DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814

July 28, 2000



ALL-COUNTY INFORMATION NOTICE I-77-00

TO: ALL COUNTY WELFARE DIRECTORS ALL Cal-WORKS COORDINATORS ALL FOOD STAMP COORDINATORS

- REASON FOR THIS TRANSMITTAL
- [] State Law Change
 [] Federal Law or Regulation Change
 [] Court Order
 [] Clarification Requested by One or More Counties
 [X] Initiated by CDSS

SUBJECT: REVISED CW 7 AND SAWS 7 FOR CHANGES IN FOOD STAMPS REGULATIONS

REFERENCE: CODE OF FEDERAL REGULATIONS SECTION 273.2.(f)(1)(iii) AND SECTION 273.2 (f) (3) (I)

This notice transmits copies of the revised versions of the following forms for the Food Stamp program.

Monthly Eligibility Report SAWS 7 Monthly Eligibility Report CW 7 (Originally released ACIN I-48-00)

The forms are revised to conform to the amended Food Stamp regulations for verifying shelter costs. Counties should begin using the revised forms as soon as the old stock is depleted.

The CW 7 and SAWS 7 transmitted with this ACIN are designated as "Required Form – Substitute Permitted." Welfare Departments must obtain prior approval from the California Department of Social Services (CDSS) before implementing a modification or substitution to these and other "Substitute Permitted" forms. For CalWORKs and Food Stamp program changes, the procedures for submission of a change request are outlined in Management and Office Procedures regulations 23-400.22 and the Food Stamp Handbook Regulations 63-1250.

After you receive a copy of an English form, or a Notice of Action (NOA) message, please allow six to eight weeks for the form or message to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Cambodian, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Cambodian, Vietnamese or Russian, fax your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov.

For a camera-ready copy and/or an additional copy of an English form, please call Forms Management Unit (FMU) (916) 657-1907. If your office has Internet access,

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you may obtain various forms (not including messages) from the CDSS web page at: <u>http://www/dss/cahwnet.gov</u>. FMU is currently in the process of making forms available on the Internet. If the name, mailing address or e-mail address of your CalWORKs forms Coordinator changes, please contact FMU by telephone at (916) 657-1907 or by e-mail to <u>fmu@dss.ca.gov</u>.

State produced stock of the English and Spanish language versions for these forms will be available 30 to 60 days after the release of this letter. Stock of each form may be ordered from the CDSS Warehouse upon receipt of the Notice of Form Change (GEN 127), in accordance with the procedures in the County Forms Catalog.

Translations

Your CalWORKs Forms Coordinator is to distribute forms and NOA messages to each program and location. Each county shall provide billingual/interpretive services and written translations to non-English speaking populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7209 et seq) and by the state regulations in Manual of Policies and Procedures (MPP) Division 21, civil Rights Nondiscrimination Section 115. Among other things, this regulation section includes requirements for providing forms in the applicant's or recipient's primary language.

If you have any questions or need further information regarding the forms-related issues in this letter please contact Terry Mallin of the CalWORKs Eligibility Bureau at (916) 653-8395.

Sincerely,

Original document signed by Pat Sutherland for GARY SWANSON, Chief Food Stamp Branch

Enclosure

MONTHLY ELIGIBILITY/STATUS REPORT

For Cash Aid, Food Stamps and Medi-Cal/State-Run **County Medical Services Program (CMSP)**

THIS REPORT IS FOR THE MONTH OF

- Complete, sign, and return this report by the 5th of the month.
- If you do not send in a complete report including, but not limited to, answering all questions in Part B below and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed. •
- You must report within 5 days any change that may affect your eligibility for or the amount of your cash aid or within 10 days of any change that may affect your eligibility or share of cost for Medi-Cal/State CMSP. Important: If you don't want cash aid, food stamps and/or Medi-Cal/State CMSP anymore, fill in PART A below, sign and date Item 9.
- Facts you report may result in your benefits going up, down, or being stopped. •

Need Help? Call your worker.				Worker:			Phone:		
PART A Req	Cash Aid	D Benefit	s (If you fil	l in this part, sign a ledi-Cal ■ State CN	ind date Ite	em 9 on the bac	ck of this form. av of:	You can reapply	at any time.)
i dok that my		- 100010							MONTH/YEAR
and/o home	or Medi-Cal/ e.	State CM	SP, includi	ryone in your hous ng children, paren	ehold. If yo ts, steppar	ou do not get fo ents, your spou	ood stamps, ar ise, and anyor	nswer for everyone temporarily al	ne on cash aid bsent from the
for each week	ete below. Incl	lude tips, va n. Attach p	acation pay or paystubs or	income in kind, such a other proof of earn	ings.				YES NO
 If self-employ 	ed: For Food For Cash / costs.	d Stamps a Aid: Attac	nd Medi-Ça h proof of in	I/State CMSP: Listb come. If claiming act	usiness cost ual expense	s on a separate sh s , list business exp	neet of paper and penses on a sepa	d attach proof of ir arate sheet of pape	r and attach proof o
VHO GOT INCOME	EMPLOYER'S	NAME (🖌)	GROSS AM	DUNT	\$	\$	\$	\$	\$
			ACTUAL DA	TE RECEIVED					
	📕 ЈОВ		NO. of HOUI	RS WORKED					
WHO GOT INCOME	EMPLOYER'S	NAME (🖌)	GROSS AM	DUNT	\$	\$	\$	\$	\$
			ACTUAL DA	TE RECEIVED	*		•	•	•
	JOB	TRAINING	NO. of HOUI	RS WORKED					
here and a	attach proo	f of payr	of a child, nent.	disabled person	or other d	ependent whi	le working, s	eeking work, or	r in training, list
Name Of Person V	Vho Received	d Care	Cost		Name O	f Person Who Re	eceived Care	Cost	
			\$					\$	
retirement, c	ementary Pay other private c j/utilities/cloth	/ment (SSI or governn	/SSP), unen ient disabilit ir anything e	rom any other so nds; gambling/lotten government benefit: nployment, workers o y or retirement; renta lse. If "YES", comple	ompensatio	n, state disability d rental assistanc	indemnity, vete	rike benefits; / Income/ rans or railroad	YES N
			001112		\$	\$	\$	\$	\$
				DATE RECEIVED					
WHO GOT INCOME SOUF		SOURCE OF INCOME		GROSS AMOUNT	\$	\$	\$	\$	\$
				DATE RECEIVED	•	•	• •	*	• •
4 If anyone which in the court	no gets food s torder. Attac	stamps or I ch proof.	/ledi-Cal/Sta \$	te CMSP and <u>paid</u> co	urt ordered	child support this	s month, list the	amount they paid	. Report any change
5 Is any memb custody or	per in the casl confinemen	h aid or foo t after cor	od stamp ho iviction, or	usehold avoiding or in violation of prob	running fron ation or pa	n the law to avoid role? If "YES", v	l a felony prosec who:	cution,	
OUNTY USE ON	V			E.W. IN	ITIAI S			D	ATE:

for posses	sion, use, <u>1996</u> . If "Y		controlled substan		f a drug-related felony crimes committed <u>after</u>	YES NO
COMMITTED			COMMITTED		CONVICTION WAS FOR () POS DISTRIBUTION	SESSION E
7 Did anyone temporary	e move int absences	o or out of your hon ; anyone who died, (ne, or did you mov entered or left a ho	e in with someone els spital, etc. If "YES", c	e? Include: newborns; complete below:	YES NO
FULL NAME OF PERSON(RELATIONSHIP TO YOU	EXPLAIN WHAT C		•	DATE OF CHANGE
 B Does anyon FryES, cor Income: Job/ Training: School-Ages 6 through 17: School-Age 16 or older: Property: Checking/ Savings: Babies: 	Starts, cha Start, stop number of For Cash regularly. Start or st school tra Buy, sell, t home, lan Open/clos balance is	ything else to repor W: anges or stops. a, quit, refuse a job or tra- rhours, or go out on str Aid Only: Stop or start op school or college. Consportation, etc. trade, give away, or get a d, or trusts, etc. (persor e a, checking or saving different at the end of the pregnant, have a baby, a	aining, a change in ike. attending school osts for tuition, a motor vehicle, ial or business). account(s) or the he month. bort or miscarry.	 Citizenship/ A Immigration a Status: Marital: Disability: Medical Costs: Insurance: 	bof, including any costs. A citizenship or immigration st anyone gets a new card, form INS. Marry, divorce, or separate. Become disabled or recover illness. For Food Stamps Only: Any age 60 or older may report r being used to figure your cur Call State CMSP Only: Medi an injury or accident caused Start, stop, or change life, de benefits including MEDICARI Starts or stops getting In-Hor	atus changes or or letter from the from a disability/major yone who is disabled or new medical costs not rent allotment. For Medi- cal costs that were due to by someone else. ntal or health insurance = coverage.
ADDRESS C	CHANGE	Fill in this section O	NLY if you have move	d or have a new mailing a	ddress.	
		NAME, AVENUE, BLVD., ETC.) A	PT. NO. CITY	STATE	ZIP CODE	NEW PHONE NUMBER
DATE MOVED	NEW MAILING A	ADDRESS (IF DIFFERENT FROM	HOME ADDRESS)	CITY	STATE	ZIP CODE
If you are getting Food	d Stamps, you	ı may be asked to provide p		costs. Are you paying rent at t		YES NO
If YES, amount of ren	t \$	Paying utilities?		If YES, amount of utilities \$	6	
 aid or benefits, I c Cal/State CMSP is PENALTIES FOR follow cash aid ru and I may be fined 3 years. My cash aid For not reporti first offense, 1 For submitting case for the sa 4 years for the For conviction under \$2,000; 4 forever for amoving get aid in two of county wrong exist; getting getting a thir administrative 	can be legal s wrongly p CASH AID ules, my cas d up to \$10, aid can be s ing all facts 2 months for one or more second, or of felony fra- 5 years for a more than rd conviction hearing.	ly prosecuted. And I m aid out <u>AND</u> I may be WELFARE FRAUD: If sh aid can be lowered 000 and/or sent to jail stopped: or for giving wrong fa or the second, or forew re applications to get a riod: 2 years for the fin forever for the third. aud to get aid: 2 years amounts of \$2,000 thro ,000 or more. bunty false proof of re nties or states at the sa n ineligible child or a \$10,000 in cash benc on for fraud in a c	ort all facts or give winner all facts or give winner be charged with or given: on purpose I do no for a period of time or prison for up to cts: 6 months for the er for the third. id in more than one for the third. id in more than one for the for the third. id in more than one for the for the third. id in more than one for the third.	 rong facts about my incocommitting a felony if motocommitting a felony if motocommittees for a first violation, 24 motocommittees fined up to \$250, If I am found guilty in a function of a found guilty in a found guilty in a found guilty in a found guilty in a function. I traded or so stamps can forever for the stamps can get food food stamp. I gave the con get food food stamp. 	Id food stamps that were we s can be stopped forever. county false identity or res d stamps in more than one of s can be stopped for 10 year TH OR IT WILL BE CONSIDE	An or stamps, and/or Medi- purpose I do not follow ed for 12 months for the prever for the third. I may in for 20 years. The arms, ammunition, or pped forever for the first ed substances, my food for the first violation and orth \$500 or more, my idence information, so I case at the same time, my ars.
		ty of perjury under t id correct and comp			te of California that the f	acts contained in
WHO MUST S		W: For Cash Aid: yo For Food Stamp	ou, your aided spouse a s : the head of househ	and the other parent (of ca	ash aided children) if living in the household's authorized r	
SIGNATURE OR MARK		For Medi-Gal/Sta	DATE SIGNEE	Pouse, or the person actin	ig for the beneficiary.	PHONE
SIGNATURE OF SPOUSE	OR OTHER PAR	ENT OF CASH AIDED CHILD(REI	N) DATE SIGNED	SIGNATURE OF WITNESS TO P	MARK, INTERPRETER OR OTHER PERS) ON COMPLETING DATE SIGNED
			· DATE SIGNEL	FORM	,	DATE SIGNED

MONTHLY ELIGIBILITY REPORT

For Cash Aid and Food Stamps



THIS REPORT IS FOR THE MONTH OF

- Complete, sign, and return this report by the 5th of the month. •
- If you do not send in a complete report including, but not limited to, answering all questions and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed. .
- .
- You must report **within 5 days** any change that may affect your eligibility for or the amount of your cash aid. If you get food stamps, answer for everyone in your household. If you do not get food stamps, answer for everyone on cash aid, including children, parents, stepparents, your spouse, and anyone temporarily absent from the home.
- Facts you report may result in your benefits going up, down, or being stopped. .

Need Help? Call y		N	/orker:	Phone:						
Did anyone If "YES", col amounts be	e get money from a jo mplete below. Include fore deductions for ea	bb or training progra tips, vacation pay or ir ch week in the month.	n? ncome Attacl	in kind, suc 1 paystubs	h as earned ho or other proo f	using. List o f of earning	jross js.	YES NO		
 If self-employ 	loyed: For Food Star For Cash Aid	nps: List business cos H: Attach proof of sheet of paper	of incor	ne. İf you cla	aim actual expe			e and costs. Ises on a separate		
Who Got Income	Employer's Name (🗸)	Gross Amount	\$:	\$	\$	\$	\$		
		Actual Date Received								
	Job Training	No. of Hours Worked								
Who Got Income	Employer's Name (🗸)	Gross Amount	\$		\$	\$	\$	\$		
		Actual Date Received								
	Job Training	No. of Hours Worked								
	bove <u>paid</u> for care o ttach proof of payme	f a child, disabled pe ent.	rson o	r other dep	endent while	working, se	eking work,	or in training, list		
Name of Person V	Name of Person Who Received Care Cost Name					e of Person Who Received Care Cost				
	:	\$					\$			
Include: Ch strike benef Security Inc indemnity, v	ild/spousal support; in fits; cash, gifts, loans, come/State Supplemer /eterans or railroad ref	enefits from any othe terest or dividends; ga scholarships; tax refun htary Payment (SSI/SS tirement, other private clothing/food; or anythin	mbling ds; an <u>;</u> SP), un or gove	/lottery winr y governme employmen ernment dis	nt benefits, like t, workers com ability or retiren	Social Sec pensation, s nent; rental	urity, Supplem state disability income and re			
Who Got Income	Source of Incom		\$		\$	\$	\$	\$		
		Date Received								
Who Got Income	Source of Incom	e Gross Amount	\$		\$	\$	\$	\$		
		Date Received								
(4) If anyone g Report any	jets food stamps and changes in the court	l <u>paid</u> court ordered or rt order. Attach p			month, list th	e amount t	hey paid.	I		
5 Is any men or confiner	nber in the househol ment after conviction	d avoiding or running , or in violation of pr	g from obatio	the law to n or parole	avoid a felony ? If "YES", who	prosecutio	on, custody	YES NO		
COUNTY USE ONL	Y	E.	W. INIT	IALS				DATE:		

6 Has any member of the household been <u>convicted</u> of a drug-related felony for possession, use, or <u>distribution of a controlled substance(s)?</u> Give facts for crimes committed <u>after August 22, 1996</u> . Test NO							
	ATIONSHIP TO YOU DATE DRUG C	CRIME COMMITTED	DATE OF FELONY CONVICTION	CONVICTION WAS FOR (DISTRIBUTION OTHER: (EXPLAIN)) POSSESSION USE		
7 Did anyone move into or temporary absences; an	out of your home, or die yone who died, entered	d you move in or left a hospit	with someone else? In al, etc. If "YES", compl	clude: newborns; ete below:	YES NO		
FULL NAME OF PERSON(S) REL	ATIONSHIP TO YOU	EXPLAIN WHAT CHAN	NGED		DATE OF CHANGE		
School-Ages For Cash Aid regularly. 6 through 17: Febrolrage Febrolrage Station rainsponder Property: Buy, sell, trade home, land, or Open/close a Savings: balance is diff Become pregreter	es or stops. it, refuse a job or training, a c it, refuse a job or training, a c ours or go out on strike. Only: Stop or start attending chael or college. Costs for tui a, give away, or get a motor ve trusts, etc. (personal or busing checking or savings account(erent at the end of the month hant, have a baby, abort or mission output the start of the month the start of the start of the start of the start of the start of the start of the start of the start of the start of the the start of the start o	hange y school tion, ehicle, ness) s) or the scarry.	 Citizenship/ A citizens Marital: INS. Marital: Marry, Disability: Becom Medical For For Costs: age 60 Insurance: Start. Benefit IHSS: Starts 	including any costs, ship or immigration statu gets a new card, form of divorce, or separate. he disabled or recover fro od Stamps Only: Anyco or older may report ne used to figure your curre stop, or change life, den is including MEDICARE or stops In-Home Suppo	s changes or letter from the om a disability/major one who is disabled or we medical costs not nt allotment. al or health insurance coverage. prtive Services.		
NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHA	AT HAPPENED		DATE OF CHANGE		
ADDRESS CHANGE	Fill in this section ONLY if yo	u have moved or	have a new mailing address	S.	<u>.</u>		
			Ũ				
NEW HOME ADDRESS (NUMBER, STREET I	NAME, AVENUE, BLVD., ETC.) APT. N	IO. CITY	STATE	ZIP CODE	NEW PHONE NUMBER		
DATE MOVED NEW MAILING ADD	RESS (IF DIFFERENT FROM HOME A	ADDRESS)	CITY	STATE	() ZIP CODE		
If you are getting Food Stamps, you may				ess you have listed?	YES NO		
If YES, amount of rent \$	Paying utilities? 🗖 YES		S, amount of utilities \$				
 aid or benefits, I can be legally prical/State CMSP is wrongly paid of PENALTIES FOR CASH AID WEL follow cash aid rules, my cash ai and I may be fined up to \$10,000 3 years. My cash aid can be stopp For not reporting all facts or fa first offense, 12 months for th For submitting one or more ap case for the same time period 4 years for the second, or fore For conviction of felony fratamounts under \$2,000; 5 ye \$4,999.99; and forever for amounts get aid in two or more counties county wrong facts for an ine exist; getting more than \$10 getting a third conviction for administrative hearing. 	osecuted. And I may be cha but <u>AND</u> I may be given: .FARE FRAUD: If on purpo- id can be lowered for a per and/or sent to jail or prison ped: or giving wrong facts: 6 mo e second, or forever for the oplications to get aid in more : 2 years for the first convic ever for the third. ud to get aid: 2 years for ars for amounts of \$2,000 ounts of \$5,000 or more. y false proof of residency is s or states at the same time; eligible child or a child that ,000 in cash benefits thro for fraud in a court of l	ts or give wrong arged with comm ose I do not PE iod of time fo for up to f nths for the [•] If I third. e than one tion, or theft of 0 through n order to giving the t does not ugh fraud; law or an	 ong facts about my income, property, or family status to get or keep getting ommitting a felony if more than \$400 in cash aid, food stamps, and/or Medi- PENALTIES FOR FOOD STAMP FRAUD: If on purpose I do not follow food stamp rules, my food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. I may be fined up to \$250,000 and/or sent to jail/prison for 20 years. If I am found guilty in any court of law because: I traded or sold food stamps for firearms, ammunition, or explosives, my food stamps for controlled substances, my food stamps can be stopped for the first violation. I traded or sold food stamps for controlled substances, my food stamps can be stopped for 24 months for the first violation and forever for the second. I traded or sold food stamps that were worth \$500 or more, my food stamps can be stopped forever. I gave the county false identity or residence information, so I can get food stamps in more than one case at the same time, my food stamps can be stopped for 10 years. 				
YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE. (9) 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 for the entire report month. WHO MUST SIGN BELOW: For Cash Aid: you, your aided spouse and the other parent (of cash aided children) if living in the home. 							
For Food Stamps: the head of household, a household member or the household's authorized representative.							
		DATE SIGNED H	IOME PHONE	CONTACT	PHONE		
SIGNATURE OF SPOUSE OR OTHER PARE		()	()			
	NT OF CASH AIDED CHILD(REN)	DATE SIGNED S	GNATURE OF WITNESS TO MARK	INTEDDETED OD OTHER	PERSON DATE SIGNED		