

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 29, 2004

ALL COUNTY LETTER NO. 04-59

TO: ALL COUNTY WELFARE DIRECTORS
 ALL FOOD STAMP COORDINATORS
 ALL CalWORKs PROGRAM SPECIALISTS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: ASSEMBLY BILL (AB) 1796 – DRUG FELONY BILL – EFFECTIVE
 JANUARY 1, 2005

This letter is to provide counties with implementation instructions for AB 1796, Chapter 932, Statutes of 2004 (copy attached), which was signed by the Governor on September 29, 2004. As permitted under federal law [42 USC 862a(d)(1)(A)], AB 1796 changes the eligibility standard for certain felony drug offenders to become eligible for food stamp benefits. Individuals with felony convictions involving the selling, manufacturing, or distributing of controlled substances as listed below, shall continue to be ineligible for food stamp benefits. These provisions are being implemented through All County Letter effective January 1, 2005, as provided in AB 1796. Regulations are forthcoming, and will be in place no later than July 1, 2005. It is important to note that these provisions apply to the Food Stamp program only. Individuals with felony drug offenses continue to be ineligible for California Work Opportunity and Responsibility to Kids (CalWORKs) assistance under existing CalWORKs eligibility rules.

QUALIFYING DRUG FELONIES

AB 1796 adds Section 18901.3 to the Welfare and Institutions Code, and provides that individuals convicted of felony use or possession for personal use of a controlled substance, or an offense not listed under "Disqualifying Drug Felonies", shall be potentially eligible for food stamp benefits.

DISQUALIFYING DRUG FELONIES

Under Welfare and Institutions Code Section 18901.3(b), individuals shall remain ineligible for food stamp benefits if convicted of a felony offense for unlawfully transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for purposes of sale, manufacturing a controlled substance, possessing precursors with the intent to manufacture a controlled substance, or cultivating, harvesting, or processing marijuana or any part thereof pursuant to Section 11358 of the Health and Safety Code. Additionally, any person who has been convicted of unlawfully soliciting, inducing, encouraging, or intimidating a minor to participate in any of the above activities shall also be ineligible for food stamp benefits.

CONDITIONS OF ELIGIBILITY

Under Welfare and Institutions Code Section 18901.3(d), individuals who have been convicted of a qualifying felony drug offense shall, as a condition of eligibility, provide proof of one of the following subsequent to the most recent drug-related conviction:

- 1) Completion of a government-recognized drug treatment program.
- 2) Participation in a government-recognized drug treatment program.
- 3) Enrollment in a government-recognized drug treatment program.
- 4) Placement on a waiting list for a government-recognized drug treatment program.
- 5) Other evidence that the illegal use of controlled substances has ceased.

A government-recognized drug treatment program is a program licensed, certified, or funded by a government entity, or a program in which a government or court entity has directed the applicant to participate. Sober Living Environment (SLE) group living facilities emphasizing "Clean and Sober" living shall also be considered government-recognized programs or proof that drug use has ceased. Applicants shall be asked to provide proof that they meet the conditions noted in 1 through 4 (above). When such proof is not available, the County Welfare Department (CWD) shall accept self-certification under penalty of perjury as proof.

When Condition 5 (other evidence that illegal use of controlled substances has ceased) is used as the condition of eligibility, then the applicant must state what the other evidence is and provide proof. The applicant must also certify under penalty of perjury that the illegal use of controlled substances has ceased. The CWD shall consider the evidence and must clearly document the reasons upon which denial or approval of benefits is made. If proof of the "other evidence" is unavailable, the CWD shall accept self-certification under penalty of perjury as proof.

APPLICATION PROCESS

Households applying for food stamp benefits will indicate on the application form under penalty of perjury whether any members have been convicted of a drug felony. If the applicant indicates that he/she or a member of a household has been convicted of a felony drug offense, the applicant shall be required to submit details pertaining to that offense, including date of conviction and details of conviction/offense. This information shall be used to determine eligibility under the provisions of this statute. Eligibility determinations shall be based upon information provided. The CWD shall follow current procedures when reviewing information submitted by applicants to verify their status and employ existing processes when information is determined to be questionable (Manual of Policies and Procedures (MPP) Section 63-300.5(g)). Counties may utilize the Special Investigative Unit to function as a liaison between the CWD and law enforcement agencies as a resource for verifying details of a felony offense (MPP Section 20-007.1).

PREVIOUSLY EXCLUDED HOUSEHOLD MEMBERS

Under current food stamp regulations, the income and resources of individuals ineligible for food stamp benefits due to their felony drug convictions are already counted in their entirety (MPP Section 63-503.44). Therefore, any excluded household member who becomes eligible for food stamp benefits as a result of this statute will become an included household member, which may result in additional food stamp benefits for the household (MPP Section 63-504).

Quarterly Reporting (QR) households must report their drug felony status on the QR 7. A "yes" response to the drug felony status is a trigger for the CWD to review the drug felony status. The FS 26, Food Stamp Program Qualifying Drug Felon Addendum (shown below), shall be provided to the household in order to determine the food stamp eligibility of the drug felon. The qualified drug felon shall be added to the food stamp household in accordance with MPP 63-508.654.

A QR household may also report a mid-quarter change for increased benefits. The FS 26 shall be provided to the household in order to determine the food stamp eligibility of the drug felon. Qualified drug felons shall be added to the food stamp household on the first of the month following the reported change in accordance with MPP 63-509(d)(4)(B).

Eligibility for change reporting households that do not request assistance upon implementation of the statute shall be reviewed no later than the next scheduled recertification of the household. If the individual is found to be a qualified drug felon, they shall be added to the food stamp household as of the first day of the next month following the discovery of eligibility.

ONGOING ELIGIBILITY

Any subsequent conviction for a felony drug offense shall result in the termination of food stamp benefits. Upon adjudication of the subsequent offense, the individual may re-apply for food stamp benefits, and an eligibility determination will again be made pursuant to the provisions of this statute. Continued eligibility for a qualified drug felon shall be reviewed at recertification; however, no new verification is required unless there has been a subsequent drug felony conviction.

FORMS AND NOTICES

The following forms and notices have been amended as a result of AB 1796:

- Applying for Food Stamp Benefits (FS 22 QR)

This form has been revised to inform food stamp applicants of the new provisions which allow individuals convicted of certain drug related felonies to be eligible for food stamp benefits. This form may be used to inform Public Assistance (PA) food stamp applicants of these new rules.

- How to Report Household Changes (FS 23 QR)

This form has been revised to advise food stamp households of the new rules regarding individuals convicted of certain drug related felonies and the reporting requirements associated with these convictions.

- Application for Food Stamp Benefits, Statement of Facts (DFA 285 A2)

This form has been revised to reflect the new rules regarding the ineligibility of individuals convicted of certain drug related felonies (i.e., Question I). A new Question J has been added for those individuals who have been convicted of eligible drug related felonies and have met the additional eligibility requirements.

- Food Stamp Program Qualifying Drug Felon Addendum (FS 26)

The FS 26 was developed to be used for situations involving a drug felony conviction and the DFA 285 A2 is not being completed, such as when adding a household member. The FS 26 should also be used for PA households where the SAWS2/CW2 is being used, until these forms have been revised. This form may also be used when additional information is needed on a drug related felony conviction.

If you have any questions about the new or revised forms, please contact Frederick Hodges of the Food Stamp Policy Implementation Unit at (916) 654-1430.

CAMERA READY COPIES AND TRANSLATIONS

For a camera-ready copy of English and Spanish forms, contact the Forms Management Unit at (916) 657-1907. If your office has Internet access, you may obtain these forms from the CDSS web page at: www.cdss.ca.gov/cdssweb/On-lineFor_271.htm. When translations are completed, they are posted on an ongoing basis on our web site. Copies of the translated forms and publications can be obtained at: www.cdss.ca.gov/cdssweb/formsandPu_274.htm. For questions on translated materials, please contact Language Services at (916) 445-6778.

If you have any other questions regarding this ACL, please contact Karen Abbe of the Food Stamp Policy Development Unit at (916) 654-5709 or Karen.Abbe@dss.ca.gov.

Sincerely,

CHARR LEE METSKER
Acting Deputy Director
Welfare to Work Division

Attachments

Assembly Bill No. 1796

CHAPTER 932

An act to add Section 18901.3 to the Welfare and Institutions Code, relating to human services.

[Approved by Governor September 29, 2004. Filed with Secretary of State September 30, 2004.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1796, Leno. Food stamps: eligibility.

Existing law provides for the Food Stamp Program, under which food stamps allocated to the state by the federal government are distributed to eligible individuals by each county. Existing law provides that a person convicted of specified felonies related to controlled substances shall be ineligible for aid under the Food Stamp Program.

This bill would provide that a convicted drug felon, with certain exceptions, shall be eligible for aid under the Food Stamp Program. The bill would require these Food Stamp Program applicants to have proof of completion of or other affiliation with a government-recognized drug treatment program, or other evidence that the illegal use of controlled substances has ceased.

The bill would authorize implementation of its provisions through an all-county letter or similar instruction, and would otherwise require the department to adopt implementing regulations by July 1, 2005.

By changing eligibility standards under the Food Stamp Program, this bill would increase the responsibilities of counties in the administration of the program, thereby imposing a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

The people of the State of California do enact as follows:

SECTION 1. Section 18901.3 is added to the Welfare and Institutions Code, to read:

18901.3. (a) Subject to the limitations of subdivision (b), pursuant to Section 115(d)(1)(A) of Public Law 104-193 (21 U.S.C. Sec. 862a(d)(1)(A)), California opts out of the provisions of Section 115(a)(2) of Public Law 104-193 (21 U.S.C. Sec. 862a(a)(2)). A convicted drug felon shall be eligible to receive food stamps under this section.

(b) Subdivision (a) does not apply to a person who has been convicted of unlawfully transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for purposes of sale, manufacturing a controlled substance, possessing precursors with the intent to manufacture a controlled substance, or cultivating, harvesting, or processing marijuana or any part thereof pursuant to Section 11358 of the Health and Safety Code.

(c) Subdivision (a) does not apply to a person who has been convicted of unlawfully soliciting, inducing, encouraging, or intimidating a minor to participate in any activity listed in subdivision (b).

(d) As a condition of eligibility to receive food stamps pursuant to subdivision (a), an applicant convicted of a felony drug offense that is not excluded under subdivision (b) or (c) shall be required to provide proof of one of the following subsequent to the most recent drug-related conviction:

- (1) Completion of a government-recognized drug treatment program.
- (2) Participation in a government-recognized drug treatment program.
- (3) Enrollment in a government-recognized drug treatment program.
- (4) Placement on a waiting list for a government-recognized drug treatment program.
- (5) Other evidence that the illegal use of controlled substances has ceased, as established by State Department of Social Services regulations.

(e) Notwithstanding the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement this section through an all-county letter or similar instructions from the director no later than January 1, 2005.

(f) The department shall adopt regulations as otherwise necessary to implement this section no later than July 1, 2005. Emergency regulations adopted for implementation of this section may be adopted by the director in accordance with the Administrative Procedure Act. The



adoption of emergency regulations shall be deemed to be an emergency and necessary for immediate preservation of the public peace, health and safety, or general welfare. The emergency regulations shall be exempt from review by the Office of Administrative Law. The emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days.

SEC. 2. Notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed one million dollars (\$1,000,000), reimbursement shall be made from the State Mandates Claims Fund.



APPLYING FOR FOOD STAMP BENEFITS

The Food Stamp Program helps you buy nutritious food for you and your family. This document will tell you more about how the program works and what you need to do in order to apply for benefits.

The county food stamp office wants to get you the help you need. **If you have a disability or need help with applying or continuing to receive food stamp benefits, let a county worker know.**

The law says that everyone who applies for or receives benefits and services must be treated fairly. Every county has a civil rights coordinator. If you feel you have been discriminated against, contact the civil rights coordinator in your county or call 1-800-952-5253. Look in your application for more information about filing a complaint.

HOW DO I APPLY?

You can apply for food stamp benefits by completing a food stamp application and returning it to a food stamp office in the county where you live. When you apply for food stamp benefits, you are applying for everyone in the household who buys and prepares food together, but you do not have to apply for people who are ineligible because of their immigrant status.

- ◇ If you need food stamp benefits right away because you don't have much money, you may get food stamp benefits within three (3) days of turning in your application. This is called "Expedited Service." Not everyone can get Expedited Service, but it's a good idea to ask.
- ◇ After turning in an application, most people will be scheduled for an interview at the food stamp office. If you can't come to the office for your interview, you may be able to have your interview by phone, a worker may be able to come to your home, or other arrangements can be made. You may also authorize someone to go to the office and apply for you.
- ◇ During this interview, a county worker will go over the application and ask you more questions to complete the application process. You will need to gather the documents listed on this page and bring them to your interview.
- ◇ If you applied for both CalWORKs and food stamp benefits, but were denied CalWORKs, your original food stamp application will still be processed.

CHECKLIST OF THINGS TO BRING TO YOUR INTERVIEW

During your interview, the food stamp worker will need to see certain documents. If you have questions about what to bring, call the food stamp office. If you don't have all of your documents, be sure to go to your interview anyway--your worker may help you get the documents. They will also tell you if there is another way to show proof of the information you give.

Personal Identification

You will need to prove who you are. You can bring a birth certificate, driver's license, school or work I.D., voter registration, Social Security card, a sworn statement from someone who knows you, or an identification form from General Assistance or General Relief. If you have no address, be prepared to tell the worker where you are staying. If you are an immigrant, bring immigration papers for everyone who is applying for food stamp benefits.

Social Security Number

You will need to provide social security numbers for all members of your household who have them. You don't have to bring in the cards, just the numbers. If someone doesn't have a social security number, you need to bring proof (such as a letter from the Social Security office) that you have applied. You do not have to provide social security numbers for people who are not applying because of their immigrant status.

Proof of Your Income

If you have income, you will need to prove how much income you have and where it comes from. For money you earn at a job, you can bring one of the following: your pay stubs, a letter from your employer on company letterhead, your W-2 form, wage tax receipt, state or federal tax return, or self-employment bookkeeping records. For money from benefit programs (like social security, unemployment or workers compensation, or student aid), bring a copy of your benefit check or an official letter describing what you receive.

Proof of Your Assets

If you have bank account, bring a bankbook or current bank statement.

Proof of Your Expenses

Bring rent or mortgage receipts, utility bills, receipts for child or adult care, and receipts for medical expenses for people over 60 or disabled. If you pay court-ordered child support, bring proof of that payment. Proving these expenses may help you get more food stamp benefits.

WHAT YOU'LL BE ASKED AND WHY

During your interview at the county food stamp office, you will be asked a number of questions to determine whether you can get food stamp benefits and the amount of benefits you can get. Your worker is required by state or federal law to ask these questions.

Questions about Immigration Status

You will be asked if members of your household are citizens. If they are not, your worker will ask when they arrived in the United States and for proof of their documentation. **If you are a lawful permanent resident (LPR), you are eligible for food stamp benefits, as long as you meet other eligibility rules.**

WHAT YOU'LL BE ASKED AND WHY

Please keep in mind that the Food Stamp Program needs this information to determine whether the people in your household are eligible for food stamp benefits. If you are not a citizen or do not have documentation, you can receive food stamp benefits for your children if they are citizens or LPRs.

Questions about Felonies

Your food stamp worker is required to ask you two questions about felonies. First, you will also be asked if anyone in your household is fleeing the law to avoid felony prosecution, custody/confinement after conviction or violation of parole probation. Under federal law, fleeing felons are not eligible for benefits. Second, you will be asked if anyone in your household has been convicted of a drug felony that occurred after August 22, 1996. People convicted (after August 22, 1996) of a drug felony for manufacturing, sales or distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in these activities cannot get food stamp benefits. Other members of the household may still be able to receive food stamp benefits.

Question about Fraud

Your food stamp worker is also required to ask if anyone in your household has ever committed welfare fraud. If someone has committed welfare fraud, it doesn't necessarily mean that you won't get food stamp benefits.

Questions about Income

Your ability to get food stamp benefits depends partly on how much money and resources you have. Your county worker will ask you questions about your income to make sure you get the right amount of benefits.

SOME IMPORTANT FOOD STAMP RULES

The Food Stamp Program has a lot of rules, but most of them depend on your specific situation. Here are some of the important ones:

Immigration Status

To get food stamp benefits in California, you must be a U.S. Citizen, a U.S. National, or be someone who is a lawful permanent resident (LPR) of the U.S. If you are an undocumented immigrant, you cannot get food stamp benefits but your children may be able to get benefits if they are citizens or LPRs. Getting food stamp benefits will not affect your immigration status or the status of your family. Immigration information is private and confidential.

Assets and Property

There is a \$2,000 limit on the amount of money that people in your household can have at home, in the bank, or in other places. If someone in your household is at least 60 years old, or disabled, your household can have a \$3,000 limit. The value of your house does not count as long as you live in it.

Utilities

Your utility expenses (meaning things like gas, electricity, water, sewer, garbage and telephone expense) may be deducted from your income to help you get more food stamp benefits. When you apply, you may have a choice between using your actual utility expenses OR using the Standard Utility Allowance (SUA).

The SUA is a single, fixed utility deduction that you may choose if you pay for heating or cooling separate from your rent or mortgage. If you don't have separate heating and cooling costs, you must use your actual utility expenses. The SUA will probably be higher than your actual utility expenses, which means that using the SUA may help you get more food stamp benefits.

Living in the County

All of the food stamp rules are the same from county to county, but you must be living in the county where you apply for benefits. If you move to a different county, you will need to reapply at the office in the new county.

Food Stamp Work Rules

If you are 16 through 59 years old, there are some work rules you may need to meet. You can be excused from the work rules for reasons such as mental or physical health problems that keep you from working, getting unemployment benefits, taking care of a child under age 6, or for other reasons that your worker can explain to you. If you are not excused, then some of the work rules you will need to meet may include keeping appointments, taking a job the county sends you to, not turning down or quitting a job, not reducing the hours you work, looking for work, doing community service, or going to school or training. If you don't meet the work rules, your food stamp benefits can be denied or stopped for one, three or six months.

Food Stamp Work Rule for Adults Without Children

If you are over 17 and under 50 and you are not caring for a minor child, you may also have to meet another work rule. You can be excused from this work rule if you are pregnant, live in the same food stamp household with a minor child, have mental or physical health problems that keep you from working, or for other reasons that your county worker can explain to you. If you are not excused, you must meet the work rule by doing one or more of the following for a total of 20 hours per week: work, school, or training. Or, you must do community service for the number of hours the county tells you.

If you don't meet the work rule for three months during a three-year period, and you don't have a good reason, your food stamp benefits will stop unless you are excused. You can get food stamp benefits again by meeting the work rule for the number of hours that the county tells you. After that, you might be able to get another three months of food stamp benefits without having to meet the work rule.

SOME IMPORTANT FOOD STAMP RULES (Continued)

If you are self-employed

If you are self-employed, you can either deduct your actual business expenses or use a standard deduction of 40 percent of your gross income. Once you choose a method of figuring your self-employed net income, you can only change this method when you are re-certified for food stamp benefits or every six months, whichever happens sooner.

Reporting

Most households must send a report on their income to the county each quarter in order to continue getting food stamp benefits. Other households must send in a report only when they have a change in income or household situation. Your worker will explain how to report.

College, Business or Vocational Students

You can get food stamp benefits if you are a student and you are working, enrolled in an employment and training program, disabled, getting cash assistance, over the age of 50, or the parent of young children.

Amount of food stamp benefits

There is a limit to the number of food stamp benefits you can get each month. This amount is based on the number of people in your household and how much money you have each month after you pay for things like rent, utilities and child care.

If your household gets too many food stamp benefits by mistake, you may have to pay them back--even if it wasn't your fault that it happened.

A note about rules: If you do not understand a rule, please ask your worker to explain it. It's important to understand the rules so you can get as many food stamp benefits as your household is allowed to get.

USING YOUR FOOD STAMP BENEFITS

How do I get my food stamp benefits?

Your county has Electronic Benefit Transfer (EBT) system, you will receive a plastic EBT card containing your benefits. Your county will mail or issue you a plastic card that you will use to purchase your food. Your worker will tell you how you will get your EBT card in your county.

If your EBT card is lost, stolen or destroyed, call your worker right away. You may be able to get it replaced.

How do I use my food stamp benefits?

You **can** use your food stamp benefits to buy almost all foods, as well as seeds and plants to grow your own food. You do not have to pay sales tax on any item you buy with food stamp benefits. Food stamp benefits are accepted at most large grocery stores, as well as some farmers markets, convenience stores and other places that sell groceries.

You **cannot** use food stamp benefits to buy alcohol, tobacco, pet food, some types of already cooked food, or anything that is not food (like toothpaste, soap, or paper towels).

Once you receive your food stamp benefits, sign the EBT card. This will make it easier to trace if it is lost or stolen. Keep your EBT card in a safe place until you are ready to purchase food.

What happens if I no longer receive CalWORKs?

If you stop getting CalWORKs, you may still be able to get food stamp benefits. You may be eligible for transitional food stamp benefits. Food stamp benefits can help your family as you make the transition from welfare to work, so be sure to check with your worker about whether you can continue.

FOOD STAMP BENEFITS

HOW TO REPORT HOUSEHOLD CHANGES

Everyone who receives food stamp benefits must report when their income or household situation changes. Most households have to report these changes on a quarterly basis. Other households will report changes on the change reporting basis. Your worker will tell you whether you are a quarterly or change reporting household. If you're not sure how to report changes, what changes to report, or what proof we need, be sure to ask your worker.

The following list describes each type of reporting.

QUARTERLY REPORTING

If your worker tells you that you are a quarterly reporting household, you will need to turn in a completed Quarterly Eligibility Report (QR 7) by the 5th day of each 3rd month of the quarter. Your worker will tell you about your quarters.

When you turn in your QR 7, the information will be used to determine the amount of food stamp benefits you can get for the next quarter. For example:

If you turn in a QR 7 in March, you will report what income you had in February. You will also report any income changes you expect to have in April, May and June. If the income from February will stay the same, your cash aid and/or food stamp benefits for April, May and June will be figured using that same income and expenses for each of those months. If your income and expenses will change, your worker will use the new income amounts you will get in April, May and June to figure your cash aid and/or food stamp amount for those months. This is called prospective budgeting.

Quarterly reporting rules say that you must report things at certain times. You will be assigned a "report month" for each quarter. This will be the second month of each quarter. For example, if your quarter is January, February and March, February would be your "report month" and your report would be due by the 5th day of March. The report is always due by the 5th day of the month following your report month and will be considered late if not received by the 11th day of the month. If your QR 7 is late, you will have to pay back any cash aid or food stamps that you received but not supposed to get.

You will have to report all income, changes in the number of people in your household, property bought or sold by people in your household and other information for that report month as well as any changes in your income and expenses that you expect to happen in the next quarter.

If you do not turn in a completed Quarterly Eligibility Status Report (QR 7) by the end of the first working day of the month after the month your report is due, your household's benefits will be stopped.

What you must report on a Quarterly Report:

- Earned income from any source;
- Unearned income of any kind;
- Anyone getting free rent or utilities;
- Anyone who has expenses that are paid by someone else;
- Reduced hours of work or training;
- Someone moves in/out of your home;
- If you move;
- Any real or personal property bought, sold or exchanged;
- Any change in court-ordered child support paid by a household member;
- Anyone's citizenship/immigration status changes or receives correspondence from the U.S. Citizenship and Immigration Services (USCIS) (formerly INS);
- Anyone reaches 60 years of age;
- Anyone gets job, training or school payments for expenses;
- Anyone has a job, training or school costs such as for dependent care or supplies;
- Any household member convicted of a drug-related felony after August 22, 1996 for manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits.
- Any household member fleeing from the law or in violation of probation.

REPORTING CHANGES DURING THE QUARTER

You must report the following things within (10) ten days of the change even if it is not your report month. You are to report:

- If your address changes.
- If you are an Able Bodied Adult Without Dependents (ABAWD); food stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours in a month.

REPORTING VOLUNTARY CHANGES

You may also report other information voluntarily even when it is not your report month. Reporting information voluntarily may cause your household benefits to go up. The county will take action within (10) ten days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the county will take action to increase benefits the first of the month after you provide verification. **Even if you have already reported something to the County, you must also report it on your next QR 7.**

REPORTING VOLUNTARY CHANGES - Continued

Some examples of voluntary reporting that may cause your benefits to go up include:

- Loss of income;
- Member becomes disabled or 60 years old;
- Member begins to pay court-ordered child support;
- New household member in the home;
- Shelter/housing cost increases;
- Medical expenses.

Reporting voluntary changes will never cause your benefits to go down in the quarter that they are reported. However, some examples of voluntary reporting that may cause your benefits to go down in the next quarter include:

- Gain or increase of income;
- Someone with no income moves out of your home;
- Someone in your home who had no income dies;
- Someone with income moves into your home;
- Shelter cost decrease.

You **MAY** report changes between quarterly reports either by:

- Mail, telephone or in person at the county food stamp office or by turning in a Mid-Quarter Status Report or QR 3.

OTHER CHANGES

There are other circumstances that will require the county to decrease or discontinue your benefits during the quarter in which they happen. Here are the examples:

- A household member is sanctioned;
- Someone in your household receives benefits in another household;
- A California Food Assistance Program status changes.
- An Able Bodied Adult Without Dependents (ABAWD); food stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours in a month.

CHANGE REPORTING

If you are in a change reporting household you will not have to follow Quarterly Reporting rules. Instead, you **MUST** report the following changes within ten days:

- If your household has a change in the source of monthly earned income, or your household's monthly earned income starts, stops, or changes by more than \$100.00
- If your household has a change in the source of monthly unearned income, or your household's monthly unearned income starts, stops, or changes by more than \$50.00.
- Anyone's source of income changes.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, other relatives or non-relatives.
- Anyone moves to another address, plans to move or gets a new mailing address.
- Your household's total cash, stocks, bonds or other money is more than \$2000 (or \$3000 if someone in our household is age 60 or over or disabled).
- If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.

- If you are an Able Bodied Adult Without Dependents and your work hours drop below 20 hours a week or 80 hours a month.
- Any member of your household who is avoiding or running from the law to avoid felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
- Any household member has been convicted after August 22, 1996 of a drug-related felony for manufacturing, sale, or distribution, of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits.

You **MAY** report when:

- Anyone's physical or mental illness begins or ends.
- Anyone's citizenship, immigration status changes or anyone gets a letter, form or new card from the USCIS (formerly INS).
- You have changes in your dependent care costs.
- Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
- Any member begins to pay court ordered child support for a child not living in the home.

You may report changes either:

- By mail, telephone, or in person at the County Food Stamp Office; or
- By turning in a DFA 377.5 Food Stamp Household Change Report form.

Transitional Food Stamp Benefits

If your household begins receiving transitional food stamp benefits, you do not have to report while receiving these benefits.

If you are receiving transitional food stamp benefits you may reapply to see if you can get more benefits. If you reapply and are approved for regular food stamp benefits, then all normal reporting rules will apply.

Statement of Facts

This form is designed to be filled out by the eligibility worker during the face-to-face interview with the applicant. However, it can be completed by the client in special situations, such as recertifying the food stamp household or applying by mail.

COUNTY USE ONLY		
Case Name		
Case Number		
Worker Number	Date	
TYPE OF APPLICATION		
<input type="checkbox"/> New	<input type="checkbox"/> Recert	
<input type="checkbox"/> Residency verified		
<input type="checkbox"/> Length of time in another's home		
<input type="checkbox"/> FS ID verified		
<input type="checkbox"/> Received food stamps	Where? _____	
	When? _____	
Household Information		
Name	Eligible?	Reasons
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Honorable Discharge verified		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
USCIS Petition Filed?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> 40 Quarters Verified		
<input type="checkbox"/> Own Quarters		
<input type="checkbox"/> Spouse's Quarters		
<input type="checkbox"/> Spouses' Combined Quarters		
<input type="checkbox"/> Parent(s) Quarters		
CFAP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Person #:	_____	

A. Are all persons in the household U.S. citizens? Yes No
(If yes, skip to E)

Applicants do not have to provide immigration status information or documents for any family members who are not eligible because of immigration status and who are not applying for benefits

Name of Person:	Sponsored?	How many years has each person in your household been in the U.S.?	In how many of those years did you, your spouse, and/or your parents (before you were 18) earn money through work in the U.S.?	How many years, if any, did you, your spouse, and/or your parents (before you were 18) work in the U.S. or for a U.S. company while not living in the U.S. ?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

B. Is any noncitizen in the home on active duty in the U.S. military, a veteran, or the spouse or dependent child of someone on active duty or a veteran? If yes, explain: Yes No

Name of person:	Branch of service:	Date served:

C. Is anyone in the home a battered noncitizen? Yes No

D. Does anyone have at least 40 quarters or 10 years of work history in the USA? If yes, give their name(s) below: Yes No

Name of person(s) with at least 40 work quarters: _____

Statement of Facts

E. Is anyone in the home 60 years of age or older and unable to buy food and fix meals? Is anyone in the home blind, deaf, disabled or pregnant? If yes, explain below: Yes No

Name	Explain	Name	Explain

F. Does anyone live in any of the following types of facilities or take part in any food program including those listed below? If yes, explain below: Yes No

- Homeless shelter
- Shelter for battered women
- Reservation for Native Americans
- Drug/Alcohol rehabilitation center
- Federally subsidized housing
- Communal dining facility for the elderly/disabled
- Group living arrangement for the blind/disabled
- Food distribution program
- Correctional facility/Penal institution
- Psychiatric hospital
- Mental institution

Name	Name of center/shelter/food program/etc.	Date entered	Date expected to leave

G. Do you pay anyone or does anyone pay you for meals and/or a room? If yes, explain below: Yes No

Name of person who pays for meals/room	Name of person who provides meals/room	Check: <input checked="" type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	How much?	How often?	# of meals per day?

H. Is any member of your household running from the law to avoid felony prosecution, custody or confinement after conviction, or is any member in violation of probation or parole? If yes, explain below: Yes No

Name	Explain	Name	Explain

I. Since August 22, 1996, have you or any member of your household been convicted of a drug-related felony? Yes No (If no, go to Question K.)

If yes: _____ Name _____ Date Convicted _____

Was the conviction for any of the following:

■ Transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for the purposes of sale, manufacturing, or processing precursors with the intent to manufacture a controlled substance or cultivating, harvesting, or processing marijuana? Yes No

■ Encouraging, inducing, soliciting or intimidating a minor to participate in any of the above activities? Yes No

J. Have you or any member of your household:

a) Completed a government recognized drug treatment program? Yes No

b) Participated in a government recognized treatment program? Yes No

c) Enrolled in a government recognized drug treatment program? Yes No

d) Been placed on a waiting list for a government recognized drug treatment program? Yes No

e) Ceased the use of controlled substances and have evidence that you have ceased? Yes No

If yes, please explain: _____

COUNTY USE ONLY

Separate household required
 YES NO

Medical Expenses
DFA 285C Completed
 YES NO

FS Eligible Facility
 YES NO

Household Elects

Boarder	HH Member	Roomer
---------	-----------	--------

Boarder	HH Member	Roomer
---------	-----------	--------

Qualifying Drug Felony?
 YES NO

Meets Felony Conditions of Eligibility?
 YES NO

Statement of Facts

K. Have food stamp benefits been stopped for anyone because of work or training sanctions or failure to meet able-bodied adult without dependent (ABAWD) work requirements or for an Intentional Program Violation or welfare fraud? If yes, explain below:

Yes No

Name	What?	Why?	When?	How Long?	What County/State?

L. Is anyone, 16 years of age or older, enrolled in school, college, or a training program? If yes, explain below:

Yes No

Name of person	Name of school	<input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other	# of units per semester/qtr	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No # of hours: _____

M. Has anyone in the last 60 days quit/refused work or training? Is anyone on strike? If yes, explain below:

Yes No
 Yes No

Name of person	On strike Quit/Refused Work	Last day worked	Last date paid
	<input type="checkbox"/>		
Name/Address of employer/training		If quit or refused work/training, explain.	

N. Has anyone sold, spent, or given away any real or personal property in the last 3 months, such as a house, bank account, money from a legal or accident settlement or anything else? If yes, explain below:

Yes No

Name	Explain

O. Does anyone own or is anyone buying real estate anywhere (in or outside of the United States)? If yes, explain below:

Yes No

Type	Address or location	Used as: <input type="checkbox"/> Home <input type="checkbox"/> Rental	Owner:	Estimated value: Amount owed:

COUNTY USE ONLY

Exemption from FS work registration and/or the ABAWD work requirements?
 YES NO

Good cause if sanction was imposed?
 YES NO

Minimum FS sanction completed?
 YES NO

Met ABAWD requirements for regaining eligibility?
 YES NO

Eligible for 3 consecutive ABAWD months?
 YES NO

FS Eligible Student
 YES NO

FS Eligible Student
 YES NO

Striker Regs Apply
 YES NO

Gross Monthly Income Earned from Job Before the Strike:
\$ _____

Voluntary Quit
 YES NO

Good Cause
 YES NO

Statement of Facts

P. Does anyone, including children, have any of the resources listed below? If yes, please explain below:

Yes No

- Cash or checks
- Retirement funds
- Sales contracts
- Stocks, Bonds, Certificates of Deposit
- Mortgages
- Money market accounts
- Trust funds
- Credit union accounts
- Employee deferred compensation
- Checking or Savings accounts
- IRA or Keogh Plans
- Oil, mining, or mineral rights
- Other

Type of resource	Owner	Current value	Amount owed (if any)	Name & Address of bank/institution	Account number

Q. Does anyone, including children, get or expect to get money from any source listed below?

Yes No

- Cash assistance (CalWORKs, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF)
- State benefits (Unemployment or Disability Insurance Benefits)
- Veterans administration payments (Disability, Education, Aid and Attendance, etc)
- Social Security Benefits or SSI/SSP
- Railroad retirement board (Disability or Retirement)
- Other disability, retirement, survivors
- Child/Spousal support
- Educational grants, loans and/or scholarships
- Per capita payments
- Winnings (bingo, lottery, prizes, etc)
- Strike benefits
- Training allowances
- Other

Name	Source of money	How much?	How often?

R. Is anyone in the home, including children, working or expecting to work in the next two months? If yes, explain below:

Yes No

Name	Employer/Address	# of hours worked per month	Monthly Gross income

S. Does anyone pay for care of a child or disabled adult, so they can go to work, training, school, or look for a job? If yes, explain below:

Yes No

Name of person(s) who receives care	Name of person who pays	How much?	How often?
		\$	
		\$	

COUNTY USE ONLY

Total Value = _____

SSI pending YES NO

Interim Assistance YES NO

GA YES NO

CAPI YES NO

Person #: _____

Self-employed?

Actual 40%

Is the caretaker a household member?

YES NO

Statement of Facts

COUNTY USE ONLY

T. Does anyone else pay all or part of your child care costs?
If yes, explain below:

Yes No

Name of person who pays	How much do they pay? \$ _____ per _____
-------------------------	---

U. Does anyone in the home pay child support?
If yes, explain below:

Yes No

Name of person who pays	Name of child(ren) getting child support	Amount paid per month	Court ordered?
		\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

V. Do you or anyone living in the home have any housing costs?

Yes No

	Name	Total cost	Amount you pay	Amount family or other household members pay	How often billed
Rent or house payment		\$ _____	\$ _____	\$ _____	
Property taxes and insurance (if separate)		\$ _____	\$ _____	\$ _____	
Gas, electric, or other fuel used for heating or cooling		\$ _____	\$ _____	\$ _____	
Water, sewage, garbage		\$ _____	\$ _____	\$ _____	
Telephone		\$ _____	\$ _____	\$ _____	
Other expense		\$ _____	\$ _____	\$ _____	

W. You can authorize someone else in your household or someone outside your household to pick up your food stamps. If you would like to authorize someone, complete below:

Name of authorized representative	Address of authorized representative	Phone number
-----------------------------------	--------------------------------------	--------------

X. Are you interested in information or a referral for medical coverage (Medi-Cal or Healthy Families)?

Yes No

Court order on file?
 YES NO

Amount ordered: \$ _____

Total housing verified?
 YES NO

Total housing
\$ _____

Shared housing
 YES NO

Utilities verified?
 YES NO

Heating or Cooling verified?
 YES NO

Client elects?
 Actual SUA

If actual
Total utilities
\$ _____

SUA prorated?
 YES NO

Statement of Facts

CERTIFICATION

- | | |
|---|--|
| <ul style="list-style-type: none"> ■ I understand the questions on this form. ■ I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and employment agencies, etc. ■ I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for food stamp benefits ■ I understand that the information the county gets from USCIS and/or Social Security may affect my eligibility for food stamp benefits ■ I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my food stamp benefits may be denied or stopped. ■ I understand my rights and responsibilities (DFA 285 A3) and agree to comply with my responsibilities. ■ I understand the penalties, including the specific disqualification penalties for food stamp benefits explained in DFA 285 A3, for giving incomplete facts, failing to report facts or situations which may affect my eligibility or benefits for food stamp benefits | <ul style="list-style-type: none"> ■ I understand that the food stamp household, any adult member of the food stamp household (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received. ■ I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review. ■ I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get food stamp benefits. ■ I understand that anyone who has been convicted since August 22, 1996, of a drug-related felony for manufacturing, sale or, distribution of a controlled substance or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits. |
|---|--|

I understand that, if the county has completed this form based on my answers, I have reviewed and I agree that the information has been accurately recorded. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.

Signature (Adult Household Member or Authorized Representative)

Date

Signature of Witness or Interpreter

Date

Signature of Eligibility Worker

Date

FOOD STAMP PROGRAM QUALIFYING DRUG FELON ADDENDUM

Due to changes in Food Stamp laws, effective January 1, 2005, you may be eligible for food stamp benefits even though you have been convicted of a drug-related felony. Please answer the following question and then read and sign this form when your worker has explained it to you.

<p>1. Even though, since August 22, 1996, you or a member of your household have been convicted of a drug-related felony, was the conviction for any of the following:</p> <ul style="list-style-type: none"> ● Transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for the purposes of sale, manufacturing, or processing precursors with the intent to manufacture a controlled substance or cultivating, harvesting, or processing marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No ● Encouraging, inducing, soliciting or intimidating a minor to participate in any of the above activities? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>County Use Column</p>
<p>2. Have you:</p> <ul style="list-style-type: none"> a) Completed a government recognized drug treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Participated in a government recognized drug treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Enrolled in a government recognized drug treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No d) Been placed on a waiting list for a government recognized drug treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No e) Ceased the use of controlled substances and have evidence that you have ceased the use of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If Yes, please explain _____</p> <p>_____</p>	

Food Stamp Fraud Penalties

There are new food stamp fraud penalties.

I understand that if I am convicted of an Intentional Program Violation, for having given wrong facts or incomplete facts, I can be disqualified for **one year** for the **first violation** and **two years** for the **second violation** and **forever** for the **third violation**. If I am found guilty in any court of law of having traded food stamp benefits for a controlled substance, I will be disqualified for **two years** for the **first violation** and **forever** for the **second violation**.

If I trade or sell food stamp benefits worth \$500 or more, I can be disqualified **forever**.

APPLICANT/RECIPIENT CERTIFICATION

I have completed the questions above and read all the information. I understand the new food stamp rules and penalties apply to my application or reapplication for food stamps. I understand the new rules and agree to comply with them. **I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this form is true, correct and complete.**

SIGNATURE ADULT HOUSEHOLD MEMBER (AUTHORIZED REPRESENTATIVE)	DATE
WITNESS IF YOU SIGN WITH AN X	DATE
ELIGIBILITY WORKER SIGNATURE	DATE