

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



November 26, 1996

ALL COUNTY LETTER NO. 96-64

TO: ALL COUNTY WELFARE DIRECTORS

**REASON FOR THIS TRANSMITTAL**

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

SUBJECT: STATEMENT OF FACTS FOR CASH AID, FOOD STAMPS AND  
MEDI-CAL/STATE RUN COUNTY MEDICAL SERVICES  
PROGRAM (CMSP), SAWS 2 (10/96)

RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT  
INFORMATION, SAWS 2A (10/96)

REFERENCE: ALL COUNTY LETTER (ACL) NO. 96-46, ACL NO. 96-51,  
DEPARTMENT OF HEALTH SERVICES ALL COUNTY  
WELFARE DIRECTOR'S LETTERS NO. 96-53

The purpose of this letter is to notify the counties of the following revised forms:

- SAWS 2 (10/96) Statement of Facts for Cash Aid, Food Stamps and Medi-Cal/State-Run County Medical Services Program (CMSP)
- SAWS 2A (10/96) Rights, Responsibilities and Other Important Information

The SAWS 2A reflects current information regarding Homeless Assistance, Maximum Aid Payment and the Maximum Family Grant rules, the Lump Sum Rule for optional persons, and Voter Registration. The two forms are also revised to incorporate the new Food Stamp penalties which were effective September 22, 1996, as required by the recent federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Both forms are also modified in accordance with a recent court decision in the Medi-Cal program and reflect program changes that were effective October 1, 1996. See Attachment I for an outline of the specific changes to the two forms.

## STOCK

The SAWS 2 and the SAWS 2A are designated as required forms and no substitutes are permitted. The SAWS 2 is a master only. The SAWS 2A may be ordered from the California Department of Social Services warehouse according to the forms ordering procedures in the County Forms Catalog upon receipt of the Notice of Change Form (Gen 127), which is issued when stock is available.

## CAMERA-READY COPIES AND TRANSLATIONS

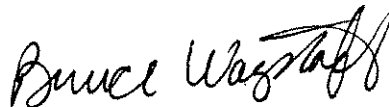
Counties needing a camera-ready copy of the SAWS 2 and the SAWS 2A in English and Spanish may call the Forms Management Unit at (916) 657-1907 or CALNET 437-1907. For camera-ready copies of the Asian language (Chinese, Cambodian and Vietnamese) versions, the counties may call the Language Services Bureau at (916) 464-1282 or if there is more than one version of the forms being ordered, counties may FAX their requests to (916) 657-3429 or CALNET 473-3429.

## CONTACTS

If you have questions or need further information, please contact the following staff regarding the specific program areas:

- SAWS 2 form or this ACL: Donna Morgan, Aid to Families with Dependent Children (AFDC) Policy Implementation Bureau at (916) 654-5709 or CALNET 464-5709
- SAWS 2A form: Elizabeth Allred, AFDC Policy Implementation Bureau at (916) 657-3350 or CALNET 467-3350
- Food Stamp Program: Melissa Buchanan at (916) 654-8467 or CALNET 464-8467.
- Asian/Spanish translations: Shirley LuKung at (916) 654-1277 or CALNET 464-1277.

Sincerely,



BRUCE WAGSTAFF  
Deputy Director  
Welfare Programs Division

c: CWDA

Attachments

**CHANGES COMMON TO THE SAWS 2 AND SAWS 2A:**

New Food Stamp (FS) penalties which were effective September 22, 1996, are required by the recent federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996. All County Letter No. 96-46 and the Department of Health Services All County Welfare Directors Letters 96-53 detailed the implementation of the State Appellate Court decision in Crespin v Coye. The changes as a result of the new FS penalties and the Crespin ruling are included on both the SAWS 2 and SAWS 2A.

**OVERVIEW OF CHANGES TO SAWS 2:**

Narrative is revised and questions and subset items are reformatted. Item 25 on page six is deleted and the subsequent items are renumbered.

**PAGE 1 and PAGE 2**

Item 2 and Item 3:

- The introductory narrative is revised to "But if you are an alien applying for Medi-Cal and you are not (a) LPR (an alien who is a lawful permanent resident of the U.S.), (b) an amnesty alien with a valid and current I-688, or (c) PRUCOL (an alien permanently residing in the U.S. under color of law), do not fill in the shaded box for 'Birthplace.'"
- The shading in the boxes for Citizenship/Immigration Status and Social Security Number (SSN) is deleted as applicants for Medi-Cal can now be required to provide this information, due to the Crespin ruling.
- In the "Type of Aid Requested," the narrative for "Restricted Medi-Cal" is revised to "Medi-Cal" and a checkbox is added for "State CMSP."
- Item 3, Introductory narrative adds "If you are pregnant, list child as 'unborn' and give due date." The subset item "Birthdate" is revised to add "or Due Date." Subset items "Birthdate," "Blind/Deaf/Disabled" and "Pregnant" are reordered.
- In the County Use Only (CUO) sections: the "Verified" areas are revised to add checkboxes and narrative for "DED [Disability Evaluation Division] Packet."

**PAGE 3**

Item 10 B:

- The narrative is revised to "for a period of time or forever due to welfare fraud or an Intentional Program Violation."

## **PAGE 4**

Item 17, CUO section:

- The narrative is updated for the Cal-Learn program.

## **PAGE 5**

Item 19:

- The narrative is changed to include business expenses.

Item 20 A, CUO section:

- The CAAP (California Alternative Assistance Program), SSA (Supplemental Child Care) and NET (Non-Gain Education and Training) boxes are deleted.

Item 20 B:

- The format and narrative for child care subset tables are revised.

Item 22, CUO section:

- "FS Voluntary Quit or Refusal" is moved to the top of the section to document action regarding the PWR (Principal Work Registrant). The section is also reformatted to facilitate documentation of data for two family members.

## **PAGE 6**

- Item 25 which stated "Who do you want as the head of your food stamp household?" is deleted. Subsequent items are renumbered.

## **PAGE 7**

Item 26 A:

- The format for the income subset table is revised.
- The CUO section is revised under "Casualty Unit Notified" to include a checkbox for "CWC 6041" (Casualty Worker's Compensation). This section is also revised to include a check box for DHS 6155 if "(Money for) Medical bills or premiums" is marked 'YES.' These boxes are for Medi-Cal.

Item 27, CUO section:

- The format for the In-Kind Income subset table is revised.

## **PAGE 8**

Item 29 A:

- The narrative in the subset table regarding the burial resources is revised to more closely correspond to Medi-Cal form MC 210. In the CUO section "(MCO)" (Medi-Cal Only) is added after "Burial Reserve or Trust."

## **PAGE 9**

Item 32, CUO section:

- The checkbox and narrative for Cash Aid in last 2 years is deleted.

Item 33:

- The Motor Vehicle section is substantially reformatted. The narrative has been revised to include "e.g., mobile home, camper, snowmobile or boat." In the CUO section a checkbox for MCO is added stating "Use Pickle Handbook."

CUO - VEHICLES section:

- Narrative and checkboxes are added to identify leased vehicles.
- The header format for "CUO - VEHICLES" is shaded and bolded to clarify that this area is not for applicants to complete. In the AFDC area, class and year are combined on one line as is "\$1500/4500 Exempt."

## **PAGE 10**

Item 34 A and Item 35 A:

- The subset tables for housing costs and utility costs are substantially reformatted to obtain more detailed information from the client.

Item 35A, CUO section:

- The narrative "If Yes, show [SUA] computation" is deleted.

Item 35 B:

- The narrative regarding utility costs is revised to "Include a relative/friend not living in the home...." In the CUO section the request to document the utility costs is deleted.

Item 36:

- The narrative is revised to include authorizing "someone outside your household to pick up your food stamps...." The CUO section is modified to add "F.S.I.D [Food Stamp Identification]."

## **PAGE 11**

Item 39, CUO section:

- "Health Care Options" is deleted and replaced with "State Certified LTC [Long Term Care Policy]."
- "Benefits Paid Out \$\_\_\_\_\_" is added.

Item 42:

- The narrative is changed from "physical or emotional problem" to "disability caused by injury or accident." In the CUO section, the DED packet information is deleted since it is now included on pages one and two in the CUO section.

## **PAGE 12**

### **CERTIFICATION SECTION**

- The narrative is formatted into two-columns and information is resequenced. Cash aid penalties and food stamp penalties are stated separately. The food stamp penalties are updated to meet the new federal requirements. Bullet four in the right-hand column incorporates the necessary revisions due to the Crespin ruling.
- Narrative is added to the cash aid penalties to state "And I may be fined up to \$10,000 and/or sent to jail/prison for 5 years."
- The narrative for food stamp penalties is revised to state "If 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. And I may be fined up to \$250,000 and/or sent to jail/prison for 20 years." Also, "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 can be stopped forever 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 filed two or more applications for food stamps at the same time and gave the county false identity or residence information, my food stamps can be stopped for 10 years."
- Bullet four in the right-hand column incorporates the revisions due to the Crespin ruling and states "the county will send facts to the Immigration and Naturalization Service (INS) to verify immigration status and the facts the county gets from INS may affect my eligibility for cash aid, food stamps and full Medi-Cal. But if I am applying for Medi-Cal Only, AND if I am not a "(a) LPR..., (b) an amnesty alien.... or (c) PRUCOL..., the county will not send facts to the INS."

- A bullet is added at the bottom of the right-hand column to state "any member of my household who is hiding or running from the law for a felony or attempted felony, or who is in violation of their parole or probation, cannot get food stamps."
- The signature line "of witness to mark, interpreter or person acting for applicant/beneficiary" and "Date" are moved onto the same line as "Signature (other parent living in the home, if applying for cash aid)."

Page 13, CUO section:

- The "Regulations Met" section is revised to add "(Managed Care)" after HCO [Health Care Options] Presentation Referred and a new item "Incapacity/MAP Exemption."
- In the AFDC documentation table "MC" is deleted from "AFDC/MC SFU Size" and a checkbox and narrative are added for "MAP EXEMPTION."

## **SAWS 2A**

### **OVERVIEW OF CHANGES TO SAWS 2A**

Information is resequenced. "Work Pays" informing is changed from page 3 to page 5 and "Lump Sum" informing is moved from page 4 to page 7. New information about homeless assistance, higher and lower maximum aid payments, the maximum family grant rule, cash aid and food stamp work and training rules, new penalties for specific food stamp violations is included. Information on pages 4, 5, 6, 7, 8 and 9 are reformatted to improve the flow of information. Trustline information is deleted from prior page 6 since it is not necessary to provide the eligibility criteria for child care providers on this form.

### **PAGE 1, YOUR RIGHTS**

Item 8 and Item 9:

- Information in old item 8 was split into item 8 for cash aid and item 9 for food stamps. Narrative for item 9 is revised to now state "...you will get an interview immediately and get food stamps within three days."

Item 10:

- This item is revised adding "if eligible" at the end.

Item 20:

- This item is revised to include FS as an exception to the confidentiality rules when "there is a felony arrest warrant issued...."

## **PAGE 2. YOUR RESPONSIBILITIES**

### **Citizenship or Immigration Status**

The second paragraph is added stating, "If you want Medi-Cal/State CMSP, you must provide a declaration of citizenship/immigration status under penalty of perjury. If you say you are a "(a) LPR ..., (b) an amnesty alien .... or (c) PRUCOL..., your immigration status will be checked with the U.S. INS. The information the INS receives to verify the immigration status of the applicant can only be used to determine Medi-Cal/State CMSP eligibility, and cannot be used for immigration enforcement unless you are committing fraud."

### **Social Security Number (SSN) Rules**

The second paragraph is entitled "Cash Aid and Food Stamps" and deletes references to Medi-Cal/State CMSP.

A third paragraph is added and states "Each applicant for Medi-Cal/State CMSP, who says he/she is a "(a) LPR ..., (b) an amnesty alien .... or (c) PRUCOL..., will be disqualified from getting Medi-Cal if he/she refuses to give either a SSN or proof of application for a SSN. Any alien who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or an LPR or PRUCOL, can still get restricted Medi-Cal/State CMSP if he/she meets all eligibility rules, including California residency."

### **Verification(s)**

The last sentence "Applicants for restricted Medi-Cal..." is deleted.

### **Cooperation**

The second sentence is revised to begin "For cash aid."

### **FOOD STAMPS**

A new section is added to advise clients that they are responsible to report if any member of their household is hiding or running from the law for a felony, or attempted felony, or is violating their parole or probation as they may not be eligible for food stamps.

### **Benefits Identification Card (BIC)**

The first sentence in the second bullet is revised to read "To never throw your BIC away (unless we give you a new BIC)."



## **PAGE 3**

### **HOW YOU MUST REPORT, For Medi-Cal/State CMSP Quarterly Reporting Beneficiaries**

- This section is revised for clarity and understanding.

### **WHEN YOU MUST REPORT, For Cash Aid, Food Stamps, etc.**

#### **Item 4:**

- The narrative is revised to add "including self-employment."

#### **Item 5:**

- The narrative is revised to change the age for "Food Stamps Only" from 22 to 17 and delete "elementary through college."

#### **Item 16:**

- The narrative is revised to add "anyone gets a letter, form or new card from the INS."

#### **Item 19:**

- A new item is added: "Any changes in the order for court ordered child support paid by a household member for a child not living in the home."

## **PAGE 4**

- A new section is added "For Food Stamps Monthly and Nonmonthly Reporting."

#### **Item 25:**

- A new item is added stating "Any member of your household is hiding or running from the law for a felony, or attempted felony, or is violating their parole or probation."

#### **Item 36:**

- This item is revised to add "or anyone gets a letter, form or new card from the INS."

### **IMPORTANT INFORMATION, CASH AID ONLY Unemployed Parent**

- Information regarding unemployed parent is moved from page 7 to page 4 and the last paragraph about work history is deleted.

**Homeless Assistance (HA)**  
**Maximum Aid Payment (MAP)**  
**Maximum Family Grant (MFG) Rule**

- New sections are added for each of the above to include current information about HA, higher and lower MAP, and the MFG rule.

**Proof of Facts**

- Information is moved from page 6 to page 4. The first paragraph and subsequent bullets are deleted. Bullets are added to indicate responsibilities and procedures regarding provision of proof of facts. The narrative is revised to improve the flow and understanding.

**PAGE 6**

**CASH AID AND FOOD STAMP WORK AND TRAINING RULES**

- Information regarding work and training rules is moved from page 7 to page 6. The narrative is substantially reformatted and updated.
- The bullet regarding "answer questions about your job experience and ability to work" is added as a new FS rule.

**Penalties**

- The cash aid and food stamps work rule penalties are separated. The new FS penalties are detailed.
- The section on FS Voluntary Quit is deleted as information is now covered in the "Penalties" section.
- A new paragraph is added that states "If anyone is disqualified for not following work or training rules, other members of their household can still get cash aid or food stamps, as long as they remain eligible. But the amount of cash aid or food stamps they get may change."

**PAGE 7**

**LUMP SUM INCOME**

- Information is moved from page 4 to page 7. The page is substantially reformatted and rearranged for clarity and understanding.

- Narrative is added in the "Period of ineligibility" section indicating that the period lasts one month or more.
- A new section is added regarding optional persons. It explains who can be considered an optional person and the possibility of getting cash aid sooner if they have optional persons taken out of the Assistance Unit (AU).

## **PAGE 8**

### **FOOD STAMP ONLY, Standard Utility Allowance (SUA)**

- The third sentence was modified to delete "and one other time during each 12 month period."

### **MEDI-CAL/STATE CMSP ONLY, Spending Down Excess Property**

- The section title was revised to add "/STATE CMSP."
- "For Medi-Cal" is added to the second sentence of the first bullet.
- A second paragraph is added to state "You may not be eligible for State CMSP if you sell or give away any property for less than it is worth."

### **Resources and Property**

- "Minor children, or totally disabled children" is deleted from the third sentence of the first bullet. A new sentence is added stating "The state may not claim the proportionate share of an estate left to a minor child or a totally disabled adult child."

### **Voter Registration**

- A section is added to provide information regarding voter registration.

## **PAGE 9**

### **PENALTY WARNINGS**

- The first sentence in column one is revised to add "If on purpose..."

### **Cash Aid Penalties**

- The penalties for cash aid and food stamp penalties are now stated separately. The new food stamp penalties are added.

- The first bullet in this section includes the additional penalty "And you may be fined up to \$10,000 and/or sent to jail/prison for 5 years."

### **Food Stamps Penalties**

- The FS penalties are updated to meet the new federal requirements. (See CERTIFICATION SECTION, bullet 3, on page 4 of this attachment for a list of the specific penalties.)

### **CERTIFICATION SECTION**

- This section is reformatted into two columns, the left-hand column for applicant/recipient certification and the right-hand column for the eligibility worker certification.


**STATEMENT OF FACTS FOR CASH AID, FOOD STAMPS AND MEDI-CAL/  
STATE-RUN COUNTY MEDICAL SERVICES PROGRAM (CMSP)**

- Fill in the answers to all questions about the benefit(s) you are asking for. Print all answers in ink. The "CA" for Cash Aid, "FS" for Food Stamps and "MC" for Medi-Cal/State CMSP listed to the left of each question tell you which questions are for each program.
- Give any proof (such as bills, receipts and records) to support your answers. Tell your worker when you need help in getting proof or in filling out this form. If you need more space, attach another sheet.
- If you are asking for Food Stamps and you are not an adult member of the household, attach a written authorization signed by the head of household or other adult member.

<b>CA</b> ① <b>Name of person applying, or caretaker relative of child(ren) for whom aid is wanted.</b> <b>FS</b> <b>MC</b>			HOME PHONE ( )		
HOME ADDRESS (NUMBER, STREET)			MAILING ADDRESS (IF DIFFERENT)		
CITY STATE ZIP CODE			CITY STATE ZIP CODE		
			DAYTIME PHONE ( )		

- ② For each **ADULT living in the home**, give us all the facts. But if you are an alien applying for Medi-Cal and you are not (a) LPR (an alien who is a lawful permanent resident of the U.S.), (b) an amnesty alien with a valid and current I-688, or (c) PRUCOL (an alien permanently residing in the U.S. under color of law), do not fill in the shaded box for "Birthplace."

<b>CA (A)</b> APPLICANT'S NAME (FIRST, MIDDLE, LAST) <b>FS</b> <b>MC</b>		SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F	CITIZENSHIP/IMMIGRATION STATUS (✓) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> PRUCOL <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> Lawful Permanent Resident (LPR) Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE		BIRTHDATE / /		SOCIAL SECURITY NUMBER — —		
BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		BIRTHPLACE CITY STATE COUNTRY		
TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal <input type="checkbox"/> State CMSP		MARITAL STATUS (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed				

<b>CA (B)</b> ADULT'S NAME (FIRST, MIDDLE, LAST) <b>FS</b> <b>MC</b>		SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F	CITIZENSHIP/IMMIGRATION STATUS (✓) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> PRUCOL <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> Lawful Permanent Resident (LPR) Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE		BIRTHDATE / /		SOCIAL SECURITY NUMBER — —		
BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		BIRTHPLACE CITY STATE COUNTRY		
TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal <input type="checkbox"/> State CMSP		MARITAL STATUS (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed				

<b>CA (C)</b> ADULT'S NAME (FIRST, MIDDLE, LAST) <b>FS</b> <b>MC</b>		SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F	CITIZENSHIP/IMMIGRATION STATUS (✓) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> PRUCOL <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> Lawful Permanent Resident (LPR) Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE		BIRTHDATE / /		SOCIAL SECURITY NUMBER — —		
BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		BIRTHPLACE CITY STATE COUNTRY		
TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal <input type="checkbox"/> State CMSP		MARITAL STATUS (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed				

COUNTY USE ONLY	
CASE NAME	
CASE NUMBER	
WORKER	DATE RCD
<input type="checkbox"/> New <input type="checkbox"/> Restoration <input type="checkbox"/> Redetermine <input type="checkbox"/> Recertification <input type="checkbox"/> Residency Verified <input type="checkbox"/> FS ID <input type="checkbox"/> MC ID <input type="checkbox"/> FS Aged/Disabled Verified	

SFU (✓) AU (✓) MFB (✓)	FS Non-HH/Excluded Member Code
Work Registration/Exemption Codes:	
GAIN	FS

VERIFIED:	<input type="checkbox"/> Blind/Deaf/Disabled
<input type="checkbox"/> SSN	<input type="checkbox"/> DED Packet
<input type="checkbox"/> SAVE	<input type="checkbox"/> Citizen/Immig.

SFU (✓) AU (✓) MFB (✓)	FS Non-HH/Excluded Member Code
Work Registration/Exemption Codes:	
GAIN	FS

VERIFIED:	<input type="checkbox"/> Blind/Deaf/Disabled
<input type="checkbox"/> SSN	<input type="checkbox"/> DED Packet
<input type="checkbox"/> SAVE	<input type="checkbox"/> Citizen/Immig.

SFU (✓) AU (✓) MFB (✓)	FS Non-HH/Excluded Member Code
Work Registration/Exemption Codes:	
GAIN	FS

VERIFIED:	<input type="checkbox"/> Blind/Deaf/Disabled
<input type="checkbox"/> SSN	<input type="checkbox"/> DED Packet
<input type="checkbox"/> SAVE	<input type="checkbox"/> Citizen/Immig.

**COUNTY USE ONLY**

FS NON-HH/EXCLUDED MEMBER (63-402)	FS WORK/TRAINING EXEMPTIONS (63-407.1, .2)	GAIN EXEMPTIONS (42-789 THRU 42-799)
1. Separate HH (Purchase/prepare) (.12, .13) 2. Separate HH (Elderly/disabled) (.17) 3. Roomer (must be listed in ⑬) (.211) 4. Live-in attendant (.212) 5. Other shared living quarters (.213) 6. Ineligible alien (.221) 7. Boarder (must be listed in ⑬) (.3) 8. SSN disqualified (.222) 9. IPV disqualified (.223) 10. Welfare sanctioned (.224) 11. SSI/SSP recipient (.225) 12. Ineligible student (.226) 13. Work req. disqualified (.227) 14. Questionable Citizenship (403.31)	a. Under 16/60 or older a.(1) 16/17 not H of H; or 16/17 in school/training at least 1/2 time b. Mentally/physically unfit for work c. GAIN registered d. Cares for child under 6 or incapacitated person e. UIB registered f. Participant in drug/alcohol program g. 30 hour week/min. x 30 h. Meets student elig. reqs.	01 Age under 16 02 School Attendance 03 Illness or injury 04 Age 60 or older 05 Incapacity 06 Remoteness 07 Care of Another Individual in HH 08 Care of Child Under Age 3 (Full) 09 Pregnancy 10 Working 30 hours per week 11 VISTA participant 12 Care of Child Under Age 3 (Limited)

**3** For each **CHILD** living in the home, child out of the home for a short time, or child you claim as a tax dependent, give us all the facts. But if you are an alien applying for Medi-Cal and you are not (a) LPR (an alien who is a lawful permanent resident of the U.S.) (b) an amnesty alien with a valid and current I-688, OR (c) PRUCOL (an alien permanently residing in the U.S. under color of law), do not fill in the shaded box for "Birthplace." If you are pregnant, list child as "unborn" and give due date.

## COUNTY USE ONLY

<b>CA (A) CHILD'S NAME (FIRST, MIDDLE, LAST)</b> <b>FS</b> <b>MC</b> SOCIAL SECURITY NUMBER: _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F BIRTHPLACE (CITY/STATE/COUNTRY): _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE: _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO				CITIZENSHIP/IMMIGRATION STATUS (✓) <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Refugee <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> PRUCOL Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO BIRTHDATE OR DUE DATE: ____/____/____ BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO MOTHER'S NAME: _____ FATHER'S NAME: _____ DEATH _____ DISABILITY _____ ABSENCE _____ UNEMPLOYMENT _____				CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW) SFU (✓) AU (✓) MFB (✓) FS Non-HH/Excluded Member Code: _____ CA 2.1/CA 371: _____ Work Registration/Exemption Codes: GAIN _____ FS _____ Verified: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> SAVE <input type="checkbox"/> Citizen/Immig. <input type="checkbox"/> SSN <input type="checkbox"/> DED Packet	
<b>CA (B) CHILD'S NAME (FIRST, MIDDLE, LAST)</b> <b>FS</b> <b>MC</b> SOCIAL SECURITY NUMBER: _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F BIRTHPLACE (CITY/STATE/COUNTRY): _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE: _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO				CITIZENSHIP/IMMIGRATION STATUS (✓) <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Refugee <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> PRUCOL Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO BIRTHDATE OR DUE DATE: ____/____/____ BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO MOTHER'S NAME: _____ FATHER'S NAME: _____ DEATH _____ DISABILITY _____ ABSENCE _____ UNEMPLOYMENT _____				CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW) SFU (✓) AU (✓) MFB (✓) FS Non-HH/Excluded Member Code: _____ CA 2.1/CA 371: _____ Work Registration/Exemption Codes: GAIN _____ FS _____ Verified: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> SAVE <input type="checkbox"/> Citizen/Immig. <input type="checkbox"/> SSN <input type="checkbox"/> DED Packet	
<b>CA (C) CHILD'S NAME (FIRST, MIDDLE, LAST)</b> <b>FS</b> <b>MC</b> SOCIAL SECURITY NUMBER: _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F BIRTHPLACE (CITY/STATE/COUNTRY): _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE: _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO				CITIZENSHIP/IMMIGRATION STATUS (✓) <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Refugee <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> PRUCOL Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO BIRTHDATE OR DUE DATE: ____/____/____ BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO MOTHER'S NAME: _____ FATHER'S NAME: _____ DEATH _____ DISABILITY _____ ABSENCE _____ UNEMPLOYMENT _____				CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW) SFU (✓) AU (✓) MFB (✓) FS Non-HH/Excluded Member Code: _____ CA 2.1/CA 371: _____ Work Registration/Exemption Codes: GAIN _____ FS _____ Verified: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> SAVE <input type="checkbox"/> Citizen/Immig. <input type="checkbox"/> SSN <input type="checkbox"/> DED Packet	
<b>CA (D) CHILD'S NAME (FIRST, MIDDLE, LAST)</b> <b>FS</b> <b>MC</b> SOCIAL SECURITY NUMBER: _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F BIRTHPLACE (CITY/STATE/COUNTRY): _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE: _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO				CITIZENSHIP/IMMIGRATION STATUS (✓) <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Refugee <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> PRUCOL Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO BIRTHDATE OR DUE DATE: ____/____/____ BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO MOTHER'S NAME: _____ FATHER'S NAME: _____ DEATH _____ DISABILITY _____ ABSENCE _____ UNEMPLOYMENT _____				CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW) SFU (✓) AU (✓) MFB (✓) FS Non-HH/Excluded Member Code: _____ CA 2.1/CA 371: _____ Work Registration/Exemption Codes: GAIN _____ FS _____ Verified: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> SAVE <input type="checkbox"/> Citizen/Immig. <input type="checkbox"/> SSN <input type="checkbox"/> DED Packet	
<b>CA (E) CHILD'S NAME (FIRST, MIDDLE, LAST)</b> <b>FS</b> <b>MC</b> SOCIAL SECURITY NUMBER: _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F BIRTHPLACE (CITY/STATE/COUNTRY): _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE: _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO				CITIZENSHIP/IMMIGRATION STATUS (✓) <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Refugee <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> PRUCOL Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO BIRTHDATE OR DUE DATE: ____/____/____ BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO MOTHER'S NAME: _____ FATHER'S NAME: _____ DEATH _____ DISABILITY _____ ABSENCE _____ UNEMPLOYMENT _____				CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW) SFU (✓) AU (✓) MFB (✓) FS Non-HH/Excluded Member Code: _____ CA 2.1/CA 371: _____ Work Registration/Exemption Codes: GAIN _____ FS _____ Verified: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> SAVE <input type="checkbox"/> Citizen/Immig. <input type="checkbox"/> SSN <input type="checkbox"/> DED Packet	
<b>CA 4</b> Does the other parent(s) of the child(ren) or unborn live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", explain below: _____ NAME OF PARENT: _____ GIVE THE REASON THE PARENT DOES NOT LIVE IN THE HOME: _____ _____ _____									

CA FS MC	5	<b>Has anyone changed citizenship/immigration status in the last 12 months?</b> If "YES", complete below:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>COUNTY USE ONLY</b>  <input type="checkbox"/> Verif. on File <input type="checkbox"/> CA 64 <input type="checkbox"/> MC 13	
		WHO: _____ WHAT CHANGED: _____ DATE: _____ ALIEN NUMBER (IF APPLICABLE): _____			
CA FS	6	<b>A. Is a foster child living in the home?</b> If "YES", who: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AFDC and FC Elig/CR Chooses: Child <input type="checkbox"/> AFDC <input type="checkbox"/> FC CR: <input type="checkbox"/> AFDC <input type="checkbox"/> None	
FS		<b>B. Do you want the foster child(ren) and foster care income counted on the Food Stamp Case?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CA FS MC	7	<b>Has anyone ever used any other name (maiden, adoptive, etc.)?</b> If "YES", complete below:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
		WHO: _____ OTHER NAME(S) USED: _____  WHO: _____ OTHER NAME(S) USED: _____			
CA FS MC	8	<b>A. Does everyone live in California?</b> If "NO", explain: _____	YES	NO	<input type="checkbox"/> Property  <input type="checkbox"/> PA  Calif. Resident: <input type="checkbox"/> YES <input type="checkbox"/> NO
		<b>B. Does everyone plan to stay in California permanently?</b> If "NO", explain: _____			
		<b>C. Does anyone own, lease or maintain a home outside California?</b> If "YES", explain: _____			
		<b>D. Is anyone currently getting public assistance outside California?</b> If "YES", explain: _____			
		<b>E. Is anyone planning to leave California for more than 60 days?</b> If "YES", explain: _____			
MC	9	<b>Are you or any family member claimed as a deduction for income tax purposes by a person who does not live with you?</b> If "YES", who: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
		WHO CLAIMS FAMILY MEMBER: _____ ADDRESS: _____ RELATIONSHIP: _____  WHO CLAIMS FAMILY MEMBER: _____ ADDRESS: _____ RELATIONSHIP: _____			
CA FS MC	10	<b>A. Has anyone's cash aid, food stamps or Medi-Cal been stopped due to: non-cooperation during a quality control review, work or training sanctions, or for any other reason?</b> If "YES", explain below: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
		WHO: _____ WHY: _____ WHEN: _____ WHAT COUNTY/STATE: _____			
CA FS		<b>B. Has anyone's cash aid or food stamps been stopped for a period of time, or forever due to welfare fraud or an Intentional Program Violation?</b> If "YES", explain below: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
		WHO: _____ WHY: _____ WHEN: _____ WHAT COUNTY/STATE: _____			
FS	11	<b>Does anyone living with you buy food and fix meals separately from others in the home?</b> If "YES", explain who: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Separate household eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO	
FS	12	<b>Is anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability?</b> If "YES", explain who: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Separate household eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>FS 13 A. Do you pay someone else for meals and/or a room?</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If "YES", complete below:						<b>COUNTY USE ONLY</b>		
WHO	CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY	Household Elects BOARDER    HH MEMBER    ROOMER			
<b>CA FS MC 13 B. Does anyone pay you for meals and/or a room?</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If "YES", complete below:								
NAME	CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY				
<b>FS 14 Does anyone get food from any of the following programs?</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Communal dining facility for the elderly or disabled <input type="checkbox"/> Food distribution program operated by a Native American reservation <input type="checkbox"/> Other food program								
WHO	NAME OF PROGRAM	WHO	NAME OF PROGRAM					
<b>CA FS MC 15 A. Does anyone live in any of the following:</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If "YES", complete below: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> shelter, center  <input type="checkbox"/> reservation for Native Americans  <input type="checkbox"/> psychiatric hospital/mental institution  <input type="checkbox"/> group living arrangement for the disabled/blind           </div> <div style="width: 45%;"> <input type="checkbox"/> hospital or nursing home  <input type="checkbox"/> subsidized housing for the elderly  <input type="checkbox"/> drug or alcohol rehabilitation center  <input type="checkbox"/> board and care home  <input type="checkbox"/> penal institution/correctional facility           </div> </div>						FS Eligible Institution: <input type="checkbox"/> YES <input type="checkbox"/> NO  CA Eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHO	NAME OF CENTER, SHELTER, HOSPITAL, ETC.	DATE ENTERED	DATE EXPECTED TO LEAVE					
<b>MC 15 B. Does the person who is in a hospital or nursing home have a spouse or minor child at home?</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>								
<b>CA FS MC 16 A. Is anyone age 16 or older enrolled in school, college, or a training program?</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If "YES", complete below:						School Enrollment Verif.: <input type="checkbox"/> YES <input type="checkbox"/> NO  Date Verified: FS Eligible Student <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		ENROLLED CHECK (✓) <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other (specify):						
NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		ENROLLED CHECK (✓) <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other (specify):						
<b>CA FS MC 16 B. Complete below for anyone enrolled in college or attending a similar educational institution.</b>						School Enrollment Verif.: <input type="checkbox"/> YES <input type="checkbox"/> NO  Date Verified: FS Eligible Student <input type="checkbox"/> YES <input type="checkbox"/> NO		
TERM <input type="checkbox"/> Semester <input type="checkbox"/> Year <input type="checkbox"/> Quarter	TUITION/FEEES PER TERM \$		BOOKS, EQUIPMENT, ETC., PER TERM \$					
ROUND TRIP PER DAY TO SCHOOL/CHILD CARE (MILES)	DAYS ATTENDING PER WEEK		TRANSPORTATION USED					
TRANSPORTATION COST PER WEEK \$	AMOUNT PAID BY CAR POOL MEMBERS \$		PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$					
<b>CA 17 Is anyone under age 19 and pregnant or a parent?</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If "YES", complete below:						Expenses Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO  Date Verified:  Financial Aid: <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME	AGE	CHECK (✓) STATUS <input type="checkbox"/> Pregnant <input type="checkbox"/> Teen Parent						
SCHOOL STATUS, CHECK (✓)								
<input type="checkbox"/> Has A High School Diploma <input type="checkbox"/> Has A GED <input type="checkbox"/> Not Attending School (explain): <input type="checkbox"/> Currently Attending School <input type="checkbox"/> Other (explain):								
NAME	AGE	CHECK (✓) STATUS <input type="checkbox"/> Pregnant <input type="checkbox"/> Teen Parent						
SCHOOL STATUS, CHECK (✓)								
<input type="checkbox"/> Has A High School Diploma <input type="checkbox"/> Has A GED <input type="checkbox"/> Not Attending School (explain): <input type="checkbox"/> Currently Attending School <input type="checkbox"/> Other (explain):								
<b>CA FS MC 18 Has anyone been in the U.S. military service or the spouse, parent or child of a person who has been in the military service?</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If "YES", explain: (List name, branch of service, etc.)						Verified: <input type="checkbox"/> Packet given to applicant <input type="checkbox"/> Referred to GAIN   Verified: <input type="checkbox"/> Packet given to applicant <input type="checkbox"/> Referred to GAIN   <input type="checkbox"/> CA 5		



<div>CA FS MC</div> <div>19</div> <div>Is anyone, including children, working now or expect to be working in the next two months?</div> <div>If "YES", complete below:</div> <div>(NOTE: If self-employed, list business expenses on a separate sheet of paper and attach it to this form.)</div>				<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		<div>COUNTY USE ONLY</div> <div>A: <input checked="" type="checkbox"/> if exempt FS S/E Farmer</div> <div>CA MC <input type="checkbox"/> FS Adult <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> FS Child</div> <div>B: <input checked="" type="checkbox"/> if exempt FS S/E Farmer</div> <div>CA MC <input type="checkbox"/> FS Adult <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> FS Child</div> <div><input type="checkbox"/> Verif(s) on file for:</div> <div><input type="checkbox"/> (A) <input type="checkbox"/> (B)</div>			
A. NAME		SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYER NAME		OCCUPATION			
DAYS/HOURS WORKED PER MONTH		PAY DATE(S)		WAGES BEFORE DEDUCTIONS \$ per		TIPS OR COMMISSIONS <input type="checkbox"/> YES Amount \$ <input type="checkbox"/> NO			
B. NAME		SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYER NAME		OCCUPATION			
DAYS/HOURS WORKED PER MONTH		PAY DATE(S)		WAGES BEFORE DEDUCTIONS \$ per		TIPS OR COMMISSIONS <input type="checkbox"/> YES Amount \$ <input type="checkbox"/> NO			
<div>CA FS MC</div> <div>20</div> <div>A. Does anyone pay for care of a child, disabled adult, or other dependent so he/she can go to work, school, or look for a job?</div> <div>If "YES", complete below and ( <input checked="" type="checkbox"/> ) if for work or training.</div>				<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		<div>Child Care Informing:</div> <div><input type="checkbox"/> Trustline Informing</div> <div><input type="checkbox"/> Dependent Care Verified</div> <div>Is there another person in MFBU who could provide care?</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If Yes, who: _____</div>			
WHO GETS CARE		WHO PAYS		WHO GIVES CARE		<input type="checkbox"/> WORK <input type="checkbox"/> TRAINING		AMOUNT/WHEN \$ EVERY	
WHO GETS CARE		WHO PAYS		WHO GIVES CARE		<input type="checkbox"/> WORK <input type="checkbox"/> TRAINING		AMOUNT/WHEN \$ EVERY	
<div>CA FS MC</div> <div>B. Does anyone get his/her child care costs paid for them?</div> <div>Include costs paid by a relative or friend, Department of Education, Block Grant, CARE, TCC, NET, GAIN, SCC, CAAP, etc.</div> <div>If "YES", complete below:</div>				<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>					
NAME OF CHILD		WHO PAYS		MONTHLY AMOUNT PAID \$		WHO ELSE PAYS		MONTHLY AMOUNT PAID \$	
NAME OF CHILD		WHO PAYS		MONTHLY AMOUNT PAID \$		WHO ELSE PAYS		MONTHLY AMOUNT PAID \$	
<div>CA FS MC</div> <div>21</div> <div>Does anyone pay child or spousal support?</div> <div>If "YES", complete below:</div>				<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>					
WHO PAYS		FOR WHOM		AMOUNT PER MONTH \$					
<div>CA FS MC</div> <div>22</div> <div>Has anyone stopped or refused work or training within the last 60 days?</div> <div>If "YES", complete below:</div>				<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		<div>Court Order on File <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>Amount Ordered: \$</div> <div>FS Vol. Quit or Refusal PWR Determined as <input type="checkbox"/> (A) <input type="checkbox"/> (B) Work history last 120 days <input type="checkbox"/> (A) <input type="checkbox"/> (B)</div> <div>(A) YES NO</div> <div>Empl. Statement</div> <div>Good Cause Determ.</div> <div>Voluntary Quit</div> <div>(A) <input type="checkbox"/> CA: 30 days (B) <input type="checkbox"/> CA: 30 days</div> <div><input type="checkbox"/> FS: 60 days <input type="checkbox"/> FS: 60 days</div> <div><input type="checkbox"/> MC: 30 days <input type="checkbox"/> MC: 30 days</div> <div>(B) YES NO</div> <div>Empl. Statement</div> <div>Good Cause Determ.</div> <div>Voluntary Quit</div>			
A. NAME		NUMBER OF HOURS OF WORK/TRAINING Last month This month		Did this person get or expect to get wages or benefits this month? If "YES", complete below. <input type="checkbox"/> YES <input type="checkbox"/> NO		LAST PAYCHECK RECEIVED (DATE)		AMOUNT BEFORE DEDUCTIONS \$	
NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM				EXPECTED CHECK (DATE)				AMOUNT BEFORE DEDUCTIONS \$	
				LAST DAY OF WORK/TRAINING				TIPS OR COMMISSIONS <input type="checkbox"/> YES AMOUNT \$ <input type="checkbox"/> NO	
				REASON FOR LEAVING JOB/TRAINING					
B. NAME		NUMBER OF HOURS OF WORK/TRAINING Last month This month		Did this person get or expect to get wages or benefits this month? If "YES", complete below. <input type="checkbox"/> YES <input type="checkbox"/> NO		LAST PAYCHECK RECEIVED (DATE)		AMOUNT BEFORE DEDUCTIONS \$	
NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM				EXPECTED CHECK (DATE)				AMOUNT BEFORE DEDUCTIONS \$	
				LAST DAY OF WORK/TRAINING				TIPS OR COMMISSIONS <input type="checkbox"/> YES AMOUNT \$ <input type="checkbox"/> NO	
				REASON FOR LEAVING JOB/TRAINING					
<div>CA FS MC</div> <div>23</div> <div>Is anyone on strike?</div> <div>If "YES", complete below:</div>				<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>					
NAME OF STRIKER				NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM					
NAME OF UNION									
DATE WENT ON STRIKE				GROSS MONTHLY INCOME EARNED FROM THIS JOB BEFORE THE STRIKE					
<div>CA FS MC</div> <div>24</div> <div>Has anyone applied for or received unemployment or disability insurance benefits in the last 12 months?</div> <div>If "YES", complete below:</div>				<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>					
NAME		DATE APPLIED		WHERE (COUNTY/STATE)		DATE LAST RECEIVED			
NAME		DATE APPLIED		WHERE (COUNTY/STATE)		DATE LAST RECEIVED			

**COUNTY USE ONLY**

Principal earner/UIB  
requirements  
Earnings from month prior  
to month of application  
App Date: \_\_\_\_\_  
Earnings from \_\_\_\_\_  
to \_\_\_\_\_

IS HE/SHE A NATIVE AMERICAN? ☐ YES ☐ NO

IF "YES", LIST TRIBE:

MO/YR (25) A (25) B

§

IS HE/SHE A NATIVE AMERICAN? ☐ YES ☐ NO  
IF "YES", LIST TRIBE:

[illegible]


A blank coordinate grid with x and y axes. The x-axis is horizontal and the y-axis is vertical, intersecting at the origin. There are no tick marks or labels on the axes.

A scatter plot showing the relationship between the number of children per family (x-axis) and the number of children per family (y-axis). The x-axis ranges from 0 to 10, and the y-axis ranges from 0 to 10. The data points are clustered along the diagonal line y=x, indicating a strong positive correlation.

TOTAL	\$	\$
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**25 A Tribal JOBS Referral**

☐ YES ☐ NO

UIB: ☐ Verif. on file

☐ *Must apply for*☐ *Currently Receiving/GoV/or*

ULB Eligible in Last 12 months

☐ *Ineligible Reason:*

25 B Tribal JOBS Referral

☐ YES ☐ NO

UIB: ☐ Verif. on file

☐ *Must apply for*☐ *Currently Receiving/Got/or*

UIB Eligible in Last 12 Months

☐ *As a result of this study, I have:*

☐ *Ineligible Reason.*

**CA (26) A. Does anyone, including children, get or expect to get money from any source listed below?**

**FS** Check (✓) YES or NO for each item.  
**MC**

	YES	NO		YES	NO
Training Work Study, JTPA, GAIN, or other program			Strike benefits		
Other training allowance			Veterans Administration Aid and attendance		
Educational grants, loans and scholarships			Disability		
Welfare			GI Bill/VEAP		
AFDC			Military allotment or pension		
Refugee Assistance			Railroad Retirement		
GA/GR (General Assistance/Relief)			Disability		
State Benefits			Retirement		
UIB (Unemployment Insurance)			Other federal, state, or local government agency		
DIB/SDI (State Disability)			Disability		
Workers Compensation			Retirement		
Support			Other pension or disability		
Child/spousal			Loans, gifts, contributions		
(Money for) Medical bills or premiums			Income from rental property		
Social Security Benefits			Winnings (bingo, lottery, prizes, etc.)		
Disability			Sale of notes, contracts, trust deeds, promissory notes		
Retirement or survivors			Other (Explain)		
SSI					
Legal or insurance settlements/ court actions pending					

**COUNTY USE ONLY**

- ☐ Casualty Unit Notified  
☐ CWC 6041  
☐ DHS 6155  
☐ Verif(s) on File  
 Explain Anticip. Income  
 Workers Comp:  
☐ Temporary ☐ Permanent

If "YES", complete below:

WHO	WHAT	AMOUNT (BEFORE DEDUCTIONS, IF ANY)	WHEN	HOW OFTEN
		\$		
		\$		
		\$		

(✓) if exempt

AFDC	FS	MC

**CA B. Does anyone expect a change in the current amount of money received**  
**FS** **now, such as a cost-of-living raise?** ☐ YES ☐ NO  
**MC** If "YES", complete below:

WHO	WHAT	AMOUNT \$	WHEN

**CA (27) Does anyone get housing or rent, utilities, food or clothing free or in**  
**FS** **exchange for work?** ☐ YES ☐ NO  
**MC** If "YES", complete below:

ITEM RECEIVED	WHO RECEIVES THE ITEM	VALUE	WHO PROVIDES THE ITEM
Housing or rent <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
Utilities <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
Food <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
Clothing <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	

In-Kind Income:

Verif. on file: ☐ YES ☐ NO

Partial	Full	
	Earned	Unearned

**CA (28) A. Does anyone own or is anyone buying real estate, such as land**  
**FS** **and/or buildings anywhere, including outside the U.S.?** ☐ YES ☐ NO  
**MC** If "YES", complete below. Include land and/or buildings in which the title is shared.

TYPE (LAND, HOUSE, APARTMENT, ETC.)	USE (HOME, RENTAL, ETC.)	ADDRESS OR LOCATION	OWNER(S)	AMOUNT OWED
				\$

Home Exempt ☐ YES ☐ NO  
 Other Real Property  
 Market Value \$  
 Amount Owed \$  
 Net Value \$  
 Lien Applicable ☐ YES ☐ NO

**CA B. Does anyone own a house that is not lived in now that he/she hopes**  
**MC** **to return to someday?** ☐ YES ☐ NO  
If "YES", complete below:

OWNER OF PROPERTY	PROPERTY ADDRESS	EXPECTED DATE OF RETURN (IF KNOWN)

Total Countable property: Page 7  
(List totals on page 9)

AFDC \$  
 FS \$  
 MC \$

**CA (29) A. Does anyone, including children, have any of the following resources?**

- FS Check (✓) each item either "YES" or "NO".  
MC ● Include all resources owned, used, controlled, shared or held jointly with persons listed in  
● ② and ③ (even for convenience only).  
● The county will determine whether or not these resources count.

	YES	NO		YES	NO
Cash (on hand or elsewhere)			Trust funds (whether or not available)		
Uncashed checks (on hand or elsewhere)			Notes, mortgages, deeds of trust, contracts of sale, etc.		
Savings accounts - children's and adult's			IRA or Keogh plans, etc.		
Checking accounts - whether or not they are used			Retirement funds which are available if you stop work (such as PERS, etc.)		
Credit union accounts			Employee deferred compensation plans		
Stocks, bonds, certificates of deposit, money market accounts, etc.			Life insurance or annuity		
Oil, mining, or mineral rights			Life estate interest in any property		
Burial Trusts or contracts, insurance, designated burial funds/money for cemetery plots, caskets, or other burial items			Other (explain)		
Income tax refund					

IF "YES", COMPLETE BELOW:

TYPE OF RESOURCE	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE
				\$
				\$
				\$
				\$

**CA B. Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.?**

If "YES", complete below:

WHO	SOURCE OF MONEY	AMOUNT \$	HOW OFTEN
		\$	
		\$	

**MC (30) Are there any liens recorded or did you sign a security agreement with a doctor, clinic, or hospital against any property owned by you or any family member that is used as security for health care services?**

If "YES", complete below:

LIEN OR SECURED AMOUNT \$	TYPE AND LOCATION OF PROPERTY	DATE AND TYPE OF MEDICAL CARE RECEIVED/TO BE RECEIVED	NAME OF PROVIDER
\$			
\$			
\$			

**CA (31) Does anyone own any personal property which costs at least \$100 or which is now worth at least \$100, such as:**

- FS ● boats, 3-wheelers, off-road vehicles, snowmobiles, mobile homes, campers, or trailers.  
MC ● guns; tools; business or sporting equipment, etc.  
● pets or livestock.  
● jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.).  
Do not include wedding and engagement rings or heirlooms.  
If "YES", complete below:

ITEM IF A GIFT CHECK (✓)	DATE BOUGHT	PURCHASE PRICE/ OR CURRENT VALUE	AMOUNT OWED	ITEM IF A GIFT CHECK (✓)	DATE BOUGHT	PURCHASE PRICE/ OR CURRENT VALUE	AMOUNT OWED
<input type="checkbox"/> Gift		\$	\$	<input type="checkbox"/> Gift		\$	\$
<input type="checkbox"/> Gift		\$	\$	<input type="checkbox"/> Gift		\$	\$
<input type="checkbox"/> Gift		\$	\$	<input type="checkbox"/> Gift		\$	\$

**COUNTY USE ONLY**

- ☐ Trust Fund/Not Court Ordered  
☐ Court Petitioned Date \_\_\_\_\_  
☐ Resource Verified: Explain how: \_\_\_\_\_  
Total Value = \_\_\_\_\_  
☐ Burial Reserve or Trust (MCO)  
☐ Revocable  
☐ Irrevocable  
☐ Designated Fund and Current Value \$ \_\_\_\_\_  
☐ Restricted Account

Check (✓) if exempt

AFDC	FS	MC

Verified: ☐ YES ☐ NOLien Applicable: ☐ YES ☐ NOSecurity Agreement: ☐ YES ☐ NOMC 174 completed and sent: ☐ YES ☐ NO

- ☐ Owned Jointly  
☐ Owned Separately

☐ Personal Property \$500 + for Pickle Program

 Total Countable property: Page 8  
(List totals on page 9)

 AFDC \$ \_\_\_\_\_  
FS \$ \_\_\_\_\_  
MC \$ \_\_\_\_\_

CA  
FS  
MC

- (32) A. Has anyone sold, spent, traded, transferred, or given away any real property, such as a house or land; or personal property such as money, cars, bank accounts, money from a legal or accident insurance settlement, or anything else?** (List any property sold or traded within the last 2 years for cash aid, within the last 3 months for food stamps and within the last 3 years (36 months) for Medi-Cal). If "YES", explain what and when: ☐ YES ☐ NO

- MC B. Has anyone received money from insurance or court settlements, inheritance, lottery or back pay in the last 3 years (36 months)?** If "YES", complete below: ☐ YES ☐ NO

SOURCE	DATE RECEIVED	AMOUNT
		\$

CA  
FS  
MC

- (33) Does anyone own, have the use of or have their name on the registration of any motor vehicle, e.g., mobile home, camper, snowmobile or boat, even if not running?** ☐ YES ☐ NO  
If "YES", complete below. Look at your registration to get facts for each vehicle:

	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)	
OWNER OF VEHICLE						
NAME OF PERSON WHO USES VEHICLE						
YEAR/MAKE/MODEL						
LICENSE NUMBER						
ESTIMATED VALUE	\$		\$		\$	
BALANCE OWED	\$		\$		\$	
LICENSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DO YOU USE THE VEHICLE? Check (✓) each item YES OR NO	YES	NO	YES	NO	YES	NO
As a Home						
To go to work or training or for job search						
For work, self-support, or self-employment						
Needed for disabled household member						
To get household's fuel or water						

## COUNTY USE ONLY

Closed Bank Accts:  
☐ Food Stamps in last 3 months  
☐ Medi-Cal in last 3 years (36 months)  
☐ Adequate Consideration  
☐ Spenddown  
LTC ONLY  
Total Nonexempt Property \$

Compute Vehicle Valuation in Section Below:

- ☐ Use Pickle Handbook  
☐ Verifications viewed  
☐ Leased vehicle:  
☐ (1) ☐ (2) ☐ (3)

Vehicle value  
(Enter Date of blue book issue or other documentation)

(1) Date: \$

(2) Date: \$

(3) Date: \$

## COUNTY USE ONLY - VEHICLES

## (C) Fair Market Values-FS

FOOD STAMPS	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)		FMV			
(A) Is vehicle a home, income producing, primary transportation to get fuel/water, or used for a disabled household member? (63-501.521)	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to B	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to B	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to B	Minus \$	Minus \$	Minus \$	Minus \$
(B) 1. Is vehicle for home use? (Allow one vehicle only) OR 2. Is vehicle used for job search, employment or training? (63-501.523)	<input type="checkbox"/> YES Go to C Use Excess Value	<input type="checkbox"/> NO Go to C and D. Use Greater Value	<input type="checkbox"/> YES Go to C Use Excess Value	<input type="checkbox"/> NO Go to C and D. Use Greater Value	<input type="checkbox"/> YES Go to C Use Excess Value	<input type="checkbox"/> NO Go to C and D. Use Greater Value	Excess Value			
							(D) Equity Values-FS			
							FMV			
							Minus Encumbrance			
							Equity Value			

AFDC	(1)	(2)	(3)	MEDI-CAL		TOTALS: VEHICLE	FS
Class/Year				(1)	(2)	Excess Value	\$
Year				DMV/YR/Class Code		Equity Value	\$
Value				Vehicle Market Value	\$ \$	Grand Total Countable property (List totals from pages 7, 8, and 9)	
Amount Owed				Less Encumbrances	\$ \$	Page	AFDC FS MC
Net Value				Net Value	\$ \$	(9)	\$ \$ \$
\$1500/\$4500 Exempt 1 MV Only				Exempt	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	(8)	\$ \$ \$
Total Value						(7)	\$ \$ \$
Excess Value						Total	\$ \$ \$

CA  
FS  
MC**(34) A. Does anyone have any housing costs?**☐ YES ☐ NO

If "YES", complete below:

**COUNTY USE ONLY**Housing verified: ☐ YES ☐ NO

Total housing \$ \_\_\_\_\_

Shared housing: ☐ YES ☐ NO

	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBERS PAY	HOW OFTEN BILLED
Rent	\$	\$	\$	
House (mortgage) payment	\$	\$	\$	
Property taxes (if not in house payment)	\$	\$	\$	
Insurance (if not in house payment)	\$	\$	\$	
Other (explain)	\$	\$	\$	

CA  
FS  
MC**B. Does anyone else pay all or part of these housing costs? Include any rental assistance programs, such as HUD, Section 8, etc.**☐ YES ☐ NO

If "YES", complete below:

TYPE OF HOUSING	WHO PAYS	HOW MUCH	HOW OFTEN BILLED
		\$	
		\$	

FS

**(35) A. Does anyone have any utility costs?**☐ YES ☐ NO

If "YES", complete below:

	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBERS PAY	HOW OFTEN BILLED
Gas or other fuel	\$	\$	\$	
Electricity or other fuel	\$	\$	\$	
Is the gas or electricity or other fuel used to heat or cool your house or cook your food?	\$	\$	\$	
Water	\$	\$	\$	
Sewage	\$	\$	\$	
Garbage or trash	\$	\$	\$	
Telephone (Basic rate for one phone plus tax)	\$	\$	\$	
Installation of utilities	\$	\$	\$	
Other (explain)	\$	\$	\$	

Utilities verified: ☐ YES ☐ NOMetered: ☐ YES ☐ NO

Client elects

☐ Actual

If Actual, Total Utilities

\$ \_\_\_\_\_

☐ SUA

SUA prorated:

☐ YES ☐ NO

FS

**B. Does anyone pay all or part of these utility costs? Include a relative/friend not living in the home, Low Income Energy Assistance, etc.**☐ YES ☐ NO

If "YES", complete below:

TYPE OF UTILITY	WHO	HOW MUCH EACH PAYS	HOW OFTEN BILLED

FS

**(36) You can authorize someone else in your household or someone outside your household to pick up your food stamps or to use them to buy food for you. If you would like to authorize someone, complete below:**☐ F.S.I.D. Issued

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE
		( )

CA 37 Did anyone make a payment for health care services or get medical/pregnancy treatment this month or in the three months before this month? ☐ YES ☐ NO

If "YES", complete below:

NAME OF PERSON RECEIVING CARE	MONTHS OF CARE	PAYMENTS MADE FOR CARE		DO YOU WANT MEDI-CAL FOR THOSE MONTHS?	
		YES	NO	YES	NO

COUNTY USE ONLY

Retroactive Application

- ☐ Retro Only  
☐ Retro and Cont.  
☐ MC 210A

CA 38 Does anyone have MEDICARE coverage? ☐ YES ☐ NO

If "YES", complete below:

PERSON COVERED	MEDICARE CLAIM NUMBER	Check (✓) Part A <input type="checkbox"/> Part B <input type="checkbox"/>	MONTHLY PREMIUM	
			DEDUCTED FROM CHECK <input type="checkbox"/> YES <input type="checkbox"/> NO	PAID BY YOU <input type="checkbox"/> YES <input type="checkbox"/> NO
		Part A <input type="checkbox"/> Part B <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Part A <input type="checkbox"/> Part B <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

☐ MEDICARE referral

CA 39 Does anyone have health, dental, vision, hospitalization or Long Term Care insurance or health plans such as Kaiser, Blue Cross, CHAMPUS, etc.? ☐ YES ☐ NO

If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

State Certified LTC Policy:

☐ YES ☐ NO

☐ DHS 6155

Benefits Paid Out \$

CA 40 Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for? ☐ YES ☐ NO

If "YES", complete below:

INSURANCE COMPANY	PERSON TO BE INSURED	PREMIUM AMOUNT	HOW OFTEN PAID
		\$	
		\$	

☐ DHS 6155

CA 41 Is anyone's health insurance expected to end or has it ended within the last 60 days? ☐ YES ☐ NO

If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

☐ DHS 6155

CA 42 Does anyone have a disability caused by injury or accident which makes it difficult for them to work or take care of their needs? ☐ YES ☐ NO

If "YES", complete below:

NAME OF PERSON	TYPE OF PROBLEM	DATE PROBLEM STARTED	EXPECTED DATE OF RECOVERY

☐ Third Party Liability

CA 43 A. Does anyone have a medical condition(s) or situation(s) that requires any of the following? Check (✓) each item YES or NO:

	YES	NO		YES	NO
Special diet—prescribed by a doctor			Very high use of utilities		
Special transportation need			Special laundry service		
Special telephone or other equipment			Other (specify):		
Housework (no one in the home can do it)					

If "YES", explain:

Verified: ☐ YES ☐ NO

Special Need: ☐ YES ☐ NO

Amount: \$

MC B. Is anyone a disabled person who is working and who has medical expenses, such as a wheelchair, etc., which are needed for the person to be able to work? ☐ YES ☐ NO

If "YES", complete below:

NAME OF PERSON	TYPE OF EXPENSE	AMOUNT
		\$
		\$

☐ IRWE (QMB and SGA)

CA C. Is anyone getting in-Home Supportive Services (IHSS)? ☐ YES ☐ NO  
If "YES", who:





COUNTY USE ONLY						
	REGULATIONS MET?					
	CA		FS		MC	
	YES	NO	YES	NO	YES	NO
Residency						
Deprivation						
Age						
Citizenship/immigration status						
School enrollment						
Pregnancy verified/WIC Referral						
SSN						
Income—Gross and net income						
Property—Within limits and verified amount \$						
Work registration						
Sponsored alien						
Federal participation established (If "NO", explain)						
HCO Presentation Referred (Managed Care)						
Incapacity/MAP Exemption						

FOOD STAMP TESTS	
Categorically Eligible	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Gross Income Test	
Household Size	
Gross Monthly Income \$	
Gross Income Eligible	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Separate HH Income Test	
Household Size	
Gross Monthly Income \$	
Eligible for Separate HH Status	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aged/Disabled	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
DFA 285-C	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "NO", why:	

AFDC SFU Size:		AU/MFBU Size:	
<input type="checkbox"/> INELIGIBLE (REASON)			
<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> SELECTS CAAP	AUTHORIZATION DATE	
<input type="checkbox"/> REDETERMINATION	<input type="checkbox"/> MAP EXEMPTION		
ELIGIBILITY CONDITIONS MET (DATE):		EFFECTIVE DATE	
ELIGIBILITY WORKER'S SIGNATURE		DATE	
SUPERVISOR'S SIGNATURE (COUNTY OPTION)		DATE	

FS:		HH Size:	
<input type="checkbox"/> INELIGIBLE (REASON)			
<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> RECERTIFICATION	AUTHORIZATION DATE	
ELIGIBILITY WORKER'S SIGNATURE		DATE	
SUPERVISOR'S SIGNATURE (COUNTY OPTION)		DATE	



## RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

### For the Cash Aid and Food Stamp Programs, and/or Medi-Cal/State-Run County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, food stamps, and/or Medi-Cal/State CMSP and to figure how much you will get if you are eligible. If you need more information or have questions, ask your worker.

Cash Aid includes Aid to Families with Dependent Children (AFDC) and Refugee Cash Assistance (RCA).

Medi-Cal/State CMSP includes Full Medi-Cal/State CMSP benefits and Restricted Medi-Cal/CMSP emergency and pregnancy related care only.

### YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you have been discriminated against by first speaking with your county's designated civil rights representative or by writing to the

State Civil Rights Bureau  
744 P Street, MS 15-70  
P.O. Box 944243  
Sacramento, CA 94244-2430

or by calling **collect** (916) 654-2107 or for the hearing impaired TDD (916) 654-2098.

2. To tell the county if you have a disability and need help applying for or continuing to receive cash aid, benefits, and services.
3. To ask for help to complete your application for any other cash aid, food stamp, or Medi-Cal/State CMSP form.
4. To ask for forms and notices to be translated if you don't read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and Medi-Cal/State CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for food stamps.
7. To discuss your case with the county and to review your case yourself when you request to do so.
8. To be told the rules for getting cash aid right away. If we think you might be eligible, you will get an interview within one day.
9. To be told the rules for getting food stamps right away. If we think you might be eligible to get them right away, you will get an interview immediately and get food stamps within three days.
10. To get Medi-Cal/State CMSP as soon as possible if you have a medical emergency or are pregnant, if eligible.
11. To continue getting cash aid and Medi-Cal benefits without a break if you move from one county to another if you stay eligible.
12. To be told the rules for retroactive Medi-Cal/State CMSP eligibility.
13. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal/State CMSP.
14. To choose prepaid health plan (PHP), fee-for-service coverage (if available), Health Maintenance Organization (HMO), or Medi-Cal when eligible for Medi-Cal/State CMSP.
15. To ask to have your Food Stamp I.D. or Medi-Cal Benefits Identification Card (BIC), Food Stamp authorization document or issuance card, or Food Stamp coupons replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible. Your BIC may also be replaced if lost or stolen.
16. To ask for extra money if your income drops or stops (Cash Aid Program Only).
17. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (Cash Aid Program Only).
18. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc. (Cash Aid Program only).
19. To be notified in writing when your application is approved, denied, or when your benefits change or stop.
20. To have your records kept confidential by the county and state, unless you are getting cash aid or food stamps and there is a felony arrest warrant issued for you, or as otherwise provided by law.
21. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
22. To ask for a State Hearing within 90 days of the county's action for cash aid, food stamps, Medi-Cal, and, if you think you were not getting the right State CMSP services.
23. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in Item 20 above.
24. To appeal all State CMSP eligibility issues, you can **only write** to your county.
25. To be represented at a State hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.

## YOUR RESPONSIBILITIES

### Citizenship/Immigration Status

To sign under penalty of perjury that each member applying for cash aid and food stamps is a U.S. citizen, U.S. national or has lawful immigration status. Information you give us on immigration status will be checked with the U.S. Immigration and Naturalization Service (INS). Information we get from INS may affect your eligibility.

If you want Medi-Cal/State CMSP, you must provide a declaration of citizenship/immigration status under penalty of perjury. If you say you are an alien with lawful permanent residence (LPR) in the U.S., an amnesty alien with a valid and current I-688 or an alien permanently residing under color of law (PRUCOL), your immigration status will be checked with the U.S. Immigration and Naturalization Service (INS). The information the INS receives to verify the immigration status of the applicant can only be used to determine Medi-Cal/State CMSP eligibility, and cannot be used for immigration enforcement unless you are committing fraud.

### Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for cash aid, food stamp and Medi-Cal/State CMSP may result in repayment of benefits and/or criminal or civil action.

**Cash Aid and Food Stamps:** You must give us the SSN for each applicant or recipient of cash aid and/or food stamps. If you refuse to give us either a SSN or proof of application for a SSN, you will not be able to get cash aid or food stamps. For cash aid, you must give proof of application for a SSN within 30 days of application for cash aid and give the SSN to the county when you get it.

Each applicant for Medi-Cal/State CMSP, who says he/she is a U.S. citizen, a U.S. national, (LPR) in the U.S., an amnesty alien with a valid and current I-688, or (PRUCOL), will be disqualified from getting Medi-Cal if he/she refuses to give either a SSN or proof of application for a SSN. Any alien who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or a LPR or PRUCOL, can still get restricted Medi-Cal/State CMSP if he/she meets all eligibility rules, including California residency.

### Verification(s)

To give proof to support your eligibility. If you can't get proof, you will need to give the name of some other person or agency we may contact to get the proof. We will help you get proof when you can't get it.

### Cooperation

To cooperate with county, state and federal staff. For cash aid, a county worker can come to your home at any time to check out your facts, including seeing each family member, without calling ahead of time. You may not get benefits or your benefits may be stopped if you don't cooperate.

## FOOD STAMPS

To report if any member of your household is hiding or running from the law for a felony, or attempted felony, or is violating their parole or probation as they may not be eligible for food stamps.

### CASH AID AND MEDI-CAL

To apply for any benefits or income anyone is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

### Child/Spousal and Medical Support

To cooperate with the county and the District Attorney/Family Support Division (DA/FSD) to:

- identify and locate any absent parent in your case;
- tell the county or the DA/FSD anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- obtain medical support money from any absent parent and, if you get cash aid, obtain child support money;
- give the DA/FSD any medical support money you get and if you get cash aid, any child/spousal support money you get;
- tell the county about medical coverage or money for medical services paid by the absent parent.

## MEDI-CAL

### Benefits Identification Card (BIC)

- To sign your BIC when you get it and to use it only to get necessary health care services.
- **To never throw your BIC away** (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- To take the BIC to your medical provider when you or a family member is sick or has an appointment.
- To take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.

### Health Care Coverage/Insurance

- To tell the county and any health care provider of any health care coverage/insurance you or a family member have.
- To retain any health insurance available to you and your family at no or reasonable cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal/State CMSP, unless the plan does not offer the medical service needed. You need to use them because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.
- To enroll and stay enrolled in an employment-related group health plan when Medi-Cal approves payment of plan premiums by the State of California.

## YOUR REPORTING RESPONSIBILITIES

You must report all changes to the county. If you're not sure how to report changes, what changes to report, or what proof we need, ask your worker. If you get food stamps, your worker will tell you if you are a monthly or nonmonthly reporting household. If you get Medi-Cal/State CMSP, the county will tell you if you must report monthly or quarterly.

### HOW YOU MUST REPORT

**For Cash Aid**, you must report all changes to the county within 5 days AND turn in a complete Monthly Eligibility Report by the 5th of each month.

**For Food Stamp Monthly Reporting**, you must turn in a complete Monthly Eligibility Report by the 5th of each month.

**Note:** If you get both cash aid and food stamps, you will need to turn in only one complete Monthly Eligibility Report by the 5th of each month.

**For Food Stamp Nonmonthly Reporting**, you must report all changes within 10 days:

- by mail, telephone, or in person at the County Food Stamp office; OR
- on a DFA 377.5, Food Stamp Household Change Report; OR
- if you get cash aid, you may report the change(s) on your Monthly Eligibility Report.

**For Medi-Cal/State CMSP Quarterly Reporting Beneficiaries**, you must report all changes within 10 days AND turn in a complete Status Report by the 5th of the month when the county sends or gives it to you.

### WHEN YOU MUST REPORT

**For Cash Aid, Food Stamp Monthly Reporting, and Medi-Cal/State CMSP, you must report when**

1. Anyone gets money (including lump sums) from work, relatives, Social Security, Unemployment Insurance Benefits (UIB), Veterans benefits, tax refunds, or any other source.
2. Anyone gets child, spousal, or medical support money.
3. Anyone's job or training program changes.
4. Anyone's income or source of income changes, starts, or stops, including self-employment.
5. Anyone age 16 or older starts or stops school, college, or training. For Food Stamps Only, any child up to age 17 or any adult who starts or stops school or training.
6. You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, absent parents, other relatives, and non-relatives.

7. Anyone (including children) comes into the home, leaves the home, or plans to visit somewhere else even for a short period of time (cash aid only).
8. Anyone moves to another address, plans to move (including out of state), or gets a new mailing address. If you move to another county and you want to keep getting benefits, you must tell the county giving you aid and/or benefits AND ask for cash aid, food stamps, or Medi-Cal in the new county. You must also ask for State CMSP, if it is available in the new county.
9. Any changes in rent or utility costs when there is a move or when anyone gets free rent/utilities.
10. Anyone gets payments or allowances for job, training, or school expenses, such as educational grants and loans, transportation to and from job or training, etc.
11. Anyone has job, training, or school costs, such as dependent care, transportation, tuition, books, etc.
12. Anyone has expenses that are paid for by someone else in total or in part, such as housing, utilities, dependent care, etc.
13. Anyone gets married, separated, divorced, or died.
14. Anyone gets, sells, gives away or transfers real property, such as a home, buildings or land; or personal property, such as money, a bank account, a motor vehicle, a boat, a trust fund, etc.
15. Anyone's physical or mental illness begins or ends.
16. Anyone's citizenship or immigration status changes or anyone gets a letter, form or new card from the INS.
17. Anyone getting cash aid or Medi-Cal/State CMSP becomes pregnant, gives birth, or ends a pregnancy.
18. Anyone goes to or gets out of jail/prison.
19. Any changes in the order for court ordered child support paid by a household member for a child not living in the home.
20. Anyone's health care coverage/insurance changes or becomes available as a result of employment (cash aid and Medi-Cal/State CMSP).

**For Medi-Cal/State CMSP, you must report when:**

21. Anyone enters or leaves a nursing home or long term care facility.
22. Anyone applies for disability benefits, such as SSI/SSP, Social Security, Veterans, or Railroad Retirement.
23. Anyone gets health care services that result from an accident or injury due to someone else's action or failure to act.

## YOUR REPORTING RESPONSIBILITIES (CONTINUED)

### For Food Stamps Monthly and Nonmonthly Reporting, you must report when:

24. Any member of your household who is hiding or running from the law for a felony, or attempted felony, or is violating their parole or probation.

### For Food Stamp Monthly Reporting, you may report when:

25. A household member is age 60 or older.

26. Any member who is disabled or age 60 or older has changes in or new medical expenses of \$25 or more. Once verified, these previously unreported medical expenses will be used to refigure your allotment.

### For Food Stamp Nonmonthly Reporting, you must report when:

27. Your total monthly income starts, stops, or changes by more than \$25.

28. Anyone's source of income changes.

29. Anyone moves into or out of your home.

30. Anyone joins or leaves your household.

31. You move or you get a new address.

32. Your rent and utility costs **only** if you move.

33. Anyone buys, gets, sells, or gives away a licensed motor vehicle.

34. The total of your household's stocks, bonds, or other money is or is more than \$2000 (or \$3000 if you have a household member who is age 60 or older).

### For Food Stamp Nonmonthly Reporting, you may report when:

35. Anyone's physical or mental illness begins or ends.

36. Anyone's citizenship/immigration status changes or anyone gets a letter, form or new card from the INS.

37. You have changes in your dependent care costs.

## IMPORTANT INFORMATION CASH AID ONLY

### Unemployed Parent

If you are applying for cash aid as an unemployed parent, the principal earner (PE) must have a connection to the labor force. This means:

- the PE has a work history that meets the federal standard: OR
- the PE must be getting UIB or was eligible to get UIB in the last 12 months.

The PE is the parent who has the most earnings in the past 24 months.

### Homeless Assistance

You may be eligible for money to help pay for temporary shelter or permanent housing. This is a once-in-a-lifetime payment unless you meet an exemption. If you have already received homeless assistance and need it again, your worker will tell you if you are eligible.

### Maximum Aid Payment (MAP)

There are two levels of Maximum Aid Payment (MAP). Most families getting cash aid get the lower MAP level. Families may get the higher MAP level if each parent or caretaker in the AU:

- is caring for an aided child(ren) who is not their child and the parent/caretaker does not get aid  
is needed to stay at home to care for another household member who is ill, injured or incapacitated
- is getting Supplemental Security Income/ State Supplemental Payments (SSI/SSP), or In-Home Supportive Services (IHSS), or State Disability Insurance (SDI), or Temporary Workers Compensation (TWC), Temporary Disability Indemnity (TDI) benefits or Social Security Disability Insurance (SSDI) or AFDC under their own incapacity
- is under age 19 and enrolled in a program that leads to a high school diploma or its equivalent
- is exempt from Greater Avenues for Independence (GAIN) because of incapacity
- is unable to work full-time because of incapacity

Also eligible for the higher MAP:

- a woman who gets aid because of pregnancy if she meets one of the conditions above
- a family who gets Refugee Cash Assistance (RCA) if each adult meets one of the conditions above

If all the adults in the household meet at least one of these exemptions, ask your worker about applying for an exemption.

### Maximum Family Grant (MFG) Rule

The MFG rule applies to any child born after July 31, 1997. The MFG rule says that your maximum aid payment (MAP) will not go up to include a child born to your family, if your family got cash aid for the 10 months in a row right before the child's birth. There are exemptions to the rule. Ask your worker if you have any questions about the MFG rule.

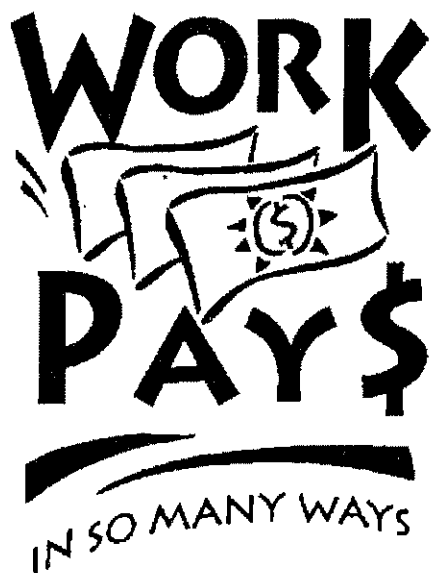
### Proof of Facts

If you ask for cash aid within one year of the date it stopped, the county must look at your prior case file to see if it already has the proof needed to determine your eligibility when:

- you cannot get the proof, or
- there is a cost to you to get the proof, or
- processing your application would be delayed because it would take too long for you to get the proof.

If you ask for cash aid within one year of the date it stopped AND, if the county doesn't have the proof it needs, then you will have to provide proof.

If you have new changes since you last got cash aid, the county will need new proof.



## **You can work and still get cash aid**

### **Working:**

- gives you more \$\$\$\$ to help support your family
- builds a better life for you and your family
- develops job skills
- builds self-esteem
- gives you personal satisfaction

### **Here's how "Work Pays":**

When you work, your gross earnings (earnings before deductions) are not subtracted dollar for dollar from your cash aid payment. You are eligible for work-related and dependent (child and/or adult) care deductions.

If your child care costs are more than these deductions, you will get child care benefits to help you pay your costs.

**See page 6 for facts about work and training rules, work incentives, including child care programs.**

When you add the amount of your earnings to the amount of your cash aid, you will have more \$\$\$\$ for your family.

It always pays to work. You can work and still get cash aid as long as you remain eligible and meet reporting rules in a timely manner.

Ask your worker for more facts about "Work Pays."

**Remember, when you don't work, the most \$\$\$\$ you can get is the maximum aid payment for your family size.**

## CASH AID AND FOOD STAMP WORK AND TRAINING RULES

After looking at your facts, your worker will tell you what cash aid and/or food stamp work rules you need to follow before and after your application is approved. You may be required to be in work, training or education activities through the Greater Avenues for Independence (GAIN) Program for cash aid, or the Food Stamp Employment and Training (FSET) Program for food stamps.

- some **cash aid** clients will be told how to register with the Employment Development Department (EDD).
- more than one member of a household can be required to follow cash and/or food stamp work rules.

If you are registered for work, the rules say you must:

- keep appointments made by your worker
- go to training or education programs when we tell you to
- do job search when we tell you to
- check on possible jobs when we tell you about them
- take a suitable job if it is offered to you

And for food stamps you must also:

- answer questions about your job experience and ability to work

### Penalties

If you must register for work you can be **disqualified** from getting **cash aid and/or food stamps** if:

- you don't follow the work and training rules and don't have a good reason; or
- you quit a job; or
- for **cash aid** you reduce your earnings; or
- for **food stamps** you reduce your work hours to less than 30 hours per week.

Your **food stamps** can be stopped or denied for:

- One month or until you do what you should do, whichever is longer, for the first violation;
- Three months or until you do what you should do, whichever is longer, for the second violation;
- Six months or until you do what you should do, whichever is longer, for the third or additional violation.

Your **cash aid** can be stopped:

- Until you do what you should do for the first violation;
- For three months or until you do what you should do, whichever is longer, for the second violation;
- For six months or until you do what you should do, whichever is longer, for the third or additional violation.

If anyone is disqualified for not following work or training rules, other members of their household can still get cash aid or food stamps, as long as they remain eligible. But the amount of cash aid or food stamps they get may change.

## WORK INCENTIVES

### Earned Income Disregards

When you are working and on cash aid, you are eligible for work-related disregards (deductions), such as the \$90, \$30 and 1/3 disregard, and the dependent care earned income disregard. You must report your earnings timely each month to get these disregards.

### California Alternative Assistance Program (CAAP)

The CAAP Program can help pay your child care costs if you are working and approved for cash aid, but choose not to get cash aid. You will get Medi-Cal and may be able to get food stamps. You can choose to be in CAAP only at time of application for cash aid or at the annual review of eligibility for cash aid.

### Supplemental Child Care (SCC) Program

If you work and get cash aid, the SCC Program will help you pay your child care costs that are more than the amount allowed as a child care disregard (deduction).

### Transitional Child Care (TCC)

If you go off cash aid or CAAP because of increased earnings, or if you got married or got back with your spouse, you may be eligible to get TCC to help pay your child care costs for up to 12 months after you are ineligible for cash aid.

### Transitional Medi-Cal (TMC)

You may get Medi-Cal for up to 12 months if you go off cash aid because you are working. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. To get more than six months of TMC, your income must be under certain limits and you must meet TMC reporting rules.

### At Risk Child Care Program (ARCCP)

If your family has a limited income and is not receiving cash aid, CAAP, or TCC and a member of the family is working and needs child care so that he/she can continue to work, ARCCP may help pay his/her child care costs. Call toll-free 1-(800) 998-9114 to get more facts.

### Non-GAIN Education and Training Program (NET)

If you get cash aid and are unable to be in GAIN, NET may help pay your child care if it is needed for you to attend a county-approved education and training program that leads to employment.

# IMPORTANT

## Lump Sum Income Rule

### If you get lump sum income, your cash aid may stop.

**Lump sum income** is money you or another member of your assistance unit get, or that is available to you, one time only or once in a while, such as:

- Some back government benefits;
- Lottery winnings;
- Insurance settlements or court awards;
- Inheritances, etc.

#### The lump sum rule:

If anyone in your assistance unit gets a lump sum of money while you are on cash aid:

- Your cash aid may change or stop;
- Your Assistance Unit will have to live on the lump sum money instead of your cash aid;
- The more lump sum income you get, the longer your assistance unit will have to live on the money and the longer your assistance unit cannot get cash aid.

#### Period of ineligibility:

- The period of time your assistance unit cannot get cash aid because you got lump sum income is called the "period of ineligibility;"
- The period of time your assistance unit cannot get cash aid is one month or more;
- Your assistance unit will not be able to get cash aid before your period of ineligibility ends even if you have spent all of the lump sum income.

**Here's how we figure the period of ineligibility:** We divide the amount of your lump sum income by the standard maximum need amount for the size of your assistance unit. For example, if you get a lump sum of \$6000 and the maximum need amount for your assistance unit is \$600, your period of ineligibility will be for 10 months:

$$\$6000 \div \$600 = 10 \text{ months}$$

#### Changing the period of ineligibility:

After the period of ineligibility starts, tell the county if you :

- have an emergency; or
- want to add someone to your assistance unit.

The county will then check your facts to see if your period of ineligibility can be shortened.

#### Optional persons:

- When the person who gets the lump sum income is not required to be in the assistance unit, you can ask to have that person taken out of the assistance unit. These persons are called "optional persons," like uncles, nieces, nephews, etc.
- After the optional person(s) is taken out of your assistance unit:
  - The optional person(s) will continue to have the period of ineligibility; and
  - The remaining members in your assistance unit may start to get cash aid after one or two months, as your assistance unit will no longer have to live on the lump sum income. But the amount of cash aid they get may not be the same as they got before the period of ineligibility was figured.

If you have any questions about the lump sum rule or you want to know if you have an optional person in your assistance unit, contact your worker or you may call:

toll free: 1-800-952-5253 or

for the hearing impaired: TDD 1-800-952-8349



## OTHER IMPORTANT INFORMATION

### Cal-Learn

Cal-Learn helps pregnant and/or parenting teens under the age of 19, who are getting cash aid and do not have a high school diploma or its equivalent to stay in or return to school. Teens in the Cal-Learn Program may get cash bonuses for good grades and graduation from high school. Cal-Learn teens may get help with child care, transportation, and other services. Cash penalties may be subtracted from their family's cash aid payment for not going to school or for getting poor grades.

### CASH AID AND FOOD STAMP MONTHLY REPORTING HOUSEHOLDS – Budgeting Rules

The amount of cash aid or food stamps you can get depends on your income and allowable expenses. What you report on the Monthly Eligibility Report will be used to figure the amount of cash aid and/or food stamps you can get two months later. For example, your income and allowable expenses from January that you report in February are used to figure the cash aid and/or food stamp benefits you would get in March. This method is called retrospective budgeting.

### FOOD STAMP ONLY

#### Standard Utility Allowance (SUA)

If you are billed for heating and/or cooling costs that are not included in your rent or mortgage payment, you may be eligible for the Standard Utility Allowance (SUA). The SUA is one deduction for **all** of your eligible utility costs. If your utility bills are more than the SUA, you may switch between actual and the SUA at recertification. If you have other utility costs but your heating or cooling costs are included in your rent, your benefits will be figured on your actual utility costs. Ask the county to check your facts to see if you are eligible for the SUA.

### MEDI-CAL/STATE CMSP ONLY

#### Spending Down Excess Property

- If you get or apply for Medi-Cal/State CMSP Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. For Medi-Cal you may spend your excess property in any manner you want. But you may not be eligible for nursing facility level of care for a period of time if you sell or give away any property for less than its worth, and you apply for or receive Medi-Cal nursing facility level of care within 30 months of the transfer.
- You may not be eligible for State CMSP if you sell or give away any property for less than it is worth.

### Resources And Property

- All Medi-Cal benefits received after age 55 are subject to recovery from a deceased Medi-Cal recipient's estate. However, recovery may not exceed the value of the estate. Recovery may not occur if the beneficiary is survived by a spouse. The state may not claim the proportionate share of an estate left to a minor child or a totally disabled adult child. In addition if recovery would cause an undue hardship for any other heirs and that hardship can be demonstrated, recovery may be waived in full or in part.
- If you are institutionalized and your home or former home is not exempt, the State may record a lien against your property to repay the cost of medical care covered by Medi-Cal.

### AVAILABLE SERVICES

#### Women, Infants and Children (WIC) Supplemental Nutrition Program

The WIC Program is only for pregnant and breast feeding women, infants and children under age 5, who are at medical-nutritional risk. For more facts about WIC, call your local county health department or the phone number for "WIC" in the telephone book.

### Voter Registration

If you want to register to vote, ask your worker to send you a registration form. If you need help filling it out, ask your worker. You can mail the form yourself. Your eligibility for aid will not be affected whether or not you register. Your worker will not tell you how to vote.

## PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, food stamps, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or food stamps.

### Disqualification Penalties

#### Cash Aid and Food Stamps

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or food stamp overissuance.

#### Cash Aid Penalties

If you do not follow cash aid rules, your cash aid can be stopped for 6 months for the first violation, 12 months for the second, and forever for the third. And you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

If you file two or more applications for cash aid at the same time or give the county false proof for an ineligible child or for a child that does not exist, your cash aid can be stopped for 2 years, 4 years, or forever.

### FOOD STAMP ONLY

If your household receives food stamps, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamps.
- Don't trade or sell food stamps, Authorization Documents (ADs), or issuance cards.
- Don't alter ADs or issuance cards to get food stamps you are not entitled to get.
- Don't use food stamps to buy ineligible items such as alcoholic drinks or tobacco, paper, or cleaning products.
- Don't use someone else's food stamps, ADs, or issuance cards for your household.

### Food Stamps Penalties

If you do not follow food stamp rules, your food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And you may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

If you are found guilty in any court of law because:

- you traded or sold food stamps for firearms, ammunition, or explosives, your food stamps can be stopped forever for the first violation;
- you traded or sold food stamps for controlled substance, your food stamps can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold food stamps that were worth \$500 or more, your food stamps can be stopped forever;
- you filed two or more applications for food stamps at the same time and gave the county false identity or residence information, your food stamps can be stopped for 10 years.

## APPLICANT/RECIPIENT CERTIFICATION

- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or food stamps, and/or my Medi-Cal/State CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A).
- I also certify that, if I applied for or get Cash Aid, I got copies of the Lump Sum Notice and the GAIN Informing Notice (GAIN 53). **The Importance of the Lump Sum Rules was explained to me.**  
(APPLICANT/RECIPIENT'S INITIALS)
- I also certify that if I applied for Medi-Cal/State CMSP, I got a copy of the MC 219 and its contents were explained to me.

## ELIGIBILITY WORKER'S CERTIFICATION

**I certify that the applicant/recipient appears to understand:**

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or food stamps, and/or share of cost for Medi-Cal/State CMSP

**I also certify that the applicant/recipient was given a copy of:**

- The Rights, Responsibilities, and Other Important Information (SAWS 2A)
- For Cash Aid: the Lump Sum Notice and the Gain Informing Notice (GAIN 53). The importance of the Lump Sum Rule was explained to him/her.
- For Medi-Cal/State CMSP: the MC 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative, Medi-Cal/State CMSP Applicant/Beneficiary)	Date
Signature (Other Parent Living in the Home)	Date
Eligibility Worker's Signature	Eligibility Worker's Number
	Date