

SENIOR PARENT STATEMENT OF FACTS

(Supplement to the SAWS 2)

CASE NAME
CASE NUMBER

The rules say that when a minor parent (up to age 18) applies for cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it with your SAWS 2. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete form, your cash aid and cash-based Medi-Cal may be **changed or stopped**.
- If you have questions, ask your worker or call the county.

1. Does your parent(s) get income, money, or benefits, such as: Earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; interest or dividends from stocks, bonds, savings accounts; In-Home Supportive Services (IHSS); child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME	SOURCE	AMOUNT RECEIVED	HOW OFTEN
		\$	
NAME	SOURCE	AMOUNT RECEIVED	HOW OFTEN
		\$	
2. Will there be any changes to this income in the next six months? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", list below what change is expected. Attach any proof they may have such as: a letter from an employer, benefit award letter, etc.			
WHOSE INCOME WILL CHANGE?	WHAT INCOME WILL CHANGE?	HOW AND WHEN WILL IT CHANGE?	
3. Does your parent(s) support other persons living in the home and claim them as Federal tax dependents? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", list name of person(s) and relationship.			
NAME	RELATIONSHIP	NAME	RELATIONSHIP
4. Does your parent(s) support anyone not living in the home and claim or could claim that person as a Federal tax dependent? If "YES", give name of person(s), amount paid and ATTACH PROOF. <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME	AMOUNT PAID	NAME	AMOUNT PAID
	\$		\$

CERTIFICATION

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I get more than \$950 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
 - I understand that failing to report information or true facts can result in legal prosecution with penalties of a fine, imprisonment or both.
 - I understand that I must call my worker to report any unexpected changes which may affect my eligibility for or the amount of my Cash Aid within 5 days of the change. If I am unsure about needing to report any changes, I must contact my worker.
 - I understand that the facts I report may result in my benefits being denied, lowered or stopped.
 - I understand that I have the right to request a State Hearing on any proposed action by the County Welfare Department.
- I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true, correct, and complete.

YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE INCOMPLETE

SIGNATURE OF CASH AIDED MINOR PARENT

DATE SIGNED

COUNTY USE ONLY