

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



July 12, 1991

ALL COUNTY LETTER NO. 91-65

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM DECLARATION OF CITIZENSHIP/ALIENAGE

REFERENCES: ACL 90-84 dated 8/31/90; ACL 88-131 dated 9/29/88

Section 1736 of the Mickey Leland Memorial Domestic Hunger Relief Act (Title XVII, Public Law 101-624) removes the requirement that each Food Stamp household member attest to his or her citizenship or alien status. This change provides that **one adult representative** of the household may attest to the truth of the information on the Food Stamp application.

Effective as soon as administratively possible but no later than August 1, 1991, CWDs are required to implement this change. The new rule requires that only one adult household member or the household's authorized representative attest, under penalty of perjury, to the truth of the information on the Food Stamp application, including information indicating that all members are citizens, nationals, or lawful alien residents. The adult household member or authorized representative is signing that he/she is attesting to the citizenship/alien status of the entire household with that signature when applying for Food Stamps.

The CA 64, Statement of Citizenship/Alien Status, which is used as an attachment to the Food Stamp application, was developed to meet the requirements of the Immigration Reform and Control Act (IRCA) of 1986. The DFA 285-A2, Application for Food Stamps-Part 2, is targeted for revision by early next year to include this requirement. In the interim, the newly revised CA 64 (8/91) will serve as the declaration document. For Nonassistance Food Stamp households, if the DFA 285-A1 and A2 are used, the newly revised CA 64 (8/91) form must be completed. For Public Assistance Food Stamp households, the JA 2, Statement of Facts for Cash Assistance and Food Stamps, will satisfy the declaration requirement. Additionally, the SAWS 2, Statement of Facts for Cash Aid, Food Stamps and Medical Assistance, will also satisfy the new declaration requirement for the AFDC and Food Stamp Programs. At recertification the CA 64 must be taken for new members who have been added to the household and they were not included in the original CA 64 or the County may opt to take the CA 64 at the time the new member is being added to the household.

The requirement that an adult household member or its authorized representative sign attesting to the information concerning citizenship/alien status is a condition of eligibility for the Food Stamp Program and, if the household refuses to cooperate with the CWD in completing this process, the application shall be denied at the time of refusal (M.S. 63-505.1). However, for the Food Stamp Program, there is no Quality Control error solely for the lack of the appropriate form in the case file (i.e., procedural error only). An error would be cited if it was determined that a household member refused to sign the form, but the lack of a form in the file is not in and of itself evidence that this refusal actually occurred. If the form was not in the case file AND a household member who was ineligible was included in the household, an error would exist. This corrects inaccurate information contained in ACL 90-84, which stated that recipients who have no valid declaration on file are ineligible. This statement is, however, correct for AFDC. NOTE: The requirements for the AFDC Program have not changed (see ACL 90-84) nor have there been any other changes in Food Stamp policy.


STOCK

CWDs may use the attached reproducible copies of the English and Spanish revisions of the CA 64 (8/91) for local reproduction until stock is available at the State Department of Social Services (SDSS) Warehouse. Counties may also in the interim use the old CA 64 (9/88) if: they inform the individual verbally that he/she is attesting to the citizenship/alien status of the entire household with that signature; and, the document in the casefile indicates that the applicant was verbally informed of the new requirement. Stock is expected in the Warehouse by October 1, 1991. CWDs will be notified when stock is available on the Notice of Forms Change (GEN 127). When stock is available, orders should be submitted to the SDSS Warehouse on the GEN 727B, County Forms Order, according to normal procedures. For those counties which print stock locally, camera-ready copies of the English and Spanish versions may be obtained by calling the Forms Management Bureau at (916) 322-8738 or ATSS 492-8738.

TRANSLATIONS

Camera-ready copies of the CA 64 (8/91) translated into Chinese, Vietnamese, Cambodian and Lao will be mailed under separate cover by the Language Services Bureau to County Forms Coordinators who currently receive the Asian translation transmittals.

State regulations are in the process of development and are anticipated to be effective early next year. If you have any questions concerning the CA 64, please call LeAnne Torres, Acting Food Stamps Forms Coordinator, at (916) 324-2016 or ATSS 454-2016. For policy clarifications, please call Michael Jones, Welfare Policy Implementation Bureau, at (916) 323-0119 or ATSS 473-0119.


 ROBERT A. MOREL
 Deputy Director

Attachments

Statement of Citizenship / Alien Status

COUNTY USE ONLY	
CASE NAME:	
CASE NUMBER:	
DATE RECEIVED:	

Important Information:

- Applicants for AFDC and Food Stamps must sign under penalty of perjury that they are U.S. citizens, nationals or lawful alien residents. *This is required by Section 1137 of the Social Security Act and Section 11(e) of the Food Stamp Act.*
- Each person who is not a U.S. citizen or national must show proof of lawful alien resident status before eligibility for aid can be determined.
- Information you give us on alien status will be checked with the Immigration and Naturalization Service (INS).
- Information we get from INS may affect your eligibility and benefits for AFDC and Food Stamps.

Instructions:

- For Cash Aid programs, each adult applicant of the assistance unit must sign below. The parent or caretaker relative must sign for all children in the assistance unit.
- For Food Stamps, one adult household member must sign below for all members of the household. An adult household member must sign the statement for members under 18 years of age. If there is no adult in the household, the applicant may sign for non-adults.

Certification

I certify, under penalty of perjury under the laws of the United States of America and the State of California, that I am, and/or that any person for whom I am signing, is a U.S. citizen, national or lawful alien resident.

I understand the county will send information to the Immigration and Naturalization Service (INS) for verification of alien status.

I understand the information the county gets from INS may affect my eligibility for AFDC and Food Stamps.

Applicant	Citizen	National	Legal Alien	Alien Registration Number	Social Security Number *	Date of Birth	Place of Birth
	(CHECK ONE)						
NAME (PRINT)							
NAME (PRINT)							
NAME (PRINT)							
NAME (PRINT)							
NAME (PRINT)							
NAME (PRINT)							
SIGNATURE (PARENT OR CARETAKER RELATIVE, ADULT FOOD STAMP HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE)						DATE	
SIGNATURE (OTHER PARENT LIVING IN THE HOME, IF APPLYING FOR CASH AID)						DATE	
WITNESS, IF YOU SIGNED WITH AN "X"						DATE	

* A Social Security Number (SSN) is required by Section 402(a) (25) of the Social Security Act for Cash Aid recipients and by the Food Stamp Act of 1977, as amended by Public Law 97-98, for each Food Stamp Household member. These SSNs are required to ensure the accurate issuance of Cash Aid and Food Stamp benefits to eligible individuals. SSNs are used in computer matching to prevent duplicate participation, to check the identity of individuals, to make changes and for program reviews and audits. Refusal to provide an SSN will result in program ineligibility for the individual for whom the SSN is not provided. Also, the SSN will be matched with records from the Social Security Administration, tax, welfare and employment agencies.

Declaración de ciudadanía / Condición legal del extranjero

COUNTY USE ONLY	
CASE NAME:	
CASE NUMBER:	
DATE RECEIVED:	

Información importante:

- Los solicitantes de AFDC y Estampillas para Comida tienen que firmar bajo pena de perjurio que son ciudadanos de los Estados Unidos, nacionales o residentes legales extranjeros. *Esto lo requiere la sección 1137 del Acta del Seguro Social y la sección 11(e) del Acta de Estampillas para Comida.*
- Cada persona que no sea ciudadano o nacional de los Estados Unidos tiene que probar su situación como extranjero con residencia legal, antes que se pueda determinar la elegibilidad para asistencia.
- La información que usted nos dé sobre la situación como extranjero será verificada con el Servicio de Inmigración y Naturalización (INS).
- La información que obtengamos de INS puede afectar sus beneficios de AFDC y Estampillas para Comida, así como su elegibilidad para recibirlos.

Instrucciones:

- Para los programas de asistencia monetaria, cada solicitante adulto de la unidad de asistencia tiene que firmar abajo. El padre/madre o pariente encargado tiene que firmar para todos los niños de la unidad de asistencia.
- Para el programa de Estampillas para Comida, un miembro adulto del hogar tiene que firmar abajo para todos los miembros del hogar. Un miembro adulto del hogar tiene que firmar la declaración por los miembros menores de 18 años de edad. Si no hay un adulto en el hogar, el solicitante puede firmar por los menores.

Certificación

Certifico bajo pena de perjurio, en conformidad con las leyes de los Estados Unidos de América y del Estado de California, que soy, y/o que todas las personas para las cuales estoy firmando, son ciudadanos de los Estados Unidos, o nacionales de los Estados Unidos o extranjeros con residencia legal.

Entiendo que el condado enviará información al Servicio de Inmigración y Naturalización (INS) para verificar la situación como extranjero.

Entiendo que la información que obtenga el condado de INS puede afectar mi elegibilidad para AFDC y Estampillas para Comida.

Solicitante	Ciudadano	Nacional	Extr. legal	Número de registro como extranjero	Número del Seguro Social *	Fecha de nacimiento	Lugar de nacimiento
NOMBRE (LETRA DE IMPRENTA)							
NOMBRE (LETRA DE IMPRENTA)							
NOMBRE (LETRA DE IMPRENTA)							
NOMBRE (LETRA DE IMPRENTA)							
NOMBRE (LETRA DE IMPRENTA)							
NOMBRE (LETRA DE IMPRENTA)							
NOMBRE (LETRA DE IMPRENTA)							
FIRMA (PADRE/MADRE O PARIENTE ENCARGADO, MIEMBRO ADULTO DEL HOGAR PARA ESTAMP. PARA COMIDA, O REPRESENTANTE AUTORIZADO)						FECHA	
FIRMA (OTRO PADRE/MADRE QUE VIVA EN EL HOGAR, SI ESTA SOLICITANDO ASISTENCIA MONETARIA)						FECHA	
TESTIGO, SI FIRMO CON UNA "X"						FECHA	

* El número del Seguro Social (SSN) de las personas que reciben asistencia monetaria se requiere en conformidad con la sección 402(a)(25) del Acta del Seguro Social y el Acta de Estampillas para Comida de 1977, para cada miembro del hogar para fines del programa de Estampillas para Comida, según enmienda de la Ley Pública 97-98. Los números del Seguro Social se requieren para asegurar la correcta expedición de beneficios de asistencia monetaria y estampillas para comida a las personas elegibles. Los números del Seguro Social se usan para hacer cotejamientos por medio de computadoras para evitar la duplicidad de participación, verificar la identidad de las personas, hacer cambios y revisiones de los programas, y hacer auditorías. El rehusarse a proporcionar el número del Seguro Social resultará en la inelegibilidad de la persona para la cual no se dé el número del Seguro Social. Además, el número del Seguro Social será comparado con los expedientes de la Administración del Seguro Social, de oficinas de impuestos, bienestar social y de empleo.