

Statement of Facts

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

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

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

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

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

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

Name of person:	Branch of service:	Date served:

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

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

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

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E. Is anyone in the home 60 years of age or older and unable to buy food and fix meals? Is anyone in the home blind, deaf, disabled or pregnant? If yes, explain below:

Yes No

Name	Explain	Name	Explain

F. Does anyone live in any of the following types of facilities or take part in any food program including those listed below? If yes, explain below:

Yes No

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

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

G. Do you pay anyone or does anyone pay you for meals and/or a room? If yes, explain below:

Yes No

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

H. Is any member of your household running from the law to avoid felony prosecution, custody or confinement after conviction, or is any member in violation of probation or parole? If yes, explain below:

Yes No

Name	Explain	Name	Explain

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

If yes: _____ Name _____ Date Convicted _____

Was the conviction for any of the following:

- Transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for the purposes of sale, manufacturing, or processing precursors with the intent to manufacture a controlled substance or cultivating, harvesting, or processing marijuana? Yes No
- Encouraging, inducing, soliciting or intimidating a minor to participate in any of the above activities? Yes No

J. Have you or any member of your household:

- a) Completed a government recognized drug treatment program? Yes No
- b) Participated in a government recognized treatment program? Yes No
- c) Enrolled in a government recognized drug treatment program? Yes No
- d) Been placed on a waiting list for a government recognized drug treatment program? Yes No
- e) Ceased the use of controlled substances and have evidence that you have ceased? Yes No

If yes, please explain: _____

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Separate household required
 YES NO

Medical Expenses
DFA 285C Completed
 YES NO

FS Eligible Facility
 YES NO

Household Elects

Boarder	HH Member	Roomer
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Boarder	HH Member	Roomer
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Qualifying Drug Felony?
 YES NO

Meets Felony Conditions of Eligibility?
 YES NO

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

Yes No

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

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

Yes No

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

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

Yes No
 Yes No

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

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

Yes No

Name	Explain

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

Yes No

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

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

Good cause if sanction was imposed?
 YES NO

Minimum FS sanction completed?
 YES NO

Met ABAWD requirements for regaining eligibility?
 YES NO

Eligible for 3 consecutive ABAWD months?
 YES NO

FS Eligible Student
 YES NO

FS Eligible Student
 YES NO

Striker Regs Apply
 YES NO

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

Voluntary Quit
 YES NO

Good Cause
 YES NO

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

Yes No

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

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

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

Yes No

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

Name	Source of money	How much?	How often?

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

Yes No

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

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

Yes No

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

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Total Value = _____

SSI pending YES NO
 Interim Assistance YES NO
 GA YES NO
 CAPI YES NO

Person #: _____

Self -employed?
 Actual 40%

Is the caretaker a household member?
 YES NO

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

Yes No

Name of person who pays	How much do they pay? \$ _____ per _____
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U. Does anyone in the home pay child support?
If yes, explain below:

Yes No

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

Court order on file?
 YES NO

Amount ordered: \$ _____

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

Yes No

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

Total housing verified?
 YES NO

Total housing
\$ _____

Shared housing
 YES NO

Utilities verified?
 YES NO

Heating or Cooling verified?
 YES NO

Utility Allowance?
 SUA
 LUA
 TUA

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

Name of authorized representative	Address of authorized representative	Phone number
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X. Are you interested in information or a referral for medical coverage (Medi-Cal or Healthy Families)?

Yes No

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CERTIFICATION

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

Signature (Adult Household Member or Authorized Representative)

Date

Signature of Witness or Interpreter

Date

Signature of Eligibility Worker

Date