STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 322-5330

June 23, 1986

ALL COUNTY INFORMATION NOTICE NO. I-56-86

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STREAMLINED CA 7 MONTHLY ELIGIBILITY REPORT

REFERENCE: ACIN I-100-85
ACIN I-34-86

This is to provide you with an update on the progress of the streamlined CA 7 project.

As you know, counties were solicited to participate in a pilot test of the revised form. There was an excellent response to the request. From the list of volunteers, the following counties were selected to pilot the new CA 7: El Dorado, Kern, Los Angeles, Sacramento and Yolo. The selected control counties are Humboldt, Placer and San Joaquin.

The pilot test will begin July 1, 1986 and continue through the December 1986 report month. In the event of an intercounty transfer from a pilot to a non-pilot county, the new CA 7 should be accepted in the non-pilot county. The current CA 7 should be accepted in the pilot county as well. Attached for your reference is a copy of the new CA 7 and the recipient informing notice that will be sent to the recipient in July 1986 along with the new CA 7.

We will keep you informed on the progress of the pilot and will be looking forward to working with all of the counties for the statewide implementation of a streamlined CA 7 in mid 1987.

If you have any questions regarding the pilot test or the statewide implementation of a new form, please contact Dianne M. Edwards of the AFDC and Food Stamp Policy Implementation Bureau at (916) 322-5330.

ROBERT A. HORAL
Deputy Director

Attachments

cc: CWDA

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

MONTHLY ELIGIBILITY REPORT

REPORT MONTH

For Cash Aid and Food Stamp Benefits

INSTRUCTIONS

- Complete and return this report by the 5th of the month. If a complete report is not received by the 11th, you will not get the Cash Aid work allowances and your benefits may be delayed, lowered, or stopped.
- Answer **ALL** of the questions. If the answer to any question or part of any question is **YES**, read and complete the rest of the section. Attach a separate sheet of paper if needed.
- If you receive Food Stamps, answer for everyone in your household. If you do not receive Food Stamps, answer for everyone receiving Cash Aid, the children's parents, stepparents and your spouse if in the home.
- **Attach proof** of reported income and expenses or your benefits may be lowered or stopped.

Need Help? Call your worker. Worker: Phone:

1. Did anyone work or was anyone in a training program? ☐ YES ☐ NO

- If **YES**, list all earnings or training allowances received during the month. List who received income, the employer's name, gross amount before deductions, actual date received, and the number of days and hours worked in the month. **Attach paystubs or other proof of earnings.**
- If self-employed, list business expenses on a separate sheet of paper and **attach proof** of income and expenses.

NAME	SOURCE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	DAYS	HOURS
NAME	SOURCE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	DAYS	HOURS

- If anyone above paid for care of a child or disabled adult while working or in training, complete below. **Attach proof.**

Who Received Care?	Cost of Care	Who Received Care?	Cost of Care
	$		$
	$		$

- If you received Cash Aid and anyone in your home had earnings and paid any court ordered support in the month, list the amount paid. **Attach proof.** $_____ $_____ $_____.

2. Did anyone receive money or benefits from any other source? ☐ YES ☐ NO

Such as: Social Security, Railroad Retirement, Unemployment/Disability Insurance, Interest, Worker's Compensation, SSI/SSP, Child/Spousal Support, Child Support Disregard, Loans, Grants, Earned Income Credit, Strike Benefits, Tax Refund, Cash, Lottery Winnings, Gifts, Free Housing, Utilities, Food, or Clothing

- If **YES**, complete below. List who received, source, gross amount and actual date received. **Attach proof** of any changes.

NAME	SOURCE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE
NAME	SOURCE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE	AMOUNT $ DATE

- If you received Cash Aid and anyone in your home had income and paid any court ordered support in the month, list the amount paid. **Attach proof.** $_____ $_____ $_____.

COUNTY USE ONLY E.W. INITIALS DATE:

3. Did you move, change your address, have changes in shared housing, have changes in housing costs, or do you claim actual utility costs? ☐ YES ☐ NO

- If **YES**, check the box(es) that applies to you and include the facts asked for.

☐ I claim actual utility costs. (Food Stamps Only) **Attach proof** of costs.

☐ My address changed. Complete below. If you get Food Stamps, **attach proof** of rent or housing costs, property taxes, and/or insurance and utilities you pay.

☐ The amount I pay for rent or housing changed. If you get Food Stamps, complete below and **attach proof** of costs.

☐ There is a change in my shared housing or a change in the amount paid by someone who is helping me pay for my housing and/or utilities. **Attach proof** that shows what was paid, who paid and the amount paid.

HOME ADDRESS (Number, Street Name, Avenue, Blvd., etc.)	APT. NO.	CITY	STATE	ZIP CODE	DATE OF CHANGE

MAILING ADDRESS (If Different Than Home Address)	CITY	STATE	ZIP CODE	DATE OF CHANGE

RENT OR HOUSING COST	I PAY FOR THE FOLLOWING UTILITIES AT MY NEW ADDRESS:
$	

4. Did anyone move into or out of your home? (Include a household member who died and/or a newborn.) ☐ YES ☐ NO

- If **YES**, list the name of anyone that moved into or out of your home during the month, the date of the change and what kind of change took place.

FULL NAME	RELATIONSHIP TO YOU	DATE	WHAT HAPPENED

5. Does anyone have anything else to report? (Include expected changes for this month or next month) ☐ YES ☐ NO

Examples:

- Start, stop, refuse a job, go out on strike, or reduce hours
- Start or stop school or college if age 16 or older
- Buy, sell or give away a motor vehicle, home, land, etc.
- Have a change in the end of month balance in checking or savings account(s)
- Become pregnant, have a baby, abort, or miscarry.
- Become disabled or recover from a disability
- Marry, divorce, or separate
- Have charge for care of a child or disabled adult while someone seeks work or attends school or training. **Attach proof.**
- Have medical expenses (a Food Stamp recipient, who is disabled or age 60 or older.) **Attach proof.**

- If **YES**, list and explain the change. **Attach proof** of pregnancy and/or any expenses.

SAMPLE

CERTIFICATION

- I understand that failing to report information or misrepresentation of facts for Cash Aid programs, Food Stamps or Cash-based Medi-Cal can result in legal prosecution with penalties of a fine, imprisonment or both. In the Food Stamp Program the penalties can result in permanent disqualification from the Program, fines up to $10,000 or imprisonment for up to 5 years. Disqualification penalties for Intentional Program Violation(s) are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.
- I understand that I must contact 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 occurrence or if I have any doubt about needing to report any changes.
- I understand that reported information may result in a decrease or discontinuance of benefits.
- 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 State of California that the information contained in this report is true and correct and is complete for the entire report month.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

For Cash Aid programs, you and your aided spouse (or the other parent of aided children) living in the home must sign the form.
For the Food Stamp Program, the head of household, a household member or the household's authorized representative must sign the form.

SIGNATURE OF CASH AID PARENT OR CARETAKER RELATIVE AND/OR FOOD STAMP HOUSEHOLD MEMBER	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED
▶		▶	

SIGNATURE OF CASH AIDED SPOUSE OR OTHER PARENT OF CASH AIDED CHILDREN	DATE SIGNED	PHONE NUMBER WHERE YOU MAY BE REACHED IN CASE YOUR WORKER NEEDS TO CONTACT YOU
▶		

BEFORE YOU MAIL THIS FORM:

- Make sure you answer ALL the questions.
- Have a witness sign and date if you signed with an "X".

THIS IS TO TELL YOU ABOUT A NEW MONTHLY REPORT FORM

SAVE THIS NOTICE TO HELP YOU NEXT MONTH

There has been a change in the CA 7 form. It looks different from the one you filled out last month. Here is some information to help you fill out the new CA 7. Some people will use a CA 7 form that looks different.

HOW YOU MUST REPORT

- You must answer each question on the CA 7 YES or NO. If you answer YES, you must give more facts and attach the proof needed.
- You must sign and date the CA 7 after the last day of the report month.
  - — If you get Cash Aid, you and your aided spouse or the other parent of the aided children living in the home must sign the form.
  - — If you get Food Stamps, the head of household, a household member or the household's authorized representative must sign the form.
- Your CA 7 may also be signed by:
  - — another person who helps fill out the CA 7.
  - — an interpreter.
  - — a witness to a mark.

WHEN YOU MUST REPORT

- Each month you must fill out a CA 7 so the County can tell:
  - — if you can still get Cash Aid and/or Food Stamps, and
  - — the amount of Cash Aid and/or Food Stamps you should get.
- The CA 7 is due by the 5th of the month.

WHAT YOU MUST REPORT

- All earnings and training allowances.
- If self-employed, list all business expenses.
- All other money such as Social Security, Unemployment or Disability Benefits, Pensions, Child Support, etc.
- Things you got for free such as: free housing or utilities, etc.
- All changes such as moving, selling or getting a car, getting married or divorced, etc.
- Someone moving into or out of the home, etc.
- Anything else that could change the amount of your benefits like refusing a job, pregnancy, charges for care of a child or disabled adult, etc.
- Any expected changes for this month or the next month.

WHO YOU MUST REPORT FOR:

- If you get only Cash Aid (no Food Stamps) report for these people that are in your home:
  - — All Children - natural, adopted, stepchildren.
  - — Children's parents - natural, adopted, stepparents.
  - — Other aided relative of the children.
- If you get Food Stamps report for these people that are in your home:
  - — All related adults.
  - — All children.
  - — Others that buy or prepare food with you.

PENALTIES

- You must sign the CA 7 under penalty of perjury. This means the facts you give us must be true and complete.
- If you do not report all income, training allowances, benefits or changes, you may:
  - — get too much money or too many food stamps and you may have to pay us back later.
  - — be investigated and prosecuted for fraud,
  - — be fined or jailed or both,
  - — be taken off the Food Stamp Program for six (6) or more months,
  - — not get the Cash Aid work related allowances.
- If your report is not received by the 11th your benefits may be late, lowered, or stopped.

Note: Each month your CA-7 is checked against county, state and federal records.

SEE OTHER SIDE FOR MORE INFORMATION

SAMPLE

MORE INFORMATION TO HELP YOU FILL OUT THE CA 7

WHAT WE MEAN WHEN WE SAY:

COURT ORDERED SUPPORT is the money a court has said you must pay for child or spousal support to a person who is not is the home. Tell us about any amount paid by a person on AFDC or a stepparent.

DISABLED for AFDC means: a disabled parent who cannot work or care for their children for at least 30 days due to a physical or mental condition.

DISABLED for Food Stamps means a household member who:
- gets Social Security Disability or
- a disabled veteran or
- the disabled surviving spouse or the disabled surviving child of a veteran.

HOUSING is your cost for rent, house/mortgage payments and insurance and property taxes (if not part of your house payment).

TRAINING ALLOWANCE is the money you get while you are training for a job.

UTILITY COSTS are the Food Stamp household's costs for gas, electricity, telephone, utility installation, garbage and trash pickup, water, sewage and others.
- **ACTUAL UTILITY COSTS** are the amounts that you must pay for your utilities. You must attach proof each month.

SHARED HOUSING OR UTILITIES is when someone who is not part of your Food Stamp household helped you pay your housing or utilities. Attach proof each month.

PROOF OF INCOME
- The original paystubs that show name of employer and person who worked, gross amount of pay before deductions, dates of pay period, etc.
- Copies of checks, award letters, loan papers, or other things that show where the money came from, the amount, and the person who got or will get the money, the free item or the benefit.

PROOF OF EXPENSES
- For care of a child or disabled adult; receipts, bills or cancelled checks that show name of the person cared for, cost of the care, and name of the person who paid for the care.
- For housing and utility costs; receipts or bills that show who pays and the amount due.
- For shared housing or utilities; receipts, bills or other things that show what was paid, how much each person paid, and which costs each person paid.
- For medical costs for the disabled or persons age 60 or older; bills, receipts, or cancelled checks that show name of the person who had the expense, the amount and the name of the person who pays.
- For court ordered support payment; receipts, cancelled check/money order that show who the payment was for and the amount paid.
- For self-employed; signed receipts, cancelled checks, statements from the person you get your supplies from.

SAMPLE

DON'T FORGET

- If your CA 7 is not complete you will be asked to do it again.
- If your CA 7 is late or not complete, your benefits may be late, lowered, or stopped.
- If you don't attach proof of your income and expenses, your benefits may be lowered or stopped.
- You must attach proof each month for:
  - Earnings or training allowance.
  - Court ordered support payments.
  - Costs for care of a child/disabled adult.
  - Medical expenses for disabled person or those age 60 or older (Food Stamps Only).
  - Utility costs, if you claim actual costs.
- You must attach proof for:
  - Other income or benefits when it starts, stops, or the amount changes.
  - Housing/utility bills when you move.
  - Housing bills when your costs change.
  - Changes in the end of the month checking or savings account balances.