

DEPARTMENT OF SOCIAL SERVICES
741 P Street, Sacramento, CA 95814



I-07-96

ALL-COUNTY INFORMATION NO.

TO: ALL COUNTY WELFARE DIRECTORS

<u>REASON FOR THIS TRANSMITTAL</u>	
<input checked="" type="checkbox"/>	State Law Change
<input checked="" type="checkbox"/>	Federal Law or Regulation Change
<input checked="" type="checkbox"/>	Court Order or Settlement Agreement
<input checked="" type="checkbox"/>	Clarification Requested by One or More Counties
<input type="checkbox"/>	Initiated by CDSS

SUBJECT: Revisions of CA 7 and SAWS 7

REFERENCE: All County Letters (ACL) 95-74, 95-49, 95-63, 95-61; Department of Health Services (DHS), All County Welfare Director's Letter (ACWDL) 95-63; and Sawyer v. Anderson and Tinoco v. Belshe Court Cases

This notice transmits copies of the revised Monthly Eligibility Report, CA 7 (11/95), and Monthly Eligibility/Status Report, SAWS 7 (11/95). Discussed are regulation changes that impact the current and pending revisions to these forms. The revisions in this All County Information Notice (ACIN) reflect specific program changes; update narrative; reformat and renumber items; and resequence examples of unearned income and family/household composition. Attachment A details the changes on the CA 7/SAWS 7.

The CA 7/SAWS 7 (11/95) may be revised in a few months in order to implement regulation packages for: (1) self-employment compatibility for the AFDC and Food Stamp (FS) Programs; (2) the new FS IPV penalties for firearms, ammunitions, explosives, and/or controlled substances; and (3) the Tinoco v. Belshe court case regarding the treatment of state disability insurance in the Medi-Cal program.

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)

The Certification sections in the CA 7/SAWS 7 have been revised to address an issue regarding fraudulent applications identified in the strategic plan, "Bringing Integrity to Welfare in California." Clients are informed that AFDC Intentional Program Violation (IPV) penalties will stop benefits for two years, four years, or forever, if they submit multiple applications or submit documents for nonexistent or ineligible children. ACL 95-74 transmitted the emergency regulations to implement these new AFDC IPV penalties.

AFDC AND MEDI-CAL

Because of the Sawyer v. Anderson court case, Temporary Workers Compensation (TWC), which is also known as Temporary Disability Indemnity Payment (TDI), is treated as earned income in the AFDC and Medi-Cal Programs. The implementation

plans were transmitted via ACL 95-61 for AFDC and DHS's ACWDL 95-63 for Medi-Cal. TWC will continue to be treated as unearned income in the FS Program.

FOOD STAMPS

These revisions accommodate new FS regulations related to reporting changes for child support payments and medical deductions for the elderly/disabled. See ACL 95-49 regarding child support deductions and ACL 95-61 for medical deductions.

STOCK

The California Department of Social Services will reproduce six months of stock. CWDs are advised to keep inventories small as they may not be able to deplete stock when the early 1996 revisions are implemented.

CAMERA-READY COPIES AND TRANSLATIONS

CWDs that need a camera-ready copy of the CA 7 or SAWS 7 may call the Forms Management Bureau at (916) 657-1907 for English and Spanish. For the Asian language versions (Chinese, Cambodian, and Vietnamese), call the Language Services Bureau at (916) 654-1282 or CALNET at 323-1282 or FAX the request to (916) 657-3429 or CALNET at 473-3429.

CONTACTS

- For questions about this letter or the revised CA 7/SAWS 7: Elizabeth Allred of the AFDC Policy Implementation Bureau at (916) 657-3350 or CALNET at 437-3350.
- For FS issues: Melissa Buchanan, of the Food Stamp Program Bureau at (916) 654-8467 or CALNET at 464-8467.
- For IPVs: the Fraud Bureau at (916) 445-0031 or CALNET at 485-0031.
- For questions about the Spanish or Asian language translations: Shirley LuKing at (916) 645-1277 or CALNET at 464-1277.

Sincerely,



BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments

c: CWDA
Frank Martucci, State Department of Health Services

BC: Welfare Programs Division
AFDC Program Branch
P. Sutherland
C. Metsker
M. Babcoke
Elizabeth Allred
Bureau Chron
C. Files
Cir. Copy
Subject File

eallred: OA: FORMS/7sacin and 7satt

OUTLINE OF CHANGES

CHANGES COMMON TO THE CA 7 AND SAWS 7:

Earned Income - Items 1 [on CA 7] and B1 [on SAWS 7]:

- o Narrative "Income" is revised to "Who Got Income."
- o Columns for response from a third family member are deleted.

Dependent Care Costs - Items 2/B2:

- o Subset items in 1/B1 on prior revisions are reformatted as new numbered items 2/B2 in response to a county staff concern that recipients usually missed seeing this request for information about dependent care costs.

Items 3/B3 - Unearned Income:

- o Examples of unearned income are sequenced.
- o Subset items "Name" and "Source" are revised to "Who Got Income" and to "Source of Income."

Items 4/B4 - Child Support Income/Payments:

- o Subset items in 2/B2 on prior revisions are reformatted as new numbered items 4a/B4a in response to a county staff concern that recipients usually missed seeing this request for information about receipt of and/or payment of child support.
- o New item B4b on the SAWS 7 regarding child support payments is updated and reformatted. Narrative is changed to "If any one paid court ordered child support this month, list the amount they paid and report any changes in the court order." This item is added to the CA 7 as item B4.

Items 5/B5 - Changes in Family and Household Composition:

- o Examples of changes in family/household composition that need to be reported are resequenced; narrative is added regarding temporary absences; and instructions on completing the subset items are streamlined.
- o Narrative for subset item "What Changed" is changed to "Explain What Changed."

Items 6/B6 - Other Changes:

- o Subset title for "Citizen/Alien status" is changed to "Citizenship/Immigration Status" and subsequent narrative is updated.
- o Narrative for "Medical Costs" is revised for FS.

Certification Section:

- o Added narrative for AFDC IPV: "If I file two or more applications for cash aid at the same time or I give the county false proof for an ineligible child or one that does not exist, my cash aid can be stopped for 2 years, 4 years, or forever."
- o Boldfaced type is used for the complete narratives in the three bullets outlining the civil, criminal and IPV penalties for welfare fraud.

Items 7/B7 - Signature Block:

- o Narrative describing "Who Must Sign" is incorporated below the penalty of perjury statement.

CHANGES TO THE CA 7 ONLY:

- o New item 6: the last bullet, "Insurance," is added at the request of the DHS.
- o Certification Section: the format is revised to parallel the two-column format on the SAWS 7.

CHANGES TO SAWS 7 ONLY:

- o Certification: narrative on Who Should Sign for Medi-Cal is revised from "Applicant" to "Beneficiary."



THIS REPORT IS FOR THE MONTH OF _____

MONTHLY ELIGIBILITY/STATUS REPORT

- Complete and return this report by the 5th of the month.
- If a complete report is still not in by the 11th, your benefits for Cash Aid, Food Stamps and Medical Assistance may be delayed, lowered or stopped. You will not get work allowances for Cash Aid.
- Important: If you don't want Cash Aid, Food Stamps and/or Medical Assistance anymore, fill in part A below, sign and date Item B (7) on the back of this form. Facts on who can sign are listed there.
- If you want to keep your benefits, fill in ALL questions in Part B below and attach proof when we ask for it or your benefits may be lowered or stopped.

Need Help? Call your worker.

Worker: _____ Phone: _____

PART A Discontinuance Request (If you fill in this part, sign and date Item B (6) on the back of this form)

I ask that my Cash Aid Food Stamps Medical Assistance be stopped on the last day of: _____ MONTH/YEAR

I know that I may reapply at any time.

PART B

- Answer all of the questions below. If you answer "YES", read and fill in the rest of the section. Attach a separate sheet of paper if needed.
- If you get Food Stamps, answer for everyone in your household. If you don't get Food Stamps, answer for everyone on Cash Aid and/or Medical Assistance including children, parents, stepparents and your spouse.

① Did anyone get money from a job or training program? YES NO

- If "YES", complete below. List all earnings or training allowances received during the month. Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions, actual date received, and the number of days and hours worked in the month. Check (✓) if for job or training. Attach paystubs or other proof of earnings.
- If self-employed: list business costs on a separate sheet of paper and attach proof of income and costs.

Who Got Income	Employer's name <input type="checkbox"/> Job <input type="checkbox"/> Training	Days Worked	Hours Worked	Amount \$ Date Received				

② If anyone above paid for care of a child, disabled person or other dependent while working or in training, list here and attach proof of payment.

Who Received Care?	Cost	Who Received Care?	Cost
	\$		\$

③ Did anyone receive money or benefits from any other source? YES NO

Include: Child/spousal/medical support; interest from checking/savings accounts or CDs; stock or bond dividends, etc. Social Security; Supplemental Security Income/State Supplemental Payment (SSI/SSP); railroad retirement; veterans. Workers Compensation; state disability insurance (SDI); unemployment; other disability; strike benefits. Lump sums - back government benefits; lottery winnings; money from insurance/legal settlements, etc. Cash, gifts; loans, grants, scholarships; tax refunds; rental income; free housing, utilities, food or clothing; or anything else.

- If YES, list who received, source, gross amount and actual date received. Attach proof.

Who Got Income	Source of Income	Amount \$ Date Received					

④ a. If you got Child Support this month and it covered more than one month, list the months it covered:

b. If anyone paid court ordered child support this month, list the amount they paid and report any changes in the court order. Attach Proof.

\$ _____

5) Did anyone move into or out of your home, or did you move in with someone else? Include: newborns, anyone who died; anyone who entered or left a hospital, nursing home, rehabilitation center, etc. If "YES" explain below. If move is into someone else's home, explain whose home and relationship. YES NO

FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT CHANGED	DATE OF CHANGE

6) Does anyone have anything else to report? (Include expected changes.) If YES, explain. Include name of person and date of change. Attach proof including any costs. YES NO

- Income: Starts, changes or stops.
- Job/ Training: Start, stop, quit, refuse a job or training, go out on strike, or change hours or pay.
- School: Start or stop school or college. Pay school transportation costs, tuition, etc.
- Property: Buy, sell, trade, give away, or get a motor vehicle, home, land, or trusts, etc.
- Checking/ Savings: Open/close a checking or savings account(s) or the balance is different at the end of the month.
- Disability: Became disabled, recover from a disability or a major illness.
- Citizenship/ Immigration Status: A citizenship or immigration status changes or anyone gets a new card or letter from INS.
- Babies: Become pregnant, have a baby, abort or miscarry.
- Marital: Marry, divorce, or separate.
- Dependent Care: Have cost for care of a child or disabled person or other dependent while someone works, seeks work or attends school or training.
- Medical Costs: Food Stamp recipients: anyone who is disabled, or age 60 or older may report new medical costs not being used to figure your current allotment amount. For Medical Assistance: medical costs that were due to an injury or accident caused by someone else.
- Insurance: Start, stop or change life, dental or health insurance benefits, including MEDICARE coverage.

ADDRESS CHANGE

Complete this section ONLY if you have moved or have a new mailing address.
 • Fill in your new address, new phone number and date moved below.
 • If you get Food Stamps, attach proof of your new housing costs such as rent and utility receipts/bills.

NEW HOME ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD., ETC.) APT NO.	CITY	STATE	ZIP CODE	NEW PHONE NUMBER ()
DATE MOVED / /	NEW MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)	CITY	STATE	ZIP CODE

CERTIFICATION

I understand that:

- I must contact my worker within 5 days of any change that may affect my eligibility for or the amount of my cash aid.
- I must contact my worker within 10 days of any change that may affect my eligibility for Medical Assistance Only or my Share of Cost.
- If I have any doubt about needing to report any changes, I must contact my worker.
- Facts I report may result in benefits going up, down, or being stopped.
- If on purpose I give wrong or incomplete facts for cash aid, food stamps, or Medical Assistance, I can be legally prosecuted with penalties of a fine, imprisonment, or both. I may be fined up to \$10,000 for cash aid and \$250,000 for food stamps, and/or I can be sent to jail/prison for 5 years for cash aid and 20 years for food stamps.
- YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.
- In the Food Stamp and Cash Aid Programs other penalties can result in permanent disqualification from the Programs. Disqualification penalties for Intentional Program Violation(s) (IPVs) stop cash aid and/or food stamps for 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.
- If I file two or more applications at the same time or I give the county false proof for an ineligible child or a child that does not exist, my cash aid can be stopped for 2 years, 4 years, or forever.
- California law says that I have committed a felony if I don't report any change in income, property, or family status without good cause, and more than \$400 is wrongly paid out.
- I have the right to ask for a state hearing on any proposed action by the county welfare department.

7) I declare under penalty of perjury under the laws of the United States and the State of California that the information contained in this report is true and correct and is complete for the entire report month.
 WHO MUST SIGN:

- For Cash Aid: you and your spouse (or the other parent of aided children living in the home) must sign the form.
- For Food Stamps: the head of household, a household member or the household's authorized representative must sign the form.
- For Medical Assistance: you, your spouse or the person acting for the beneficiary must sign the form.

SIGNATURE OR MARK 	DATE SIGNED	HOME PHONE ()	CONTACT PHONE ()
SIGNATURE OF SPOUSE OR OTHER PARENT OF CASH-AIDED CHILDREN 	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM 	DATE SIGNED



MONTHLY ELIGIBILITY REPORT

For Cash Aid and Food Stamps

THIS REPORT IS FOR THE MONTH OF _____

- Complete and return this report by the 5th of the month.
- If a complete report is still not in by the 11th, your benefits may be delayed, lowered or stopped. You will not get work allowances for Cash Aid.
- Answer all of the questions below and attach proof when we ask for it or your benefits may be lowered or stopped. Attach a separate sheet of paper if needed.
- If you get Food Stamps, answer for everyone in your household. If you don't get Food Stamps, answer for everyone on Cash Aid including children, parents, stepparents and your spouse.

Need Help? Call your worker.

Worker: _____

Phone: _____

① Did anyone get money from a job or training program? YES NO

- If "YES", complete below. List all earnings or training allowances received during the month. Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions, actual date received, and the number of days and hours worked in the month. Check (✓) if for job or training. Attach paystubs or other proof of earnings.
- If self-employed: list business costs on a separate sheet of paper and attach proof of income and costs.

Who Got Income	Employer's name <input type="checkbox"/> Job <input type="checkbox"/> Training	Days Worked	Hours Worked	Amount \$ Date Received				
Who Got Income	Employer's name <input type="checkbox"/> Job <input type="checkbox"/> Training	Days Worked	Hours Worked	Amount \$ Date Received				

② If anyone above paid for care of a child, disabled person or other dependent while working or in training, list here and attach proof of payment.

Who Received Care?	Cost	Who Received Care?	Cost
	\$		\$

③ Did anyone receive money or benefits from any other source? YES NO

Include: Child/spousal/medical support; interest from checking/savings accounts or CDs; stock or bond dividends, etc. Social Security; Supplemental Security Income/State Supplemental Payment (SSI/SSP); railroad retirement; veterans. Workers Compensation; state disability insurance (SDI); unemployment; other disability; strike benefits. Lump sums - back government benefits; lottery winnings; money from insurance/legal settlements, etc. Cash, gifts; loans, grants, scholarships; tax refunds; rental income; free housing, utilities, food or clothing; or anything else.

- If YES, list who received, source, gross amount and actual date received. Attach proof.

Who Got Income	Source of Income	Amount \$ Date Received					
Who Got Income	Source of Income	Amount \$ Date Received					

④ a. If you got Child Support this month and it covered more than one month, list the months it covered:

b. If anyone paid court ordered child support this month, list the amount they paid and report any changes in the court order. Attach Proof.

COUNTY USE ONLY

E.W. INITIALS

DATE:

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5 Did anyone move into or out of your home, or did you move in with someone else? Include: newborns, anyone who died; anyone who left or returned to the home after a temporary absence; anyone who entered or left a hospital, nursing home, rehabilitation center, etc. If "YES" explain below. If move is into someone else's home, explain whose home and relationship. YES NO

FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT CHANGED	DATE OF CHANGE

6 Does anyone have anything else to report? (Include expected changes.) If YES, explain. Include name of person and date of change. Attach proof including any costs. YES NO

- Income: Starts, changes or stops.
- Job/ Training: Start, stop, quit, refuse a job or training, go out on strike, or change hours or pay.
- School: Start or stop school or college. Pay school transportation costs, tuition, etc.
- Property: Buy, sell, trade, give away, or get a motor vehicle, home, land, or trusts, etc.
- Checking/ Savings: Open/close a checking or savings account(s) or the balance is different at the end of the month.
- Disability: Became disabled, recover from a disability or a major illness.
- Citizenship/ Immigration Status: A citizenship or immigration status changes or anyone gets a new card or letter from INS.
- Babies: Become pregnant, have a baby, abort or miscarry.
- Marital: Marry, divorce, or separate.
- Dependent Care: Have cost for care of a child or disabled person or other dependent while someone works, seeks work or attends school or training.
- Medical Costs: Food Stamp recipients: anyone who is disabled, or age 60 or older may report new medical costs not being used to figure your current allotment amount.
- Insurance: Start, stop or change life, dental or health insurance benefits, including MEDICARE coverage.

ADDRESS CHANGE

Complete this section ONLY if you have moved or have a new mailing address.
 • Fill in your new address, new phone number and date moved below.
 • If you get Food Stamps, attach proof of your new housing costs such as rent and utility receipts/bills.

NEW HOME ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD., ETC) APT NO.		CITY	STATE	ZIP CODE	NEW PHONE NUMBER ()
DATE MOVED / /	NEW MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)		CITY	STATE	ZIP CODE

CERTIFICATION

I understand that:

- I must contact my worker within 5 days of any change that may affect my eligibility for or the amount of my cash aid.
 - If I have any doubt about needing to report any changes, I must contact my worker.
 - Facts I report may result in benefits going up, down, or being stopped.
 - If on purpose I give wrong or incomplete facts for cash aid, food stamps, or cash based Medi-Cal, I can be legally prosecuted with penalties of a fine, imprisonment, or both. I may be fined up to \$10,000 for cash aid and \$250,000 for food stamps, and/or I can be sent to jail/prison for 5 years for cash aid and 20 years for food stamps.
 - Other penalties can result in permanent disqualification from the Programs. Disqualification penalties for Intentional Program Violation(s) (IPVs) stop cash aid and/or food stamps for 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.
 - If I file two or more applications at the same time or I give the county false proof for an ineligible child or a child that does not exist, my cash aid can be stopped for 2 years, 4 years, or forever.
 - California law says that I have committed a felony if I don't report any change in income, property, or family status without good cause, and more than \$400 is wrongly paid out.
 - I have the right to ask for a state hearing on any proposed action by the county welfare department.
- YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

7 I declare under penalty of perjury under the laws of the United States and the State of California that the information contained in this report is true and correct and is complete for the entire report month.

WHO MUST SIGN:

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

SIGNATURE OR MARK 	DATE SIGNED	HOME PHONE ()	CONTACT PHONE ()
SIGNATURE OF SPOUSE OR OTHER PARENT OF CASH-AIDED CHILDREN 	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM 	DATE SIGNED