



JOHN A. WAGNER  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGEN  
**DEPARTMENT OF SOCIAL SERVICE**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



ARNOLD SCHWARZENEGGER  
GOVERNOR

September 23, 2009

ALL COUNTY INFORMATION NOTICE NO. I-64-09

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL CalWORKs PROGRAM SPECIALISTS  
 ALL FOOD STAMP COORDINATORS  
 ALL COUNTY REFUGEE PROGRAM COORDINATORS  
 ALL COUNTY WELFARE TO WORK COORDINATORS  
 ALL COUNTY WELFARE FRAUD CHIEF INVESTIGATORS  
 ALL CONSORTIUM PROJECT MANAGERS  
 ALL QUALITY CONTROL PROGRAM COORDINATORS  
 ALL COUNTY CHILD CARE PROGRAM COORDINATORS  
 ALL CAL-LEARN COORDINATORS  
 ALL CAL-LEARN CASE MANAGEMENT AGENCIES

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO  
 KIDS (CalWORKs)/FOOD STAMPS: REVISED ELIGIBILITY/  
 STATUS REPORT INSTRUCTIONS QR 7A (8/09)

REFERENCE: All County Information Notice NO. I-03-09

The purpose of this notice is to transmit a copy of the revised instructions for the Eligibility/Status Report QR 7A (8/09) form. The California Department of Social Services (CDSS) revised the QR 7 and QR 7A forms based on feedback and recommendations from the California Welfare Directors' Association (CWDA) CalWORKs County Advisory Team, CWDA Food Stamp Review and Advisory Team, advocates, and CDSS staff.

The changes to the QR 7 in 2008 necessitated revisions to the QR 7A (4/03) form. The revised QR 7A form explains the process of completing the revised QR 7 with wording that is easy to understand and follow. The revised QR 7A, in conjunction with the revised QR 7, increases the effectiveness and efficiency of the quarterly reporting process.

### **Summary of Changes**

In general the changes to the QR 7A match the sequence of the numbering and the changes in the wording of the revised QR 7 (12/08).

### **Forms Implementation**

Counties must begin using the revised QR 7 (12/08) and the QR 7A (8/09) simultaneously, as the information is now consistent between the two forms.

### **Translations and Camera-Ready Copies**

The QR 7A (8/09) form will be translated into Spanish as soon as possible by CDSS. The CDSS Language Services Bureau will provide the counties with an electronic or hard copy language translation update on a monthly basis.

When each translation is completed per MPP 21-115.2 and the settlement in Be Vu et al v. Mitchell and Bolton lawsuit, it will be posted on an ongoing basis on our web site. Copies of the translated forms and publications can be obtained at [www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm). For questions on translated materials, please contact Language Services at (916) 651-8876.

Your county forms coordinator should distribute the translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English, limited English speaking, or individuals with disabilities as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.), and by state regulations on Civil Rights Nondiscrimination at MPP Section 21-115 et seq.

For a camera-ready copy of the English and Spanish versions of the QR 7A (8/09) form, please contact the Forms Management Unit at the following email address [FMU@dss.ca.gov](mailto:FMU@dss.ca.gov). You may also obtain copies of these forms directly from the CDSS web page at [www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

### **Program Contacts**

If you have any questions or need further information regarding the revised QR 7A form on program related issues, please contact the following staff regarding the specific program areas:

- **CalWORKs:** You may contact your county consultant directly or call (916) 654-1332.

- **Food Stamp Program:** You may contact Alicia Thomason at (916) 657-2630, or by email at [Alicia.Thomason@dss.ca.gov](mailto:Alicia.Thomason@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

KÄREN DICKERSON, Chief  
Employment and Eligibility Branch

Attachment

**HOW TO FILL OUT YOUR QR 7 QUARTERLY ELIGIBILITY/STATUS REPORT****For Cash Aid and Food Stamps**

- Save this notice to help you fill out your QR 7 (Quarterly Eligibility/Status Report) if you need help filling out your report, tell your worker.
- If you do not send in a complete report including, but not limited to, answering all questions on the QR 7 and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Changes that may affect your eligibility for Cash Aid or Food Stamps that you are required to report, must be reported within 10 days.
- Facts you report may result in your benefits going up, down, or being stopped.

**INSTRUCTIONS****HOW OFTEN YOU MUST COMPLETE THE QR 7**

For Cash Aid and Food Stamps you must turn in a complete QR 7 once every quarter (every three months). The County will tell you when you are supposed to turn in your completed QR 7.

**REPORTING FOR PEOPLE WHO ARE LIVING IN YOUR HOME****If your family gets Cash Aid (no Food Stamps), report facts for:**

- All children-natural, adopted, and stepchildren.
- All parents-natural, adoptive, and stepparent.
- Other aided relatives of the child.
- Yourself and your spouse or registered domestic partner.
- Anyone who is temporarily absent from the home.

**If your family gets Cash Aid and Food Stamps you must also report facts for:**

- All related adults.
- Others who buy and prepare food with you.

**If your family gets Food Stamps only, you must report facts for:**

- All children.
- All related adults.
- Others who buy and prepare food with you.

**REQUEST TO STOP BENEFITS**

- If you ask to have your Cash Aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or you may have to pay a share of cost of it.
- On the QR 7, complete the request to stop benefits section only if you want to stop any of your benefits. Check the benefits you want stopped and sign and date the QR 7. If you only want to stop some of your benefits and keep others, you must fill out the rest of the QR 7.
- You can also request to stop your benefits by calling your worker.

**FACTS YOU MUST REPORT FOR EACH QUESTION**

**Part 1:** Questions 1 (except for question 1b) through 4 are about what happened in the report month.

Question number:

- ① Any earnings, training allowances, or other money anyone got. Such as wages, vacation pay, cash bonuses, In-Home Supportive Services (IHSS) pay, child or spousal support; Social Security; Supplemental Security Income/State Supplementary payment (SSI/SSP); Unemployment/Disability Insurance; worker's compensation; any other type of disability or retirement; lottery winnings; insurance or legal settlements; rental income or assistance; free housing/utilities/clothing/food; or anything else. List the name of the person(s) who got the money, where they got the money from, the date the person(s) actually got the money, and the gross amount they got (this means the amount before any taxes or deductions). Attach proof such as, check stubs, copies of checks or statements from the employer, award letters from the agency you got the money from, etc. If self-employed, and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof such as, receipts or paid invoices, etc. If you want to figure your business costs by using the standard 40 percent deduction of your verified income, you do not need to list your business expenses.

- 1a List the name of anyone who worked or trained, where, and the total hours for the month.

- 1b Any income or money you expect will change in the next three months after the submit month. List the name of the person whose income or money will change, the source, why it will change, and the total gross amount for each month. Attach proof.
- ② If anyone who gets Food Stamps and is disabled or 60 years or older paid medical costs, list the name of the person who paid it, who got the medical care, and the amount they paid. Attach proof of payment.
- ③ If anyone who gets Food Stamps paid for the care of a child, disabled person, or other dependent while working, looking for work, or while they were in school or training during the report month, list the name of the person who paid it, who received the care, and the amount they paid. Attach proof of payment.
- ④ If anyone who gets Food Stamps paid court-ordered child support, list the name of the person who paid it and the amount they paid. Attach proof of payment.
- ⑤ If the expenses in Questions 2, 3, and 4 will change in the next three months after the submit month, list the medical expenses for someone who is age 60 or older; child/dependent care; and child support. List the name of the person who paid it, the amount they paid, who received the care or the child who got the support, what changed, and when will it change. Attach proof of payment.

**Part 2:** Questions 6 through 9 are about what has happened since your last quarterly report.

- ⑥ Anyone who got, bought, sold, trade, or gave away any of the following property: land, home, cars, bank accounts, money payments (lottery or casino winnings, retroactive social security, tax refunds), etc. List who owns or owned the property, the type of property, when it changed, the value of the property, and what happened. Attach proof.
- ⑦ Anyone who moved into or out of your home or if you moved in with someone else. This includes; newborns; people who are temporarily absent from your home; anyone who died, entered or left a hospital or institution (including a penal institution), etc. List the name of the person who moved in or who you moved in with, their relationship to you, what happened, and the date it happened.
- ⑧ Anyone in your home who has been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) or who is avoiding or running from the law to avoid felony prosecution, custody, or confinement or is in violation of probation or parole. List the name of the person, where they were convicted, and date they were convicted. If you have previously reported the information to the County on a past quarterly report, you do not need to report the same information each quarter.
- ⑨ Other facts that could change your eligibility or the amount of your benefits: marriage, divorce, separation, a California Domestic Partnership (DP), other state DP, ended a DP, became pregnant, had a baby, no longer pregnant; became disabled or recovered from a disability/major illness; starting or stopped working, refused a job or training, hours worked or trained changed, went on strike; citizenship or immigration status changed or got new documentation from USCIS; started, stopped, or changed health, MEDICARE, dental, or life insurance benefits; any change in time of care or custody of your children; started or stopped getting In-Home Supportive Services; student ages 6 - 18 stopped or started attending school regularly; student ages 16 or older stopped or started attending school/college.

**SEE OTHER SIDE FOR MORE INFORMATION**

---

---

## **ADDRESS CHANGE**

Give us the facts about any changes in your address or phone number. If you are getting Food Stamps you may be asked to give proof of new housing costs like rent and utilities. If your housing costs increased because of the move be sure to list the new amounts.

## **WHO MUST SIGN THE QR 7**

- **For Cash Aid:** You and your aided spouse, registered domestic partner, and the other parent of the aided child(ren) if they live in your home.
- **For Food Stamps:** The head of household, an adult household member or the household's Authorized Representative.
- **And:** Any other person who fills out the report, an interpreter or the witness to your mark.

## **WHAT WE MEAN WHEN WE SAY**

**AVOIDING OR RUNNING FROM THE LAW TO AVOID PROSECUTION, CUSTODY OR CONFINEMENT:** A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts that the law was looking for them.

**CASH AID:** CalWORKs (California Work Opportunity and Responsibility to Kids) and Refugee Cash Assistance.

**CONTROLLED SUBSTANCE:** Any drug whose availability is restricted by federal or state law, including but not limited to, narcotics, stimulants, depressants, hallucinogens and marijuana.

**COMPLETE QR 7:** A QR 7 is "complete" only when:

- All of the YES/NO questions are answered, and
- All of the information is filled in, and
- All of the proof is attached when the form asks for it, and
- All of the required signatures are on the form, and
- The form is signed and dated after the last day of the report month.

**COURT ORDERED CHILD SUPPORT:** The payment a legal document or court of law says you must make to a person for a child who is not in your home. Include payments made by a stepparent.

**GROSS AMOUNT:** The amount of your paycheck before deductions are taken out for taxes, social security, etc.

**IN VIOLATION OF PROBATION OR PAROLE:** Probation or parole was revoked or an arrest warrant was issued. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

**REPORT MONTH:** The month shown in Part 1 of the QR 7.

**SUBMIT MONTH:** The month shown in the header at the top of the QR 7.

## **CERTIFICATION SECTION**

- You must sign the QR 7 "under penalty of perjury." This means that you swear under oath that the facts you give us are true, correct and complete.
- Perjury and fraud are crimes punishable by law.

**PENALTIES FOR CASH AID WELFARE FRAUD:** If on purpose you do not follow Cash Aid rules, your Cash Aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

**Your Cash Aid can be stopped:**

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second offense, or forever for the third.
- For submitting one or more application to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.00; and forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

**PENALTIES FOR FOOD STAMP FRAUD:** If you purposely 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. 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 or administrative hearing 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 substances, 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 gave the county false identify or residence information, so you can get Food Stamps in more than one case at the same time, your Food Stamps can be stopped for 10 years.

## **DO NOT FORGET:**

- **If your report is late, not complete or not turned in, your benefits may be late, changed or stopped.**
- **If your report is not complete when you turn it in, you will be asked to complete it again.**
- **If you sign and date your report before the last day of the report month, you will be asked to sign and date it again.**
- **If you are not sure how to report, what to report or what proof you need to send in, ask your worker.**
- **If your Cash Aid stops, you may still be eligible for Food Stamp benefits even if you are now employed.**
- **If your Cash Aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.**