

# STATEMENT OF FACTS CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

**Instructions:** CAPI is a State-funded program for non-citizens only. Please print your answers clearly in blue or black ink. This application must be signed and dated by the applicant and spouse (if applicable).

If you need more space, use the "Remarks" section on page 6. Tell your worker if you need help in getting proof or filling out this form.

Type of Application:  Couple  Individual  Child  Child with Parents

**COUNTY USE ONLY**

CASE NAME

CASE NUMBER

WORKER

DATE RCD

**APPLICANT**

① a. First Name, Middle Initial, Last Name \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX  Male  Female SOCIAL SECURITY NUMBER \_\_\_\_\_

b. Did you ever use any other names (including maiden name) or other Social Security Numbers?  YES  NO

c. Other names and Social Security Numbers used: \_\_\_\_\_

d. RESIDENCE ADDRESS (NUMBER AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(AREA CODE) HOME PHONE \_\_\_\_\_ (AREA CODE) WORK PHONE \_\_\_\_\_ (AREA CODE) MESSAGE PHONE \_\_\_\_\_ PERSON WITH WHOM TO LEAVE MESSAGE \_\_\_\_\_

e. Do you intend to remain in California?  YES  NO

LINKAGE  Aged  Blind  Disabled SSN \_\_\_\_\_ ID \_\_\_\_\_

② a. Do you have any physical or mental health problems or are you blind? (For example: high blood pressure, heart problems, diabetes, arthritis, osteoporosis, vision problems, depression, etc.) If yes, explain briefly: \_\_\_\_\_

	YOU	YOUR SPOUSE
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b.

	Date Problem(s) Began	Describe Health Problem(s)
You		
Your Spouse		

DAPD Referral Completed  
 Disabled  
 Sponsored Deeming  
 SSI Referral Completed

**MARITAL STATUS**

③ a. Are you married?  YES  NO (Go to #4a.)

b. Spouse's Name (First, Middle Initial, Last) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

c. Did your spouse ever use any other names (including maiden name) or other Social Security Numbers?  YES  NO

d. Other names and Social Security Numbers used by spouse: \_\_\_\_\_

e. Are you and your spouse living together?  YES  NO

f. Date you began living apart: \_\_\_\_\_ SPOUSE'S ADDRESS: \_\_\_\_\_

g. Is your spouse applying for CAPI?  YES  NO

Spouse

LINKAGE  Aged  Blind  Disabled SSN \_\_\_\_\_ ID \_\_\_\_\_

Spouse eligible?  
 Yes  No

IMMIGRANT STATUS			COUNTY USE ONLY
<b>4</b> a. Are you a United States citizen? If yes, go to end of application and sign your name.	<b>YOU</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>YOUR SPOUSE</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. Have you or your spouse (or former spouse) ever been in the U.S. Military Service?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5</b> a. Are you lawfully admitted for permanent residence in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. Give the date of lawful admission for permanent residence.	MO.   DAY   YR. ____/____/____	MO.   DAY   YR. ____/____/____	Resident card on file? <input type="checkbox"/> YES <input type="checkbox"/> NO
c. Did any person, institution or group sponsor your entry into the United States? If yes, go to #6. If no, go to #7.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	SPONSORED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>6</b> a. Give the following information about your sponsor(s):			AFFIDAVIT OF SUPPORT  <input type="checkbox"/> Form I-134 <input type="checkbox"/> Form I-864
You <input type="checkbox"/> Spouse <input type="checkbox"/>	SPONSOR'S NAME	ADDRESS	TELEPHONE NO. (   )
You <input type="checkbox"/> Spouse <input type="checkbox"/>	SPONSOR'S NAME	ADDRESS	TELEPHONE NO. (   )
You <input type="checkbox"/> Spouse <input type="checkbox"/>	SPONSOR'S NAME	ADDRESS	TELEPHONE NO. (   )
b. Is your sponsor deceased?	<b>YOU</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>YOUR SPOUSE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	VERIFIED  <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Abused
c. Is your sponsor disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. Are you being abused by your sponsor or his/her spouse?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>7</b> a. If not lawfully admitted for permanent residence, briefly explain your current immigration status with the Immigration and Naturalization Service (INS):			INS Documentation on file?  <input type="checkbox"/> Yes <input type="checkbox"/> No
YOU	YOUR SPOUSE		
b. Through what date will INS allow you to remain in the United States? (If indefinitely, indicate.)	<b>YOU</b>	<b>YOUR SPOUSE</b>	
<b>8</b> What is your Alien Registration Number?			
<b>9</b> What was your Port of Entry?			
RESIDENCY			
<b>10</b> Are you hiding or running from the law for a felony, attempted felony, or a parole or probation violation? If yes, go to the end of the application and sign your name.	<b>YOU</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>YOUR SPOUSE</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>11</b> a. When did you first make your home in the United States?	Date:	Date:	U.S. Resident?  <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you lived outside of the United States since then?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Give the dates you were outside of the United States. (month, day, year)	From: To:	From: To:	<input type="checkbox"/> Passport viewed and copy on file
<b>12</b> a. Within 30 days prior to applying for CAPI, were you outside of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Month aid begins: _____
b. Give the dates you left and returned to the United States.	Date left: Date Returned:	Date left: Date Returned:	
LIVING ARRANGEMENTS			
<b>13</b> Check the applicable block to show where you live now:			
<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Room (private home) <input type="checkbox"/> Hospital <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Room (commercial establishment) <input type="checkbox"/> Mobile Home <input type="checkbox"/> Residential Care Facility <input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Shelter for Battered Women <input type="checkbox"/> Other Institution	
<b>14</b> a. Do you need assistance in your personal care or hygiene, (e.g., help with eating, dressing, bathing, taking medication, or moving about)?	<b>YOU</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>YOUR SPOUSE</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IHSS Referral <input type="checkbox"/> NMOHC
b. Do you have adequate cooking and food storage facilities available?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cooking Facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No

**LIVING ARRANGEMENTS (CONTINUED)**

**COUNTY USE ONLY**

15 a. Do you and your spouse (if applicable) live alone?  YES  NO  YES  NO

b. If no, give the following information about everyone who lives with you (or with you and your spouse):

Name	Relationship to you or spouse	Sex		Date of Birth	Receives Public Assistance		Public Assistance Includes: • BIA • CalWORKs • CAPI • SSI/SSP • GA/GR • VA Pension
		M	F		Yes	No	

16 a. Do you rent, own or are you buying the place where you live?  YES  NO  YES  NO

b. If yes, how much is the monthly rent/mortgage payment? \$ \_\_\_\_\_

c. Does anyone who lives with you rent, own, or is he/she buying the place where you live?  YES  NO  YES  NO

Rental Liability/Ownership Verified

SOC 453?

Yes  No

**RESOURCES/PROPERTY**

17 a. Do you own or does your name appear on the title of any vehicle; (e.g., cars, trucks, boats, motorcycles, motor homes, etc.)?  YES  NO  YES  NO

Owner's Name	Description (Year, Make and Model)	Used For (Work, Medical Other)	Current Market Value	Amount Owed

Exempt Vehicle?

Yes  No

2nd Vehicle

Market Value: \$ \_\_\_\_\_

Encumbrances: - \$ \_\_\_\_\_

Equity Value: = \$ \_\_\_\_\_

18 a. Do you own or are you buying any life insurance policies?  YES  NO  YES  NO

Give the following information on each policy:	Policy #1	Policy #2
	Owner's Name	
Name of Insured		
Name of Insurance Company		
Policy Number		
Face Value	\$ _____	\$ _____
Cash Surrender Value	\$ _____	\$ _____
Date Purchased		
Loans Against the Policy	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CSV?

Yes  No

Amount: \$ \_\_\_\_\_

19 Do you (either alone or jointly with another person) own any:  
a. Life estates, or ownership interest in an unprobated estate?  YES  NO  YES  NO

b. Household or personal items with a resale value of over \$500 ea.?  YES  NO  YES  NO

c. If yes, give the following information:

Owner's Name	Item	Resale Value	Amount owed on item
		\$ _____	\$ _____
		\$ _____	\$ _____

		YOU		YOUR SPOUSE		COUNTY USE ONLY
		YES	NO	YES	NO	
<b>20</b> a. Do you own or does your name appear (either alone or jointly) on any of the following items either inside or outside of the United States?	Cash (at home, with you, or anywhere else)					
	Checking Accounts					
	Savings Accounts					
	Credit Union Accounts					
	Certificates of Deposit					
	Notes					
	Bonds					
	Money Market Accounts					
	Stocks					
	IRAs					
	Other items that can be turned into cash					
	<b>b.</b> Give the following information for any "yes" answers in 20a.					
<b>21</b> a. Do you own any land, buildings or does your name appear on the title of ANY property either inside or outside of the United States, other than at the address where you currently live?		YOU		YOUR SPOUSE		
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>b.</b> If yes, give the following information:						Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Property		Location of Property		Value		
				\$ _____		
				\$ _____		
<b>22</b> a. Have you sold, transferred title, disposed of or given away any money or property, including money or property in foreign countries, within 36 months of this application filing date, and after December 14, 1999?		YOU		YOUR SPOUSE		Sold for less than Market Value? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>b.</b> If yes, give the following information:						Date and Transfer Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Property		Current Market Value	Date of Transaction	Reason for Transaction		
Name, Address, and Telephone Number of Buyer or Person Who Received Property			Relationship to Applicant	Sales Price or Other Agreement		
						Period of Ineligibility: Beginning date: _____ Ending date: _____
<b>23</b> a. Do you have any money set aside for burial expenses?		YOU		YOUR SPOUSE		Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount over \$1,500
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>b.</b>	Owner	Description (Type of Asset, Name of Organization)	Value	Date Set Aside	For Whose Burial (Relationship)	
<b>24</b> a. Do you own any cemetery plots, crypts, caskets, vaults, or urns?		YOU		YOUR SPOUSE		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>b.</b>	Owner	Description	Value	For Whose Burial (Relationship)		
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

**INCOME**

**COUNTY USE ONLY**

**25** a. Have you received, or do you expect to receive income from any of the following sources?

Source	YOU		YOUR SPOUSE	
	YES	NO	YES	NO
Gifts/Support				
Social Security				
Veteran's Administration (VA)				
Supplemental Security Income (SSI)				
Unemployment Benefits				
State Disability				
Workers' Compensation				
Other Pensions/Annuities				
CalWORKs				
General Assistance/Relief				
Rental Income				
Insurance Payments				
Interest/Dividends				
Alimony/Child Support				
Other Income				

Verified?  
 Yes  No  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

b. For each "yes" answer, give the following information:

Person Receiving	Type	Gross Amount	How Often Received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

**26** a. Do you receive or do you expect to receive any wages?

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Verified?  
 Yes  No

b. If yes, give the following information:

Person Working	Employer's Name, Address, and Telephone Number	Gross Wages		Dates of Employment
		Amount	How Often Paid	
		\$ _____		From: _____ To: _____
		\$ _____		From: _____ To: _____

Paid:  
 Daily  
 Weekly  
 Bi-Weekly  
 Monthly  
 Twice Monthly  
 Fluctuating

**27** a. Have you been, or do you expect to be self-employed in the current year?

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Tax Return?  
 Yes  No

b. If yes, give the following information:

Type of Business	Last Year's		This Year's		Dates of Self-Employment
	Gross Income	Net Income (Loss)	Gross Income	Net Income (Loss)	

Year of Tax Return: \_\_\_\_\_

**28** If you are under age 65 and disabled, do you have any special expenses related to your illness or injury that are necessary for you to work? If yes, describe in "Remarks" on page 6.

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

IRWE?  
 Yes  No

**29** Are you currently receiving Food Stamps or have you recently applied for Food Stamps?

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



## Important Information - Please Read Carefully

### REPORTING RESPONSIBILITIES

**You must tell us about any change within 10 days after the month it happens. Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty.**

### CHANGES TO REPORT

#### WHERE YOU LIVE:

- If you move.
  - If you leave the United States for 30 days or more.
  - If you are no longer a legal resident of the United States.
- If you (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
  - If you are released from a hospital, nursing home, etc.

#### HOW YOU LIVE:

- If someone moves into or out of your household.
  - If the amount of money you pay toward household expenses changes.
  - The birth or death of any people with whom you live.
- If your marital status changes: You get married, separated, divorced, or your marriage is annulled or you start living together after a separation.

#### INCOME:

- If the amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down.
  - If you start to receive money (or checks or any other type of payment).
- If you start or stop work.
  - If your earnings go up or down.

#### HELP YOU GET FROM OTHERS:

- If the amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- If someone stops or starts helping you.

#### THINGS OF VALUE THAT YOU OWN:

- If the value of your total resources goes over \$2,000 (\$3,000 if you are married and live with your spouse).
- If you sell or give any things of value away.
  - If you buy or are given anything of value.

#### YOU ARE BLIND OR DISABLED:

- If your condition improves or your doctor says you can return to work.
  - If you go to work.
- If you stop or refuse any vocational rehabilitation services.

#### UNMARRIED AND UNDER AGE 22:

- If you are the parent of a child who receives CAPI benefits, you are to report if you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence.
- If the child starts or stops school.

#### **YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES OR YOU BECOME A CITIZEN OF THE UNITED STATES.**

I/We understand my/our reporting responsibilities and agree to cooperate.

YOUR SIGNATURE	DATE
SPOUSE'S SIGNATURE	DATE

## KEEP FOR YOUR RECORDS

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