

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5330



December 21, 1979

ALL-COUNTY INFORMATION NOTICE I-141-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FORM CA 7 (FOR MONTHLY REPORTING OF AFDC/FOOD STAMP
INFORMATION JOINTLY)

REFERENCE:

Attached is a copy of the revised form CA 7 (retitled Monthly Eligibility Report), and a "stuffer" notice to be used to inform recipients that the monthly reporting form has been changed. Also attached is a list of all the changes made to the form.

This revised CA 7 represents significant achievement in the Department's efforts to combine features of the administration of the AFDC and Food Stamp programs and to improve the overall efficiency, effectiveness and equity of both programs.

The two most significant changes to the CA 7 are:

1. Food Stamp Information - A separate section (Section 4) has been added to accommodate reporting of Food Stamp information for combined AFDC/Food Stamp cases.
2. Reporting Household Changes - Questions 2 and 4 from the former CA 7 dealing with household composition and property changes have been combined and restructured into a new Section 2.

Other changes have been made to comply with certain technical federal requirements of monthly reporting forms for both AFDC and Food Stamps and to improve the form's overall efficiency and effectiveness.

Instructions for Food Stamp Section

The food stamp section will accommodate the reporting of food stamp information for public assistance food stamp (PA FS) households as well as nonassistance food stamp (NA FS) households containing public assistance members. All food stamp reporting requirements as specified in MPP 63-504.3 and 63-505.2 remain the same. PA FS households which report timely on the CA 7 will be considered to have met food stamp reporting requirements. NA FS households containing PA members will still be subject to the 10-day food stamp reporting requirement and must be provided a DFA 377.5 Change Report Form in addition to the monthly CA 7. If the food stamp section is not filled out, the county will assume that the household has no food stamp changes to report.

For AFDC Program purposes an otherwise complete CA 7 is considered complete even though the food stamp section has not been filled out.

Counties must begin using the revised CA 7 for all PA FS households and NA FS households containing PA members effective March 1, 1980. However, as a result of new State food stamp regulations regarding medical and shelter cost deductions, counties may begin using the revised CA 7 January 1, 1980. Initial supplies of the revised Form CA 7 will be distributed under separate cover by December 28, 1979 to all counties except those which have been provided a camera ready copy. Regular supplies may be ordered from the Department of Social Services' warehouse after January 1, 1980 via the GEN 727 B county forms order. Spanish translations of this form should be available in January. Counties will be notified when they are available and may order them in the usual manner after that date.

Stuffer Notice

The stuffer notice was developed to inform recipients of the revised Form CA 7 and to highlight the significant changes. The stuffer is for one-time only use and should be included with the first mailing of the revised CA 7. A supply of the stuffers will also be distributed to all counties by December 28, 1979.

In developing this revised form, input from a variety of sources, including several counties and the CWDA, was considered. The final product is the joint effort of this Department and the County Forms Advisory Committee.

Your comments or suggestions for further improvement to the CA 7 or any other AFDC or Food Stamp form are welcome. Please forward them to:

AFDC

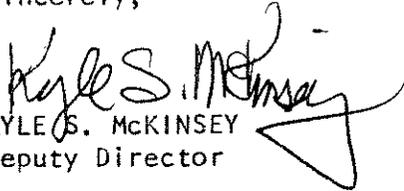
AFDC Forms Coordinator
AFDC Program Systems Bureau
744 P Street, M.S. 16-31
Sacramento, CA 95814

Food Stamps

Food Stamp Forms Coordinator
Food Stamp Systems Bureau
744 P Street, M.S. 15-51
Sacramento, CA 95814

If you have any questions about the revised CA 7 or stuffer notice, please contact your AFDC Management Consultant at (916) 445-4458. Questions relating to the use of the CA 7 for Food Stamp reporting should be directed to your Food Stamp Management Consultant at (916) 322-5475.

Sincerely,


KYLE S. MCKINSEY
Deputy Director

Atch.

cc: CWDA

MONTHLY ELIGIBILITY REPORT

(This form is needed to determine your continuing eligibility for benefits)

THIS REPORT IS FOR THE MONTH OF:

Complete and return this form AFTER THE LAST DAY OF:

INSTRUCTIONS: Complete all questions in ink, sign, date and return by the 5th of the month. If it is not received, is late, or is incomplete, your aid payment and Medi-Cal benefits may be delayed or discontinued. You have the right to file for a state hearing on any proposed action by the welfare department.

The phrase "You or Your Family" refers to ALL persons for whom you are receiving aid.

WORKER

PHONE

1. A. DID YOU OR YOUR FAMILY RECEIVE ANY MONEY, INCOME OR BENEFITS BESIDES AN AFDC PAYMENT IN THE MONTH? YES NO
If yes, complete below by listing all money or benefits. NOTE: If your income has decreased you may apply for a supplemental payment on form CA 40.

WHO RECEIVED MONEY, INCOME, OR BENEFITS	SOURCE OF MONEY, INCOME OR BENEFITS. IF THESE ARE EARNINGS, LIST EMPLOYER	\$ AMOUNT (BEFORE DEDUCTIONS) EXAMPLE: \$123 / 10 / 31	
		MONTH	DAY
		\$	/
		\$	/
		\$	/

B. MONTHLY WORK EXPENSES: Complete this section for any earnings. Attach all pay stubs and receipts for child care and other work-related expenses. If self-employed list and explain your business expenses on a separate sheet of paper.

PERSON CLAIMING EXPENSES	TAX EXEMPTIONS CLAIMED	DAYS WORKED	HOURS WORKED	TRANSPORTATION EXPENSES				CHILD CARE EXPENSE	OTHER WORK EXPENSES ADDITIONAL FOOD, CLOTHING, OR PERSONAL INCIDENTALS, TOOLS, LICENSES, MATERIAL OR UNION DUES	AMOUNT
				METHOD: BUS CAR POOL BORROWED CAR, OWN CAR, ETC.	DAYS USING THIS METHOD	DAILY COST ROUND TRIP	DAILY MILES ROUND TRIP			
						\$		\$	\$	
						\$		\$	\$	
						\$		\$	\$	

C. If anyone who received income above paid support under court order this month, indicate the amount paid (\$)

2. CHANGES IN HOUSEHOLD OR PROPERTY IN THE MONTH (ANSWER EACH QUESTION)

CHANGE	YES	NO	IF YES, GIVE NAME OF PERSON OR ITEM AND EXPLAIN WHAT CHANGED.	DATE CHANGED
A) DID SOMEONE MOVE IN OR OUT OF YOUR HOME?				
B) DID SOMEONE BECOME DISABLED, RECOVER FROM A DISABILITY OR DIE?				
C) DID SOMEONE START, REFUSE, LOSE, QUIT OR CHANGE JOBS OR TRAINING?				
D) DID SOMEONE MARRY, BECOME PREGNANT, GIVE BIRTH, OR OTHERWISE TERMINATE A PREGNANCY?				
E) DID YOU OR YOUR FAMILY RECEIVE, BUY SELL OR GIVE AWAY ANY REAL OR PERSONAL PROPERTY IN THE MONTH?				VALUE OF ITEM \$

F) OTHER (EXPLAIN):

COUNTY USE ONLY

3. DO YOU HAVE CHILDREN 18-20 YEARS OF AGE LIVING IN THE HOME FOR WHOM YOU ARE RECEIVING AID? If "Yes", list each child and complete entire section below. YES NO

Name	Age	Regularly Attending School or Training Program (list name of school or program)	Units/Hours per week	Explain Employment Status if Child is not Attending School or Training

IF YOU RECEIVE FOOD STAMPS COMPLETE THIS SECTION

4. A. HAVE YOU MOVED OR HAVE YOUR HOUSING COSTS CHANGED? If "YES", complete below. YES NO

CHANGE	NEW AMOUNT	HOW OFTEN BILLED
1) RENT/MORTGAGE PAYMENTS	\$	
2) PROPERTY TAXES/ASSESSMENTS (if not included in mortgage)	\$	
3) INSURANCE ON HOME (if not included in mortgage)	\$	

B. HAVE YOUR UTILITY COSTS CHANGED? YES NO

If "YES", complete below by checking the box(es) showing what utilities you are billed for and not paid by the landlord. NOTE: You can only switch between your actual utility bills and the state standard once every 3 months. If you want actual costs you must attach the utility stubs. Gas Water Sewage Electricity Phone Garbage Other (explain) None of these

C. If there is a change of more than \$25 in your medical costs for food stamp household members who are 60 years or older, or who receive Social Security Disability payments because of their disability, please complete this section. Also list names and medical costs, if any, of household members not previously reported who are 60 years or older or who began receiving Social Security Disability payments because of their disability. Attach bill(s) for all items listed below.

NAME	TYPE OF MEDICAL EXPENSE	AMOUNT BILLED	HOW OFTEN?
		\$	
		\$	

D. If anyone in your household does not receive AFDC, report any changes in his/her income, real or personal property, alien status or work registration. Attach pay stubs or other verification if the change in income is more than \$25 or income is from a new source.

NAME	CHANGE

5. DO YOU OR YOUR FAMILY (OR FOOD STAMP HOUSEHOLD) HAVE OTHER INFORMATION TO REPORT? YES NO

If "YES", explain below. Include new home or mailing address, new phone number, and if you become eligible for private medical/health insurance coverage. Also, explain any expected changes in your household, employment, income or property for NEXT MONTH.

CERTIFICATION

I understand that failing to report information or misrepresentation of facts for AFDC, Food Stamps, or Medi-Cal can result in legal prosecution. (For Food Stamps if income in your household purposefully holds back information they can be barred from the program for 3 months to 2 years; fined, imprisoned, or both.) I understand that I must contact my worker immediately to report any unexpected change that occurs or if I have any doubt about needing to report any changes. I declare that this is a complete report for the entire report month. I understand that information provided on this form may result in a decrease or termination of aid. You and your spouse or other parent of the child(ren) living in the home and other adults for whom aid is being received must sign the form.

"I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS OF FACT ARE TRUE AND CORRECT."

SIGNATURE (OR MARK) OF RECIPIENT

SIGNATURE OF SPOUSE, OTHER PARENT OR OTHER ADULT RECIPIENT

COUNTY WHERE SIGNED	DATE SIGNED	COUNTY WHERE SIGNED	DATE SIGNED
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HOME OR MAILING ADDRESS	TELEPHONE	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON COMPLETING FORM FOR RECIPIENT
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Your Monthly Report Has Changed!

Read this before you complete your Monthly Eligibility Report (CA 7). Many changes have been made to the monthly reporting form. For example, sections 1, 2 and 5 have been reworded. Section 4 is completely new. Read the whole form carefully before you complete it.

Section 1 still asks if you or your family have had any income at all in the month. If yes, use one line for each person and each source of income. Each line has amount and date boxes for up to five paydays. Note the example for entering the amount and date received. Be sure to enter the whole amount before deductions, and enter the month (mo.) and exact day the money was received.

If you have earnings, be sure to fill out Part B, Monthly Work Expenses. You must also include all pay stubs and receipts when you return the report. This will ensure that you receive the work related allowances you are entitled to.

Section 2 has five yes or no questions about household membership and property. You must answer **each** question. If you answer yes, explain what changed and include the exact date (month and day) of the change. Explain any other changes.

Section 4 is new and needs to be completed only if you receive Food Stamps. Parts A and B cover your housing costs including utilities. Part C is about medical expenses for certain household members, and Part D is for other information about any non-AFDC household members.

If you have any questions about completing the report form, please call your Eligibility Worker.

¡SU REPORTE MENSUAL HA CAMBIADO!

Lea esto antes de llenar su Reporte Mensual de Elegibilidad (CA 7). Se han hecho muchos cambios en la forma del reporte mensual. Por ejemplo, las secciones 1, 2 y 5 han sido expresadas con otras palabras. La sección 4 es completamente nueva. Lea con cuidado la forma entera antes de llenarla.

La sección 1 todavía le pregunta si usted o su familia ha tenido algunos ingresos durante el mes. Si es así, utilice una línea para cada persona y cada origen del ingreso. Todas las líneas tienen casillas para la cantidad y la fecha para un máximo de 5 días de pago. Vea el ejemplo para anotar la cantidad y la fecha en la que fue recibida. Asegúrese de que ponga la cantidad completa antes de las deducciones, y el mes y el día exacto en que el dinero fue recibido.

Si usted tiene ganancias, asegúrese de que llene la Parte B, Gastos Mensuales de Trabajo. También tiene que incluir todos los talones de sueldo y recibos cuando vuelva a trabajar. Esto le asegurará que recibirá las deducciones relacionadas al trabajo a las cuales tiene derecho.

La sección 2 tiene cinco preguntas de sí o no tocante a los miembros del hogar y las propiedades. Tiene que contestar **todas** las preguntas. Si contesta sí, explique lo que ha cambiado e incluya la fecha exacta (mes y día) del cambio. Explique cualquier otro cambio.

La sección 4 es nueva y tiene que llenarla sólo si recibe las Estampillas para Comida. Las partes A y B se tratan de sus gastos de la casa incluyendo utilidades. La parte C es tocante a los gastos médicos para ciertos miembros del hogar, y la parte D es para otra información sobre miembros del hogar que no reciben AFDC.

Si tiene algunas preguntas sobre cómo llenar el reporte, por favor llame a su Trabajador de Elegibilidad.

FORM CA 7 CHANGES
November 1979

Page 1 (Title and Instruction Area)

- Changed title to Monthly Eligibility Report.
- Deleted "changes to statement of facts (CA 2)".
- Relocated "This form is needed to determine...", underneath the title.
- Deleted the reference to the personal meeting.
- Added "Instructions" heading.
- Deleted reference to return CA 7 "in the enclosed envelope". (Although this wording has been deleted counties are still required to provide a self-addressed stamped envelope.)
- Added sentence about the phrase "You or Your Family...".
- Added "Worker" and "Phone" spaces to the address area.
- Redesigned Question 1 into Questions 1A, B, and C. Reworded Question 1A and removed the income examples. Reduced the column "who receives income" from six lines to three. Redesigned "date" and "amount" columns and provided space lines for the reporting of up to five pay periods for each person.
- Added in 1B, under transportation expenses method column "borrowed car, own car".
- Combined and reworded Questions 2 and 4 into a new Section 2.

Page 2

- Reworded Question 3 and reduced the number of lines from three to five.
- Added Section 4. To be completed by food stamp households in which some or all members receive AFDC.
- Reworded Question 5 to apply to both AFDC and Food Stamps.

Certification Section

- Added civil and criminal penalty statement for Food Stamps.
- Added the statement "I declare that this is a complete report for the entire report month."
- Added the statement "I understand that information provided on this form may result in a decrease or termination of aid."
- Rearranged signature block.