

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 11, 1987

ALL COUNTY LETTER NO. 8/-36

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STREAMLINED MONTHLY ELIGIBILITY REPORT (CA 7)  
IMPLEMENTATION (AFDC, FOOD STAMPS, RCA AND RDP)

REFERENCE: ALL COUNTY INFORMATION I-100-85  
ALL COUNTY INFORMATION I-34-86  
ALL COUNTY INFORMATION I-56-86  
ALL COUNTY INFORMATION I-03-87

As you know, July 1, 1987 is the statewide implementation date for the streamlined Monthly Eligibility Report (CA 7) form. To help you in preparing for the implementation date we are attaching a reproducible copy of the form. Providing the form now should allow you the necessary time for reproducing the form for your county's use on July 1, 1987. A reproducible copy of the Spanish translation will be provided to the counties by the first of April. A supply of the English and Spanish forms will be available in the SDSS warehouse by July 1987.

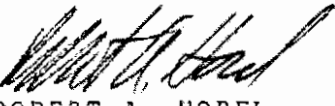
The new streamlined CA 7 is to be provided to intake cases beginning July 1, 1987. The new CA 7 is to be mailed to the continuing cases at the end of July for the July budget month.

We will be providing a recipient information notice that may be sent to the continuing cases along with the first streamlined CA 7 form in July 1987. We will also provide a slightly different version of this notice that may be used at intake and as a training tool. A reproducible copy of both information notices, in English and Spanish, will be provided to the counties by the middle of April.

In addition, we will provide a listing of what constitutes a complete CA 7 in both the AFDC (including RCA and RDP) and Food Stamp programs. As you know, during the pilot test we attempted to make the completeness criteria as uniform for both programs as possible. We will provide that completeness criteria for your use under separate cover.

SDSS is determining the feasibility of providing county training in the use of the form and the completeness criteria. You will be notified about the training at a later date.

If you have any questions regarding the streamlined CA 7, please contact Barbara Cox of the AFDC and Food Stamp Policy Implementation Bureau at 916-324-2014 or ATSS 454-2014.



ROBERT A. HOREL  
Deputy Director

Attachment

cc: CWDA

# MONTHLY ELIGIBILITY REPORT (CA 7)

THIS REPORT IS FOR THE MONTH OF \_\_\_\_\_

## For Cash Aid and Food Stamp Benefits

- Complete and return this report by the 5th of the month. If a complete report is not received by the 11th, you will not get the Cash Aid work allowances and your benefits may be delayed, lowered, or stopped.
- Answer ALL of the questions. If you answer "YES" to any question or part of any question, read and complete the rest of the section. Attach a separate sheet of paper if needed.
- If you receive Food Stamps, answer for everyone in your household. If you do not receive Food Stamps, answer for everyone receiving Cash Aid, the children's parents, stepparents and your spouse if in the home.
- Reminder: If you get Food Stamps and you claim actual utility costs, attach proof.
- Attach proof of reported income and expenses or your benefits may be lowered or stopped.

Need Help? Call your worker.

Worker: \_\_\_\_\_

Phone: \_\_\_\_\_

### 1. Did anyone receive money from a job or a training program? YES NO

- If YES, list all earnings or training allowances received during the month. Include tips or income in kind such as earned housing. List who received income, employer, gross amount before deductions, actual date received, and the number of days and hours worked in the month. Attach paystubs or other proof of earnings.
- If self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

NAME	EMPLOYER	DAYS WORKED	HOURS WORKED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

- If anyone above paid for care of a child or disabled adult while working or in training, list here and attach proof of payment.

Who Received Care?	Cost \$	Who Received Care?	Cost \$

- If you get Cash Aid and anyone had earnings and paid court ordered support, list the amount paid. Attach proof. \$ \_\_\_\_\_

### 2. Did anyone receive money or benefits from any other source? YES NO

Such as Social Security, Railroad Retirement, Unemployment/Disability Benefits, Veterans Benefits, Interest from Stocks, Bonds, Savings Accounts, Worker's Compensation, SSI/SSP, Child/Spousal Support, Child Support Disregard, Loans, Grants, Earned Income Credit, Strike Benefits, Tax Refund, Cash, Lottery Winnings, Gifts, Rental Income, Free Housing, Utilities, Food, or Clothing, etc.

- If YES, list who received, source, gross amount and actual date received. Attach proof of any changes.

NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

- If you get Cash Aid and anyone had income and paid court ordered support, list the amount paid. Attach proof. \$ \_\_\_\_\_

COUNTY USE ONLY

E.W. INITIALS

DATE:

**3. Did you move, change your address, have changes in shared housing, or have changes in housing costs?**

YES  NO

• If YES, check the box(es) that applies to you and include the facts asked for.

- My address changed. Complete below. If you get Food Stamps, attach proof of rent or housing costs, utilities you pay, property taxes, and/or insurance.
- The amount I pay for rent or housing changed. If you get Food Stamps, complete below and attach proof of costs.
- There is a change in my shared housing or a change in the amount paid by someone who is helping me pay for my housing and/or utilities. Attach proof that shows what was paid, who paid and the amount paid.

NEW HOME ADDRESS (Number, Street Name, Avenue, Blvd, etc.)	APT. NO.	CITY	STATE	ZIP CODE	DATE OF CHANGE
NEW MAILING ADDRESS (If Different Than Home Address)					
NEW RENT OR HOUSING COST		DATE OF CHANGE	I PAY FOR THE FOLLOWING UTILITIES AT MY NEW ADDRESS		NEW PHONE NUMBER
S					

**4. Did anyone move into or out of your home or did you move in with someone else? (Include anyone who died and/or any newborns.)**

YES  NO

• If YES, list the name of anyone that moved into or out of your home or the names of the people you moved in with. Include the date of the change and what change took place.

FULL NAME	RELATIONSHIP TO YOU	DATE	WHAT HAPPENED

**5. Does anyone have anything else to report? (Include expected changes)**

YES  NO

• If YES, explain. Include name of person and date of change. Attach proof of any expenses.

**Examples:**

- **JOB:** Start, stop, quit, refuse a job, go out on strike, or change hours or pay
- **SCHOOL:** Start or stop school or college if age 16 or older
- **PROPERTY:** Buy, sell, trade or give away a motor vehicle, home, land, etc.
- **CHECKING/SAVINGS:** Open/close a checking or savings account(s) or the balance is different at the end of the month.
- **BABIES:** Become pregnant, have a baby, abort, or miscarry.
- **DISABILITY:** Become disabled or recover from a disability
- **MARITAL:** Marry, divorce, or separate
- **CHILD CARE:** Have cost for care of a child or disabled adult while someone seeks work or attends school or training. Attach proof.
- **MEDICAL EXPENSE:** Have medical expenses (only for a Food Stamp recipient, who is disabled or age 60 or older.) Attach proof.

**CERTIFICATION**

- I understand that failing to report information or misrepresentation of facts for Cash Aid programs, Food Stamps or Cash-based Medi-Cal can result in legal prosecution with penalties of a fine, imprisonment or both. In the Food Stamp Program the penalties can result in permanent disqualification from the Program, fines up to \$10,000 or imprisonment for up to 5 years. Disqualification penalties for Intentional Program Violation(s) are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.
- I understand that I must contact my worker to report any unexpected changes which may affect my eligibility for or the amount of my Cash Aid within 5 days of the occurrence. If I have any doubt about needing to report any changes, I must contact my worker.
- I understand that reported information may result in a decrease or discontinuance of benefits.
- I understand that I have the right to request a state hearing on any proposed action by the county welfare department.
- I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct and is complete for the entire report month.

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

For Cash Aid programs, you and your aided spouse (or the other parent of aided children) living in the home must sign the form. For the Food Stamp Program, the head of household, a household member or the household's authorized representative must sign the form.

SIGNATURE OF CASH AID PARENT OR CARETAKER RELATIVE AND/OR FOOD STAMP HOUSEHOLD MEMBER	DATE SIGNED	PHONE NUMBER WHERE YOU MAY BE REACHED IN CASE YOUR WORKER NEEDS TO CONTACT YOU	
SIGNATURE OF CASH AIDED SPOUSE OR OTHER PARENT OF CASH AIDED CHILDREN	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED