 was incomplete, the CWD must specify the missing information. This NOA message may be used under both SAR and Annual Reporting/Child Only (AR/CO).
- 2) **M40-181C SAR:** This NOA message is the Balderas Reminder Notice to be used for cases that have not submitted a complete SAR 7. The CWD must send this notice no later than five days prior to the end of the month and must send it when staff cannot contact the client by telephone.
- 3) **M44-316 SAR:** This NOA message is used to inform clients that information reported during the semi-annual period results in no change to their benefit amount or would not cause the amount to increase. Use this form for all voluntary reports that will not change the grant amount except for voluntary reports of property. The M44-316C SAR NOA message should be used for voluntary mid-period reports of a change in property. Use the NA 1239 SAR as a continuation page to show the budget calculation.
- 4) **M44-316A:** Use this NOA message to inform clients that a change in income they reported mid-period has resulted in no current change to their benefit amount, but it will cause a change in a future month of the payment period. This NOA message may be used under both SAR and AR/CO.
- 5) **M44-316B:** Use this NOA message to inform clients that their grant will be decreased based on a report of income over their Income Reporting Threshold (IRT). This NOA message may be used under both SAR and AR/CO.
- 6) **M44-316C SAR:** Use this NOA message to inform clients that information reported about property during the semi-annual period has resulted in no change to their benefit amount or eligibility. This NOA also includes the property spend-down rules and informs clients that if they verified this change, they do not need to re-report it on their next SAR 7.
- 7) **M44-316D SAR:** Use this NOA message to inform clients when their cash grant is changing based on a previously reported and verified change. For example, if a client reports on their SAR 7 that they reasonably anticipate their current income will increase from \$500 a month to \$800 a month beginning in the third month of the SAR payment period, this notice would be sent during the second month of the SAR payment period to give timely notice that the next month's grant will be changing based on the income that was reasonably anticipated at the time of the SAR 7 report. This NOA message may be used under both SAR and AR/CO.
- 8) **M44-350I SAR:** Use this NOA message to inform clients about the discovery of an overpayment (OP) without an accompanying grant adjustment. This will happen when the current grant amount is correct and grant adjustment cannot yet begin due to semi-annual reporting rules or because the CWD is already collecting on a separate OP. This NOA message may be used under both SAR and AR/CO. (Note: Because under

AR/CO CWDs may initiate recoupment on an overpayment mid-period, this would only be applicable under AR/CO if the CWD is already collecting on a separate overpayment.)

- 9) **M44-352H SAR:** Use this NOA message to inform clients that a grant adjustment will now begin on a previously noticed OP. This NOA message may be used under both SAR and AR/CO.

New and Revised SAR Forms and Notices

AR 2 SAR: The AR 2 SAR was created to inform AR/CO cases with CalFresh Semi-Annual Reporting responsibilities of their current IRT and remind them of their CalWORKs AR/CO Reporting requirements. CWDs must inform recipients of their IRT no less than at each RD and recertification, or whenever their IRT changes. CWDs may modify the AR 2 SAR to include the county name and contact information without prior approval from CDSS. No other changes will be permitted.

SAR 2: The SAR 2, Reporting Changes for Cash Aid and CalFresh (Recommended Form), has been amended and shall replace the version of the SAR 2 released in ACL 12-59 to be used upon implementation of SAR. This version was updated to correct the list of CalFresh mandatory mid-period reports, to remove “address change,” and to add the CalFresh IRT reporting requirements under semi-annual reporting. A bullet was also added informing clients that some changes they voluntarily report may result in a decrease to their CalFresh benefits.

SAR 7 and SAR 7A: On the SAR 7, question numbers 3, 4, 5, 7, 9, 10, and 11 were revised slightly. The revisions are mainly intended to reduce the occurrence of incomplete reports. Question 3 eliminated the language pertaining to new/changed housing costs. Question 4 was revised to specify "CalWORKs-only" and included changes to the language that increased the specificity of the questions. Questions 5 and 7 were changed such that clients only need to answer them if a change actually occurred. Thus, if the client fails to answer, the report will not be considered incomplete. Question 9 was revised such that the "will this income continue" box was eliminated, because the box below effectively asks the same question--i.e., "will there be any changes to your job or income...." By eliminating duplicative questions, the chances for contradictory answers and/or incomplete reports are reduced. Question 11 was revised to specify "CalWORKs only."

The titles of the SAR 7 and the SAR 7A were revised for consistency, so the SAR 7 is now called the “SAR 7 Eligibility Status Report” (instead of the Eligibility Status Report) and the SAR 7A is now called the “How to Fill Out Your SAR 7 Eligibility Status Report” (instead of the “How to Fill Out Your SAR 7 Semi-Annual Eligibility/Status Report). In some places, there was a “/” between the words “Eligibility” and “Status” and those slashes were removed for consistency. The title of the SAR 7 was moved to the left-hand side of the top of the form and the words “Report Month” were moved to the right-hand side of the form, so it is clear that the title of the form is the “SAR 7 Eligibility Status Report.” The signature block of the SAR 7 was clarified to indicate that it is “registered” domestic partners that must sign for CalWORKs.

The SAR 7A’s “fleeing felon,” “actively seeking,” and “running from the law” language was modified for the purposes of greater clarity and less redundancy. The SAR 7A’s “Penalties” section was revised in form, not content, for better readability.

TEMP SAR 1: The TEMP SAR 1 was revised to inform clients that for CalFresh only, some voluntary reports may decrease their benefits.

SAR to AR/CO Notice: This informing notice has been created to inform clients when their case is moving from SAR to AR/CO. It includes a description of the basic differences between the two reporting systems and describes the mandatory reporting requirements under AR/CO. This notice will be sent along with the NOA informing the client of the removal of the eligible adult from their case. For cases that are also receiving CalFresh, an additional informing notice regarding CalFresh reporting requirements will be sent.

AR/CO to SAR Notice: This informing notice has been created to inform clients when their case is moving from AR/CO to SAR. It includes a description of the basic differences between the two reporting systems and describes the mandatory reporting requirements under SAR, including a description of the IRT rules. This notice will be sent along with the NOA informing the client of the addition of an eligible adult to their case. For cases that are also receiving CalFresh, an additional informing notice regarding CalFresh reporting requirements will be sent.

NOTE: The NA 1239 Continuation Page with Semi-Annual and Annual Reporting Budget Computation was released as the NA 1239 AR in ACL No. 12-49 and as the NA 1239 SAR in ACL 12-59. The NA 1239 SAR will replace the AR version of this form effective October 1, 2013, when the Earned Income Disregard increases from \$112 to \$225, and from that point forward, shall be used for both SAR and AR/CO.

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are 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.

CWDs shall 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 shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

This ACL and other CDSS Letters and Notices are available on the internet at: <http://www.dss.cahwnet.gov/lettersnotices/default.htm>

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If you have any questions regarding this ACL, please contact your CalWORKs County Consultant at (916) 654-1322. For questions related to CalFresh Policy, please contact the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachments

State of California
Department of Social Services

Noa Msg Doc No.: M40-181 Page 1 of 1
Action : Discontinue
Issue: Application Processing
Title: SAWS 2 Redetermination
Of Eligibility

Auto ID No.:
Source :
Issued by : ACL No. 13-80
Reg Cite : 40-105.1, 40-181.2; .311

Use Form No. : NA 290
Original Date : 05-01-13 New
Revision Date : 09-23-13

MESSAGE:

As of _____, the County is stopping
your cash aid.

Here's why:

We have not received your annual
redetermination of eligibility (SAWS
2).

We received your SAWS 2, but it was
incomplete. It was missing:_____.

You did not complete your
interview.

In order to stop this action, you must
submit a complete SAWS 2 or call us to
schedule an appointment before the end
of this month. The information you give
us may change or stop your benefits.

INSTRUCTIONS: Use to discontinue cash aid when the redetermination has not
been received or is not complete. If the SAWS 2 was submitted, but was
incomplete, specify what was incomplete on the report. This NOA message may
be used under both SAR and AR/CO.

State of California
Department of Social Services

Noa Msg Doc No.: M40-181C SAR Page 1 of 1
Action : Inform
Issue: SAR 7
Title: Balderas Reminder Notice

Auto ID No.:
Source :
Issued by : ACL No. 13-80
Reg Cite : 40-181.18; 40-181.2;
W&I Code 11265.2

Use Form No. : None
Original Date : 05-01-13 New
Revision Date : 09-23-13

MESSAGE: YOUR SEMI-ANNUAL ELIGIBILITY REPORT (SAR 7) IS OVERDUE.

Your SAR 7 was due on the fifth of this month.

[] I did not get it.

[] I got it but it was not complete.

I could not reach you by telephone, so I am sending you this reminder. You may either mail your completed SAR 7 or bring it into your County Welfare Office.

If I do not get your completed SAR 7 by the first working day of next month, you will not get a cash grant next month.

INSTRUCTIONS: Use a reminder notice to cases that have not submitted a complete SAR 7. This notice must be sent no later than five days prior to the end of the month. This notice is required to be sent if the county cannot contact the client by telephone.

NOTE: THIS MESSAGE LANGUAGE CANNOT BE AMENDED BECAUSE THE LANGUAGE IS SET FORTH IN THE BALDERAS v. McMAHON COURT ORDER.

State of California
Department of Social Services

NOA Msg Doc No. : M44-316 SAR Page 1 of 1
Action : Change
Issue : Voluntary Reporting
Title : No change/mid-period
Reporting

Auto ID No. :
Source :
Issued by : ACL No. 13-80
Reg Cite : 44-316.31(SAR)

Use Form No. : NA 290
Original Date : 05-01-13 New
Revision Date : 09-23-13

MESSAGE:

You recently told the County facts about your case. The County looked at these facts and has figured out that your cash aid will not change at this time.

The rule says that when you voluntarily report changes, the County cannot lower your cash aid until the next semi-annual period.

The County checked how the information you reported would affect your cash aid amount. Your grant would not go up, so we will make no change.

[] You verified this information already. You will not have to report it again on your next Semi-Annual Report (SAR 7) unless the information has changed.

[] All information must be reported and verified on your SAR 7 or SAWS 2 redetermination form.

INSTRUCTIONS: Use this notice to inform clients that information reported during the semi-annual period has resulted in no change to their benefit amount or would not cause the amount to increase. Use the M44-316C SAR if the voluntary report was about a change in property. Use the NA 1239 SAR as a continuation page to show budget calculation.

State of California
Department of Social Services

NOA Msg Doc No. : M44-316A Page 1 of 1
Action : Inform
Issue : Mid-period Change in
Income
Title : Not yet change

Auto ID No. :
Source :
Issued by : ACL No. 13-80
Reg Cite : 44-316.31(SAR)

Use Form No. : NA 290
Original Date : 05-01-13 New
Revision Date : 09-23-13

MESSAGE:

You recently told the County facts about your income. Your cash aid will not change at this time because the change in income is not happening until (DATE).

You will get another notice if your cash aid changes.

INSTRUCTIONS: Use this notice to inform clients that information reported mid-period has resulted in no current change to their benefit amount, but it will cause a change in a future month of the payment period.

State of California
Department of Social Services

Noa Msg Doc No.: M44-316B Page 1 of 2
Action : Change
Issue: Income
Title: Change in Income over IRT

Auto ID No.:
Source :
Issued by : ACL No. 13-80
Reg Cite : 44-316

Use Form No. : NA 200
Original Date : 05-01-13 New
Revision Date : 09-23-13

MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

You reported income of \$_____. This is over
your family's income reporting threshold
(IRT). Your IRT was \$_____ for a family of
____. When you report income over the IRT the
County refigures your cash aid amount.

Your new cash aid amount is figured on this
page.

Your new income changed your IRT amount. Your
new IRT is \$_____. This means that if your
family gets more than \$_____, you must
report this to the County. You have 10 days
to report getting income over your IRT.

INSTRUCTIONS: Use to change the grant amount for cases that report income
over IRT resulting in a decrease to the grant amount.

State of California
Department of Social Services

NOA Msg Doc No. : M44-316C SAR
Page 1 of 1
Action : Inform
Issue : Voluntary Report
Title : No change/mid-
period
Report of
Property

Auto ID No. :
Source :
Issued by : ACL No. 13-80
Reg Cite : 44-316.3,
40-181.1(a)(1)

Use Form No. : NA 290
Original Date : 05-01-13 New
Revision Date : 09-23-13

MESSAGE:

You recently told the County about a change in property.

Normally, the amount of property you reported would make you ineligible for cash aid. The rules say that the County only looks at your property every six months. This means that we will not change your cash aid at this time.

[] Your next report is at your annual redetermination. All information must be reported and verified on your SAWS 2 redetermination form.

[] Your next report is the Semi-Annual Report (SAR 7)

You gave us proof of the property and its value. You do not need to re-report this property, unless there is a change.

You didn't give us proof of the property when you reported it. You must report the property on the SAR 7 and attach proof. If you no longer have the property, report that and what happened to it (sold, spent down, etc.).

The property limit is \$2,000, or \$3,250 if someone on the grant is over 60 or disabled.

To stay eligible for cash aid, you must sell the property for a fair price, and then spend the money to below the property limit, or put it into a restricted bank account. You cannot give it away or get a price lower than what is fair.

A restricted bank account protects savings for education, housing, or to start a business. You must call your worker and get the CalWORKs paperwork filled out and approved and then open a special (separate) bank account for these savings.

INSTRUCTIONS: Use this notice to inform clients that information reported about property during the semi-annual period has resulted in no change to their benefit amount.

State of California
Department of Social Services

Noa Msg Doc No.: M44-316D SAR Page 1 of 1
Action : Change
Issue: Income
Title: Change in Income

Auto ID No.:
Source :
Issued by : ACL No. 13-80
Reg Cite : 44-102, 44-113, 44-133, 44-313,
44-315, 44-316

Use Form No. : NA 200
Original Date : 05-01-13 New
Revision Date : 09-23-13

MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

You reported and verified that your family
income was changing beginning in (Month).
Your new income is \$_____. When your income
changed, your cash aid amount also changed.

Your new cash aid amount is figured on this
page.

INSTRUCTIONS: Use to change the grant amount for cases that have previously
reported and verified either an increase in income over the IRT or a
decrease in income for a future month. These cases may or may not have
already received a "not-yet change noa" (44-316A SAR) based on this report
of a change in income.

State of California
Department of Social Services

Noa Msg Doc No.: M44-350ISAR Page 1 of 2
Action : Inform
Issue: U/O Payment
Title: Notice of Overpayment

Auto ID No.:
Source :
Issued by : ACL No. 13-80
Reg Cite : 44-350.1, 44-352.4

Use Form No. : NA 290
Original Date : 05-01-13 New
Revision Date : 09-23-13

MESSAGE:

You got too much cash aid. You were overpaid a total of \$_____from (date) to (date). We show how we figured the overpayment on the attached budget worksheet.

The overpayment was
 the County's fault
 your mistake
 you caused the overpayment because you either failed to report something, or reported something incorrectly on purpose to try to get more aid. You may be referred for criminal charges, or you may get a notice of proposed Intentional Program Violation penalty for this act.

Here's why you were overpaid:

The County cannot start collecting this overpayment yet because:

- It is mid-period.
- We are already lowering your grant to collect a different overpayment.

You will get a separate notice before we start collecting on this overpayment.

The next page(s) show how much cash aid you should have had for each month you were overpaid and the total amount you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

WARNING: If you think this overpayment is wrong, or if you think it was not your fault or a mistake (not on purpose), ask for a hearing. If you stay on aid, the County can collect an overpayment by lowering your monthly grant. If you go off aid before the overpayment is paid back, the County may take what you owe out of your state income tax refund or take other legal action to collect.

INSTRUCTIONS: Use to notify of an overpayment when grant adjustment may not yet begin. Specify the amount owed, the dates, and the reason for the overpayment. Attach the appropriate Continuation Page (NA 274 B, C, D, E or F) to show the overpayment computation.

State of California
Department of Social Services

Noa Msg Doc No.: M44-352H SAR Page 1 of 1
Action : Change
Issue: U/O Payment
Title: Overpayment Adjustment

Auto ID No.:
Source :
Issued by : ACL No. 13-80
Reg Cite : 44-352.4, 44-350.1

Use Form No. : NA 200
Original Date : 05-01-13 New
Revision Date : 09-23-13

MESSAGE:

As of _____, the County is changing your cash aid
from \$_____ to \$_____.

Here's why:

You were overpaid \$_____ from (date) to (date). The
County sent you a notice about this overpayment on
(date), but at that time we did not start
collecting because:

- [] It was mid-period.
- [] We were already lowering your grant to collect
a different overpayment.

The next page shows how much will be taken out of
each month's cash aid amount.

Please see the notice we sent you on (date)
(attached), which showed how much cash aid you
should have had for each month you were overpaid.

Your new cash aid amount is figured on this page.

You do not have to use any Social Security or SSI
benefits you get to repay this overpayment.

WARNING: If you think this overpayment is wrong,
this is your last chance to ask for a hearing. The
back of this page tells how. If you stay on aid,
the County can collect an overpayment by lowering
your monthly grant. If you go off aid before the
overpayment is paid back, the County may take what
you owe out of your state income tax refund or take
other legal action to collect.

INSTRUCTIONS: Use to notify of a grant adjustment on a previously noticed overpayment.
Specify when the overpayment took place and the total amount owed. Attach the NA 275 to
show the grant adjustment amount. Attach a copy of the Notice of Action that was sent
when the overpayment was first discovered.

REPORTING CHANGES FOR CASH AID AND CALFRESH

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

Because you get Cash Aid or CalFresh (formerly called Food Stamps), you must report within 10 days when your TOTAL income reaches a certain level. You must report anytime your household's total monthly income is more than your current Income Reporting Threshold (IRT).

Your family size is	_____
Your current income is \$	_____
Your IRT is	\$_____

How to report?

If your total income is over the IRT amount listed above, you must report this to the County **within 10 days**. You can report this information to the County by calling the county or reporting it in writing.

By "total monthly income" we mean:

- ⇒ Any money you get (both earned **and unearned**).
- ⇒ The amount *before* any deductions are taken out. (Examples of deductions are: taxes, Social Security or other retirement contributions, garnishments, etc.)

What will happen?

- ⇒ Your benefits may be lowered or stopped based on income over your IRT.
- ⇒ Your IRT may change when your income changes or when someone moves in or out of your home.
- ⇒ The County will let you know in writing each time your IRT changes.
- ⇒ You also need to report on your SAR 7 all income you get during the Report Month, even if you already reported that money.

Penalty for not reporting

If you do not report when your income is more than your household's IRT limit you might get more benefits than you should. You **must** repay any extra benefits you get. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime and/or may no longer get CalFresh for a period of time or life.

If you get Cash Aid, you **MUST ALSO** report the things below within 10 days of when they happen:

1. Anytime someone joins, or is in your household, who has a conviction for a drug related felony *that was not reported before*.
2. Anytime someone joins, or is in your household, who has been found by a court of law to be in violation of a condition of probation or parole.
3. Anytime someone joins, or is in your household, who is running from the law (has a warrant out for their arrest).
4. Anytime you have an address change.

If you get CalFresh, you **MUST ALSO** report the things below within 10 days of when they happen:

1. Income over your IRT.
2. If you are an Able Bodied Adult Without Dependents (ABAWD), you must report anytime your work or training hours drop to *less* than 20 hours a week or 80 hours a month.

Voluntarily reporting information

You may also voluntarily report changes to the County anytime. *Reporting some changes may get you more benefits.* For example:

- Your income stops or goes down.
- Someone with income moves out of your home.
- Someone without income moves into your home.
- Someone in the house becomes pregnant.
- Someone on cash aid has a special need, such as: a pregnancy, a special diet prescribed by a doctor, household emergency, etc.
- The birth of a child.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.

Note: Some changes you report voluntarily may result in a decrease in your CalFresh benefits.

SAR 7 ELIGIBILITY STATUS REPORT



REPORT MONTH _____

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER _____ 1st AND RETURN IT BY _____ 5th
SUBMIT MONTH SUBMIT MONTH

_____ CASE NUMBER HERE

NEED HELP? (County Specific instructions w/county url)

Worker Name: _____ (DIST. ID HERE)

Worker Phone: _____

County: _____

Street address: _____

City, State, Zip Code _____

BAR CODE: _____

Check the box if you would like to STOP getting any of the following: STOP my CalWORKs STOP my CalFresh
 STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported? Yes No (If Yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Have there been any changes to your address since you last reported? Yes No (If Yes, complete the section below)

New Address: _____ Date Moved: _____

Mailing Address (if different than above) _____

3. If you have moved since you last reported please fill out the section below:

Your rent or mortgage per month now? \$ _____	If paid separately, your property taxes and home insurance per month now? \$ _____
--	---

Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:

Phone Trash Water Electric/Gas Other heating or cooling costs

4. CalWORKs only: Is anyone in your home:

- A. A felon whose conviction was drug-related?
- B. Running from an outstanding warrant?
- C. Found by a court to be in violation of probation or parole?
 Yes No (If Yes, complete the section below)

Name of person	A, B, or C from above	Where did the arrest or conviction happen?	Date of arrest and/or conviction

5. Medical Costs: If anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please complete the section below:

Who had the change? _____	Amount: \$ _____
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6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported? Yes No If Yes, what was the amount paid in the Report Month? \$ _____

Who paid support? _____

If Yes, Attach proof.

7. Dependent or Child Care: If anyone who gets CalFresh and either works, is looking for work, or is going to school, had an increase in dependent care or child care costs since they last reported, please complete the section below and attach proof:

What was the amount paid in the Report Month? \$ _____

Who paid: _____ List child/children: _____

8. Did anyone: Get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, prior social security), or other property items since last reported?

Yes No (If Yes, complete the section below. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount:	<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
				<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

9. **Did anyone get income from employment in the Report Month?** Yes No (If Yes, complete the section below and **attach proof**). The **Report Month** is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc.

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income:	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>
How often paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount of income they got in the report month:	\$ _____	\$ _____	\$ _____
	DATE RECEIVED: _____	DATE RECEIVED: _____	DATE RECEIVED: _____
Hours worked per month:			

Will there be any changes to your job or income in the next six months? Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid. Yes No (If Yes, explain): Use a separate piece of paper if needed.

10. **Did anyone get money from any other source in the Report Month?** Yes No (If Yes, complete the section below and **attach proof**.) The **Report Month** is listed at the top of the first page.
Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc.

Name	Source of income	One time payment or monthly	How much
			\$ _____
			\$ _____
			\$ _____

Will there be any changes to this income in the next six months? Yes No

Explain here:

11. **CalWORKS only: Have any of the following happened to anyone in your home since you last reported?** Yes No
(If yes, check below and attach proof):

- Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- Disability (Became disabled or recovered from a disability or major illness?)
- Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- Custody (Any change in the amount of time you care for/have custody of your children?)
- In-Home Support Services (Started or stopped getting services?)
- School Attendance
*For Cash Aid Only- Student age 6-18 stopped or started attending school regularly?
*For Age 16 or older student- started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- Someone paid for all of my housing, food, clothing or utility costs. (please explain) _____
- Other _____

Please read carefully, sign, and date.

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000, I may have to pay back benefits if I was not eligible to them, the first time I break the rules on purpose I will not be able to get CalFresh for one year, the second time two years, and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

CERTIFICATION - FRAUD WARNING

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 may also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the SAR 7 Eligibility Status Report for Cash Aid and CalFresh.

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

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:

For Cash Aid: You and your aided spouse, registered domestic partner, or the other parent (of cash-aided children) if living in the home.
For CalFresh: The head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK 	DATE SIGNED	HOME PHONE ()	CONTACT/CELL PHONE ()
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN) 	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM 	DATE SIGNED

HOW TO FILL OUT YOUR SAR 7 ELIGIBILITY STATUS REPORT**For Cash Aid and CalFresh (formerly known as Food Stamp) Benefits**

Save this form to help you fill out your SAR 7 (Eligibility Status Report). If you need help filling out your report, **call the County**.

- If you do not send in a complete report, your benefits may be delayed, changed, or stopped, or cause an overpayment that you will have to pay back. You must answer all the questions, and attach proof when we ask for it.
- **Attach a separate sheet of paper if needed.**
- **Facts you report may cause your benefits to go up, down, or be stopped.**

**INSTRUCTIONS****How Often You Must Complete the SAR 7**

Once a year; (6 months after your application/annual renewal). The County will tell you when your SAR 7 is due.

Reporting For People Who Are Living In Your Home if your family gets cash aid, report facts for:

- All **children**-natural, adopted, and stepchildren.
- All **parents**-natural, adoptive, and stepparent.
- Other **aided relatives** in the child's case.
- **Yourself** and your **spouse or registered domestic partner**.
- Anyone who is **temporarily absent** from the home.

If your family gets CalFresh (with or without cash aid) you must also report facts for:

- All children.
- All related adults.
- All other people in the household who regularly buy and prepare food with you.

Asking To Stop Benefits

- On the SAR 7, fill out the section to stop benefits **only** if you want to stop any of your benefits. Check the benefits you want stopped, and sign and date the SAR 7. *If you only want to stop some of your benefits and keep others, you must fill out the rest of the SAR 7.*
- You can also stop your benefits by contacting the County.
- If you ask to have your cash aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or you may have to pay a share of cost for it.

HOW TO FILL OUT EACH QUESTION**Household information (Question 1)**

List any changes in who lives with you, changes to your address (including changes in apartment number, and changes in housing costs since you last reported. This includes: newborns; people who are temporarily absent from the home; anyone who dies, entered or left a hospital or institution (including jail or prison), etc.

Address Change/Housing Costs (Questions 2 and 3)

Give us the facts about any changes in your address or phone number since you last reported. If you are getting CalFresh, you may be asked to give proof of new housing costs like rent and utilities. If your costs have increased because of the move, be sure to list the new amounts. This may increase your CalFresh benefits.

Convictions, Fleeing and Parole/Probation Violations (Question 4)

This question applies to anyone already living with you who had any of these happen since you last reported. It is ALSO for anyone who moved into your household who may have a drug felony conviction, who is running from the law or in violation of parole/probation. We need the person's name, the place, and date of the arrest/conviction.

If you reported the information to the County before, you do not need to report the same information.

Expenses (CalFresh Information) (Questions 5, 6 and 7)

These questions may change your CalFresh benefits. This information may lower the income we count and increase your benefits. For people age 60 and older or who are disabled, report any changes to your out of pocket medical costs. For any CalFresh household, report changes to your costs for child or adult dependent care needed for work or training. If you pay child support, report any changes in the amount paid. **Attach proof to see if you can get more benefits.**

Property (Question 8)

List anyone who got, bought, sold, traded, spent or gave away any property. Property includes: land, home, cars, bank accounts, money payments (lottery or casino winnings, retroactive social security, tax refunds, etc). Include gifts and loans. List whose property, the type of property, when it changed, and the value of the property ("amount" on the form). Check the box for what happened. **Attach proof.**

If you have already reported and provided proof of new property, you do not have to report it again unless there has been a change.

Employment Income (Question 9)

List **all** income from employment (work) – earnings, tips, training allowances, benefits, or other earnings anyone got in the report month. List the amount before taxes or deductions (the gross amount). **Attach proof.**

- **Employment income** includes but is not limited to paychecks, cash income, vacation pay, bonuses, money from self-employment, temporary job or training income, rental income, IHSS, etc.
- If **self-employed**, you can get a 40% 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 if using actual expenses.

We need to know if you think the income will continue or if you know it will change. If your income will stay the same we will use the amount you report as your income for the next 6 months. If you know your income will change, tell us why, how much and when it will change. If you aren't sure, you can also report the change when it happens. For example, if you were offered a job and know your hourly wage and schedule, you must report this even if you haven't started working or been paid yet. Also, if you are working on-call or have a schedule that changes a lot, write this information on your SAR 7 form.

Proof of income includes but is not limited to: check stubs, copies of checks or statements from the employer etc., or tax statements for self-employed.

Other Income (Question 10)

List **all** other income from any other source. **Attach proof.**

- **Disability or Retirement income** includes SSI, Social Security, Veteran's disability benefits, worker's compensation or any other disability/retirement payments.
- **Unemployment benefits**
- **Other:** lottery winnings; insurance or legal settlements; gifts or loans; rental assistance; free housing/utilities/clothing/food (or if someone paid all of these costs for you); or anything else.

List (1) who got the income, (2) where they got the money from, and (3) the amount they got. Tell us if you think the income will continue or if you know it will change. If you know it will change, tell us when it will change and how much.

Proof of other types of income includes but is not limited to: check stubs, copies of the checks, award letters from the agency you got the money from, etc.

Any other changes (Question 11)

List other things that could change your eligibility or the amount of your benefits. Examples of changes you should report are listed on the SAR 7.

SEE OTHER SIDE FOR MORE INFORMATION

WHO MUST SIGN THE SAR 7

- For **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 **CalFresh**: The head of household, authorized representative, or responsible household member.
- **And for Both**: Any other person who helps fill out the report, an interpreter, or the witness to your mark.

WHAT WE MEAN WHEN WE SAY

RUNNING FROM THE LAW: A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts that law enforcement was looking for them.

CASH AID: CalWORKs (California Work Opportunity and Responsibility to Kids), Refugee Cash Assistance (RCA), Trafficking and Crime Victim Assistance Program (TCVAP), and Entrant Cash Assistance (ECA).

CHILD SUPPORT PAYMENT: The payment you must make to a person for your child or stepchild. Include payments made by a stepparent living in your home.

COMPLETE SAR 7: A SAR 7 is “complete” only when:

- All of the YES/NO questions are answered, *and*
- All of the information is filled in, *and*
- All of the proof is attached when the form asks for it, *and*
- All of the required signatures are on the form, *and*
- The form is signed and dated after the last day of the report month.

CONTROLLED SUBSTANCE: Any drug restricted by federal or state law, including but not limited to, narcotics, stimulants, depressants, hallucinogens and marijuana.

DRUG RELATED FELONY:

A drug-related felony means a conviction for possession, use, manufacturing, or distribution of a controlled substance(s).

GROSS AMOUNT: The amount of your paycheck or other check (unemployment benefit, retirement, etc.), before deductions are taken out for taxes, social security, etc.

IN VIOLATION OF PROBATION OR PAROLE: A court has found you to be in violation of the terms of your probation or parole. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

REPORT MONTH: The month shown at the top of the SAR 7. Report all income you got and any changes that happened in this month.

SUBMIT MONTH: The month you sign and date the report and turn it in. The submit month is shown at the top of the SAR 7, under the report month.

CERTIFICATION SECTION

- You must sign the SAR 7 “under penalty of perjury.” This means that you swear (promise) that the facts you give us are true, correct, and complete.
- Perjury is a crime – it means you swore (promised) to tell the truth and then you were dishonest.

REMEMBER:

- The report is due by the 5th of the submit month. Try to get it in on time to avoid problems with your benefits.
- If your report is late (after the 11th of the submit month), not complete or not turned in, your benefits may be late, changed, or stopped.
- If the County gets your report too late in the month to decrease your benefits based on what you reported, you may be charged with an overpayment and have to pay it back.
- If your report is not complete when you turn it in, you will be asked to complete the questions you did not answer and/or turn in the proof that the report asked for. Your benefits may be late.
- If you sign and date your report before the first day of the submit month, you will be asked to sign and date it again.
- If you are not sure how to report, what to report or what proof you need to send in, **ask the County**.
- If your cash aid stops, you may still be eligible for CalFresh benefits even if you are now employed.
- If your cash aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.

WELFARE FRAUD:

- Welfare 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 CASH AID WELFARE 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 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 cash aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first time, 12 months for the second time, or **forever** for the third.
- For turning in more than one application to get aid for the same family members in a different case in the same time period: 2 years for the first conviction, 4 years for the second, and **forever** for the third.
- For conviction of felony welfare fraud 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 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**.
- 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.

SEE OTHER SIDE FOR MORE INFORMATION

IMPORTANT INFORMATION - PLEASE READ

New Reporting Requirements for Cash Aid and CalFresh

The county is changing from Quarterly Reporting to Semi-Annual Reporting. The changes that are coming soon are listed below. We will tell you when these new rules start.

Reporting Form

Before, you turned in a QR 7 every 3 months. **Soon you will only need to turn in a report once every 6 months.**

The 6-month report form is called the SAR 7. The other report will be your annual redetermination/recertification (RD/RC) form.

The SAR 7 is due 6 months after your annual RD/RC. It is always due on the 5th day of the month and is late on the 11th day of the month. If you do not turn in your **complete** SAR 7 by the end of the first working day of the next (7th) month, **your aid will stop.**

Example: You completed your annual RD/RC in February. Your SAR 7 will be due 6 months later, by August 5th. Your benefits will stop if you do not get your completed SAR 7 to your worker before the end of the first working day in September. You will lose aid unless you had a good reason for being late.

Just like with your QR 7, you must answer all the questions on the SAR 7, attach proof, sign and date it, and return it by the date listed on the report.

Changes to the Income Reporting Threshold (IRT) Rules

The IRT is the amount of total monthly income that you have to report **within 10 days**. By “total monthly income” we mean any money you get. Any time your IRT changes, the county will let you know in writing.

For Cash Aid: The amount of income that you have to report within 10 days is changing. The IRT is based on your total income and the number of people in your household. Under the new rules, when you report income over your IRT, the county may lower or stop your benefits. (Before we would only stop your benefits.)

Example: If your IRT is \$900 and you get income of \$800. You do not have to report the change until your next report is due. If your income was \$901 or more, you must report it to your worker within 10 days. Your benefits will go down and your worker will give you a new IRT, or send you a discontinuance notice.

For CalFresh: Before, you did not have an IRT. Soon you will have an IRT based on your household size. When you report income over your IRT, the county may stop your benefits.

Other Mandatory and Voluntary Reporting Rules are the same.

Voluntary reports may increase your benefits. Some changes you report voluntary may result in a decrease in your CalFresh benefits.

Client Name _____
 Case Number _____
 Date _____
 County _____
 County Phone Number _____

Your CalWORKs Reporting Rules Have Changed. **Please Read This Carefully.**

As of _____ (date), your CalWORKs case will change from Semi-Annual Reporting to Annual Reporting. This is because your case no longer includes aid for an adult. You will no longer have to complete the SAR 7 once a year. You will now only have to report once per year on your annual redetermination form (SAWS 2).

This won't be new as these were on-going SAR cases.

This notice has details on the Annual Reporting requirements. Ask your worker or call the County if you have questions about what to report and when.

You will get a separate notice about any changes to your CalFresh reporting requirements.

Reporting Rules

Under Annual Reporting you have no form you have to fill out and return other than the annual redetermination.

You still will get an appointment letter in the mail when your redetermination is due. Your aid will stop if you miss your redetermination appointment and don't make it up by the end of the month.

Example: On March 18, you get an appointment letter from the county that says your redetermination appointment is on April 4. If you miss the appointment and don't make it up by the end of the April, your case will be discontinued April 30th.

Income Reporting Threshold (IRT) Rules

You still need to report within 10 days if your total monthly income is more than the IRT amount. You have to report the income to the County **within 10 days**. By "total monthly income" we mean **any** money you get. Any time your IRT amount changes, the County will tell you in writing what the new income level is.

Under Annual Reporting, when you report income over your IRT, the County may lower or stop your benefits.

Example: If your IRT is \$900 and you get income of \$800 you do not have to report the change until your next redetermination. If you get income of \$901 or more, you must report it to the county within 10 days. Your benefits will go down or stop. The County will give you a notice 10 days before the change. If your benefits are lowered, the County will also tell you your new IRT amount.

Mandatory Reporting Rules

Under Annual Reporting, you must report anytime someone moves into or out of your home. Annual Reporting rules say you **MUST** report the following mid-year changes, verbally or in writing, within 10 days of the change:

- income over the IRT;
- someone moves into or out of your household;
- address changes;
- drug felony convictions;
- fleeing felon status; or
- a court finding that anyone violated a condition of probation or parole.

Voluntary Reporting Rules

There is no change to CalWORKs voluntary reporting rules under Annual Reporting. You may voluntarily report any information (such as a decrease in income) that may increase your grant amount.

Welfare-to-Work Reporting Rules

If you get Welfare-to-Work services, you must continue to turn in all other reports and verifications required by the county. You need to turn in this proof to keep getting services like child care, transportation, and money for books.

Client Name _____
Case Number _____
Date _____
County _____
County Phone Number _____

The Rules for Your CalWORKs Case Have Changed. **Please Read This Carefully.**

As of _____ (date), your CalWORKs case will change from Annual Reporting to Semi-Annual Reporting because your case now includes aid for an eligible adult. Under Semi-Annual Reporting, you are required to report two times per year instead of one time per year. One of those reports will be your annual redetermination/recertification form (SAWS 2). Six months after you complete your SAWS 2, a semi-annual eligibility status report (SAR 7) will be mailed to you and will tell you when it is due. You do not have to report when someone moves into or out of your home until your next report (SAWS 2 or SAR 7) is due. The Income Reporting Threshold (IRT) rules are the same under Semi-Annual Reporting: when you report income over your IRT, the county can decrease or stop your benefits.

This notice has details on the Semi-Annual Reporting requirements. Ask your worker or call the county if you have questions about what to report and when.

You will receive a separate notice about any changes to your CalFresh reporting requirements.

Reporting Rules

Under Annual Reporting, you were only required to complete a yearly redetermination of benefits. Under Semi-Annual Reporting, in addition to the annual redetermination, you are required to turn in a SAR 7 once a year (6 months after your annual redetermination). The SAR 7 will be sent to you in the mail.

Just like Annual Reporting, you will receive an appointment letter in the mail when your redetermination is due. If you miss your redetermination appointment and don't make it up by the end of the month, your aid will stop.

Example: On March 18, you receive an appointment letter from the county that says your redetermination appointment is on April 4. If you miss the appointment and don't make it up by the end of April, your case will be discontinued April 30th.

Income Reporting Threshold (IRT) Rules

The amount of income that you have to report within 10 days will remain the same under Semi-Annual Reporting. If your total monthly income is more than your IRT amount, you have to report the income to the county within 10 days. By “total monthly income” we mean any money you get. The county will tell you what your IRT is. Under Semi-Annual Reporting, the IRT is still based on your total income and the number of people in your household. Going over IRT can result in a decrease to your grant or your aid being stopped.

Example: If your IRT is \$1000 and you get income of \$800 you do not have to report the change until your next report (SAR 7 or SAWS 2). If you get income of \$1001 or more you must report it to your worker within 10 days. If the income will continue, your cash aid benefits will be lowered or stopped with 10 day notice.

Mandatory Reporting Rules

Most CalWORKs mandatory reporting rules are the same under Semi-Annual Reporting as under Annual Reporting. Semi-Annual Reporting rules say you **MUST** report the following changes, verbally or in writing, within 10 days of the change:

- income over the IRT;
- address changes;
- drug felony convictions;
- fleeing felon status; or
- violations of conditions of probation or parole.

Voluntary Reporting Rules

There is no change to CalWORKs voluntary reporting rules under Semi-Annual Reporting. You may voluntarily report any information (such as a decrease in income or someone without income moving into your home) that may increase your grant amount. If you report something voluntarily that would result in a decrease to your grant amount, the county will not reduce your aid until you report the information on your next mandatory report.

Welfare-to-Work Reporting Rules

If you get Welfare-to-Work services, you must continue to turn in all other reports and verifications required by the county. You need to turn in this proof to keep getting services like child care, transportation, and money for books.

REPORTING CHANGES FOR CalWORKs AND CALFRESH

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

Because you get CalWORKs, you must report within 10 days when your TOTAL income reaches a certain level. You must report anytime your household's total monthly income is more than your current Income Reporting Threshold (IRT).

Your family size is	_____
Your current income is \$	_____
Your IRT is	\$ _____

How to report?

If your total income is over the IRT amount listed above, you must report this to the County **within 10 days**. You can report this information to the County by calling the County or reporting it in writing.

By "total monthly income" we mean:

- ⇒ Any money you get (both earned **and unearned**).
- ⇒ The amount *before* any deductions are taken out. (Examples of deductions are: taxes, Social Security or other retirement contributions, garnishments, etc.)

What will happen?

- ⇒ Your benefits may be lowered or stopped based on income over your IRT.
- ⇒ Your IRT may change when your income changes or when someone moves in or out of your home.
- ⇒ The County will let you know in writing each time your IRT changes.
- ⇒ You also need to report during your annual redetermination/recertification (RD/RC) all income the RD/RC form asks about, even if you already reported that money.

Penalty for not reporting

If you do not report when your income is more than your household's IRT limit you may get more benefits than you should. You **must** repay any extra benefits you get based on income you do not report. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime.

If you get CalWORKs, you MUST ALSO report the things below within 10 days of when they happen:

1. Anytime someone moves into or out of your household.
2. Anytime someone joins, or is in your household, who has a conviction for a drug related felony *that was not reported before*.
3. Anytime someone joins, or is in your household, who is in violation of a condition of probation or parole.
4. Anytime someone joins, or is in your household, who is running from the law.
5. Anytime you have an address change.

If you get CalFresh, you MUST ALSO report the things below within 10 days of when they happen:

1. Income over your IRT.
2. If you are an Able Bodied Adult Without Dependents (ABAWD), you must report anytime your work or training hours drop to *less than 20 hours a week or 80 hours a month*.

Voluntarily reporting information

You may also voluntarily report changes to the County anytime. *Reporting some changes may get you more benefits.* For example:

- Someone in the house becomes pregnant.
- Someone on cash aid has a special need, such as: a pregnancy, a special diet prescribed by a doctor, household emergency, etc.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.