

DEPARTMENT OF SOCIAL SERVICES

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



April 5, 1982

ALL-COUNTY INFORMATION NOTICE I-41-82

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FORM CA 7 (FOR MONTHLY REPORTING OF AFDC/FS
INFORMATION JOINTLY, AND RCA/ECA)

REFERENCE:

ACIN I-07-82 IMPACT ON AFDC FORMS
ACIN I-34-82 AFDC FORMS IMPACTED BY THE FEDERAL OMNIBUS
BUDGET RECONCILIATION ACT REGULATIONS (PART II)

Attached is:

- 1) A copy of the revised form CA 7 (For monthly reporting of AFDC/FS information jointly, and RCA/ECA),
- 2) A list of all changes made to the CA 7 (Attachment I), and
- 3) A recipient stuffer notice in English and Spanish to call attention to the CA 7 changes (Attachment II)

A. CA7 Revision

The primary purpose of this revision of the CA 7 is to accommodate the regulation changes resulting from the Federal Omnibus Budget Recovery Act of 1981.

This revision also addresses the California Welfare Director's Association (CWDA) and California Welfare Fraud Investigator's Association (CWFIA) concerns with the current CA 7 as well as making additional improvements to facilitate efficient and effective completion by both AFDC and food stamps recipients.

Input for the revision of the CA 7 was received from a wide variety of sources including approximately 25 counties, via the CWDA's Family Eligibility and Grant Subcommittee, CWFIA, Welfare Case Data System Joint Committee, the AFDC County Forms Advisory Committee and the CWDA Subcommittee on Food Stamp Forms.

The significant changes made to the CA 7 are:

- 1) Added penalty language for late report of earnings
- 2) Added language informing recipients to report stepparent income
- 3) Added language informing recipients to indicate if they no longer want aid
- 4) Redesigned Section 1, added income examples, deleted supplemental payment statement and relocated the phrase "attach all pay stubs for earned income..." from 1B
- 5) Revised section 1B and relettered as 1C
- 6) Revised section 1C and relettered as 1B
- 7) Relocated Section 2 on the backside and separated "E" into two questions, citing examples for each; and added "strike" language to 2C
- 8) Added Section 2G
- 9) Redesigned and reworded Section 3
- 10) Redesigned Section 4 and modified the food stamp language to simplify and clarify the collection of information
- 11) Reworded Section 5 and improved format to highlight question
- 12) Revised language in the "certification" section to further define, clarify and strengthen these statements; and
- 13) Provided separate recipients' "home" and "mailing" address boxes and expanded "home" address area to collect additional residential information.

In the food stamp section of the form, the language has been simplified and the format redesigned in order to improve the collection of information. It contains three basic questions, lettered A, B and C with a column to check "yes" and a blank area to explain the changes, if any. In addition, examples of changes have been cited to assist the recipient in completing the form more accurately.

All food stamp reporting requirements as specified in regulations remain the same. If the food stamp section is not filled out, the county will assume that the household has no food stamp changes to report, other than those already noted in the rest of the CA 7.

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

List of Changes to CA 7

The attached list of changes (Attachment I) will allow counties to easily identify all of the changes made to the CA 7 since it's last revision.

Recipient Notice (CA 7 Form Changes)

The stuffer notice (Attachment II) is provided to inform recipients of the changes to the CA 7. It is for a one-time-only use. Supplies of the stuffer will not be printed. Counties are encouraged to include it with the first mailing of the revised CA 7, and also with the Spanish CA 7 when available.

Additional Information

Supplies of the CA 7 should be available in early June, 1982 and may be ordered from the Department of Social Services warehouse via the GEN 727 B County forms order. In the meantime, counties may print or duplicate the CA 7 form and begin using it immediately.

The Spanish translation of the CA 7 is underway. Counties that want a camera ready copy of the Spanish CA 7 can request it through the AFDC Forms Coordinator. Until the Spanish version is available counties must continue to use the appropriate CA 7 Attachment with the current Spanish CA 7 (November 1979).

It is also expected that master copies of the Vietnamese translation of the CA 7 form which may be used for reproduction will be available by April 15, 1982. Other Indochinese translations will be available soon after. Supplies of the Indochinese translations, however, will not be printed and stocked. If you want copies of the Indochinese translations, contact:

Public Inquiry and Response
Language Services Unit
744 P Street, M.S. 16-24
Sacramento, CA 95814

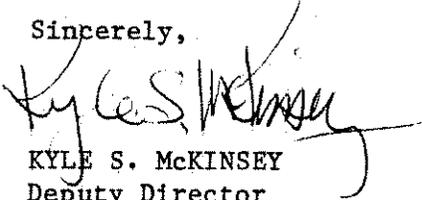
As with all new or revised AFDC or Food Stamp Forms, your comments and suggestions for future improvements are welcome. Additionally, if you have comments or suggestions for the revision of the other AFDC forms, please forward them to:

AFDC Forms Coordinator
AFDC Program Systems Bureau
744 P Street, M.S. 16-31
Sacramento, CA 95814
(916) 322-5330

Food Stamp Forms Coordinator
Food Stamp Policy Coordination Bureau
744 P Street, M.S. 15-52
Sacramento, CA 95814

If you have any questions about the revised CA 7 or recipient notices, 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 Program Consultant at (916) 322-5475. Questions relating to the use of the CA 7 for RCA/ECA reporting should be directed to your Refugee Program Consultant at (916) 322-3141.

Sincerely,



KYLE S. MCKINSEY
Deputy Director
Welfare Program Operations

Attachments

MONTHLY ELIGIBILITY REPORT

THIS REPORT IS FOR THE MONTH OF:

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

Complete, sign, date and return this form **AFTER** the last day of:

- Answer all questions in ink, sign, date and **RETURN**. This report is due on the 5th of the month. If you fail to report earned income by the 11th, the standard work disregard, dependent care disregard and, if otherwise eligible for it, the 30 and 1/3 earnings disregard will not be deducted in computing your grant. If the report is not received, is late or is incomplete; your aid payment and Medi-Cal benefits may be delayed or discontinued.
- "You or your family" means all persons for whom you receive aid. It also means the aided children's parents, stepparents and your spouse if living in the home.

Worker: _____ Phone: _____

NOTE: If you or your family no longer want aid check (✓) this box , indicate the reason why you no longer want aid, complete the signature block and return the form by the due date. Reason:

- ① A. **DID YOU OR YOUR FAMILY (INCLUDING STEPPARENT AND CHILDREN) RECEIVE ANY INCOME, MONEY OR BENEFITS IN THE MONTH, SUCH AS:** Earnings, Training Payments, Earned Income Tax Credit Payment, Strike Benefits, Social Security/Railroad Retirement, Unemployment/Disability Insurance, Workers Compensation, SSI/SSP (Gold Checks), Child/Spousal Support, Loans, Grants, Tax Refunds, Contributions, Free Housing, Utilities, Etc.? YES NO
- If "Yes", complete section below.

(ATTACH ALL PAY STUBS FOR INCOME, EARNINGS OR TRAINING)

Who Received Income, Money or Benefits?	Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Source (If Earnings, List Employer)	Enter Dollar Amount and Actual Date(s) Received. If Earnings, Enter Gross Amount Before Deductions. Example: AMOUNT \$123.50 DATE 10/31				
			1st Pay Period	2nd Pay Period	3rd Pay Period	4th Pay Period	5th Pay Period
			AMOUNT \$ DATE	AMOUNT \$ DATE	AMOUNT \$ DATE	AMOUNT \$ DATE	AMOUNT \$ DATE
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		AMOUNT \$ DATE	AMOUNT \$ DATE	AMOUNT \$ DATE	AMOUNT \$ DATE	AMOUNT \$ DATE
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No		AMOUNT \$ DATE	AMOUNT \$ DATE	AMOUNT \$ DATE	AMOUNT \$ DATE	AMOUNT \$ DATE

- B. **DID ANYONE LISTED ABOVE PAY COURT-ORDERED SUPPORT IN THE MONTH?** YES NO

IF YES, ENTER AMOUNT PAID \$ _____

- C. Complete this section only if you have earnings. Attach a separate receipt showing the cost of child/dependent care for each person. If self employed, list and explain your business expenses on a separate sheet of paper.

PERSONS CLAIMING EXPENSES	Number of Days Worked in The Report Month	Number of Hours Worked in The Report Month	Child/Dependent Care Costs (Attach Receipts)
1.			\$
2.			\$
3.			\$

COUNTY USE ONLY

E.W. INITIALS: _____ DATE: _____

② CHANGES IN YOUR HOUSEHOLD OR PROPERTY IN THE MONTH. You must check (✓) each question "Yes" or "No".

Change	Yes	No	IF "YES", give name of person or item and explain what changed.	Date of Change
A. Did someone move into or out of your house?				
B. Did someone become disabled, recover from a disability or die?				
C. Did someone, start, refuse, lose, quit or change jobs or training or go on a labor strike?				
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 property, such as: a house, land, etc?				VALUE OF ITEM \$
F. Did you or your family have any personal property changes, such as: open or close a checking or savings account, receive, buy, sell or give away a motor vehicle, camper, boat, etc.?				VALUE OF ITEM \$
G. Do you or your family have a checking or savings account?	Checking Account Balance at end of the month:			\$
	Savings Account Balance at end of the month:			\$

③ DO YOU HAVE CHILDREN AGE 16, 17 OR 18 YEARS OF AGE LIVING IN YOUR HOME FOR WHOM YOU RECEIVE AID? If "Yes", list each child and complete entire section below. YES NO

Child's Name	Age	Attending School Full Time?	IF "YES" Give Name of School	Hours Per Week	Expected Date of Graduation	If not attending, give reason
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				

④ IF YOU RECEIVE FOOD STAMPS AND A CHANGE OCCURRED COMPLETE THIS SECTION. (For A and B, explain the type of change, amount and billing period, for example: My share of rent increased to \$200 monthly, my electricity bill increased to \$50 a month, etc. For C, explain the type of change, when it changed and the amount if applicable. If you moved, you must report your new shelter costs.)

A. Have your housing costs changed, such as: rent, house payment, taxes, house insurance, etc.?	<input checked="" type="checkbox"/> YES	EXPLAIN
B. Have your utility costs changed, such as: gas, electricity, phone, water, garbage, etc.?		
C. Has anyone in your household, who does not receive AFDC, had any changes in his/her income, acquired a licensed vehicle, stocks, bonds or other money?		

⑤ DO YOU OR YOUR FAMILY (OR FOOD STAMP HOUSEHOLD) HAVE OTHER INFORMATION TO REPORT, SUCH AS:

A new address or phone number, a change in the court-ordered support obligation, new information on the whereabouts of an absent parent(s), new medical/hospital/dental/vision/ or any other insurance coverage, etc? YES NO

If "Yes", explain below. Also explain any expected change(s) in your household, for example, change(s) in (a) income, (b) hours of employment, (c) court-ordered support, obligations, (d) property, (e) any other changes and (f) whether these changes are expected to be permanent or temporary, also note the date you expect the change(s) to occur.

CERTIFICATION

- I understand that failing to report information, or misrepresentation of facts for AFDC, Food Stamps, Medi-Cal, Refugee Cash Assistance or Entrant Cash Assistance can result in legal prosecution with penalties of a fine, imprisonment or both. In addition, the household can be disqualified from the Food Stamp Program.
- I understand that I must contact my worker to report any unexpected change(s) that affect my AFDC, Refugee Cash Assistance or Entrant Cash Assistance eligibility or grant within 5 days of the occurrence or if I have any doubt about needing to report any change(s).
- I understand that information provided on this form may result in a decrease or termination of aid and benefits.
- I understand I have the right to file for a State Hearing on any proposed action by the welfare department.
- I declare that this is a complete report for the entire report month.

You and your aided spouse or the other parent of the aided child(ren) living in the home must sign the form.

HOME ADDRESS OF RECIPIENT (NUMBER, STREET NAME, AVENUE, BLVD., ETC.)	APT. NO.	CITY	STATE	ZIP CODE	PHONE NO.
MAILING ADDRESS OF RECIPIENT (IF DIFFERENT THAN HOME ADDRESS)		CITY	STATE	ZIP CODE	

COUNTY WHERE SIGNED	DATE SIGNED	COUNTY WHERE SIGNED	DATE SIGNED
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I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS OF FACT ARE TRUE AND CORRECT.

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

SIGNATURE (OR MARK) OF RECIPIENT OR CARETAKER RELATIVE

SIGNATURE OF AIDED SPOUSE OR OTHER PARENT

SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON COMPLETING FORM FOR RECIPIENT

DATE SIGNED

FORM CA 7 CHANGES

MARCH 1982

Page 1 (Instruction Area)

- Removed the word "Instructions" and reworded the paragraph as two distinct statements.
- Added penalty language for late report of earnings.
- Added the last day on which report must be received in order to avoid penalty.
- Relocated the state hearing statement on page two, in the Certification section.
- Made reference to "stepparents".
- Included a section for recipients to indicate if they no longer want aid.

Question 1A

- Redesigned section.
- Reworded the question to include stepparent and children and deleted the phrase "besides an AFDC payment".
- Removed the "supplemental payment" statement.
- Added the phrase "attach all pay stubs for income...."
- Added a new column "Full-time student?"

1B

- Revised 1B and relettered as 1C.
- Revised section 1C and relettered as 1B.

1C

- Deleted the "Number of tax exemptions claimed" column.
- Deleted "transportation expenses" and "other work-related expenses" columns.
- Reworded the headings of several columns.
- Added "EW initials" and "date" in county use only section.

Page 2

Question 2

- Relocated question 2 at the top of second page.
- Added the statement "you must check (✓)... "Yes" or "No".
- Added the phrase "... or go on a labor strike?" to 2C.
- Separated real property from personal property in 2E and listed examples for each.
- Added 2G.

Question 3

- Modified wording, redesigned section and rearranged columns.

Question 4

- Modified wording and redesigned section. Section contains three basic questions and a blank area to explain changes.

Question 5

- Included additional examples and provided more space for explaining changes.

CERTIFICATION SECTION

- Reworded first statement to clarify that equal penalties apply to all programs using the forms.
- Defined time period for reporting changes, i.e., within five days of the occurrence.
- Included state hearing statement.

SIGNATURE SECTION

- Separated mailing address from home address.
- Designed home address section to provide additional residence information.
- Added a second perjury statement for other signature(s).
- Added "caretaker relative" to signature block.

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

CHANGES TO YOUR MONTHLY REPORT.

Read this before you complete your MONTHLY ELIGIBILITY REPORT (CA 7). Some wording and design changes have been made to the monthly reporting form. Read all of the form carefully before you begin to complete it. If you work, note in particular the penalties that now apply for a late report of your earnings.

If you or your family no longer want aid complete only the section at the top of the form which has been added for your convenience.

SECTION 1 still asks if you or your family (including the stepparent and children) have had any income, money, or benefits in the month. Some examples of income, money and benefits are listed to give you an idea of what types to report. Income, money or benefits is not limited to this list - YOU MUST REPORT ALL TYPES.

If you answer yes to this question, use one line per person. Enter WHO had income, (Check if this person is a full-time student) SOURCE of income, ACTUAL DATE(S) RECEIVED AND AMOUNT. You must attach all pay stubs from earnings or training.

If you have earnings, also fill out Parts B and C, be sure to include child/dependent care receipts when you return the report. This will ensure that you receive this work-related allowance you are entitled to.

SECTION 2 has seven yes and no questions (A-G) about household members and property. You must answer EACH question by checking either "Yes" or "No". If you check "Yes", explain the change.

SECTION 3 has two new columns, one to indicate if the child is attending school full-time and the other to note the expected date of graduation.

SECTION 4 needs to be completed only if you receive food stamps and a change has occurred. Part A and B cover your housing and utility costs. Your new housing and utility costs must now be reported if you moved. Part C asks for other information about any non-AFDC household members. If you check "Yes", give complete details in the "Explain" section.

Also, read the "CERTIFICATION" section carefully. Changes have been made to further clarify the information within this section. If you have any questions about the form, call your eligibility worker.

CAMBIOS A SU REPORTE MENSUAL

Lea esto antes de completar su REPORTE MENSUAL DE ELEGIBILIDAD (CA 7). Ha habido algunos cambios en el diseño y en la redacción de la forma mensual de reportar. Lea toda la forma con cuidado antes de empezar a llenarla. Si usted trabaja, preste atención especialmente a las sanciones que ahora aplican a los reportes de ganancias tardías.

Si usted o su familia ya no desea ayuda, complete la sección en la parte superior de la forma, la cual ha sido agregada para su conveniencia.

La SECCIÓN 1 aún pregunta si usted o su familia (incluyendo al padrastro/madrastra y niños) ha tenido cualquier ingreso, dinero o beneficios durante el mes. Algunos ejemplos de ingresos, dinero y beneficios están indicados para darle a usted idea de lo que debe reportar. Los ingresos, dinero, o beneficios no se limitan sólo a lo mencionado en esta lista. USTED DEBE REPORTAR TODA CLASE.

Si contesta que sí a esta pregunta, use una línea para cada persona. Indique QUIÉN tuvo ingresos, (indique si esta persona es estudiante de tiempo completo), el ORIGEN de los ingresos, FECHA(S) ACTUAL(ES) EN QUE SE RECIBIERON Y LA CANTIDAD. Debe adjuntar todos los talones de los cheques de salarios o de entrenamiento.

Si tiene ingresos, también llene las partes B y C, asegúrese de incluir recibos de cuidado de niños/personas a su cargo cuando devuelva el reporte. Esto asegurará que reciba las deducciones relacionadas con el trabajo a las que tiene derecho.

La SECCIÓN 2 tiene siete preguntas (A-G) a las cuales se debe contestar sí o no tocante a los miembros del hogar y la propiedad. Usted debe contestar CADA pregunta marcando "Sí" o "No". Si contesta que "Sí", debe explicar el cambio.

La SECCIÓN 3 tiene dos columnas nuevas, una es para indicar si el niño asiste a la escuela tiempo completo y la otra es para indicar la fecha en la cual se espera que se gradúe.

La SECCIÓN 4 sólo se debe contestar si usted recibe Estampillas para Comida (FS) y ha ocurrido algún cambio. Las partes A y B se refieren a sus gastos de vivienda y servicios públicos. Sus gastos de vivienda y de servicios públicos nuevos ahora deben ser reportados si se mudó. La parte C requiere más información acerca de cualquier miembro del hogar que no esté recibiendo Asistencia a Familias con Niños Necesitados (AFDC). Si usted marca "Sí", dé una explicación completa en la sección señalada "Explique".

También lea con cuidado la sección llamada "CERTIFICACIÓN". Se han hecho cambios para aclarar más la información contenida en esta sección. Si tiene cualquier pregunta acerca de este formulario, llame a su trabajador(a) de elegibilidad.