

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 29, 1997

ALL COUNTY INFORMATION NOTICE I-27-97

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: CHANGES TO THE JA 2, STATEMENT OF FACTS FOR CASH AID
AND FOOD STAMPS

REFERENCE: ALL COUNTY INFORMATION NOTICE I-96-64 AND
ALL COUNTY LETTER NO. 95-38

This letter transmits the JA 2 (4/97), Statement of Facts for Cash Aid and Food Stamps. Narrative and format parallel the SAWS 2 (10/96) released in All County Information Notice I-96-64. See Attachment A for information about implementation, obtaining of camera-ready copies, translations, and stock. See Attachment B for a detailed outline of the changes to the form.

If you have any questions or need further information, please contact the following staff regarding the specific program areas:

- o The JA 2 and this letter: Elizabeth Allred at (916) 657-3350 or CALNET 437-3350;
- o Food Stamp Program: Melissa Buchanan at (916) 654-8467 or CALNET 464-8467;
- o Asian/Spanish translations: Shirley LuKung at (916) 654-1277 or CALNET 464-1277.

Sincerely,

BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments

c: CWDA

ATTACHMENT A

IMPLEMENTATION

For Aid to Families with Dependent Children and Food Stamp cases, non-ISAWS [Interim Statewide Automated Welfare System] counties have the option of using either the JA 2 or the SAWS 2 (Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal/State-Run County Medical Services Program). Counties that use the JA 2 are advised to implement the 4/97 version as soon as administratively feasible.

CAMERA-READY COPIES AND TRANSLATIONS

Counties needing a camera-ready copy of the English and Spanish (SP) versions may call the Forms Management Unit at (916) 657-1907 or CALNET at 437-1907. For Asian language versions (Chinese, Cambodian, and Vietnamese), counties may FAX their requests to the Language Services Bureau at (916) 657-3429 or CALNET at 473-3429. Counties may call (916) 464-1282 if only one form is being ordered.

STOCK

CDSS stock for the BC JA 2 and the BC JA 2 SP are exhausted. The California Department of Social Services (CDSS) will issue the Notice of Change Form (GEN 127) when the English and SP language versions of the forms are available. The English language version is expected to be available in late May 1997. The JA 2 SP is expected to be available at a later date. See the County Forms Catalog for the procedures for ordering forms from the CDSS Warehouse.

JA 2 CHANGES

The JA 2 (4/97) replaces the BC JA 2 (11/92). Differences between the JA 2 and the BC JA 2 are outlined below. "PAGE" numbers refer to placement on the JA 2. "New Item" number refers to the question number on the JA 2 and "Old Item" number to its placement on the BC JA 2.

PAGE 1

- o A "Work Pays" Logo is added.
- o The instructions section under the form title is reformatted into bullets and the narrative is revised.
- o New Item 1: Narrative is revised and applicant/caretaker relative information is numbered to parallel the SAWS 2.
- o New Item 2/Old Item 1: The following subset items regarding adults living in the home are revised and/or reformatted:
 - In the "Citizen/Non-Citizen Status" section narrative is revised and checkboxes are added for "Lawful Permanent Resident (LPR) and "Amnesty Alien with I-688."
 - The "Blind or Disabled" item is expanded to "Blind, Deaf, Disabled."
 - The "Pregnant" subset status question is added. Old item 3 "Is anyone pregnant?" is eliminated. Documentation of the WIC [Women, Infants, and Children] referral for the Special Supplementary Food Program is relocated to the "Regulations Met" section on Page 13, as follows: "Pregnancy verified/WIC Referral."
- o The County Use Only (CUO) section at the bottom of the form is reformatted and revised:
 - The first column adds new codes 15-17 for NON-HH [HOUSEHOLD]/ EXCLUDED MEMBERS for Food Stamps. Additionally current codes for items 10-13 are renumbered.
 - The second column is retitled "FS [FOOD STAMP] WORK/TRAINING EXEMPTIONS." Item "b" in the column is revised to "Mentally/physically unfit for work."
 - A third column adds codes for "FS ABAWD [Able Bodied Adults without Dependents] EXEMPTIONS (63-410.3)."
 - A fourth column adds the "GAIN EXEMPTIONS."

PAGES 1 AND 2

- o The County Use Only (CUO) columns to the right of items 2 and 3 are reformatted:
 - The abbreviations "SFU" and "AU" replace the terms "Standard Filing Unit" and "Assistance Unit" and "GAIN" [Greater Avenues for Independence] replaces "AFDC Status" in the "Work Registration/Exemption Codes" section.
 - "Citizenship/Immig[ration]" is changed to "Citizen/Non-Citizen." Separate checkboxes document verification of "Citizen," "Eligible Non-Citizen" and the "SAVE" [Systematic Alien Verification for Entitlements] on-line system. Also added is a place to document an eligible non-citizen's "Date Admitted to the U.S. [United States]."
 - On page 1: counties can document an "ABAWDS" work/training exemption code.

PAGE 2

- o New Item 3/Old Item 2 for children living in the home :
 - Narrative is revised to facilitate completion by the applicant/recipient.
 - "Birthdate" is revised to add "or Due Date." The subset items for "Citizenship/Immigration Status," "Blind, Deaf or Disabled," and "Pregnant" are changed to parallel the narrative/format in new item 2.
 - New subset item "Is Child Living in Your Home Now?" replaces old item 5.
- o New Item 4/Old Item 6:
 - Narrative is changed to "Does the other parent(s) of the child(ren) or unborn live with you? If NO, explain below."
 - Subset narrative is reworded and reformatted: "Name of Other Parent" and "Give the Reason the Other Parent Does Not Live in the Home."

PAGE 3

- o New Item 5 regarding a change in citizenship or immigration status is added.
- o New Item 6A/Old Item 4 regarding foster child(ren) is reworded.
- o CUO for Item 6A: Narrative and checkboxes are added to document foster child/caretaker relative's (CR) aid status for the Aid to Families with Dependent Children-Family Grant Program.
- o New Item 6B adds a question regarding household composition and the treatment of foster care payments in the FS program.
- o New Item 7 adds "Has anyone ever used any other name (Maiden, adoptive, etc.)?"

- o New Item 8/Old Item 7, regarding California residency is reformatted and now labelled for cash aid only.
- o New Item 8C/Old Item 8 regarding relocation to California from another state is included as a subset item to the California residency question. The CUO section is revised to document RFG [Relocation Family Grant] status.
- o New Items 9A and B/Old Items 9A and B: Narratives regarding sanctions, welfare fraud, and Intentional Program Violations (IPVs) are revised.
- o New Item 10 is added regarding fleeing felons and parole/probation violators. Format and narrative parallel the TEMP 2131, the required addendum to an application for FS.
- o New Items 11 and 12/Old Items 10 and 11 regarding separate FS household eligibility clarify that information is requested for persons "living with you." The "purchase food and prepare meals" narrative in item 12 is language simplified to parallel the "buy food and fix meals" narrative in item 11.

PAGE 4

- o New Items 13A and B/Old Items 14A and B: Subset items A and B regarding room and board are reversed and language simplified.
- o New Item 14/Old Item 12 for the FS Food Distribution Program and New Item 15/Old Item 13 for the eligible out-of home institutions: Each item is reformatted to facilitate completion by the applicant/recipient. The CUO section for item 14 is revised to document a FS eligible food program.
- o The CUO section for new item 16A adds yes/no checkboxes to document verification of "School Enrollment."
- o New Item 16B is added to obtain information regarding attendance, educational expenses, and financial aid status when attending college or a similar education institution.
- o New Item 17/Old Item 16: Narrative is revised and subset items are reformatted to obtain information for the Cal-Learn Program.
- o The CUO section for item 17 adds check boxes to document a referral to Cal-Learn and when a CA 25 [Supplemental Statement of Facts - Minor Parent] and a CA 25A [Payee Agreement for Minor Parent] are given to the minor parent.

- o New Item 18/Old Item 17: Narrative regarding military service and dependents is revised. A grid is inserted to obtain specific subset information. Narrative and yes/no checkboxes are added to obtain the "honorable discharge status" of the person serving in the United States military. The CUO section adds yes/no checkboxes for documenting honorable discharge status for FS.

PAGE 5

- o New Item 19/Old Item 18: Narrative regarding current and anticipated work status is revised and reformatted.
- o New Item 20A/Old Items 25A and 25B: Requests for child care and dependent costs are combined into new item 20A.
- o CUO for Item 20A: Narrative and checkboxes are added to annotate when "Trustline Informing (CCP 2)" and the "Health & Safety Certification (CCP 5)" are provided. Also added are yes/no checkboxes to document separate AFDC and FS eligibility for child care deductions.
- o New Item 20B is added to obtain information on reimbursement of child care costs.
- o New Item 21/Old Item 20: Narrative regarding the payment of child/spousal support is slightly modified.
- o New Item 22/Old Item 23: Narrative and format for voluntary quit or job refusal are revised. The CUO section is reformatted: Narrative and checkboxes for job refusal by a FS applicant are eliminated. Checkboxes are added to document when a "FS Work history [during the] last 120 days" is obtained.
- o New Item 23/Old Item 21 regarding strikes is reformatted and a new subset item is added: "Gross Monthly Income Earned From This Job Before the Strike."
- o New Item 24/Old Item 19 regarding application for or receipt of "unemployment or disability insurance benefits" (UIB) is reformatted.

PAGE 6

- o New Item 25/Old Item 22 adds "Is He/She a Native American? If YES, List Tribe." In the CUO section, yes/no checkboxes are added to document when a "Tribal JOBS Referral" is made.
- o CUO for Item 25: The table for determining the Principal Earner for AFDC is reformatted and reworded. The summary for "UIB" for person 25A is now located below the table.

PAGE 7

- o New Item 26A/Old Item 24: Narrative and format for the income question are revised.
- o New Item 26B adds "Does anyone expect a change in the current amount of money received now, such as a cost-of-living raise?"
- o New Item 27/Old Item 26: Narrative and format for the free or in-kind income question/CUO sections are revised.
- o New Item 28A/Old Item 27: Narrative and format changes for the real estate holdings/purchases question and CUO sections are revised.
- o New Item 28B adds an AFDC question: "Does anyone own a house that is not lived in now that he/she hopes to return to someday?"
- o CUO sections on Pages 7, 8, and 9 are revised to document page totals for "Countable property" for AFDC and FS.

PAGE 8

- o New Item 29A/Old Items 28A and 29: Instructive narrative for clients regarding liquid assets is streamlined and reformatted.
 - The subset table is reconfigured to separate some types of "resources;" to request information about additional types of resources; and to incorporate information about burial trusts and life insurance policies from old item 29.
 - The CUO section for new item 29A adds a checkbox for a "Restricted Account."
- o New Item 29B/Old Item 28B: Minor narrative and format changes are made for the question and subset table regarding current or anticipated income from real and personal property.
- o New Item 30/Old Items 30A and B: Narrative and format changes are made regarding personal property. The CUO section adds check boxes to identify property that is "Owned Jointly" or "Owned Separately."

PAGE 9

- o New Item 31/Old Item 34: Narrative and format changes are made for the question and the CUO section regarding transfer of real and personal property.
- o New Item 32/Old Item 30C: The motor vehicle sections completed by the applicant and the county are substantially reformatted.

PAGE 10

- o New Item 33/Old Item 31 is substantially reformatted to obtain more accurate information regarding housing costs.
- o New Item 34/Old Item 32 is substantially reformatted to obtain more accurate information regarding FS utility costs. The CUO section is modified for FS documentation of metering and proration of the SUA [Standard Utility Allowance].
- o New Item 35/Old Item 33: narrative is changed to include authorizing "someone else in your household...to pick up your food stamps...."

PAGE 11

- o New Items 36, 37, 38, 39, and 40/Old Items 35, 36, 37 and 38 for health insurance coverage and prior health care costs: Narratives and formats are changed and reformatted. Items are resequenced.
- o New Item 37 is now labeled for FS. The item is reformatted to determine the total amount eligible for a FS medical deduction.
- o The CUO section for item 37 documents when the "DFA 285-C [FS Supplemental Statement of Facts For Special Medical Deductions]" is given to the household. Additionally, the worker documents the amount of the Medicare premium eligible for a FS deduction in "Gross Premium."
- o New Item 41 identifies a disability caused by injury or accident for AFDC.
- o New Item 42/Old Item 39 is now labeled for FS. The CUO section is reformatted to separate verifications of medical needs for AFDC and FS.
- o New Item 42B obtains information regarding the receipt of "In-Home Supportive Services (IHSS)." The item identifies potential eligibility for cash aid to the higher MAP amount and for FS a medical deduction for out-of pocket IHSS expenses. The CUO section documents when a "DFA 285-C" is given to the FS household.

PAGE 12

- o New Item 43/Old Item 40: Narrative for AFDC special need status is changed.
- o New Item 44/Old Item 41: Narratives and formatting are changed in the social services sections: "Child Health and Disability Prevention Program (CHDP)" (new item 44A); "WIC" (new items 44B and C); and Family Planning Services (new item 44D).
- o CERTIFICATION SECTION:
 - The section is changed to a two-column format; information is resequenced; and cash aid penalties and food stamp penalties are stated separately.
 - Narrative regarding IPV's for FS and AFDC is updated.
 - In column two the first sentence in the fourth bullet is changed to add "and full Medi-Cal" and the final bullet adds narrative for FS regarding fleeing felons and parole/probation violators.

PAGE 13

- o The "REGULATIONS MET?" section: "Citizenship/Alien" is changed to "Citizen/non-citizen" [status]. The following items are added to the grid: "Pregnancy verified/WIC referral," "ABAWDs," "Referred for Health Care Options (HCO) Presentation (Managed Care)," and "Incapacity MAP Exemption."
- o The table documenting AFDC case status adds checkboxes for "Redetermination," "Selects CAAP [California Alternative Assistance Payment]," and "MAP Exemption."
- o The "FOOD STAMP TESTS" section is reformatted.



STATEMENT OF FACTS FOR CASH AID AND FOOD STAMPS

- Fill in the answers to all questions about the benefit(s) you are asking for. Print all answers in ink. The "CA" for Cash Aid and "FS" for Food Stamps listed to the left of each question tell you which questions are for each program.
- Give any proof (such as bills, receipts, and records) to support your answers. Tell your worker when you need help in getting proof or in filling out this form. If you need more space, attach another sheet.
- If you are asking for Food Stamps and you are not an adult member of the household, attach a written authorization signed by the head of household or other member of the household.

CA FS ① NAME OF PERSON APPLYING, OR CARETAKER RELATIVE OF CHILD(REN) FOR WHOM AID IS WANTED.			HOME PHONE ()		
HOME ADDRESS (NUMBER, STREET)			MAILING ADDRESS (IF DIFFERENT)		
CITY STATE ZIP CODE			CITY STATE ZIP CODE		
			DAYTIME PHONE ()		

COUNTY USE ONLY	
CASE NAME	
CASE NUMBER	
WORKER	DATE RCD
<input type="checkbox"/> New	<input type="checkbox"/> Restoration
<input type="checkbox"/> Redetermine	<input type="checkbox"/> Recertification
<input type="checkbox"/> Residency Verified	
<input type="checkbox"/> FS ID	
<input type="checkbox"/> FS Aged/Disabled Verified	

② For each **ADULT living in the home**, give us all the facts.

CA FS (A) APPLICANT'S NAME (FIRST, MIDDLE, LAST)			CITIZEN/NON-CITIZEN (✓) STATUS <input type="checkbox"/> Lawful Permanent Resident (LPR)		
RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE			BIRTHDATE / /		
SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F			SOCIAL SECURITY NUMBER		
PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO			BIRTHPLACE CITY STATE COUNTRY		
BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO			MARITAL STATUS (✓)		
TYPE OF AID REQUESTED (✓)			<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated		
<input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None			<input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		

<input type="checkbox"/> SFU	FS Non-HH/Excluded Member Code:	
<input type="checkbox"/> AU		
Work Registration/Exemption Codes:		
GAIN	FS	ABAWDS
VERIFIED: <input type="checkbox"/> Blind/Deaf/Disabled		
<input type="checkbox"/> SSN	<input type="checkbox"/> Eligible Non-Citizen	
<input type="checkbox"/> Citizen	Date of Entry in U.S.	
<input type="checkbox"/> SAVE		

CA FS (B) ADULT'S NAME (FIRST, MIDDLE, LAST)			CITIZEN/NON-CITIZEN (✓) STATUS <input type="checkbox"/> Lawful Permanent Resident (LPR)		
RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE			BIRTHDATE / /		
SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F			SOCIAL SECURITY NUMBER		
PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO			BIRTHPLACE CITY STATE COUNTRY		
BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO			MARITAL STATUS (✓)		
TYPE OF AID REQUESTED (✓)			<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated		
<input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None			<input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		

<input type="checkbox"/> SFU	FS Non-HH/Excluded Member Code:	
<input type="checkbox"/> AU		
Work Registration/Exemption Codes:		
GAIN	FS	ABAWDS
VERIFIED: <input type="checkbox"/> Blind/Deaf/Disabled		
<input type="checkbox"/> SSN	<input type="checkbox"/> Eligible Non-Citizen	
<input type="checkbox"/> Citizen	Date of Entry in U.S.	
<input type="checkbox"/> SAVE		

CA FS (C) ADULT'S NAME (FIRST, MIDDLE, LAST)			CITIZEN/NON-CITIZEN (✓) STATUS <input type="checkbox"/> Lawful Permanent Resident (LPR)		
RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE			BIRTHDATE / /		
SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F			SOCIAL SECURITY NUMBER		
PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO			BIRTHPLACE CITY STATE COUNTRY		
BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO			MARITAL STATUS (✓)		
TYPE OF AID REQUESTED (✓)			<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated		
<input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None			<input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		

<input type="checkbox"/> SFU	FS Non-HH/Excluded Member Code:	
<input type="checkbox"/> AU		
Work Registration/Exemption Codes:		
GAIN	FS	ABAWDS
VERIFIED: <input type="checkbox"/> Blind/Deaf/Disabled		
<input type="checkbox"/> SSN	<input type="checkbox"/> Eligible Non-Citizen	
<input type="checkbox"/> Citizen	Date of Entry in U.S.	
<input type="checkbox"/> SAVE		

COUNTY USE ONLY

FS NON-HH/EXCLUDED MEMBER (63-402)	FS WORK/TRAINING EXEMPTIONS (63-407.21)	FS ABAWD EXEMPTIONS (63-410)	GAIN EXEMPTIONS (42-789 THRU 42-799)
1. Separate HH (Purchase/prepare) (.12, .13)	a. Under 16/60 or older	1. ABAWD with FS Work/Training Exemption Code 63-407.21	01 Age under 16
2. Separate HH (Elderly/disabled) (.17)	a.(1) 16/17 not head of household; or	b, d, e, f, or h (.31)	02 School Attendance
3. Roomer (must be listed in (13)) (.211)	16/17 in school/training at least	2. Under 18/Over 50 (.321)	03 Illness or injury
4. Live-in attendant (.212)	1/2 time	3. Pregnant (.322)	04 Age 60 or older
5. Other shared living quarters (.213)	b. Mentally/physically unfit for work	4. Caring for any dependent (.323)	05 Incapacity
6. Ineligible alien (.221)	c. GAIN registered	5. Lives in ABAWD exempt area (.33)	06 Remoteness
7. Boarder (must be listed in (13)) (.3)	d. Cares for child under 6 or incapacitated person		07 Care of Another Individual in household
8. SSN disqualified (.222)	e. UIB registered		08 Care of Child Under Age 3 (Full)
9. IPV disqualified (.223)	f. Participant in drug/alcohol program		09 Pregnancy
10. Workfare sanctioned (.225)	g. 30 hour week/min. x 30		10 Working 30 hours per week
11. SSI/SSP recipient (.226)	h. Meets student eligibility reqs.		11 VISTA participant
12. Ineligible student (.227)			12 Care of Child Under Age 3 (Limited)
13. Work req. disqualified (.228)			
14. Questionable Citizenship (403.31)			
15. Vol. quit ineligible (408.2)			
16. Ineligible/disqualified ABAWD (410.4)			
17. Fleeing felon/parole or probation violator (.224)			

3 For each **CHILD** living in the home, child out of the home for a short time, an unborn or child you claim as a tax dependent, give us all the facts. If you are pregnant, list child as "unborn" and give due date.

COUNTY USE ONLY

<p>CA (A) CHILD'S NAME (FIRST, MIDDLE, LAST) FS</p> <p>SOCIAL SECURITY NUMBER _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>BIRTHPLACE (CITY/STATE/COUNTRY) _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None</p> <p>RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>CITIZEN/NON-CITIZEN (✓) STATUS <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Undocumented Alien <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> Refugee <input type="checkbox"/> Sponsored Alien</p> <p>BIRTHDATE or DUE DATE _____ BLIND, DEAF, OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MOTHER'S NAME _____</p> <p>FATHER'S NAME _____</p>	<p>CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)</p> <p>DEATH _____</p> <p>DISABILITY _____</p> <p>ABSENCE _____</p> <p>UNEMPLOYMENT _____</p>	<p><input type="checkbox"/> SFU <input type="checkbox"/> AU <input type="checkbox"/> CA 2.1/ CA 371</p> <p>FS Non-HH/Excluded Member Code: _____</p> <p>Work Registration/Exemption Codes: _____</p> <p>AFDC _____ FS _____</p> <p>VERIFIED: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> SSN <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Citizen <input type="checkbox"/> SAVE Date of Entry in U.S. _____</p>
<p>CA (B) CHILD'S NAME (FIRST, MIDDLE, LAST) FS</p> <p>SOCIAL SECURITY NUMBER _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>BIRTHPLACE (CITY/STATE/COUNTRY) _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None</p> <p>RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>CITIZEN/NON-CITIZEN (✓) STATUS <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Undocumented Alien <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> Refugee <input type="checkbox"/> Sponsored Alien</p> <p>BIRTHDATE or DUE DATE _____ BLIND, DEAF, OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MOTHER'S NAME _____</p> <p>FATHER'S NAME _____</p>	<p>CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)</p> <p>DEATH _____</p> <p>DISABILITY _____</p> <p>ABSENCE _____</p> <p>UNEMPLOYMENT _____</p>	<p><input type="checkbox"/> SFU <input type="checkbox"/> AU <input type="checkbox"/> CA 2.1/ CA 371</p> <p>FS Non-HH/Excluded Member Code: _____</p> <p>Work Registration/Exemption Codes: _____</p> <p>AFDC _____ FS _____</p> <p>VERIFIED: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> SSN <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Citizen <input type="checkbox"/> SAVE Date of Entry in U.S. _____</p>
<p>CA (C) CHILD'S NAME (FIRST, MIDDLE, LAST) FS</p> <p>SOCIAL SECURITY NUMBER _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>BIRTHPLACE (CITY/STATE/COUNTRY) _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None</p> <p>RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>CITIZEN/NON-CITIZEN (✓) STATUS <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Undocumented Alien <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> Refugee <input type="checkbox"/> Sponsored Alien</p> <p>BIRTHDATE or DUE DATE _____ BLIND, DEAF, OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MOTHER'S NAME _____</p> <p>FATHER'S NAME _____</p>	<p>CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)</p> <p>DEATH _____</p> <p>DISABILITY _____</p> <p>ABSENCE _____</p> <p>UNEMPLOYMENT _____</p>	<p><input type="checkbox"/> SFU <input type="checkbox"/> AU <input type="checkbox"/> CA 2.1/ CA 371</p> <p>FS Non-HH/Excluded Member Code: _____</p> <p>Work Registration/Exemption Codes: _____</p> <p>AFDC _____ FS _____</p> <p>VERIFIED: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> SSN <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Citizen <input type="checkbox"/> SAVE Date of Entry in U.S. _____</p>
<p>CA (D) CHILD'S NAME (FIRST, MIDDLE, LAST) FS</p> <p>SOCIAL SECURITY NUMBER _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>BIRTHPLACE (CITY/STATE/COUNTRY) _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None</p> <p>RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>CITIZEN/NON-CITIZEN (✓) STATUS <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Undocumented Alien <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> Refugee <input type="checkbox"/> Sponsored Alien</p> <p>BIRTHDATE or DUE DATE _____ BLIND, DEAF, OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MOTHER'S NAME _____</p> <p>FATHER'S NAME _____</p>	<p>CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)</p> <p>DEATH _____</p> <p>DISABILITY _____</p> <p>ABSENCE _____</p> <p>UNEMPLOYMENT _____</p>	<p><input type="checkbox"/> SFU <input type="checkbox"/> AU <input type="checkbox"/> CA 2.1/ CA 371</p> <p>FS Non-HH/Excluded Member Code: _____</p> <p>Work Registration/Exemption Codes: _____</p> <p>AFDC _____ FS _____</p> <p>VERIFIED: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> SSN <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Citizen <input type="checkbox"/> SAVE Date of Entry in U.S. _____</p>
<p>CA (E) CHILD'S NAME (FIRST, MIDDLE, LAST) FS</p> <p>SOCIAL SECURITY NUMBER _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>BIRTHPLACE (CITY/STATE/COUNTRY) _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None</p> <p>RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>CITIZEN/NON-CITIZEN (✓) STATUS <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Undocumented Alien <input type="checkbox"/> Amnesty Alien with I-688 <input type="checkbox"/> Refugee <input type="checkbox"/> Sponsored Alien</p> <p>BIRTHDATE or DUE DATE _____ BLIND, DEAF, OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MOTHER'S NAME _____</p> <p>FATHER'S NAME _____</p>	<p>CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)</p> <p>DEATH _____</p> <p>DISABILITY _____</p> <p>ABSENCE _____</p> <p>UNEMPLOYMENT _____</p>	<p><input type="checkbox"/> SFU <input type="checkbox"/> AU <input type="checkbox"/> CA 2.1/ CA 371</p> <p>FS Non-HH/Excluded Member Code: _____</p> <p>Work Registration/Exemption Codes: _____</p> <p>AFDC _____ FS _____</p> <p>VERIFIED: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> SSN <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Citizen <input type="checkbox"/> SAVE Date of Entry in U.S. _____</p>

CA 4 Does the other parent(s) of the child(ren) or unborn live with you? YES NO
If "NO", explain below:

NAME OF OTHER PARENT _____	GIVE THE REASON THE OTHER PARENT DOES NOT LIVE IN THE HOME _____
NAME OF OTHER PARENT _____	GIVE THE REASON THE OTHER PARENT DOES NOT LIVE IN THE HOME _____

CA 5 Has anyone changed citizenship/immigration status in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO FS If "YES", complete below:	COUNTY USE ONLY															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NAME</td> <td style="width:25%;">WHAT CHANGED</td> <td style="width:15%;">DATE</td> <td style="width:35%;">ALIEN NUMBER (IF APPLICABLE)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	NAME	WHAT CHANGED	DATE	ALIEN NUMBER (IF APPLICABLE)					<input type="checkbox"/> Verif. on File <input type="checkbox"/> SAVE							
NAME	WHAT CHANGED	DATE	ALIEN NUMBER (IF APPLICABLE)													
CA 6 A. Is a foster child(ren) living in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO FS If "YES", who:	<input type="checkbox"/> AFDC and FC Elig/CR Chooses: Child: <input type="checkbox"/> AFDC <input type="checkbox"/> FC CR: <input type="checkbox"/> AFDC <input type="checkbox"/> None															
FS B. Do you want the foster child(ren) and their foster care income included in the Food Stamp Case? <input type="checkbox"/> YES <input type="checkbox"/> NO																
CA 7 Has anyone ever used any other name (maiden, adoptive, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO FS If "YES", complete below:																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">NAME</td> <td>OTHER NAME(S) USED</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>NAME</td> <td>OTHER NAME(S) USED</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	NAME	OTHER NAME(S) USED			NAME	OTHER NAME(S) USED										
NAME	OTHER NAME(S) USED															
NAME	OTHER NAME(S) USED															
CA 8 A. Does everyone live in California? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", explain:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align: center;">YES</td> <td style="width:25%; text-align: center;">NO</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		YES	NO												
	YES	NO														
B. Does everyone plan to stay in California permanently? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", explain:	Calif. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No															
C. Has anyone in the family lived in California for the last 12 months in a row? <input type="checkbox"/> YES <input type="checkbox"/> NO Complete below for each person for whom you are applying.	Other State: _____ RFG MAP: _____ RFG Months: _____															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">NAME</td> <td style="width:35%;">LAST OUT-OF-STATE RESIDENCE (CITY, STATE)</td> <td style="width:35%;">DATE ARRIVED IN CALIFORNIA</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	NAME	LAST OUT-OF-STATE RESIDENCE (CITY, STATE)	DATE ARRIVED IN CALIFORNIA													
NAME	LAST OUT-OF-STATE RESIDENCE (CITY, STATE)	DATE ARRIVED IN CALIFORNIA														
CA 9 A. Has anyone's cash aid, food stamps or Medi-Cal been stopped due to: <input type="checkbox"/> YES <input type="checkbox"/> NO FS non-cooperation during a quality control review, work or training sanctions, or for any other reason? If "YES", explain below:																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">NAME</td> <td style="width:20%;">WHY</td> <td style="width:20%;">WHEN</td> <td style="width:40%;">WHAT COUNTY/STATE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	NAME	WHY	WHEN	WHAT COUNTY/STATE												
NAME	WHY	WHEN	WHAT COUNTY/STATE													
B. Has anyone's cash aid or food stamps been stopped for a period of time, or forever due to welfare fraud/Intentional Program Violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">NAME</td> <td style="width:20%;">WHY</td> <td style="width:20%;">WHEN</td> <td style="width:40%;">WHAT COUNTY/STATE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	NAME	WHY	WHEN	WHAT COUNTY/STATE												
NAME	WHY	WHEN	WHAT COUNTY/STATE													
FS 10 Is any member of the household hiding or running from the law for a felony, an attempted felony, or a parole or probation violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain who:																
FS 11 Does anyone living with you buy food and fix meals separately from others in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain who:	Separate household eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO															
FS 12 Is anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain who:	Separate household eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO															

CA FS **13** A. Do you pay someone else for meals and/or a room? YES NO
 If "YES", complete below:

NAME OF PERSON YOU PAY	CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY
------------------------	---	-------------	-----------	----------------------

COUNTY USE ONLY		
Household Elects		ROOMER
BOARDER	HH MEMBER	

FS B. Does anyone pay you for meals and/or a room? YES NO
 If "YES", complete below:

NAME OF PERSON WHO PAYS YOU	CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY
-----------------------------	---	-------------	-----------	----------------------

FS **14** Does anyone get food from any of the following programs? YES NO

- Meals on Wheels
- Communal dining facility for the elderly or disabled
- Food distribution program operated by a Native American reservation
- Other food program

FS Eligible Food Program	<input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------	--

NAME	NAME OF PROGRAM	NAME	NAME OF PROGRAM
------	-----------------	------	-----------------

CA FS **15** Does anyone live in any of the following? YES NO
 If "YES", complete below:

- shelter, center
- reservation for Native Americans
- psychiatric hospital/mental institution
- group living arrangement for the disabled/blind
- hospital or nursing home
- subsidized housing for the elderly
- drug or alcohol rehabilitation center
- board and care home
- penal institution/correctional facility

FS Eligible Institution	<input type="checkbox"/> YES <input type="checkbox"/> NO
CA Eligible	<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME	NAME OF CENTER, SHELTER, HOSPITAL, ETC.	DATE ENTERED	DATE EXPECTED TO LEAVE
------	---	--------------	------------------------

CA FS **16** A. Is anyone age 16 or older enrolled in school, college, or a training program? YES NO
 If "YES", complete below:

(A)	NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO
			IF ENROLLED, CHECK (✓) STATUS <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other (specify):			
(B)	NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO
			IF ENROLLED, CHECK (✓) STATUS <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other (specify):			

School Enrollment Verif.	<input type="checkbox"/> YES <input type="checkbox"/> NO
FS Eligible Student	<input type="checkbox"/> YES <input type="checkbox"/> NO
School Enrollment Verif.	<input type="checkbox"/> YES <input type="checkbox"/> NO
FS Eligible Student	<input type="checkbox"/> YES <input type="checkbox"/> NO

CA FS B. Complete below for anyone enrolled in college or attending a similar educational institution.

TERM <input type="checkbox"/> Semester <input type="checkbox"/> Year <input type="checkbox"/> Quarter	TUITION/FEES PER TERM \$	BOOKS, EQUIPMENT, ETC., PER TERM \$
ROUND TRIP PER DAY TO SCHOOL/CHILD CARE (MILES)	DAYS ATTENDING PER WEEK	TRANSPORTATION USED
TRANSPORTATION COST PER WEEK \$	AMOUNT PAID BY CAR POOL MEMBERS \$	PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$

Expenses Verified	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Verified:	
Financial Aid	<input type="checkbox"/> YES <input type="checkbox"/> NO

CA **17** Is anyone under age 19 and pregnant or a teen parent? YES NO
 If "YES", complete below:

NAME (A)	AGE	CHECK (✓) STATUS <input type="checkbox"/> Pregnant <input type="checkbox"/> Teen Parent
SCHOOL STATUS, CHECK (✓) <input type="checkbox"/> Has a High School Diploma <input type="checkbox"/> Has a GED <input type="checkbox"/> Not Attending School (explain): <input type="checkbox"/> Currently Attending School <input type="checkbox"/> Other (explain):		
NAME (B)	AGE	CHECK (✓) STATUS <input type="checkbox"/> Pregnant <input type="checkbox"/> Teen Parent
SCHOOL STATUS, CHECK (✓) <input type="checkbox"/> Has a High School Diploma <input type="checkbox"/> Has a GED <input type="checkbox"/> Not Attending School (explain): <input type="checkbox"/> Currently Attending School <input type="checkbox"/> Other (explain):		

Referred to	<input type="checkbox"/> Cal-Learn <input type="checkbox"/> CA 25 <input type="checkbox"/> CA 25A <input type="checkbox"/> GAIN
Referred to	<input type="checkbox"/> Cal-Learn <input type="checkbox"/> CA 25 <input type="checkbox"/> CA 25A <input type="checkbox"/> GAIN

CA FS **18** Has anyone been in the U.S. military service or the spouse, parent or child of a person who has been in the military service? YES NO
 If "YES", explain:

LIST NAME, BRANCH OF SERVICE, ETC.	HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------	---

<input type="checkbox"/> CA 5
FS: Non-Citizen's Honorable Discharge Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO

CA 19 Is anyone, including children, working now or expect to be working in the next two months? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below: (NOTE: If self-employed, list business expenses on a separate sheet of paper and attach it to this form.)	COUNTY USE ONLY																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">(A) NAME</td> <td style="width: 25%;">SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 25%;">EMPLOYER NAME</td> <td style="width: 25%;">OCCUPATION</td> </tr> <tr> <td>DAYS/HOURS WORKED PER MONTH</td> <td>PAY DATE(S)</td> <td>WAGES BEFORE DEDUCTIONS \$ per</td> <td>TIPS OR COMMISSIONS <input type="checkbox"/> YES Amount \$ <input type="checkbox"/> NO</td> </tr> <tr> <td>(B) NAME</td> <td>SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>EMPLOYER NAME</td> <td>OCCUPATION</td> </tr> <tr> <td>DAYS/HOURS WORKED PER MONTH</td> <td>PAY DATE(S)</td> <td>WAGES BEFORE DEDUCTIONS \$ per</td> <td>TIPS OR COMMISSIONS <input type="checkbox"/> YES Amount \$ <input type="checkbox"/> NO</td> </tr> </table>	(A) NAME	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME	OCCUPATION	DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS <input type="checkbox"/> YES Amount \$ <input type="checkbox"/> NO	(B) NAME	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME	OCCUPATION	DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS <input type="checkbox"/> YES Amount \$ <input type="checkbox"/> NO	A: <input checked="" type="checkbox"/> if exempt FS S/E Farmer CA <input type="checkbox"/> FS Adult <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FS Child B: <input checked="" type="checkbox"/> if exempt FS S/E Farmer CA <input type="checkbox"/> FS Adult <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FS Child <input type="checkbox"/> Verif(s) on file for: <input type="checkbox"/> (A) <input type="checkbox"/> (B)																																																									
(A) NAME	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME	OCCUPATION																																																																							
DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS <input type="checkbox"/> YES Amount \$ <input type="checkbox"/> NO																																																																							
(B) NAME	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME	OCCUPATION																																																																							
DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS <input type="checkbox"/> YES Amount \$ <input type="checkbox"/> NO																																																																							
CA 20 A. Does anyone pay for care of a child, disabled adult, or other dependent so he/she can go to work, training, school, or look for a job? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below.	Child Care Informing Given to Client: <input type="checkbox"/> Trustline Informing (CCP 2) <input type="checkbox"/> Health & Safety Certification (CCP 5)																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NAME OF PERSON WHO RECEIVES CARE</td> <td style="width: 25%;">NAME OF PERSON WHO PAYS</td> <td style="width: 25%;">NAME OF PERSON WHO GIVES CARE</td> <td style="width: 25%;">MONTHLY AMOUNT PAID \$</td> </tr> <tr> <td>NAME OF PERSON WHO RECEIVES CARE</td> <td>NAME OF PERSON WHO PAYS</td> <td>NAME OF PERSON WHO GIVES CARE</td> <td>MONTHLY AMOUNT PAID \$</td> </tr> </table>	NAME OF PERSON WHO RECEIVES CARE	NAME OF PERSON WHO PAYS	NAME OF PERSON WHO GIVES CARE	MONTHLY AMOUNT PAID \$	NAME OF PERSON WHO RECEIVES CARE	NAME OF PERSON WHO PAYS	NAME OF PERSON WHO GIVES CARE	MONTHLY AMOUNT PAID \$	Dep. Care Eligible CA: <input type="checkbox"/> YES <input type="checkbox"/> NO FS: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																	
NAME OF PERSON WHO RECEIVES CARE	NAME OF PERSON WHO PAYS	NAME OF PERSON WHO GIVES CARE	MONTHLY AMOUNT PAID \$																																																																							
NAME OF PERSON WHO RECEIVES CARE	NAME OF PERSON WHO PAYS	NAME OF PERSON WHO GIVES CARE	MONTHLY AMOUNT PAID \$																																																																							
CA 20 B. Does anyone else pay all or part of your child care costs? <input type="checkbox"/> YES <input type="checkbox"/> NO Include costs paid by a relative or friend, Department of Education, Block Grant, Cal-Learn, TCC, NET, GAIN, SCC, CAAP, etc. If "YES", complete below:																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NAME OF CHILD</td> <td style="width: 25%;">WHO PAYS</td> <td style="width: 25%;">MONTHLY AMOUNT PAID \$</td> <td style="width: 25%;">WHO ELSE PAYS</td> <td style="width: 25%;">MONTHLY AMOUNT PAID \$</td> </tr> <tr> <td>NAME OF CHILD</td> <td>WHO PAYS</td> <td>MONTHLY AMOUNT PAID \$</td> <td>WHO ELSE PAYS</td> <td>MONTHLY AMOUNT PAID \$</td> </tr> </table>	NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$	WHO ELSE PAYS	MONTHLY AMOUNT PAID \$	NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$	WHO ELSE PAYS	MONTHLY AMOUNT PAID \$																																																																
NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$	WHO ELSE PAYS	MONTHLY AMOUNT PAID \$																																																																						
NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$	WHO ELSE PAYS	MONTHLY AMOUNT PAID \$																																																																						
CA 21 Does anyone pay child or spousal support? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:	Court Order on File <input type="checkbox"/> YES <input type="checkbox"/> NO Amount Ordered \$																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NAME OF PERSON WHO PAYS</td> <td style="width: 25%;">NAME OF CHILD OR SPOUSE</td> <td style="width: 25%;">AMOUNT PER MONTH \$</td> <td style="width: 25%;">COURT ORDERED <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table>	NAME OF PERSON WHO PAYS	NAME OF CHILD OR SPOUSE	AMOUNT PER MONTH \$	COURT ORDERED <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																						
NAME OF PERSON WHO PAYS	NAME OF CHILD OR SPOUSE	AMOUNT PER MONTH \$	COURT ORDERED <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																							
CA 22 Has anyone stopped or refused work or training within the last 60 days? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">(A) NAME</td> <td style="width: 15%;">NUMBER OF HOURS OF WORK/TRAINING Last month _____ This month _____</td> <td style="width: 45%;">Did this person get or expect to get wages or benefits this month? If "YES", complete below. <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 20%;"></td> </tr> <tr> <td rowspan="5">NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM</td> <td></td> <td>LAST PAYCHECK RECEIVED (DATE)</td> <td>AMOUNT BEFORE DEDUCTIONS \$</td> </tr> <tr> <td></td> <td>EXPECTED CHECK (DATE)</td> <td>AMOUNT BEFORE DEDUCTIONS \$</td> </tr> <tr> <td></td> <td>LAST DAY OF WORK/TRAINING</td> <td>TIPS OR COMMISSIONS <input type="checkbox"/> YES AMOUNT \$ <input type="checkbox"/> NO</td> </tr> <tr> <td></td> <td colspan="2">REASON FOR LEAVING JOB/TRAINING</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>(B) NAME</td> <td>NUMBER OF HOURS OF WORK/TRAINING Last month _____ This month _____</td> <td>Did this person get or expect to get wages or benefits this month? If "YES", complete below. <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td rowspan="5">NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM</td> <td></td> <td>LAST PAYCHECK RECEIVED (DATE)</td> <td>AMOUNT BEFORE DEDUCTIONS \$</td> </tr> <tr> <td></td> <td>EXPECTED CHECK (DATE)</td> <td>AMOUNT BEFORE DEDUCTIONS \$</td> </tr> <tr> <td></td> <td>LAST DAY OF WORK/TRAINING</td> <td>TIPS OR COMMISSIONS <input type="checkbox"/> YES AMOUNT \$ <input type="checkbox"/> NO</td> </tr> <tr> <td></td> <td colspan="2">REASON FOR LEAVING JOB/TRAINING</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	(A) NAME	NUMBER OF HOURS OF WORK/TRAINING Last month _____ This month _____	Did this person get or expect to get wages or benefits this month? If "YES", complete below. <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM		LAST PAYCHECK RECEIVED (DATE)	AMOUNT BEFORE DEDUCTIONS \$		EXPECTED CHECK (DATE)	AMOUNT BEFORE DEDUCTIONS \$		LAST DAY OF WORK/TRAINING	TIPS OR COMMISSIONS <input type="checkbox"/> YES AMOUNT \$ <input type="checkbox"/> NO		REASON FOR LEAVING JOB/TRAINING					(B) NAME	NUMBER OF HOURS OF WORK/TRAINING Last month _____ This month _____	Did this person get or expect to get wages or benefits this month? If "YES", complete below. <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM		LAST PAYCHECK RECEIVED (DATE)	AMOUNT BEFORE DEDUCTIONS \$		EXPECTED CHECK (DATE)	AMOUNT BEFORE DEDUCTIONS \$		LAST DAY OF WORK/TRAINING	TIPS OR COMMISSIONS <input type="checkbox"/> YES AMOUNT \$ <input type="checkbox"/> NO		REASON FOR LEAVING JOB/TRAINING					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">YES</td> <td style="width: 20%; text-align: center;">NO</td> </tr> <tr> <td>(A) Emp. Statement</td> <td></td> <td></td> </tr> <tr> <td>Good Cause Determ</td> <td></td> <td></td> </tr> <tr> <td>Voluntary Quit</td> <td></td> <td></td> </tr> <tr> <td>(A) <input type="checkbox"/> CA: 30 days <input type="checkbox"/> FS: 60 days</td> <td></td> <td></td> </tr> <tr> <td>FS: Work history last 120 days</td> <td></td> <td></td> </tr> <tr> <td>(B) Emp. Statement</td> <td></td> <td></td> </tr> <tr> <td>Good Cause Determ</td> <td></td> <td></td> </tr> <tr> <td>Voluntary Quit</td> <td></td> <td></td> </tr> <tr> <td>(B) <input type="checkbox"/> CA: 30 days <input type="checkbox"/> FS: 60 days</td> <td></td> <td></td> </tr> <tr> <td>FS: Work history last 120 days</td> <td></td> <td></td> </tr> </table>		YES	NO	(A) Emp. Statement			Good Cause Determ			Voluntary Quit			(A) <input type="checkbox"/> CA: 30 days <input type="checkbox"/> FS: 60 days			FS: Work history last 120 days			(B) Emp. Statement			Good Cause Determ			Voluntary Quit			(B) <input type="checkbox"/> CA: 30 days <input type="checkbox"/> FS: 60 days			FS: Work history last 120 days		
(A) NAME	NUMBER OF HOURS OF WORK/TRAINING Last month _____ This month _____	Did this person get or expect to get wages or benefits this month? If "YES", complete below. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																								
NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM		LAST PAYCHECK RECEIVED (DATE)	AMOUNT BEFORE DEDUCTIONS \$																																																																							
		EXPECTED CHECK (DATE)	AMOUNT BEFORE DEDUCTIONS \$																																																																							
		LAST DAY OF WORK/TRAINING	TIPS OR COMMISSIONS <input type="checkbox"/> YES AMOUNT \$ <input type="checkbox"/> NO																																																																							
		REASON FOR LEAVING JOB/TRAINING																																																																								
(B) NAME	NUMBER OF HOURS OF WORK/TRAINING Last month _____ This month _____	Did this person get or expect to get wages or benefits this month? If "YES", complete below. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																								
NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM		LAST PAYCHECK RECEIVED (DATE)	AMOUNT BEFORE DEDUCTIONS \$																																																																							
		EXPECTED CHECK (DATE)	AMOUNT BEFORE DEDUCTIONS \$																																																																							
		LAST DAY OF WORK/TRAINING	TIPS OR COMMISSIONS <input type="checkbox"/> YES AMOUNT \$ <input type="checkbox"/> NO																																																																							
		REASON FOR LEAVING JOB/TRAINING																																																																								
	YES	NO																																																																								
(A) Emp. Statement																																																																										
Good Cause Determ																																																																										
Voluntary Quit																																																																										
(A) <input type="checkbox"/> CA: 30 days <input type="checkbox"/> FS: 60 days																																																																										
FS: Work history last 120 days																																																																										
(B) Emp. Statement																																																																										
Good Cause Determ																																																																										
Voluntary Quit																																																																										
(B) <input type="checkbox"/> CA: 30 days <input type="checkbox"/> FS: 60 days																																																																										
FS: Work history last 120 days																																																																										
CA 23 Is anyone on strike? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:	Striker Regs Apply CA: <input type="checkbox"/> YES <input type="checkbox"/> NO FS: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">NAME OF STRIKER</td> <td style="width: 65%;">NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM</td> </tr> <tr> <td>NAME OF UNION</td> <td></td> </tr> <tr> <td>DATE WENT ON STRIKE</td> <td>GROSS MONTHLY INCOME EARNED FROM THIS JOB BEFORE THE STRIKE \$</td> </tr> </table>	NAME OF STRIKER	NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM	NAME OF UNION		DATE WENT ON STRIKE	GROSS MONTHLY INCOME EARNED FROM THIS JOB BEFORE THE STRIKE \$																																																																				
NAME OF STRIKER	NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM																																																																									
NAME OF UNION																																																																										
DATE WENT ON STRIKE	GROSS MONTHLY INCOME EARNED FROM THIS JOB BEFORE THE STRIKE \$																																																																									
CA 24 Has anyone applied for or received unemployment or disability insurance benefits in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">NAME</td> <td style="width: 20%;">DATE APPLIED</td> <td style="width: 30%;">WHERE (COUNTY/STATE)</td> <td style="width: 20%;">DATE LAST RECEIVED</td> </tr> <tr> <td>NAME</td> <td>DATE APPLIED</td> <td>WHERE (COUNTY/STATE)</td> <td>DATE LAST RECEIVED</td> </tr> </table>	NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED	NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED																																																																		
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED																																																																							
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED																																																																							

CA 26 A. Does anyone, including children, get or expect to get money from any source listed below?
FS Check (✓) YES or NO for each item.

COUNTY USE ONLY

- Casualty Unit Notified
 Verif(s) on File
 Explain Anticip. Income
 Workers Comp:
 Temporary Permanent

	YES	NO		YES	NO
Training Work Study, JTPA, GAIN, or other program Other training allowance			Strike benefits		
Educational grants, loans and scholarships			Veterans Administration Aid and attendance Disability GI Bill/VEAP		
Welfare AFDC Refugee Assistance GA/GR (General Assistance/Relief)			Military allotment or pension		
State Benefits UIB (Unemployment Insurance) DIB/SDI (State Disability)			Railroad Retirement Disability Retirement		
Workers Compensation			Other federal, state, or local government agency Disability Retirement		
Support Child/spousal (Money for) Medical bills or premiums			Other pension or disability		
Social Security Benefits Disability Retirement or survivors SSI (Supplemental Security Income)			Loans, gifts, contributions		
Legal or insurance settlements/ court actions pending			Income from rental property		
			Winnings (bingo, lottery, prizes, etc.)		
			Sale of notes, contracts, trust deeds, promissory notes		
			Other (Explain)		

If "YES", complete below:

(✓) if income is exempt

NAME	WHAT	AMOUNT (BEFORE DEDUCTIONS, IF ANY)	WHEN	HOW OFTEN	AFDC	FS
		\$				
		\$				
		\$				

**CA B. Does anyone expect a change in the current amount of money received
 FS now, such as a cost-of-living raise?** YES NO
 If "YES", complete below:

NAME	WHAT	AMOUNT	WHEN
		\$	

**CA 27 Does anyone get housing or rent, utilities, food or clothing free or in
 FS exchange for work?** YES NO
 If "YES", complete below:

In-Kind Income

Verif. on file YES NO

ITEM RECEIVED	NAME OF PERSON WHO RECEIVED THE ITEM	VALUE	NAME OF PERSON WHO GAVE THE ITEM
Housing or rent <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
Utilities <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
Food <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
Clothing <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	

Partial	Full	
	Earned	Unearned

**CA 28 A. Does anyone own or is anyone buying real estate, such as land
 FS and/or buildings anywhere, including outside the U.S.?** YES NO
 If "YES", complete below. Include land and/or buildings in which the title is shared.

Home Exempt YES NO
 Other Real Property
 Market Value \$
 Amount Owed \$
 Net Value \$
 Lien Applicable YES NO

TYPE (LAND, HOUSE, APARTMENT, ETC.)	USE (HOME, RENTAL, ETC.)	ADDRESS OR LOCATION	OWNER(S)	AMOUNT OWED
				\$

**CA B. Does anyone own a house that is not lived in now that he/she hopes to
 FS return to someday?** YES NO
 If "YES", complete below:

Total Countable Property: Page 7
 (List totals on page 9)

OWNER OF PROPERTY	PROPERTY ADDRESS	EXPECTED DATE OF RETURN (IF KNOWN)

AFDC \$
 FS \$

CA FS (29) A. Does anyone, including children, have any of the following resources?
 Check (✓) each item either "YES" or "NO".

- Include all resources owned, used, controlled, shared or held jointly with any other person(s) (even for convenience only).
- The county will determine whether or not these resources count.

	YES	NO		YES	NO
Cash (on hand or elsewhere)			Trust funds (whether or not available)		
Uncashed checks (on hand or elsewhere)			Notes, mortgages, deeds of trust, contracts of sale, etc.		
Savings accounts - children's and adult's			IRA or Keogh plans, etc.		
Checking accounts - whether or not they are used			Retirement funds which are available if you stop work (such as PERS, etc.)		
Credit union accounts			Employee deferred compensation plans		
Stocks, bonds, certificates of deposit, money market accounts, etc.			Life insurance or annuity		
Oil, mining, or mineral rights			Life estate interest in any property		
Burial Trusts or contracts, insurance, designated burial funds/money for cemetery plots, caskets, or other burial items			Other (explain)		
Income tax refund					

COUNTY USE ONLY

Trust Fund/Not Court Ordered

Court Petitioned Date _____

Resource Verified: Explain how: _____

Total Value = _____

Burial Reserve or Trust

- Revocable
- Irrevocable
- Designated Fund and Current Value \$ _____

Restricted Account

IF "YES", COMPLETE BELOW:

TYPE OF RESOURCE	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE
				\$
				\$
				\$
				\$

Check (✓) if exempt

AFDC	FS

CA FS (30) B. Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.? YES NO

If "YES", complete below:

NAME	SOURCE OF MONEY	AMOUNT	HOW OFTEN
		\$	
		\$	

Verified YES NO

Lien Applicable YES NO

Security Agreement YES NO

CA FS (30) Does anyone own any personal property which costs at least \$100 or which is now worth at least \$100, such as: YES NO

- boats, 3-wheelers, off-road vehicles, snowmobiles, mobile homes, campers, or trailers.
- guns; tools; business or sporting equipment, etc.
- pets or livestock.
- jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.).

Do not include wedding and engagement rings or heirlooms.

If "YES", complete below:

ITEM	DATE BOUGHT	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED	ITEM	DATE BOUGHT	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED
		\$	\$			\$	\$
		\$	\$			\$	\$
		\$	\$			\$	\$

Owned Jointly

Owned Separately

Total Countable Property: Page 8 (List totals on page 9)

AFDC \$ _____

FS \$ _____

CA 31 Has anyone sold, spent, traded, transferred, or given away any real property, such as a house or land; or personal property such as money, cars, bank accounts; money from a legal or accident insurance settlement, or anything else? YES NO
 List any property sold or traded within the last 2 years for cash aid, or within the last 3 months for food stamps. If "YES", explain what and when:

COUNTY USE ONLY

Closed Bank Accts:
 Food Stamps in last 3 months

CA 32 Does anyone own, have the use of or have their name on the registration of any motor vehicle, even if not running? YES NO
 If "YES", complete below. Look at your registration to get facts for each vehicle:

	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)	
OWNER OF VEHICLE						
NAME OF PERSON WHO USES VEHICLE						
YEAR/MAKE/MODEL						
LICENSE NUMBER						
ESTIMATED VALUE	\$		\$		\$	
BALANCE OWED	\$		\$		\$	
LICENSED? (✓ BOX)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DO YOU USE THE VEHICLE? Check (✓) each item YES or NO	YES	NO	YES	NO	YES	NO
As a Home						
To go to work or training or for job search						
For work, self-support, or self-employment						
Needed for disabled household member						
To get household's fuel or water						

Compute Vehicle Valuation in Section Below

Verifications viewed
 Leased vehicle:
 (1) (2) (3)

Vehicle value
 (Enter Date of blue book issue or other documentation)

(1) Date: _____ \$ _____
 (2) Date: _____ \$ _____
 (3) Date: _____ \$ _____

COUNTY USE ONLY - VEHICLES

(C) Fair Market Values-FS

FOOD STAMPS	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)		FMV			
(A) Is vehicle a home, income producing, primary transportation to get fuel/water, or used for a disabled household member? (63-501.521)	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to B	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to B	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to B	Minus \$	Minus \$	Minus \$	Minus \$
(B) 1. Is vehicle for home use? (Allow one vehicle only) OR 2. Is vehicle used for job search, employment or training? (63-501.523)	<input type="checkbox"/> YES Go to C Use Excess Value	<input type="checkbox"/> NO Go to C and D. Use Greater Value	<input type="checkbox"/> YES Go to C Use Excess Value	<input type="checkbox"/> NO Go to C and D. Use Greater Value	<input type="checkbox"/> YES Go to C Use Excess Value	<input type="checkbox"/> NO Go to C and D. Use Greater Value	FMV			
							Minus Encumbrance			
							Equity Value			

(D) Equity Values-FS

AFDC

	(1)	(2)	(3)
Class			
Year			
Value			
Amount Owed			
Net Value			
\$1500 Exempt: \$4500 Exempt: 1 MV Only			
Total Value			
Excess Value			

TOTALS: VEHICLE	FS
Excess Value	\$ _____
Equity Value	\$ _____
Grand Total Countable Property (List totals from pages 7, 8, and 9)	
Page	AFDC FS
(9)	\$ _____ \$ _____
(8)	\$ _____ \$ _____
(7)	\$ _____ \$ _____
Total	\$ _____ \$ _____

CA FS **33** A. Does anyone have any housing costs? YES NO
 If "YES", complete below:

COUNTY USE ONLY

Housing verified: YES NO
 Total housing \$ _____
 Shared housing: YES NO

	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBERS PAY	HOW OFTEN BILLED
Rent	\$	\$	\$	
House (mortgage) payment	\$	\$	\$	
Property taxes (if not in house payment)	\$	\$	\$	
Insurance (if not in house payment)	\$	\$	\$	
Other (explain)	\$	\$	\$	

CA FS **B.** Does anyone else pay all or part of these housing costs? Include a relative/friend not living in the home, any rental assistance programs, such as HUD, Section 8, etc. If "YES", complete below: YES NO

TYPE OF HOUSING	NAME OF PERSON WHO PAYS	HOW MUCH EACH PAYS	HOW OFTEN BILLED
		\$	
		\$	

FS **34** A. Does anyone have any utility costs? YES NO
 If "YES", complete below:

Utilities verified YES NO
 Metered YES NO
 Client elects Actual
 If Actual, Total Utilities \$ _____
 SUA
 SUA prorated YES NO

	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBERS PAY	HOW OFTEN BILLED
Gas or other fuel	\$	\$	\$	
Electricity or other fuel	\$	\$	\$	
Is the gas or electricity or other fuel used to heat or cool your house or cook your food?	\$	\$	\$	
Water	\$	\$	\$	
Sewage	\$	\$	\$	
Garbage or trash	\$	\$	\$	
Telephone (Basic rate for one phone plus tax)	\$	\$	\$	
Installation of utilities	\$	\$	\$	
Other (explain)	\$	\$	\$	

FS **B.** Does anyone else pay all or part of these utility costs? Include a relative/friend not living in the home, Low Income Energy Assistance, etc. If "YES", complete below: YES NO

TYPE OF UTILITY	NAME OF PERSON WHO PAYS	HOW MUCH EACH PAYS	HOW OFTEN BILLED

Document:

FS **35** You can authorize someone else in your household or someone outside your household to pick up your food stamps for you or to use them to buy food. If you would like to authorize someone, complete below:

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE
		()

CA (36) Did anyone get health care services or medical/pregnancy treatment this month or in the three months before this month? YES NO

COUNTY USE ONLY

If "YES", complete below:

NAME OF PERSON RECEIVING CARE	MONTHS OF CARE	PAYMENTS MADE FOR CARE OR TREATMENT		DO YOU WANT MEDI-CAL FOR THOSE MONTHS?	
		YES	NO	YES	NO

Retroactive Application
 Retro Only
 Retro and Cont.

CA (37) Does anyone have MEDICARE coverage? YES NO

CA: MEDICARE referral
 FS: DFA 285 C
 Gross Premium \$ _____

If "YES", complete below:

PERSON COVERED	MEDICARE CLAIM NUMBER	Check (✓)	MONTHLY PREMIUM		
			DEDUCTED FROM YOUR CHECK	PAID BY YOU	YOUR TOTAL PREMIUM FOR PARTS A AND B
		Part A <input type="checkbox"/> Part B <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
		Part A <input type="checkbox"/> Part B <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

CA (38) Does anyone have health, dental, vision, hospitalization or long term care insurance or health plans such as Kaiser, Blue Cross, CHAMPUS, etc.? YES NO

Health Care Options
 Explanation given Referral _____
 NA _____
 DHS 6155

If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

CA (39) Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for? YES NO

DHS 6155

If "YES", complete below:

INSURANCE COMPANY	PERSON TO BE INSURED	PREMIUM AMOUNT	HOW OFTEN PAID
		\$	
		\$	

CA (40) Is anyone's health insurance expected to end or has it ended within the last 60 days? YES NO

DHS 6155

If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

CA (41) Does anyone have a disability caused by an injury or accident which makes it difficult for them to work or take care of their needs? YES NO

Third Party Liability

If "YES", complete below.

NAME OF PERSON	EXPLAIN PROBLEM	DATE PROBLEM STARTED	EXPECTED DATE OF RECOVERY

CA (42) A. Does anyone have a medical condition(s) or situation(s) that requires any of the following? YES NO

CA Special Need YES NO
 Amount \$ _____
 FS: DFA 285-C
 Verified
 CA: YES NO
 FS: YES NO

Check (✓) each item YES or NO:

	YES	NO		YES	NO
Special diet—prescribed by a doctor			Very high use of utilities		
Special transportation need			Special laundry service		
Special telephone or other equipment			Other (specify):		
Housework (no one in the home can do it)					

If "YES", explain:

B. Is anyone getting In-Home Supportive Services (IHSS)? YES NO
 If "YES", who: _____ How much do you pay each month? \$ _____

FS: DFA 285-C

COUNTY USE ONLY

REGULATIONS MET?	CA		FS	
	YES	NO	YES	NO
Residency/Relocation				
Deprivation				
Age				
Citizen/Eligible non-citizen				
School enrollment				
Pregnancy verified/WIC referral				
SSN				
Income—Gross and net income				
Property—Within limits and verified amount \$				
Work registration/FS ABAWDs				
Sponsored alien				
Federal participation established (If "NO", explain)				
Referred for Health Care Options (HCO) Presentation (Managed Care)				
Incapacity MAP Exemption				

FOOD STAMP TESTS	
Categorically Eligible	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Gross Income Test	<input type="checkbox"/> YES <input type="checkbox"/> NO
Household Size	
Gross Monthly Income \$	
Gross Income Eligible	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Separate HH Income Test	<input type="checkbox"/> YES <input type="checkbox"/> NO
Household Size	
Gross Monthly Income \$	
Eligible for Separate HH Status	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aged/Disabled	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
DFA 285-C	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "NO", why:	

AFDC SFU Size	AU Size
<input type="checkbox"/> INELIGIBLE (REASON)	
<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> SELECTS CAAP
<input type="checkbox"/> REDETERMINATION	<input type="checkbox"/> MAP EXEMPTION
ELIGIBILITY CONDITIONS MET (DATE):	EFFECTIVE DATE
ELIGIBILITY WORKER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE (COUNTY OPTION)	DATE

FS:	HH Size:
<input type="checkbox"/> INELIGIBLE (REASON)	
<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> AUTHORIZATION DATE
<input type="checkbox"/> RECERTIFICATION	
ELIGIBILITY WORKER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE (COUNTY OPTION)	DATE