

MID-YEAR STATUS REPORT**For CalWORKs and CalFresh**

RECIPIENT'S NAME:	CASE NUMBER (IF KNOWN):	SOCIAL SECURITY NUMBER (OPTIONAL)
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Use this form to report mandatory or voluntary changes that have occurred since your last redetermination/recertification (RD/RC).

If you are reporting income information, please provide proof, such as, pay stubs; copies of checks; letters from agencies, etc. If you're having problems getting the proof and need help, call the county.

If you are reporting changes in expenses, please provide proof, such as, receipts; canceled checks, paid invoices; etc. If you're having problems getting the proof and need help, call the county.

If you are reporting an address change, please provide proof of expenses such as, a copy of your new rental agreement or lease; rent receipt for your new address; copies of utility deposits; etc.

MANDATORY INFORMATION

If you receive CalWORKs, report the information marked CW. If you receive CalFresh, report the information marked CF. The change of address and voluntary information sections are for all households/assistance units.

CW My combined household income is more than the limit for my household size.
In the month of _____, the total combined income for my household is \$ _____.

CW Someone in my household is running from the law to avoid a felony conviction; running from the law, to avoid custody or confinement after a felony conviction; or has been found by a court to be in violation of probation or parole.
Name of person _____

CW/CF Someone moved into or out of my household. (Attach a separate sheet for additional persons.)

1. Did the person move In or Out? (check one)

2. Name (First, Middle, Last) _____

3. Date of Birth (mm/dd/yyyy) _____

4. Relationship to you _____

5. Regularly purchase and prepare together? Yes No (check one)

CW/CF I have moved, changed my phone number or have a new mailing address.

New home address _____

New mailing address (if different from your home address) _____

New phone number (_____) _____

I receive free rent at this new address.

I receive free utilities at this new address.

My rent amount is \$ _____ per month.

My utilities are \$ _____ per month.

See other side

MANDATORY INFORMATION - continued

- CF I have had a change in income (check one):
- Total monthly income has stopped.
 - Earned income changed by more than \$100.
 - Unearned income changed by more than \$50.
 - Source of income changed.
 - New income started.

CF A change has occurred in the amount of legally obligated child support.

CF Complete this section to report reduced work or training hours for Able-Bodied Adults Without Dependents:

The number of hours worked or in training dropped below 20 hours a week or 80 hours a month to _____ hours per week or _____ hours per month.

Name of person(s) _____

Relationship to you _____

Explain what happened _____

Date of change _____

VOLUNTARY INFORMATION (All households/Assistance Units)

I would like to report the following information:

CERTIFICATION

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And, I may be charged with committing a felony if more than \$950 in cash aid and/or CalFresh is wrongly paid out.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete for the entire report month.

WHO MUST SIGN BELOW:

For CalWORKs: you, your aided spouse, CA Domestic Partner or the other parent (of cash aided children) if living in the home.

For CalFresh: the head of household, responsible household member or the household's authorized representative.

Signature or Mark	Date Signed	Home Phone	Contact Phone
Signature of Spouse, Registered Domestic Partner, or Other Parent of Cash Aided Children	Date Signed	Signature of Witness to Mark, interpreter or other person completing form	Date Signed